593.1 Background and intent.

(a) This Part establishes standards for reimbursement under the medical assistance program for community rehabilitation services provided by residential programs for adults with mental illness and children and [~~adolescents~~]youth with serious emotional disturbance or serious mental illness.

(b) This Part establishes standards for service planning and review for programs receiving reimbursement under the medical assistance program for the provision of community rehabilitation services.

593.2 Legal base.

(a) Sections 7.09 and 31.04 of the Mental Hygiene Law give the [~~c~~]Commissioner the power and responsibility to adopt regulations that are necessary and proper to implement matters under [~~his or her~~]their jurisdiction.

(b) Sections 364 and 364-a of the Social Services Law give the Office of Mental Health responsibility for establishing and maintaining standards for medical care and services in facilities under its jurisdiction, in accordance with cooperative arrangements with the Department of Health.

(c) Section 43.02(a) and (b) of the Mental Hygiene Law gives the [~~c~~]Commissioner the authority to request operators of facilities licensed by the Office of Mental Health to submit financial, statistical and program information as the [~~c~~]Commissioner may determine to be necessary.

593.3 Applicability.

(a) This Part applies to any provider of service, licensed pursuant to Part 594 or Part 595 of this Title, which proposes to operate a residential program for adults with mental illness and/or children or [~~adolescents~~]youth with serious emotional disturbance or serious mental illness.

(b) This Part does not apply to the operation or proposed operation of a proprietary program.

(c) This Part does not apply to the operation or proposed operation of service-enriched single room occupancy program.

(d) This Part does not apply to the operation or proposed operation of congregate type residential programs for adults of greater than 16 beds.

(e) The standards of reimbursement in section 593.7 of this Part shall be in effect as long as continued Federal financing participation is assured.

(f) This Part does not apply to crisis residence programs.

(g) This Part does not apply to the operation of a community residence for eating disorder integrated treatment (CREDIT) program.

593.4 Definitions.

(a) General definitions.

(1) *In residence* means currently admitted to and/or residing in a program governed by this Part and not on leave as an inpatient of any hospital for any reason or temporarily residing in any other licensed residential facility.

(2) *Licensed Practitioner of the Healing Arts* (LPHA)[~~*Qualified mental health staff person*~~] means:

(i) a physician who is currently licensed and registered as a physician by the New York State Education Department; or

(ii) a physician assistant who is licensed and currently registered as a physician assistant by the New York State Education Department; or

(iii) a nurse practitioner who is certified and currently registered as a nurse practitioner by the New York State Education Department; or

(iv) a psychiatrist who is [~~currently~~]licensed and currently registered to practice medicine in New York State, who (i) is a diplomat of the American Board of Psychiatry and Neurology or is eligible to be certified by that Board, or (ii) is certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by that Board; or

([~~ii~~]v) a psychologist who is [~~currently~~]licensed and currently registered as a psychologist by the New York State Education Department and who possesses a doctoral degree in psychology; or

([~~iii~~]vi) a social worker who is either [~~currently~~]licensed and currently registered as a licensed master social worker [~~or as a licensed clinical social worker~~]by the New York State Education Department [~~or has a master's degree in social work from a program approved by~~]and is supervised by a licensed clinical social worker, licensed psychologist, or licensed psychiatrist employed by the licensed agency, or is licensed and currently registered as a clinical social worker by the New York State Education Department; or

([~~iv~~]vii) a registered professional nurse who is [~~currently~~]licensed [~~as a~~]and currently registered as a professional nurse by the New York State Education Department and is supervised by a licensed physician, physician's assistant, certified nurse practitioner, licensed psychiatrist employed by the licensed agency; or

(viii) a creative arts therapist who is [~~currently~~]licensed and currently registered as a creative arts therapist by the New York State Education Department and is supervised by a licensed clinical social worker, licensed psychologist, or licensed psychiatrist employed by the licensed agency; or

(viix) a marriage and family therapist who is [~~currently~~]licensed and currently registered as a marriage and family therapist by the New York State Education Department and is supervised by a licensed clinical social worker, licensed psychologist, or licensed psychiatrist employed by the licensed agency; or

(viix) a licensed mental health counselor who is [currently]licensed and currently registered as a mental health counselor by the New York State Education Department and is supervised by a licensed clinical social worker, licensed psychologist, or licensed psychiatrist employed by the licensed agency; or

(viiixi) a licensed psychoanalyst who is [currently]licensed and currently registered as a psychoanalyst by the New York State Education Department and is supervised by a licensed clinical social worker, licensed psychologist, or licensed psychiatrist employed by the licensed agency.[; or]

(3) Qualified Mental Health Staff Person (QMHSP) means
(i) any qualifying profession identified as defined in LPHA in Part 593.4(2).
(ii) an individual having education, experience and demonstrated competence, as defined below:

(a) a master's or bachelor's degree in a human services related field; or

(b) in residential programs serving adults:

(1) an associate's degree in a human services related field and three years' experience in human services; or

(2) a high school degree and five years' experience in human services; or

(iii) other professional disciplines which receive the written approval of the Office of Mental Health.

(3) *A congregate residence,* for the purpose of this Part, means a group living design requiring supervisory staff on-site 24 hours per day.

(4) An *apartment,* for the purpose of this Part, means a program organized as a self-[-]contained unit requiring an appropriate level of staff support.

(5) *A child and youth residential rehabilitation [program for children and* adolescents], for the purpose of this Part, means [teaching family home and community residence]programs licensed pursuant to Part 594 of this Title.

[(6) *Downstate,* for the purpose of this Part, means New York City and Nassau, Suffolk and Westchester Counties.]

(6[7]) *Due diligence* means the exercise of reasonable and appropriate efforts to ensure that reimbursement is sought only for authorized services and that the service planning and review process is implemented pursuant to section 593.6 of this Part.

[7) *Upstate,* for the purpose of this Part, means all other counties not included in paragraph (6) of this subdivision.]

(7[8]) *Approved costs,* for the purpose of this Part, means the prospective annual expenditures approved by the Office of Mental Health and the Division of the Budget for each provider of rehabilitation services.

(9[~~10~~]) *Paraprofessional* means a staff member who possesses a bachelor's degree, associate's degree, or have attained at least 18 years of age and a high-school diploma or equivalent.

(b) Service definitions[~~ for programs serving adults~~].

(1) *Assertiveness/self advocacy training* means a rehabilitative skills training service that promotes the individual's ability to assess their needs, increase self-awareness about their values and preferences, increase their ability to respond to medical, safety and other personal problems, improve communication skills, and facilitate appropriate interpersonal behavior. [~~training which is designed to promote the individual's ability to assess his or her needs to make a life status change and to increase self-awareness about his or her values and preferences. Training will also increase an individual's ability to respond to medical, safety and other personal problems. Activities are also intended to improve communication skills and facilitate appropriate interpersonal behavior.~~]

(2) *Community integration services and* [~~*A*~~*resource development* [~~means activities which are designed to help individuals to identify skills and community supports necessary for specific environments, to assess their skills strengths and deficits in relationship to environmental demands, to assess resources available to help the individuals, and to develop a natural support system by accessing social, educational and recreational opportunities.~~]*services* means psychosocial rehabilitation services that assist individuals in identifying, regaining, and acquiring developmentally appropriate skills necessary for maintaining and participating in a stable living, social, recreational, and educational or working environment. This must include the skills necessary to identify and develop community supports and other resources to improve a recipient's social determinants of health.

(3) *Daily living skills training* means a rehabilitative skills training service that focuses on the reacquisition of skills and capabilities to maintain developmentally appropriate primary or basic activities of daily life. Where clinically appropriate, daily living skills training must address areas of functioning in categories including: dressing, personal hygiene and grooming, and other activities of daily living. In adult programs, where clinically appropriate, this must include services to address: selection and/or preparation of food, cleaning and washing of clothes, maintenance of environment, budgeting, and money management and other training intended to increase those competencies needed by the individual to live in their goal environment. [~~activities which focus on the acquisition of skills and capabilities to maintain primary activities of daily life. Services are provided by addressing areas of functioning in categories such as: dressing, personal hygiene and grooming, selection and/or preparation of food, cleaning and washing of clothes, maintenance of environment, budgeting and money management. Training is intended to increase those competencies needed by the individual to live in his or her goal environment.~~]

(4) *Health support services* means rehabilitative skills training services including interventions which increase developmentally appropriate independence in personal health care and maintenance. Where clinically appropriate, training must include addressing values regarding one's body and health, helping individuals make choices regarding one's body and health, increasing awareness of personal physical health, basic nutrition, substance abuse, sexual development, sexually transmitted diseases, and the role of exercise and sleep. Where clinically appropriate, services must include identifying practices and resources necessary to maintain physical health, including attending regular medical and dental appointments and basic first aid skills. [~~training to maximize independence in personal health care by increasing the individual's~~

~~awareness of his or her physical health status and the resources required to maintain physical health, including regular medical and dental appointments, basic first aid skill and basic knowledge of proper nutritional habits and family planning. Also included is training on topics such as AIDS awareness.~~]

(5) *Medication* [~~*management*~~]*monitoring and* [~~*training*~~]*support services* means psychoeducation and skills training services, including interventions to ensure appropriate management of medications through understanding the role and effects of medication in treatment, identification of side effects and potential interactions of medications. Services must include age-appropriate skills training and supervision in self-administration and monitoring associated with the use of medication, including appropriate dosage and frequency, and staff consultation with the prescriber on any observations about the existing regimen.[~~the storage, monitoring, recordkeeping and supervision associated with the self-administration of medication. This does not include prescribing, but does include a certain degree of reviewing the appropriateness of the residents' existing regimen with his or her physician. Activities which focus on educating residents about the role and effects of medication in treating symptoms of mental illness and training in the skill of self-medication are also included.~~]

(6) *Parenting skills training* services means a psychoeducation and skills training service including structured interventions to promote positive family functioning and enable recipients to assume parenting responsibilities. Where clinically appropriate, services must include: support groups to foster skills around effective parenting, assistance in selecting and obtaining housing appropriate for families, and linkage with the children's service system. Psychoeducation services, where clinically appropriate, must address parenting skills, single parenting issues, childcare, and the nature of mental illness and its effect on the family. [~~structured activities intended to promote positive family functioning and enable residents to assume parenting responsibilities. Activities include peer support groups to foster skills around effective parenting, assistance in selecting and obtaining housing appropriate for families, and linkage with the children's service system. Psycho-education programs on parenting skills, single parenting issues, child care and the nature of mental illness and its effect on the family are also included.~~]

(7) *Rehabilitation counseling services* means a psychosocial rehabilitation service utilizing individual, family, or group therapeutic modalities to assist individuals in clarifying future direction, develop meaningful service plan goals, identify and build on personal strengths, as well as navigate mental health related personal or interpersonal emotional or behavioral challenges to enhance integration into a home environment and community. Where clinically appropriate, Rehabilitation counseling services must foster the development of skills to identify thoughts and feelings, regulate emotions, and generalize and reinforce developmentally appropriate, safe and pro-social behaviors within a home, school, employment setting, or other community situations and settings.[~~a therapeutic modality which includes assisting the individual in clarifying future directions and the potential to achieve rehabilitation goals, identifying and specifying behaviors that impede goal setting, improving awareness of the influence of environmental stress, and helping an individual to generalize newly learned behaviors to housing and other situations outside the program structure.~~]

(8) *Service planning* means a continuous process that engages each individual and their family, as appropriate, as an active partner in developing, reviewing, and modifying a course of care that supports the individual's progress toward recovery and accomplishing the individual's rehabilitation goals. For child and youth residential rehabilitative programs, service planning must specify provision of services in accordance with Part 594 as well as supervision requirements based on an ongoing assessment of risk and supervision needs.

(9[8]) Social s[*S*]*kills t*[~~T~~]*raining*[~~*development*~~]*services* means a psychosocial rehabilitation and skills training service, including interventions to assist in the reacquisition, development, and practice of developmentally appropriate social and interpersonal skills that have been impacted by functional and adaptive behavioral deficits. In children and youth programs, this must include the development and practice of developmentally appropriate social and interpersonal skills that have been impacted by functional and adaptive behavioral deficits. Social skills training services promote the capacity to identify and participate in positive social situations, develop and practice appropriate communication skills, and diminish tendencies toward isolation and withdrawal. Services also reinforce the development of socialization skills through modeling, individual, family and group counseling, and behavioral interventions. [~~activities which assist clients to gain and utilize the skills necessary to undertake employment or pursue educational opportunities. This may include skills related to securing appropriate clothing, scheduling, work-related symptom management, and work readiness training.~~]

[~~(9) *Socialization* means activities which are intended to diminish tendencies toward isolation and withdrawal by assisting residents in the acquisition or development of social and interpersonal skills. Socialization is an activity meant to improve or maintain a resident's capacity for social involvement by providing opportunities for application of social skills. This occurs through resident and staff interaction in the program and through exposure with staff to opportunities in the community. Modalities used in socialization include individual and group counseling and behavior intervention.~~]

(10) *Substance abuse support services* means a psychoeducation and psychosocial rehabilitation service to reduce or eliminate alcohol and substance use. Where clinically appropriate, services must provide verbal and medication therapies, psychoeducation, relapse prevention techniques, and tobacco cessation counseling. [~~services provided to increase the individual's awareness of alcohol and substance abuse and reduction or elimination of its use: such services shall include verbal and medication therapies, psycho-educational approaches and relapse prevention techniques, but shall not include acupuncture without prior Office of Mental Health approval.~~]

(11) *Symptom management services*[~~, for the purpose of this Part, means activities which are intended to achieve a maximum reduction of psychiatric symptoms and increased functioning. This includes the ongoing monitoring of residents' mental illness symptoms and response to treatment, interventions designed to help residents manage their symptoms and assisting residents to develop coping strategies to deal with internal and external stressors. Services range from providing guidance around everyday life situations to addressing acute emotional distress through crisis management and behavior intervention techniques~~] means psychosocial rehabilitation and skills training services to reduce psychiatric symptoms and restore functioning. Symptom management services must include the ongoing monitoring of psychiatric symptoms and responses to treatment interventions to assist individuals in managing their symptoms and develop coping strategies to deal with internal and external stressors and address acute emotional distress through crisis management and behavior intervention techniques.

[~~(c) Service definitions for programs serving children and adolescents.~~
]

(12) *Behavior management (child and youth only)* [~~*training* means activities which provide guidance and training in behavior intervention techniques and practice of skills to increase the capacity to manage one's behavior from everyday life situations to acute emotional stress. Such~~

~~activities shall focus on interventions which assist in identifying internal or external stressors and developing coping strategies to address such stressors.~~]*services* means psychosocial rehabilitation and skills training services which assist with reducing a recipient's unsafe and maladaptive behaviors while increasing a recipient's developmentally appropriate and pro-social behaviors in everyday life situations. Behavior management services must be tailored to improve a recipient's skills in developmentally appropriate management of their behaviors for more safe and healthy relationships with family, peers, and adults. Behavior management must provide supervision in accordance with the individuals' service plan and using behavior intervention techniques, positive reinforcement, modeling, and practice of self- regulation and pro-social habits and behaviors to increase the capacity to manage one's behavior in family, peer, and adult relationships and everyday life situations. Such activities must focus on interventions which assist in identifying internal or external stressors and developing coping strategies to address such stressors.

[~~(2) *Counseling services* means the use of individual or group therapeutic modalities which provide an environment for assisting in clarifying future direction, identifying personal potential, identifying behaviors or feelings that assist or interfere with the achievement of goals; identifying and working through internal issues that interfere with daily functioning. Such modalities shall also foster the development of skills which assist in the reinforcing and generalizing of newly-learned positive behaviors to school, home and other community situations outside of the program structure.~~]

[~~(3) *Daily living skills training* means activities which focus on the acquisition of skills and capabilities to perform primary activities of daily life. The activities which are provided address areas of functioning such as: dressing, personal hygiene and grooming, selection and preparation of food, cleaning and washing of clothes, maintenance of the environment, and budgeting and money management. Such activities shall increase the responsibility needed to maintain the primary activities of daily life.~~]

(13[4]) *Family support services (child and youth only)* means family psychoeducation and skill development service to assist children, youth, and their families in maintaining or developing behavior management and symptom management skills and help resolve functional and relational problems to promote optimal psychosocial development. Family support services, where clinically appropriate, must provide training to assist and support caregivers and family, including support to develop skills for establishing healthy, meaningful, and resilient relationships with family. This service, where clinically appropriate, must include the collaborative development and implementation of crisis response and safety plans to enable the individual to return home or a less restrictive setting safely. Family support services are offered within the program, in the community, and in the family home. [~~activities which are needed to maintain a relationship with one's family. Such activities shall provide training in skills needed for success in the discharge living environment and for maintaining a relationship with family. Opportunities to practice and develop skills should be provided in addition to establishing an ongoing linkage to the discharge living environment~~].

[~~(5) *Health services* means activities which increase developmentally appropriate independence in personal health care and maintenance. Such activities include but are not limited to addressing values clarification regarding one's body and health, helping youth make choices regarding one's body and health, increasing awareness of personal physical health, basic nutrition, the dangers of substance abuse, sexual development, sexually transmitted diseases and HIV/AIDS, the role of exercise and sleep, as well as identifying practices and resources necessary to maintain physical health.~~]

(14[~~6~~]) *Independent living skills training (child and youth only)* [~~activities which assist with the integration of developmentally responsible behaviors and generalization of skills for the purpose of completing educational requirements, meeting citizen requirements, setting up and managing a household, seeking and maintaining an educational placement or job, identifying and accessing positive supports, and responsible decision making in the community~~]means rehabilitative skills training services which assist with the integration of developmentally appropriate behaviors and generalization of skills that impact the quality of life. Services are provided to address areas of functioning related to instrumental activities of independent living including: selection and preparation of food, cleaning and washing of clothes, care and maintenance of the environment, budgeting and money management, running errands, seeking and maintaining an educational placement or job, identifying and accessing positive supports, and responsible decision making in the community.

[~~(7) *Medication management and training* means activities which provide information to ensure appropriate management of medication through understanding the role and effects of medication in treatment, identification of side effects of medication and discussion of potential dangers of consuming other substances while on medication. Training in self medication skills is also an appropriate activity, when developmentally and clinically indicated.~~

~~(8) *Socialization* means activities which assist in the development and practice of age appropriate social and interpersonal skills. Such activities shall promote the capacity to identify and participate in positive social situations and to develop and practice appropriate communication skills. Modalities used to reinforce the development of socialization skills may include modeling, individual and group counseling and behavioral interventions in a variety of settings with both adults and peers.~~]

593.5 Eligibility requirements.

(a) In order to receive reimbursement for community rehabilitation services pursuant to this Part, each program operated by a provider of service [~~shall~~] must have a valid operating certificate issued by the Office of Mental Health as well as a contract to provide services.

(b) Reimbursement shall be made only for community rehabilitation services provided to individuals who have been authorized in writing as set forth in section 593.6 of this Part to receive community rehabilitation services provided by a licensed [~~residential~~]program, as defined in either Part 594 or Part 595. Such individuals must have a [~~severe and persistent~~]serious mental illness or, for children and [~~adolescents~~]youth, serious emotional disturbance, as defined by the [~~c~~]Commissioner in the Office of Mental Health's Annual Statewide Comprehensive Plan for Mental Health Services developed pursuant to section 5.07 of the Mental Hygiene Law. Community rehabilitation services are delineated in section 593.4(b) [~~and (c)~~]of this Part.

593.6 Service authorization and planning requirements.

(a) In order to receive reimbursement for the provision of community rehabilitation services to an individual, the provider of service must ensure that the individual has been authorized in writing by an LPHA [~~physician~~], prior to or upon admission, to receive services as provided by the program. The written authorization must be retained as a part of the individual's case record. The [~~physician's~~]LPHA's authorization must:

(1) be based upon appropriate clinical information and assessment of the individual. The initial authorization must include a face-to-face assessment;

(2) delineate the maximum duration of the authorization to receive such services; and

(3) specify that the individual is in need of community rehabilitation services as defined in section 593.4(b) of this Part.

(b) Service authorizations which are renewed must be signed by an [~~physician, physician assistant, or nurse practitioner in psychiatry~~] LPHA. Service authorizations must be renewed as follows:

(1) every six months for individuals residing within congregate residences or[~~and~~] admitted to child and youth residential rehabilitation programs[~~-for children and adolescents~~]. The reauthorization for a child or [~~adolescent~~]youth must include a face-to-face contact with the [~~physician, physician assistant or nurse practitioner in psychiatry~~]LPHA who signs and renews the service authorization;

(2) every 12 months for individuals residing within an apartment program; and

(3) upon transfer to a different category of adult program (*i.e.,* congregate to apartment or apartment to congregate). The authorization renewal must, in the case of a transfer from congregate to apartment, occur upon the expiration date of the current authorization or, in the case of a transfer from apartment to congregate, within six months of admission to the new program or the expiration of the current authorization, whichever comes first.

(c) Community rehabilitation services [~~shall~~] must be provided in accordance with a service plan developed within four weeks of admission to the program for adult serving programs. For child and youth residential rehabilitation programs, the service plan must be developed within seven (7) business days of admission to the program. For all licensed programs under this Part. [~~At the time of admission -~~] A~~a~~n admission note must be prepared at the time of admission by an [~~qualified mental health staff person~~] LPHA for programs regulated under Part 594 or a QMHSP for programs regulated under Part 595 and which, at a minimum, indicates a description of the needs of the individual as well as a brief description of the community rehabilitation services necessary to meet these needs during the initial period after admission.

(d) Such plan [~~shall~~] must be developed by the [~~staff of the program, resident~~]recipient, their family and/or any collateral identified for participation in planning, as appropriate, including the parents or guardian of minor recipients, in collaboration with program staff. The service plan must be reviewed and signed by a LPHA [~~qualified mental health staff person~~] for programs regulated under Part 594 or a QMHSP for programs regulated under Part 595. The service plan development process should facilitate mutual agreement on a planned course of action which, at a minimum, identifies the following:

(1) statement of the recipient's self-identified service goals and objectives;

(2) identification of the recipient's collaterals;

(3[~~2~~]) identification of the community restorative services to be provided;

(4[~~3~~]) proposed time periods;

(5[4]) efforts to coordinate services with other providers, as appropriate; and

(6[5]) approval of the recipient[resident], as documented by [his or her]their signature (or the signature of the person who has legal authority to consent to health care on behalf of the [resident]recipient) provided, however, that the lack of such signature shall not constitute noncompliance with this requirement if the reasons for non-participation and/or non-approval by the [resident]recipient are documented in the progress note.

(e) Progress notes must[shall] be recorded by staff members who are authorized by the program. Such notes shall be prepared at least monthly in adult serving programs and at least weekly for child and youth residential rehabilitation programs and must [shall] indicate the type of community rehabilitation services which have been provided, any significant events which have occurred and, if appropriate, any recommendations for changes to the goals and objectives of the service plan.

(f) The service plan [shall] must be reviewed at least every three months in adult serving programs with the initial review occurring three months from the date of admission. In child and youth residential rehabilitation programs, the service plan must be reviewed at least every 30 days, with the first review occurring 30 days from the date of admission. The review [shall] must include participation of staff involved in the provision of community rehabilitation services to the [resident]recipient, the [resident]recipient and/or if appropriate and approved by the [resident]recipient, the [resident]recipient's family, guardian, or other collaterals. Such review [shall] must include the following:

(1) assessment of the progress of the [resident]recipient in regard to mutually agreed upon goals and objectives in the service plan;

(2) recommendations for adjustment of goals and objectives, time periods for achievement, intervention strategies for the initiation of discharge planning; and

(3) review of the service plan and signed approval by a LPHA[qualified mental health staff person].

(g) An LPHA or a supervised paraprofessional must perform all defined services within Part 593.4(b). Additionally:

(1) For child and youth recipients, in accordance with their service plan, the youth must be supervised while receiving the below services, either by staff or the legal guardian:

(i) Community integration services and resource development

(ii) Daily living skills training

(iii) Independent living skills training

(2) If a paraprofessional performs service planning, the paraprofessional must have at least five years experience in a human services field.

(3) Medication monitoring and support services performed by an LPHA must be within appropriate scope of practice.

593.7 Reimbursement standards.

(a) In order to receive reimbursement for the provision of community rehabilitation services, each individual must have a service plan which documents the delivery of appropriate community rehabilitation services which have been authorized by a [~~physician~~] LPHA, or reauthorized pursuant to section 593.6(b) of this Part.

(b) Reimbursement will be based upon monthly and half-monthly rates. Such rates shall be paid based upon a minimum number of face-to-face contacts between an eligible [~~resident~~]recipient of a program and a staff person of an approved provider of community rehabilitation services, subject to the following provisions:

(1) A full monthly rate will be paid for services provided to an eligible [~~resident~~]recipient, and for children and youth, their family when applicable, in residence for at least 21 days in a calendar month, who has received at least four billable contacts with a staff person of the program.[~~For a teaching family home program, a youth shall have received at least 11 contacts, at least three of which must be provided by authorized program staff other than the teaching parents. At least four different community rehabilitative services must have been provided.~~]

(2) A half monthly rate will be paid for services provided to an eligible [~~resident~~]recipient, and for children and youth, their family when applicable, in residence for at least 11 days in a calendar month, who has received at least two billable contacts with a staff person of the program.[~~For a teaching family home program, a youth shall have received at least six contacts, at least two of which must be provided by authorized program staff other than the teaching parents. At least two different community rehabilitation services must have been provided.~~]

(3) Only one contact can be counted each day and such contact [~~shall~~] must be at least 15 minutes in duration.

(4) For reimbursement purposes, a contact[~~shall~~] must involve the performance of at least one of the services indicated in the [~~resident~~]recipient's current service plan.

(5) A reimbursable contact may occur at or away from the program, except that a reimbursable contact may not occur at the site of a licensed mental health outpatient program [~~as such programs are described in Part 587 of this Title~~], nor when the otherwise eligible [~~resident~~]recipient is an inpatient of any hospital for any reason or temporarily residing in any other licensed residential facility.

(6) Reimbursement for contacts provided under this program shall not be limited in any way by reimbursement for visits under any outpatient program licensed by the Office of Mental Health on the same day or reimbursement for visits provided by any comprehensive Medicaid case management program approved by the Office of Mental Health.

(c) The Office of Mental Health establishes [~~The~~]the rates for each approved residential program for adults and child and youth residential rehabilitation program[~~community residence programs for children shall be established by the Office of Mental Health~~], subject to the approval of the Director of the Budget, pursuant to the following criteria:

(1) Providers of rehabilitation services shall be assigned an individual provider monthly rate based upon their cumulative approved costs for all sites divided by the maximum capacity for their sites divided by 12 months, divided by the specific utilization factor established by the Office of Mental Health for beds in adult congregate programs, adult apartment programs or for child[~~ren's~~] and youth residential rehabilitation[~~services~~] programs. Rates for a half month service shall be 50 percent of the monthly rate. The rate calculated under this methodology will be reduced by $4 for a full month and $2 for a half month rate to account for payment pursuant to subdivision (d) of this section. All rates subject to the approval of the Division of Budget.

(2) All rates for providers in New York City calculated pursuant to paragraph (1) of this subdivision will be effective through May 31st of each year. All rates for providers in the rest of the State shall be effective through November 30th. The [~~c~~]Commissioner may authorize changes to rates to correct errors in the original calculation of the rate or to reflect changes in approved costs.

(3) The rate methodology for rehabilitation services provided in residential programs operated by the Office of Mental Health shall be the same as for other licensed providers except that there shall be one statewide rate which shall be the lower of the calculated rate or the highest rate approved for other providers. The rate shall be promulgated on the same schedule as for providers outside New York City.

(d) In addition to the rates allowed in paragraph (c)(1) of this section, a provider may receive an additional rate of $1 for each allowable service which is provided, as delineated in section 593.4(b) or (c) of this Part. No one service however may be reimbursed more than once each month and no more than four may be reimbursed accompanying a full month reimbursement nor more than two accompanying a half month's reimbursement.

(e) In addition to the rates allowed in paragraph (c)(1) of this section, for services provided on or after April 1, 2014, a provider shall receive the equivalent of an additional 30 percent rate add-on for up to two years for community rehabilitation services provided to adults who were discharged directly from a State psychiatric center or nursing home to a congregate residence. A provider shall receive the equivalent of an additional 15 percent rate add-on for up to three years for community rehabilitation services provided to adults who were discharged directly from a State psychiatric center or nursing home to an apartment residence.

593.8 Enforcement of service planning and reimbursement standards.

(a) The Office of Mental Health may review any program which receives reimbursement pursuant to this Part to determine whether such program is in compliance with this Part or other requirements established by State or Federal agencies.

(b) A provider of services [~~shall~~] must exercise due diligence in complying with the requirements of this Part.[~~*Due diligence* means the exercise of reasonable and appropriate efforts to ensure that reimbursement is sought only for authorized services and that the service planning and review process is implemented pursuant to section 593.6 of this Part.~~]

(c) To facilitate determinations as to whether providers are exercising the requisite due diligence, the Office of Mental Health may develop and maintain profiles of performance of providers of service which shall permit comparison of providers of service.

(d) If, based on a review of profiles of performance and such additional information as may be available, the Office of Mental Health determines that a provider of service is not exercising due diligence, the Office of Mental Health shall give notice of the deficiency to the provider of service and may also initiate the following:

(1) request that the provider of service prepare a plan of correction, which shall be subject to approval by the Office of Mental Health; and

(2) provide such technical assistance as the Office of Mental Health deems necessary to assist the provider of service in developing and implementing an appropriate plan of correction.

(e) If the provider of service fails to prepare an acceptable plan of correction within a reasonable time or refuses to permit the Office of Mental Health to provide technical assistance or fails to promptly or effectively implement a plan of correction which has been approved by the Office of Mental Health, it shall be determined that the provider of service is in violation of this Part.

(f) Upon a determination that a provider of service is in violation of this Part or upon a determination that a provider of service has failed to otherwise comply with the terms of its operating certificate or with the provisions of any applicable statute, rule or regulation, the [~~c~~]Commissioner may revoke, suspend or limit the provider's operating certificate or impose fines in accordance with Mental Hygiene Law section 31.16 and Parts 53 and 503 of this Title.

(g) Notwithstanding the provisions of this section, if a provider of service seeks reimbursement in excess of the limits imposed in section 593.7 of this Part, the provider shall be presumed to have violated the provisions of this Part, whereupon the Office of Mental Health shall notify the Department of Health in order that the Department of Health may exercise its authority to recover such overpayment as may have occurred.

(h) Nothing in this section shall limit or preclude the [~~c~~]Commissioner from taking whatever immediate measures may be necessary, including the exercise of [~~his~~]their authority under Mental Hygiene Law, sections 31.16(b) and 31.28, in the event that a [~~resident~~]recipient's health or safety is in imminent danger or there exists any condition or practice which poses imminent danger to the health or safety of any [~~resident~~]recipient or the public.