NEW YORK STATE | Office of Mental Health

594 Operation of Licensed Residential Rehabilitation [Housing] Programs for Children And Youth with Serious Emotional Disturbances

594.1 Background and intent.

(a) It is the purpose of these regulations to establish standards which secure the right of children and youth identified as having serious emotional disturbance and transition age youth with serious mental illness to be treated within a [family]home-like community-based setting. Although treatment within an individual's family is preferable, when this is not possible, [alternative types of residential settings]child and youth residential rehabilitation programs must be made available to meet the treatment needs of children and youth identified as having a serious emotional disturbance. These [settings]programs should strive to provide services in an individualized, family-centered, community-based manner.

(b) It is the purpose of these regulations to establish standards for licensed [housing programs]child and youth residential rehabilitation programs which provide a residential treatment alternatives for children and youth who require [such]supervision and treatment in this setting due to a serious emotional disturbance or serious mental illness. This Part sets forth standards for licensed [housing for three types of residential options: teaching family homes, community residences, (including the Community Residence for Eating Disorder Integrated Treatment "CREDIT" Program), and crisis residences.] child and youth residential rehabilitation programs.

(c) It is the intent of the Office of Mental Health to establish residential treatment options which have as their primary goal the return of children and youth to a permanent family-like setting and to prepare [the children and]youth for successful independent living as appropriate. Such programs shall also provide support to the family, which includes education and counseling relating to the child[‘s] or youth's mental health needs[disability], collaborative techniques in supporting the child[‘s] or youth's emotional and maturational development, and community resources to support the successful return of the child or youth to [his/her]their home community and family. In addition, it shall be the mission of each [residential option]child and youth residential rehabilitation program to provide a safe environment which ensures protection from harm, abuse, and neglect; to encourage emotional, intellectual and physical growth; and to ensure that individualized treatment is provided in a diverse, equitable, and inclusive manner[with sensitivity to cultural and ethnic considerations].

(d) It is the intent of the Office of Mental Health to establish [residential treatment options]child and youth residential rehabilitation programs which provide rehabilitation services and treatment for children and youth that result in outcomes of successful functioning and integration into the family, community, school or independent living situations and vocational opportunities as appropriate. Such services shall be provided in consideration of a child[‘s] or youth's developmental stage with careful attention to individual strengths, needs and desires throughout the process of rehabilitation and skills development.

594.2 Legal base.

(a) Sections 7.09 and 31.04 of the Mental Hygiene Law grant the Commissioner of Mental Health the power and responsibility to adopt regulations that are necessary and proper to implement matters under [~~his/her~~]their jurisdiction and to set standards of quality and adequacy of facilities, equipment, personnel, services, records, and programs for the rendition of services for persons with mental illness pursuant to an operating certificate.

(b) Section 31.02 of the Mental Hygiene Law prohibits any individual, association, corporation or public or private agency from operating a residential facility for the care, treatment, rehabilitation or training of persons with mental illness unless an operating certificate has been obtained from the Commissioner of Mental Health.

(c) Sections 31.05, 31.07, 31.09, 31.11 and 31.19 of the Mental Hygiene Law authorize the Commissioner or their[~~his or her~~] representative to examine and inspect such facilities to determine their suitability and operation. Sections 31.15 and 31.17 of the Mental Hygiene Law authorize the Commissioner to suspend, revoke or limit any operating certificate.

(d) [~~Section 31.25 of the Mental Hygiene Law requires that the Commissioner of Mental Health establish, pursuant to regulation, licensed residential providers of treatment and/or supportive services to individuals with eating disorders~~]Section 31.11 of the Mental Hygiene Law requires every holder of an operating certificate to assist the Office of Mental Health in carrying out its regulatory oversight by cooperating with the commissioner in any inspection or investigation, permitting the commissioner to inspect its facility, books and records and making such reports, uniform or otherwise as are required by the commissioner.

594.3 Applicability.

(a) This Part applies to the operation or proposed operation of a licensed [~~housing program, including teaching family home, crisis residence, and community residence programs, including Community Residence for Eating Disorder Integrated Treatment (CREDIT)~~]child and youth residential rehabilitation program[~~s,~~] for children and youth[~~adolescents~~] licensed pursuant to [~~a~~]Article 31 of the Mental Hygiene Law.

(b) This Part applies to the operation or proposed operation of a State-operated licensed [~~housing program~~]child and youth residential rehabilitation programs[~~for children and adolescents~~].

(c) This Part does not apply to Community Residence for Eating Disorder Integrated Treatment ("CREDIT") programs.

(d) This Part does not apply to any provider of services that operates or proposes to operate a community residence program for adults with mental illness.

594.4 Definitions.

For purposes of this Part:

(a) General.

(1) *Admission criteria* means OMH approved factors of psychopathology, activities of daily living skills, age, gender, and intelligence quotient, in addition to the Office's eligibility criteria which are identified for use by the provider of services in determining a child or youth's eligibility for admission to a specific licensed child and youth residential rehabilitation licensed [~~housing~~]program.

~~(2)~~ *Child[~~, adolescent,~~] or youth* means[~~:~~

~~(i) for persons admitted to licensed housing programs (including teaching family homes, community residence programs that are not CREDIT programs, or State operated licensed housing programs for children and adolescents),~~]an individual who has attained at least their 5th birthday but not their 21st. [~~18th; or~~

~~(ii) for persons admitted to community residences that are CREDIT programs, an individual who has attained at least the 12th birthday but not the 19th.~~]

(3) *Collaterals* means members of the child or [~~adolescent~~]youth's family or household, or [~~significant others other than staff members of mental health programs~~]individuals other than staff members of mental health programs, who regularly interact with the child or [~~adolescent~~]youth and are directly affected by or have the capability of affecting the child or [~~adolescent~~]youth's condition and are identified in the service plan as having a role in treatment and/or are necessary for participation in the evaluation and assessment of the child or youth prior to admission.

(4) *Child and Youth Residential Rehabilitation[~~Community Residence~~] Program (C&YRRP [~~CR~~])* means a program [~~which~~] that provides a therapeutic environment for children and youth with serious emotional disturbances or transition age youth with serious mental illness whose individual treatment needs require out of home intervention[~~six to eight children and adolescents with serious emotional disturbances whose individual treatment issues preclude family settings~~] or who may need to prepare for independent living. The [~~focus~~]intent of the program is to develop and implement a plan with the child or youth and family addressing how to manage their mental and behavioral health symptoms in order to[~~on how to~~] live successfully and productively in a community, attend school or prepare for employment, and develop the skills needed to return to [~~more normative environments~~]their home community and utilize less intensive services. The program emphasizes [~~consumer~~]recipient and family-driven integration in the community, collaboration with other service providers, [~~consumer~~]recipient input, [~~and~~] family involvement, and development of [~~community life roles~~]living skills and natural supports.

(5) *Counselor* means a staff member assigned to direct care responsibilities, including but not limited to recipient supervision, modeling positive behavior, delivering or supporting rehabilitative services in accordance with service plan, providing crisis support and intervention, completing incident reports and progress notes, and maintaining a safe, trauma-informed, and therapeutic milieu.

(6) *Senior counselor* means a staff member assigned to direct care responsibilities who additionally has responsibilities including, but not limited to, supervising counselors, assigning tasks and coverage, providing training and modeling for staff members, and ensuring documentation is completed as required.

[~~(5) *Community Residence for Eating Disorder Integrated Treatment Program (CREDIT program)* is a subclass of community residence program for children and adolescents who have been diagnosed with an eating disorder, whose individual treatment issues preclude family settings or other less restrictive alternatives.~~

~~(6) *Crisis residence* means a program which provides a short-term (1-21 day) crisis residential option for children and adolescents experiencing a crisis which threatens psychiatric stability and provides crisis supports to the youth, the family and/or to the service provider. The goal of the program is to stabilize the crisis situation; support the family's or service provider's efforts to maintain the child or adolescent in his or her current residence, and to decrease the inappropriate use of an inpatient facility or other out-of-home placements.~~]

(7) *Designated mental illness diagnosis* means that the child or youth currently meets the criteria for a psychiatric diagnosis in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), [~~or has a diagnosis of an eating disorder as defined in this section, ~~]but excluding alcohol or drug disorders, organic brain syndromes, developmental disabilities or social conditions (V-codes). Current ICD[~~-9-CM~~] categories and codes that do not have an equivalent in the most up to date version of the DSM[~~-III-R~~] are also not included as designated mental illness diagnosis.

(8) *Discharge planning* means the continual[~~ing~~] process of planning for a recipient's transition from the program once continued stay is determined to no longer be appropriate, required, or desired. This process includes utilizing the recipient's[~~termination of services from a licensed housing program through the utilization of an individual's~~] strengths in the identification of [~~residential or other community resources~~]the services, treatment, and natural supports needed for the transition of the [~~resident~~]recipient to their home, community, or other setting[~~another residential option or return to the family~~] and making the necessary referrals [~~including linkages for treatment, ~~]for these treatment and support services. Discharge planning occurs throughout the entire admission process, from pre-admission up until the discharge takes place.

[~~(9) *Eating disorder* shall have the same meaning as defined in section 2799-e of the Public Health Law and shall include, but not be limited to, conditions such as anorexia~~

~~nervosa, bulimia and binge eating disorder, identified as such in the most current edition of the International Classification of Disease or the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, or other medical and mental health diagnostic references generally accepted for standard use by the medical and mental health fields.~~]

(9[~~10~~]) *Family-centered care* refers to an approach that emphasizes the importance of family involvement in the recovery process. It involves encouraging family members to participate and care planning and decision-making, and empowering families by providing education so that they can support their loved ones effectively. Ultimately, family-centered care results in mutually identified needs of the family rather than requiring the family to conform to the nature of the program. [~~means the degree to which a service is oriented toward meeting the needs of the family rather than requiring the family to conform to the nature of the program.~~]

(10) *Non-Peak Shift* means shifts when youth would be asleep or not expected to be present at the program. These include overnight shifts and shifts where youth would be in school.

(11) *Peak Shift* means shifts when youth would be expected to be awake and present during the day. These include mornings before school begins, after school, early evenings before bedtimes begin, weekend day and evening shifts, and school holidays.

(12[~~1~~]) *Provider of service* means the entity [~~which~~] is responsible for the operation of a program. Such entity may be an individual, partnership, association or corporation.

(13[~~2~~]) [~~*Qualified mental health staff person*~~]*Licensed Practitioner of the Healing Arts (LPHA)* 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 currently licensed and registered as a physician assistant by the New York State Education Department; or

(iii) a psychiatrist who is currently licensed and registered as a physician by the New York State Education Department and is a diplomat of the American Board of Psychiatry and Neurology or is eligible to be certified by that board; or is certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by that board.

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

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

([~~i~~]vi) a registered professional nurse who is currently licensed [~~as a~~]and 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, or licensed psychiatrist employed by the licensed agency; or

[~~(v) an individual having a master's or bachelor's degree in a human services related field; or~~]

(vii) a licensed creative arts therapist who is currently licensed and registered as a creative arts therapist by the New York State Education Department; or

(viii) a licensed 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

(ix[~~viii~~]) 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

([~~i~~]x) a licensed psychoanalyst who is [~~currently~~]licensed and 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.

[~~(x) a nurse practitioner who is currently certified as a nurse practitioner by the New York State Education Department; or~~
~~icol~~
~~(xi) for purposes of a CREDIT program, a registered dietitian who is currently licensed by the New York State Education Department; or~~

~~(xii) other professional disciplines which receive the written approval of the Office of Mental Health.~~]

(14) *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.

(15) *Serious Emotional Disturbance* means a child or youth under the age of 18 has a designated mental illness diagnosis according to the most current Diagnostic and Statistical Manual of Mental Disorders (DSM) and has experienced functional limitations due to emotional disturbance over the past 12 months on a continuous or intermittent basis. The functional limitations must be moderate in at least two of the following areas or severe in at least one of the following areas:

(i) ability to care for self (e.g., personal hygiene; obtaining and eating food; dressing; avoiding injuries); or

(ii) family life (e.g., capacity to live in a family or family like environment; relationships with parents or substitute parents, siblings and other relatives; behavior in family setting); or

(iii) social relationships (e.g., establishing and maintaining friendships; interpersonal interactions with peers, neighbors and other adults; social skills; compliance with social norms; play and appropriate use of leisure time); or

(iv) self-direction/self-control (e.g., ability to sustain focused attention for a long enough period of time to permit completion of age-appropriate tasks; behavioral self-control; appropriate judgment and value systems; decision-making ability); or

(v) ability to learn (e.g., school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school).

(16) *Serious Mental Illness* means an individual who:

(i) is 18 years of age or older; and
(ii) currently meets the criteria for a DSM psychiatric diagnosis, excluding substance use, organic brain syndromes, developmental disabilities or social conditions; and
(iii) is currently enrolled in SSI/SSDI due to a designated mental illness; and
(iv) there has either been an extended impairment in functioning due to the mental illness or a reliance on psychiatric treatment, rehabilitation, and supports.

(17) *Extended impairment in functioning due to mental illness* means that the individual has experienced two of the following functional limitations as a result of a designated mental illness over the past 12 months on a continuous or intermittent basis:

(i) Marked difficulties in self-care (personal hygiene, diet, clothing, avoiding injuries, securing health care or complying with medical advice).

(ii) Marked restriction of activities of daily living (maintaining a residence, using transportation, day to day money management, accessing community services).

(iii) Marked difficulties in maintaining social functioning (establishing and maintaining social relationships, interpersonal interactions with primary partner, children or other family members, friends, neighbors, social skills, compliance with social norms, appropriate use of leisure time).

(iv) Frequent deficiencies of concentration, persistence or pace resulting in failure to complete tasks in a timely manner (ability to complete tasks commonly found in work settings or in structured activities that take place in home or school settings, individuals may exhibit limitations in these areas when they repeatedly are unable to complete simple tasks within an established time period, make frequent errors in tasks, or require assistance in the completion of tasks.

(18) *Reliance on psychiatric treatment, rehabilitation and supports* means that a documented history shows that the individual, at some prior time, met the threshold for extended impairment in functioning, but symptoms and/or functioning problems are currently attenuated by medication or psychiatric rehabilitation and supports. For purposes of this determination, psychiatric rehabilitation and supports refer to highly structured and supportive settings (e.g. Congregate or Apartment Treatment Programs) which may greatly reduce the demands placed on the individual and thereby, minimize overt symptoms and signs of the underlying mental disorder.

[~~(13) *Teaching family home program (TFHP)* means a program which provides an individually tailored treatment-oriented residential environment for children and adolescents with serious emotional disturbances. Each individual home can serve up to four children and adolescents. The program utilizes carefully selected and trained teaching parents and child care staff who provide services, support and education to the youth and their families. The youths' mental health-related challenges may preclude them from the closeness of a family setting and are best addressed in a small group setting. The focus of the program is to provide the necessary supports and teaching to ensure that each youth will be able to live successfully in a family or independently, can meet with success in school or vocational activities, and live productively in the community. The program emphasizes integration in the community, collaboration with other service providers, consumer input and family involvement.~~]

(b) Service definitions.

(1) *Assertiveness/self-advocacy training* is a rehabilitative skills training service that promotes the recipient's developmentally appropriate 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.

(2) *Behavior management services* are psychosocial rehabilitation and skills training services that 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 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. ~~(1)*Behavior support* (also known as *behavior management 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. In the CREDIT program, "behavioral support" includes specific attention towards managing the secondary issues which may accompany an eating disorder such as depression, anxiety and substance abuse.~~]

(3) *Community integration and resource development services* are psychosocial rehabilitation services that assist recipients in identifying, regaining, or acquiring the developmentally appropriate skills necessary for maintaining and participating in a stable living, recreational, and educational or working environment. This must include developing the skills necessary to identify and develop community supports and resources to improve a recipient's social determinants of health. [~~(2) *Case management* means the process of linking the youth and family, where appropriate, to the community service system and coordinating the provision of services with the objective of continuity of care and service. Case management includes the following components:~~

~~(i) *Linking*. The process of referring the youth to ensure linkages for treatment, rehabilitative and support services and all other services and supports as specified in the individual service plan.~~

~~(ii) Case-specific advocacy. The process of interceding on behalf of the youth to gain access to needed treatment, rehabilitative support services.~~

~~(iii) Monitoring. The process of observing the youth to assure that needed treatment, rehabilitative and support services are received.~~

~~(3) Counseling services means the use of individual or group therapeutic modalities which provide an environment for assisting in clarifying future direction, developing meaningful goals, identifying personal strengths, identifying mental health-related behaviors or feelings that assist or interfere with the achievement of goals, and integrating into the community. Such modalities shall also foster the development of skills which assist in the reinforcing and generalizing of newly learned positive behaviors to school, home, employment and other community situations outside of the program structure. In the CREDIT program,~~ **counseling services** ~~includes specific~~

~~emphasis on assisting children and adolescents in developing appropriate body image as well as wellness self-management techniques for maintaining this progress.~~]

(4) *Daily living skills training* means a rehabilitative skills training service which focuses on the reacquisition of skills and capabilities to maintain developmentally appropriate primary or basic activities of daily life. Where clinically appropriate, services must address areas of functioning in categories such as: dressing, personal hygiene and grooming, and other activities of daily living. [~~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. In the CREDIT program, *daily living skills training* includes specific emphasis on the planning, preparation and consumption of nutritious meals.~~]

[~~(5) *Educational-vocational support services* means activities which include training, practice and supervision to promote regular attendance at school or work, including completion of homework or work assignments, while encouraging accuracy and neatness in homework assignments, development of time management and prioritization of tasks and facilitation of positive teacher/supervisor relations.~~]

(5[~~6~~]) *Family support services* 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. ~~activities which are needed to maintain and/or develop a positive relationship with one's family. Such activities shall provide training in skills needed for success in the discharge living environment such as implementation of a safety plan which includes ongoing family support and for maintaining a positive relationship with family. Opportunities to practice and develop skills should be provided in addition to establishing an ongoing linkage to treatment, rehabilitative and support services in the discharge living environment.~~]

(6[~~7~~]) *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 use disorder, 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. [~~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 to make choices regarding their health and welfare, 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. In the CREDIT program, *health services* may also include assistance and monitoring of the youth's activities relating to food, meals, and weight management.~~]

(7[~~8~~]) *Independent living skills training* 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. ~~activities which assist with the integration of developmentally responsible behaviors and generalization of skills for the purpose of completing educational and vocational requirements, meeting citizenship requirements, setting up and managing a household, seeking and maintaining an educational placement or job, identifying and accessing positive supports, and responsible decisionmaking in the community.~~]

(8[~~9~~]) *Medication monitoring and 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 and 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 member consultation with the prescriber on any observations about the existing regimen. [~~*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.~~

~~(10) Medication monitoring means activities performed by staff which relate to storage, monitoring, recordkeeping and supervision associated with the use of medication. Such activities include reviewing the appropriateness of an existing regimen by staff with the prescribing physician. Prescribing medication is not an activity included under this service.~~]

(9) *Parenting skills training services* are 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.

(10) *Rehabilitation counseling services means* a psychosocial rehabilitation service utilizing individual, family or group therapeutic modalities, to assist individuals to clarify future direction, develop meaningful service plan goals, identify and build on personal strengths, as well as navigate 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 or employment, and other community situations and settings.

(11) *Respite* means the provision of brief temporary out of home care to children and youth with serious emotional disturbances, with the primary purpose of providing relief to families or caretakers. Such care may occur while the child is out of home or in home.

(12) *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. Service planning must specify provision of services in accordance with this Part as well as supervision requirements based on an ongoing assessment of risk and supervision needs.

(13[~~2~~]) *Social Skills Training 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. Where clinically appropriate, services must 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. [~~*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 direct skill teaching, modeling, individual and group counseling and behavioral interventions in a variety of settings with both adults and peers.~~]

(13) *Substance use disorder support services* means a psychoeducation and psychosocial rehabilitation service to reduce or eliminate alcohol and substance use. Where clinically appropriate, services must provide verbal therapies, psychoeducation, relapse prevention techniques, and tobacco cessation counseling.

(14) *Symptom management services* means psychosocial rehabilitation and skills training services to reduce psychiatric symptoms and restore functioning. Services must include the ongoing monitoring of psychiatric symptoms and responses to treatment interventions to assist individuals manage their symptoms and develop coping strategies to deal with internal and external stressors and addressing acute emotional distress through crisis management and behavior intervention techniques.

594.5 Certification.

(a) The Office of Mental Health may issue [~~An~~] an operating certificate, valid for a period not to exceed three years, [~~will be issued to housing~~]to child and youth residential rehabilitation programs that comply with the requirements stated in this Part.

(b) No more than 16 congregate beds [~~will~~] shall be located on the same premises.

(c) No provider of services shall permit more than two individuals to occupy a bedroom. Any programs, sites, or renovations licensed after the promulgation of this rule, must have single bedrooms.

(d[~~b~~])A provider of services must submit applications for new operating certificates to the Office of Mental Health Pursuant to Part 551 of this Title, [~~applications for new operating certificates shall~~ must ~~be submitted to the Office of Mental Health~~] on required forms in accordance with the instructions therein. The application [~~shall~~] must state the type of program and [~~shall~~] include a functional program which describes in detail the required information as prescribed pursuant to section 594.7 of this Part. A single application for each program shall be submitted.

(e[~~c~~]) A provider of services must submit [~~R~~]renewal applications [~~shall be submitted~~] to the Office of Mental Health on required forms in accordance with the instruction therein. Requests for recertification should be submitted to the Office of Mental Health at least three months prior to the expiration of the existing operating certificate.

(f[~~d~~]) A provider of services must show [~~T~~]the operating certificate [~~shall be available to be shown~~] to anyone [~~requesting to see it~~]upon request.

(g[~~e~~]) All operating certificates shall remain the property of the Office of Mental Health. A provider of services must return an[~~, and expired,~~ invalidated[~~,~~] or revoked [~~or terminated~~]operating certificates [~~shall be returned~~] to the Office of Mental Health within 10 days of invalidation or revocation, whichever is first.

(h[~~f~~]) No operating certificate is transferable.

(i[~~g~~]) A program cannot exceed [~~T~~]the certified capacity of [~~any residence~~] that program ~~shall not be exceeded at any time~~.

(1) [~~Teaching family homes shall have a maximum certified capacity of four.~~

~~(12) ~~]Child[~~ren's~~] and youth residential rehabilitation programs[~~community residences, (including CREDIT programs) and crisis residences~~] shall have maximum certified capacities of eight. If bedroom space is adequate, capacity may be increased by one for respite purposes.

(j) The provider of service shall cooperate with the Office of Mental Health during any review or inspection of the child and youth residential rehabilitation program.

(k[~~h~~]) A provider of service must follow [~~T~~]the Prior Approval Review (PAR) procedures in accordance with Part 551 of this Title [~~shall be required of a provider of services that wishes~~] to:

(1) change the physical location of the facility, or utilize additional physical locations, premises or parts of premises;

(2) significantly change the number and types of staff members;

(3) initiate major changes in program, including but not limited to changes in the criteria for admission or discharge of [~~residents~~]recipients, or changes in the target population;

(4) change the licensed[~~resident~~]capacity of the program;[~~or~~]

(5) purchase, change ownership, or alter the premises of the program; or[~~.~~]

(6) any additional change as identified in Part 551 of this Title.

(l[~~i~~]) The certificate holder[~~provider of service shall~~] must notify the Office of Mental Health of any intention regarding alterations which are planned in a leased or owned building in which the [~~facility~~]child and youth residential rehabilitation program is located which affect or could affect the usability of any part of the facility by persons with physical disabilities.

(m[~~j~~]) The certificate holder[~~provider of service shall~~] must notify the Office of Mental Health as soon as possible of any intention to terminate voluntarily the operation of the [~~housing~~]program and work closely with the Office of Mental Health on a safe, closure plan.

(1) Such notice of intention to terminate voluntarily [~~shall~~] must include a statement of the actions which will be taken to assure appropriate referral of children or youth admitted[~~in residence~~], preserve the confidentiality of records and to settle financial accounts according to pre-existing individual agreements.

(2) Such notice [~~shall~~] must be submitted at least 90 days prior to termination of operation.

(n[~~k~~]) *Catastrophic termination of operation.*

If through catastrophe such as, but not limited to, fire, flood or earthquake, a [~~housing~~]child and youth residential rehabilitation program is unable to operate as certified, the governing body [~~shall be responsible for~~] must provide emergency accommodations and continuing support to all recipients until such time as the [~~housing~~]program can be made habitable, [~~or~~]alternate stable living accommodations can be found, or a new provider is licensed to operate the program. The certificate holder shall notify the Office of Mental Health immediately but no longer than 24 hours after such events.

[~~(l) The provider of service shall cooperate with the Office of Mental Health during any review or inspection of the housing program.~~]

(o) *Suspension, revocation or limitation of the operating certificate.*

(1[~~m~~]) The [~~c~~]Commissioner may revoke, suspend or limit the operating certificate upon [~~his~~] their finding that a [~~housing~~]child and youth residential rehabilitation program has failed to comply with the terms of any operating certificate or with the provisions of any applicable statute, rule or regulation. The certificate holder shall be given notice and an opportunity to be heard prior to any such action.

(2[~~n~~]) Pending a determination pursuant to subdivision ([~~m~~](o)(1) of this section, the [~~c~~]Commissioner may, upon written notice to the provider of service, suspend the certificate for not more than 30 days upon finding that the continued operation of the [~~housing~~]child and youth residential rehabilitation program presents an immediate danger to the health and welfare of any of the youth residing therein.

594.6 Organization and administration.

(a) The provider of service [~~shall~~] must identify a governing body [~~which~~] that shall have overall responsibility for the operation of the program. The governing body may delegate responsibility for the day-to-day management of the program to appropriate staff members pursuant to an organizational plan approved by the Office of Mental Health. No individual shall serve as both member of the governing body and of the paid staff members of the program without prior approval of the Office of Mental Health.

(b) The governing body shall establish mechanisms for the participation and input of current or former recipients of mental health services and family members of recipients of mental health services on the governing body and the operation of the program. The agency shall make reasonable efforts to resolve barriers to participation.

(c) The governing body must ensure that its membership reflects the ethnic and cultural diversity in which the residential program is located. It must also affect an appropriate mechanism(s) to facilitate the integration of the program into the community.

(d[~~b~~]) The governing body shall be responsible for the following duties:

(1) to meet at least four times a year;

(2) to review, approve, and maintain written minutes of all official meetings as a permanent record of the decisions made in relation to the operation of the program;

(3) to develop an organizational plan which indicates lines of accountability and the qualifications required for staff positions. Such plan may include the delegation of the responsibility for the day-to-day management of the program to a designated professional who is qualified by training and experience to supervise program staff;

(4) to review the program's compliance with the terms and conditions of its operating certificate, applicable laws and regulations;

(5) to ensure existence of and utilize input from recipient council meetings and recipient and/or family satisfaction surveys/grievances/complaints to obtain relevant information on program functioning and to provide a mechanism for participation into the formulation of program expectations and other matters which affect the operation of the program;

(6[~~5~~]) to ensure that the design and operation of the program is consistent with and appropriate to the ethnic and cultural background of the [~~resident~~]recipient population;

(7) to ensure efforts to reduce disparities in access, quality of care, and treatment outcomes for underserved/unserved marginalized populations, including but not limited to: people of color, members of the LBGTQIA+ community, individuals who are deaf and hard of hearing, individuals who are Limited English Proficient, immigrants, and individuals re-entering communities from juvenile justice settings and programs.

(8[~~6~~]) to ensure that a child or [~~adolescent~~]youth [~~resident~~]recipient, and where appropriate, [~~his or her~~]their family or surrogate family, are an integral part of service planning decisions;

(9[~~7~~]) to ensure the development of, approve, and periodically review and revise as appropriate all programmatic and administrative policies and procedures. Such policies and procedures shall include, but are not limited to, the following:

(i) written personnel policies [~~which~~] that shall prohibit discrimination on the basis of race, color, creed, disability, sex, sexual orientation, gender identity, marital status, age, [~~HIV status, ~~]or national origin as well as written policies on affirmative action which are consistent with the affirmative action and equal employment opportunity obligations imposed by Title VII of the Civil Rights Act, Federal Executive Order 11246, the Rehabilitation Act of 1973, section 504, as amended, and the Vietnam Era Veteran’s Readjustment Act;

(ii) [~~written personnel policies which provide for screening of employees through the New York Statewide Central Register of Child Abuse and Maltreatment, verification of employment history, personal references, work record and qualifications, as well as requesting the office to perform criminal history record checks in accordance with Part 550 of this Title~~]written policies for conducting criminal history information reviews required pursuant to 31.35 of the Mental Hygiene Law, Section 495 of the Social Services Law, and 14 NYCRR 550, shall be conducted in accordance with such laws and regulations and any guidance issued by the Office with such laws. All prospective employees, contractors, and volunteers who have the potential for, or may be permitted, regular and substantial unsupervised or unrestricted contact with recipients shall submit to a criminal history information review. All staff members with the potential for regular and substantial contact with recipients in performance of their duties shall submit to clearance by the New York Statewide Central Register of Child Abuse and Maltreatment. Staff members, contractors, and volunteers who have not been screened by the New York Statewide Central Register of Child Abuse and Maltreatment shall not perform duties requiring contact with recipients unless there is another staff member present;

(iii) written personnel and volunteer policies [~~which~~] that provide for verification and screening of prospective employees, contractors, and volunteers through [~~the New York Statewide Central Register of Child Abuse and Maltreatment,~~] verification of employment history, personal references, work record[~~history~~] and qualifications, and supervision of volunteers[~~, as well as requesting the office to perform criminal history record checks in accordance with Part 550 of this Title~~];

(iv) written policies that shall establish that contracts with third party contractors that are not subject to the criminal history background check requirements established in section 31.35 of the Mental Hygiene Law include reasonable due diligence requirements to ensure that any persons performing services under such contract that will have regular and substantial unsupervised or unrestricted contact with of the program do not have a criminal history that could represent a threat to the health, safety, or welfare of a child in the program, including, but not limited to, the provision of a signed, sworn statement whether, to the best of his or her knowledge, such person has ever been convicted of a crime in this State or any other jurisdiction;

([~~i~~]v) written policies [~~which~~] that are consistent with the obligations imposed by [~~t~~]Titles VI and VII of the Civil Rights Act, Federal Executive Order 11246, [~~a~~]Article 15 of the Executive Law (Human Rights Law), [~~a~~]Article 15-a of the Executive Law (Minority and Women Business Enterprises Program), section 504 of the Rehabilitation Act of 1973, the Vietnam Era Veteran's Readjustment Act, the Federal Age Discrimination in Employment Act of 1967, the Federal Equal Pay Act of 1963, and the Federal Americans with Disabilities Act;

(vi) written policies and procedures concerning [~~, if necessary,~~]the administration and storage of medication which shall be consistent with all applicable Federal and State laws and regulations;

(vii) written policies and procedures regarding the reconciliation of medication both at time of admission and throughout the course of admission;

(viii) written policies and procedures governing [~~resident~~]recipient records [~~which~~] that ensure confidentiality consistent with the Mental Hygiene Law, including sections 33.13 and 33.16, 45 CFR Parts 160 and 164 (HIPAA), and other applicable State and Federal laws and regulations, which provide for appropriate retention and [~~resident~~]recipient access of such records;

(ix) plan for assuring continuity and integration of care within the mental health system, other systems of care, and collaterals, whenever appropriate. Such plan shall be supported by written agreements, as appropriate, with other providers of service. The plan shall be subject to approval by the Office of Mental Health and, at a minimum, shall address the following areas;

(x[~~vii~~]) written criteria for admission, continued stay, and discharge [~~from the program which shall state that no person shall be excluded from the program on the basis of race, religion, color, sex, sexual orientation, disability, HIV status or national origin. However, nothing in this subparagraph shall be interpreted to prevent a provider from making admission or discharge decisions based upon the functional, clinical and behavioral needs of the applicant which are relevant to its functional program~~]that are consistent with the program's goals and objectives, and which are subject to the approval of the Office of Mental Health. The criteria should include relevant functional, clinical, and behavioral characteristics of an individual requiring out of home services to address their mental and behavioral health needs.

(xi) written criteria for admission, continued stay, and discharge shall state no applicant or recipient who meets the criteria for treatment may be denied access to services based solely on one or more of the following:

(1) prior treatment history;

(2) referral source;

(3) pregnancy;

(4) history of contact with the criminal justice system;

(5) HIV and AIDS status;

(6) physical disability;

(7) use of medications for substance use disorder prescribed and monitored by a physician, physician's assistant or nurse practitioner;

(8) actual or perceived gender;

(9) national origin;

(10) race/color;

(11) actual or perceived sexual orientation;

(12) marital status;

(13) military status;

(14) familial status;

(15) religion.

However, nothing in this subparagraph shall be interpreted to prevent a [~~provider~~]program from making admission, continued stay, or discharge decisions based upon [~~the functional, clinical, and behavioral needs of the applicant which are relevant to its functional program~~]their OMH-approved admission, continue stay, and discharge criteria;

(xii) written policy and procedures for recipients and their caregiver/guardian to appeal the Intake Committee's admission decision;

([v]xiii) written policies and procedures that will allow family members or guardians to visit the recipient[~~child~~] in the [~~residential~~]program and/or participate in planned treatment planning meetings and/or recreational activities and outings;

(xiv[~~ix~~]) policies and procedures regarding the mandatory reporting of child abuse or neglect, reporting procedures and obligations of persons required to report, provisions for taking a youth into protective custody, mandatory reporting of death, immunity from liability, penalties for failure to report, and obligations for the provision of services and procedures necessary to safeguard the life or health of the child or youth[~~adolescent~~]. Such policies and procedures shall address the requirements for the identification and reporting of abuse or neglect regarding [~~residents~~]recipients or the parents or guardians of [~~residents~~]recipients;

[~~(x) written policies and procedures describing a resident grievance process which ensures the timely review and resolution of residents' or family members' complaints and which provides a process enabling residents or family members to request review by the Office of Mental Health when resolution is not satisfactory;~~]

(xv) to ensure the establishment and implementation of training for current and new employees and volunteers that addresses the policies and procedures regarding child abuse and neglect.

(xvi) Written policies and procedures describing staff training and development. Such policies and procedures shall address orientation, ongoing training and staff development to ensure that the design and operation of the program is consistent with and appropriate to the ethnic and cultural background of the recipient population; and that staff are trained in how to provide appropriate Language Access for recipients and family members or guardians with limited English proficiency.

(xvii)written policies and procedures describing a staff supervision plan which identifies the minimum skills[/] and competencies necessary for staff members to supervise youth in the [placement]program independent of direct supervision; and

(xviii)written policies and procedures describing general recipient[child] supervision practices and individual precautions designed to ensure a safe environment for all [residents]recipients.

(xix) written policies and procedures that ensure the program's completion of a comprehensive assessment and screening of the recipient's needs, risks and strengths, as well as services needs at time of admission to inform service planning and supervision needs. This must outline plans for reassessment to occur regularly, as well as, in response to marked changes in a recipient's presentation and/or life circumstances. The plan should address as well as who is responsible for assessment and screening during admission. Comprehensive assessment and screening must be informed by face-to-face interactions with the recipient and legal guardians, as well as collateral information and referral documentation. Comprehensive assessment and screening by the program will minimally include areas identified in 594.15.

(10[8]) The governing body shall ensure the development of, approve and periodically review and revise a written quality assurance plan for the licensed [housing]program. Such plan shall include, but not be limited to, the following:

(i) Written policies and procedures for monitoring the operation of the licensed [housing]program against criteria established in the functional program.

(ii) A written utilization review procedure to monitor the extent to which [residents]recipients are receiving appropriate services and are being served at an appropriate level of care.

(iii) a written procedure for incident reporting[and], incident management, and incident data trending as discussed in Part 524;

(iv) written policies and procedures describing a [~~resident~~]recipient grievance process which ensures the timely review and resolution of [~~residents'~~]recipients' or family members' complaints and which provides a process enabling [~~residents~~]recipients or family members to request review by the Office of Mental Health when resolution is not satisfactory. Agencies shall maintain a system for tracking complaints and compare rates of grievance across their programs;

(v) written policies and procedures for different emergency situations including protocols for infection control; and

(vi) provision of on-boarding and an on-going staff training curriculum to help support recipients' current needs and emergent needs as indicated.

(e[~~e~~]) A provider of service shall ensure the timely reporting, investigation, review, monitoring and documentation of incidents pursuant to the Mental Hygiene Law and Part 524 of this Title.

[~~(d) A provider of service shall ensure that no otherwise appropriate resident is denied access to services solely on the basis of multiple diagnoses, a diagnosis of HIV infection, AIDS, or AIDS-related complex, pregnancy, or solely because the youth has any past involvement with substance abuse or the juvenile justice system.~~]

(f[~~e~~]) Each program must create [~~There shall be~~] an emergency evacuation plan and ensure staff members [shall be] are knowledgeable about its procedures.

(g[~~f~~]) The provider of service [~~shall~~] must participate as required with the [~~local government unit~~]single point of access in local planning processes pursuant to sections 41.05 and 41.16 of the Mental Hygiene Law. At a minimum, such participation [~~shall~~] must include:

(1) provision of budgeting and planning data as requested by the [~~local government unit~~]single point of access;

(2) identification of the population being served by the program;

(3) identification of the geographic area being served by the program; and

(4) description of the program's relationship to other providers of service including, but not limited to, a description of all written agreements entered into pursuant to this Part.[~~; and~~

~~(5) for CREDIT programs, in addition to the provisions of paragraph (4) of this subdivision, a description of specific affiliation agreements with designated Comprehensive Care Center for Eating Disorders (CCCED) providers, which must include referral and admission procedures, as well as procedures for crisis clinical back-up.~~]

(h[~~g~~]) In programs which are not operated by State or local government, the program must ensure [~~there shall be~~] an annual audit is performed, pursuant to a format prescribed by the Office of Mental Health, of the financial condition and accounts of the program [~~performed~~] by a certified public accountant who is not a member of the governing body or an employee of the program. Government-operated programs shall comply with applicable laws concerning financial accounts and auditing requirements.

(i) The provider of service shall review demographic data to determine the cultural and linguistic needs of the population and establish mechanisms to ensure that the program provides reasonable accommodations and culturally competent services that are relevant to the cultural and linguistic needs of the population. Such mechanisms, whenever possible and appropriate, shall include:

(1) diverse representation on the staff and governing body;

(2) inclusion of culturally appropriate content in service programs;

(3) training to ensure staff members respond appropriately to the cultural and linguistic needs of recipients.

[~~(h) The provider of service shall establish mechanisms which ensure that the cultural and ethnic backgrounds of residents are taken into account such as ethnic representation on the staff and governing body, and inclusion of ethnic appropriate content in service programs.~~]

(j[~~i~~]) The provider of service shall provide for the fair compensation of recipients[~~residents~~] who are employed by the provider. Such employment must meet all applicable requirements of Federal and State labor laws. The requirements of this subdivision shall not be applicable to the performance of normal household chores.

(k[j]) The provider shall submit an annual report to the Office of Mental Health and their governing body. The report shall include annual goals and objectives of the program, progress toward meeting the goals, [~~and~~]feedback from semi-annual consumer evaluations, referral and admission data, and any other required elements identified by OMH.

594.7 Functional program.

(a) The provider must develop and submit a [~~A~~] functional program [~~will be developed and submitted~~] with the provider's application for certification. The functional program shall, at a minimum, include:

(1) a description of the [~~agency~~]program mission[~~, admission and discharge criteria~~] and the [~~description of the~~]population to be served;

(2) a description of the program's treatment philosophy including values and objectives specifically addressing the issues of resiliency and recovery in a strength-based,

diverse, inclusive, family-driven, trauma-sensitive, and evidence-informed environment;

(3) admission, continued stay, and discharge criteria;

(4[~~3~~]) a description of the specific service needs of the defined target population;

(5[4]) a description of the existing service system, including, but not limited to, mental health, physical health, social, educational, vocational, rehabilitative and recovery oriented, community-based and other support services;

(6[~~5~~]) a description of the recipients'[~~residents'~~] utilization or non-utilization of the existing service system and the rationale for such service use patterns;

(7[~~6~~]) a description of the gaps in service to the population to be served and the plan to provide or ensure the provision of such services;

(8[~~7~~]) a description of the rehabilitative and treatment service methods used to promote successful functioning and integration of [~~residents~~]recipients into family, community, school, employment and, when appropriate, independent living;

(9[~~8~~]) a description of the goals and anticipated outcomes of the program, including the anticipated average length of stay for recipients[~~residents~~];

(10) a description of the services to be provided directly by the program to the recipients, including how these services will further the goals and anticipated outcomes of the program;

(11) a description of the community-based services the program coordinates for recipients to ensure continuity of care, including how the individual need for community- based services will be assessed during an admission, and how these services will further the goals and anticipated outcomes of the program. This description shall include written agreements, where appropriate, with community-based service providers.

(12[~~9~~]) a description of the provider's role, if any, in providing a crisis bed capacity within the geographical area;

(13[~~10~~] a description of the proposed staffing pattern, including job descriptions and qualifications, number of full-time equivalent employees for each position, the supervisory structure and staffing schedule. Such description shall be in the form of a staffing plan;

(14[~~11~~]) a description of the services to be offered to families to strengthen positive relationships between youth and families and promote reintegration into the family, as appropriate, including the utilization of family input and involvement in the treatment planning process;[~~and~~]

(15[~~12~~]) a description of the steps to be taken to contact and to work with the youth's community school to assist and support an effective educational/vocational program for the youth.

(16) a description of the expectations, if any, which may be placed upon the recipient regarding program participation and participation in programs outside of the child and youth residential rehabilitation program; and

(17) a description of the process for providing of information about and explaining the rights of recipients to both staff members and recipients.

(b) The functional program shall address the use of all necessary services in relationship to achieving the goals of each individual [~~resident~~]recipient.

(c) The functional program shall serve as a basis for delineating anticipated program outcomes which along with program requirements shall be monitored pursuant to section 594.14 of this Part.

594.8Admission and discharge criteria.

(a) Each program governed pursuant to this Part [~~shall~~] must maintain written admission and discharge criteria which are consistent with its goals and objectives, and which are subject to the approval of the Office of Mental Health.

(b) The admission criteria must, at a minimum, provide that the applicant[~~youth~~] meet each of the following eligibility criteria:

~~[(1) attainment of at least the 5th birthday but not the 18th, provided, however, that in the CREDIT program, the admission criteria must provide that the youth has attained at least the 12th birthday but not the 19th;~~

~~(2) a designated mental illness diagnosis which, for purposes of the CREDIT program, must include a diagnosis of an eating disorder, as such term is defined in this Part;~~

~~(3) substantial problems in social functioning due to a serious emotional disturbance within the past year;~~

~~(4) serious problems in family relationships, peer/social interaction or school performance. In a CREDIT program, serious problems in the family relationship/support system shall include circumstances in which:~~

~~(i) the family members and/or support systems demonstrate behaviors that are inconsistent with the goals of treatment, such that treatment at a lower level of care is unlikely to be successful; or~~

~~(ii) the family members and/or support systems do not possess the requisite skills to effectively manage the disease such that treatment at a lower level of care is unlikely to be successful;~~

~~(5) serious and persistent symptoms of cognitive, affective and personality disorders;~~

~~(6) a level of service need which requires multi-agency intervention and involvement; and~~

~~(7) in a community residence that is a CREDIT program, admission criteria shall also include documentation that the child demonstrates an inability to be managed at a lower level of care but does not require acute inpatient level of care.~~]

(1) is at least 5 years old but not yet 21. Meets criteria for serious emotional disturbance serious mental illness (SMI);

(2) has a caregiver/guardian who voluntarily consents to pursue treatment and engage in programming at a Child and Youth Residential Rehabilitation Program or meets criteria to voluntarily consent independently;

(3) has serious sustained emotional regulation problems, inconsistent with developmental expectations, which are frequent and have a significant impact on the applicant's relationships and impact the applicant's functioning across settings;

(4) has a primary designated mental health diagnosis;

(5) has serious sustained social functioning problems, which are frequent and have a significant impact on their relationships and impact the applicant's functioning across settings;

(6) requires 24/7 supervision and daily rehabilitative treatment in a therapeutic living environment to address emotional and social problems;

(7) has minimal relationships with peers, adult relatives, or community members that are meaningful, enduring, and promote the individual's lifelong resiliency and wellbeing; and

(8) has a home environment, family resources, and community-based support network that is not adequate to provide the level of support and supervision needed to address current concerns; and

(i) with increased supervision and daily rehabilitative treatment and support, the applicant would be able to attend school or vocational programming, as applicable, engage in outpatient treatment, or participate in community activities;

(ii) needs community integration services and resource development to allow for multifaceted assessment, intervention, involvement, and collaboration between the applicant's living environment, family, outpatient mental health and medical

treatment providers, school, and systems to improve continuity of care and treatment outcomes.

(c) The provider of a [~~teaching family home or community residence that is not a CREDIT~~]child and youth residential rehabilitation program must establish an intake committee to review the applications of children and youth[~~adolescents~~] referred for admission to the program [~~from~~]through the youth's home single point of access process (or similar successor process) and determine the eligibility for admission to such program. [~~The intake committee shall, at a minimum, include appropriate representation from the residential program and other agencies impacting the care and treatment of the child such as, but not limited to, the local governmental unit, social service district, school district, and family and consumer representation.~~]The intake committee shall, at a minimum, include the program director, one senior counselor or counselor from the program, and one member external to the program. External members may include those within the agency not directly involved with the program or from other agencies in the surrounding community who have experience providing for the care and treatment of children and adolescents with Serious Emotional Disturbance. The external member may not include a representative from the school district of location or local governmental unit. In addition, one member of the Intake Committee must be a LPHA, as defined in 594.4 of this Part. Intake committee members must be trained in the C&YRRP program model, it's role within the child serving mental health service system, and the program's target population. The intake committee must be available to complete a screening within 10 business days of receipt of a referral. The program nurse must review the referral and be consulted regarding admission, however the nurse does not need to participate in an intake interview as part of the committee. The intake committee must maintain records of each referral for admission received, any requests for additional information, and the disposition of the referral for admission decision.

(d) A referral for admission to a [~~teaching family home or community residence program that is not a CREDIT~~]child and youth residential rehabilitation program shall be submitted to the provider from the youth's home single point of access process (or similar successor process). Each referral must contain the following documents:[~~, and all assessments must have occurred within the last 90 days, except for the educational assessment which must have occurred within the last year:~~]

[~~(1) an updated medical report;~~

~~(2) a psychosocial assessment;~~

~~(3) a psychiatric evaluation;~~

~~(4) an educational assessment;~~

~~(5) a signed, parental/guardian informed consent form for admission;~~

~~(6) a description of the child's current behaviors and significant strengths and problems; and~~

~~(7) documentation that potentially less restrictive community, home and/or extended nonresidential services have been reasonably explored and are either not available or have not been successful.~~

(1) C-SPOA Application Part 1

(2) Required Consent for Release of Information for C-SPOA

(3) C-SPOA Application Part 2

(4) Verification of Serious Emotional Disturbance

(5) For referrals initiated in an inpatient setting, a current summary of the hospitalization.

(6) For referrals initiated by Youth ACT or a residential setting, a psychosocial which includes current course of treatment and response to treatment and current treatment plan.

(7) A psychiatric evaluation completed within the past 90 days, or a psychiatric evaluation completed within the past 12 months with an update within the past 90 days.

(8) A psychosocial assessment completed within the past 12 months

(9) For youth with a current IEP, a psychological assessment completed within the past 3 years.

(10) A physical completed within the past 12 months

(11) A medication reconciliation

(12) For youth reviewed by a Committee on Special Education, a copy of CSE recommendations and the IEP or 504 Plan, if established.

(13) Risk assessments for high-risk behavior that has occurred within past two years, to include sexualized behavior and fire-setting behavior.

(14) For youth with chronic and/or severe medical needs, any relevant information pertaining to these.

The provider may request additional information and documentation to make an eligibility determination. Special consideration shall be given to the role of the recipient's collaterals in each area of assessment.

~~(e) A referral for admission to a community residence that is a CREDIT program shall be received from a Comprehensive Care Center for Eating Disorders, or from the child's~~

~~primary care physician or mental health provider. All assessments must have occurred within the last 30 days. Each referral must include the following documents:~~

~~(1) an updated medical report;~~

~~(2) a psychosocial assessment;~~

~~(3) a psychiatric evaluation;~~

~~(4) an educational assessment;~~

~~(5) a signed, parental/guardian informed consent form for admission;~~

~~(6) a description of the child's current behaviors and significant strengths and problems;~~

~~(7) documentation that potentially less restrictive community, home and/or extended non-residential services have been reasonably explored and are either not available or have not been successful;~~

~~(8) nutritional screening for eating disorder behaviors and nutritional status;~~

~~(9) psychological testing as needed; and~~

~~(10) assessment of the family system when appropriate by direct involvement with the family members.~~]

~~(f)~~ [~~Prior to placement, each youth referred to a children's community residence, shall be afforded at least one pre-admission visit to the community residence. The family shall also be afforded such opportunity.~~

~~(g) Determination of eligibility for acceptance in the teaching family home or community residence, including a CREDIT program, must be made, once all intake materials have been received, within 10 working days.~~

~~(h) If the child is not accepted into the teaching family home or community residence that is not a CREDIT program, the provider shall send a notice of rejection to the youth's home single point of access committee (or similar successor process entity) and the child or adolescent's parent or guardian, accompanied by an explanation of the rejection and suggestion for other treatment alternatives. If the child is not accepted into a CREDIT program, the CREDIT program will send the notice of rejection to the referral source in a timely manner, but in no event not later than seven days after request has been made.~~]

(e) Once the program receives a completed referral from C-SPOA, the program must offer for an intake screening to occur within 10 business days. Should the applicant and/or their legal guardian be unable to attend a screening within 10 business days, every effort shall be made

to schedule a prompt intake screening for a time agreeable to all parties. The intake screening must minimally include the applicant, their legal guardian, and the Intake Committee.

(f) A program may not make an admission decision based solely on review of the referral documents. An intake screening with the applicant must be completed.

(g) The Intake Committee must make and communicate an admission decision within 5 business days of the intake screening.

(h) The admission decision must be communicated in writing to the child or youth's legal guardian (or applicant where applicable), the referral source, the applicant's regional OMH Field Office, and the applicant's single point of access. If the applicant is not accepted for admission, the written notice must include an explanation of the reason(s) for denial or delay and outline what would be needed for the child or youth to be admitted. Denials must relate to the program's OMH approved admission criteria.

(i) If additional information is required to make an admission decision, this information must be communicated and requested within 5 business days of the intake screening. Additional information requested must be for the purpose of determining if admission criteria are met and assessing any significant safety concerns.

(j) Prior to admission, each applicant shall be afforded at least one pre-admission visit to the program. The family must also be afforded such opportunity. This shall not, however, be required prior to an admission decision being made.

(k[i]) If an applicant who was accepted for admission is subsequently found not eligible, the updated admission decision must be communicated in writing to the child or youth's legal guardian (or applicant where applicable), the referral source, the regional OMH Field Office, and the applicant's single point of access. This written notice must include an explanation of the reason(s) for denial or delay and outline what would be needed for the child or youth to be admitted. Denials must relate to the program's OMH approved admission criteria. Each provider shall develop a discharge policy and specific discharge criteria. The discharge policy shall indicate that the provider will begin discharge planning [~~upon a child or adolescent's admission to the program. Although discharge planning shall begin prior to the youth's 18th birthday, the youth may remain in the program for up to one year following the 18th birthday, if clinically appropriate.~~]upon application for admission or transfer. While a set plan for discharge is not required for admission, discharge planning partners must be identified as part of the pre-admission process.

(l) The discharge plan must set forth the recipient's[~~resident's~~] functional levels and family and community supports needed to enable the youth to return[~~move~~] home or live independently. Additionally, the discharge plan must identify goals for the youth to work towards which will strengthen their[~~his or her~~] success upon discharge, as well as the criteria for determining necessity for continued stay.

(m[~~j~~]) As part of the discharge planning process, for both planned and unplanned discharges, the provider shall ensure that each child or youth[~~adolescent~~] and family is offered and linked with the appropriate services needed for the youth to successfully transition into the community or other appropriate alternative. Attempts should be made to ensure that the discharge process allows for gradual transition to the child's discharge living environment and reduces or eliminates any gaps in services.

(n[~~k~~]) A discharge summary must be completed within 5 business days of discharge and shall include: a summary of the rehabilitative treatment, reasons for discharge or transfer, identification of and contact information for the treatment and support services which the recipient has been offered and linked, any treatment and support services offered but declined, contact information for additional resources the recipient may require, and a listing of current medications. [~~Teaching family homes and community residences, including CREDIT~~]Child and youth residential rehabilitation programs[~~,~~] shall maintain contact with youth and family for up to 90 days after discharge for the purpose of providing support during transition to the discharge living environment.

594.9 Recipients'[~~Residents'~~] rights.

(a) The provider of service [~~shall~~] must ensure the provision of notices of recipients'[~~residents~~'] rights described in section 527.5 of this Title to each recipient[~~resident~~] and their[~~his or her~~] family or significant others. Such notice shall also address recipients'[~~residents'~~] right to wear age-appropriate clothing, receive prompt medical attention, and have access to appropriate education.

(b) Each recipient[~~child or adolescent~~] and family or significant other shall be apprised of the program[~~residence~~] grievance process which ensures the timely review and resolution of recipient's[~~resident's~~] or family's complaints.

(1) The grievance process must ensure an objective review of the issues, timely resolution and adequate documentation.

(2) The name and number of an Office of Mental Health contact person [~~shall~~] must be made available to a recipient[~~resident~~] and/or family member at time of admission and again whenever a grievance process cannot be resolved to the satisfaction of all parties. [~~Within 14 days, ~~][~~t~~]The Office of Mental Health will review the circumstances surrounding the disagreement and make a recommendation concerning a course of action to be taken.

(3) If successful resolution to the grievance cannot be achieved through the process delineated in paragraphs (1) and (2) of this subdivision, the recipient[~~resident~~] and/or family member has a right to legal recourse and must be provided with information regarding where to obtain legal assistance including, but not limited to, mental hygiene legal services or equivalent legal advocacy service. [~~The resident and/or family member should also be informed in writing, that complaints can be made to the Commission on Quality of Care and Advocacy for Persons with Disabilities.~~]

594.10 Service Requirements

(a) A child and youth residential rehabilitation program shall offer the following developmentally and age-appropriate services:

(1) Service planning;

(2) Assertiveness/self-advocacy training;

(3) Community integration and resource development services;

(4) daily living skills training;

(5) rehabilitation counseling services;

(6) family support services

(7) health support services;

(8) substance use disorder support services

(9) symptom management services

(10) behavior management services

(11) independent living skills training;

(12) medication monitoring and support services;

(13) social skills training;

(14) respite; and

(15) room and board.

(b) The following services must be offered to child and youth residential rehabilitation program recipients at the identified frequency minimums listed below:

(1) Services available and offered upon admission:

(i) Comprehensive assessment of youth and family

(ii) Service planning

(iii) Medication monitoring and support services

(iv) Health support services

(v) Symptom management

(vi) Family support services

(2) Services to be available and offered daily:

(i) Daily living skills training

(ii) Behavior management services

(iii) Symptom management services

(iv) Medication monitoring and support services

(v) Social skills training

(vi) Health support services

(3) Services to be available and offered at least once every seven days;

(i) Assertiveness/self advocacy training

(ii) Rehabilitative Counseling services

(iii) Community integration and resource development

(iv) Family support services

(v) Physical health services

(vi) Independent living skills training

(4) Services to be available and offered as indicated by comprehensive assessment and service plan:

(i) Substance use disorder support services

(c) As long as service delivery minimums listed in (b) of this section are met, the specific services and frequency of service delivery a program provides to an individual recipient will be determined by the recipient's multidisciplinary team, the recipient, and for minors, a legal guardian, based on the recipient's comprehensive assessment and individual service plan.

(d) An LPHA or supervised paraprofessional must perform all defined services in 594.4(b). Additionally:

(1) While receiving the services below, in accordance with their service plan, the youth must be supervised 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.

594.11 Service Planning.

(a) Services provided within a [~~teaching family home or community residence, including a CREDIT~~]child and youth residential rehabilitation program[~~,~~] shall be provided in accordance with a service plan developed within four weeks of admission to the program. [~~In the case of a community residence that is a CREDIT program or a crisis residence, the initial service plan must be developed within three days of admission.~~]At the time of admission, an admission note must be prepared and signed by a [~~qualified mental health staff person~~]LPHA which, at a minimum, indicates a description of the strengths and needs of the youth, as well as a brief description of the services necessary to meet these needs during the initial period after admission.

(b) Such plan [~~shall~~] must be developed by the [~~staff of the program,~~] recipient [~~resident~~] and their family and/or any collateral identified for participation in planning, as appropriate, including the parents or guardian of minor recipients [~~residents~~], in collaboration with program staff. The service plan must be reviewed and signed by a LPHA[~~qualified mental health staff person~~]. ~~The~~ The service plan must be a mutually agreed upon course of action which, at a minimum, identifies the following:

(1) [~~the youth's personal~~]statement of [~~his/her~~]the youth's self-identified treatment goals;

(2) identification of the youth's collaterals;

(3) statement of the youth's needs and strengths and a description of the skills needed to return home or to the community;

(4) statement of service goals and objectives;

(5) identification of the services and supports to be provided;

(6) proposed time periods; and

(7) strategies to coordinate services with other providers.

(c) [~~Progress notes shall be recorded by authorized program staff members.~~]Progress notes that relate to the goals and objectives of the service plan must be recorded and signed by

authorized program staff members who provided the service. Such notes [~~shall~~] must be prepared at least weekly[~~monthly for all programs other than crisis residence and CREDIT programs,~~] and shall indicate the type of services which have been provided, any significant events which have occurred, progress towards achieving goals of the service plan and, if appropriate, any recommendations for changes to the goals and objectives of the service plan. [~~For teaching family programs, these notes must be based upon daily logs maintained by teaching parents which are reviewed weekly by program staff. For the crisis residence and CREDIT programs, progress notes shall be completed weekly.~~]

(d) The individualized service plan [~~shall~~] must be reviewed at least every three months for all programs [~~other than the crisis residence and CREDIT programs~~] with the initial review occurring three months from the date of admission. [~~For crisis residence and CREDIT programs, the service plan must be reviewed weekly. For all programs,~~] [~~r~~]Review shall include participation of staff members involved in the provision of services to the recipient[~~resident~~], the recipient[~~resident~~] and[~~/or~~], if appropriate, the recipient's[~~resident's~~] family or other collateral. Such review shall include the following:

(1) assessment of the progress of the recipient[~~resident~~] 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 or the initiation of the discharge process; and

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

(e) In addition, programs [~~other than crisis residences~~]licensed under this Part must comply with the provisions of section 593.6 of this Title[~~except that CREDIT programs shall not be required to comply with the provisions of section 593.6(b) through (g) of this Title~~].

~~(f) Services provided within a crisis residence program or CREDIT program shall be provided in accordance with a service plan developed within three days of admission to the program. At the time of admission, an admission note must be prepared indicating source of referral, rationale for admission, presenting problem and initial treatment needs of the resident.~~

~~(1) Progress notes which relate to the goals and objectives of the service plan shall be signed by the staff member who provided the service or by one participating staff member when several staff members have had a significant interaction with the resident. Progress notes shall be written at least weekly.~~

~~(2) Service plan reviews for crisis residence programs shall be scheduled at least weekly.~~

~~(3) Information necessary to complete and/or update the case record and service plan may be obtained from program staff, the youth and his/her family, referral source staff, and/or with the parent or custodian's consent, outside medical and psychiatric staff including the resident's most recent mental health service provider. Information from outside sources~~

~~must be secured within three working days of the resident's admission and must have been obtained within the previous three months. If outside information is not available, crisis residence staff must conduct and/or arrange to have conducted the required assessments.~~]

594.12 Program requirements[~~for licensed housing programs (excluding crisis residence programs)~~]

(a) A licensed [~~housing~~]program shall be designed to provide a family-like and therapeutic environment for children and youth[~~adolescents~~] with serious emotional disturbance. A licensed [~~housing~~]program shall be responsible for providing services in a safe environment to the youth which will allow for the eventual return to the family or, if appropriate, to acquire the skills and resources for independent living.

[~~(b) A licensed housing program shall provide the following developmentally and age-appropriate services:~~

~~(1) behavior support;~~

~~(2) case management;~~

~~(3) counseling;~~

~~(4) daily living skills training;~~

~~(5) educational/vocational support services;~~

~~(6) family support services;~~

~~(7) health services;~~

~~(8) independent living skills training;~~

~~(9) medication management and training;~~

~~(10) medication monitoring;~~

~~(11) respite;~~

~~(12) room and board; and~~

~~(13) socialization.~~]

(b[~~c~~]) The licensed [~~housing~~]program shall develop a plan for assuring continuity and integration of care within the mental health system, other systems of care, and the family, whenever appropriate. Such plan shall be supported by written agreements, as appropriate,

with other providers of service. The plan shall be subject to approval by the Office of Mental Health and, at a minimum, shall address the following areas:

(1) emergency medical and psychiatric services;

(2) inpatient programs;

(3) outpatient programs;

(4) local social services;

(5) alcohol and substance use disorder treatment and education programs;

(6) general health care providers;

(7) transportation;

(8) schools;

(9) community recreation;

(10) juvenile justice system; and

(11) vocational programs.

(c[~~d~~]) A licensed [~~housing~~]program shall continuously employ an adequate number of [~~professional~~]LPHAs and paraprofessionals, including those with direct care responsibilities, [~~staff~~]to carry out its [~~goals and objectives~~] obligations as well as to ensure the continuous provision of sufficient supervision according to the programs staff plan. [~~Each licensed housing program shall submit a staffing plan which includes at least one full-time employee who is a registered nurse for each eight-bed community residence and for each 12-bed teaching facility home and the qualifications and duties of each of the other staff positions by title~~]The staff plan for each eight-bed child and youth residential rehabilitation program should include the qualifications and duties of each staff position by title and full time equivalent (FTE) and must fulfill staffing requirements outlined in guidance from the Office.

(d) The number and types of staff employed by the program must be sufficient to facilitate the following:

(i) Consistent, quality, family-centered and individualized delivery of rehabilitative services that are in line with service delivery requirements.

(ii) Supervised community integration and connection.

(iii) Increase supervision and support to allow flexibility in meeting the individualized and changing needs of the population served.

(e) Each program must have at minimum:

(i) 1 FTE case coordinator

(ii) 1 FTE Registered Nurse or Licensed Practical Nurse with access to a Registered Nurse for supervision in accordance with guidance from the Office.

(iii) 1 FTE LPHA whose role is to strengthen and support programming, services, and staff to be more clinically oriented and informed. This LPHA requirement may not be fulfilled by a licensed staff member in any other staff position.

(iv) Program director/manager

(v) Counselors and senior counselors to staff each shift in accordance with (h) and (i) of this section.

(vi) A staff member with primary responsibility for leading planning and coordination efforts for recreational activities and opportunities

(f[~~e~~]) Appropriate LPHA staff of a licensed [~~housing~~]program shall be available to provide[~~assist in emergencies~~] guidance to staff on site as needed on at least an on-call basis at all times.

~~[(f) Each teaching family home program shall be composed of no more than five teaching family homes. Each program shall assign an appropriately trained, full-time teaching family couple and an assistant to each home.~~

~~(g) Each teaching family home program shall run regular consultative and training meetings for teaching parents and child care staff. Support groups and parent training shall also be offered to families.]~~

(g[~~h~~])[~~Each community residence, including a CREDIT program, shall employ at least two full-time equivalent direct care staff on duty during peak times which include early mornings, after school, early evenings, weekends and holidays, for a six-bed program. At least three full-time equivalent direct care staff shall be on duty during such times for an eight-bed program.~~] Each child and youth residential rehabilitation program must assign at least three counselors or senior counselors to direct care responsibilities on duty during peak shifts when there are seven or more recipients present in the program. When there are six or fewer recipients present in the program, each [~~residence~~] program must assign at least two counselors or senior counselors to direct care responsibilities during peak shifts.

(h[~~i~~]) [~~Each community residence, including a CREDIT program, shall assign at least two direct care staff for overnight coverage to ensure that at least one staff person is on duty, (and is therefore awake) at all times.~~] Each child and youth residential rehabilitation program shall assign at least two counselor or senior counselors to direct care responsibilities for non-peak

shifts, which includes overnights and times when recipients are expected to be in school. On overnight shifts, at least one of the two direct care staff must be on duty and awake at all times.

[~~(j) Additional requirements for community residences that are CREDIT programs.~~

~~(1) A community residence for eating disorder integrated treatment program (CREDIT program) is a community residence program for children and adolescents who have been diagnosed with an eating disorder as defined in Section 2799-e of the Public Health Law and whose individual treatment issues preclude family settings or other less restrictive alternatives.~~

~~(2) In addition to the requirements for licensed housing programs identified in this section, a community residence that qualifies as a CREDIT program must be affiliated with an entity designated by the New York State Department of Health as a Comprehensive Care Center for Eating Disorders (CCCED).~~

~~(i) CREDIT programs shall admit only children or adolescents who have been diagnosed with an eating disorder, and who have been referred by a CCCED, or by the child's primary care physician, or mental health provider.~~

~~(ii) The CREDIT program affiliation with the CCCED shall be documented pursuant to written agreements with the CCCED or the providers of which it is comprised. Such agreements shall be subject to approval by the Office of Mental Health, shall provide for continuity and integration of care with the CCCED and shall require, at a minimum:~~

~~(a) the performance of a psychiatric assessment;~~

~~(b) the development of a service plan which is integrated with other providers in the CCCED and integrated with the clinical care being provided;~~

~~(c) the performance of a medical examination;~~

~~(d) the supervision of meal, bathroom and exercise time;~~

~~(e) family participation, as appropriate; and~~

~~(f) coordination of the child's educational needs with his or her home school district.~~

~~(iii) A CREDIT program shall have sufficient staff to meet the special needs of children and adolescents residing in a community residence who have been diagnosed with an eating disorder.~~]

[~~594.12 Crisis residence program~~

~~(a) A crisis residence program provides a short-term (1-21 day), trauma-sensitive, safe and therapeutic living environment, and crisis support, to children and adolescents with serious emotional disturbances, their families and residential service providers. The goal of the program is to stabilize the crisis situation and support the family or service provider's efforts to maintain the child in his or her current residence and to decrease the inappropriate use of an inpatient facility or other out-of-home placements.~~

~~(b) A crisis residence shall provide the following services:~~

~~(1) crisis stabilization;~~

~~(2) behavior support;~~

~~(3) case management;~~

~~(4) counseling;~~

~~(5) daily living skills training;~~

~~(6) education/vocation support services;~~

~~(7) health services;~~

~~(8) medication management and training;~~

~~(9) medication monitoring;~~

~~(10) room and board; and~~

~~(11) socialization.~~

~~(c) The crisis residence program shall develop a plan for assuring continuity and integration of care within the mental health system and other systems of care and the family, whenever appropriate. Such plan shall be supported by written agreements, as appropriate, with other providers of service. The plan shall be subject to approval by the Office of Mental Health and, at a minimum, shall address the following areas:~~

~~(1) emergency medical and psychiatric services;~~

~~(2) inpatient programs;~~

~~(3) outpatient programs;~~

~~(4) local social services;~~

~~(5) alcohol and substance abuse treatment and education programs;~~

~~(6) general health care providers;~~

~~(7) transportation;~~

~~(8) schools;~~

~~(9) community recreation;~~

~~(10) juvenile justice system; and~~

~~(11) vocational programs.~~

~~(d) A crisis residence program shall continuously employ an adequate number of professional and direct care staff to carry out its goals and objectives as well as to ensure the continuous provision of sufficient supervision. Each crisis residence program shall submit a staffing plan which includes the qualifications and duties of each staff position by title.~~

~~(e) A crisis residence program shall have at least two FTE direct care staff on duty per six-bed program during peak times which include, early mornings, after school, early evenings, weekends and holidays. At least three FTE direct care staff shall be on duty during such times for an eight-bed program.~~

~~(f) A crisis residence program shall assign at least two direct care staff for overnight coverage. At least one staff must be awake during this time.~~

~~(g) A crisis residence program shall employ at least one FTE registered nurse.~~

~~(h) Staff of a crisis residence program shall be available to assist in emergencies on at least an on-call basis at all times.~~]

594.13 Training.

(a) Each licensed [~~housing~~]child and youth residential rehabilitation program shall develop an orientation and [~~ongoing~~]annual training program for all staff.[~~which, at a minimum, addresses the following areas:~~] The training program should be reviewed annually for updates from the field concerning latest research and best practices. The training program will at a minimum address the following areas:

(1) ensuring trauma-informed[~~sensitive~~] care[~~safe environments~~] for all youth[~~in residence~~];

~~(2) [child and adolescent mental health issues;~~

~~(3) child and adolescent developmental issues;~~

~~(4) medication management;~~

~~(5) proactive positive intervention techniques;~~

~~(6) strength-based skills training/crisis intervention;~~

~~(7) cultural competence, including assessment of issues and effects on treatment;~~

~~(8) suicidal behaviors, sexual and physical abuse, chemical abuse, anger control and runaway behavior;~~

~~(9) youth advocacy;~~

~~(10) work with families in the areas of providing support, advocacy and the development of partnerships;~~

~~(11) human rights; and~~

~~(12) incident reporting.~~]

(2) symptoms of child and adolescent mental health diagnosis and SED/SMI;

(3) child and adolescent development;

(4) medication monitoring;

(5) management and storage of medication;

(6) positive behavior and emotional regulation techniques;

(7) proactive crisis prevention, de-escalation, and resolution and debriefing techniques

(8) crisis plan development (risk assessment, crisis management, and safety planning);

(9) diversity, inclusion, and equity informed service delivery;

(10) Social media and mental health

(11) culturally and linguistically appropriate service delivery

(12) signs and symptoms of suicidal behaviors, human and sexual trafficking and exploitation, sexual and physical abuse, substance use disorder and runaway behavior.

(13) Prevention and response to suicidal behaviors, human and sexual trafficking and exploitation, sexual and physical abuse, substance use disorder, and runaway behavior

(14) milieu management and foundations of direct care;

(15) integrating youth voice and choice into care;

(16) integrating family voice and participation into care;

(17) recipient rights;

(18) mandated reporter;

(19) first aid;

(20) narcan training;

(21) working with those with co-occurring intellectual disabilities and autism diagnosis; and

(22) incident reporting, response, and debriefing

(b) [~~Each staff member who interacts with the youth and families of a teaching family home program shall satisfactorily complete a minimum preservice training pursuant to training curriculum approved by the Office of Mental Health.~~]Trainings identified in the training plan shall also address how to identify signs and symptoms of concern for each topic area, how to assess the presence of issues, how to prevent issues and intervene should they present, and the topic area's impact on treatment.

~~(c) Each staff member of a teaching family home who supervises staff or takes part in staff, youth, or program evaluation must satisfactorily complete the Office of Mental Health approved preservice, consultation, and evaluation curriculum.~~]

594.14 Quality assurance.

(a) Each provider of service shall develop a quality assurance plan. The plan shall include, but is not limited to:

(1) Each licensed [~~housing~~]program shall have a written utilization review procedure which includes but is not limited to, review of:

(i) appropriateness for admission to and continued stay in the licensed [~~housing~~] program;

(ii) appropriateness of the individual service plan, services provided, and the frequency of services to ensure continual progress towards discharge readiness is made[~~by the licensed housing program~~]; and

(iii) readiness for referral[~~and transfer~~] of youth who no longer meet criteria for the licensed [~~housing~~]program must be included.

(2) Utilization review must be carried out by staff members who do not have primary responsibility for the [~~resident~~]recipient under review.

(3) Each licensed [~~housing~~]program[~~s~~] [~~shall~~] must have an internal incident reporting, investigation and management process. Licensed [~~housing~~]programs shall comply with Mental Hygiene Law and Part 524 of this Title which governs incident reporting by licensed mental health programs. The quality assurance plan shall contain written procedures for carrying out incident management and reporting.

(4) Each licensed [~~housing~~] program [~~shall~~] must have procedures for internal monitoring of program performance. The results of this internal monitoring shall be used to identify problems in client care and opportunities to improve care and shall be regularly reviewed and acted on by the governing body.

(b) The Office of Mental Health shall have responsibility for monitoring the quality of licensed [~~housing~~]programs and services and will monitor licensed [~~housing~~]programs against the criteria as stated in the functional program description and in accordance with this Part.

(1) The Office of Mental Health or its authorized agents shall be authorized to carry out [~~E~~]external program monitoring ~~shall be carried out by the Office of Mental Health and/or its authorized agents~~. The Office of Mental Health will review program operations, quality assurance activities and the individual records of [~~residents~~]recipients during periodic certification visits.

(2) External utilization review shall be carried out as necessary by the Office of Mental Health or other agents against the criteria contained in the licensed [~~housing~~]provider's functional description.

(3) The Office of Mental Health will conduct external review of licensed [~~housing~~]programs as necessary based on patterns or trends in reported incidents or on the occurrence of an individual incident of extreme gravity.

(c) Each licensed [~~housing~~]program [~~shall~~] must have an Office of Mental Health approved consumer evaluation process, in which youth, and their [~~parents~~]caregivers, as well as other relevant individuals involved with the youth [~~shall~~] must have an opportunity to give feedback about the program in a confidential manner. The information from this consumer process [~~shall~~] must be summarized annually and submitted to the Office of Mental Health, the youth, their caregivers[~~parents~~] and all staff in the program. The confidentiality of [~~residents~~]recipients, families and other impacted parties shall be protected.

(d) 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, standard, rule or

regulation, the [~~e~~]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.

594.15 Case records and reports.

(a) There shall be a complete case record maintained for each [~~resident~~]recipient. Such case record shall be maintained in accordance with recognized and acceptable principles of recordkeeping as follows:

(1) case records shall be maintained at one location or electronically for each recipient;[~~case record entries shall be in nonerasable ink or typewriter;~~

~~(2) case records shall be legible;~~]

(2[~~3~~]) case records shall be periodically reviewed for quality and completeness; and

(3[4]) case records shall be dated and signed by appropriate staff.

(b) The case record shall be available to all staff of the program who are participating in the provision of services to the [~~resident~~]recipient and shall include the following information:

~~[(1) resident identifying information and history;~~

~~(2) preadmission screening notes, as appropriate;~~

~~(3) diagnosis;~~]~~su~~

(1) identifying information about the recipient and the recipient's collaterals;

(2) admission information including source of referral, date of admission, rationale for admission, the date service commenced, presenting problem, diagnosis, and initial service and supervision needs of the recipient;

(3[4]) assessment of the [~~resident's~~]recipient's psychiatric, physical, social, [~~and~~] educational/vocational needs, and safety and risk assessments. Comprehensive assessment shall include psychiatric history, service utilization, response to treatment, current functioning, biopsychosocial, social determinants of health, symptoms and severity of symptoms, diagnosis, areas of safety risk, strengths of youth and family, and any other areas identified by the Office.

(4[~~5~~]) reports of appropriate and necessary mental and physical diagnostic exams, assessments, tests and consultations, including findings and conclusions, if available;

(5) behavior management plan

(6) the individualized [~~written~~]service plan;

(7) dated daily progress notes which relate to goals and objectives of the service [~~provision~~]plan in accordance with periodic reviews, including the signature of the staff member who provided the service;

(8) notes which relate to significant [~~events and/or untoward~~]incidents involving the recipient;

(9) periodic service plan reviews;

(10) discharge plan[~~ning summary~~];

(11) referrals to other programs and services;

(12) [~~consent forms~~]documentation that, upon admission, all recipients verified receipt of their recipient rights, consents for release of information, informed consents to treatment, and were educated in self-preservation procedures, regarding emergency evacuation and fire safety procedures; and

(13) discharge summary[~~plan~~].[~~; and~~]

[~~(14) for CREDIT programs, the case record shall also include a Wellness Self Management Plan specifying techniques for maintaining a positive body image.~~]

(c) Statistical information shall be prepared, [~~and~~]maintained, and submitted to the Office as may be necessary for the effective operation of the program, and as may be required by the Office of Mental Health.

(d) Each program shall send a weekly report at minimum detailing the current census, number of referrals being screened and screening dates, the number of youth accepted for admission, and average length of wait for admission for those accepted for admission in a format to be provided by the Office. The report will be sent to the OMH Field Office of location, C-SPOA within the OMH region of the program's location, and any C-SPOA from out of region from which they have current referrals.

594.16 Premises.

(a) *Safety***.**

(1) Each child and youth residential rehabilitation program[~~residence housing children and adolescents~~] shall be safe and suitable for the comfort and care of the [~~residents~~]recipients. The program shall provide a home-like environment, allow for personalization of the bedroom occupied by the child/youth and [~~They shall~~]be maintained in a good state of repair and sanitation.

(2) All programs are subject to compliance with one of the following jurisdictional construction codes, based on the location of the facility:

(i) For programs located outside New York City, or programs located in New York City and constructed upon New York State owned property, the facility shall comply with all applicable requirements of the most current adopted version of the New York State Uniform Fire Prevention and Building Code (Uniform Code) and the New York State Energy Conservation Construction Code (Energy Code).

(ii) For programs located in New York City and not constructed upon New York State owned property, the facility shall comply with all applicable requirements of the most current adopted version of the New York City Construction Codes.

(3[~~2~~]) Each child and youth residential rehabilitation program[~~residence housing children and adolescents~~] shall observe the following additional precautions:

~~(i)~~ [~~A sufficient number of fire extinguishers, approved by the Underwriters Laboratories, shall be installed in accessible places on each floor. Fire extinguishers shall be tested and recharged in accordance with manufacturers' recommendations.~~]

(i[~~i~~]) Staff shall be trained in the use of firefighting equipment, and in the means of rapidly evacuating the building.

(ii[~~i~~]) The following items are prohibited:

(*a*) devices for heating, cooking, or lighting which use kerosene, gasoline, or alcohol;

(*b*) portable propane devices for heating, cooking, or lighting; and

(*c*) portable electric hot plates for cooking.

(iii[~~v~~]) The following items are allowed only with the explicit approval of the Office of Mental Health and with a description of the device in detail, including its safety features, potential hazards and proposed procedures for maintenance and operation:

(*a*) electric space heaters;

(*b*) wood or coal burning stoves for heating; and

(*c*) fireplaces.

(4[~~3~~]) Each [~~type of~~]child and youth residential rehabilitation program[~~residence housing children and adolescents~~] shall conform to the appropriate section of the most current recognized edition of the *National Fire Protection Association (NFPA) 101 Life Safety Code (LSC)* as noted below. Said codes are published by the National Fire Protection Association, One Batterymarch Park, Quincy, MA 02269 and are available for review at

the Department of State, Division of Administrative Rules, One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231 and the Office of Mental Health, Bureau of Inspection and Certification, 44 Holland Avenue, Albany, NY 12229.

(i) [~~Teaching family homes and community residences~~]Child and Youth Residential Rehabilitation Programs shall meet the requirements of [~~the appropriate chapter~~] LSC [~~for~~]Chapter 33 Existing Residential Board or Care Occupancies and Chapter 32 New Residential Board and Care Occupancies[~~one- and two-family dwellings~~].

[~~(*a*) Smoke detectors are required outside of each sleeping area in the immediate vicinity of the bedrooms and on each additional story of the living unit including basements, and smoke or heat detectors in those areas separated by a door from the above required detectors.~~

~~(*b*) With the approval of the Office of Mental Health, detectors may be battery-powered, provided that they emit a distinctive trouble signal before the battery is incapable of operating the device.~~

~~(*c*) Tests or inspections, as recommended by the manufacturer, shall be made not less than once a month for other than battery-powered detectors and not less than once a week for battery-powered detectors. A record of these tests shall be maintained for review.~~

~~(ii) Crisis residences for children and adolescents shall conform to the requirements of the appropriate chapter(s) of LSC for new or existing residential board and care occupancies as appropriate. In addition:~~

~~(a) Smoke detectors are required outside of each sleeping area in the immediate vicinity of the bedrooms and on each additional story of the living unit including basements, and smoke or heat detectors in those areas separated by a door from the above required detectors.~~

~~(b) Tests or inspections, as recommended by the manufacturer, shall be made no less than once a month for other than battery-powered detectors and not less than once a week for battery-powered detectors. A record of these tests shall be maintained for review.~~

~~(c) An automatic sprinkler system complying with *NFPA 13D*, *Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings*, is required. Said codes are published by the National Fire Protection Association, One Batterymarch Park, Quincy, MA 02269 and are available for review at the Department of State, Division of Administrative Rules, One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231 and the Office of Mental Health, Bureau of Inspection and Certification, 44 Holland Avenue, Albany, NY 12229.~~

~~(4) Each type of residence housing children and adolescents shall provide carbon monoxide detectors, as per the Residential Code of New York State, the Fire Code of New York State, subdivision 5-a of section 378 of the New York Executive Law ("Amanda's Law") and Local Law No. 7 for residences in New York City, as applicable.~~

~~(i) Carbon monoxide detectors shall be installed in locations as required by applicable law and according to manufacturer's directions and specifications.~~

~~(ii) Carbon monoxide detectors shall be battery operated, plug-in type or hardwired, in accordance with applicable law.~~

~~(iii) Inspections and tests of carbon monoxide detectors shall be made in accordance with manufacturer's directions and specifications. Written documentation of such testing shall be maintained for review.~~]

(5) [~~Residences~~]Programs must possess a valid certificate of occupancy or other documentation, which, in the opinion of the Office of Mental Health, satisfies the intent of a certificate of occupancy.

(b) *Design and space requirements*.

(1) Single bedrooms for [~~teaching family homes, community residences and crisis residences~~]programs shall be at least 90 square feet (exclusive of closets) and [~~a~~]programs with preexisting [~~multiple~~]double bedrooms shall provide at least 75 square feet per [~~resident~~]recipient.

(2) No more than two [~~persons~~]individuals shall share a bedroom in a program with preexisting double bedroom occupancy. Any programs, sites, or renovations licensed after the promulgation of this rule will be required to have single bedrooms.

(3) All bedrooms must receive natural light from an aggregate window area equal to at least 10 percent of the floor area of the bedroom and natural ventilation from ventilating openings having free openable area of at least five percent of the bedroom floor area.

(4) There shall be a minimum of one toilet and one lavatory for each five [~~residents~~]recipients [~~and family members, ~~]and a minimum of one tub or shower for each eight [~~residents~~]recipients [~~and family members~~]or part thereof.

(5) In addition to bedroom space, at least 55 square feet of additional support space shall be provided for each [~~resident~~]recipient. Support space may include living rooms, dining rooms, lounge areas, kitchens, and other such spaces as are accessible to [~~residents~~]recipients and used in program activities. Such spaces shall be apportioned into at least two distinct areas. Living, dining and recreational areas shall be arranged so as to provide a [~~family~~]home-like environment.

(6) Equipment shall include:

(i) suitable, comfortable, single beds and an adequate supply of clean linen. Cots shall not be used. High hospital-type beds shall not be used except for physically handicapped [~~persons~~]individuals requiring them;

(ii) a chair and storage facility for personal articles for each [~~resident~~]recipient; and

(iii) an individual clothes closet or wardrobe for each [~~resident~~]recipient.

(c) *Handicapped accessibility*.

(1) Design and construction of new buildings and the alteration of existing buildings shall be in accordance with the requirements of Part 551 of this Title.

(2) Whenever one or more [~~persons~~]individuals with physical disabilities [~~reside in~~]are admitted to a [~~residential~~]program, the program activities shall, to the maximum extent feasible, occur in areas of the building which are accessible to such [~~persons~~]individuals.

(d) The Office of Mental Health may grant a [~~W~~]waiver from the provisions of this section ~~may be granted by the Office of Mental Health~~ upon its determination that approval of such a waiver will not adversely affect the habitability or safety of the program. Such determination will be based upon a review of the following criteria:

(1) compensatory or other existing features which have the effect of reducing the impact of the proposed waiver;

(2) the service needs of the population or individual served;

(3) the operating history of the program and/or sponsoring agency requesting the waiver; or

(4) the cost of meeting the requirements.

594.17 Determination of capacity of self-preservation.

(a) Each program must determine if a recipient has the capacity to satisfactorily evacuate based on both [T~~he evacuation capacity of [residents]recipients is a function of both~~] the ability of the [~~residents~~]recipients [~~to evacuate~~] and the assistance provided by staff. This determination must [~~Determination of satisfactory ability to evacuate should~~] be made prior to admission to the licensed[~~a housing~~] program. This [~~Such a~~] determination may be made based on a[~~reached by~~] review of the applicant's history and a face-to-face interview demonstrating [~~which shows a~~] the recipient's capacity to evacuate equivalent to that of [~~the~~] an average person [~~general public~~]. When uncertainty exists a time drill may be used for a more objective measurement.

(b) Subsequent to admission, a program should regularly evaluate [~~a program of~~] through timed drills [~~should be used to regularly evaluate the level of~~] evacuation [~~capability~~] capacity of

program [~~residents~~]recipients. Translation of drill times to evacuation [~~capability~~] capacity may be determined as (1) three minutes or less, prompt; (2) over three minutes but not in excess of 13 minutes, slow. Evacuation [~~capability~~] capacity is based on the time of day or night when evacuation of the facility would be the most difficult (*i.e.,* sleeping [~~residents~~]recipients or fewer staff present). [~~Residents~~]Recipients needing assistance in evacuating should be assisted by staff to the extent that assistance would be available at the time of day or night in an actual emergency.

(c) The program must conduct [~~F~~]fire exit drills [~~shall be conducted~~] at least monthly. Some drills may be announced in advance to the [~~residents~~]recipients. The drills shall involve the actual evacuation of all [~~residents~~]recipients to an assembly point as specified in the emergency plan and shall provide [~~residents~~]recipients with experience in exiting through all exits. Actual exiting from windows shall not be necessary to meet the requirements of this section. Opening the window and signaling for help shall be an acceptable alternative. Records should indicate the time to evacuate, date and times of day, location of simulated fire origin, the escape paths used and comments relating to [~~residents~~]recipients who did not evacuate within the required time.

(d) [~~Residents~~]Recipients and prospective [~~residents~~]recipients shall only [~~reside in or~~]be admitted to a licensed [~~type of housing~~]program appropriate to the child or youths' evacuation [~~capability~~] capacity.

(1) If a [~~resident~~]recipient or prospective [~~resident~~]recipient is clearly capable of prompt evacuation, that child or youth may be admitted to or remain in any licensed [~~housing~~]program appropriate to [~~his or her~~]their functional level.

(2) If a [~~resident~~]recipient fails to demonstrate a capability for prompt evacuation during a fire drill, the matter should be completely documented in the fire drill log and in the [~~resident's~~]recipient's record. Immediate steps should be taken to relocate the [~~resident~~] recipient to a location within the [~~residence~~]program which will allow for easier egress for such time as is necessary until another fire drill can be conducted (no more than 14 days) and the [~~resident's~~]recipient's behavior observed again.

(3) If any [~~resident~~]recipient or prospective [~~resident~~]recipient would be excluded from a licensed [~~housing~~]program because of inability to evacuate within the time limits above, an evaluation shall be conducted as described in the most current recognized edition of the *NFPA 101A, Alternative Approaches to Life Safety.* Said codes are published by the National Fire Protection Association, One Batterymarch Park, Quincy, MA 02269 and are available for review at the Department of State, Division of Administrative Rules, One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231 and the Office of Mental Health, Bureau of Inspection and Certification, 44 Holland Avenue, Albany, NY 12229. If the resultant E-score yields an evacuation difficulty level of prompt, the applicant or [~~resident~~]recipient shall not be excluded for failure to evacuate within the required time limit. If the resultant E-score yields an evacuation difficulty level of slow, the applicant or [~~resident~~]recipient shall not be excluded solely for failure to evacuate

within the required time frame from a facility that is constructed to meet the slow evacuator standards of the current recognized edition of the *LSC*.