



1. Part 589 of 14 NYCRR is amended to read as follows:

PART 589

OPERATION OF CRISIS RESIDENCE

(Statutory Authority; Mental Hygiene Law §§7.09, 31.04)

Sec.

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§589.1 Background and intent.

(a) The purpose of this Part is to establish standards for the operation of the crisis residence program which provides short-term residential support to persons exhibiting symptoms of mental illness who are experiencing a psychiatric crisis. Crisis residence programs provide short-term interventions to individuals experiencing crisis, to address the cause of the crisis and to avert or delay the need for acute psychiatric inpatient hospitalization or emergency room admission. Crisis residence programs are appropriate for individuals who are experiencing a period of acute stress that significantly impairs the capacity to cope with normal life circumstances. The program provides mental health services that address the psychiatric and behavioral health needs of the individuals.

(b) The purpose of this Part is to describe requirements for the establishment and operation of crisis residence programs; establish the requirements for admission and discharge; and specify the requirements for staffing, services, service planning, quality assurance, recordkeeping and certification.

(c) The purpose of this Part is to establish standards for three types of crisis residences: Residential Crisis Support, Intensive Crisis Residence and Children's Crisis Residence. Each crisis residence will meet the requirements of this part.

(d) This Part provides for the active involvement of identified supports, including but not limited to the family of a recipient where appropriate, in all aspects of the admission, treatment and discharge of that recipient.

§589.2 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 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 experiencing symptoms of mental illness pursuant to an operating certificate.

(b) Section 31.02 of the Mental Hygiene Law prohibits the operation of residential programs providing services for persons experiencing symptoms of mental illness, unless an operating certificate has been obtained from the commissioner.

(c) The Mental Hygiene Law, sections 31.05, 31.07, 31.09, 31.13 and 31.19 further authorize the commissioner or their representatives to examine and inspect such programs to determine their suitability and proper operation. Sections 31.15 and 31.17 authorize the commissioner to suspend, revoke, or limit any operating certificate.

§589.3 Applicability.

(a) This Part applies to any provider of services who operates or proposes to operate a crisis residence program for persons experiencing symptoms of mental illness. Such programs are a subclass of community residence, pursuant to section 1.03 of the Mental Hygiene Law.

(b) This Part applies to the operation or proposed operation of a crisis residence program for persons experiencing symptoms of mental illness provided by a general hospital, as defined in article 28 of the Public Health Law.

(c) This Part applies to the operation or proposed operation of a crisis residence program for persons experiencing symptoms of mental illness by a provider of services for persons experiencing symptoms of mental illness licensed pursuant to article 31 of the Mental Hygiene Law.

(d) This Part applies to the operation or proposed operation of a crisis residence program for persons experiencing symptoms of mental illness provided by a state-operated psychiatric center.

§589.4 Definitions.

For purposes of this Part terms used shall have the meanings identified in Part 501 of this Title and in accordance with the following:

(a) *Admission criteria* means those factors which are identified by the provider of service for use in determining an individual's eligibility for admission to a crisis residence program.

(b) *Clinical staff* means professional, para-professional and non-professional staff members who provide residential crisis services directly to recipients.

(c) *Collaterals* means an individual who is a member of the recipient's family or household, or other individual who interacts with the recipient and is directly affected by or has the capability of affecting their condition and is identified in the individual service plan as having a role in treatment and/or is necessary for participation in the evaluation and assessment of the recipient prior to admission.

(d) *Co-occurring disorder* means the diagnosis of at least one disorder in both of the following areas: substance use disorder (e.g. addiction, alcoholism, chemical dependency and drug abuse), mental health disorder (e.g. personality disorder; a mood disorder like depression, anxiety, or bipolar; schizophrenia; post-traumatic stress disorder).

(e) *Crisis residence* means a short-term residential program designed to provide residential and support services to persons with symptoms of mental illness who are at risk of or experiencing a psychiatric crisis.

(1) *A Residential Crisis Support Program* means a short-term residential program up to 28 days for individuals who are experiencing symptoms of mental illness, psychiatric crisis or are experiencing

challenges in daily life that create risk for an escalation of psychiatric symptoms that cannot reasonably be managed in the person's home and/or community environment without onsite supports and do not pose likelihood of serious harm.

(2) *An Intensive Crisis Residence Program* means a short-term, residential and treatment program, up to 28 days for individuals who are experiencing a psychiatric crisis, which includes acute escalation of mental health symptoms and do not pose likelihood of serious harm.

(3) *A Children's Crisis Residence Program* means a short-term residential program, up to 21 days, which provides continuous monitoring and supervision as well as intensive crisis treatment and support for children who are at risk of experiencing a psychiatric crisis and do not pose likelihood of serious harm.

(f) *Discharge criteria* means those factors which are used to determine that a recipient is no longer in need of or eligible for treatment within a crisis residence program.

(g) *Facility* means any place in which services for the mentally ill are provided and which either requires an operating certificate under article 31 of the Mental Hygiene Law or is operated by the Office of Mental Health. In the case of a hospital as defined in article 28 of the Public Health Law, *facility* shall mean only that part of the hospital which is operated for the purpose of providing services for the mentally ill.

(h) *Family* means those members of the recipient's natural family, family or choice, or household who interact with the recipient and are directly affected by, or have the capability of affecting, the recipient's condition.

(i) *Individual Service plan* means a written plan based on the assessment of the mental health status and needs of a recipient, establishing their treatment and rehabilitative goals and determining what services may be provided to assist the recipient in accomplishing these goals.

(j) *Likelihood of serious harm* shall have the same meaning as the term is defined in section 9.01 of the Mental Hygiene Law.

(k) *Mental illness* means a health condition involving changes in behavior, emotion, thinking or judgment (or a combination of these) that are associated with distress and/or problems functioning in social, work or family activities.

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

(m) *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.

(n) *Medication therapy* means the process of determining the medication to be utilized during the course of treatment; reviewing the appropriateness of the resident's existing medication regimen through review of the resident's medication record and consultation with the resident and, as appropriate, their family or guardian; prescribing and/or administering medication; and monitoring the effects and side effects of the medication on the resident's mental and physical health.

(o) *Para-professional staff* means individuals 18 years of age or older with a High School diploma or equivalent and 1-3 years of relevant experience or a bachelor's degree employed or under contract with a provider of services.

(p) *Peer support specialist or peer* means an individual who is a current or former recipient of mental health services who provide support for other service users through a model of shared personal experience. Peer support specialists may include: peer advocate, family peer advocate and youth peer advocate. Peers may seek certification and provide services that include but are not limited to: systems advocacy, prevention, outreach, engagement, hospital diversion, information, referral, self-health and peer support.

(q) *Professional staff* means practitioners possessing a license or a permit from the New York State Education Department who are qualified by credentials, training, and experience to provide direct services related to the treatment of mental illness.

(r) *Psychiatric crisis* means a situation that requires immediate attention in which a person with serious mental illness, as defined in Section 1.03 of the Mental Hygiene Law, cannot manage their mental health symptoms without de-escalation or intervention, or in which the challenges in daily life have resulted in, or are at risk of resulting in, an escalation in mental health symptoms.

(s) For the purposes of this Part, *Qualified mental health staff person* means:

(1) a physician who is currently licensed as a physician by the New York State Education Department;

(2) a psychiatrist is an individual who is currently licensed 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.

(3) a psychologist who is currently licensed as a psychologist by the New York State Education Department;

(4) a social worker who is either currently licensed as a licensed master social worker or as a licensed clinical social worker by the New York State Education Department or has a master's degree in social work from a program approved by the New York State Education Department;

(5) a registered nurse who is currently licensed as a registered professional nurse by the New York State Education Department, including Clinical Nurse Specialist;

(6) a creative arts therapist who is currently licensed as a creative arts therapist by the New York State Education Department;

(7) a marriage and family therapist who is currently licensed as a marriage and family therapist by the New York State Education Department;

(8) a mental health counselor who is currently licensed as a mental health counselor by the New York State Education Department;

(9) a psychoanalyst who is currently licensed as a psychoanalyst by the New York State Education Department;

(10) a nurse practitioner who is currently certified as a nurse practitioner by the New York State Education Department;

(11) an individual having education, experience and demonstrated competence, as defined below:

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

(ii) For Purposes of Residential Crisis Support and Intensive Crisis Support, the following are included as qualified mental health staff person:

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

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

(c) a NYS certified peer specialist.

(13) a certified rehabilitation counselor currently certified by The Commission on Rehabilitation Counselor Certification (CRCC); or

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

(t) *Recipient* means a person who is receiving services at a crisis residence.

(u) *Self-preservation* means that an individual has sufficient:

(1) capacity to recognize the physical danger of fire;

(2) judgment to recognize when such danger requires immediate egress from the residence;

(3) capacity to follow a prescribed route of egress; and

(4) physical mobility to accomplish such egress.

§589.5 Certification.

(a) Each provider of services that intends to operate a crisis residence program must be issued an operating certificate by the Office of Mental Health prior to operation of the program.

(b) Each crisis residence shall be issued an operating certificate that specifies the type of crisis residence the provider of services is authorized to operate:

(1) Intensive Crisis Residence Program

(i) The purpose of an Intensive Crisis Residence Program is to stabilize a recipient who is experiencing an acute psychiatric crisis and requires appropriate on-site daily monitoring and treatment services and prepare the recipient for a subsequent level of care.

(ii) Individuals eligible for admission to an intensive crisis residence program are persons exhibiting symptoms of a mental illness and psychiatric crisis and are at least 18 years of age.

(iii) An Intensive Crisis Residence shall not have fewer than 3 beds and shall not exceed 16 beds.

(iv) An Intensive Crisis Residence Program shall conduct an admissions assessment to determine appropriateness of admission and offer each of the following treatment and support services, consistent with a recipient's condition and needs that includes but is not limited to:

- (a) comprehensive assessment;
- (b) medication management and training;
- (c) medication monitoring;
- (d) medication therapy;
- (e) individual and group counseling;
- (f) engagement and support to address co-occurring disorders;
- (g) assistance in personal care and activities of daily living;
- (h) peer support;
- (i) engagement with identified supports;
- (j) safety planning;
- (k) integration of direct care and support services;

(l) case management activities which emphasize discharge planning and includes continuity of care between service transitions;

(m) collaboration and linkages with service options in the community which provide continuation of ongoing treatment and rehabilitation;

(n) crisis respite; and

(o) room and board.

(2) Residential Crisis Support Program.

(i) The purpose of a Residential Crisis Support Program is to stabilize an individual who is experiencing a psychiatric crisis through integrated rehabilitation, and support services and improve

their functioning while maintaining social, family and community ties in accordance with an individual service plan.

(ii) Individuals eligible for admission to a Residential Crisis Support Program are persons exhibiting symptoms of mental illness who are at least 18 years of age.

(iii) A Residential Crisis Support Program shall not have fewer than 3 beds and shall not exceed 16 beds.

(iv) A Residential Crisis Support Program shall conduct an admissions assessment to determine appropriateness of admission and offer each of the following support services consistent with a recipient's condition and needs:

(a) assistance in personal care and activities of daily living;

(b) peer support;

(c) engagement with identified supports;

(d) safety planning;

(e) integration of direct care and support services;

(f) case management activities which emphasize discharge planning;

(g) collaboration and linkages with service options in the community which provide continuation of ongoing treatment and rehabilitation;

(h) medication management and training;

(i) medication monitoring;

(j) crisis respite; and

(k) room and board.

(3) Children's Crisis Residence Program

(i) The purpose of a Children’s Crisis Residence Program is to stabilize a child’s psychiatric crisis symptoms and restore the child to a level of functioning and stability that supports their transition to community-based services, supports, and resources to prevent or reduce future psychiatric crises.

(ii) Individuals eligible for admission to a Children’s Crisis Residence Program are children or youth who have attained at least the 5th birthday but not the 21st who are experiencing or at risk of experiencing a psychiatric crisis.

(iii) A Children’s Crisis Residence Program shall not exceed 8 beds.

(iv) A Children’s Crisis Residence Program shall offer each of the following treatment and support services in a trauma-sensitive, safe and therapeutic living environment consistent with recipient’s condition and needs that includes but is not limited to:

(a) comprehensive intake assessment including:

(1) comprehensive risk assessment and crisis planning; and

(2) health screening for physical health conditions;

(b) individual, group and family crisis counseling;

(c) medication monitoring;

(d) medication management and training;

(e) one to one monitoring for recipients assessed with high risk behavior;

(f) respite;

(g) behavior support, including skill building for managing behavior and regulating emotional responses;

(h) engagement and support for families, including activities to maintain or facilitate positive relationships with family members, promote skills needed for success in the discharge living environment;

(i) coordination services with emphasis on discharge planning, including:

(1) collaboration with existing providers and community supports;

(2) referral and access to behavioral health services (including pharmacological evaluation and management) and community supports; and

(j) room and board.

(c) Regardless of type, each crisis residence program shall submit a staffing plan developed in accordance with Section 589.7 of this Part to the Office, in a form and format designated by such Office, at the time of issuance or renewal of the program's operating certificate and must demonstrate sufficient coverage by staff to meet the needs of program recipients.

(d) An operating certificate may be limited, suspended, invalidated or revoked by the Office of Mental Health in accordance with the provisions of Part 573 of this Title.

(e) Operating certificates shall remain the property of the Office of Mental Health, and invalidated or revoked operating certificates shall be returned to the Office of Mental Health.

(f) Each operating certificate will specify:

(1) the location of the crisis residence;

(2) the type of crisis residence program;

(3) the term of the operating certificate;

(4) any changes to be made in the operation of the facility or program in order to retain the operating certificate; and

(5) the recipient capacity of the crisis residence program.

(g) In order to receive and retain an operating certificate, a provider of services shall:

(1) submit an application on such forms and with such supporting documentation as shall be required by the Office of Mental Health;

(2) frame and display the operating certificate within the crisis residence program in a conspicuous place which is readily accessible to the public;

(3) cooperate with the Office of Mental Health during any review or inspection of the facility or program;

(4) make available to the Office of Mental Health upon request all documents, files, reports, recipient records, accounting records, or other materials required by this Part or requested by the Office of Mental Health in the course of visitation, audit and inspection;

(5) undertake changes in the operation of the facility or program as required by the operating certificate; and

(6) obtain prior approval of the Office of Mental Health to:

(i) change the physical location of the program or utilize additional physical locations;

(ii) initiate major changes in the program;

(iii) terminate the program or services in the program; and

(iv) change the powers or purpose set forth in the certificate of incorporation.

§589.6 Organization and administration.

(a) The provider of service shall identify a governing body which 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 in accordance with the 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 of the program without prior approval of the Office of Mental Health.

(b) A crisis residence may be housed in a building with other programs, however; it must be within spaces that are physically and programmatically separate.

(c) The governing body shall meet on a regular basis, in no event less often than quarterly, and shall maintain written minutes of all meetings as permanent record of the decisions made in relation to the operation of the program. The minutes shall be reviewed and approved by the governing body.

(d) The governing body shall approve a written plan or plans that, at a minimum, address the following aspects of the operation of each crisis residence program:

(1) the goals and objectives of the crisis residence program, including the admission and discharge criteria;

(2) the plan of organization that clearly indicates lines of responsibility;

(3) a written plan for services and staff composition which:

(i) includes the qualifications and duties of each staff position by title, and addresses all essential aspects of the operation of the crisis residence program, including clinical, administrative, supervision, fiscal, clerical, housekeeping, maintenance, dietetic, and recordkeeping and reporting functions; and

(ii) specifies all services available through the crisis residence program;

(4) the written quality assurance plan pursuant to section 589.10 of this Part; and

(5) the written utilization review plan pursuant to section 589.11 of this Part.

(e) The governing body shall approve written policies and procedures of the crisis residence program including but not limited to:

(1) admission and discharge policies and procedures;

(2) policies and procedures regarding the rules and regulations necessary for program participation;

(3) personnel policies and procedures. Such policies and procedures shall prohibit discrimination on the basis of race, color, creed, disability, national origin, sex, marital status, age, HIV status,

military status, predisposing genetic characteristics, gender identification or sexual orientation and shall provide for a review of the qualifications of all clinical staff and verification of employment history, personal references and work record and determination of past convictions of a crime in New York State or any other jurisdiction;

(4) staff training and development policies and procedures. 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;

(5) medication policies and procedures. Such policies and procedures shall be consistent with applicable Federal and State laws and regulations;

(6) case record policies and procedures. Such policies and procedures shall ensure confidentiality of recipient records in accordance with section 33.13 of the Mental Hygiene Law, and shall ensure appropriate retention of case records;

(7) policies and procedures related to performing the services provided by the crisis residence program;

(8) policies and procedures describing a recipient grievance process which ensures the timely review and resolution of recipients' complaints and which provides a process allowing recipients to request review by the appropriate Office of Mental Health field office when resolution is not satisfactory; and

(9) for Children's Crisis Residence Programs, written policies and procedures shall also include:

(i) a staff supervision plan that identifies the minimum skills and competencies necessary for staff to supervise recipients in the program independent of direct supervision; including general child

supervision practices and individual precautions designed to ensure a safe environment for all recipients;

(ii) visiting procedures for family members or guardians, including the ability to participate in planned clinical, supportive and/or recreational activities; and

(iii) provisions addressing the identification and mandatory reporting of child abuse or neglect, including, reporting procedures and obligations of persons required to report, provisions for taking a child into protective custody, mandatory reporting of deaths, 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. Such policies and procedures shall address the requirements for the identification and reporting of abuse or neglect regarding recipients who are children, or who are the parents or guardians of children.

(f) The governing body shall review the written plan(s) and policies and procedures required pursuant to subdivisions (d) and (e) of this section at least annually and shall make appropriate amendments or revisions.

(g) The governing body shall delegate responsibility for the day-to-day management of the crisis residence program in accordance with the written plan of organization provided for in paragraph (e)(2) of this section.

(1) Onsite direction shall be delegated to an individual who shall be known as the director and who shall meet the qualifications specified in section 589.8(d) of this Part.

(2) The director shall be employed by the agency as a full-time employee.

(3) Overall administrative direction may be the responsibility of the director or may be delegated by the governing body to an individual who shall meet qualifications that are acceptable to the Office of Mental Health.

(h) The crisis residence program shall provide for the following:

(1) an annual written evaluation of the crisis residence program's attainment of its stated goals and objectives including any required changes in policies and procedures;

(2) in programs which are not State-or local government-operated, an annual audit of the financial condition and accounts of the crisis residence program must be performed by a certified public accountant who is not a member of the governing body or an employee of the crisis residence program or the provider of service. Government-operated programs shall comply with applicable laws concerning financial accounts and auditing requirements. The audit may be program specific or may be performed as part of an overall facility audit;

(3) emergency evacuation plans for the building in which the crisis residence program is located. Evacuation plans shall address emergencies resulting from fire as well as potential hazards in the geographic area in which the crisis residence program is located; and

(4) up-to-date copies of any regulations, guidelines, manuals or other information required by the Office of Mental Health.

(i) documentation of compliance with 14 NYCRR Part 550 regarding criminal background checks and NYS Social Services Law Section 424 regarding the child abuse and neglect registry.

§589.7 Written plan for services and staff composition.

(a) Each crisis residence program shall develop and specify in a written plan for services and staff composition its goals and objectives and the manner in which it intends to achieve them. The written plan for services and staff composition shall be subject to approval by the Office of Mental Health.

(b) The written plan for services and staff composition shall address the comprehensive service needs of the recipients.

(c) The written plan for services and staff composition shall encompass the following written plans and rationales required under this part:

(1) services required to be available through the crisis residence program;

(2) service program and environment addressing the day-to-day activities of the recipients;

(3) staffing required to provide services and day-to-day management and monitoring of the crisis residence program; and

(4) for Children's Crisis Residence Programs only, a process to determine the eligibility of children referred for admission to the program, in accordance with the program's admission criteria, based on recommendations by professional staff of the agency acting within their scope of practice.

(d) The written plan for services and staff composition shall address the manner in which the staff will integrate the services available through the crisis residence program into an individual service plan designed to meet the needs of each recipient and include involvement of the family or other identified support as appropriate.

(e) The written plan for services and staff composition shall include provisions intended to assure continuity and integration of care within the mental health system and other systems of care for individuals served and their family, as appropriate. Such plan shall be supported by written agreements with other providers of service when executed. The plan shall be subject to approval by the Office of Mental Health and, at a minimum, shall address the following areas as relevant:

(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.

§589.8 Staffing.

(a) A crisis residence program shall continuously employ an adequate number of staff and an appropriate staff composition to carry out its goals and objectives as well as to ensure the continuous provision of sufficient ongoing and emergency supervision. As a component of the written plan for services and staff composition, the crisis residence program shall submit a staffing plan in accordance with Section 589.5 (c) of this Part, which includes the qualifications and duties of each staff position, by title. Such plan shall include a written staffing rationale which justifies the staff to be used, the composition of staff and the plan for appropriate supervision and training. This staffing plan shall be based on the population to be served and the services to be provided.

(b) All clinical staff must have at least a high-school diploma or its equivalent.

(c) Supervisory staff: Crisis Residence programs shall have a continuous provision of sufficient ongoing and emergency supervision. Supervisory staff of crisis residence programs shall be available to assist on at least an on-call basis when not on site. Qualified mental health staff may be considered supervisory staff as set forth in the staffing plan.

(d) All staff shall have qualifications appropriate to assigned responsibilities as set forth in the staffing plan and shall practice within the scope of their professional discipline and/or assigned responsibility. All staff shall submit documentation of their training and experience to the crisis

residence program. Such documentation shall be verified and retained on file by the crisis residence program.

(e) Students or trainees may qualify as clinical staff under the following conditions:

(1) the students and trainees are actively participating in a program leading to attainment of a recognized degree or certificate in a field related to mental health at an institution chartered or approved by the New York State Education Department. Limited-permit physicians are considered students or trainees;

(2) the students or trainees are supervised and trained by professional staff meeting the qualifications specified in this section, and limited-permit physicians are supervised by physicians;

(3) the students or trainees use titles that clearly indicate their status; and

(4) written policies and procedures pertaining to the integration of students and trainees within the overall operation of the crisis residence program shall receive approval by the Office of Mental Health.

(f) All pre-employment background checks required pursuant to Section 31.35 of the Mental Hygiene Law, Section 495 of the Social Services Law, and Section 424-a of the Social Service Law, shall be conducted in compliance with such laws.

(g) Para-professional staff may not work in more than one program during a shift.

(h) Additional requirements for Children's Crisis Residence Programs:

(1) A children's crisis residence program with six beds or less shall have at least two full-time equivalent para-professional staff on duty during "peak times." For purposes of this part, "peak times" include early mornings, after school, early evenings, weekends and holidays. For eight-bed programs, at least three full time equivalent para-professional staff shall be assigned during "peak times" if more than six beds are occupied.

(2) A minimum of two para-professional staff must be on-site for overnight coverage. At any given time during this period, at least one staff must be awake and on duty.

(3) Adequate volume of registered professional nursing staff on duty to ensure the continuous provision of treatment services in accordance with their scope of practice.

(4) Adequate volume of professional staff and qualified mental health staff, in addition to registered professional nursing staff, to ensure the continuous provision of the program's required treatment services in accordance with their scope of practice.

§589.9 Individual Service Plan and Case Record

(a) Individual service plans for Intensive Crisis Residence Programs and Residential Crisis Support Programs

(1) An individual service plan shall be developed and implemented with each recipient by the staff of the crisis residence within 24 hours of admission.

(2) The individual service plan shall be based on a comprehensive assessment of each recipient.

(i) For an Intensive Crisis Residence program, the assessment shall engage each recipient as an active partner in developing, reviewing and modifying a service plan that supports their progress toward recovery. The assessment shall include but not be limited to the recipient's personal preferences and desired life roles, physical, medical, emotional, social, residential, recreational and, when appropriate, vocational and nutritional needs. The assessment shall also include a risk assessment, and shall identify any need for medication management. If appropriate, this information, with the recipient's consent, may be obtained from the recipient's most recent mental health service provider(s) and coordinator.

(ii) For a Residential Crisis Support program, the assessment shall engage each recipient as an active partner in developing, reviewing and modifying a service plan that supports their progress

towards recovery. The assessment shall include, but not limited to emotional, mental, social, residential, recreational and, when appropriate, vocational and nutritional needs. If appropriate, this information, with the individual's consent, may be obtained from the recipient's most recent mental health service provider(s).

(iii) Consideration of each recipient's needs shall include a determination of the type and extent of additional clinical examinations, tests and evaluations necessary for a complete assessment, if needed.

(3) The individual service plan shall address the needs of the recipient.

(i) The individual service plan shall identify all service needs of the recipient whether or not the services are provided directly by the crisis residence program.

(ii) The individual service plan shall address the manner in which the recipient's identified supports, which may include family, will be involved in the service planning and implementation.

(4) The individual service plan must be signed by a qualified mental health staff person and the recipient.

(5) The individual service plan must be developed in collaboration with the recipient and any collateral persons the recipient chooses to involve.

(6) The individual service plan must include discharge planning.

(b) Individual service plans for Children's Crisis Residence Programs

(1) An individual service plan is required for each recipient.

(2) The individual service plan shall be based on a comprehensive intake assessment of each recipient.

(3) Within 24 hours of admission of a child to a children's crisis residence program, an intake assessment must be completed by a qualified mental health staff person (QMHP) within their scope of practice and at a minimum a preliminary individual service plan must be developed.

i) The intake assessment must include, at a minimum:

(a) an assessment of risk;

(b) a description of the current symptoms and/or behaviors which demonstrate eligibility for admission;

(c) the presenting problem, including factors contributing to the psychiatric crisis or risk;

(d) a description of the child's current needs and strengths; and

(e) a description of the skills needed to transition to the home or community.

(ii) The preliminary individual service plan must include, at a minimum:

(a) a description of the immediate need(s) to be addressed,

(b) the initial goal(s), service(s), intervention(s) and crisis plan to address need(s) during the initial period after admission.

(4) Within 72 hours of admission the individual service plan must be completed, with the participation, as appropriate, of the child, the child's parent/guardian or other identified collaterals. Parent/guardian or other collaterals participating in the development of the plan must be specifically identified in the plan. If the QMHP developing the plan does not possess a license, the plan must be approved and signed by professional staff.

(5) The completion of the Individual Service Plan must include, at a minimum, the following additional components:

(i) the treatment goal(s) and objectives; the services, interventions, projected time periods to accomplish the goal(s); the parent/guardian, family members or other identified collaterals

participating in treatment and discharge planning; the criteria for discharge and a description of the services and supports needed at the time of transition to the home or community; signatures of the child, participating family or collaterals indicating their agreement. If the child, family or identified collateral(s) is unable to participate, the reason for non-participation must be documented.

(ii) If applicable, the plan for provision of additional service(s) outside of the crisis residence program to further support and prepare the child for discharge, while in the program, must also be included in the individual service plan.

(iii) The development of the crisis plan must include the child and family as active participants, as appropriate. With the child's and/or parent/guardian's consent, the crisis plan may be shared with identified collaterals involved in the child's treatment or support.

(6) The individual service plan must be reviewed as needed and include participation of staff involved in the provision of services to the to the child and/or, if appropriate, the child's family or other collaterals. The service plan must be revised if there is a change to the child's goals or plan for discharge.

(c) Case Records.

(1) There shall be a complete case record maintained at one location or electronically for each recipient.

(2) Information in crisis residence program case records that is subject to the confidentiality protections of Mental Hygiene Law section 33.13 may be shared between facilities, agencies and programs responsible for the provision of services pursuant to an approved local or unified services plan (including programs that receive funding from the Office of Mental Health disbursed via a State aid letter); such Office and any of the psychiatric centers and programs that it operates; and facilities, agencies, and programs that are not licensed by such Office and are not participants in an approved

local or unified services plan, but are responsible for the provision of services to any recipient pursuant to a written agreement with the Office as a party, provided, however, if a case record contains HIV or AIDS information that is protected by Public Health Law article 27-F, or information provided by a federally-funded alcoholism/substance abuse provider that is protected under 42 CFR part 2, such information shall only be redisclosed as permitted by such law or regulation.

(3) Each case record shall include:

(i) identifying information about the recipient and the recipient's identified supports;

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

(iii) summary of psychiatric, medical, emotional, social and residential needs. Special consideration shall be given to the role of the recipient's identified supports in each area of assessment;

(iv) summary of reports of all mental and physical diagnostic examinations and assessments, including findings and conclusions, if available;

(v) summary of reports of all special studies performed, including but not limited to X-rays, clinical laboratory tests, psychological tests, and electroencephalograms, if available;

(vi) the individual service plan;

(vii) daily progress notes, related to the goals and objectives of the service plan, including the signature of the staff member who provided the service;

(viii) a discharge summary; and

(ix) documentation that, upon admission, all recipients were educated in self-preservation procedures, regarding emergency evacuation and fire safety procedures.

(4) Records must be retained for a minimum period of six years from the date of the last service provided to a recipient or, in the case of a minor, for at least six years after the last date of service or three years after he/she reaches majority, whichever time period is longer.

§589.10 Quality assurance.

(a) Each crisis residence program shall have an organized quality assurance program designed to enhance recipient care through the ongoing objective assessment of important aspects of recipient care and the correction of identified problems. The quality assurance program shall provide for the following:

(1) identification of problems or concerns related to the care of recipients including, but not limited to recipient engagement in crisis residential services;

(2) objective assessment of the cause and scope of the problems or concerns, including the determination of priorities for both investigating and resolving problems and concerns. Priorities shall be related to the degree of adverse impact on the care provided recipients that can be expected if the problems or concerns remain unresolved;

(3) recommendations related to implementation of decisions or actions that are designed to eliminate, insofar as possible, identified problems; and

(4) monitoring to assess whether or not the desired result has been achieved and sustained.

(b) Each crisis residence program shall prepare a written quality assurance plan designed to ensure that there is an ongoing quality assurance program that includes effective mechanisms for reviewing and evaluating recipient care and provides for appropriate response to findings. This quality assurance plan shall be subject to approval by the Office of Mental Health. The quality assurance plan may be program-specific or part of an overall facility quality assurance plan. The written quality assurance plan shall address at a minimum:

(1) the individual or group with the overall responsibility to administer or coordinate the quality assurance program;

(2) the individuals or organizational entities to whom responsibility will be delegated for specific activities or mechanisms;

(3) the activities or mechanisms for reviewing and evaluating recipient care;

(4) the activities or mechanisms for assuring the accountability of the clinical staff for the care they provide;

(5) the individuals or organizational entities to whom responsibility will be delegated for responding to findings or implementing corrective actions designed to eliminate, insofar as possible, identified problems; and

(6) the activities or mechanisms for monitoring whether or not the corrective actions have been implemented, and whether or not the desired result has been achieved and sustained.

(7) Crisis residence programs shall develop and implement an incident management program in accordance with 14 NYCRR Part 524.

(c) Crisis residence programs shall have procedures for internal monitoring of program performance. Performance should be monitored against the criteria stated in the program's description. 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.

(d) The Office of Mental Health shall have responsibility for monitoring the quality of crisis residential programs. 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

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.

§589.11 Utilization Review

(a) The crisis residence program shall have an organized utilization review process designed to monitor the appropriateness of admission and continued stay and to identify the over-utilization or under-utilization of services.

(b) The crisis residence program shall prepare a written utilization review plan designed to ensure that there will be an ongoing utilization review program. The utilization review plan may be program-specific or part of an overall facility utilization review plan. This utilization review plan shall be subject to approval by the Office of Mental Health.

§589.12 Rights of recipients.

(a) Recipients shall have the rights enumerated in Section 527.5 of this Chapter, and the provider of service shall ensure recipients receive notice of such rights in compliance with such section.

(b) For adult crisis residences, recipients shall have the right to control their own schedules and activities.

(c) Each recipient, family, or identified support, shall be apprised of a grievance process which ensures the timely review and resolution of complaints.

§589.13 Premises.

(a) The crisis residence shall be safe and suitable for the comfort and care of the recipients therein. The residence shall be maintained in a good state of repair and sanitation.

(b) Safety requirements.

The crisis residence shall meet the following requirements:

(1) A sufficient number of fire extinguishers, approved by the Underwriters Laboratories, or other nationally recognized testing laboratory in the United States, shall be installed in accessible places on each floor and in high-hazard areas. Fire extinguishers shall be tested and recharged in accordance with manufacturers' recommendations.

(2) Employees shall be trained in the use of firefighting equipment, and in the means of rapidly evacuating the building. Fire exit drills shall be held at least once per month and at varied times during the 24 hours. A written record of each drill shall be kept on file for a period of one year.

(3) All of the following fire hazards are prohibited:

(i) the use of kerosene for cooking or lighting;

(ii) rubber tubing used as connections for gas burners;

(iii) the accumulation of combustible material in attics, basements or other parts of the residence;

and

(iv) unsafe storage of paints, varnishes, oils, and other combustible liquids.

(4) Each crisis residence shall have a smoke-detection system which meets the requirements of the most recent recognized edition of the National Fire Protection Association (NFPA) 101 Life Safety Code, applicable to noncoded systems, and the following:

(i) A smoke-detection unit shall be located in each stairway at each floor, in each bedroom, in each 1,000 square feet of unoccupied attic and basement space, in each high hazard area, and in each 40 feet or part thereof of corridor length.

(ii) Location of smoke-detection units shall be subject to Office of Mental Health approval.

(iii) The smoke-detection system or each independently operating unit shall be tested at least once each three-month period, and batteries in battery-operated units shall be replaced as necessary.

(iv) A complete system or individual units may be required depending on the construction, layout, occupancy and/or other factors associated with the building. Prior to the opening of a crisis residence, and the issuance of an operating certificate, a fire safety plan must be submitted to and approved by the Office of Mental Health.

(5) Each crisis residence shall provide carbon monoxide detectors, in accordance with the most recent edition of the Residential Code of New York State and the Fire Code of New York State, 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 will be maintained for review.

(6) Residences must possess a valid certificate of occupancy or other documentation, which, has been determined by the Office of Mental Health to be the equivalent of a certificate of occupancy.

(7) Electric space heaters 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.

(c) Design and space requirements.

(1) Single bedrooms shall be at least 90 square feet (exclusive of closets) and a multiple bedroom shall provide at least 75 square feet per recipient.

(i) No more than one adult shall occupy a bedroom.

(ii) No more than two children shall share a bedroom.

(iii) No bedroom shall be located below grade.

(iv) Up to 15 percent of minimum square footage may be waived for cause in bedrooms housing one recipient. Consideration will also be given to the amount of square footage per recipient in living, dining and recreational areas. Requests for such waivers must be outlined in the fire safety plan submitted to the Office of Mental Health.

(v) 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. This requirement may be waived for cause.

(2) There shall be a minimum of one lavatory and one tub or shower for each five adult recipients or part thereof.

(3) There shall be a minimum of one lavatory for each five child recipients and a minimum of one tub or shower for each eight child recipients or part thereof.

(4) In addition to bedroom space, at least 55 square feet of space per recipient shall be provided for living, dining and recreational activities, apportioned within at least two distinct areas in each crisis residence unit.

(i) Dining rooms shall be equipped to provide for small group seating during meals.

(ii) Living rooms and/or recreation areas shall provide for small group socialization and recreation.

(d) Equipment shall include:

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

(2) a chair and storage facility for personal articles for each recipient.

(e) Crisis residences serving only persons capable of self-preservation operated in buildings without other occupancy shall follow requirements of National Fire Protection Association 101.

§589.14 Statistical records and reports.

(a) Such statistical information shall be prepared and maintained as may be necessary for the effective operation of the crisis residence program and as may be required by the Office of Mental Health.

(b) Statistical information shall be reported to the Office of Mental Health in a manner and within time limits specified by the Office of Mental Health.

(c) Statistical reporting shall be the responsibility of an individual whose name and title shall be made known to the Office of Mental Health.

(d) Summaries of statistical information shall be reviewed at least annually as part of the annual evaluation process.

§589.15 Determination of Self-Preservation

(a) The evacuation capacity of recipients is a function of both the ability of the recipients to evacuate and the assistance provided by staff. Determination of satisfactory ability to evacuate should be made prior to admission to a residential program. Such a determination may be reached by review of the applicant's history and a face-to-face interview which shows a capacity to evacuate equivalent to that of the general public. When uncertainty exists, a time drill may be used for a more objective measurement.

(b) Subsequent to admission; for a crisis residence, timed drills should be used to regularly evaluate the level of evacuation capability of program recipients. Translation of drill times to evacuation capability may be determined as:

(1) three minutes or less, prompt;

(2) over three minutes but not in excess of 13 minutes, slow.

(3) Evacuation capability is based on the time of day or night when evacuation of the facility would be the most difficult (*i.e.*, sleeping residents or fewer staff present). 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) Fire exit drills shall be conducted in a crisis residence at least monthly at varying times of the day and night. Some drills may be announced in advance to the recipients. The drills shall involve the actual evacuation of all residents to an assembly point as specified in the emergency plan and shall provide residents 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 who did not evacuate within the required time.

(d) Recipients and prospective individuals shall only reside in or be admitted to a type of residential program appropriate to the individual's evacuation capability.

(1) If a recipient or prospective individual is clearly capable of prompt evacuation, that individual may be admitted to or remain in any residential program of a type appropriate to their functional level.

(2) If a recipient or prospective individual 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 recipient's record. Immediate steps should be taken to relocate the recipient to a location within the residence 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 recipient's behavior observed again.

(3) If any recipient or prospective individual would be excluded from a residential 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 *National Fire Protection Association 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 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 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 *Life Safety Code*.

2. Subpart 589-1 of Title 14 NYCRR is repealed.
3. Subpart 589-2 of Title 14 NYCRR is repealed.