



PART 584
OPERATION OF RESIDENTIAL TREATMENT FACILITIES
FOR CHILDREN AND YOUTH

Part 583 is repealed.

Part 584 is amended as follows:

Sec.

584.1 Background and intent

584.2 Legal base

584.3 Applicability

584.4 Definitions pertaining to this Part

584.5 Certification

584.6 Organization and administration

584.7 Admission, *continued stay* and discharge criteria

584.8 Admission, transfer, *continued stay* and discharge policies and procedures

584.9 Written plan for services and staff composition

584.10 Staffing

584.11 Service requirements

584.12 Treatment program and environment

584.13 Special treatment procedures

584.14 Treatment team

584.15 Individual treatment plan

584.16 Case record

584.17 Quality assurance

584.18 Utilization review

584.19 Premises

584.20 Statistical records and reports

584.21 Waiver provisions

584.22 *Medical Necessity for Access to Residential Treatment Facility Services*

Section 584.1 Background and intent.

(a) Chapter 947 of the Laws of 1981 authorized the establishment of residential treatment facilities for children and youth.

(b) The purpose of residential treatment facilities for children and youth is to provide comprehensive mental health services under the supervision of a physician for children and youth who have attained their 5th birthday and have not, in most cases, attained their 21st birthday and who are in need of ~~[long-term]~~ *inpatient* treatment in a residential setting.

(c) Residential treatment facilities for children and youth are not intended for children and youth who:

(1) present a likelihood of serious harm to *others as defined in section 9.01 of the Mental Hygiene Law.*;

or

(2) have a primary diagnosis of *intellectual disability* ~~[mental-retardation]~~ *or developmental disability unless the residential treatment facility unit(s) was developed in collaboration with the Office of Mental Health and the Office of People with Developmental Disabilities to serve children with a designated mental illness and an intellectual and/or development disability.*

(d) The purpose of these regulations is to describe requirements for the establishment and operation of residential treatment facilities for children and youth; outline the requirements for admissions, transfers and discharge; and specify the requirements for staffing, services, treatment planning, quality assurance and recordkeeping.

(e) These regulations provide for the active involvement, to the extent possible, of the family or guardian of a child in all aspects of the care and treatment of that child.

584.4 Definitions pertaining to this Part.

(1) Admission criteria are those factors of psychopathology, activities of daily living skills, age and intelligence quotient *in addition, to medical necessity for access to residential treatment facility services,* which are identified for use ~~[in determining a child's eligibility]~~ *by a specific residential treatment facility to evaluate applications* ~~[eligibility]~~ for admission or transfer ~~[to a residential treatment facility].~~

(2) Alternate care determination is a *decision made in accordance to standards and procedures established by the Office of Mental Health or the commissioner's designee, that a child who has been receiving residential treatment facility services no longer meets medical necessity for residential treatment facility services.* ~~[utilization review committee decision that another specifically identified method of care or no care is more appropriate than the method being provided. This decision is the result of a utilization review committee evaluation of a resident,~~

~~in person or through review of the resident's case record, against criteria for continued stay in the residential treatment facility program.]~~

(3) Case records are those reports which contain information on all matters relating to the admission, legal status, assessment, treatment planning, treatment and discharge of the resident, and shall include all pertinent documents relating to the resident.

(4) Child is an individual who has passed at least his/her 5th birthday, and who has not yet reached his/her 22nd birthday.

(5) Clinical staff are all staff members who provide services directly to residents and their families or legal guardian. Clinical staff shall include professional staff, paraprofessional staff and other nonprofessional staff.

(6) Continued stay criteria are those factors of psychopathology, activities of daily living skills and age which are identified for use in determining the *medical* necessity ~~[and appropriateness]~~ of a ~~[the]~~ resident's continued access ~~[placement]~~ to residential treatment facility *services*. These factors shall provide the basis for determining that the resident continues to meet the admission criteria of the residential treatment facility. Such evidence shall be directly observed and documented by staff of the residential treatment facility or be documented in reports of trial visits to the home or to less restrictive settings.

(7) Designated mental illness means a disruption of normal cognitive, emotional, or behavioral functioning, which can be classified and diagnosed using the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), other than:

- (1) alcohol or drug disorders;*
- (2) developmental disabilities;*
- (3) organic brain syndrome; or*
- (4) social conditions (V-Codes). V-Code 61-20 Parent-Child (or comparable diagnosis in any subsequent editions of the DSM) is included for children.*

~~(7)8~~ Education records means those reports which contain information on all matters relating to the education of the resident, and shall include all pertinent documents. For children determined to have a handicapping condition by a committee on *special education* ~~[the handicapped]~~, the education record shall contain the individualized education program. Education records shall be separate and distinct from the case record.

(9) Medical Necessity shall refer to criteria for access to residential treatment facility services where minimally, community-based services available do not meet the treatment needs of the youth, proper treatment of the child's psychiatric condition requires services on an inpatient basis under the direction of a physician and services in the residential treatment facility can reasonably be expected to improve the child's condition or prevent further regression so that residential treatment facility services will no longer be needed.

~~(8)10~~ Mental illness means an affliction with a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking or judgment to such an extent that the person afflicted requires care, treatment and rehabilitation.

~~[(9) Preadmission certification committee is a committee, established and operated pursuant to the provisions of Part 583 of this Title, whose purpose is to determine the eligibility of children for placement in a residential treatment facility and to certify children as priority for admission to a residential treatment facility.]~~

(1[0]1) Provider of services means the organization which is legally responsible for the operation of a program. The organization may be an individual, partnership, association, corporation, public agency, or a psychiatric center or institute operated by the Office of Mental Health.

(1[4]2) Residential treatment facility is an inpatient psychiatric facility which is family centered and provides active the direction of a physician for children who are under 21 years of age and is issued an operating certificate pursuant to this Part.

(1[2]3) Restraint means "restraint" as such term is defined in section 526.4(a) of this Title.

(1[3]4) Seclusion means "seclusion" as such term is defined in section 526.4(a) of this Title.

(15) Serious emotional disturbance means a child 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:

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

(2) 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

(3) 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

(4) 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

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

(1[4]6) Time-out means "time out" as such term is defined in section 526.4(a) of this Title.

(b) Services.

(1) Case coordination services are activities to assure the full integration of all services provided to each resident. Case coordination activities include, but are not limited to, monitoring the resident's daily functioning to assure the continuity of service in accordance with the resident's treatment plan and insuring that all clinical staff

responsible for the care and delivery of services actively participate in the development and implementation of the resident's treatment plan.

(2) Dietetic services are services designed to meet the nutritional needs of all residents. Dietetic services include, but are not limited to: assuring that each resident on a special diet receives the prescribed diet; insuring food storage and preparation in a safe and sanitary manner; directing the nutritional aspects of resident care; and providing planned menus that reflect the food acceptance of the residents.

(3) Educational and vocational services are those activities the purpose of which is to assist the resident in the acquisition or development of academic and occupational skills.

(4) Medication therapy is the 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, his/her 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.

(5) Physical health services is a comprehensive program of preventive, routine and emergency medical and dental care, and an age-appropriate program of health education.

(6) Task and skill training is a nonvocational activity whose purpose is to enhance a resident's age-appropriate skills necessary to facilitate the resident's ability to care for himself/herself and to function effectively in community settings. Task and skill training activities include, but are not limited to: homemaking; personal hygiene; budgeting; shopping; and the use of community resources.

(7) Therapeutic recreation services are planned therapeutic activities whose purposes are: the acquisition or development of social and interpersonal skills; the improvement of the psychomotor and cardiovascular abilities of the residents; the enhancement of the self concept of the residents; the development of healthy, lifelong activities toward participation in recreation and physical activity; and the improvement or maintenance of a resident's capacity for social and/or recreational involvement by providing opportunities for the application of social and/or recreational skills.

(8) Verbal therapies are planned activities whose purpose is to provide formal, individual, family, and group therapies. These therapies include, but are not limited to, psychotherapy and other face-to-face verbal contacts between staff and the resident which are planned to enhance the resident's psychological and social functioning as well as to facilitate the resident's integration into a family unit. Verbal contacts that are incidental to other activities are excluded from this service. Verbal therapy shall include play therapy and other forms of expressive therapy.

(c) Staff qualifications.

(1) Dentist is an individual who is currently licensed as a dentist by the New York State Education Department.

(2) Dietitian is an individual who is either currently registered or eligible for registration by the Commission on Dietetic Registration; or has the documented equivalent in education, training and experience, with evidence of relevant continuing education.

(3) Limited permit physician is an individual who has received from the New York State Education Department a current permit to practice medicine which is limited as to eligibility, practice and duration.

(4) Nurse is an individual who is currently licensed as a registered professional nurse by the New York State Education Department.

(5) Occupational therapist is an individual who is currently licensed as an occupational therapist by the New York State Education Department.

(6) Physician is an individual who is currently licensed to practice medicine by the New York State Education Department.

(7) Psychiatrist is an individual who is currently licensed as a physician by the New York State Education Department and who is certified by, or eligible to be certified by, the American Board of Psychiatry and Neurology as a psychiatrist or a child psychiatrist.

(8) Psychologist is an individual who is currently licensed as a psychologist by the New York State Education Department.

(9) Rehabilitation counselor is an individual who either has a master's degree in rehabilitation counseling from a program approved by the New York State Education Department, or is currently certified by the Commission on Rehabilitation Counselor Certification.

(10) Social worker is an individual 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.

(11) Speech pathologist is an individual who either has a master's degree in speech pathology or speech and/or language therapy, or who is currently licensed as a speech pathologist by the New York State Education Department.

(12) Therapeutic recreation specialist is an individual who either has a master's degree in therapeutic recreation or in recreation with emphasis in therapeutic recreation from a program approved by the New York State Education Department, or is currently registered as a therapeutic recreation specialist by the National Therapeutic Recreation Society.

(13) Teacher is an individual who is currently licensed as a teacher by the New York State Education Department.

584.7 Admission, *Continued Stay* and discharge criteria.

(a) Each residential treatment facility shall maintain written admission, *continued stay* 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 child meets medical necessity criteria for access to residential treatment facility services pursuant with 584.22(b.)*

~~[(1) identification of a serious and persistent psychopathology as evidenced by:~~

~~—(i) severe thought disorder;~~

~~—(ii) severe affective disorder;~~

~~—(iii) moderate thought disorder in conjunction with an impulse control disorder or a deficit in activities of daily living skills;~~

~~—(iv) moderate affective disorder in conjunction with an impulse control disorder or a deficit in activities of daily living skills;~~

~~—(v) severe conduct disorder in conjunction with an impulse control disorder or a deficit in activities of daily living skills;~~

~~—(vi) severe personality disorder in conjunction with an impulse control disorder or a deficit in activities of daily living skills; or~~

~~—(vii) any combination of the above;~~

~~—(2) intelligence quotient equal to or greater than 51;~~

~~—(3) attainment of at least the 5th birthday but not the 21st birthday; and~~

~~—(4) presentation of no likelihood of serious harm to others as defined in section 584.4(a)(8) of this Part.]~~

(c) Any additional admission criteria must relate to observable characteristics of the child. Such criteria may include age and gender.

(d) The continued stay criteria must, at a minimum, provide that the child meets medical necessity criteria for access to residential treatment facility services, and does not meet the residential treatment facility's discharge criteria.

(e) The discharge criteria must at a minimum provide that the child has been evaluated and determined to no longer meet medical necessity criteria pursuant to 584.22(b). [relate to the necessity and appropriateness of the individual child's continued stay in a residential treatment facility.] Age in and of itself is not an appropriate basis for discharge from a residential treatment facility, except that no resident may remain in a residential treatment facility after attaining the age of 22.

584.8 Admission, transfer, *continued stay*, and discharge policies and procedure

(a) A residential treatment facility may only admit children *under the following conditions:*

(1) *The child has an authorization for access to residential treatment facility services, which was obtained in accordance with 584.22 of this part and standards and procedures established by the Office of Mental Health or commissioner's designee.*

(2) *When determining the order of admission, the residential treatment facility shall consider the severity and intensity of need for access to residential treatment facility services, pursuant to 584.22(b)6, of all the children who applied for admission to the facility, have been determined to meet admission criteria and are awaiting admission to the next available bed.*

~~[have been certified to the residential treatment facility by a preadmission certification committee established pursuant to Part 583 of this Chapter. This requirement applies to admissions and transfers.]~~

(b) *A residential treatment facility may only make admission determinations ~~[admit children who meet]~~ based on the written admission criteria maintained pursuant to section 584.7 of this part. If the residential treatment facility requests to waive this standard for a particular child, it may apply to the Office of Mental Health or commissioner's designee for consideration of an extension or exemption of the standard with cause. If the residential treatment facility does not meet the standard, nor was it waived, the Office of Mental Health or commissioner's designee, may halt admissions at its discretion.*

~~[and for whom the residential treatment facility finds:~~

~~—(1) proper treatment of the child's psychiatric condition requires care and treatment under the direction of a physician within a residential treatment facility; and~~

~~—(2) care and treatment in a residential treatment facility can reasonably be expected to improve the child's condition or prevent further regression so that services will no longer be needed, provided that a poor prognosis shall not in itself constitute grounds for a denial of determination of eligibility if treatment can be expected to effect a change in prognosis.]~~

(c) *A residential treatment facility shall admit any child with an authorization for access to residential treatment facility services who has also been designated as priority for admission by the Office of Mental Health or commissioner's designee, who applies for admission to the residential treatment facility.*

(d) *Any child who has also been designated as priority for admission by the Office of Mental Health or commissioner's designee, who applies for admission at a residential treatment facility shall admit to the next available bed. If the residential treatment facility requests to waive this standard for a particular child, it may apply to the Office of Mental Health or commissioner's designee for consideration of an extension or exemption of the standard with cause. If the residential treatment facility does not meet the standard, nor was it waived, the Office of Mental Health or commissioner's designee may halt admissions at its discretion.*

~~[-(e)]~~ (e) Upon application for admission or transfer of a child, a residential treatment facility shall provide written notice ~~[to the Office of Mental Health preadmission certification committee and families or legal guardian]~~ as follows:

~~[(1) Upon referral of child as a priority for admission or transfer, notice shall be provided within 30 calendar days. The notice shall indicate the anticipated date of admission or transfer or, if the child is determined to be not appropriate for admission, the specific reason for such determination.]~~

(1) All notices shall be made to the referral source, family/legal guardian, Office of Mental Health or commissioner's designee, and the local governmental unit of the child's county of residence.

(2) The residential treatment facility shall give notice of receipt of an application for admission or transfer.

(3) The residential treatment facility shall evaluate and communicate the determination of the application for admission or transfer within a timeframe determined by the Office of Mental Health or commissioner's designee. If the residential treatment facility requests to waive this standard for a particular child, it may apply to the Office of Mental Health or commissioner's designee for consideration of a seven day extension..

(i) The residential treatment facility shall give notice when a child is determined to meet criteria for admission or transfer. This notice shall include the anticipated date of admission or transfer and any other requirements specified by Office of Mental Health or commissioner's designee.

(ii) The residential treatment facility shall give notice when a child is determined to not meet admission criteria. This notice shall include the specific reason for such determination based on residential treatment facility's admission criteria maintained pursuant to section 584.7 of this Part.

~~[(2)]~~ *(6) When a resident is ready for discharge or transfer, notice shall be provided, if possible, 30 calendar days in advance of the anticipated date of discharge or transfer.*

~~[(3)]~~ *(7) When a resident attains the age of 21, notice shall be provided within 30 calendar days with the discharge plan that will achieve the child's discharge from residential treatment facility services prior to the 22nd birthday.*

(f) A residential treatment facility shall report to the Office of Mental Health or commissioner's designee and the Advisory Board on Residential Treatment Facility Admissions, as often as required, the disposition of applications for admission or transfer received by the residential treatment facility. Such report shall include, but not be limited to: the number of children that applied for admission or transfer to the residential treatment facility, the number of children deemed not appropriate for admission and the reason(s) why, the number of children admitted to each residential treatment facility, the number of children transferred from a hospital operated by the office of mental health and subsequently transferred to another hospital, the average length of stay for residents at the residential treatment facility, the number of children served at each residential treatment facility, and the number of involuntary placements and/or transfers from Office of Mental Health operated inpatient facilities.

~~[(d)]~~ *(g) Admissions, transfers and discharges shall be in accordance with the applicable requirements of articles 9 and 29 of the Mental Hygiene Law and Parts 15, 17 and 36 of this Title.*

~~[(e)]~~ (h) Written admission, transfer, *continued stay* and discharge policies and procedures shall be maintained as required in section 584.7 of this Part and shall be subject to approval by the Office of Mental Health. Such policies and procedures shall:

(1) specify that admission, transfer, *continued stay* and discharge shall be based on the written criteria established pursuant to section 584.7 of this Part;

(2) delineate special requirements for admission, transfer, *continued stay* and discharge of children in the custody of a social services official, the *Office of Children and Families Services* [~~Director of the Division for Youth~~], or another person granted custody by the Family Court;

(3) prohibit discrimination solely on the basis of race, color, creed, handicap, national origin, sex or age;

(4) provide for notification of the mental health information service of each admission in accordance with the requirements of Part 15 of this Title;

(5) require that the *medical* necessity [~~and appropriateness~~] of each resident's continued stay in the residential treatment facility be regularly evaluated *in accordance to standards and procedures established by the Office of Mental Health or commissioner's designee*;

(6) be available to the staff, residents and their families, cooperating agencies and the general public; ~~and~~

(7) require that discharge planning for each resident begin upon *application* for admission or transfer. Discharge planning shall be in accordance with section 29.15 of the Mental Hygiene Law *and standards and procedures established by the Office of Mental Health or commissioner's designee*; and shall include, at a minimum, identification of the discharge goals and the criteria for determining the *medical* necessity [~~and appropriateness~~] of the *specific* resident's continued stay.

584.14 Treatment team.

(a) Treatment shall be the responsibility of an interdisciplinary treatment team. A treatment team shall be responsible for developing and implementing a treatment plan for each resident as required by section 584.15 of this Part.

(b) In order to address all aspects of the resident's needs, a treatment team shall be established for each resident and shall be comprised of *the resident*, clinical staff who are involved in the treatment of the individual resident on a regular basis, and where appropriate, of the family or legal guardian.

(1) The treatment team shall include *youth, family or legal guardian* and all staff having significant participation in the treatment of the resident. The team shall, at a minimum, include a psychiatrist, at least one member of the clinical staff who is assigned to the living unit on a daily basis, and at least one member of the professional staff responsible for providing each of the following services to the resident:

(i) verbal therapies;

(ii) therapeutic recreation services; and

(iii) education and vocational services.

(2) One member of the treatment team must be designated as case coordinator for the resident.

(c) The residential treatment facility must develop written policies and procedures for the operation of its treatment teams which shall be subject to approval by the Office of Mental Health. At a minimum, the policies and procedures must address the following:

(1) the composition of treatment teams;

(2) the criteria for changing treatment team members;

(3) the representation required for the development of initial and comprehensive treatment plans and for treatment plan reviews;

(4) the responsibilities of the case coordinator;

(5) the manner in which the treatment team will coordinate with the appropriate committee *on special education* [~~the handicapped~~]; and

(6) the manner in which the treatment team will involve the family or legal guardian in the treatment process.

584.16 Case record.

(a) There shall be a complete case record maintained at one location for each resident admitted to the residential treatment facility. For those children that have been determined to be educationally handicapped and in need of special educational services and programs, there may also be an individualized education program, but such individualized education program shall be separate and distinct from the case record.

(b) The case record shall be confidential and access shall be governed by the requirements of section 33.13 of the Mental Hygiene Law and 45 C.F.R. Parts 160 and 164.

(c) The case record shall be available to all clinical staff involved in the care and treatment of the resident, consistent with the provisions of 45 C.F.R. Parts 160 and 164.

(d) Each case record shall include:

(1) identifying information about the resident served and the resident's family;

(2) a note upon admission, indicating source of referral, date of admission, rationale for admission, the date service commenced, presenting problem and immediate treatment needs of the resident;

(3) the application for admission to a residential treatment facility *and* [~~or~~] any other information obtained from *the evaluation of medical necessity for access to residential treatment facility services* [~~the pre-admission certification committee~~], including an assessment from the committee on *special education* [~~the handicapped~~], when available;

(4) assessments of psychiatric, medical, educational, emotional, social and recreational needs. Where appropriate, assessments of vocational and nutritional needs shall be included. Special consideration shall be given to the role of the resident's family in each area of assessment;

(5) reports of all mental and physical diagnostic examinations and assessments, including findings and conclusions;

(6) reports of all special studies performed, including, but not limited to, X-rays, clinical laboratory tests, psychological tests, or electroencephalograms;

(7) initial and comprehensive treatment plans;

(8) Progress notes which relate to the goals and objectives of the initial or comprehensive treatment plans, which shall be signed by the staff member who provided the service or by one participating staff member when several staff members have had significant interaction with the resident.

(i) Progress notes shall be written at least weekly and additionally whenever a significant event occurs that affects, or potentially affects, the resident's condition or course of treatment.

(ii) Progress notes shall be written regarding the educational program as determined in the resident's individualized education program.

(iii) Progress notes shall be written regarding involvement-of the family or legal guardian in treatment as determined in the resident's treatment plan;

(9) summaries of treatment plan reviews and special consultations regarding all aspects of the resident's complete daily program;

(10) dated and signed orders which indicate commencement and termination dates for all medications;

(11) a discharge summary, prepared within 15 days of discharge or transfer, which includes a summary of the clinical treatment, or reasons for discharge or transfer and, if appropriate, the provision for alternative treatment services which the resident may require; and

(12) information as may be required for the effective implementation of the utilization review plan provided for in section 584.18 of this Part.

(e) initial treatment plan shall include:

(1) admission diagnosis or diagnostic impression;

(2) a brief description of the resident's and the resident's family problems, strengths, conditions, disabilities or needs;

(3) objectives relating to the resident's problems, conditions, disabilities and needs, and the treatments, therapies and staff actions which will be implemented to accomplish these objectives; and

(4) initial discharge goals and criteria for determining the *medical* necessity [~~and appropriateness~~] of the *specific* resident's continued stay, *the anticipated discharge date and any other requirements established in standards and procedures established by the Office of Mental Health or commissioner's designee.*

(f) The comprehensive treatment plan shall include:

(1) diagnosis;

(2) a brief description of the resident's and the resident's family problems, strengths, conditions, disabilities, functional deficits or needs;

(3) a brief description of the treatment and treatment planning which demonstrates that the program is addressing the functional deficits of the resident which substantiated the resident's eligibility for admission to the residential treatment facility;

(4) goals to address the resident's problems, conditions, disabilities and needs which indicate the expected duration of the resident's need for services in the residential treatment facility;

(5) objectives relating to the resident's goals. Objectives must be written to reflect the expected progress of the resident. Projections for accomplishing these objectives should be specific;

(6) the specific treatments, therapies and staff actions which will be implemented to accomplish each of the objectives and goals. These must be stated clearly to enable all staff members participating in the treatment program to implement the goals and objectives;

(7) discharge goals and the criteria for determining the *medical* necessity [~~and appropriateness~~] of the *specific* resident's continued stay, *the anticipated discharge date and any other requirements established in standards and procedures established by the Office of Mental Health or commissioner's designee*;

(8) the name of the clinical staff member, designated as case coordinator, exercising primary responsibility for the resident;

(9) identification of the staff members who will provide the specified services, experiences and therapies;

(10) documentation of participation by the patient in the development of the treatment plan whenever possible and by representatives of the resident's school district, parent or legal guardian and referring agent, where appropriate;

(11) date for the next scheduled review of the treatment plan; and

(12) a copy of the individualized education program as defined in accordance with requirements of the Commissioner of Education.

584.22 Medical Necessity for Access to Residential Treatment Facility Services

(a) Prior to admission and no sooner than fourteen days after admission, the Office of Mental Health of the commissioner's designee may evaluate the medical necessity and quality of residential treatment facility services for each child that is an applicant or recipient of medical assistance pursuant to title eleven of article five of the social services law. If the Office of Mental Health or commissioner's designee determines that residential treatment services are no longer appropriate, the determination of the Office of Mental Health or commissioner's designee shall be reported to the residential treatment facility and the child, or the child's legally authorized representative. Such determination shall not be effective retroactively.

(b) Medical Necessity for access to residential treatment facility services shall only be determined if the following criteria are met:

- (1) attainment of at least the 5th birthday but not the 21st birthday;*
- (2) intelligence quotient equal to or greater than 51;*
- (3) criteria for voluntary admission as defined in section 9.13 of the Mental Hygiene Law;*
- (4) a current primary diagnosis of a designated mental illness;*
- (5) criteria for serious emotional disturbance;*
- (6) criteria for severity and intensity of need for access to residential treatment facility services. Severity and intensity of need criteria shall be determined in accordance to standards and procedures set by the Office of Mental Health or commissioner's designee. Severity and intensity of need criteria shall meet Certification of Need requirements for admission of a child to a residential treatment facility that is an applicant or recipient of medical assistance pursuant to title eleven of article five of the social services law. The criteria shall include:*

(i) Ambulatory care resources and other out of home interventions available in the community, do not meet the treatment needs of the individual child as evaluated in accordance to standards and procedures developed by the Office of Mental Health or commissioner's designee;

(ii) The individual child is experiencing severity of psychiatric need which requires proper care and treatment of the child's psychiatric condition on an inpatient basis under the direction of a physician to improve the individual's condition or prevent further regression so that services will no longer be needed, as evaluated in accordance to standards and procedures developed by the Office of Mental Health or commissioner's designee;

(iii) Care and treatment in a residential treatment facility can reasonably be expected to improve the child's condition or prevent further regression so that services will no longer be needed, provided that a poor prognosis shall not in itself constitute grounds for a denial of determination of eligibility if treatment can be expected to effect a change in prognosis, as evaluated in accordance to standards and procedures developed by the Office of Mental Health or commissioner's designee.

(c) Medical necessity for access to residential treatment facility services delivered by a residential treatment facility unit(s) developed in collaboration with the Office of Mental Health and the Office of People with Developmental Disabilities, to serve children with a designated mental illness and an intellectual and/or development disability, shall be exempt from medical necessity criteria 584.22(b)4;

(d) Evaluations of medical necessity shall include an evaluation of educational needs. When an assessment of a child's educational needs is required and is not available from a committee on special education, the office of mental health or commissioner's designee shall request such assessment from the appropriate committee on special education, in accordance with Education Law Section 4003.5. For the purposes of this Part, the

appropriate committee on special education shall be the committee on special education of the school district of residence at the time of the application for eligibility.

(e) Notifications on evaluations and determinations of medical necessity for access to residential treatment facility services shall be made to the Local Governmental Unit of the county in which the child resides.

(f) In order to be eligible to admit to a residential treatment facility, a child must have an authorization to access residential treatment facility services based on an evaluation and determination of medical necessity, completed in accordance with standards and procedures established by the Office of Mental Health or commissioner's designee and as applicable, in accordance with federal regulations.

(g) Authorization for access to residential treatment facility services shall not be granted unless a child meets the medical necessity criteria pursuant with 584.22(b).