

Prior Approval Review for Quality and Appropriateness - 551.4 Definitions.

(j) *Governing authority* means the provider of services as defined in subdivision (t) of this section or an entity that substantially controls or has the ability to substantially control the provider of services. For the purposes of this Part, factors used to determine whether there is substantial control shall include, but not be limited to:

- (1) the right to appoint and remove directors or officers;
- (2) the right to approve bylaws or articles of incorporation;
- (3) the right to approve strategic or financial plans for a provider of services; or
- (4) the right to approve operating or capital budgets for a provider of services.

- 551.7 Standards for approval of projects.

(a) A project subject to prior approval review of the Office of Mental Health shall be proposed in accordance with this Part through submission of an application as required by the Office of Mental Health. The review of the application shall base approval upon consideration of the extent to which:

- (1) the members of the board of directors, officers, owners, partners, members of limited liability companies, and stockholders are of such character, experience, competence, and standing in the community as to give reasonable assurance of their ability to responsibly manage the affairs of the organization and to provide services consistent with the needs, goals, and best interests of recipients, taking into consideration the criminal history record of any natural person operator, if any, obtained in accordance with Part 550 of this Title. Regulatory compliance of existing programs and services will be taken into consideration during review of the application;

Children's Mental Health Rehabilitation Services Program

- 511-2.10 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 pursuant to an organizational plan approved by the office.

(b) In programs operated by not-for-profit corporations other than hospitals licensed pursuant to article 28 of the Public Health Law, no person shall serve both as a member of the governing body and of the paid staff without prior written approval of the office.

(c) The governing body shall be responsible for the following duties:

- (1) to meet at least four times a year;
- (2) to review, approve and maintain minutes of all official meetings;
- (3) to develop an organizational plan which indicates lines of accountability and the qualifications required for staff positions. Such plan may include the delegation of the responsibility for the day-to-day management of the program to

a designated professional who is qualified by training and experience to supervise program staff;

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

(5) to design and operate services consistent with and appropriate to the ethnic and cultural background of the population served. This can include ethnic representation on the staff and board and inclusion of culturally and ethnically relevant content in service programs;

(6) to ensure that planning decisions are based upon input from the child and, where appropriate, their family members;

(7) to develop, approve, and periodically review and revise, as appropriate, all program and service policies and procedures. Such policies and procedures shall include, but are not limited to, the following:

(i) written criteria for admission, and discharge from the program;

(ii) policies and procedures for conducting initial and ongoing risk assessments and for development of plans to address identified areas of elevated risk, including procedures to ensure that any health or mental health issues identified are treated appropriately or that an appropriate referral to a treatment provider and subsequent follow up is made;

(iii) policies and procedures addressing child engagement and retention in treatment, including, at minimum, plans for outreach and re-engagement efforts commensurate with a child's assessed risk;

(iv) policies and procedures for screening for abuse or dependence on alcohol or other substances;

(v) policies and procedures ensuring that a reasonable effort shall be made to obtain records from prior recent episodes of treatment;

(vi) policies and procedures ensuring that a reasonable effort shall be made to communicate with family members, current service providers, and other collaterals, as appropriate;

(vii) written policies and procedures describing an individual grievance process which ensures the timely review and resolution of child complaints and which provides a process enabling the child to request review by the office when resolution is not satisfactory;

(viii) written personnel policies which shall prohibit discrimination on the basis of race, color, creed, disability, sex, gender identity, marital status, age, national origin or sexual orientation, HIV status, military status, predisposing genetic characteristics and the applicable obligations imposed by: title VII of the Civil Rights Act; Federal Executive Order 11246; the Rehabilitation Act of 1973, section 504; the Vietnam Era Veteran's Readjustment Act; the Federal Age Discrimination in Employment Act of 1967; the Federal Equal Pay Act of 1963; the Americans with Disabilities Act of 1990; and the State Human Rights Law (Executive Law, article 15);

(ix) for programs that will provide services to minors, written policies which shall provide for screening of employees, through the New York Statewide Central Register of Child Abuse and Maltreatment, verification of

employment history, personal references, work record and qualifications as well as requesting the office to perform criminal history record checks;

(x) written volunteer policies which shall provide for screening of volunteers, through the New York Statewide Central Register of Child Abuse and Maltreatment, verification of employment history, personal references, work history, and supervision of volunteers, as well as requesting the office to perform criminal history checks, in accordance with Part 550 of this Title;

(xi) written policies regarding the selection, supervision, and conduct of students accepted for training in fulfillment of a written agreement between the agency and a State Education Department accredited higher education institution, as well as requesting the office to perform criminal history record checks, in accordance with Part 550 of this Title;

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

(xiii) written policies and procedures regarding the mandatory reporting of child abuse or neglect, reporting procedures and obligations of persons required to report, 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 individuals who are children, or who are the parents or guardians of children; and

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

Personalized Recovery Oriented Services

- 512.9 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 pursuant to an organizational plan approved by the office.

(b) In programs operated by not-for-profit corporations other than hospitals licensed pursuant to article 28 of the Public Health Law, no person shall serve as a member of

the governing body and of the paid staff of the program without prior approval of the office.

(c) The governing body shall be responsible for the following duties:

- (1) to meet at least four times a year;
- (2) to review, approve and maintain minutes of all official meetings;
- (3) to develop an organizational plan which indicates lines of accountability and the qualifications required for staff positions. Such plan may include the delegation of the responsibility for the day-to-day management of the program to a designated professional who is qualified by training and experience to supervise program staff;
- (4) to review the program's compliance with the terms and conditions of its operating certificate, applicable laws and regulations;
- (5) to design and operate the program consistent with and appropriate to the ethnic and cultural background of the population to be served by the PROS program;
- (6) to develop a mechanism for PROS program participants, and any individuals they identify, to participate in the development and ongoing review of the IRP;
- (7) to develop, approve, and periodically review and revise as appropriate, all programmatic and administrative policies and procedures. Such policies and procedures shall include, but are not limited to, the following:
 - (i) written personnel policies which shall prohibit discrimination on the basis of race, color, creed, disability, sex, marital status, age, national origin or sexual orientation, and the applicable obligations imposed by: title VII of the Civil Rights Act; Federal Executive Order 11246; the Rehabilitation Act of 1973, section 504; the Vietnam Era Veteran's Readjustment Act; the Federal Age Discrimination in Employment Act of 1967; the Federal Equal Pay Act of 1963; the Americans with Disabilities Act of 1990; and the State Human Rights Law (Executive Law, article 15);
 - (ii) written policies, applicable to job applicants and volunteers, which shall provide for verification of employment history, personal references, work record and qualifications, as well as documentation of compliance with Part 550 of this Title— criminal history records check;
 - (iii) written policies and procedures, when applicable, concerning the prescription and administration of medication which shall be consistent with applicable Federal and State laws and regulations;
 - (iv) written policies and procedures regarding the confidentiality of individuals' records consistent with applicable Federal and State laws and regulations, and the appropriate retention of such records;
 - (v) written criteria for admission and discharge from the program;
 - (vi) written policies and procedures regarding the mandatory reporting of child abuse or neglect;
 - (vii) written policies and procedures describing an incremental grievance process that addresses the timely review and resolution of individuals' complaints, including documentation thereof, and which provides a process enabling individuals to request review by the provider's governing

body, and ultimately the Office of Mental Health, when resolution is not satisfactory;

(viii) written policies and procedures regarding the use of recipient employees that address, at a minimum, the requirements pursuant to section 512.7(d)(9) of this Part; and

(ix) standards of conduct which shall be delineated for all staff in regard to relationships with PROS participants consistent with OMH guidance.

Operation of Psychiatric Inpatient Units of General Hospitals

- 580.5 Organization and administration.

(a) Organization.

(1) The governing body of the general hospital shall be responsible for the overall operation and management of the psychiatric inpatient unit, and may discharge any responsibilities hereinafter stated through any body of delegates which is approved by the commissioner.

(2) The governing body shall establish and maintain current a plan of organization for the unit which clearly indicates lines of accountability, the nature of professional responsibility to be exercised according thereto, and the professional qualifications required.

(3) The governing body shall develop and revise, as necessary, written policies for the quantity, quality, scope, goals, objectives and evaluation of all programs, policies for the accomplishment of stated purposes, and personnel policies.

Personnel policies shall prohibit discrimination on the basis of race, color, creed, disability, sex, marital status, age, national origin, or sexual orientation.

Personnel policies and procedures shall provide for verification of employment history, personal references, work record and qualifications. Such policies shall also provide for securing a signed sworn statement whether, to the best of his/her knowledge, the applicant has ever been convicted of a crime in this State or any other jurisdiction.

(4) The governing body shall establish written staff development and training policies which address orientation and ongoing staff development and training which shall include, but not be limited to, behavioral management interventions, techniques and alternative methods of safely handling crisis situations and safety and security procedures. In addition, in those hospitals serving children, staff training shall include the principles of child development, behavioral management interventions, techniques, and alternative methods of safely handling crisis situations, techniques of group and child management, the laws and regulations governing child abuse reporting and the protection of children from child abuse and maltreatment. Such training in those hospitals serving children shall include preemployment orientation and continuing education.

(5) The governing body shall establish written volunteer policies and procedures. Such policies and procedures shall provide for screening of volunteers and verification of employment history, personal references and work history; supervision of volunteers; training in accordance with paragraph (4) of this

subdivision. Such policies shall also provide for securing a signed sworn statement whether, to the best of his/her knowledge, the volunteer has been convicted of a crime in this State or any other jurisdiction.

(6) The governing body shall establish procedures to assure the health and safety of the patients in the program, and shall develop, implement, and regularly monitor clinical risk management programs in order to protect the health and safety of patients and enhance their quality of care.

(7) The governing body shall meet as often as necessary to properly execute its functions, and in no event less often than quarterly. Minutes of all official meetings of the governing body shall be maintained as permanent record of the decisions made in relation to the operation of the psychiatric inpatient unit and shall be made available to the office upon request.

(8) Ongoing direction and control of the program of the unit shall be delegated by the governing body to a physician whose qualifications in psychiatry are appropriate to the program. For purposes of this Part, this person shall be known as the director.

(9) Administrative management of the unit may be delegated by the governing body to an appropriately qualified administrator.

(b) Administration.

(1) The governing body shall cause to be made an annual written evaluation of the total program to assess effectiveness and efficiency and to indicate any required changes in policies or services of the unit.

(2) The governing body shall maintain a separate set of financial accounts for the operation of the psychiatric inpatient unit.

(3) The governing body shall establish admission policies, including those pertaining to eligibility for service, and a description of available services which shall be written and made available to staff members, persons served and their families, cooperating agencies and the general public.

(i) All admission policies shall prohibit discrimination on the basis of race, creed, sex, age, national origin, sexual orientation, or physical disability, previous hospitalization in a State-operated psychiatric facility or ability to pay fees, provided, however, nothing in this subparagraph shall be interpreted to prevent a facility from making admission or discharge decisions based upon the functional, clinical and behavioral needs of a patient which are relevant to its program.

(ii) No facility shall deny care and treatment to, or otherwise discriminate against, persons who are non-English speaking, deaf or hard-of hearing, in accordance with section 527.4 of this Title.

(iii) A facility shall not deny access to a person who otherwise meets requisite admission criteria solely on the basis of multiple diagnoses or a diagnosis of HIV infection, AIDS, or AIDS-related complex.

(4) The governing body shall cause to be procured and maintained for reference by the governing body and staff members an up-to-date copy of this Part and copies of any guideline instruction or information manuals or other communications as may be prescribed by the office.

- (5) The governing body shall appoint a special review committee, including members of the professional clinical staff, which shall:
- (i) develop a written special review plan subject to approval by the governing body and the office. This plan shall provide for review of all incidents in accordance with Part 524 of this Title and extra-risk procedures administered. Extra-risk procedures may include, but not be limited to, somatic therapies, experimental treatment modalities, and restraint or seclusion;
 - (ii) review and evaluate incidents and extra-risk procedures in accordance with the plan;
 - (iii) determine the facts in any incident reviewed, review ongoing practices and procedures in relation to such incidents and extra-risk procedures, and recommend changes in policies, practices or procedures which may be indicated;
 - (iv) include, either on a regular membership basis or by special arrangement as indicated, the participation of appropriately qualified and experienced physicians; and
 - (v) meet as often as necessary to properly execute its functions, and in no event less often than quarterly, keeping written minutes of its deliberations and submitting reports to the governing body as necessary.
- (6) The governing body shall provide for the following in those hospitals which provide services to children:
- (i) procedures for notification of the child's parent or guardian of incidents as required by law, including but not limited to Mental Hygiene Law section 33.23; and
 - (ii) procedures for the proper reporting to the Statewide Central Register of Child Abuse and Maltreatment of suspected child abuse or maltreatment by a guardian, caretaker, or other person over the age of 18 who is responsible for the care of the child.
- (7) The governing body shall cause to be written, made known to all employees and maintained current a plan for safeguarding all patients in the event of a major natural disaster or civil disturbance.
- (8) The governing body shall require staff of the facility to participate with the local governmental unit in local planning processes as required by sections 41.05(e) and 41.16 of the Mental Hygiene Law. Such participation must be documented in the approved local services or unified services plan of each local governmental unit served by the facility. At a minimum, facility participation shall include:
- (i) provision of budgeting and planning data as requested by the local governmental unit;
 - (ii) identification of the population being served by the facility;
 - (iii) identification of the geographic area being served by the facility;
 - (iv) description of the facility's relationship to other providers of services who serve the same geographic area, including but not limited to, written agreements to ensure expeditious access to programs by persons who need them. At a minimum, these agreements shall provide a process for

prompt referral, evaluation and, as necessary, admission to cooperating programs; specify mechanisms for coordinated development of service plans for patients being served by more than one program; provide for access to emergency psychiatric services within the geographic area; and provide a mechanism for sharing information about patients being served; and

(v) attendance at planning meetings as may reasonably be required by the local governmental unit.

Operation of Hospitals for Persons with Mental Illness

- 582.5 Organization and administration.

(a) Organization.

(1) The governing body shall be responsible for the overall operation and management of the hospital.

(2) The governing body shall establish and maintain current a plan of organization for the hospital which clearly indicates lines of accountability, the nature of professional responsibility to be exercised according thereto, and the professional qualifications required.

(3) The governing body shall develop, and revise as necessary, written policies for the quantity, quality, scope, goals, objectives and evaluation of all programs, policies for the accomplishment of stated purposes, and personnel policies. Personnel policies shall prohibit discrimination on the basis of race, color, creed, disability, sex, marital status, age, national origin, or sexual orientation. Personnel policies and procedures shall provide for verification of employment history, personal references, work record and qualifications. Such policies shall also provide for securing a signed sworn statement whether, to the best of his/her knowledge, the applicant has ever been convicted of a crime in this State or any other jurisdiction and shall include provisions implementing criminal history record checks in accordance with Part 550 of this Title.

(4) The governing body shall establish written staff development and training policies which address orientation and ongoing staff development and training which shall include but not be limited to, behavioral management interventions, techniques and alternative methods of safely handling crisis situations, and safety and security procedures. In addition, in those hospitals serving children, staff training shall include the principles of child development, behavioral management interventions, techniques and alternative methods of safely handling crisis situations, techniques of group and child management, the laws and regulations governing child abuse reporting and the protection of children from child abuse and maltreatment. Such training in those hospitals serving children shall include preemployment orientation and continuing education.

(5) The governing body shall establish written volunteer policies and procedures. Such policies and procedures shall provide for screening of volunteers and verification of employment history, personal references and work history; supervision of volunteers; training in accordance with paragraph (4) of this

subdivision. Such policies shall also provide for securing a signed sworn statement whether, to the best of his/her knowledge, the volunteer has been convicted of a crime in this State or any other jurisdiction and shall include provisions implementing criminal history record checks in accordance with Part 550 of this Title.

(6) The governing body shall establish procedures to assure the health and safety of the patients in the program and shall develop, implement, and regularly monitor clinical risk management programs in order to protect the health and safety of patients and enhance their quality of care.

(7) The governing body shall meet as often as necessary to properly execute its functions, and in no event less often than quarterly. Minutes of all official meetings of the governing body shall be maintained as permanent record of the decisions made in relation to the operation of the hospital.

(8) Ongoing direction and control of the program of the hospital shall be delegated by the governing body to a physician whose qualifications in psychiatry are appropriate to the program. For purposes of this Part, this person shall be known as the director.

(9) Administrative management of the hospital may be delegated by the governing body to an appropriately qualified administrator.

(b) Administration.

(1) The governing body shall cause to be made an annual written evaluation of the total program to assess effectiveness and efficiency and to indicate any required changes in policies or services of the hospital.

(2) The governing body shall cause to be made an annual audit of the financial condition and accounts of the hospital by a certified public accountant who is not a member of the governing body or an employee of the hospital.

(3) The governing body shall establish admission policies, including those pertaining to eligibility for service, and a description of available services which shall be written and made available to staff members, persons served and their families, cooperating agencies and the general public.

(i) All admission policies shall prohibit discrimination on the basis of race, creed, sex, age, national origin, sexual orientation, physical disability, previous hospitalization in a State-operated psychiatric facility or ability to pay fees, provided, however, nothing in this subparagraph shall be interpreted to prevent a facility from making admission or discharge decisions based upon the functional, clinical and behavioral needs of a patient which are relevant to its program.

(ii) No facility shall deny care and treatment to, or otherwise discriminate against, persons who are non-English speaking, deaf or hard-of hearing, in accordance with section 527.4 of this Title.

(iii) A facility shall not deny access to a person who otherwise meets requisite admission criteria solely on the basis of multiple diagnoses or a diagnosis of HIV infection, AIDS, or AIDS-related complex.

(4) The governing body shall cause to be procured and maintained for reference by the governing body and staff members an up-to-date copy of this Part and

copies of any guideline instruction or information manuals or other communications as may be prescribed by the office.

(5) The governing body shall appoint a special review committee, including members of the professional clinical staff, which shall:

- (i) develop a written special review plan subject to approval by the governing body and the office. This plan shall provide for review of all incidents in accordance with Part 524 of this Title and extra-risk procedures administered. Extra-risk procedures may include, but not be limited to, somatic therapies, experimental treatment modalities, and restraint or seclusion;
- (ii) review and evaluate incidents and extra-risk procedures in accordance with Part 524 of this Title and the plan;
- (iii) determine the facts in any incident reviewed, review ongoing practices and procedures in relation to such incidents and extra-risk procedures, and recommend changes in policies, practices or procedures which may be indicated;
- (iv) include, either on a regular membership basis or by special arrangement as indicated, the participation of appropriately qualified and experienced physicians; and
- (v) meet as often as necessary to properly execute its functions, and in no event less often than quarterly, keeping written minutes of its deliberations and submitting reports to the governing body as necessary.

(6) The governing body shall provide for the following in those hospitals which provide services to children:

- (i) procedures for notification of the child's parent or guardian of alleged child abuse or maltreatment involving the child or other incidents as required by law, including but not limited to Mental Hygiene Law section 33.23; and
- (ii) procedures for the proper reporting of all incidents of alleged child abuse or maltreatment as follows, in accordance with the Mental Hygiene Law and Part 524 of this Title:
 - (a) to the Statewide Central Register of Child Abuse and Maltreatment immediately;
 - (b) to the appropriate Office of Mental Health field office, within two weeks, using forms designated by the Office of Mental Health;
 - (c) to the Commission on Quality of Care and Advocacy for Persons with Disabilities within 72 hours; and
 - (d) to the Mental Hygiene Legal Service within the next working day.

(7) The governing body shall cause to be written, made known to all employees and maintain current a plan for safeguarding all patients in the event of a major natural disaster or civil disturbance.

(8) The governing body shall require staff of the facility to participate with the local governmental unit in local planning processes as required by sections 41.05(e) and 41.16 of the Mental Hygiene Law. Such participation must be documented in the approved local services or unified services plan of each local

governmental unit served by the facility. At a minimum, facility participation shall include:

- (i) provision of budgeting and planning data as requested by the local governmental unit;
- (ii) identification of the population being served by the facility;
- (iii) identification of the geographic area being served by the facility;
- (iv) description of the facility's relationship to other providers of services who serve the same geographic area, including, but not limited to, written agreements to ensure expeditious access to programs by persons who need them. At a minimum, these agreements shall provide a process for prompt referral, evaluation, and, as necessary, admission to cooperating programs; specify mechanisms for coordinated development of service plans for patients being served by more than one program; and provide a mechanism for sharing information about patients being served; and
- (v) attendance at planning meetings as may reasonably be required by the local governmental unit.

(c) Education program.

(1) If any children of legal school age are served, an appropriate instructional program approved by the New York State Education Department must be made available to them by the hospital.

(2) The treatment program in those hospitals which provide services to children shall include the means for providing instruction to patients under the age of 18, and, when required pursuant to an Individualized Education Plan, to certain patients over the age of 18, consistent with their age, needs and clinical condition, as well as the needs and circumstances within the facility or program, in techniques and procedures which will enable such patients to protect themselves from abuse and maltreatment.

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Operation of Residential Treatment Facilities for Children and Youth

- 584.6 Organization and administration.

(a) The provider of services shall identify the individuals who have overall responsibility for the operation of the residential treatment facility. These individuals shall be known as the governing body. No individual shall serve as both a member of the governing body and of the paid staff of the residential treatment facility without the prior approval of the Office of Mental Health.

(b) The provider of services shall assure that the residential treatment facility has space, programs, staff and policies and procedures that are separately identifiable from any other programs which may be operated by the provider of services.

(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 a permanent record of

the decisions made in relation to the operation of the residential treatment facility. 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 the residential treatment facility:

- (1) the goals and objectives of the residential treatment facility, including the admission and discharge criteria and a statement of the involvement of the family;
- (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 residential treatment facility including clinical, administration, fiscal, clerical, housekeeping, maintenance, dietetic, and recordkeeping and reporting functions; and
 - (ii) specifies all services available through the residential treatment facility including the treatment program and environment;
- (4) the written quality assurance plan; and
- (5) the written utilization review plan.

(e) The governing body shall approve written policies and procedures of the residential treatment facility, including but not limited to:

- (1) Admission, transfer and discharge policies and procedures.
- (2) The governing body shall develop, and revise as necessary, written policies for the quantity, quality, scope, goals, objectives and evaluation of all programs, policies for the accomplishment of stated purposes, and personnel policies. Personnel policies shall prohibit discrimination on the basis of race, color, creed, disability, sex, marital status, age or national origin. Personnel policies and procedures shall provide for verification of employment history, personal references, work record and qualifications, as well as requesting the Justice Center for the Protection of Persons with Special Needs to perform criminal history record checks in accordance with Part 550 of this Title.
- (3) Staff training and development policies and procedures. Such policies and procedures shall address preemployment orientation, ongoing staff development and training which shall include child abuse prevention and identification, safety and security procedures, the principles of child development, use of physical intervention, techniques of group and child management, the laws and regulations governing the protection of children from child abuse and maltreatment.
- (4) The governing body shall establish written volunteer policies and procedures. Such policies and procedures shall provide for screening of volunteers and verification of employment history, personal references and work history; supervision of volunteers; training in accordance with paragraph (3) of this subdivision. Such policies shall also provide for requesting the Justice Center for the Protection of Persons with Special Needs to perform criminal history record checks in accordance with Part 550 of this Title.

- (5) Prescription and administration of 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 patient records in accordance with the Mental Hygiene Law and shall ensure appropriate retention of case records.
- (f) The governing body shall review the written plan or plans 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 may delegate responsibility for the day-to-day management of the residential treatment facility in accordance with the written plan of organization provided for in paragraph (d)(2) of this section.
- (1) Ongoing direction may be delegated to an individual who shall be known as the director and who shall meet the qualifications specified in section 584.10(d) of this Part.
- (2) The director shall be employed by the residential treatment facility at least one half of the hours of a full-time employee.
- (3) 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.

Operation of Outpatient Programs

- 587.6 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 pursuant to an organizational plan approved by the Office of Mental Health.
- (b) In programs operated by not-for-profit corporations other than hospitals licensed pursuant to article 28 of the Public Health Law, no person shall serve as a member of the governing body and of the paid staff of the program without prior approval of the Office of Mental Health.
- (c) The governing body shall be responsible for the following duties:
- (1) to meet at least four times a year;
 - (2) to review, approve and maintain minutes of all official meetings;
 - (3) to develop an organizational plan which indicates lines of accountability and the qualifications required for staff positions. Such plan may include the delegation of the responsibility for the day-to-day management of the program to a designated professional who is qualified by training and experience to supervise program staff;
 - (4) to review the program's compliance with the terms and conditions of its operating certificate, applicable laws and regulations;
 - (5) to ensure that the design and operation of the program is consistent with and appropriate to the ethnic and cultural background of the patient population;
 - (6) to ensure that recipients and their families have a mechanism for participating in treatment or psychiatric rehabilitation service planning decisions;

(7) to develop, approve, and periodically review and revise as appropriate all programmatic and administrative policies and procedures. Such policies and procedures shall include, but are not limited to, the following:

(i) written personnel policies which shall prohibit discrimination on the basis of race, color, creed, disability, sex, marital status, age, national origin or sexual orientation;

(ii) written policies which shall provide for verification of employment history, personal references, work record and qualifications, as well as securing a signed, sworn statement whether, to the best of his or her knowledge, the applicant has ever been convicted of a crime in this State or any other jurisdiction and for appropriate consideration and confidentiality of such information;

(iii) written volunteer policies which shall provide for screening of volunteers, verification of employment history, personal references and work history, and supervision of volunteers. Such policies shall also provide for securing a signed, sworn statement whether, to the best of his or her knowledge, the volunteer has ever been convicted of a crime in this State or any other jurisdiction, for appropriate consideration and confidentiality of such information;

(iv) written policies which are consistent with the obligations imposed by title VII of the Civil Rights Act, Federal Executive Order 11246, the Rehabilitation Act of 1973, section 504, the Vietnam Era Veteran's Readjustment Act, the Federal Age Discrimination in Employment Act of 1967, the Federal Equal Pay Act of 1963, and the American Disabilities Act of 1990;

(v) written policies and procedures concerning the prescription and administration of medication which shall be consistent with applicable Federal and State laws and regulations;

(vi) written policies and procedures governing recipients' records which ensure confidentiality consistent with the Mental Hygiene Law, and which provide for appropriate retention of such records pursuant to section 587.18 of this Part;

(vii) written criteria for admission, and discharge from the program;

(viii) written policies and procedures regarding the mandatory reporting of child abuse or neglect, reporting procedures and obligations of persons required to report, provisions for taking a 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; and

(ix) written policies and procedures describing a recipient grievance process which ensure the timely review and resolution of recipients' complaints and which provides a process enabling recipients to request

review by the Office of Mental Health when resolution is not satisfactory;
and

(8) to ensure the establishment and implementation of an ongoing training program for current and new employees and volunteers which address the policies and procedures regarding child abuse and neglect described in subparagraph (7)(viii) of this subdivision.

Operation of Crisis Residence

- 589.6 Organization and administration.

(a) The provider of services shall identify the individual or individuals who have overall responsibility for the operation of the crisis residence program. This individual or individuals shall be known as the governing body. The governing body may delegate responsibility for the day-to-day management of the program to appropriate staff in accordance with a plan of organization 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 crisis residence program without prior approval of the Office of Mental Health.

(b) A crisis residence may be housed in a building with other programs operated by the governing body, 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.

Operation of Comprehensive Psychiatric Emergency Programs

- 590.6 Organization and administration.

(a) The governing body of the hospital shall be responsible for the overall operation and management of the comprehensive psychiatric emergency program. The governing body may delegate responsibility for the day-to-day management of the program to appropriate staff pursuant to an organizational plan approved by the Office of Mental Health. No individual shall serve as both member of the governing body and of the paid staff of the comprehensive psychiatric emergency program without prior approval of the Office of Mental Health.

(b) The hospital shall assure that the comprehensive psychiatric emergency program has space, program, staff, policies and procedures that are sufficient to meet the requirements of this Part and are separately identifiable from any other programs which may be operated by the providers.

(c) The governing body shall comply with all requirements set forth in 10 NYCRR Part 405 as well as requirements established by appropriate local, State and Federal standard-setting bodies. In addition, the governing body shall be responsible for the following duties:

(1) to develop an organizational plan which indicates lines of accountability and the qualifications required for staff positions. Such plan may include the delegation of the responsibility for the day-to-day management of the program to a program director who shall be a member of the professional staff employed by the comprehensive psychiatric emergency program. The program director shall report to the director of the host hospital or to the Director of Psychiatry;

(2) ensure efforts to reduce disparities in access, quality of care and treatment outcomes for underserved/unserved marginalized populations, including but not limited to: people of color, members of the LBGTQ community, older adults, Veterans, individuals who are deaf and hard of hearing, individuals who are Limited English Proficient, immigrants, and individuals re-entering communities from jails and prisons. Such policies and procedures shall include, but are not limited to the following:

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

(3) to develop, approve, periodically review and revise as appropriate all programmatic and administrative policies and procedures. Such policies and procedures shall include, but are not limited to the following:

(i) written policies and procedures governing patient records which ensure confidentiality consistent with the Mental Hygiene Law, sections 33.13, 33.14 and 33.16, 45 C.F.R. parts 160 and 164 and which provide for appropriate retention of such records pursuant to section 590.12 of this Part; and

(ii) written policies that ensure the protection of patients' rights. At a minimum these policies shall establish and describe a patient grievance procedure. The provider shall post a statement of patients' rights in a conspicuous location easily accessible to the public pursuant to section 590.15 of this Part.

(4) To make an effort that the comprehensive psychiatric emergency program's staffing matches the demographic profile of the persons served, the program regularly uses data to set workforce recruitment targets. Efforts to recruit a diverse workforce should include all levels of the organization's workforce, including management.

Operation of Licensed Housing Programs for Children & Adolescents with Serious Emotional Disturbances

- 594.6 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 pursuant to an organizational plan approved by the Office of Mental Health. No individual shall serve as both member of the governing body and of the paid staff of the program without prior approval of the Office of Mental Health.

(b) The governing body shall be responsible for the following duties:

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

(2) to review, approve and maintain minutes of all official meetings;

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

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

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

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

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

- (i) written personnel policies which shall prohibit discrimination on the basis of race, color, creed, disability, sex, sexual orientation, marital status, age, HIV status or national origin;
- (ii) written personnel policies which provide for screening of employees through the New York Statewide Central Register of Child Abuse and Maltreatment, verification of employment history, personal references, work record and qualifications, as well as requesting the office to perform criminal history record checks in accordance with Part 550 of this Title;
- (iii) written volunteer policies which provide for screening of volunteers through the New York Statewide Central Register of Child Abuse and Maltreatment, verification of employment history, personal references, work history and supervision of volunteers, as well as requesting the office to perform criminal history record checks in accordance with Part 550 of this Title;
- (iv) written policies which are consistent with the obligations imposed by titles VI and VII of the Civil Rights Act, Federal Executive Order 11246, article 15 of the Executive Law (Human Rights Law), article 15-a of the Executive Law (Minority and Women Business Enterprises Program), section 504 of the Rehabilitation Act of 1973, the Vietnam Era Veteran's Readjustment Act, the Federal Age Discrimination in Employment Act of 1967, the Federal Equal Pay Act of 1963, and the Federal Americans with Disabilities Act;
- (v) written policies and procedures concerning, if necessary, the administration and storage of medication which shall be consistent with applicable Federal and State laws and regulations;
- (vi) written policies and procedures governing resident records which ensure confidentiality consistent with the Mental Hygiene Law, including sections 33.13 and 33.16, 45 CFR parts 160 and 164 (HIPAA), and other applicable State and Federal laws and regulations, which provide for appropriate retention and resident access of such records;
- (vii) written criteria for admission and discharge from the program which shall state that no person shall be excluded from the program on the basis of race, religion, color, sex, sexual orientation, disability, HIV status or national origin. However, nothing in this subparagraph shall be interpreted to prevent a provider from making admission or discharge decisions based upon the functional, clinical and behavioral needs of the applicant which are relevant to its functional program;
- (viii) written policies and procedures that will allow family members or guardians to visit the child in the residential program and/or participate in planned recreation activities and outings;
- (ix) written policies and procedures regarding the mandatory reporting of child abuse or neglect, reporting procedures and obligations of persons required to report, provisions for taking a youth into protective custody, mandatory reporting of death, immunity from liability, penalties for failure to report, and obligations for the provision of services and procedures necessary to safeguard the life or health of the child or adolescent. Such

policies and procedures shall address the requirements for the identification and reporting of abuse or neglect regarding residents or the parents or guardians of residents;

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

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

(xii) written policies and procedures describing general child supervision practices and individual precautions designed to ensure a safe environment for all residents.

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

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

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

(iii) A written procedure for incident reporting and incident management.

Operation of Residential Programs for Adults

- 595.6 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 pursuant to an organizational plan approved by the Office of Mental Health. No individual shall serve as both member of the governing body and of the paid staff of the program without prior approval of the Office of Mental Health. The owner(s) may serve as the governing body for a proprietary residential program.

(b) The governing body shall establish mechanisms for the participation of current or former recipients of mental health services and family members of recipients of mental health services on the governing body.

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

(d) The governing body shall be responsible for the following duties:

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

(2) to review, approve and maintain minutes of all official meetings;

(3) to develop an organizational plan which indicates lines of accountability and the qualifications required for staff positions. Such plan may include the

delegation of the responsibility for the day-to-day management of the program to an individual who is qualified by training and experience to supervise;

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

(5) to ensure the existence of a residents' council or other appropriate mechanism to provide participation into the formulation of house rules and other matters which affect the operation of the residence;

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

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

- (i) written personnel policies which shall prohibit discrimination on the basis of race, color, creed, disability, sex, sexual orientation, marital status, age, HIV status, military status, genetic predisposition or carrier status or national origin;
- (ii) written policies which shall provide for verification of employment history, personal references, work record and qualifications, as well as requesting the office to perform criminal history record checks in accordance with Part 550 of this Title;
- (iii) written volunteer policies which shall provide for screening of volunteers, verification of employment history, personal references, work history, and supervision of volunteers, as well as requesting the office to perform criminal history record checks in accordance with Part 550 of this Title;
- (iv) written policies that are consistent with the obligations imposed by titles VI and VII of the Civil Rights Act, Federal Executive Order 11246, article 15 of the Executive Law (Human Rights Law), article 15-A of the Executive Law (Minority and Women Business Enterprises Program), section 504 of the Rehabilitation Act of 1973, the Vietnam Era Veteran's Readjustment Act, the Federal Age Discrimination in Employment Act of 1967, the Federal Equal Pay Act of 1963, and the Federal Americans with Disabilities Act;
- (v) written policies and procedures concerning, if necessary, the supervision of self administration and storage of medication which shall be consistent with applicable Federal and State laws and regulations;
- (vi) written policies and procedures governing resident records which ensure confidentiality consistent with the Mental Hygiene Law, including sections 33.13 and 33.16, 45 CFR parts 160 and 164 (HIPAA), and other applicable State and Federal laws and regulations, which provide for appropriate retention and resident access of such records;
- (vii) written criteria for admission and discharge to the program, which shall state: that no person shall be excluded from the residential program on the basis of race, religion, color, age, sex, sexual orientation, physical disability, HIV status or national origin. However, nothing in this subparagraph shall be interpreted to prevent a residential program from

making admission or discharge decisions based upon the functional, clinical and behavioral needs of the applicant, which are relevant to its functional program; and

(viii) if a program serves parents with children or adolescents, written policies and procedures regarding the mandatory reporting of child abuse or neglect, reporting procedures and obligations of persons required to report, provisions for taking a child or adolescent into protective custody, mandatory reporting of death, immunity from liability, penalties for failure to report, and obligations for the provision of services and procedures necessary to safeguard the life or health of the child or adolescent. Such policies and procedures shall address the requirements for the identification and reporting of abuse or neglect regarding residents who are children, or who are the parents or guardians of children; and

(8) the governing body shall ensure the development of, approve and periodically review and revise a written Quality Assurance Plan for the residential program.

Such plan shall include, but not be limited to, the following:

(i) written policies and procedures for monitoring the operation of the residential program against criteria established in its functional program;

(ii) a written utilization review procedure to monitor the extent to which a resident is receiving appropriate services and is being served at an appropriate level of care;

(iii) a written procedure for incident reporting and incident management; and

(iv) written policies and procedures describing a resident grievance process which ensures the timely review and resolution of residents' complaints and which provides a process enabling residents to request review by the appropriate field office of the Office of Mental Health when resolution is not satisfactory.

Integrated Outpatient Services

- 598.6 Organization and administration.

(b) Governing authority.

(1) The established governing authority shall be legally responsible for the quality of patient care services, for the conduct and obligations of the integrated services provider and for ensuring compliance with all Federal, State and local laws, including the New York State Public Health Law, Mental Hygiene Law, and the Education Law.

(2) In order to achieve and maintain generally accepted standards of professional practice and patient care services, the governing authority shall establish, cause to implement, maintain and, as necessary, revise its practices, policies and procedures for the ongoing evaluation of the services operated or delivered by the integrated services provider and for the identification, assessment and resolution of problems that may develop in the conduct of the program.

Mental Health Outpatient Treatment and Rehabilitative Services

- Section 599.6. 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 pursuant to an organizational plan approved by the Office.

(b) In programs operated by not-for-profit corporations other than hospitals licensed pursuant to article 28 of the Public Health Law, no person shall serve both as a member of the governing body and of the paid staff of the Mental Health Outpatient Treatment and Rehabilitative Service program without prior written approval of the Office.

(c) The governing body shall be responsible for the following duties:

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

(2) to review, approve and maintain minutes of all official meetings;

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

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

(5) to ensure that the design and operation of the program is consistent with and appropriate to the ethnic and cultural background of the population served. This can include ethnic representation on the staff and board and inclusion of culturally and ethnically relevant content in service programs;

(6) to ensure that planning decisions are based upon input from individuals and, where appropriate, their family members;

(7) to develop, approve, and periodically review and revise as appropriate all programmatic and administrative policies and procedures. Such policies and procedures shall include, but are not limited to, the following:

(i) written criteria for admission, and discharge from the program.

Admission policies should include a mechanism for screening individuals at the time of referral and assuring that those referred from inpatient, forensic, or emergency settings, those determined to be at high risk, and those determined to be in urgent need by the Director of Community Services receive services within five business days, and if indicated, are admitted to the Mental Health Outpatient Treatment and Rehabilitative Service program or referred to an appropriate provider of services. The county may establish, subject to the approval of the Office, categories of individuals to be considered in urgent need of services;

(ii) policies and procedures for conducting initial and ongoing risk assessments and for development of plans to address identified areas of elevated risk, including procedures to ensure that any health or mental health issues identified are treated appropriately by the Mental Health Outpatient Treatment and Rehabilitative Service program or that an appropriate referral to a treatment provider and subsequent follow up is made;

- (iii) policies and procedures addressing individual/family engagement and retention in treatment, including, at minimum, plans for outreach and re-engagement efforts commensurate with an individual's assessed risk;
- (iv) policies and procedures for providing off-site services;
- (v) policies to address personal safety of staff and provide appropriate training in de-escalation techniques;
- (vi) policies and procedures for age appropriate health monitoring, which describe whether such monitoring will be performed by the provider or, if not, how the provider will seek to ascertain relevant health information. Such policies and procedures must include a requirement that an individual's refusal to provide access to such information be documented in the case record;
- (vii) policies and procedures for screening for use of or dependence on alcohol, tobacco or other drugs;
- (viii) policies and procedures ensuring that a reasonable effort shall be made to obtain records from prior recent episodes of treatment;
- (ix) policies and procedures ensuring that a reasonable effort shall be made to communicate with family members, current service providers, and other collaterals, as appropriate;
- (x) written policies and procedures to ascertain whether individuals are currently receiving or are eligible to receive Medicare or Medicaid or other form of reimbursement for services provided. If it is determined that an individual is eligible for any such program but not currently enrolled, the policies and procedures shall include means of facilitating the enrollment of such individual in such program;
- (xi) written policies and procedures concerning the prescription and administration of medication which shall be consistent with applicable Federal and State laws and regulations and which includes procedures for ensuring that individuals are receiving prescribed medications and using them appropriately;
- (xii) written policies and procedures governing an individual's records which ensure confidentiality consistent with sections 33.13 and 33.16 of the Mental Hygiene Law and 45 CFR parts 160 and 164, and which provide for appropriate retention of such records pursuant to section 599.11 of this Part;
- (xiii) written policies and procedures describing an individual grievance process which ensures the timely review and resolution of individual complaints and which provides a process enabling recipients to request review by the Office when resolution is not satisfactory;
- (xiv) written personnel policies which guide efforts to reduce disparities in access, quality of care and treatment outcomes for underserved/unserved and/or marginalized populations, including but not limited to: people of color, members of the LBGTQ+ community, older adults, pregnant persons, Veterans, individuals who are hearing impaired, individuals with limited English proficiency, immigrants, individuals with

intellectual/developmental disabilities and all justice system-involved populations;

(xv) written personnel policies which shall prohibit discrimination on the basis of race or ethnicity, religion, disability, gender identity or sexual orientation, marital status, age, documentation status, or national origin, as well as, written policies on affirmative action which are consistent with the affirmative action and equal employment opportunity obligations imposed by title VII of the Civil Rights Act, Federal Executive Order 11246, the Rehabilitation Act of 1973, section 504, as amended, and the Vietnam Era Veteran's Readjustment Act;

(xvi) written policies for the availability of crisis intervention services at all times. After-hours coverage shall include, at a minimum, the ability to provide brief crisis intervention services provided pursuant to a plan approved by the local governmental unit or the Office. Such services shall be provided either directly or pursuant to a Clinical Services Contract. Such contract shall include, at a minimum, provisions assuring that, in the event of a crisis, the nature of the crisis and any measures taken to address such crisis are communicated to the primary clinician or other designated clinician involved in the individual's treatment at the Mental Health Outpatient Treatment and Rehabilitative Service program, or the individual's primary care or other mental health care provider, if known, on the next business day. At the request of the local governmental unit, State-operated Mental Health Outpatient Treatment and Rehabilitative Service programs shall consult with the local governmental unit or units in their service area in the development of such Mental Health Outpatient Treatment and Rehabilitative Service program's crisis response plan;

(xvii) written policies for the performance of Criminal history information reviews required pursuant to Section 31.35 of the Mental Hygiene Law, Sections 424-a and 495 of the Social Services Law, and 14 NYCRR 550. Such reviews shall be conducted in accordance with such laws and regulations and any guidance issued by the Office. All prospective employees, contractors and volunteers who have the potential for, or may be permitted, regular and substantial unsupervised or unrestricted contact with Recipients shall submit to a criminal history information review. All staff with the potential for regular and substantial contact with Recipients in performance of their duties shall submit to clearance by the New York Statewide Central Register of Child Abuse and Maltreatment. Mental Health Outpatient Treatment and Rehabilitative Service program Staff who have not been screened by the New York Statewide Central Register of Child Abuse and Maltreatment shall not perform duties requiring contact with individuals unless there is another staff member present.

(xviii) written policies regarding the selection, supervision, and conduct of students accepted for training in fulfillment of a written agreement between the Mental Health Outpatient Treatment and Rehabilitative Service program and a State Education Department accredited higher education

institution, as well as requesting the Office to perform criminal history record checks in accordance with Part 550 of this Title;

(xix) written policies regarding the employment, supervision and privileging of nurse practitioners and physician assistants. Such policies shall ensure that physician assistants have responsibilities related to physical health only. Such policies shall ensure compliance with Part 550 of this Title concerning the requirement for criminal history record checks, for obtaining clearance from the New York State Central Register of Child Abuse and Maltreatment for persons who have the potential for regular and unsupervised or unrestricted contact with children, and for appropriate consideration and confidentiality of such information;

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

(xxi) written policies and procedures regarding the mandatory reporting of child abuse or neglect, reporting procedures and obligations of persons required to report, provisions for taking a 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; and

(8) to ensure the establishment and implementation of an ongoing training program for current and new employees and volunteers that addresses the policies and procedures regarding child abuse and neglect described in paragraph (7) of this subdivision.