

NEW YORK

This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.

Types of Facilities

Mental Health (MH): New York regulates:

- Adult Crisis Residential Programs, which are short-term programs (up to 28 days) designed to provide residential and support services to persons with symptoms of mental illness who are at risk of or experiencing a psychiatric crisis but do not pose likelihood of serious harm.
 - A residential crisis support program is for individuals who are experiencing symptoms of mental illness, psychiatric crisis, or challenges in daily life that create risk for escalation of psychiatric symptoms that cannot reasonably be managed in the person's home and/or community environment without onsite supports.
 - An intensive crisis residence program is a residential treatment program for individuals who are experiencing a psychiatric crisis, which includes acute escalation of mental health symptoms. An intensive crisis residence may not have fewer than 3 beds and shall not exceed 16 beds.
- An Adult Treatment Residential Program is a rehabilitation-oriented residential program focused on interventions necessary to address an individual's functional and behavior deficits which must be resolved to access generic housing. This type of service may offer up to 48 beds.
 - Community Residence for Eating Disorder Integrated Treatment (CREDIT) Program is a subclass of community residences for individuals over the age of 18 who are diagnosed with an eating disorder and whose individual treatment issues preclude family settings or other less restrictive alternatives.

Substance Use Disorder (SUD): New York regulates residential services for those with SUD. Services correspond to elements in the treatment/recovery process and are distinguished by the configuration of services, staffing patterns, degree of dysfunction of the individual served in each setting, and patient readiness to transition to a less restrictive program or element of treatment/recovery. They provide residential services corresponding to one or more of the following elements of the treatment/recovery process:

- Withdrawal and stabilization, which is the “medical management and treatment of acute withdrawal, resulting in a referral to an appropriate level of longer term care.” The length

of stay is determined by medical necessity criteria. Stabilization requires the supervision of a physician and clinical monitoring.

- Rehabilitation, which provides a structured environment for persons whose potential for independent living is seriously limited due to significant functional impairment including social, employment, cognitive and ability to follow social norms that requires restructuring social supports and behaviors in order to develop sufficient skills; these persons require a course of rehabilitative services in a structured environment with staffing to provide monitoring and support and case management.
- Reintegration, which provides a community living experience in congregate or scatter-site settings with limited supervision and/or case management; persons appropriate for these services are transitioning to long term recovery from SUD and independent living in the community.

Unregulated Facilities: All adult residential MH and SUD treatment facilities are regulated in New York.

Approach

The New York State Office of Mental Health (OMH) regulates all MH treatment providers, without regard to operator or funding. The New York State Office of Addiction Services and Supports (OASAS) regulates all providers of SUD treatment services, without regard to operator or funding.

Processes of Licensure or Certification and Accreditation

Mental Health (MH): Certification by the OMH is required for all providers of MH services and operators of crisis residential programs must have a certificate specific to type.

- Accreditation is not required.
- An inspection is required for licensure.
- The state may require a Certificate of Need.
- Licensure duration is three years.

Substance Use Disorder (SUD): All residential SUD treatment facilities require certification by the OASAS.

- Accreditation is not required, but inspections that qualify to satisfy the state certification requirements of biannual inspections include an accreditation survey, completed by a nationally recognized accrediting organization.
- The state does not require a Certificate of Need.
- An application and inspection are required for initial certification, the duration of which is no longer than one year. Subsequent certificates can be extended to a three-year period depending upon compliance with regulatory standards. Providers must be inspected at least two times per year, once without prior notice, for compliance with rules, regulations, policies, procedures and requirements of the OASAS.

Cause-Based Monitoring

Mental Health (MH): The OMH monitors adult residential MH treatment during periodic certification visits, utilization review, and based on incident reporting. Upon identification of a deficiency, the provider may be required to prepare and implement a plan of correction; the OMH also may revoke, suspend or limit the provider's operating certificate or impose a fine. Program must cooperate with the OMH during any review or inspection of the facility or program.

Substance Use Disorder (SUD): All providers of SUD services are subject to two inspections per year. Recertification reviews are conducted on an unannounced basis. The provider must take all actions necessary to correct all deficiencies reported. The provider must submit a satisfactory corrective action plan and any planned actions must be accompanied with a timetable for implementation.

Access Requirements

Mental Health (MH): The provider must make a decision with regard to an application for admission no later than 15 working days after submission of all necessary documentation. The provider must ensure that no otherwise appropriate resident is denied access to services solely on the basis of multiple diagnoses, physical disability, a diagnosis of HIV infection, AIDS, or AIDS-related complex, pregnancy, or solely because the individual has any past involvement with substance abuse or the criminal justice system.

Substance Use Disorder (SUD): Wait-time requirements were not found. No individual may be denied admission to a program based solely on the individual's prior treatment history; referral source; pregnancy; history of contact with the criminal justice system; HIV and AIDS status; physical or mental disability; lack of cooperation by significant others in the treatment/recovery process; or medication assisted treatment for opioid dependence prescribed and monitored by

a physician, physician's assistant or nurse practitioner. A provider of SUD services may not limit access to services based on residency or citizen status. Providers funded by the office may not deny treatment based on inability to pay. All providers of SUD services must allow for the provision of medication assisted treatment and may not deny admission based on use of medication.

Staffing

Mental Health (MH):

- Adult Residential Treatment Programs must employ an adequate number and appropriate mix of staff to carry out the objectives of the program and to ensure the outcomes of the program.
 - A CREDIT program must have sufficient staff to meet the special needs of individuals residing in a community residence who have been diagnosed with an eating disorder.
- Crisis Residential Programs must have a director who meets specific requirements and has day to day responsibility for the program. Each program must have a written plan for staff composition needed to provide services and day-to-day management and monitoring. A crisis residence program shall continuously employ an adequate number of staff and an appropriate staff composition to carry out its goals and objectives as well as to ensure the continuous provision of sufficient ongoing and emergency supervision. Requirements are in place for clinical staff, supervisory staff, qualified mental health staff. All staff must submit documentation of their training and experience to the crisis residence program. The regulations include standards for students or trainees.

Substance Use Disorder (SUD): All SUD treatment providers must have a physician who has specified qualifications designated to be the medical director. Among other things, the medical director must have a federal DATA 2000 waiver. Any residential programs of 10 beds or more must have a full-time program director who is a qualified health professional that meets specific requirements. A residential program with fewer than 10 beds must have a similarly qualified program director who serves on at least a part-time basis. General and clinical staffing must be on-site or on-call sufficient to meet the emergent needs of the resident population. Other requirements include that there be a clinical supervisor and a health coordinator. Setting-specific additional requirements include:

- Stabilization and rehabilitation services must have staff sufficient to meet the emergent needs of the resident population, including specific nursing, medical, psychiatric, licensed clinicians, other clinical and milieu staff, vocational counselors, and case managers. Staffing levels for milieu and clinical staff are included. All clinical staff must receive training, including but not limited to, crisis interventions, working with special

populations, medication assisted treatment, trauma-informed care, quality improvement, agency policies and procedures.

- Rehabilitation programs must provide medical staff on site or on-call.
- Reintegration residential services must have a full-time manager responsible for the day-to-day operation of the service. All reintegration residential services must have sufficient staff to ensure that supportive services are available and responsive to the needs of each resident. In a congregate setting, there must be staff on site at all times. In a scattered site setting, there must be sufficient clinical staff members to ensure at least one visit to each resident per week.

Placement

Mental Health (MH):

- Adult Treatment Residential Programs must have admission and discharge criteria. Eligibility for admission to a residential program for adults is based upon: (1) a designated mental illness diagnosis which, for purposes of the CREDIT program, must include a diagnosis of an eating disorder; and one of the following, (2) social security income or social security disability insurance enrollment due to a designated mental illness; (3) extended impairment in functioning due to a designated mental illness; or (4) reliance on psychiatric treatment, rehabilitation and supports. All assessments must have occurred within the last 30 days and must include specific components. A referral for admission to a CREDIT program must be received from a Comprehensive Care Center for Eating Disorders or from the individual's primary care physician or mental health provider.
- All Crisis Residential Programs must have a utilization review process designed to monitor the appropriateness of admission and continued stay. The program shall prepare a written utilization review plan designed to ensure there will be an ongoing utilization review program. This utilization review plan shall be subject to approval by the Office of Mental Health. Programs must conduct an individual admissions assessment to determine appropriateness of admission.

Substance Use Disorder (SUD): An individual seeking residential services must have an initial determination based upon face-to-face contact plus any other available records and made by a qualified health professional or other clinical staff under the supervision of a qualified health professional; such determination must document that specific requirements are satisfied for admission. If the initial determination indicates the person is appropriate for residential services, a level of care determination must be made by a clinical staff member supervised by a qualified health professional no later than 24 hours after the resident's first on-site contact with the program. To be admitted at the appropriate level of care, the individual must meet the level

of care protocol criteria for the residential services and must be provided the services which match the resident's need for stabilization, rehabilitative, or reintegration services. Before and soon after admission, programs also must conduct or offer certain communicable disease testing.

- Stabilization services are appropriate for residents who present with mild withdrawal or expected withdrawal and psychiatric symptoms that cause acute impairment; medical conditions, emotional or cognitive impairment that can be managed in a residential setting where medical staff are available on an on-call basis. Within 24 hours after admission, programs providing stabilization services must complete a general assessment which identifies immediate problem areas, substantiates appropriate resident placement and is signed by a qualified professional. If withdrawal symptoms or other potentially life-threatening behavior or conditions are present, the patient must be assessed immediately for safety by a medical staff person who is working within the scope of practice. Within 24 hours after admission, the program must conclude a medical assessment and, if necessary, a full physical no later than 7 days after admission. All residents shall receive a physical exam by a physician, physician's assistant or nurse practitioner if they do not have available a medical history and no physical examination has been performed within the prior 12 months. Residents who have a medical history shall receive an evaluation within 7 days.
- Rehabilitation services are appropriate for individuals who do not have significant withdrawal symptoms, are free of severe cravings to use substances and, if present, psychiatric and medical conditions are stable. Individuals have functional impairment in cognitive, emotional regulation, social and role functioning. Within 7 days after admission, programs providing rehabilitation services must conclude a medical assessment and, if necessary, a full physical no later than 45 days after admission. All residents must receive a physical exam if they do not have available a medical history and no physical examination has been performed within the prior 12 months. Residents who have a medical history must receive an evaluation within 21 days.
- Persons appropriate for reintegration services are stable in SUD, psychiatric and medical conditions and have adequate functioning in cognitive, emotional regulation, social and role functioning. An individual admitted to a reintegration residential service must meet specific criteria related to housing and need for outpatient treatment services and/or other support services. Residents admitted to reintegration services must have an identified primary care physician and have a physical exam if one has not been completed within the prior 12 months, or, if the resident is admitted to an outpatient SUD clinic or opioid treatment program, then within 30 days the reintegration program must obtain the medical history, physical and treatment plan from the outpatient provider. The physical examination shall include review of any physical and/or mental limitations or disabilities which may require special services or attention during treatment.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH): All providers of mental health services must offer treatment planning.

- In Adult Treatment Residential Programs, service plans must be developed within four weeks of admission. The initial service plan in a CREDIT program must be developed within 3 days of admission. In all residential programs, the plan should be reviewed at least every three months. All programs require discharge planning beginning at admission.
- Adult Crisis Residential Programs must develop and implement an individual service plan within 24 hours of admission. Among other things, the plan must include discharge planning.

Substance Use Disorder (SUD): All providers of substance use disorder services programs require treatment planning, with updates at least monthly. Discharge planning beginning at admission is required.

Treatment Services

Mental Health (MH):

- For Adult Treatment Residential Programs, these services must be provided: (1) assertiveness/self-advocacy; (2) community integration services/resource development; (3) daily living skills; (4) health services; (5) medication management and training; (6) parenting training; (7) rehabilitation counseling; (8) skill development services; (9) socialization; (10) SUD services; and (11) symptom management.
 - A CREDIT program must provide for continuity and integration of care with an entity designated by the New York State Department of Health as a Comprehensive Care Center for Eating Disorders and must require, at a minimum: (i) a psychiatric assessment; (ii) an integrated service plan; (iii) a medical examination; (iv) supervision of meal, bathroom and exercise time; and (v) family participation, as appropriate.
- Each Crisis Residential Program must have a written plan for services and shall address the comprehensive service needs of the recipients.
 - Intensive crisis residence programs offer the following treatment and support services, consistent with a recipient's condition and needs that includes but is not limited to: (a) comprehensive assessment; (b) medication management and training; (c) medication monitoring; (d) medication therapy; (e) individual and group counseling; (f) engagement and support to address co-occurring disorders; (g) assistance in personal care and activities of daily living; (h) peer support; (i) engagement with identified supports; (j) safety planning; (k) integration of direct

- care and support services; (l) case management activities which emphasize discharge planning and includes continuity of care between service transitions; (m) collaboration and linkages with service options in the community which provide continuation of ongoing treatment and rehabilitation; (n) crisis respite; and (o) room and board.
- A residential crisis support program must offer the following support services, consistent with a recipient's condition and needs: (a) assistance in personal care and activities of daily living; (b) peer support; (c) engagement with identified supports; (d) safety planning; (e) integration of direct care and support services; (f) case management activities which emphasize discharge planning; (g) collaboration and linkages with service options in the community which provide continuation of ongoing treatment and rehabilitation; (h) medication management and training; (i) medication monitoring; (j) crisis respite; and (k) room and board.

Substance Use Disorder (SUD): All SUD treatment providers shall expeditiously facilitate access to medication assisted treatment, based on the clinical need and preference of the patient, through direct provision of the medication, contracting with private prescribing professionals or linkage agreements with other OASAS-certified programs. Such agreements must ensure access sufficient to meet patient needs without undue barriers such as long waiting periods for appointments or waiting lists. Programs must continue access to opioid full and partial agonist treatment and plan for the continuity of medication administration.

- For residential SUD programs and withdrawal and stabilization services, medically necessary care and supportive services both on and off-site should be provided according to need, including: (1) assessment and clinical treatment/recovery plan or service plan development; (2) skill development; (3) counseling; and (4) medication assisted treatment when medically necessary.
 - For chemical dependence residential services, counseling and supportive services also should be provided.
- Rehabilitation services must provide: (1) individual, group and family counseling as appropriate to resident needs and as described more fully in the regulations. (2) medical assessment of physical and mental health conditions and medical treatment to enable the resident to manage chronic health and mental health conditions including treatment of physical health conditions that are routine. The following also must be provided: (i) psychiatric assessment and medication management of co-occurring psychiatric conditions; (ii) psycho-social interventions which teach skills for coping with urges, craving, impulsive behavior and cognitive distortions in thinking, motivational interviewing techniques to engage the resident in treatment; and (iii) planned interactions with residents within the milieu.
- Reintegration residential services must provide a structured therapeutic environment designed to facilitate the individual's progress toward recovery from SUD and maintain a focus on the development and improvement of the skills necessary for recovery. Services

must include: (i) access to individual, group and family counseling services; (ii) written referral agreements with one or more SUD outpatient services to provide outpatient treatment services, as necessary; (iii) integration of such services with the activities and services provided by the residence; and (iv) a comprehensive and appropriate range of services such as vocational services; educational remediation; and life, parenting and social skills training. Personal, social, and community skills training and development also must be provided. Services may be provided directly by the service or by referral.

Patient Rights and Safety Standards

Mental Health (MH): Client rights include, but are not limited to, notice of rights, communication, freedom from abuse or mistreatment, reasonable privacy, and to voice a grievance. For all providers of mental health services, restraint and seclusion are safety interventions which may be used for purposes of managing violent or self-destructive behavior only in emergency situations if such intervention is necessary to avoid imminent, serious injury to the patient or others, and less restrictive interventions have been utilized and determined to be ineffective, or in rare instances where the patient's dangerousness is of such immediacy that less restrictive interventions cannot be safely employed. Such restraint or seclusion shall only be used for the duration of the emergency. Additional standards are in place related to restraint and seclusion, including that the use of restraint and/or seclusion must be reported to the OMH as further specified in the regulations.

- For Adult Crisis Residential Programs, recipients have the right to control their own schedules and activities. Each recipient, family, or identified support, must be apprised of a grievance process which ensures the timely review and resolution of complaints.
- For Adult Treatment Residential Programs, the OMH conducts an external review of residential programs based on patterns or trends in reported incidents or on the occurrence of an individual incident of extreme gravity.

Substance Use Disorder (SUD): The facility or provider agency must establish policies and procedures to protect patient rights. Such policy must include, at a minimum, the following rights: (i) to question a policy, voice a concern or grievance with the provider or the OASAS; (ii) to receive a timely response and/or resolution; (iii) to not suffer adverse consequences or retaliation as a result; and (iv) to communicate with the provider's director, medical director, board of directors, other responsible staff and the Commissioner. Patients also have, among others, rights to dignity, to receive services in an environment free from the presence of alcohol or other addictive substances, to be free of abuse or coercion, and to be treated by provider staff who are free from chemical dependence; additional rights that accrue to residential clients include but are not limited to communication, privacy, and to be free from restraint or seclusion. Critical incident reporting is required.

Quality Assurance or Improvement

Mental Health (MH):

- Each Crisis Residential Program must conduct an annual written evaluation of the program's attainment of its stated goals and objectives including any required changes in policies and procedures; and comply with requirements regarding financial accounts and auditing requirements. Each crisis residence program must have a quality assurance program meeting regulatory requirements. Each crisis residence program must prepare a written quality assurance plan designed to ensure that there is an ongoing quality assurance program that includes effective mechanisms for reviewing and evaluating resident care and provides for appropriate response to findings. This quality assurance plan shall be subject to approval by the OMH. The written quality assurance plan must address specific requirements. Crisis residence programs must have procedures for internal monitoring of program performance against the criteria stated in the program's description. Such statistical information must be prepared and maintained as may be necessary for the effective operation of the crisis residence program and as may be required by the OMH. Statistical information is reported to the OMH. Summaries of statistical information are reviewed at least annually as part of the annual evaluation process.
- Each Adult Residential Treatment Program must develop a quality assurance plan meeting regulatory requirements. Residential programs must have an internal incident reporting, investigation and management process and the quality assurance plan must contain written procedures for carrying out incident management and reporting. Residential programs must have procedures for internal monitoring of program performance against the criteria stated in the program's functional program. Each program must have a consumer evaluation process, in which residents and others involved with the resident have an opportunity to give feedback about the program in a confidential manner. The information from this process shall be summarized annually and submitted to the OMH, the resident and all staff. The confidentiality of residents, families and other impacted parties shall be protected.

Substance Use Disorder (SUD): All SUD treatment providers must establish a policy and procedure for implementing quality improvements with respect to patient concerns and complaints, changes in regulatory requirements, or other factors, and shall review such policies no less frequently than once every two years. Documentation must be kept of all such reviews and the residential service must prepare an annual report and submit it to the governing authority that meets regulatory requirements. A diversion control plan (DCP) also is required for each program that dispenses medication.

Governance

Mental Health (MH): The governing body has overall responsibility for the operation of the program. The governing body must 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. The governing body must ensure that its membership reflects the ethnic and cultural diversity in which the residential program is located. It must also facilitate the integration of the program into the community. Other requirements of the governing body are included in the regulations, including approval of written policies and procedures.

Substance Use Disorder (SUD): For all providers of SUD services, the governing authority is the overall policy making authority that exercises general direction over the affairs of a provider of services and establishes policies concerning its operation.

Special Populations

Mental Health (MH): No requirements related to adult residential MH treatment services for special populations were found.

Substance Use Disorder (SUD): All SUD providers treatment must develop and implement written policies, procedures and methods governing the provision of HIV prevention education, testing, counseling, and the confidentiality of HIV-related information. Patients entering certified, funded and/or otherwise authorized programs on a prescribed HIV prevention medication regimen must be maintained on such regimen unless consultation with the prescribing practitioner and the patient has occurred and the patient has consented to an alternative regimen.

Location of Regulatory and Licensing Requirements

Office of Mental Health¹; Crisis Residence²; NY Department of Health Certificate of Need website³; Office of Alcoholism and Substance Abuse Services, General Link⁴, Part 810⁵, Part 815⁶, Part 819⁷, Part 820⁸. Regulatory requirements reviewed September 27, 2019.

¹ See

[https://govt.westlaw.com/nycrr/Browse/Home/NewYork/NewYorkCodesRulesandRegulations?guid=Icb5a98e0b7ec11dd9120824eac0ffcce&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/nycrr/Browse/Home/NewYork/NewYorkCodesRulesandRegulations?guid=Icb5a98e0b7ec11dd9120824eac0ffcce&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default)).

² See

[https://govt.westlaw.com/nycrr/Browse/Home/NewYork/NewYorkCodesRulesandRegulations?guid=Ica0ff070b7ec11dd9120824eac0ffcce&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/nycrr/Browse/Home/NewYork/NewYorkCodesRulesandRegulations?guid=Ica0ff070b7ec11dd9120824eac0ffcce&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))

³ See https://www.health.ny.gov/facilities/cons/more_information/.

⁴ See <https://www.oasas.ny.gov/regs/index.cfm>.

Other Information Sources

P. Lincourt (OASAS) K. Brannon (OMH); National Conference of State Legislatures CON Program Overview, <http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

⁵ See <https://www.oasas.ny.gov/regs/documents/810.TEXT.FINAL.2.14.18.pdf>.

⁶ See <https://www.oasas.ny.gov/legal/documents/Part815.pdf>.

⁷ See <https://www.oasas.ny.gov/regs/documents/819.pdf>.

⁸ See <https://www.oasas.ny.gov/regs/documents/Part820ResidentialServices.pdf>.

NEW YORK MEDICAID

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Approach

The New York State Department of Health (DOH) oversees the state Medicaid program. New York does not have a relevant Section 1115 waiver that affects reimbursement of residential services in Institutions for Mental Diseases (IMDs). It historically has relied to some extent on the in lieu of provision and on Disproportionate Share Hospital (DSH) payments to reimburse certain services in IMDs.

Types of Facilities

Mental Health (MH): According to the state plan, rehabilitative services may be reimbursed within community residences of not more than 16 beds for individuals with severe and persistent mental illness.

Substance Use Disorder (SUD): The state plan allows for reimbursement of Residential Addiction Rehabilitative Services (RARS) in a non-IMD. Residential addiction services include individual-centered residential treatment consistent with the individual's assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing substance use disorder symptoms and behaviors. These services are designed to help individuals achieve changes in their SUD behaviors. Services should address an individual's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. Residential services are delivered on an individual or group basis in a variety of settings including treatment in residential settings of 16 beds or less designed to help individuals achieve changes in their SUD behaviors. Face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD): Enrollment in the New York Medicaid program requires the provider to submit an application, the focus of which is applicant's ability to provide high-quality care, services and supplies and to be financially responsible. After receipt of the application, the state will conduct an investigation to verify or supplement the information contained in the application. The background and qualifications of the applicant

shall also be reviewed. The application may be denied. Enrollment may be suspended, restricted, or terminated. If a license, registration, or certification is required to render the medical care or services, the provider must hold a proper and currently valid license, registration, and/or certification to be eligible to furnish the care, services or supplies under the medical assistance program.

Staffing

Substance Use Disorder (SUD): The Medicaid state plan establishes staffing requirements for a RARS, including credentials required for licensed and unlicensed staff (medical, clinical, and direct care) and requirements for supervision and continuing education.

Placement

Substance Use Disorder (SUD): For reimbursement of services in a RARS, the Medicaid state plan states that services are subject to prior approval, must be medically necessary, and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law (licensed practitioners include licensed by the New York State Department of Education and include licensed master social worker (LMSW), licensed clinical social worker (LCSW), licensed mental health counselor (LMHC), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; licensed creative arts therapists, physician assistants PAs), nurse practitioners (NPs); physicians and psychologists, to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age appropriate functional level.

Treatment and Discharge Planning and Aftercare Services

Substance Use Disorder (SUD): The Medicaid state plan requires that a RARS must establish an individualized treatment plan.

Treatment Services

Substance Use Disorder (SUD): The Medicaid state plan permits reimbursement for the following services in a RARS: assessment, service planning, counseling/ therapy, medication management including medication-assisted treatment where appropriate, care coordination, peer/ family peer support, crisis and intervention.

Care Coordination

Substance Use Disorder (SUD): The Medicaid state plan permits reimbursement for care coordination.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): The DOH may conduct audits and claims reviews which may be limited to reviews of costs of operation or which may involve reviews of the quality, appropriateness, and necessity of care provided and adherence to established department policy and procedures or conduct investigations as to the provider's conduct relative to unacceptable practices. Researchers did not locate requirements imposed on the facility regarding quality assurance or improvement planning.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based special population requirements for residential treatment facilities for adults was located.

Location of Medicaid Requirements

New York Compiled Rules and Regulations Title 18, Volume C⁹; State Plan¹⁰. Regulatory data collected December 7, 2019.

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 <http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services>

This state summary is part of the report “**State Residential Treatment for Behavioral Health Conditions: Regulation and Policy**”. The full report and other state summaries are available at <https://aspe.hhs.gov/state-bh-residential-treatment>.

⁹ See <https://regs.health.ny.gov/book/export/html/54392>.

¹⁰ See https://www.hcrapools.org/medicaid_state_plan/DOH_PDF_PROD/nys_medicaid_state_plan.pdf.