Section 580.1 Background and intent.

(a) This Part is intended to promote the application of the most effective methods, including the use of evidence-based practices, to assist persons with mental illness achieve maximum self-sufficiency while assuring their safety and general well-being.

(b) The Mental Hygiene Law requires certification by the Commissioner of Mental Health for the operation of any part of a general hospital for the purpose of providing, on a residential (i.e., inpatient) basis, examination, diagnosis, care, treatment, rehabilitation or training to anyone with a disorder or disturbance in behavior, feeling, thinking or judgment so severe as to require care and treatment for mental illness. Such a facility may range in scale from a single ward or designated floor to an entire wing or nearby complex of buildings operated as part of a general hospital as defined in article 28 of the Public Health Law.
(1) Persons with mental illness may require medical or surgical treatment for conditions other than, and not necessarily related to, mental illness. This Part is not intended to apply to parts of general hospitals which admit patients with mental illness only incidentally to their primary purposes or which provide intensive specialized medical or surgical treatment to patients with mental illness necessitated by events such as attempted suicide.

(2) Persons with mental illness may require immediate care and treatment in an emergency at a general hospital which does not regularly operate a psychiatric inpatient unit. This Part is not intended to inhibit the provision of emergency psychiatric services in such circumstances.

(3) A general hospital operating a ward, wing or unit for the provision of inpatient psychiatric services must have the prior approval and certification of the Commissioner pursuant to Part 551 of this Part. Inpatient psychiatric services that are otherwise provided by general hospitals such as in the form of an organized program of psychiatric consultation to medical or surgical services, are not subject to this Part, unless they are operated as part of a distinct psychiatric inpatient unit.

(c) This Part prescribes standards for certification. Certification does not confer eligibility to receive financial support from any governmental source.

(d) It is the intent of this Part to foster increased responsibility of psychiatric units to evaluate and review their own services. However, such units must prepare an adequate plan for services which addresses modalities of care, staff training, credentials and experience, sufficiency and appropriateness of staff, patient rights and admission and discharge criteria and furthermore must establish organizational policies and procedures which will facilitate implementation of the plan.

(e) The provisions of Section 580.8 of this Part set forth standards for the physical plant, or premises, of psychiatric inpatient units of general hospitals, and are intended to fully supersede any other regulations in this title previously utilized for this purpose.

Section 580.2 Legal base.

(a) Section 31.02 of the Mental Hygiene Law prohibits the operation of any part of a general hospital for the purpose of providing residential services, including examination, diagnosis, care, treatment or rehabilitation of persons with mental disabilities including mental illness, unless an operating certificate has been obtained from the Commissioner. Sections 31.07, 31.09, 31.13 and 31.19 further authorize the commissioner or his or her representatives to examine and inspect such units to determine their suitability and proper operation. Sections 31.16 and 31.17 authorize the commissioner to suspend, revoke or limit any such operating certificate.
(b) Section 31.04 of the Mental Hygiene Law, empowers the commissioner to adopt regulations deemed necessary to carry out the provisions of Article 31 of the Mental Hygiene Law, including establishing procedures for the issuance, amendment and renewal of operating certificates.

(c) Section 29.15 of the Mental Hygiene Law establishes requirements for the discharge or conditional release of patients from hospitals operated by the Office of Mental Health or from psychiatric inpatient services subject to licensure by such Office.

(d) Section 365-m of the Social Services Law authorizes the Commissioner of the Office of Mental Health and the Commissioner of the Office of Alcoholism and Substance Abuse Services, in consultation with the Department of Health, to contract with regional behavioral health organizations to provide administrative and management services for the provision of behavioral health services.

Section 580.3 Definitions.

For purposes of this Part:

(a) Abused child in residential care means a child in residential care who:

(1) is subjected to any of the following acts, regardless of whether such act results in injury, when such act results in injury, when such act is committed by a custodian of the child, is not accidental and does not constitute emergency physical intervention necessary to protect the safety of any person;

(i) being thrown, shoved, kicked, burned, stricken, choked, smothered, pinched, punched, shaken, cut or bitten;

(ii) the display of a weapon, or other object that could reasonably be perceived by the child as a means for the infliction of pain or injury, in a manner that constitutes a threat of physical pain or injury;

(iii) the use of corporal punishment;

(iv) the withholding of nutrition or hydration as punishment; or;

(v) the unlawful administration of any controlled substance as defined by Article 33 of the Public Health Law, or any alcoholic beverage, as defined by Section 3 of the Alcoholic Beverage Control Law, to the child; or

(2) is inflicted, by other than accidental means, with a reasonably foreseeable injury that causes death or creates a substantial risk of death, serious or protracted disfigurement,
serious or protracted impairment of his or her physical, mental or emotional condition, or
serious or protracted loss or impairment of the function of any organ; or

(3) is subjected to a reasonably foreseeable and substantial risk of injury, by other than
accidental means, which would likely to cause death, serious or protracted disfigurement,
serious or protracted impairment of his or her physical, mental or emotional condition, or
serious or protracted loss or impairment of the function of any organ; or.

(4) is the victim of any sexual offense, as described in the Penal Law.

(b) Behavioral Health Organization or BHO shall mean an entity selected by the Commissioner
of the Office of Mental Health and the Commissioner of the Office of Alcoholism and Substance
Abuse Services pursuant to Section 365-m of the New York State Social Services Law to provide
administrative and management services for the purposes of conducting concurrent review of
Behavioral Health admissions to inpatient treatment settings, assisting in the coordination of
Behavioral Health Services, and facilitating the integration of such services with physical health
care.

(c) Child, for purposes of this Part, means an individual under eighteen year of age.

(d) Commissioner means the Commissioner of Mental Health

(e) Concurrent Review shall mean the review of the clinical necessity for continued inpatient
Behavioral Health Services, resulting in a non-binding recommendation regarding the need for
such continued inpatient services.

(f) Custodian means the director, operator, employee or volunteer of a residential care
facility or program; or a consultant of an employee or volunteer of a corporation, partnership,
organization or governmental entity which provides goods or services to a residential care
facility pursuant to a contract or other arrangement that permits such person to have regular
and substantial contact with children in residential care, as such term is defined in Section 412-
a of the Social Services Law.

(g) Maltreated child means a child under the age of 18 years who is in residential care and
identified as a neglected child.

(h) Mental or emotional injury or impairment and impairment of mental or emotional
condition, means a substantial diminution of a child's psychological or intellectual functioning
which is determined by a physician, psychologist, psychiatric nurse practitioner, licensed clinical
or master social worker, or licensed mental health counselor.

(i) Neglected child in residential care means a child:
who:

(1) experiences an impairment to his or her physical, mental or emotional condition or is subjected to a substantial risk of such impairment because he or she has not received:

(i) adequate food, clothing, shelter, medical, dental, optometric or surgical care, consistent with the rules or regulations of the Office, provided that the facility has reasonable access to the provision of such services and that necessary consents to any such medical, dental, optometric or surgical treatment have been sought and obtained from the appropriate individuals;

(ii) access to educational instruction in accordance with the provisions of Article 65 of the Education Law; or

(iii) proper supervision or guardianship, consistent with the rules or regulations of the Office; or

(2) is inflicted with a physical, mental or emotional injury, excluding a minor injury, by other than accidental means, or is subjected to the risk of a physical, mental or emotional injury, excluding minor injury, by other than accidental means, where such injury or risk of injury was reasonably foreseeable; or

(3) is inflicted with a physical, mental or emotional injury, excluding a minor injury, by other than accidental means, or is subjected to the substantial risk of a physical, mental or emotional injury, excluding minor injury, by other than accidental means, as a result of a failure to implement an agreed upon plan of prevention and remediation; or

(4) is subjected to the intentional administration of any prescription or non-prescription drug other than in substantial compliance with a prescription or order issued for the child by a licensed, qualified health care practitioner.

[(h)][(j) **Office** means the New York State Office of Mental Health.

[(i)][(k) **Physical injury or impairment and impairment of physical condition**, means any confirmed harm, hurt, or damage resulting in a significant worsening or diminution of the child’s condition.

[(j)][(l) **Psychiatric inpatient unit of a general hospital or unit** means any part of a hospital, as defined in article 28 of the Public Health Law, operated for the purpose of providing a program of 24-hour professional care and treatment to persons with mental illness.

[(k)][(m) **Residential care** means care provided to a child in a psychiatric inpatient unit of a general hospital, as such term is defined in this Section.
Section 580.4 Certification.

(a) No psychiatric inpatient unit of a general hospital may be operated without a valid operating certificate issued by the New York State Office of Mental Health. Furthermore, as part of a general hospital, psychiatric inpatient units are required to operate under a valid license issued by the Department of Health, and are thus subject to, and must remain in compliance with, applicable requirements of such department.

(b) Application for new and renewal certificates shall be submitted as directed by the Office in accordance with Parts 551 and 573 of this Title.

(c) A certificate valid for a period not to exceed three years shall be issued for units which satisfactorily meet the conditions stated in this Part. The duration of the operating certificate shall be based upon the degree to which the unit meets applicable regulations and standards, upon review by the Office.

(d) The current certificate shall be framed and displayed in a conspicuous place which is readily accessible to the public.

(e) Certificates shall remain the property of the Office, and expired, invalidated, revoked or terminated certificates shall be returned to the Office.

(f) The certificate holder shall obtain prior approval of the Office for all projects subject to prior approval review in accordance with Part 551 of this Title.

(g) The certificate holder shall notify the Office of any intention to terminate voluntarily its services to persons with mental illness. This notice of intention to terminate voluntarily shall include a statement of the actions which will be taken to assure appropriate referral of persons receiving care or treatment, to preserve the confidentiality of records, and to settle financial accounts according to preexisting individual arrangements. No program shall terminate its services until approval from the Office to do so is obtained, patients have been appropriately transferred or discharged, and records have been appropriately preserved and stored.

Section 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 then 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
(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 alleged child abuse or maltreatment 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 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.

Section 580.6 Program.

(a) General.

(1) The program of services shall be provided in accordance with the principle of continuity of care, whereby a single member of the professional clinical staff shall exercise primary responsibility for each patient at all times.

(2) Direct service to patients shall be provided in accordance with an individual written plan of care, treatment and rehabilitation, specifying the nature of the conditions and the disabilities found to be present and those which are to be affected, relating these to the methods of care, treatment and rehabilitation to be provided, identifying the intended benefits of care and treatment and providing for appropriate review and revision.

(3) A single case record which contains current information regarding diagnosis, treatment and evaluation of results of care or treatment for each patient shall be available to all professional staff involved in the care or treatment of that patient.

(4) The programs provided by the unit shall include diagnostic and active treatment, including but not limited to individual and group psychotherapy, acceptable somatic therapies, psychiatric nursing care and a therapeutic milieu. In addition, in order to provide alternatives to inpatient care and a continuum of support and care beyond inpatient stay, a
general hospital shall, either within its facility or by affiliation with other public or nonprofit
or other approved agencies, assure access for patients, as clinically appropriate, to partial
hospitalization services, outpatient and emergency services. The functions of the partial
hospital services and outpatient programs shall closely relate to the inpatient unit, be
established by written agreement if not provided by the psychiatric inpatient unit, and shall
be available to all patients who might benefit.

(5) The treatment program in those hospitals which provide services to children shall
include the means for providing instruction to children under 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.

(6) A nurse practitioner or registered nurse shall be on duty on the unit at all times.

(7) A physician shall be duty at all times at the hospital, and other medical staff shall be
available on call as needed.

(8) The unit shall have continuously in force a written policy on prescription and dispensing
of medications, including appropriate time limits for prescriptions or drug orders and
requirements for review by the physician responsible.

(9) All facilities accepting admissions pursuant to section 9.39 of the Mental Hygiene Law
must demonstrate the capacity to, when appropriate, control the access to and exit from
units or areas of units in which individuals admitted pursuant to section 9.39 reside.

(b) Admissions.

(1) All admissions shall be in accordance with the provisions of article 31 of the Mental
Hygiene Law in a form and format designated by the Office.

(2) The certified bed capacity of the unit shall not be exceeded at any time.

(3) A hospital must be willing to accept for observation, diagnosis and treatment any
suitable person presented for admission as provided in section 9.39 of the Mental Hygiene
Law, regardless of the time of day or person referring such patient.

(4) If minors under the age of 18 are admitted to the hospital, they shall not be commingled
with adults in areas of the unit where the adults reside, nor shall they receive services in
groups which include adults. In extraordinary circumstances, such commingling may be
permitted upon written approval of the Office, on a situational and time-limited basis.

Section 580.7 Staffing.
(a) The governing body shall continuously employ an adequate number of appropriately qualified staff to effectively carry out the program of examination, diagnosis, care, treatment and rehabilitation. Suitable provisions must be made for the protection of patients through the use of adequate staff. All facilities accepting admissions pursuant to section 9.39 of the Mental Hygiene Law shall have available at all times an adequate number of physicians experienced in the diagnosis and treatment of persons likely to seriously harm themselves or others. A written rationale for the staffing pattern utilized shall be prepared, clearly specifying any regular use of personnel whose primary duty assignments are elsewhere in the hospital, for approval by the Office of Mental Health. The written rationale shall include a plan for appropriate supervision of staff and volunteers. The plan shall include procedures for periodic supervisory conferences for staff and volunteers and procedures for written performance evaluations consistent with collective bargaining requirements.

(b) The director and all staff physicians shall be currently registered and licensed to practice medicine in the State of New York; their qualifications shall be reported to the Office at the time of their employment.

(1) The unit shall not permit physicians in training to perform a service for which a license is required by the State of New York except as a part of an approved training program and unless authorized on a temporary certificate to practice medicine at the hospital and they are under the direct control and supervision of a currently registered and licensed physician.

   (i) A training program to be approved must be accredited by the Council on Medical Education of the American Medical Association, the appropriate specialty boards or any other recognized approval body based on standards acceptable to the Office.

   (ii) With respect to the care of persons eligible for health insurance and medical assistance only, training programs must comply with the requirements of applicable rules and regulations of the Secretary of Health and Human Services pertaining to resident, intern and medical student training programs enacted pursuant to the Health Insurance for the Aged Act.

(2) All direct service, other than in an emergency, provided by interns, house officers, residents or physicians with equivalent titles must be provided as specified in paragraph (1) of this subdivision or must be provided by a physician currently registered and licensed to practice in New York State.

(c) The nursing service shall be under the direction of a nurse practitioner or registered nurse experienced in the care of patients with mental illness and in the administration of a psychiatric nursing service.

(d) All staff members providing services as members of professions, the practice of which is by law required to be licensed, certified or registered, shall file documentation of compliance with
such applicable law with the governing body; this documentation shall be retained on file and made available to the Office upon request.

(e) All staff members providing services as members of professions, the practice of which does not by law require licensure, certification or registration, shall file documentation of their training and experience with the governing body.

(f) All other program staff shall have qualifications appropriate to their assigned responsibilities as set forth in written policies of the governing body, and shall be subject to appropriate professional staff supervision.

(g) There shall be properly trained personnel adequate for continuous maintenance and housekeeping of the premises of the unit and for all other duties necessary for the clerical administration of the unit.

(h) The certificate holder shall submit reports to the Office, as required, of the staff employed by and available in the unit.

Section 580.8 Premises.

(a) Safety.

(1) All facilities shall be safe and suitable for the comfort and care of the patient. Facilities shall be maintained in a state of good repair and sanitation.

   (i) A facility maintenance plan, including provision for routine inspections of the physical plant, shall be developed, maintained, and shall be immediately available for office review upon request.

   (ii) A process must be established and implemented at all facilities by which staff can notify the administration of any unsafe conditions. Facility staff must routinely be made aware of such process.

(2) Patient areas for children, including bedroom space, must be separate and distinct from patient areas for adults.

(b) Code compliance. Facilities shall be and remain in compliance with applicable State and local building codes and regulations.

(1) Prior to construction or renovation of a facility, a building permit from the applicable local authority must be obtained, and proof of same must be made available to the office upon request.
(2) A current and effective copy of a Certificate of Occupancy at a facility must be maintained at each facility location.

(c) Construction standards.

(1) Facilities shall be and remain in compliance with the provisions of the appropriate section(s) of the current recognized edition of the National Fire Prevention Association-101 Life Safety Code (LSC).

(2) Facilities shall be and remain in compliance with applicable sections of the current recognized edition of the Guidelines for Design and Construction of Health Care Facilities published by the American Institute of Architects (AIA).

(3) Facilities shall be and remain in compliance with applicable sections of the Americans with Disabilities Act of 1990 (ADA) and implementing regulations (28 CFR Parts 35 and 36).

(d) Provisions for unplanned events

(1) Facility administration must evaluate the potential for specific unplanned events including but not limited to: power outages, heat loss, water shortages, extreme temperatures, floods, earthquakes, winds, fires and explosions.

(2) Facilities shall have policies and procedures in place which establish a reaction plan with respect to management of the facility in the event of unplanned events and potential disasters.

   (i) Such policies and procedures shall include provisions designed to ensure staff are made aware of, and are familiar with, the reaction plan.

   (ii) The reaction plan shall be periodically reviewed and updated as needed.

(e) Electroconvulsive therapy (ECT).

(1) Facilities administering ECT must have a treatment room and recovery space that is specifically dedicated for this service and which meets applicable Federal and State safety and health standards and applicable standards of practice.

(2) Facilities administering ECT shall remain current with standards of practice supported by the American Psychiatric Association related to treatment and administration of this service consistent with such standards.

Section 580.9 Records and statistics.
(a) Case records.

(1) There shall be an individual record for each person admitted to the psychiatric inpatient unit.

(2) Each case record shall include:

(i) legal admission documents;

(ii) identifying information on the individual and his family;

(iii) source of referral, date of commencing service and name of staff member carrying overall responsibility for treatment and care;

(iv) initial, intercurrent and final diagnoses, including psychiatric, alcohol or substance abuse disorder or mental retardation or developmental disability diagnoses in official terminology;

(v) reports of all diagnostic examinations and evaluations, including findings and conclusions;

(vi) reports of all special studies performed, including X-rays, clinical laboratory tests, clinical psychological testing, electroencephalograms, psychometric tests;

(vii) the individual written plan of care, treatment and rehabilitation prepared in accordance with section 580.6(a)(2) of this Part;

(viii) progress notes that are written, signed, and dated by all staff members having significant participation in the program of treatment and care;

(ix) summaries of case conferences and special consultations;

(x) dated and signed prescriptions or orders for all medications with notation of termination dates;

(xi) a closing summary of the course of treatment and care;

(xii) autopsy findings if an autopsy is performed; and

(xiii) documentation of any referrals to another agency.

(b) Patient records shall be safeguarded for confidentiality and accessible only to authorized persons, and shall be otherwise maintained in accordance with applicable State and Federal laws and regulations governing the privacy of individually identifying health information.
(c) Statistical records and reports.

(1) Such statistical information shall be prepared and maintained as may be necessary for optimally effective operation of the unit and as may be required by the Office.

(2) Admissions, discharges and other statistical information shall be reported to the office as required and in a form and format designated by the Office.

(3) Statistical reporting shall be the responsibility of an appropriately qualified employee whose name and title shall be made known to the Office.

(4) Summaries of statistical information shall be reviewed at least annually by the governing body.

Section 580.10 Community relations.

(a) The unit shall integrate its services with other services of the hospital and with other relevant community services for purposes of providing comprehensive and coordinated care.

(b) The governing body shall assure the availability of necessary services not provided by the psychiatric inpatient unit itself. In determining necessity, the governing body shall take account of social work services, clinical laboratory services, special medical or surgical diagnostic or treatment services, integrated dual disorder services, psychiatric partial hospitalization, psychiatric outpatient services and rehabilitation services.

(c) The unit shall participate appropriately in local, areawide, regional and State planning related to treatment programs for persons with mental disabilities.

(d) Significant changes in the psychiatric hospital program shall take into account studies of needs and resources in the geographic area served by the psychiatric hospital.

580.11 Behavioral health organizations.

The facility shall cooperate with designated regional behavioral health organizations. Such cooperation shall include, but not be limited to:

(a) notifying the appropriate behavioral health organization of an admission for a behavioral health condition for which coverage is provided by Medicaid on a fee-for-service basis to an individual who is not also enrolled in the Medicare program. Such notification shall be provided within 24 hours of such admission or, for an admission occurring on a Friday, Saturday, Sunday or public holiday, by 5:00 p.m. on the next business day following such admission. When
Medicaid coverage cannot be determined at the time of admission, notification shall be provided as soon as practicably possible after confirmation of Medicaid eligibility, but in no event more than 24 hours after such confirmation or, for a confirmation made on a Friday, Saturday, Sunday or public holiday, later than 5:00 p.m. of the next business day following such confirmation:

(b) cooperating with concurrent review activities;

(c) ensuring that the discharge plan for such an individual includes consideration of physical health needs and services;

(d) notifying such behavioral health organization within 24 hours of the discharge of such an individual or, for a discharge occurring on a Friday, Saturday, Sunday or public holiday, by 5:00 p.m. on the next business day following such discharge;

(e) receiving and providing physical and mental health information, pursuant to Section 33.13(d) of the Mental Hygiene Law; and

(f) seeking to obtain, as needed, such individual’s consent to receive and provide information regarding such individual’s substance use problems.