

**Addition of 14 NYCRR Part 635-16
Crisis Services for Individuals With Intellectual
And/or Developmental Disabilities (CSIDD)**

ADOPTED REGULATIONS

Effective Date: January 6, 2021

- **A new section 635-16.1 is added to read as follows:**

635-16.1 Applicability

- (1) These regulations apply to all providers certified by the New York Office for People With Developmental Disabilities (OPWDD), pursuant to section 16.03(a)(5) of the Mental Hygiene Law, to provide Crisis Services for Individuals with Intellectual and/or Developmental Disabilities.

- **A new section 635-16.2 is added to read as follows:**

635-16.2 Qualifications for Providers of CSIDD

(a) In order to provide CSIDD services, the provider must:

- (1) be certified by OPWDD, pursuant to section 16.03(a)(5) of the Mental Hygiene Law, to provide CSIDD;
- (2) be OPWDD or a not-for-profit agency approved by OPWDD;
- (3) enroll in the New York State Medicaid program;
- (4) have sufficient professional staff to operate in their region; and
- (5) coordinate a network of providers to ensure coordination of services for CSIDD recipients.

- **A new section 635-16.3 is added to read as follows:**

635-16.3 Eligibility Requirements for Individuals to be Enrolled in CSIDD

- (a) Eligibility for CSIDD must be determined by the Developmental Disabilities Regional Offices (DDRO) prior to the provision of services.
- (b) Individuals may be eligible for enrollment in CSIDD, if they:

Note: New material is underlined, and deleted material is in [brackets].

- (1) are enrolled in Medicaid;
- (2) are six (6) years of age or older; and
- (3) meet the Medical Necessity Criteria, which includes having:
 - (i) established eligibility for OPWDD services; and
 - (ii) significant behavioral and/or mental health needs.

- **A new section 635-16.4 is added to read as follows:**

635-16.4 Service Description

- (a) CSIDD is a short-term rehabilitative service targeted for individuals with intellectual and/or developmental disabilities (I/DD) who have significant behavioral or mental health needs. Services are delivered by multi-disciplinary teams that provide personalized, intensive, time-limited services to individuals meeting the CSIDD eligibility criteria.
- (b) CSIDD services must not replace or duplicate services in the community already available to the individual.
- (c) While the individual is enrolled in CSIDD, the individual's system of support, including their involved family members/caregivers, must be permitted to be active participants in the process including the provision of any applicable informed consent, ongoing person-centered planning, discussion, and participation in the delivery of CSIDD.

- **A new section 635-16.5 is added to read as follows:**

635-16.5 Elements of CSIDD

(a) Allowable Services

- (1) CSIDD includes, but is not limited to:
 - (i) crisis response and/or 24-hour emergency support;
 - (ii) conducting relevant/ongoing assessments
 - (iii) communicating and exchanging relevant information with other professionals or service providers about the individual;

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- (iv) communicating with the individual, their family/caregivers, or others through written reports, telephone contacts, electronic contacts or face-to-face encounters;
- (v) planned and/or emergency in-home clinical support;
- (vi) training of the primary caregiver(s) and/or support system who provide natural supports and services to the individual on how to use behavioral supports, interventions, and strategies specified in the CSIDD treatment plan; and
- (vii) monitoring the implementation of the CSIDD treatment plan through:
 - (a) observing the individual, family, and/or staff as they utilize supports, interventions, and strategies;
 - (b) following up with the support system on the effectiveness of the supports, interventions, and strategies; and
 - (c) transition and/or discharge planning with the individual's caregiver(s) and/or support system.

(b) Referrals

- (1) Within two (2) hours of receiving a referral, the CSIDD provider must contact the individual and their caregiver to make them aware of the referral, explain the service, and begin the assessment process.
- (2) CSIDD providers must submit the completed referral packet to the DDRO for authorization.
- (3) If the referral packet is authorized by the DDRO, the CSIDD team must assign a CSIDD Clinical Team Coordinator. The CSIDD Clinical Team Coordinator must notify the family/caregivers of the DDRO's CSIDD authorization for the individual to schedule an intake meeting no more than seventy-two (72) hours after the case is assigned to the coordinator.
- (4) If the referral is not authorized by OPWDD, the CSIDD Provider must make recommendations to the referral source for other services, as appropriate.
- (5) All referrals received by the CSIDD Provider must be tracked and reported monthly to the DDRO in a form and format required by OPWDD.

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(c) **Assessment**

- (1) The Clinical Team Leader or Clinical Team Coordinator, under the supervision of the Clinical or Medical Director, is responsible for completing individual clinical assessments.
- (2) Clinical assessments must include standardized clinical questionnaires required by OPWDD.
- (3) The individual must be assessed no less frequently than every three months; specifically, at the following intervals:
 - (i) at the time of the individual's referral/prior to developing a treatment plan;
 - (ii) any time they experience a significant change (e.g., improvement or decompensation) in their behavioral or psychiatric symptom presentation;
 - (iii) when any life-altering incident takes place that is likely to impact the individual's level of intensity;
 - (iv) within three months of last assessment, if no other triggering event has been identified; and
 - (v) when discharged from CSIDD services.

(d) **CSIDD Treatment Planning**

- (1) Clinical staff, under the supervision of the Clinical Director, Medical Director, or consultant (as described in Subpart 635-13.5), must develop an individualized clinical crisis plan and treatment plan based on the results of clinical assessments.
- (2) The CSIDD Clinical Team Coordinator must consult with the team to identify which CSIDD services are appropriate and the enrolled individual should receive. These services must be listed in the individual's CSIDD treatment plan.
- (3) The Clinical Director, Medical Director, or consultant is ultimately responsible for the content of the treatment plan, though they may designate a different team member to develop a crisis plan or treatment plan for individual cases.

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(5) The CSIDD treatment plan must be drafted as soon as possible within thirty (30) days of the individual's CSIDD referral. The CSIDD treatment plan must:

- (i) identify the date (e.g., day, month, and year) the treatment plan was initially developed, as well as the date of any review or revision;
- (ii) contain the names, signatures, and titles of the clinical staff who participated in the development of the treatment plan;
- (iii) identify the intensity of the needs of the individual and their system of support;
- (iv) identify the support system(s) the CSIDD provider will collaborate with;
- (v) be developed with the goal of preventing the occurrence of similar crisis events in the future;
- (vi) provide a clear, concrete and realistic set of treatment and supportive interventions that prevents, de-escalates, and protects the individual from experiencing future behavioral health crisis; and
- (vii) include realistic and attainable goals and activities that reduce the symptoms associated with behavioral health conditions and restore the individual to achieve their best possible functioning.

(6) The CSIDD provider must submit the initial CSIDD treatment plan, and all subsequent finalized revised plans, to the individual's Care Manager to be included as part of the individual's record.

(e) **CSIDD Services**

- (1) CSIDD providers must offer clinical consultation and treatment while maintaining 24/7 service accessibility throughout the individual's enrollment of CSIDD.
- (2) The treatment services provided must be identified as part of the individual's CSIDD treatment plan and be provided on an individualized basis per the individual's needs and treatment goals as outlined in their treatment plan.
- (3) All services provided must be for the direct benefit of the individual and for the purpose of assisting in their stabilization.

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- (4) CSIDD must be delivered by clinical professionals under the supervision of a Clinical and/or Medical Director, or consultant as outlined in 16.5 of this section.

(f) Stabilization

- (1) CSIDD's primary function is to restore individuals in crisis to stabilization. Stabilization activities include:

- (i) skill building and restoration;
- (ii) medication monitoring;
- (iii) counseling to assist the individual and their family or caregiver with effectively responding to identified precursors or triggers that would risk their ability to remain in a natural community location;
- (iv) assisting the individual and their family, caregivers or other supports with identifying a potential psychiatric or personal crisis;
- (v) practicing de-escalation skills with the individual and their family, caregiver, or other supports; and
- (vi) establishing other supports to restore and maintain stability and functioning.

- (2) Individuals must receive CSIDD stabilization services commensurate with their identified level of need based on the assessment, service planning and reporting process (see 14 NYCRR 635-16.7).

(g) Monitoring

- (1) The CSIDD team must:

- (i) monitor the efficacy of the treatment plan and its implementation in supporting the individual's stabilization in preparation for discharge from CSIDD;
- (ii) work with the individual's Care Manager and ensure they make service referrals as needed; and
- (iii) review the CSIDD treatment plan at least monthly to ensure that the needs of the individual are being met in a timely fashion.

(h) CSIDD Discharge Planning

- (1) Discharge planning must begin at the time of intake in order to maintain progress and prevent recurrent crisis upon discharge from CSIDD.
- (2) A discharge plan must be a comprehensive and collaborative plan that identifies the individual's needs and the supports required from the system to
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ensure continuity of stability after discharge from CSIDD.

- (3) The discharge plan must be reviewed and/or updated monthly in unison with the treatment plan.
- (4) When an individual reaches a Stable status, CSIDD team members must begin the transition process with the individual and their support system for discharge from CSIDD. A provisional discharge date should be determined by all support members.
- (5) When an individual holds a Stable status for one quarter, they must be discharged from CSIDD, unless granted an extension by the DDRO in the event of an exceptional circumstance.

(i) **Case Reactivation**

- (1) After discharge, a case may be reactivated if needed, following a new referral received by the provider. The CSIDD provider must follow the referral process outlined at subdivision 635-16.5(b).
- (2) At reactivation, the assessments must be re-administered, and all previously completed tools must be updated by the CSIDD treatment team.

- **A new section 635-16.5 is added to read as follows:**

635-16.5 Interdisciplinary Treatment Team

- (a) The CSIDD interdisciplinary treatment team members must include an array of clinical behavioral health disciplines appropriate for providing multidisciplinary assessment and treatment.
- (b) CSIDD delivered by Clinical Team Leaders, Clinical Team Coordinators, and other professional clinical staff must be done under the supervision of the Clinical Director, Medical Director, or consultant.
- (c) The CSIDD interdisciplinary treatment team must include, but is not limited to:
 - (1) A Clinical Director or Medical Director;
 - (2) Clinical Team Leaders; and
 - (3) Clinical Team Coordinators.

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(d) Consultants

- (1) If a CSIDD provider has a Clinical or Medical Director who does not meet the credentials required in subdivision (e) of this section, the provider may hire a consultant to support the Clinical or Medical Director in providing supervision and oversight to the interdisciplinary team.
- (2) CSIDD providers must receive prior OPWDD approval before hiring a consultant in instances where the Clinical or Medical Director does not meet the credentials required in subdivision (e) of this section.
- (3) Consultants must meet the credentials of a Clinical or Medical Director outlined in subdivision (e) of this section.

(e) Interdisciplinary Treatment Team Qualifications

- (1) Clinical Director:
 - (i) must have a Ph.D. or Psy.D. in Psychology, be licensed to practice in New York State, and operate within the scope of the practice of their state license; or
 - (ii) be supported by a consultant meeting the credentials set forth under 14 NYCRR 635-16(d).
- (2) Medical Director:
 - (i) must have an M.D./D.O. or APDN, be licensed to practice in New York State, and operate within the scope of the practice of their state license; or
 - (ii) be supported by a consultant meeting the credentials set forth in under 14 NYCRR 635-16(d).
- (iii) Clinical Team Leaders: must have a doctorate or master's degree in social work, counseling, Psychology, or other human service field.
- (iv) Clinical Team Coordinators: must have a doctorate or master's degree in social work, counseling, Psychology, or other human service field.

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- (v) Other Professional Clinical Staff: including those who deliver emergency or planned in-home services, must operate under the supervision of the Clinical Director, Medical Director or consultant.
- (f) Interdisciplinary Treatment Team Experience and Training
 - (1) All CSIDD staff must have at least one year of relevant experience with the behavioral health aspects of I/DD and complete training in the mental health aspects of I/DD.
- **A new section 635-16.7 is added to read as follows:**
 - 635-16.6 Level of CSIDD Clinical Team Involvement**
 - (a) Level of Involvement and Intensity: As individuals gain clinical stability, the level of involvement from the clinical team should be reduced as appropriate, but not to exceed the level of intensity most recently determined by the DDRO. The levels of involvement and intensity include:
 - (1) **Stable:** The individual is clinically stable and only needs periodic clinical team outreach and plan review. Stabilization intervention and monitoring is provided at least quarterly.
 - (2) **Mild:** The individual is showing clear improvements in level of clinical stability and has Stabilization intervention and monitoring is provided once a month.
 - (3) **Moderate:** The individual is not yet stable and has clinical needs requiring multiple monitoring contacts per month with active Stabilization interventions and reassessment of the plan, consultations, system engagement and linkages to other resources and or supports/services. Stabilization intervention and monitoring are provided multiple times per month.
 - (4) **Intensive:** The individual has acute clinical needs requiring active crisis planning and system engagement with contact weekly or more often. Stabilization intervention and monitoring are provided weekly or more often.

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