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MEMORANDUM

TO: New York State (NYS) Residential Treatment Facility (RTF) Providers

FROM: Dr. Thomas Smith, Chief Medical Officer
Donna Bradbury, Associate Commissioner, Division of Integrated Community Services for Children and Families
Dr. Matthew Perkins, Medical Director, OMH Children and Family Services

DATE: April 4, 2020

SUBJECT: RTF Provider Treatment Planning Standards During COVID-19 Emergency

The New York State Office of Mental Health (OMH) is providing recommendations to Children's Residential Treatment Facility (RTF) treatment and care planning practices during the declared state of emergency. OMH will share the following recommendations with the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission, which establish and maintain standards of care for inpatient mental health care. Given the urgency of the present situation, OMH supports the immediate easing of regulations, statutes, and inpatient policies for NYS Children's RTF providers, as outlined below.

Mental Health Treatment Standards

During the COVID-19 declared state of emergency, Children's Residential Treatment Facility programs may modify their inpatient treatment programming as follows:

1. RTF programs should follow the revised [RTF guidance regarding visitors](#).
2. Programs should cancel all therapeutic, rehabilitative, and recreational groups that do not align with appropriate social distancing, of at least six feet, and other mitigation recommendations.
3. During in-person individual sessions, the clinician and patient should remain six feet apart.
4. Patients should be allowed to remain in their rooms during the day and should not be asked to remain in a shared setting. Programs should maximize the space patients can occupy while on the unit.
5. Programs should continue to provide, and increase where feasible, time for outside activities and recreation. Patients should be reminded to maintain at least six feet of distance from all other individuals, whether indoors or outside.

Discharge Planning

During the COVID-19 state of emergency, it may be difficult for Children's RTFs to arrange for timely appointments with community-based providers following discharge. During this period, the RTFs should continue the following discharge planning practices:

1. Attempt to schedule post-discharge outpatient appointments within seven (7) days of discharge. Outpatient mental health providers licensed by OMH are expected to remain operational during this emergency period and are to accept both returning patients and new referrals.

2. If an outpatient mental health provider is not responding to requests, or is refusing to accept new referrals, contact the OMH Field Office to review the outpatient provider's policies and availability.
3. If the Children's RTF is unable to identify an outpatient mental health provider to assume responsibility for the patient's care within seven (7) days, the RTF may discharge the patient with the following considerations:
 - a. Ensure that the patient has continuity of medication treatment following discharge. The RTF team should remain in-touch with the patient and family to ensure an ongoing supply of medications until an outpatient prescriber is identified. Inpatient treatment teams may use their discretion to provide more than a 30-day supply of medication.
 - b. Document a comprehensive risk assessment, immediately prior to discharge, to identify patients at heightened risk for adverse outcomes, including suicide and violence. For identified high-risk patients, the RTF team should remain in daily contact with the patient and family to continue to assess risk and follow-up, as indicated, until a community-based provider can assume responsibility for the patient.

Restraint

During the declared state of emergency, the requirements in NYCRR 526.4 (Restraint and Seclusion) requiring a physician for the order, and the in-person, face-to-face examination of the patient for restraint, may temporarily be fulfilled by an order and an in-person, face-to-face examination by a licensed nurse practitioner or physician assistant.

Additionally, effective immediately and for the duration of the declared state of emergency, registered nurses (RNs) working on-site in NYS Children's RTFs may complete the in-person, face-to-face examination for a manual restraint procedure. NOTE: RNs are not authorized to complete these examinations in community or State-Operated hospital inpatient settings and are not authorized to complete these examinations for mechanical restraint procedures (which are not allowed in Children's RTFs).

In Children's RTFs, the on-site RN managing the child's care can complete the face-to-face examination and review by telephone, with the attending physician or the physician's designated nurse practitioner or physician assistant. The RN will be authorized to take a verbal or electronic order for manual restraint from a physician, nurse practitioner, or physician assistant. If there are any medical or psychiatric concerns after the assessment and discussion, the ordering practitioner will be required to appear in-person at the facility to assess the patient.

Use of Video and Telephone Technology for Treatment of Patients

Telemental health should be used to support routine treatment planning at Children's RTFs. For example, RTFs can use telemental health for case consultation with internal or external resources, when clinically appropriate, in order to help preserve emergency and acute inpatient services and reduce the need for use of personal protective equipment.

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