

State of Utah
Department of Human Services
Office of Licensing

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This document is a checklist created for use by the Office of Licensing. It is not an interpretation of the Rules. It summarizes the licensor's review at the time of this scheduled on site inspection. Refer to: <http://rules.utah.gov> for more information.

					COMMENTS
501-2-1 Core Rules. Definition.					
A. the administration and maintenance of client and service records;	X				
B. staff qualifications; and	X				
C. staff to client ratios.	X				
501-2-2 Core Rules. Program Administration.					
A. The program shall have a written statement of purpose to include the following: 1. program philosophy, 2. description of long and short term goals, this does not apply to social detoxification or child placing adoption agencies, 3. description of the services provided, 4. the population to be served, 5. fee policy, 6. participation of consumers in activities unrelated to treatment plans, and 7. program policies and procedures which shall be submitted prior to issuance of an initial licensing.	X				
B. Copies of the above statements shall be available at all times to the Office of Licensing upon request. General program information shall be available to the public.	X				
C. The program shall have a written quality assurance plan. Implementation of the plan shall be documented.	X				
D. The program shall have clearly stated guidelines and appropriate administrative procedures, to include the following: 1. program management, 2. maintenance of complete, accurate and accessible records, and 3. record retention.	X				
E. The governing body, program operators, management, employees, consultants, volunteers, and interns shall read, understand, follow and sign a copy of the current Department of Human Services Provider Code of Conduct.	X				
F. The program shall comply with State and Federal laws regarding abuse reporting in accordance with 62A-4a-403 and 62A-3-302, and shall post copies of these laws in a conspicuous place within the facility.	X				
G. All programs which serve minors or vulnerable adults shall submit identifying information for background screening of all adult persons associated with the licensee and board members who have access to children and vulnerable adults in accordance with R501-14 and R501-18.	X				
H. The program shall comply with all applicable National Interstate Compact Laws.	X				

I. A licensed substance abuse treatment program shall complete the National Survey of Substance Abuse Treatment annually. Substance abuse treatment programs shall also comply with Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2.				X	
J. The program's license shall be posted where it is easily read by consumers, staff and visitors. See also R501-1-5-F. The program shall post Civil Rights License on Notice of Agency Action, abuse and neglect reporting and other notices as applicable.	X				
K. The program shall not handle the major personal business affairs of a consumer, without request in writing by the consumer and legal representative.	X				
L. Programs providing foster or proctor care services shall adhere to the following: 1. approve homes that comply with Foster Care Rules, R501-12. The agency shall be required to recruit, train, and supervise foster parents as defined by R501-12. 2. foster families meeting requirements shall be approved or certified by the agency. The agency must maintain written records of annual home approval. The approval process shall include a home study evaluation and training plan. 3. the agency must have a procedure to revoke or deny home approval. 4. the agency must have a written agreement with the foster parents which includes the expectations and responsibilities of the agency, staff, foster parents, the services to be provided, the financial arrangements for children placed in the home, the authority foster parents can exercise on children placed in the home, actions which require staff authorization. 5. planning, with participation of the child's legal guardian for care and services to meet the child's individual needs. 6. obtaining, coordinating and supervising any needed medical, remedial, or other specialized services or resources with the ongoing participation of the foster parents. 7. providing ongoing supervision of foster parents to ensure the quality of the care they provide.				X	
501-2-3 Core Rules. Governance.					
A. The program shall have a governing body which is responsible for and has authority over the policies, training and monitoring of staff and consumer activities for all phases of the program. The governing body's responsibilities shall include the following: 1. to ensure program policy and procedures compliance, 2. to ensure continual compliance with relevant local, state and federal requirements, 3. to notify the Office of Licensing within 30 days of changes in program administration and purpose, 4. to ensure that the program is fiscally and operationally sound, by providing documentation by a financial professional that the program is a "going concern", 5. to ensure that the program has adequate staffing as identified on the organizational chart, 6. to ensure that the program has general liability insurance, professional liability insurance as appropriate, vehicle insurance for transport of consumers, and fire insurance, and 7. for programs serving youth, the program director or designee shall meet with the Superintendent or designee of the local school district at the time of initial licensure, and then again each year as the programs renews it's license to complete the necessary student forms including youth education forms.	X				
B. The governing body shall be one of the following: 1. a Board of Directors in a non-profit organization; or 2. commissioners or appointed officials of a governmental unit; or 3. Board of Directors or individual owner or owners of a for-profit organization.	X				
C. The program shall have a list of members of the governing body, indicating name, address and term of membership.	X				
D. The program shall have an organization chart which identifies operating units of the program and their inter-relationships. The chart shall define lines of authority and responsibility for all program staff and identifies by name the staff person who fills each position on the chart.	X				

E. When the governing body is composed of more than one person, the governing body shall establish written by-laws, and shall hold formal meetings at least twice a year, Child Placing Agencies must meet at least quarterly, maintain written minutes, which shall be available for review by the Office of Licensing, to include the following: 1. attendance, 2. date, 3. agenda items, and 4. actions.	X			
501-2-4 Core Rules. Statutory Authority.				
A. A publicly operated program shall document the statutory basis for existence.			X	
B. A privately operated program shall document its ownership and incorporation.	X			
501-2-5 Core Rules. Record Keeping.				
A. Demographic information to include Medicaid number as required,	X			
B. Biographical information,	X			
C. Pertinent background information, including the following; 1. personal history, including social, emotional, psychological and physical development, 2. legal status, 3. emergency contact with name, address and telephone number, and 4. photo as needed.	X			
D. Health records of a consumer including the following: 1. immunizations, for children only, 2. medication, 3. physical examinations, dental, and visual examinations, and 4. other pertinent health records and information.	X			
E. Signed consent forms for treatment and signed Release of Information form,	X			
F. Copy of consumer's individual treatment or service plan,	X			
G. A summary of family visits and contacts, and	X			
H. A summary of attendance and absences.	X			
501-2-6 Core Rules. Direct Service Management.				
A. Direct service management, as described herein, is not applicable to social detoxification. The program shall have on file for public inspection a written eligibility policy and procedure, approved by a licensed clinical professional to include the following: 1. legal status, 2. age and sex of consumer, 3. consumer needs or problems best addressed by program, 4. program limitations, and 5. appropriate placement.	X			
B. The program shall have a written admission policy and procedure to include the following: 1. appropriate intake process, 2. age groupings as approved by the Office of Licensing, 3. pre-placement requirements, 4. self-admission, 5. notification of legally responsible person, and 6. reason for refusal of admission, to include a written, signed statement.	X			
C. Intake evaluation. 1. At the time of intake an assessment shall be conducted to evaluate health and family history, medical, social, psychological and, as appropriate, developmental, vocational and educational factors. 2. In emergency situations which necessitate immediate placement, the intake evaluation shall be completed within seven days of admission. 3. All methods used in evaluating a consumer shall consider age, cultural background, dominant language, and mode of communication.	X			

D. A written agreement, developed with the consumer, and the legally responsible person if applicable, shall be completed, signed by all parties, and kept in the consumer's record, with copies available to involved persons. It shall include the following: 1. rules of program, 2. consumer and family expectations, 3. services to be provided and cost of service, 4. authorization to serve and to obtain emergency care for consumer, 5. arrangements regarding absenteeism, visits, vacation, mail, gifts, and telephone calls, when appropriate, and 6. sanctions and consequences.	X					
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E. Consumer treatment plan shall be individualized, as applicable according to the following. 1. A staff member shall be assigned to each consumer having responsibility and authority for development, implementation, and review of the plan. 2. The plan shall include the following: a. findings of intake evaluation and assessment, b. measurable long and short term goals and objectives, 1) goals or objectives clearly derived from assessment information, 2) goals or objectives stated in terms of specific observable changes in behavior, skills, attitudes or circumstances, 3) evidence that consumer input was integrated where appropriate in identifying goals and objectives, and 4) evidence of family involvement in treatment plan, unless clinically contraindicated, c. specification of daily activities, services, and treatment, and d. methods for evaluation, 3. Treatment plans a. plans shall be developed within 30 days of consumer's admission by a treatment team and reviewed by a clinical professional if applicable. Thereafter treatment plans shall be reviewed by the licensed clinical professional if applicable as often as stated in the treatment plan. 4. All persons working directly with the consumer shall be appropriately informed of the individual treatment plan. 5. Reports on the progress of the consumer shall be available to the applicable Division, the consumer, or the legally responsible person. 6. Treatment record entries shall include the following: a. identification of program, b. date and duration of services provided, c. description of service provided, d. a description of consumer progress or lack of progress in the achievement of treatment goals or objectives as often as stated in the treatment plan, and e. documentation of review of consumer's record to include the following: 1) signature, 2) title, 3) date, and 4) reason for review. 7. Transfer and Discharge a. a discharge plan shall identify resources available to consumer. b. the plan shall be written so it can be understood by the consumer or legally responsible party. c. whenever possible the plan shall be developed with consumers participation, or legally responsible party if necessary. The plan shall include the following: 1) reason for discharge or transfer, 2) adequate discharge plan, including aftercare planning, 3) summary of services provided, 4) evaluation of achievement of treatment goals or objectives, 5) signature and title of staff preparing summary, and 6) date of discharge or transfer. d. The program shall have a written policy concerning unplanned discharge. 8. Incident or Crisis Intervention records a. The program shall have written policies and procedures which includes: reporting to program manager, documentation, and management review of incidents such as deaths of consumers, serious injuries, fights, or physical confrontations, situations requiring the use of passive physical restraints, suspected incidents of abuse or neglect, unusual incidents, strip searches and other situations or circumstances affecting the health, safety, or well-being of consumers. b. records shall include the following: 1) summary information, 2) date, time of emergency intervention, 3) action taken, 4) employees and management responsible and involved, 5) follow up information, 6) list of referrals, 7) signature and title of staff preparing report, and 8) records shall be signed by management staff. c. the report shall be maintained in individual consumer	X			
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records. d. when an incident involves abuse, neglect, serious illness, violations of the Provider Code of Conduct or death of a consumer, a program shall: 1) notify the Office of Licensing, legally responsible person and any applicable agency which may include law enforcement. 2) a preliminary written report shall be submitted to the Office of Licensing within 24 hours of the incident.					
501-2-7 Core Rules. Behavior Management.					
A. The program shall have on file for public inspection, a written policy and procedure for the methods of behavior management. These shall include the following: 1. definition of appropriate and inappropriate behaviors of consumers, 2. acceptable staff responses to inappropriate behaviors, and 3. consequences.	X				
B. The policy shall be provided to all staff, and staff shall receive training relative to behavior management at least annually.	X				
C. No management person shall authorize or use, and no staff member shall use, any method designed to humiliate or frighten a consumer.	X				
D. No management person shall authorize or use, and no staff member shall use nor permit the use of physical restraint with the exception of passive physical restraint. Passive physical restraint shall be used only as a temporary means of physical containment to protect the consumer, other persons, or property from harm. Passive physical restraint shall not be associated with punishment in any way.	X				
E. Staff involved in an emergency safety intervention that results in an injury to a resident or staff must meet with the clinical professional to evaluate the circumstances that caused the injury and develop a plan to prevent future injuries.	X				

F. Programs using time out or seclusion methods shall comply with the following: 1. The program will have a written policy and procedure which has been approved by the Office of Licensing to include: a. Time-out or seclusion is only used when a child's behavior is disruptive to the child's ability to learn to participate appropriately, or to function appropriately with other children or the activity. It shall not be used for punishment or as a substitute for other developmentally appropriate positive methods of behavior management. b. Time-out or seclusion shall be documented in detail and provide a clear understanding of the incident which resulted in the child being placed in that time-out or seclusion. c. If a child is placed in time out or seclusion more than twice in any twenty-four hour period, a review is conducted by the clinical professional to determine the suitability of the child remaining in the program. d. Any one time-out or seclusion shall not exceed 4 hours in duration. e. Staff is required to maintain a visual contact with a child in time-out or seclusion at all times. f. If there is any type of emergency such as a fire alarm, or evacuation notification, children in time-out or seclusion shall follow the safety plan. g. A child placed in time-out or seclusion shall not be in possession of belts, matches, weapons, or any other potentially harmful objects or materials that could present a risk or harm to the child. 2. Time-out or seclusion areas shall comply with the following: a. Time-out or seclusion rooms shall not have locking capability. b. Time-out or seclusion rooms shall not be located in closets, bathrooms, or unfurnished basements, attic's or locked boxes. c. A time-out or seclusion room is not a bedroom, and temporary beds, or mattresses in these areas are not allowed. Time-out and seclusion shall not preclude a child's need for sleep, or normal scheduled sleep period. d. All time-out or seclusion rooms shall measure at least 75 square feet with a ceiling height of at least 7 feet. They shall have either natural or mechanical ventilation and be equipped with a break resistant window, mirror or camera that allows for full observation of the room. Seclusion rooms shall have no hardware, equipment, or furnishings that obstruct observation of the child, or that present a physical hazard or a suicide risk. Rooms used for time out or seclusion shall be inspected and approved by the local fire department	X				
G. The program's licensed clinical professional shall be responsible for supervision of the behavior management procedure.	X				
501-2-8 Core Rules. Rights of Consumers.					

A. The program shall have a written policy for consumer rights to include the following: 1. privacy of information and privacy for both current and closed records, 2. reasons for involuntary termination and criteria for re-admission to the program, 3. freedom from potential harm or acts of violence to consumer or others, 4. consumer responsibilities, including household tasks, privileges, and rules of conduct, 5. service fees and other costs, 6. grievance and complaint procedures, 7. freedom from discrimination, 8. the right to be treated with dignity, 9. the right to communicate by telephone or in writing with family, attorney, physician, clergyman, and counselor or case manager except when contraindicated by the licensed clinical professional, 10. a list of people, whose visitation rights have been restricted through the courts, 11. the right to send and receive mail providing that security and general health and safety requirements are met, 12. defined smoking policy in accordance with the Utah Clean Air Act, and 13. statement of maximum sanctions and consequences, reviewed and approved by the Office of Licensing.	X				
B. The consumer shall be informed of this policy to his or her understanding verbally and in writing. A signed copy shall be maintained in the consumer record.	X				
501-2-9 Core Rules. Personnel Administration.					
A. The program shall have written personnel policies and procedures to include the following: 1. employee grievances, 2. lines of authority, 3. orientation and on-going training, 4. performance appraisals, 5. rules of conduct, and 6. sexual and personal harassment.	X				
B. The program shall have a director, appointed by the governing body, who shall be responsible for management of the program and facility. The director or designated management person shall be available at all times during operation of program.	X				
C. The program shall have a personnel file for each employee to include the following: 1. application for employment, 2. applicable credentials and certifications, 3. initial medical history if directed by the governing body, 4. tuberculin test if directed by the governing body, 5. food handler permit, where required by local health authority, 6. training record, 7. annual performance evaluations, 8. I-9 Form completed as applicable, 9. comply with the provisions of R501-14 and R501-18 for background screening, and 10. a signed copy of the current Department of Human Services Provider Code of Conduct.	X				
D. The program shall follow a written staff to consumer ratio, which shall meet specific consumer and program needs. The staff to consumer ratio shall meet or exceed the requirements set forth in the applicable categorical rules as found in R501-3, R501-7, R501-8, R501-11, and R501-16.	X				
E. The program shall employ or contract with trained or qualified staff to perform the following functions: 1. administrative, 2. fiscal, 3. clerical, 4. housekeeping, maintenance, and food service, 5. direct consumer service, and 6. supervisory.	X				
F. The program shall have a written job description for each position, which includes a specific statement of duties and responsibilities and the minimum level of education, training and work experience required.	X				

G. Treatment shall be provided or supervised by professional staff, whose qualifications are determined or approved by the governing body, in accordance with State law.	X			
H. The governing body shall ensure that all staff are certified and licensed as legally required.	X			
I. The program shall have access to a medical clinic or a physician licensed to practice medicine in the State of Utah.	X			
J. The program shall provide interpreters for consumers or refer consumers to appropriate resources as necessary to communicate with consumers whose primary language is not English.	X			
K. The program shall retain the personnel file of an employee after termination of employment, in accordance with accepted personnel practices.	X			
L. A program using volunteers, substitutes, or student interns, shall have a written plan to include the following: 1. direct supervision by a program staff, 2. orientation and training in the philosophy of the program, the needs of consumers, and methods of meeting those needs, 3. background screening, 4. a record maintained with demographic information, and 5. signed copy of the current Department of Human Services Provider Code of Conduct.	X			
M. Staff Training 1. Staff members shall be trained in all policies of the program, including the following: a. orientation in philosophy, objectives, and services, b. emergency procedures, c. behavior management, d. current program policy and procedures, and e. other relevant subjects. 2. Staff shall have completed and remain current in a certified first aid and CPR, such as or comparable to American Red Cross. 3. Staff shall have current food handlers permit as required by local health authority. 4. Training shall be documented and maintained on-site.	X			
501-2-10 Core Rules. Infectious Disease. The program shall have policies and procedures designed to prevent or control infectious and communicable diseases in the facility in accordance with local, state and federal health standards.	X			
501-2-11 Core Rules. Emergency Plans.				
A. The program shall have a written plan of action for disaster and casualties to include the following: 1. designation of authority and staff assignments, 2. plan for evacuation, 3. transportation and relocation of consumers when necessary, and 4. supervision of consumers after evacuation or relocation.	X			
B. The program shall educate consumers on how to respond to fire warnings and other instructions for life safety including evacuation.	X			
C. The program shall have a written plan which personnel follow in medical emergencies and arrangements for medical care, including notification of consumer's physician and nearest relative or guardian.	X			
501-2-12 Core Rules. Safety.				
A. Fire drills in non-outpatient programs, shall be conducted at least quarterly and documented. Notation of inadequate response shall be documented.	X			
B. The program shall provide access to an operable 24-hour telephone service. Telephone numbers for emergency assistance, i.e., 911 and poison control, shall be posted.	X			
C. The program shall have an adequately supplied first aid kit in the facility such as recommended by American Red Cross.	X			

D. All persons associated with the program who have access to children or vulnerable adults and who also have firearms or ammunition shall assure that they are inaccessible to consumers at all times. Firearms and ammunition that are stored together shall be kept securely locked in security vaults or locked cases, not in glass fronted display cases. Firearms that are stored in display cases shall be rendered inoperable with trigger locks, bolts removed, or other disabling methods. Ammunition for those firearms shall be kept securely locked in a separate location. This does not restrict constitution or statutory rights regarding concealed weapons permits, pursuant to UCA 53-5-701 et seq.	X			
501-2-13 Core Rules. Transportation.				
A. The program shall have written policy and procedures for transporting consumers.	X			
B. In each program or staff vehicle, used to transport consumers, there shall be emergency information which includes at a minimum, the name, address and phone number of the program and an emergency telephone number.	X			
C. The program shall have means, or make arrangement for, transportation in case of emergency.	X			
D. Drivers of vehicles shall have a valid drivers license and follow safety requirements of the State.	X			
E. Each vehicle shall be equipped with an adequately supplied first aid kit such as recommended by American Red Cross.	X			
501-2-14 Core Rules. Categorical Rules.				
A. Child Placing Adoption Agencies R501-7,				X
B. Day Treatment R501-20,	X			
C. Intermediate Secure Treatment Programs for Minors R501-16,				X
D. Outdoor Youth Programs R501-8,				X
E. Outpatient Treatment R501-21,	X			
F. Foster Care R501-12,				X
G. Residential Treatment R501-19,	X			
H. Residential Support R501-22,				X
I. Social Detoxification R501-11 and				X
J. Assisted Living for DSPD Residential R710.				X
501-2-15 Core Rules. Single Service Program Rules.				
A. Adult Day Care, which Rules are found in R501-13,				X
B. Adult Foster Care, which Rules are found in R501-17.				X
501-19-1 Residential Treatment Programs. Authority. Pursuant to Section 62A-2-101 et seq., the Office of Licensing shall license residential treatment programs according to the following rules.	X			
501-19-2 Residential Treatment Programs. Purpose. Residential treatment programs offer room and board and provides for or arranges for the provision of specialized treatment, rehabilitation or habilitation services for persons with emotional, psychological, developmental, or behavioral dysfunctions, impairments, or chemical dependencies. In residential treatment programs, consumers are assisted in acquiring the social and behavioral skills necessary for living independently in the community in accordance with Subsection 62A-2-101(15).	X			
501-19-3 Residential Treatment Programs. Definition. Residential treatment program means a 24-hour group living environment for four or more individuals unrelated to the owner or provider in accordance with Subsection 62A-2-101(15).	X			
501-19-4 Residential Treatment Programs. Administration.				
A. In addition to the following rules, all Residential Treatment Programs shall comply with R501-2, Core Standards.	X			
B. A current list of enrollment of all registered consumers shall be on-site at all times.	X			
501-19-5 Residential Treatment Programs. Staffing.				

A. The program shall have an employed manager who is responsible for the day to day resident supervision and operation of the facility. The responsibilities of the manager shall be clearly defined. Whenever the manager is absent there shall be a substitute available.	X			
B. The program shall have a staff person trained, by a certified instructor, in standard first aid and CPR on duty with the consumers at all times.	X			
C. Programs which utilize students and volunteers, shall provide screening, training, and evaluation of volunteers. Volunteers shall be informed verbally and in writing of program objectives and scope of service.	X			
D. Professional staff shall include the following individuals who have received training in the specific area listed below: 1. Mental Health a. a licensed physician or consulting licensed physician, b. a licensed psychologist, or consulting licensed psychologist, c. a licensed mental health therapist, d. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist, or a consulting advanced practice registered nurse-psychiatric mental health nurse specialist, and e. if unlicensed staff are used, they shall be supervised by a licensed clinical professional. 2. Substance Abuse a. a licensed physician, or a consulting licensed physician, b. a licensed psychologist or consulting licensed psychologist, c. a licensed mental health therapist or consulting licensed, mental health therapist, and d. a licensed substance abuse counselor or unlicensed staff who work with substance abusers shall be supervised by a licensed clinical professional. 3. Children and Youth a. a licensed physician, or consulting licensed physician, b. a licensed psychologist, or consulting licensed psychologist, and c. a licensed mental health therapist or consulting licensed mental health therapist, to provide a minimum of one hour of service to the program per week per consumer enrolled. d. A licensed medical practitioner, by written agreement, shall be available to provide, as needed, a minimum of one hour of service per week for every two consumers enrolled. e. Other staff trained to work with emotionally and behaviorally disturbed, or conduct disordered children and youth shall be under the supervision of a licensed clinical professional. f. A minimum of two staff on duty and, a staff ratio of no less than one staff to every four consumers shall exist at all times, except nighttime sleeping hours when staff may be reduced. g. A mixed gender population shall have at least one male and one female staff on duty at all times. 4. Services for People With Disabilities shall have a staff person responsible for program supervision and operation of the facility. Staff person shall be adequately trained to provide the services and treatment stated in the consumer plan.	X			
501-19-6 Residential Treatment Programs. Direct Service. Treatment plans shall be reviewed and signed by the clinical supervisor. Treatment plans shall be reviewed and signed by the clinical supervisor, or other qualified individuals for Division of Services for People With Disabilities services. Plans shall be reviewed and signed as noted in the treatment plan.	X			
501-19-7 Residential Treatment Programs. Physical Facilities.				
A. The program shall provide written documentation of compliance with the following items as applicable: 1. local zoning ordinances, 2. local business license requirements, 3. local building codes, 4. local fire safety regulations, 5. local health codes, and 6. local approval from the appropriate government agency for new program services or increased consumer capacity.	X			

B. Building and Grounds 1. The program shall ensure that the appearance and cleanliness of the building and grounds are maintained. 2. The program shall take reasonable measures to ensure a safe physical environment for consumers and staff.	X			
501-19-8 Residential Treatment Programs. Physical Environment.				
A. Live-in staff shall have separate living space with a private bathroom.			X	
B. The program shall have space to serve as an administrative office for records, secretarial work and bookkeeping.	X			
C. Indoor space for free and informal activities of consumers shall be available.	X			
D. Provision shall be made for consumer privacy.	X			
E. Space shall be provided for private and group counseling sessions.	X			
F. Sleeping Space 1. No more than four persons, or two for Division of Services for People With Disabilities programs, shall be housed in a single bedroom. 2. A minimum of sixty square feet per consumer shall be provided in a multiple occupant bedroom. Storage space will not be counted. 3. A minimum eighty square feet per individual shall be provided in a single occupant bedroom. Storage space will not be counted. 4. Sleeping areas shall have a source of natural light, and shall be ventilated by mechanical means or equipped with a screened window that opens. 5. Each bed, none of which shall be portable, shall be solidly constructed, and be provided with clean linens after each consumer stay and at least weekly. 6. Sleeping quarters serving male and female residents shall be structurally separated. 7. Consumers shall be allowed to decorate and personalize bedrooms with respect for other residents and property.	X			
G. Bathrooms 1. The program shall have separate bathrooms for males and females. These shall be maintained in good operating order and in a clean and safe condition. 2. Bathrooms shall accommodate consumers with physical disabilities as required. 3. Each bathroom shall be properly equipped with toilet paper, towels, soap, and other items required for personal hygiene. 4. Bathrooms shall be ventilated by mechanical means or equipped with a screened window that opens. 5. Bathrooms shall meet a minimum ratio of one toilet, one lavatory, and one tub or shower for each six residents. 6. There shall be toilets and baths or showers which allow for individual privacy. 7. There shall be mirrors secured to the walls at convenient heights. 8. Bathrooms shall be located as to allow access without disturbing other residents during sleeping hours.	X			
H. Furniture and equipment shall be of sufficient quantity, variety, and quality to meet program and consumer needs.	X			
I. All furniture and equipment shall be maintained in a clean and safe condition.	X			
J. Programs which permit individuals to do their own laundry shall provide equipment and supplies for washing, drying, and ironing.	X			
K. Programs which provide for common laundry of linens and clothing, shall provide containers for soiled laundry separate from storage for clean linens and clothing.	X			
L. Laundry appliances shall be maintained in a clean and safe operating condition.	X			
501-19-9 Residential Treatment Programs. Food Service.				
A. One staff shall be responsible for food service. If this person is not a professionally qualified dietitian, regularly scheduled consultation with a professionally qualified dietitian shall be obtained. Meals served shall be from dietitian approved menus.	X			

B. The staff responsible for food service shall maintain a current list of consumers with special nutritional needs and record in the consumers service record information relating to special nutritional needs and provide for nutrition counseling where indicated.	X			
C. The program shall establish and post kitchen rules and privileges according to consumer needs.	X			
D. Consumers present in the facility for four or more consecutive hours shall be provided nutritious food.	X			
E. Meals may be prepared at the facility or catered.	X			
F. Kitchens shall have clean, safe, and operational equipment for the preparation, storage, serving, and clean up of all meals.	X			
G. Adequate dining space shall be provided for consumers. The dining space shall be maintained in a clean and safe condition.	X			
H. When meals are prepared by consumers there shall be a written policy to include the following: 1. rules of kitchen privileges, 2. menu planning and procedures, 3. nutritional and sanitation requirements, and 4. schedule of responsibilities.	X			
501-19-10 Residential Treatment Programs. Medication.				
A. The program shall have locked storage for medications.	X			
B. The program shall have locked storage for hazardous chemicals and materials, according to the direction of the local fire authorities.	X			
C. Prescriptive medication shall be provided as prescribed by a qualified physician, according to the Medical Practices Act.	X			
D. The program shall have designated qualified staff, who shall be responsible to: 1. administer medication, 2. supervise self-medication, 3. record medication, including time and dosage, according to prescription, and 4. record effects of medication.	X			
501-19-11 Residential Treatment Programs. Specialized Services for Substance Abuse.				
A. The program shall not admit anyone who is currently experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious.	X			
B. At a minimum, the program shall document that direct service staff complete standard first aid and CPR training within six months of being hired. Training shall be updated as required by the certifying agency.	X			
C. Before admission, consumers shall be tested for Tuberculosis. Both consumers and staff shall be tested annually or as directed by the local health authority.	X			
501-19-12 Residential Treatment Programs. Specialized Services for Programs Serving Children and Youth.				
A. Provisions shall be available for adolescents to continue their education with a curriculum approved by the State Office of Education.	X			
B. Programs which provide their own school shall be recognized by an educational accreditation organization, i.e., State Board of Education or the National School Accreditation Board.	X			
C. Individual, group, couple, and family counseling sessions or other appropriate treatment, including skills development, shall be conducted at least weekly, or more often if defined by the treatment plan. The consumer's record shall document the time and date of the service provided and include the signature of the counselor.	X			
D. An accurate record shall be kept of all funds deposited and withdrawn with the residential facility for use by a consumer. Consumer purchases of over \$20.00 per item, shall be substantiated by receipts signed by the consumer and appropriate staff.	X			
501-19-13 Residential Treatment Programs. Specialized Services for Division of Services for People With Disabilities.				

A. Rules governing the daily operation and activities of the facility shall be available to all consumers and visitors, and shall apply to family members, consumers, and staff that come into the facility.	X			
B. The program shall have policy specifying the amount of time family or friends may stay as overnight guests.	X			
C. All consumers in residential programs shall have an individual plan that addresses appropriate day treatment.	X			
D. A monthly schedule of activities shall be shared with the consumer and available on request. Schedules shall be filed and maintained for review.	X			
E. A record of income, earned, unearned, and consumer service fees, shall be maintained by the provider.	X			
F. Residential facilities shall be located where school, church, recreation, and other community facilities are available.	X			
G. An accurate record shall be kept of all funds deposited with the residential facility for use by a consumer. This record shall contain a list of deposits and withdrawals. Consumer purchases of over \$20.00, per item, shall be substantiated by receipts signed by the consumer and professional staff. A record shall be kept of consumer petty cash funds.	X			
H. The program, in conjunction with the parent or guardian and the Division of Services for People With Disabilities support coordinator, shall apply for unearned income benefits for which a consumer is entitled.			X	
501-20-1 Day Treatment Programs. Authority. Pursuant to Section 62A-2-101 et seq., the Office of Licensing, shall license day treatment programs according to the following rules.	X			
501-20-2 Day Treatment Programs. Purpose. A day treatment program provides services to individuals who have emotional, psychological, developmental, physical, or behavioral dysfunctions, impairments, or chemical dependencies. Day treatment is provided in lieu of, or in coordination with, a more restrictive residential or inpatient environment or service in accordance with Subsection 62A-2-101(4).	X			
501-20-3 Day Treatment Programs. Definition. Day treatment program means specialized treatment for less than 24 hours a day, for four or more persons who are unrelated to the owner or provider pursuant to Subsection 62A-2-101(4).	X			
501-20-4 Day Treatment Programs. Administration.				
A. In addition to the following rules, all Day Treatment Programs shall comply with R501-2, Core Standards.	X			
B. A list of current consumers shall be available and on-site at all times.	X			
501-20-5 Day Treatment Programs. Staffing.				
A. The program shall have an employed manager who is responsible for the day to day supervision and operation of the facility. The responsibilities of the manager shall be clearly defined. Whenever the manager is absent, there shall be a substitute available.	X			
B. The program shall have a staff person trained, by a certified instructor, in first aid and CPR on duty with the consumers at all times.	X			
C. Staffing Ratios 1. The minimum ratio shall be one direct care staff to ten consumers. In Division of Services for People With Disabilities programs, consumer ratios shall be determined by type of activity. 2. When 10% or more of the consumers are non-ambulatory, the ratio shall be one direct care staff to seven consumers.	X			

D. Professional staff shall include the following individuals who have received training in the specific area listed below: 1. Mental Health a. a licensed physician, or consulting licensed physician, b. a licensed psychologist, or consulting licensed psychologist, c. a licensed mental health therapist or consulting licensed mental health therapist, and d. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist, or a consulting licensed advanced practice registered nurse-psychiatric mental health nurse specialist. e. If unlicensed staff are used they shall be supervised by a licensed clinical professional. 2. Substance Abuse a. a licensed physician or consulting licensed physician, b. a licensed psychologist or consulting licensed psychologist, c. a licensed mental health therapist or consulting licensed mental health therapist, and d. a licensed substance abuse counselor or unlicensed staff who work with substance abuses shall be supervised by a licensed clinical professional. 3. Children and Youth a. a licensed physician, or consulting licensed physician, b. a licensed psychologist, or consulting licensed psychologist, c. a licensed mental health therapist or consulting licensed mental health therapist, to provide a minimum of one hour of service per week per consumer enrolled in the program, and d. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist, or consulting licensed advanced practice registered nurse-psychiatric mental health nurse specialist. e. If unlicensed staff are used, they shall be trained to work with emotionally and behaviorally disturbed, or conduct disordered children and youth and shall be under the supervision of a licensed clinical professional. 4. Services for People With Disabilities a. a staff person responsible for consumer supervision and operation of the facility, and b. trained staff to provide the services and treatment stated in the consumer's plan.	X			
501-20-6 Day Treatment Programs. Direct Service.				
A. Day treatment activity plans shall be prepared to meet individual consumer needs. Daily activity plans may include behavioral training, community living skills, work activity, work adjustment, recreation, self-feeding, self-care, toilet training, social appropriateness, development of gross and fine motor skills, interpersonal adjustment, mobility training, self-sufficiency training, and to encourage optimal mental or physical function, speech, audiology, physical therapy, and psychological services, counseling, and socialization.	X			
B. A daily activity or service schedule shall be designed and implemented.	X			
C. While on-site, consumers shall be supervised as necessary and encouraged to participate in activities.	X			
D. All consumers shall be afforded the same quality of care.	X			
501-20-7 Day Treatment Programs. Physical Environment.				
A. The program shall provide written documentation of compliance with the following: 1. local zoning ordinances, 2. local business license requirements, 3. local building codes, 4. local fire safety regulations, 5. local health codes, and 6. local approval from the appropriate government agency for new program services or increased consumer capacity.	X			
B. Building and Grounds 1. The program shall ensure that the appearance and cleanliness of the building and grounds are maintained. 2. The program shall take reasonable measures to ensure a safe physical environment for consumers and staff.	X			
501-20-8 Day Treatment Programs. Physical Facility.				

A. The program shall have a minimum of fifty square feet of floor space per consumer designated specifically for day treatment. Hallways, office, storage, kitchens, and bathrooms will not be included in computation.	X			
B. Outdoor recreational space and compatible recreational equipment shall be available when necessary to meet treatment plans.	X			
C. Furniture and equipment shall be of sufficient quantity, variety, and quality to meet program and consumer needs and shall be maintained in a clean and safe condition.	X			
D. The program shall have locked storage for hazardous chemicals and materials, according to the direction of the local fire authorities.	X			
E. Equipment for work activities shall be kept in safe operating condition. 1. Power equipment shall be installed and maintained in accordance with the National Electrical Code. 2. When operating power equipment, the operator shall wear safe clothing and protective eye gear. 3. Rings and watches are not to be worn, and long hair shall be confined when operating power equipment. 4. Consumer exposure to hazardous materials shall be controlled as defined in Utah State Industrial Regulations.	X			
F. Bathrooms 1. The program shall have one or more bathrooms each for males and females in accordance with current uniform building codes. They shall be maintained in good operating order and in a clean and safe condition. 2. Bathrooms shall accommodate consumers with physical disabilities as required. 3. Bathrooms shall be properly equipped with toilet paper, towels, soap, and other items required for personal hygiene. 4. Bathrooms shall be ventilated by mechanical means or equipped with a screened window that opens.	X			
501-20-9 Day Treatment Programs. Food Service.				
A. One person shall be responsible for food service. If this person is not a professionally qualified dietitian, regularly scheduled consultation with a professionally qualified dietitian shall be obtained. Meals served shall be from dietitian approved menus.	X			
B. The person responsible for food service shall maintain a current list of consumers with special nutritional needs and record in the consumers service record information relating to special nutritional needs and provide for nutrition counseling where indicated.	X			
C. When meals are prepared by consumers, there shall be a written policy to include the following: 1. rules of kitchen privileges, 2. menu planning and procedures, 3. nutritional and sanitation requirements, and 4. schedule of responsibilities.	X			
D. The program shall provide adequate storage and refrigeration for meals carried to the program by consumers.	X			
E. Kitchens shall have clean, operational equipment for the preparation, storage, serving, and clean up of all meals.	X			
F. Adequate dining space shall be provided for consumers. The dining space shall be maintained in a clean and safe condition.	X			
501-20-10 Day Treatment Programs. Medication.				
A. Prescriptive medication shall be provided as prescribed by a qualified person according to the Medical Practices Act.	X			
B. The program shall have locked storage for medication.	X			
C. The program shall have written policy and procedure to include the following: 1. self administered medication, 2. storage, 3. control, and 4. release and disposal of drugs in accordance with federal and state regulations.	X			
501-21-1 Outpatient Treatment Programs. Authority. Pursuant to Section 62A-2-101 et seq., the Office of Licensing, shall license outpatient treatment programs according to the following rules.	X			

501-21-2 Outpatient Treatment Programs. Purpose. Outpatient treatment programs shall serve consumers who require less structure than offered in day treatment or residential treatment programs. Consumers are provided treatment as often as determined and noted in the treatment plan.	X			
501-21-3 Outpatient Treatment Programs. Definition. Outpatient treatment program means individual, family, or group therapy or counseling designed to improve and enhance social or psychological functioning for those whose physical and emotional status allows them to continue functioning in their usual living environment in accordance with Subsection 62A-2-101(12).	X			
501-21-4 Outpatient Treatment Programs. Administration.				
A. In addition to the following rules, all Outpatient Treatment Programs shall comply with R501-2, Core Standards.	X			
B. A current list of enrollment of all registered consumers shall be on-site at all times.	X			
501-21-5 Outpatient Treatment Programs. Staffing.				
A. Mental Health 1. a licensed physician, or 2. a licensed psychologist, or 3. a licensed mental health therapist, or 4. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist. 5. If unlicensed staff are used, they shall not supervise clinical programs. Unlicensed staff shall be trained to work with psychiatric consumers and be supervised by a licensed clinical professional.	X			
B. Substance Abuse 1. a licensed physician, or 2. a licensed psychologist, or 3. a licensed mental health therapist, or 4. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist. 5. A licensed substance abuse counselor or unlicensed staff who work with substance abusers shall be supervised by a licensed clinical professional. 6. Opioid outpatient treatment programs shall have a licensed physician who is an American Society of Addiction Medicine certified physician or who can document specific training in methadone treatment for opioid addictions or who can document specific training or experience in methadone treatment for opioid addictions. Physicians prescribing buprenorphine must show proof of completion of federally required physician training.	X			
C. Children and Youth 1. a licensed psychiatrist, or 2. a licensed psychologist, or 3. a licensed mental health therapist, or 4. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist. 5. If the following individuals are used they shall not supervise clinical programs: A person with a graduate degree in counseling, psychiatric nursing, marriage and family therapy, social work or psychology who is working toward a clinical license, and has been approved by the Division of Occupational and Professional Licensing for the appropriate supervision, or a second year graduate student training for one of the above degrees.	X			

D. Domestic Violence 1. a licensed psychiatrist, or 2. a licensed psychologist, or 3. a licensed clinical social worker, or 4. a licensed marriage and family therapist, or 5. a licensed professional counselor, or 6. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist, or 7. a person with a graduate degree in counseling, psychiatric nursing, marriage and family therapy, social work or psychology who is working toward a clinical license, and has been approved by the Division of Occupational and Professional Licensing for the appropriate supervision, or 8. a second year graduate student in training for one of the above degrees, or 9. a licensed social services worker with at least three years of continual, full time, related experience, when practicing under the direction and supervision of a licensed clinical professional. 10. Individuals from categories 7. and 8. above shall not supervise clinical programs. Individuals in category 9 above shall not supervise clinical programs, and may only co-facilitate group therapy sessions with a person qualified per paragraphs 1. through 6. above.					X	
501-21-6 Outpatient Treatment Programs. Direct Service.						
A. Treatment plans shall be developed based on assessment and evaluation of individual consumer needs. The treatment may be consultive and may include medication management.		X				
B. Treatment plans shall be reviewed and signed by a licensed clinical professional as frequently as determined in the treatment plan.		X				
C. Except for Domestic Violence, individual, group, couple, or family counseling sessions shall be provided to the consumer as frequently as determined in the treatment plan. In the consumer's record and in the progress notes, the date of the session and the provider shall be documented. Treatment sessions may be provided less frequently than once a month if approved by the clinical supervisor and justified in the consumer record.		X				

D. Domestic violence treatment programs shall comply with generally accepted practices in the current domestic violence literature and the following requirements: 1. Maintain and document cooperative working relationships with domestic violence shelters, treatment programs, referring agencies, custodial parents when the consumer is a minor and local domestic violence coalitions. If the consumer is a perpetrator, contact with victims, current partner, and the criminal justice referring agencies is also required, as appropriate. 2. Treatment sessions for each perpetrator, not including orientation and assessment interviews, shall be provided for at least one hour per week for a minimum of sixteen weeks. Treatment sessions for children and victims shall offer a minimum of 10 sessions for each consumer not including intake or orientation. 3. Staff to Consumer Ratio: a. The staff to consumer ratio in adult treatment groups shall be one to eight for a one hour long group or one to ten for an hour and a half long group. The maximum group size shall not exceed sixteen. b. Child victim or child witness groups shall have a ratio of one staff to eight children when the consumers are under twelve years of age, and a one staff to ten children ratio when the consumers are twelve years of age or older. c. When any consumer enters a treatment program the staff shall conduct an in-depth, face to face interview and assessment to determine the consumer's clinical profile and treatment needs. For perpetrator consumers, additional information shall be obtained from the police incident report, perpetrator's criminal history, prior treatment providers, and the victim. When appropriate, additional information for child consumers shall be obtained from parents, prior treatment providers, schools and Child Protective Services. When any of the above information cannot be obtained the reason shall be documented. The assessment shall include the following: 1) a profile of the frequency, severity and duration of the domestic violence behavior, which includes a summary of psychological violence, 2) documentation of any homicidal, suicidal ideation and intentions as well as abusive behavior toward children, 3) a clinical diagnosis and a referral for evaluation to determine the need for medication if indicated, 4) documentation of safety planning when the consumer is an adult victim, child victim, or child witness, and that they have contact with the perpetrator. For victims who choose not to become treatment consumers, safety planning shall be addressed when they are contacted, and 5) documentation that appropriate measures have been taken to protect children from harm. 4. Consumers deemed appropriate for a domestic violence treatment program shall have an individualized treatment plan, which addresses all relevant treatment issues. Consumers who are not deemed appropriate for domestic violence programs shall be referred to the appropriate resource, with the reasons for referral documented and notification given to the referring agency. Domestic violence counseling shall be provided when appropriate, concurrently with or after other necessary treatment. 5. Conjoint or group therapy sessions with victims and perpetrators together or with both co-perpetrators shall not be provided until a comprehensive assessment has been completed to determine that the violence has stopped and that conjoint treatment is appropriate. The perpetrator must complete a minimum of 12 domestic violence treatment sessions prior to implementing conjoint therapy. 6. A written procedure shall be implemented to facilitate the following in an efficient and timely manner: a. entry of the court ordered defendant into treatment, b. notification of consumer compliance, participation or completion, c. disposition of non-compliant consumers, d. notification of the recurrence of violence, and e. notification of factors which may exacerbate an individual's potential for violence. 7. Comply with the "Duty to Warn," Section 78B-3-502. 8. Document specialized training in domestic violence assessment and treatment practices including 24 hours of pre-service training within the last two years and 16 hours of training annually thereafter for all individuals providing				X	
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treatment services. 9. Clinical supervision for treatment staff who are not clinically licensed shall consist of a minimum of an hour a week to discuss clinical dynamics of cases.					
E. Opioid outpatient treatment programs shall: 1. Admit consumers to the program and dispense medications only after the completion of a face to face visit with a licensed practitioner having authority to prescribe controlled substances who confirms the opioid dependence. A licensed practitioner having authority to prescribe controlled substances must approve every subsequent dose increase prior to the change. 2. Assure all consumers see the physician at least once yearly. 3. Require all consumers admitted to the program to participate in random, drug testing. Drug testing will be performed by the program minimally, 2 times per month for the first 3 months of treatment, and monthly thereafter, except for a consumer whose lack of progress shall require more frequent drug testing for a longer period of time. 4. Require consumers to participate in counseling sessions at least 1 hour per week for the first 90 days. Upon successful completion of this phase of treatment, consumers shall be required to participate in counseling 2 hours per month for the next 6 months. Upon successful completion of 9 months of treatment, consumers shall be seen at least monthly thereafter until discharge. Exceptions to this requirement must be approved in writing by the Division of Substance Abuse and Mental Health. 5. Maintain a staff to consumer ratio of: a. 1 counselor to every 50 consumers. b. 1 hour of physician time at the program site each month for every 10 consumers enrolled. c. 1 FTE nurse to dispense medications for every 150 consumers dosing on an average daily basis. 6. Comply with R523-21-1 Rules Governing Methadone Providers.				X	
501-21-7 Outpatient Treatment Programs. Physical Environment.					
A. The program shall provide written documentation of compliance with the following: 1. local zoning ordinances, 2. local business license requirements, 3. local building codes, 4. local fire safety regulations, and 5. local health codes.	X				
B. Building and Grounds 1. The program shall ensure that the appearance and cleanliness of the building and grounds are maintained. 2. The program shall take reasonable measures to ensure a safe physical environment for consumers and staff.	X				
501-21-8 Outpatient Treatment Programs. Physical Facility.					
A. Space shall be provided for private and group counseling sessions.	X				
B. The program shall have storage for the following: 1. locked storage for medications, and 2. locked storage for hazardous chemicals and materials, according to the direction of the local fire authorities.	X				
C. Equipment 1. Furniture and equipment shall be of sufficient quantity, variety, and quality to meet program and consumer plans. 2. All furniture and equipment shall be maintained in a clean and safe condition.	X				
D. Bathrooms 1. Bathrooms shall accommodate physically disabled consumers. 2. Each bathroom shall be maintained in good operating order and be properly equipped with toilet paper, towels, and soap. 3. Bathrooms shall be ventilated by mechanical means or equipped with a screened window that opens.	X				