



Utah Department of
Health & Human Services
Licensing & Background Checks

GENERAL PROVISIONS

R501-1

Revised April 2024

RULE GUIDE FOR LICENSORS AND PROVIDERS

TABLE OF CONTENTS

Definitions

*****Licensing Procedures*****

<u>Initial and Renewal Application Procedures</u>	R501-1-4
<u>Application Denial</u>	
<u>Licensing Determinations</u>	R501-1-5
<u>Two Year Licenses</u>	
<u>License Expiration</u>	
<u>License Extension</u>	
<u>Program Changes</u>	R501-1-6
<u>Name Change</u>	
<u>Relocation</u>	
<u>Capacity change</u>	
<u>Add new license category</u>	
<u>Add new location</u>	
<u>Ownership change</u>	
<u>License Fees</u>	R501-1-7
<u>Variances</u>	R501-1-8
<u>Required Policy Approvals</u>	R501-1-9
<u>Monitoring</u>	R501-1-10
<u>Investigations</u>	R501-1-11
<u>Unlicensed</u>	
<u>Complaints and Critical Incidents</u>	
<u>Investigative Process</u>	
<u>Violations</u>	R501-1-12
<u>Corrective action plan requests</u>	
<u>Notice of Agency Action</u>	
<u>Conditional Penalty</u>	
<u>Suspension Penalty</u>	
<u>Revocation Penalty</u>	

*****Core Requirements*****

<u>Program Administrative and Direct Service Requirements</u>	R501-1-13
<u>Postings</u>	
<u>Clearance/Permits</u>	
<u>Code of conduct</u>	
<u>P&P Compliance</u>	
<u>Youth education coordinating form</u>	
<u>Onsite schooling</u>	
<u>Telehealth</u>	

[Residential Program Additional Administrative and Direct Services](#).....R501-1-14

[ICPC](#)

[18 year old in youth program](#)

[Confidential communication](#)

[Direct Care staff training](#)

[Physical Facilities and Safety](#).....R501-1-15

[Additional Residential Program Facilities and Safety](#).....R501-1-16

[Food Service](#).....R501-1-17

[Staffing](#).....R501-1-18

[Personnel Records](#).....R501-1-19

[Client Records](#).....R501-1-20

[Intake/Discharge](#).....R501-1-21

[Residential Program Intake/Discharge](#).....R501-1-22 [Clinical](#)

[Services](#).....R501-1-23 [Policy](#)

[and Procedures](#).....R501-1-24

[Additional Residential Program Policy and Procedures](#).....R501-1-25

[Congregate Care Policy and Procedures](#).....R501-1-26 [Client](#)

[Rights](#).....R501-1-27

[Compliance](#).....R501-28

INTRODUCTION

The Division of Licensing and Background Checks, Office of Licensing has devised this guide to assist in the understanding and compliance aspects of the new core rule requirements as outlined in General Provisions for Licensing R501-1.

The rule is divided into three sections:

1. **Definitions** which apply to all terms as they are used under title R501. Not all terms apply to all licensees, but as used in rule, they are to be applied as defined.
2. **Licensing Procedures** which addresses the process of becoming licensed, making changes to existing licenses, process for reporting critical incidents, OL's authority and processes for investigating incidents, noting violations and issuing penalties and client rights. Very little has changed in this section.
3. **Core Requirements** which addresses the universal requirements applicable to all licensed Human Services programs. The changes here were what necessitated a full repeal and reenact of the General Provisions rule and resulted in retiring CORE rule R501-2.

Core rule has historically had a heavy emphasis on residential care and although it applied to all rule categories, it was cumbersome and at times irrelevant. Recent rule updates of Outpatient Treatment and Residential Support eliminated core from their requirements and placed them in the categorical rule instead. However, with the new Governor's mandate to eliminate duplicative rules and processes, those categories have been moved back into a "core" set of rules. While all of the components remain mostly the same, any additional items are to accommodate a wide range of license types and not just the individual ones previously identified. All rules were revised and considered applicable to all licensees. While we feel we have accurately applied rules that universally address client health and safety, we understand that there may be some rules in some programs that are not applicable (e.g. the physical facility in a telehealth program or a client email address for youth providers). When there is a question about a rule item being applicable, please engage OL administration for a determination.

DEFINITIONS

R501-1 Definitions

(1) Terms used in this rule are defined in Section [62A-2-101](#).

(2) "**Abuse**" means the same as defined in Sections [62A-3-301](#), [62A-4a-101](#), [80-1-102](#), and [R512-80-2](#). Since this rule was proposed, Section 78A-6-105 has been renumbered as Section 80-1-102. *R512 is DCFS rule and is only linked to a PDF. Here is the definition: (2) "Abuse" is as defined in Section 78A-6-105. It includes child endangerment, Domestic Violence Related Child Abuse, emotional abuse, fetal exposure to alcohol or other harmful substances, dealing in material harmful to a child, Pediatric Condition Falsification or medical child abuse, physical abuse, sexual abuse, and sexual exploitation.*

(3) "**Body cavity search**" means a visual or manual inspection of the body cavity in search of prohibited material. An inspection of a client's mouth after taking medication is not considered a body cavity search.

(4) "**Category**" means the type of human service license described in Section [62A-2-101](#).

(5) "**Chemical Restraint**" means any drug that is used to restrict an individual's freedom of movement for discipline, convenience, or imminent safety and not required to treat the individual's medical symptoms.

(6) "**Clinical**" means treatment or services delivered by a mental health or medical professional that is licensed by the Division of Occupational and Professional Licensing. (7) "**Compliant**" means adherence to governing rule and statute or only minor violations that do not rise to the level of a corrective action plan or penalty.

(8) "**Confidential communication**" means communication between only the individuals referenced in Subsection [62A-2-123](#)(6). Confidential communication does not allow for outside entities to have access to information contained in the confidential exchange. *A sealed envelope signed by the author or a phone call in an office out of hearing but within sight would constitute confidential communication. Programs can offer non-confidential communications as a means to debrief, process, etc as much as necessary, but by law must offer a minimum of one weekly completely confidential exchange. If a client or guardian requests a confidential exchange, the program must facilitate one at least weekly unless clinically contraindicated. Programs and line staff may not place parameters on the content of a confidential exchange unless clinically contraindicated and clinically documented in the client's file. This is the place for the client to say whatever they want to their families regarding any topic of their choosing. If the parent reaches out to the program following the confidential exchange, that communication should also be documented.*

(9) "**Conflict of Interest**" means a situation in which a person is in a position to derive personal benefit from actions or decisions made in their official capacity.

(10) "**Critical Incident**" means an incident that occurs while the program is providing a service or treatment and involves: *the codes following each incident type are used for titling reports in the OL database:*

- (a) abuse or suspected abuse; *APA (physical), ASA (sexual), AEA (emotional)*
- (b) neglect or suspected neglect; *AN*
- (c) exploitation or suspected exploitation *PEXP*
- (d) unexpected death; *UCD*
- (e) any client injury, including self-harm, requiring medical attention beyond basic first aid; *SH for self harm; INJ for injury; SINJ for serious injury*
- (f) any client injury that is a result of staff or client assault, restraint, or intervention; *PI/INJ for restraint with injury; SINJ for serious injury; PI/CRC injury with client rights concerns*
- (g) any prohibited practice as described in Section [62A-2-123](#); *CRC*
- (h) any restraint in a congregate care setting; *PI (PI/CRC with client rights concerns)*
- (i) any seclusion in a congregate care setting; *SECL*
- (j) any body cavity search; *SH (self harm) or CONT (contraband)*
- (k) any strip search; *SH (self harm) or CONT (contraband)*
- (l) except for a minor infraction, any illegal activity including significant criminal activity as defined in Section R501-1-3; *CA criminal activity and LEI for law enforcement intervention*
- (m) significant medical emergency as defined in Section R501-1-3, or any other protective service intervention; *ME for medical emergency/error and MT for medical transport* (n) the unlawful or unauthorized presence or use of alcohol, substances, or harmful contraband items; *CONT*
- (o) the unauthorized presence or misuse of dangerous weapons; *CONT*
- (p) attempted self-directed violence; *Program suicide prevention policy should outline*

what constitutes an attempt at self directed violence and what does not. OL will review and approve or request revisions accordingly.

(q) any on-duty or client-involved staff sexual misconduct, any client unlawful sexual misconduct, or any consensual client sexual conduct between clients under the age of 16; **ASA**

(r) client rights violations; **CRC**

(s) department code of conduct violations; **CRC Please refer to R495-876 for complete code of conduct and find the code and signature form and poster [here](#) on our website** (t) medication errors impacting client well-being, medical status, or functioning; **ME** (u) the unauthorized departure of a client from a program; **AWOL Programs can identify what constitutes authorized departure in policy and procedures**

(v) a contagious illness or situation requiring notification of or consultation with the local health department; **ILLO for illness outbreak; C-19 for Covid**

(w) any change to a client's environment compromising the immediate health or safety of the client including roof collapse, fire, flood, weather events, natural disasters, and infestations; **EC** or

(x) any other incident that compromises a client's immediate health or safety. **OTH. An incident must be reported if the incident occurs at the licensed location or while under the program's care (i.e. the program clients are off site participating in an activity as part of the program).**

Examples: 1. A day treatment client commits a crime overnight and is absent from program the next day. We do not expect an incident report UNLESS the staff knew this was going to (or likely to) happen and failed to take appropriate precautions to alert the authorities.

2. An unexpected death of an outpatient client is not necessarily a reportable incident unless the program had knowledge of the client's suicidal thoughts/actions or ongoing drug use that could lead to potential overdose.

A program utilizing or allowing medical cannabis to treat substance use disorder must be reported as critical incident as this practice has no evidence base and is currently deemed harmful to clients in recovery according to SAMHSA

***note* for any additional critical incident definition or incident reporting clarification, please visit the [DHS Critical Incident Reporting Guide](#).**

(11) **"Direct Care Staff"** means staff working directly with clients. **These individuals must have the required training and background clearances to work directly with clients. A program wishing to use support staff to supervise clients must ensure that they have the required training to do so, per R501-1-14(5).**

(12) **"Direct Supervision"** means in close physical proximity and actively supervising clients with the ability to immediately respond as necessary. **This is the term used in this rule to outline the requirements for staff supervising clients. Direct Supervision of clients is not to be confused with "directly supervised" as used in 62A-2-101(14) which refers to the requirements for supervising a staff member who has not yet cleared a background check with our office.**

(13) **"Director"** means the same as defined in Section [62A-2-101](#) and does not mean a program director.

(14) **"Emotional Mistreatment"** means verbal or non-verbal conduct that results in a client suffering significant mental anguish, emotional distress, fear, humiliation, or degradation. Emotional mistreatment includes demeaning, threatening, terrorizing, alienating, isolating, intimidating, or harassing a client.

(15) **"Exploitation"** includes:

(a) the use of a client's property, labor, or resources without the client's consent or in a manner that is contrary to the client's best interests, or for the gain of some person other than the client; such as expending a client's funds for the benefit of another;

(b) using the labor of a client without paying the client a fair wage or without providing the client with just or equivalent non-monetary compensation, where such use is inconsistent with therapeutic practices;

(c) engaging or involving a client in any sexual conduct; or

(d) sexual abuse of a minor or vulnerable adult as described in Sections [76-5-111\(4\)](#), [76-5b-201](#), and [76-5b-202](#).

(16) "**Fraud**" means a false or deceptive statement, act, or omission that causes, or attempts to cause, property or financial damages, or for personal or licensee gain. Fraud includes the offenses identified as fraud in [Title 76, Chapter 6, Offenses Against Property](#).

(17) "**Harm**" means financial, physical, or emotional pain, damage, or injury. *For a notation of a violation involving harm, there must be culpability on the part of the program or its staff in one of the incident categories.*

(18) "**Initial license**" means the license issued to operate a human services program during the licensee's first year of licensure. This license is considered provisional and allows for the licensee to demonstrate sustained compliance with licensing rules before renewal. An initial license following a lapse in license is not considered provisional.

(19) "**Inspection**" means an announced or unannounced visit of the licensed site as described in Section [62A-2-118](#).

(20) "**Medication-Assisted Treatment**" means the use of medications with counseling and behavioral therapies to treat substance use disorders or prevent opioid overdose. (21)

"**Mistreatment**" means emotional or physical mistreatment.

(22) "**Neglect**" means abandonment or the failure to provide necessary care, including nutrition, education, clothing, shelter, sleep, bedding, supervision, health care, hygiene, treatment, or protection from harm. Neglect also means the same as defined in Sections [62A-3-301](#); [62A-4a-101](#); [76-5-110](#); and [80-1-102](#).

(23) "**On duty**" means individuals counted in supervision ratios and charged with supervising clients as a primary job requirement.

(24) "**Owner**" means any licensee, person, or entity that:

(a) is defined as a member in Section [62A-2-108](#);

(b) is listed on a foster home license;

(c) possesses the exclusive right to hold, use benefit from, enjoy, convey, transfer, and otherwise dispose of a program;

(d) retains the rights, participates in, or is ultimately responsible for operations and business decisions of a program; or

(e) operates or has engaged the services of others to operate the program.

(25) "**Parent program**" means an applicant or licensee owning or directing multiple sites under the same general administrative organization.

(26) "**Penalty**" means an action taken by the office to deny, place a condition on, suspend, or revoke a human services license due to the licensee's noncompliance with statute or administrative rule. Penalty includes penalties as described in Section [62A-2-112](#). A penalty does not include corrective action plans.

(27) "**Person**" means an individual, agency, association, partnership, corporation, business entity, or governmental entity.

(28) "**Physical mistreatment**" means conduct that results in pain, injury, or death. *For a notation violation involving physical mistreatment, there must be culpability on the part of the program or its staff. I.e: staff acting outside policy or training and causing pain, injury or death*

(29) "**Program director**" means an individual responsible for day-to-day operations of a program.

(30) "**Regular business hours**" are the hours that the program is available to the public or providing services to clients.

(31) "**Renewal license**" means a license issued to a continuing program based upon the program's compliance with administrative rule and statute.

(32) "**Residential program**" means a program providing overnight care and includes the following license categories:

- (a) recovery residence;
- (b) residential support;
- (c) residential treatment;
- (d) outdoor youth;
- (e) therapeutic school; and
- (f) social detoxification.

(33) "**Restraint**" means physically restricting a person's freedom of movement, physical activity, or normal access to their body; and includes chemical and mechanical restraint. Restraint does not mean an escort used to lead, guide, or direct a client. *When escorting, leading or guiding: the person has freedom of movement for example to scratch an itch, walk away, sit up or down, stand on their own. When those freedoms are restricted, it is a restraint. Catching a person's hand mid-punch and holding it is a restraint (and is necessary to prevent harm). Additionally, 62A-2-123 lists cruel, severe, unusual and unnecessary practices that behavior management training curricula consider "pain compliance". We would consider a "practice" to mean something that a program does. Using any of the prohibited practices may be considered a "cruel, severe, unusual, or unnecessary." However, OL would consider that using one of the prohibited practices **may not be** "cruel, severe, unusual, or **unnecessary**" when it is used to protect a client or staff member from an imminent and significant risk to health or safety. If you use these practices you must be able to justify in your documentation why they were necessary to protect a client or staff member from an imminent and significant risk to health/safety and why a regular hold that isn't considered pain compliance wasn't used. Additionally, all use of restraints must be reported to our office.*

(34) "**Seclusion**" means the same as defined in Section [62A-2-101](#) and includes social isolation. Seclusion is not a voluntary time-out or medical quarantine and isolation when approved by a medical professional.

- *Social Isolation has been added to seclusion. Its use needs to be monitored as withholding personal interaction, emotional response or stimulation is prohibited by 62A-2-123(1)(m). A blanket practice of disallowing new clients the same interaction afforded others in the program or prohibiting any client interaction with others as a consequence is considered social isolation and is a prohibited practice.*
- *Anyone can initiate and report seclusion, but only a medical professional can determine when medical quarantine is necessary.*
- *Voluntary time out means a deescalation technique that allows the person to go to their room or other quiet place to calm down. As long as they are not physically prevented from leaving, we do not consider this seclusion. (this could also be staff-directed as long as the process for the client does not involve physical restrictions on them leaving the calming area). Consequences and loss of privileges are acceptable, but if it involves isolating a client from NORMAL interactions with peers and staff (i.e. spend the day in their room) it is inappropriately withholding personal interaction, emotional response, or stimulation as prohibited by 62A-2-123(1)(m) (see the bullet on social isolation above).*

- *Curbing DISRUPTIVE behaviors (behaviors preventing other clients from appropriately engaging in programming) by forcing the client to be alone in a room and prevented from leaving might be acceptable after other deescalation techniques have failed. In this instance, seclusion is a more desirable alternative to restraint but the program must be able to show that they have met the provisions of 62A-2-123(2) and (4).*
- *Remember: Seclusion is not a prohibited practice, but must be utilized within the parameters of the law as a last resort when other methods have failed and must be reported to OL in every instance of use in a congregate care setting (see Utah Code Section 62A-2-123(2) and (4)). Reporting may not result in a violation or even investigation if the report is clear on all of the attempts to avoid its use, what necessitated it, how the client was debriefed and assessed for ability to rejoin the group, etc.*
- *One on one skill development with staff is not considered seclusion if there is active two-way interaction and a skill is being actively taught or worked on through the two-way exchange. Isolating a client from peers and having a staff sit nearby with no interaction is arguably not skill development and is seclusion.*

(35) “**Significant criminal activity**” means any unlawful activity by or against one of the program’s clients or by or against an on-duty staff member that poses a serious threat to client or staff health, safety, or well-being that includes:

- (a) possession of an illegal substance or weapon;
- (b) illegal physical or sexual misconduct or assault;
- (c) riot;
- (d) suspected fraud;
- (e) suspected exploitation; and

(f) any significant criminal activity relevant to a program’s population as described in the program’s policy and procedure manual. *Items “a-e” outline what OL considers the threshold of mandatory incident reports. Item “f” is any additional unlawful or other activity that the program’s specific population (or staff) may commit that poses risk of harm or threat to health, safety or well being. These additionally should be reported to authorities.*

(36) “**Significant medical emergency**” means an acute injury or illness posing an immediate risk to a person's life or health or requires emergency medical care. (37) “**Site**” means a human services program identified by a single geographic location and must be linked to the parent program, if one exists.

(38) “**Staff**” means an individual who is associated with a licensee.

(39) “**Strip search**” means requiring a client to undress down to undergarments or complete nudity in view of another person. *Strip searches are disallowed as a universal practice. Initial admission or returning from visits are not valid reasons for strip searches unless there is individualized documentation of imminent risk of harm.*

(40) “**Trauma informed**” means overall practices that promote environments of healing and recovery rather than practices and services that may inadvertently re-traumatize. *Persons in Human Services Programs have often experienced trauma in one way or another and we require that practices consider their individual trauma so that the program is designed for healing and doesn’t have practices that are potentially harmful or triggering to a traumatized individual. This requires the program to understand client triggers and work with them in a way that helps them heal. .*

(41) “**Variance**” means any authorized deviation from administrative rule as described in Section [R501-1-8](#).

(42) “**Violation**” means an act or omission by a licensee, or any person associated with

the licensee that is contrary to any administrative regulation, local, state, or federal law applicable to the program.

R501-1-4. Licensing Application Procedures.

(1) Initial and Renewal Application

(a) An applicant shall not accept any fee, enter into any agreement to provide a client service, or provide any client service until licensed by the office.

(b) The office shall issue a license for a program only after verifying compliance with any applicable administrative rule or statute.

(c) An applicant or a licensee shall permit the office to have immediate, unrestricted access to:

(i) each site subject to licensing;

(ii) any on and off-site program and client records; and

(iii) each staff and client.

(d) An applicant may withdraw an application for a license at any time during the application process. The applicant must notify the office in writing.

(e) An applicant seeking an initial or renewal license to operate a human services program shall submit:

(i) an application as provided by the office;

(ii) except as described in Subsection [R501-1-7\(2\)](#), the fee required for each category of human service program license applied for;

(iii) except as described in Subsection [62A-2-120\(13\)](#), a background clearance for each person associated with the licensee as described in Section [62A-2-120](#) and Rule [R501-14](#); (iv) any required policy and procedure;

(v) for renewal purposes, rather than submitting each program policy and procedure, the applicant may choose to only submit each policy and procedure that has been modified; (vi) name and contact information for each responsible decision-maker, including any owner or program director; and

(vii) documentation that verifies the applicant's compliance with, or exemption from, any local government zoning, health, fire, safety, and business license requirement. (f) A program may not modify an approved policy without a new office approval as described in Subsection [R501-1-9](#).

(g) If a program fails to submit a renewal application at least 30-days before the expiration date of the current license, the license may expire.

(h) A residential treatment program applying for an initial license shall submit proof that the program served notice of intent to operate as described in Subsection [62A-2-108.2](#).

(2) Application Expiration

(a) Except for a foster home application, an initial application that remains incomplete shall expire one year from the date of application.

(b) An initial application for a foster home that remains incomplete shall expire 90 days after the date of application unless extended by the office.

(c) An expired initial application is void. The program must submit a new initial application and applicable fees for each category of license requested.

(3) The office may **deny** the initial application or place a penalty on a renewal license if:

- (a) the program failed to achieve or maintain compliance with each statute, rule, or ordinance related to the program;
 - (b) the office reasonably determines that the program is not likely to operate in compliance with any statute, rule, or ordinance;
 - (c) the office finds a program director, owner, or any individual involved in the program's billing process on the office of Inspector General's List of Excluded Individuals and Entities; or
 - (d) the office finds that a program maintains association with any individual with a license revoked by the office within the five-year period before the date on the program's application.
- (4) The office shall consider rule violation history when determining whether a program is likely to comply with any statute, rule, or ordinance.
- (5) The office shall consider misleading information that has been presented by the program to the office, program clients, prospective clients, or public when determining whether a program is likely to comply with statute, rule, or ordinance.
- (6) A denied applicant shall not reapply for a minimum of a three-month period beginning on the date of denial.

R501-1-5. Licensing Determinations.

- (1) The office may place an individualized **parameter** on a program license to promote the health, safety, and welfare of any client. Such parameters may include: (a) an age restriction;
- (b) an admission or placement restriction; or
 - (c) any other parameter specific to an individual site or program.
- (2) A license **certificate** shall state the name, the site address, the license category, the maximum client capacity, any specific parameter, and the effective date of the license. (3) The office shall not issue an initial license to a site associated with a parent program if any other license associated with the parent program is under penalty or has a pending appeal.
- (4) A program may apply for a **two-year license** if:
- (a) the program is not a residential or foster care program;
 - (b) the program is in good standing with the office for the two consecutive licenses issued by the office immediately before the date of application;
 - (c) the office reasonably determines that the program is likely to maintain good standing for a two-year period; and
 - (d) the program submits twice the annual fee required for each category of license 11 sought.

(5) License Expiration

- (a) An expired license is void and may not be renewed and shall submit an application and fees for an initial license. The program must be granted an initial license before providing any services, except as allowed in Subsection [R501-1-4\(5\)\(c\)](#).
- (b) A license expires at midnight on the ~~last day~~ of the same month the license was issued, one year after the effective date on the license, except when:
 - (i) the office revokes the license before expiration;
 - (ii) the office extends the license beyond the date of expiration;

(iii) the licensee relinquished the license;
(iv) the licensee requested a shortened license expiration time frame; or
(v) the license is issued as a two-year license. A two-year license expires at midnight on the last day of the same month the license was issued, two years after the effective date on the license.

(c) Except for an action necessary to maintain the health and safety of a client while transitioning out of the program or obtaining a new license to operate, a program with an expired license shall not accept any client, fee, enter any agreement to provide a client service, or provide any client service.

(6) Except as described in Subsection R501-1-5(6)(c), the office may **extend** a current license for a maximum 90-day period after the license expiration date.

(a) A program must submit a renewal application and applicable fee before the expiration date on the license.

(b) The office may extend a license only once.

(c) The office may extend a current license that is not in good standing with a penalty.

(d) The office shall grant a renewal license if the program remedies any non-compliance to the satisfaction of the office.

(e) The office shall reduce the license period for any renewal license granted immediately after an extension equal to the time period of the extension.

(7) A licensee wishing to voluntarily relinquish a license shall submit a written notice to the office. Voluntary relinquishment of a license shall not be accepted by the office if a notice of agency action revoking the license has been initiated.

R501-1-6. Program Changes.

(1) Name Change

(a) A licensee may change the name of a program or site without submitting an application or fee to the office.

(b) The licensee shall submit updated program documentation reflecting the new name to the office before making the name change public.

(c) The office may link the former name of the program to the new name on the licensing database, on each license certificate, and public website, for a two-year period after the name change.

(2) Relocation

(a) A licensee may change the location of a program.

(b) The licensee shall not serve a client at any new program location without a license.

(c) Before moving any program to a new location, the licensee shall submit a renewal application as described in Subsection [R501-1-4\(1\)](#) at least 30 days before moving and an updated license for the new site must be issued. The application shall also include proof of: (i) a business license at the new site; and

(ii) insurance coverage at the new site.

(d) A foster home may transfer a current license a new site only after:

(i) submitting a request to relocate to the office at least 30 days before moving to the new site; and

(ii) the office inspects and approves licensure at the new site; which approval shall occur within two weeks if a foster child is placed in a foster home or within 30 days if there are no current foster placements. *A foster/proctor home certified by a child placing agency must follow this rule by submitting a request and allowing inspection via the child placing agency*

representative.

(e) If a foster child is placed in a foster home, it is the responsibility of the licensed foster parent to ensure the health and safety of the foster child during the transfer to the new site. (f) Except as described in Subsection R501-1-6(2), moving from a licensed site voids that site's license.

(3) Capacity Change

(a) A licensee seeking to increase the maximum client capacity of a program shall submit a renewal application requesting the new capacity.

(b) The program shall not serve additional clients until the program pays the renewal fee for a license renewal as required by the rules of the human service program category and the office issues an updated license.

(4) Add New License Category

(a) A program may request to add a new license category to an existing licensed site by submitting an initial application for the additional license and fees for an initial license. (b) Each requirement for initial licensure must be verified.

(5) Add New Location

(a) A program may add an additional site of service by submitting an application and fees for an initial license.

(b) Each requirement for initial licensure must be verified.

(6) Ownership Changes

(a) A program anticipating, or undergoing a change of ownership, shall submit in writing, before the change:

(i) any change to programming or service;

(ii) a declaration regarding responsibility for records and records retention to include an agreement, signed by both current and prospective owners and program directors, detailing how records will be retained and remain available to the office in accordance with licensing rules regardless of whether the program remains licensed;

(iii) names and contact information of any new directors or owners;

(iv) documentation of continuous insurance coverage; and

(v) an updated business license.

(b) The status of a license at the time of a change of ownership shall continue. (7) The office may require a new initial application and fees for each license category for any substantial change under this section, which may include:

(a) a substantial change resulting in direct client impact;

(b) any change to programming;

(c) any change in the population served;

(d) any severed tie with a previous owner; or

(e) any disruption in the continuity of record retention.

R501-1-7. License Fees.

(1) The office shall collect licensing fees as described in Section [62A-2-106](#), and Title [63J, Chapter 5](#), Federal Funds Procedures Act.

~~(2) No~~ licensing fee shall be required from a foster home or a division or office of the department.

(3) The office is not required to perform any on-site visit or document review until the person applying for a license pays the licensing fee.

(4) If a license is not granted by the office, a license application fee expires 12 months after the date of application.

(5) A fee paid by a licensee shall not be transferred, prorated, reduced, waived, or refunded. Any cost incurred by the applicant in preparation for, or maintenance of licensure is the sole responsibility of the applicant.

(6) An applicant must pay an initial license fee for each category of human services program offered at each program site.

(7) An applicant must pay a renewal license fee and any capacity fee for each license that is renewed at each program site.

(8) A capacity fee is calculated based on the maximum licensed client capacity of the human service program.

(9) A license with more than one building, unit, or suite located at a single site may choose between the following methods of assessing a fee and issuing a license: (a) each category of license includes each on-site building, unit, or suite; or (b) each category of license is issued separately for each individual on-site building, unit, or suite.

R501-1-8. Variances.

(1) A licensee shall not deviate from any administrative rule before receiving written approval signed by the director, or the director's designee.

(2) The director, or the director's designee, may grant a variance after determining that a variance is not likely:

(a) to compromise client health and safety; or

(b) provide an opportunity for abuse, neglect, exploitation, harm, mistreatment, or fraud. (3) A licensee seeking a variance must submit a written request to their licensing specialist that includes: *use of [this form](#) meets all content requirements of this rule. It is located under program forms on the licensing website: hslic.utah.gov. It is in fillable PDF format and can be completed and emailed to the licensor or intake licensor (for pending initial programs) for review. Failure to include all requested details could result in further questions and delay of the variance processing.*

(a) the rule for which the variance is requested;

(b) the reason for the request;

(c) how the variance provides for the best interest of the client;

(d) any procedures that will be implemented to ensure the health and safety of each client; and

(e) the proposed start date and end date of the variance.

(4) The written request described in Subsection R501-1-8(3) must be submitted at least thirty days before the proposed start date unless the licensee documents a need to expedite the request.

(5) The office shall review the variance and notify the licensee of the approval, approval with conditions, or denial of the variance, in writing, within 30 days from receipt of the request.

Licensors may complete their approval/denial/unnecessary determination and explanation directly on the form or in the OL database. Either way, the document (and any supporting documents) must be uploaded under license documents with document type marked as "variance" and document title variance (client initials if applicable), month and year (ie: SL variance Dec 2021). Providers are advised to remember that OL has 30 days to respond to the request. If the situation is emergent, please coordinate with your licensor for expedited review.

(6) The licensee shall comply with the terms of a written variance, including any conditions or modifications contained within the approved written variance. (7) A variance expires on the end date specified in the approval notice. Terms of the variance are no longer

permitted by the office after the end date.

(8) The office may renew a variance if the program justifies the request and ensures the ongoing health and safety of each client.

R501-1-9. Required Approvals. *Here are links to assist with the policy submission process. By thoroughly completing the form and only submitting the policies required by statute for approval, the review and approval process time frame will be greatly reduced.*

(1) As described in Subsection [62A-2-106\(1\)](#), the office shall review and approve the following policies and procedures before program implementation by each licensee:

(a) any sex and gender discrimination policy as described in Section [62A-2-124](#); and
(b) any behavior management, suicide prevention, restraint, or seclusion policy or (3) The office shall:

(a) provide written approval or denial of any policy and curriculum within 30 days of the date of submission;

(b) provide written feedback on any denied policy;

(c) re-review any denied policy or curriculum within 14 days of re-submission; and

(d) issue a written approval for any policy requiring approval by this section. (4)

The licensee shall submit any change to a policy or curriculum that has been approved by the office to the office for approval before implementing the proposed change.

(5) The office may withdraw approval and deny any previously approved policy or curriculum at any time or by providing written feedback to the program as described in Subsection [R501-1-9\(3\)](#).

R501-1-10. Monitoring.

(1) Except as described in Section [62A-2-123](#) for a congregate care program, the office shall conduct at least one annual on-site inspection in each program.

(2) The office may conduct as many inspections, announced or unannounced, as necessary to monitor compliance, investigate alleged violations, monitor corrective action plans or penalty compliance, or to gather information for license renewal.

(3) An on-site inspection shall take place during regular business hours.

(4) An applicant or licensee shall not restrict the office's access to the site, client, staff, or any program records.

(5) A licensee and licensee's staff shall not compromise the integrity of the office's information gathering process by withholding or manipulating information or influencing any specific response of staff or clients.

(6) The office shall consider each on-site inspection during the renewal or denial of the license application at the end of the license period.

(a) Pursuant to Subsection [62A-2-118\(1\)](#), the office may accept another government entity's inspection results completed for a program during the effective license period or within the preceding quarter to the current license period to identify compliance or non-compliance with relevant rules.

(b) The office may review and consider any report from an accreditation agency or any other entity for each inspection conducted during or before the effective license period to determine compliance or violation of licensing rule.

(c) If a conflict arises between an oversight entity's requirement and rule, the program shall request a rule variance from the office. *A conflict with a federal law would not require a variance, as the law supersedes rule (ie Settings Rule for DSPD clients with disabilities).*

(7) Except for a foster home, the licensee shall make a copy of any inspection report

available to the public upon request as described in Subsection [62A-2-118](#)(5). (8) The office may adopt a written inspection report from a local government, certifying entity, contracting entity, or accrediting entity if the report offers information about the licensee's compliance with a licensing requirement.

(9) The licensee shall allow the office to access any program record or staff at an administrative location that is not located at the licensed site.

R501-1-11. Investigations of Alleged Violations. *Critical incidents are listed in this section, but are not considered violations unless it is found that a violation caused the incident or occurred as a result of the incident. Not all incidents are violations and we understand that there will be incidents in all settings dealing with humans. If a report comprehensively outlines what happened, who was involved, how the incident was responded to, and what the licensee plans to do, OL is likely to close the incident with no further action needed. When incidents are reported and lack sufficient detail or point to a potential violation, OL will investigate further. Not all investigations result in a noted violation. Programs should understand that violations are expected and when properly addressed, can contribute to building a better process. But repeated violations can cause a risk of harm to clients and will be escalated if not properly addressed in response to OL's technical assistance.*

(1) Unlicensed Programs

(a) The office shall investigate each report of an unlicensed human service program. (b) Investigation of an unlicensed human service program may include interviewing any individual or neighbor at the site or gathering information from any source that will aid the office in determining whether the site should be licensed.

(c) If an unlicensed human services program that requires licensure fails to become licensed and continues to operate, the office shall refer the program to the office of the Attorney General, and the County Attorney.

(d) The office may penalize each site operated by a licensed program if the program adds or operates an unlicensed site that requires licensure.

(2) Licensed Program Complaints and Critical Incidents

(a) The office may investigate any critical incident or complaint that alleges a licensing violation regarding a licensed human services program.

(b) The office accepts a complaint about a licensee from any source, including the office website or complaint email address.

(c) The office may decline to investigate a complaint that is anonymous; unrelated to a current condition of the program; or not an alleged violation of a rule or statute. (d) A critical incident that involves a client or on-duty staff that occurs in a licensed setting or under the direct responsibility and supervision of the program shall be reported by the licensee as follows:

(i) a report shall be made to the office within one business day;

(ii) a notification shall be made to legal guardian of the involved client within a 24-hour period that begins at the time of the incident; and

(iii) if the critical incident involves a client or service to a youth currently in the custody of the department, the licensee shall make an immediate live-person verbal notification to the involved division.

(e) An initial critical incident report shall be made in writing and include the following:

(i) name of provider and names or unique initials of each involved staff, witnesses and clients with the ability to identify each set of unique initials upon request by the office; (ii) date, time,

and location of the incident, and date and time of incident discovery, if different from time of incident;

(iii) descriptive summary of incident;

(iv) any action taken;

(v) any action that the program plans to take at the time of the report; and 17

(vi) identification of department contract status.

(f) Upon request by the office, the licensee shall collect, maintain, and submit original witness statements and supporting documentation, including video footage if available, regarding each critical incident.

(3) Investigative Process

(a) An in-person or electronic investigation may include:

(i) a review of any on or off-site record;

(ii) interview of each licensee, witness, client, or staff;

(iii) gathering information from any collateral party; and

(iv) a site inspection.

(b) The office shall prioritize an unlicensed program, a complaint regarding a licensed program, and a critical incident following an assessment of risk to client health and safety as follows:

(i) an allegation identified by the office as a potential imminent risk to the health and safety of a client requires an initial on-site contact by the office within three business days of the report date; or

(ii) any other allegations that requires that the office initiate an investigation within ten business days of the report date.

(c) The office may use law enforcement, Child or Adult Protective services, or any other protection agency to meet a priority on-site response.

(d) A licensee and staff shall cooperate in any investigation.

(e) The office may report any allegation or evidence of abuse, neglect, exploitation, mistreatment, illegal activity or fraud to a client, clients' legal guardian, or any entity determined necessary by the office.

(f) If a program sells or arranges for client insurance coverage, the program must:

(i) inform the client in writing of the program's role and responsibility;

(ii) provide the insurer with any program provider record;

(iii) contact and cooperate with the insurance department during any dispute regarding a service or supply billed; and

(iv) not provide unlawful substance abuse patient brokering as described in Subsection 62A-2-116(5).

R501-1-12. License Violations.

(1) When the office finds evidence of a violation of statute or rule, the office shall do one of the following:

(a) provide written notification of each violation requiring the licensee to correct each violation with a dated request for remediation, if applicable;

(b) provide written notification of each violation and request a licensee to submit a corrective action plan in response to a written notification of a violation or pattern of similar violations over time; or

(c) issue a penalty if the office determines that a violation is serious enough to merit a

penalty without first issuing a request for a corrective action plan.

(2) The office may consider the chronicity, severity, and pervasiveness of a violation when determining one of the following agency actions:

- (a) notification of a violation;
- (b) request for a corrective action plan; or
- (c) issue a formal penalty.

(3) A repeated violation of rule or statute or failure to comply with a condition of a notice of agency action may elevate the penalty level assessed.

(4) When the office issues a request for a **corrective action plan**, a licensee shall submit a written corrective action plan to the office within ten business days from the date of the request and the corrective action plan shall include:

- (a) a statement of each violation identified by the office;
- (b) a detailed description of how the licensee will correct each violation and prevent an additional violation;
- (c) the date by which the licensee will achieve compliance with administrative rule and statute; and
- (d) describe the involvement of each program owner and director, including each foster parent, if involving a licensed or certified foster home.

(5) The office shall review corrective action plans submitted to the office and either inform the licensee that the corrective action plan is approved or inform the licensee that the corrective action plan is not approved and provide explanation.

(6) If a corrective action plan is not approved, the office may permit a licensee to amend and resubmit its corrective action plan within five additional business days. (7) A notification of violation or a request for a corrective action plan is not a penalty. (8) A program may choose to refuse the notification of violation or corrective action plan process and preserve the program's appeal rights by instead requesting a penalty. (9) The office may issue a penalty for a violation if the licensee fails to submit and comply with an approved corrective action plan.

(10) The office may provide a written **notice of agency action** issuing the following penalties:

- (a) a conditional license;
- (b) a suspended license for up to a three-year period; or
- (c) a revoked license.

(11) A **conditional license** allows a program that is in the process of correcting a violation to continue operation, subject to each condition established by the Office. Failure to meet each term, condition, and time frame outlined in the notice may result in further penalty action or denial of the renewal license application.

(12) When a license has been **suspended**, Subsection R501-1-12(14) applies, except as described in Subsection R501-1-12(13).

(13) If the placing department entity approves and elects to allow the foster child to remain in the placement, a suspended foster care provider may continue caring for a foster child currently placed at the time of suspension.

(14) A program that has had its license **suspended or revoked** shall:

- (a) not accept new clients;
- (b) only provide any service necessary to maintain client health and safety during the client's transition out of the program;
- (c) subject to Subsection R501-1-12(13), develop and comply with a plan to transition each client out of the program and into an equivalent, safe, currently licensed programs or into the custody of the client's legal guardian; and
- (d) maintain program staffing and health and safety needs of each client while an appeal of the suspension or revocation is pending.

(15) The office shall maintain a record of each licensee with a revoked license for a five-year period. An individual identified in the record shall not associate with any other department licensed program during that five-year period. *Only individuals addressed in the revocation NAA will be held to this standard. If the investigation resulting in the revocation NAA is addressed to individuals and the NAA is upheld by an administrative hearing, those individuals will be held to this requirement. Revocations do not come lightly and program owners and decision makers are made aware of the situation long before the revocation NAA is issued. NAAs should never come as a blindside.*

(16) A licensee shall not employ, contract with, or in any way associate with a person identified on the record created in Subsection R501-1-12(15). A program in violation of this provision shall be subject to immediate penalty. *Programs are advised to do diligence during hiring.*

(17) The office may place a condition in the notice of agency action to protect the health and safety of clients. A condition included in the notice of agency action takes effect on the date of notice.

(18) Except when instructed by the office, a licensee shall post the notice of agency action on-site, and on the homepage of each of each program website, where it can be easily reviewed by each client, guardian of a client, and visitor within five business days, and shall remain posted until the resolution of the penalty.

(19) A licensee shall notify each client, guardian, and prospective client of a notice of agency action issued by the office within five business days of receiving notice. Any prospective client must be notified for as long as the notice of agency action is in effect.

(20) If an appeal of a revocation, suspension or conditional license that restricts admission is pending, a licensee shall not accept any new client as outlined on the notice of agency action without prior written authorization from the office.

R501-1-13. Program Administrative and Direct Service Requirements. (1) A program shall transparently identify services to the office, public, potential client, parent, or guardian regarding:

- (a) contact information;
- (b) the complaint reporting and resolution process;
- (c) a description of each service provided;
- (e) each program requirement and expectation;
- (f) eligibility criteria outlining behavior, diagnosis, situation, population, and age that can be safely served;
- (g) each cost, fee, and expense for a service and refund policy; and
- (h) identification of each non-clinical, extracurricular, or supplemental service offered or referred.

(2) The following shall be **posted** in conspicuous places where each visitor, staff, and client may view:

- (a) abuse reporting laws as described in Sections [62A-4a-403](#) and [62A-3-305](#); 20
- (b) civil rights notice;
- (c) Americans with Disabilities Act notice;
- (d) the program license;
- (e) any office notice of agency action; and
- (f) a client rights poster. *Poster located on our website www.hslic.utah.gov under Licensing>forms>provider posters or providers may create their own with all required content.*

(3) Program administration shall maintain compliance with or documentation of an exemption from any of the following requirements: *does not apply to foster/proctor/adoptive parents unless working in a facility setting requiring a business license.*

(a) a food handler permits for any person preparing meals for any other person; (b) business licenses;

(c) capacity determinations, which capacity shall include each staff and client on premises and may not exceed the capacity limits placed by local authorities; (d) fire clearance, if conducted separately from a business license;

(e) licensure and registration of any vehicles used to transport clients.

(4) The office may not issue a license in good standing to a program whose local clearances are under dispute.

(5) Program administration shall maintain:

(a) proof of financial viability of the program as verified by a financial professional;

(b) general liability insurance;

(c) professional liability insurance;

(d) vehicle insurance;

(e) fire insurance; and

(f) additional insurance as required to cover each program activity.

(6) Program administration shall ensure:

(a) each entity associated with the licensee read, understand, sign, and follow the current [department code of conduct](#);

(b) current staff and client lists are available at each licensed site;

(c) the organizational and governance structure of the program, this includes:

(i) line of authority and responsibility;

(ii) a job description, including each duty and qualification for each job title; and

(iii) notification to the office of any program changes as described in Subsection [R501-1-6](#);

(d) the program implements and follows a quality improvement plan that incorporates, at a minimum, client and staff grievances, feedback, and trends in licensing violations and incident reports;

(e) the program provides an interpreter or refers each client to appropriate resources as necessary to communicate with the client;

(f) at least one CPR and First Aid trained or certified staff member is available whenever staff and clients are present together;

(g) the program maintains an opioid overdose reversal kit onsite with on-duty staff

trained in its use if the program is serving, or is likely to serve, a client with a substance use disorder; and

(h) the program provides **trainings and monitors** staff to ensure compliance regarding program **policy and procedures** including:

- (i) the needs of each client;
- (ii) licensing rule;
- (iii) client rights as described in Section [R501-1-27](#);
- (iv) department [code of conduct](#);
- (v) incident reporting;
- (vi) program emergency response plan; and
- (vii) CPR and first aid.

(7) A program serving **education** entitled children, as that term is defined in Subsection [62A-2-108.1](#), shall comply with Subsection [62A-2-108.1](#) regarding coordination of educational services to include completion of youth education forms at initial and renewal licensure.

(8) A program providing school onsite shall:

(a) maintain the established staff to client ratio with behavioral intervention trained staff in the school setting; *Staff members, such as teachers, may be trained by the program as a direct care program staff and contribute to the staffing ratio when engaged in actively supervising clients.*

(b) be recognized as in good standing by an educational accreditation organization such as the State Board of Education or the National School Accreditation Board; and (c) ensure each youth is taught at grade level. *A student assessed to be on an individualized education plan (IEP) is considered compliant with this requirement.*

(7) Clinical and medical staff are licensed or certified in good standing and any unlicensed staff are appropriately supervised as described in [Title 58](#), Occupations and Professions.

(8) A program that utilizes **telehealth** for treatment shall comply with each applicable rule.

R501-1-14. Residential Program Additional Administration and Direct Services Requirements.

(1) A program providing residential service shall:

- (a) demonstrate compliance with Section [62A-2-125](#);
- (b) ensure each staff shift list remains current and available to the office upon request;
- (c) ensure access to a medical clinic or a medical professional familiar with the program and population served; and
- (d) provide a separate space for clients who are sick. *"Sick" refers to communicable illnesses. If a client could infect others, we ask that our residential providers take precautions to move them from the populace as much as possible. When not physically possible (such as in some homeless shelters) bolstered protections such as masks, medications, sanitization, separation as much as possible and medical care will suffice to meet this requirement.*

(2) A program providing residential service to youth who have been placed in Utah from outside of Utah shall demonstrate compliance with Title [62A, Chapter 4a, Part 7](#), **Interstate Compact on Placement of Children**.

(3) A congregate care program serving youth may allow an **individual turning 18** to

remain in the program as described in Subsection [62A-2-106](#)(1) if:

(a) the individual remains in the custody of a State entity *Unemancipated youth may remain in state custody until the age of 21 and may remain in a youth program for as long as they remain in the custody of a state Division without a variance to this rule as long as the provisions below are met* or the individual was admitted and continuously resided in the program for at least 30 days before the individual's 18th birthday;

(b) the program has a documented need for the individual to remain in the program; (c) the program maintains responsibility for discharge to an appropriate setting when clinically appropriate and no later than the day an individual reaches 19 years of age; *This does not apply to a program held to Federal Settings Rule to maintain clients for life or long term regardless of age.*

(d) the program outlines a policy regarding the protection of younger clients by supervising or separating 18-year-old individuals from youth who are more than two years younger; *DSPD clients may be matched by mental age or chronological age to ensure safety.* and

(e) the individual signs a consent document outlining:

(i) the individual is consenting to remain in the program voluntarily and understands the individual is not required to remain against their will;

(ii) that any criminal offenses committed may result in being charged as an adult; and

(iii) that if the individual is involved in any critical incidents posing a risk to the health and safety of other program residents they may be discharged from the program.

(4) A **congregate care** program shall ensure **weekly confidential communication** with family in accordance with Section [62A-2-123](#). *If parents/guardians refuse this, it should be documented in writing, where possible. The law also requires communication with parents, guardians, foster parents and siblings. Be sure they have someone to reach out to on this list. Or document why they do not.*

Except in OYT programs, it is expected that this communication exchange is done by telephone. If it is done by mail, there must be a two-way confidential exchange accomplished within that one week time frame, likely through ongoing weekly mailings.

(5) Before allowing a **direct care staff** to work unsupervised they must have an approved background clearance and be **trained** in the following:

(a) behavior management policy and curriculum including crisis intervention, *even if you do not use restraint/seclusion, your behavior management policy must be trained to your direct care staff.*

appropriate use of restraint and seclusion, and de-escalation techniques;

(b) which practices are prohibited for congregate care programs by Section [62A-2-123](#);

(c) the clinical needs of each of the clientele;

(d) client rights;

(e) department code of conduct; and

(f) incident reporting.

(6) Direct care staff must be trained in the following within six months of hire:

(a) CPR; and

(b) first aid.

R501-1-15. Program Physical Facilities and Safety. *This section is not applicable to*

community based or in-home service providers who do not maintain a physical facility for serving clients.

(1) Each program shall ensure the appearance and cleanliness of the building and grounds are maintained and free from health and fire hazards.

(2) Each program shall ensure that all appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition. (3) Each program shall accommodate clients with disabilities as needed or appropriately refer to comparable services.

(4) Each program shall ensure that fire drills in non-outpatient programs shall be conducted and documented at least quarterly and program administration shall provide and document feedback regarding response time and process.

(5) Each program shall ensure that a 911 recognizable phone is always onsite with clients. *Program must either provide a phone, or assure that a 911 recognizable phone is present with clients at all times. We aren't asking that clients can have unrestricted access to it, but need the assurance that someone can call 911 if needed.*

(6) Each program shall ensure that bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity. (7) Each program shall ensure that each bathroom shall be properly equipped with toilet paper, paper towels or a dryer, and soap.

(8) Each program shall ensure that each bathroom is ventilated by mechanical means or equipped with a window that opens.

(9) Each program shall maintain medications and potentially hazardous items on-site lawfully, responsibly, and with consideration of the safety and risk level of the population served. This shall include locked storage for each medication and hazardous chemical.

(10) Each program shall ensure that non-prescription medications, if stored onsite, are stored in original manufacturer's packaging together with the manufacturer's directions and warnings.

(11) Each program shall ensure that prescription medications, if stored onsite, are stored in original pharmacy packaging or individual pharmacy *or medical* bubble pack together with the pharmacy label, directions, and warnings. *Bubble packing must be done by a medical professional in order to satisfy this rule requirement. Original pharmacy bottles/packaging is also acceptable.*

(12) Each program shall maintain a fully supplied first aid kit as recommended by the American Red Cross.

R501-1-16. Residential Program Additional Facilities and Safety Requirements. (1) Each residential program shall ensure designated space is available for records, administrative work, and confidential phone calls for clients. *Clients in wilderness programs do not need to be brought back to the site for phone calls, but a place to call parents/guardians/foster parents/siblings when clients are onsite is necessary. See 501-1-14-4 guide comment.*

(2) Each residential program shall ensure bedroom assignments shall be made in accordance with each agency policy and individualized assessment described in Section [62A-2-124](#).

(3) Each residential program shall ensure that live-in staff have separate living spaces with a bathroom that is separate from client bathrooms.

(4) Each residential program shall ensure that each bedroom designated for clients shall be comparable to other similarly utilized bedrooms with similar access, location, space,

finishings, and furnishings.

(5) Dormitory space is only allowed in an emergency homeless shelter or a program serving only adults.

(6) Each residential program shall ensure that each client is not locked in a bedroom.

(7) Each residential program shall ensure that each mirror or safety mirror is secured to the bathroom wall at a convenient height.

(8) Each residential program shall ensure that each bathroom is placed to allow access to each client without disturbing any other client during sleeping hours.

(9) Each residential program shall ensure that each bath or shower allows for individual privacy.

(10) Each residential program shall ensure that each client is supplied with hygiene supplies.

(11) Each residential program shall ensure that each sleeping area has a source of natural light and is ventilated by mechanical means or is equipped with a window that opens.

(12) Each residential program shall ensure that each bed is solidly constructed and non-portable. *ie: not cots, trundle beds or rollaway beds that are temporary. Beds must be a comfortable, permanent part of the room. (They can be moved for cleaning or rearrangement. Beds do not have to be bolted down).*

(13) Each residential program shall ensure that each client is permitted to decorate and personalize the client's bedroom, while maintaining respect for each other resident and property.

(14) Each residential program that provides common laundry for towels, bedding, or clothing shall provide separate containers for soiled and clean laundry.

(15) Each residential program shall ensure that bedding and towels shall be laundered weekly and after each client is discharged.

(16) Each residential program permitting clients to do the client's own laundry shall provide equipment and supplies for washing and drying.

(17) Each residential program shall ensure that each individual is provided with at least 60 square feet in a multiple occupant bedroom and 80 square feet in a single occupant bedroom.

(18) Each residential program serving individuals with disabilities shall house no more than two persons in each bedroom. *This is driven by DSPD policy and contract. If you are not working with DSPD, this does not apply to you and can be marked N/A on the licensing checklist.*

R501-1-17. Food Service Requirements.

(1) Each program that provides meals for four or more, but less than 16, clients shall comply with a local health inspection as described in Rule [R392-110](#), Food Service and Sanitation in Residential Facilities.

(2) Each program that provides meals shall ensure that meals are not used as incentive or punishment. *Working to earn a special treat is acceptable, withholding any part of a meal or providing different food for some clients vs the rest of the group without any medical reason is unacceptable.*

(3) Each program that provides meals shall provide nutritional counseling *Nutritional counseling can consist of food handler training in addition to alerting staff to any clients with food allergies, diabetes etc and ensuring they know how to address them.* to staff and clients and designate staff responsible for food service. As part of these responsibilities, each program shall ensure that designated staff:

(a) maintain a current list of each client with special nutritional needs;

(b) ensure that each client with special nutritional needs has food storage and a preparation area that is not exposed to any identified allergen or contaminant; *This can be done*

by designating a separate area or ensuring diligence in sanitizing following the use of items that a client may have a reaction to. and

(c) except in a day treatment program serving clients for less than ten hours per day, or outpatient programs serving clients for less than 6 consecutive hours per day, provide a variety of three nutritious meals per day that is:

(i) served from dietician or nutritionist approved menus ;*DSPD settings clients are exempt from this requirement, but should be provided guidance when appropriate to help them understand and be able to make healthy choices* or

(ii) for programs serving individuals experiencing homelessness, serve meals as required by USDA standard homeless settings.

(4) Each program that provides meals shall establish and post kitchen rules and privileges in a kitchen according to client needs and safe food handling practices.

(5) Each program that provides meals shall provide adequate dining space for each client that is maintained in a clean and safe condition.

(6) Each program that provides self-serve meals shall ensure that self-serve kitchen users are supervised, directed, and trained by a staff that has a [Department of Health R392-103](#) food handler's permit or is trained by [Serv-Safe](#), [USDA](#), or a comparable program.

R501-1-18. Program Staffing.

(1) Each program shall ensure adequate staffing such that the current population can be safely supervised including, where necessary, more staff than required by the usual staffing ratio.*More staff may be needed when the dynamics of the population are too difficult to manage with the minimum ratio staff. If programs step up their ratios when needed, compliance with this rule will be achieved. This rule will only be cited in a violation where OL can show that the program has reason to know that more staffing is needed and failed to provide adequate staffing..*

(2) Each program shall identify a manager or qualified designee who shall be immediately available whenever the program is in operation or there shall be a qualified and trained substitute when the manager is absent or unavailable.

(3) Each program that offers clinical services shall employ or consult with licensed professional staff that include an individual who is familiar with the program and the needs of each client.

(4) Each program serving substance use disorder shall ensure each staff and client is screened for tuberculosis.

(5) Each program managing, storing, or administering client medication shall identify a medical professional to be responsible for the medication management policy, medication oversight, and staff training regarding medication management.*Programs who do not store and administer medication or those serving DSPD Settings clients are not required to meet this requirement.*

(6) Each program or person involved with the prescription, administration, or dispensing of controlled substances shall maintain appropriate medical or pharmacy licenses and DEA registration numbers as described in [21 CFR 1301.21](#). *Should be subsection 11. All DEA law is applicable.*

R501-1-19. Program Personnel Record Requirements.

(1) Each program shall create and maintain personnel information for each staff member, contracted employee, and volunteer.

(2) Personnel information shall include: *Personnel information can be maintained however works best for the program as long as the info is readily available upon request from the Office*

(a) any applicable qualification, experience, certification, or license;

(b) any approved and current office background clearance, except as excluded in Section [R501-14-17](#);

(c) a department [code of conduct](#) *this link directs you to the code document and signature form that you may use to comply with this requirement* that is signed by the staff member, contracted employee, or volunteer;

(d) any training records with the date completed, topic, and the individual's signed acknowledgment of training completion to include:

(i) current CPR and First Aid certification;

(ii) current policy and procedure training; and

(iii) proof of annual department code of conduct and behavior management training; (e) any grievances or complaints made by or against the individual and actions taken by the program; and

(f) each crisis intervention or critical incident report involving the individual.

R501-1-20. Program Client Record Requirements.

(1) A program shall maintain client information to include the following: (a) client name, address, email address, phone numbers, date of birth and identified gender;

(b) emergency contact names, including legal guardian where applicable, and at minimum, the emergency contact's physical address, current email address or current phone numbers;

(c) a program serving substance use disorder clients shall maintain compliance with an initial and annual client tuberculosis screening results in each client record; (d) any information that could affect health safety or well-being of the client including each medication, allergy, chronic condition or communicable disease;

(e) intake screening and assessment;

(f) discharge documentation;

(g) treatment or service plan;

(h) progress notes and services provided with date and signature of staff completing each entry;

(i) individualized assessment for restriction of access to onsite items that could be used as weapons for self-directed violence or as an intoxicant; *This assessment should be done initially and as needed thereafter. If there is a heightened risk of self directed violence, the program will ensure the client cannot access any item to assist in the attempt.*

(j) any referral arrangements made by the program;

(k) client or guardian signed consent or court order of commitment to services in lieu of signed consent for each treatment and non-clinical service;

(l) summary of attendance and absences;

(m) any grievances or complaints made by or against the client and actions taken by the program;

(n) each crisis intervention or critical incident report involving the client; and (o) any signed agreements and consent forms.

(2) A program shall document a plan detailing how each program staff and client file shall be maintained and remain available to the office and other agencies legally authorized to access

the files for seven years regardless of whether the program remains licensed.

R501-1-21. Program Intake and Discharge requirements.

(1) A program shall complete an intake screening before accepting a client into the program. Intake screening shall assess at minimum:

- (a) verification that the client meets the eligibility requirements of the program; (b) verification that the client does not meet any of the exclusionary criteria that the program identified in policy as unable to serve;
- (c) description of presenting needs;
- (d) suicide risk screening;
- (e) a program serving substance use disorder clients shall not admit anyone who is unresponsive or unable to consent to care because the individual is experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious; and

(2) A program serving incarcerated or court mandated justice involved clients shall:

- (a) conduct a criminogenic risk assessment;
- (b) comply with Justice Reinvestment Initiative certification requirements in accordance with Title [R523](#) and R524 this rule appears to have been recently retired and is no longer applicable (it will be removed in a non substantive rule update); and
- (c) separate high and low criminogenic risk populations.

(3) Following determination of eligibility, the client or parent or guardian shall sign and receive copies of the following agreements to be maintained as client records: (a) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and

- (b) signed consent for treatment that outlines:
 - (i) rules of the program;
 - (ii) expectations of clients, parents, and guardians;
 - (iii) services to be provided;
 - (iv) Medicaid number, insurance information, and identification of any other entities that are billed for the client's services;
 - (v) client rights; and
 - (vi) licensing contact information.

(4) A discharge plan shall identify resources available to a client and include:

- (a) reason for discharge or transfer;
- (b) aftercare plan;
- (c) summary of services provided; and
- (d) progress evaluation.

R501-1-22. Residential Additional Program Intake and Discharge Requirements. (1) An intake assessment shall be completed following an approved intake screening and no later than seven days from the admission date. The assessment shall consider and contain: (a) gender identity and individualized assessment for bedroom and bathroom assignments;

- (b) cultural background;
- (c) dominant language and mode of communication;
- (d) family history and dynamics;
- (e) current and past health and medical history;
- (f) social, psychological, developmental, vocational, and, as appropriate, educational factors;

(g) suicide risk screening; and

(h) authorization to serve and obtain emergency care.

With the exception of subsection (a) this section is superseded by the client record requirements listed for homeless settings in R501-22-4(6). While it is implied, it wasn't clearly written and we will ensure that our staff and providers understand that this rule requirement is met by adhering to the Residential Support Rule.

(2) A program may not serve youth from out of state without a disruption plan as described in Section [62A-2-125](#) and, as applicable, Title [62A, Chapter 4a, Part 7](#), Interstate Compact Placement of Children.

(3) Each congregate care disruption plan must contain the following:

(a) program must retain jurisdiction and responsibility for the youth while the youth remains in Utah;

(b) a program must complete an individualized disruption plan at the time of intake for each out of state client to include: *62A-2-124 requires the individualized plans to ensure that out of state youth do not become a burden to the State of Utah. Programs must identify a plan at the onset of placement to ensure that any disruption in care prior to planned discharge has a plan to follow in order to get the client either back to state of origin or into a more suitable placement in Utah.*

(i) who is responsible for the child's return in the event that placement at the facility disrupts;

(ii) current emergency contact information to include the name, address, phone and email address of the parent or responsible party;

(iii) a signed statement from parent or responsible party outlining the plan for the youth in the event of an unplanned disruption in care; and

(iv) a plan for safe transportation either to the state of origin, the responsible party identified in Subsection R501-1-22(3)(a) or to another licensed congregate care program. (4) Each congregate care program may demonstrate compliance with Subsections R501-1-22(2) and R501-1-22(3) by producing the 100A and 100B forms and disruption plan as required by the Interstate Compact for the Placement of Children (ICPC). (5) Each congregate Care program shall report private placements to the office as described in Section [62A-2-125](#) by the fifth business day of each month.

(6) Each congregate care program shall report each critical and non-critical restraint or seclusion to the office within one business day. *This simply means ALL restraints and seclusions in congregate care must be reported regardless of whether or not there was injury or any other critical factor.*

(7) Each congregate care program that fails to comply with Section [62A-2-125](#) shall be fined the actual cost of care incurred by entities maintaining the youth for purposes of locating, housing, and transporting the youth.

R501-1-23. Program Clinical Services.

(1) Each program providing clinical treatment shall assign a clinical director to ensure that assessment, treatment, and service planning practices are:

(a) regularly reviewed and updated;

(b) individualized; and

(c) designed to involve the participation of each client or each client's parent or guardian.

(2) Each program providing clinical treatment shall ensure that each person working directly with a client shall be informed of the client's individual treatment needs and advised of the best

approach to working with that client.

(3) Each program providing clinical treatment shall ensure that client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission. (4) Each program providing clinical treatment shall ensure that discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives.

(5) Each program providing clinical treatment shall ensure that each client identified for treatment receives individual treatment at least weekly. *If an individual is phasing out of the program or has a reduced clinical need for weekly treatment, a weekly check-in could replace the treatment only if clinically indicated.*

Non-residential providers may meet less frequently as indicated per client needs as long as the clinical need is individually justified in the client record.

(6) Each program providing group counseling, family counseling, skills development, or other treatment shall ensure the treatment is offered and documented as prescribed in the treatment plan.

R501-1-24. Program Policy and Procedure Requirements.

(1) A program shall develop, implement, and comply with policies and procedures sufficient to ensure client health and safety and meet the needs of the client population served.

(2) Before initial licensure and as updates are made, policies and procedures *only the policies and procedures required by rule or statute (you do not have to update us on P&Ps not required such as FMLA or hiring practices etc)* shall be:

- (a) submitted electronically to the office;
- (b) approved by the office as required; and
- (c) trained to each staff.

(3) Policy and procedures shall address:

- (a) client eligibility;
- (b) intake and discharge processes;
- (c) client rights and responsibilities;
- (d) staff and client grievance procedures;
- (e) behavior management, addressing:
 - (i) appropriate and inappropriate behaviors of clients;
 - (ii) appropriate and inappropriate staff responses to client behaviors; and
 - (iii) staff response to a client leaving a program without permission;
- (f) if applicable, seclusion policy;
- (g) if applicable, restraint policy outlining that restraint is:
 - (i) only used as a temporary means to prevent harm to the client or in protection of others;
 - (ii) only to be completed by an individual with documented training in nonviolent crisis intervention and de-escalation techniques; and
 - (iii) is a last resort emergency safety measure only;
- (h) instructions to staff regarding how to report and respond to significant criminal activity and significant medical emergencies;

(i) program plan for the prevention or control of infectious and communicable disease to include coordination with and following any guidance of the state or local health authorities, Center for Disease Control, and the department; *here is a [link to a list of reportable diseases required to be reported to the local health dept.](#)*

- (j) critical incident reporting in accordance with Subsection [R501-1-11\(2\)](#); (k)

emergency procedures to instruct staff how to address ~~incident reporting~~, continuity of care, transport, relocation, and client health and safety during natural disasters, extreme weather events, fire, utility or structural failures, or other unexpected disruptions to the program service;

(l) if transportation of clients is provided, the program shall meet the following requirements:

- (i) insurance;
- (ii) valid driver license;
- (iii) adherence to [Title 41](#), Motor Vehicles;
- (iv) the driver to ~~have a~~ cell phone for immediate contact;
- (v) vehicle maintenance;
- (vi) emergency contact postings in the vehicle to include program name, address, and phone number to be called by first responders if needed;
- (vii) vehicles to be equipped with a first aid kit as recommended by the American Red Cross; and
- (viii) a policy to ensure that all clients exit the vehicle upon arriving at the destination unless directly supervised by a staff member;
- (m) firearm policy that does not restrict constitutional or statutory rights regarding concealed weapons permits as described in [Title 53, Chapter 5, Part 7](#), Concealed Firearms Act;
- (n) smoking policy in accordance with [Title 26, Chapter 38](#), Utah Indoor Clean Air Act; (o) policies and procedures whenever ~~clients are present in the~~ program for six or more consecutive hours to address:

- (i) provision of client meals and whether meals will be program-prepared, catered, or self-provided; and
- (ii) administration of required medication if a program manages, stores or administers medication;

(p) description of any supplemental or contracted services that may be provided unrelated to the treatment or service plan or outside the scope of the license to include:

- (i) summer camp;
- (ii) wilderness excursion;
- (iii) transportation;
- (iv) extended outing;
- (v) travel out of the state or country;
- (vi) any supplemental machines or equipment, including training on their utilization and maintenance;
- (vii) gaining informed consent from each client or client's parent or guardian for voluntary participation in these supplemental services; and
- (viii) securing each necessary license, certification, or state and local permission before offering these services or operating with clients in a temporary or satellite location; (q) unplanned discharge policy;
- (r) suicide prevention policy addressing how to manage clients who screen with elevated risk levels; *here is a link to suicide assessment resources*

<https://dsamh.utah.gov/zero-suicide-framework>

- (s) ~~non-discrimination policy that includes:~~
 - (i) a prohibition of abuse, discrimination, and harassment based on race, color, sex, gender identity, sexual orientation, religion, or national origin;
 - (ii) policy and procedure described in Section [62a-2-124](#);
 - (iii) the requirement that each staff refer to the ~~individual~~ by their preferred name and

pronouns; *this is being removed due to the fact that it is not necessary for compliance with the statute. Licensors will not enforce this rule in the interim period until the rule revision is published in March 2022.*

(iv) a program requiring uniforms shall only permit gender neutral selection; *hair and shave requirements must be transparently outlined to parents prior to admission and be trauma informed and not traumatizing in any way (which could constitute abuse). If a parent has an issue with a haircut requirement, their preference must be honored. Program must be able to identify why this is a necessary practice (62A-2-123-1)*

(v) assurance that treatment practices and staff training are trauma informed to identify and eliminate triggers for re-traumatization;

(vi) outline the consequences for staff or client intolerance, harassment, or bullying of staff or clients on the basis of gender identification or sexual orientation; *outline consequences for staff and consequences for clients*

and

(vii) required policy approval in accordance with Section [R501-1-9](#);

(t) consequences for staff acting outside (*eg in conflict with*) their training or policy and procedure; and

(u) record retention.

(4) Program-specific policies shall address any unique circumstances regarding physical facility, supervision, community safety and mixing populations.

(5) Record retention policy shall describe the program's plan and responsibility for retaining each client record for seven years or until a client turns 21 years of age, whichever comes later.

(7) Record retention policy shall describe the program's plan and responsibility for retaining each staff records for seven years.

(8) In accordance with Section [63G-2-309](#), a program may submit a written claim of business confidentiality and a concise statement of reasons supporting the claim of business confidentiality for records the program submits to the office that the program believes should be protected under Subsection [63G-2-305\(1\)](#) or [63G-2-305\(2\)](#), including program policies and procedures.

R501-1-25. Additional Policy and Procedure Requirements for Residential Programs. (1) A program that provides meals for clients shall have and follow a food service policy. The food service policy must include:

(a) staff and client training on the policy;

(b) procedures for identifying and accommodating clients with special dietary needs; (c) allowances for nutritious snacks to be available during restricted hours if the program restricts access to food and kitchen equipment;

(d) if serving parents and their children, requirements for consenting adult clients to maintain full responsibility for their, and their children's, special dietary needs; (e) a written policy for when meals are prepared by clients to include the following: (i) rules and privileges of kitchen use;

(ii) menu planning and procedures;

(iii) sharing self-prepared food;

(iv) nutrition and sanitation requirements;

(v) schedule of responsibilities; and

(vi) shopping and storage responsibilities;

(f) a residential program, excluding residential treatment program, may allow for client

independence and responsibility for their own supplies, food, laundry or transportation with policies that outline resources and responsibility for the provision of these items; a program shall assist clients on a limited basis if they are temporarily unable to provide these items or services for themselves.

(2) A program managing, storing, or administering client medications shall have and follow a Medication Management policy to require:

(a) program and client responsibility for medication including storage and administration of medications onsite and, as applicable, when staff and clients are offsite in program related activities;

(b) if applicable, medication self-administration policy;

(c) if storing and administering medications, training required to administer medication and the process to be followed;

(d) recording medication dosages according to prescriptions;

(e) monitoring and recording effects and side effects of medications; and

(f) Logging doses and recording and reporting medication errors.

(3) Policy to train staff to identify and address:

(a) clients who pose a risk of violence;

(b) clients in possession of contraband;

(c) clients who are at risk for suicide;

(d) managing clients with mental health concerns;

(e) identifying the signs and symptoms of clients presenting under the influence of substances or alcohol; and

(f) prescribed staff responses to any of the circumstances listed in Subsection R501-1-25(3), including ongoing monitoring and assessment for remaining in the program.

(4) Policy regarding the care, vaccination, licensure, and maintenance of any animals onsite to include:

(a) assessment of pet allergies for any clients interacting with animals in the program;

(b) maintenance of required examinations, registrations, and vaccinations; and

(c) supervision of clients in the presence of animals.

(5) Client belongings policy that addresses:

(a) initial and updated inventory signed by the client;

(b) storage and return of each client belonging to the client or client's guardian at the time of discharge; and

(c) program shall replace any lost or stolen items for which the program is responsible.

(6) A program managing funds for client allowances must document each expense.

(7) A residential program shall develop and follow a policy for providing separate space for sick clients

(8) A ratio of one staff to one client during transports is only permissible when the program has conducted a safety assessment that indicates that client and staff safety is reasonably assured.

This can be done for adult programs at intake and updated as needed. Youth programs require ongoing determinations of staff and client safety for one on one transport. Example: a list in the office of who is ok to be transported individually is acceptable, but must be updated and conveyed to staff as circumstances change.

R501-1-26. Congregate Care Program Additional Policy and Procedure Requirement. (1)

A Congregate Care Program shall not utilize any behavior management technique, restraint, seclusion or curriculum unless it has been approved by the office. (2) The program's licensed clinical professional shall conduct regular reviews of client restraints, seclusions, behavioral

interventions, and time outs to inform processing discussions with clients and training for direct care staff.

(3) A congregate care program shall have a contraband policy including what constitutes contraband and how the program ensures restriction of client access to contraband and dangerous weapons or materials.

(a) Strip searches and body cavity searches are prohibited by Section [62A-2-123](#) without documented, individualized justification for protection of an individual's health and safety. (b) Strip search and body cavity search policies may not allow for strip searches to be performed as a universal practice and may only allow these searches to be conducted with individualized justification, documentation, and in accordance with a detailed policy approved by the office.

(c) Strip searches and body cavity searches may only be performed in congregate care by a medical professional outside of the line of sight of direct care staff. *In outdoor youth programs a Wilderness First Responder may perform a search only in times of emergency with individualized justification, report to OL and only after all other attempts to mitigate the issue failed.*

(4) A congregate care suicide prevention policy may only be approved by the office if it complies with Subsection [62A-2-123\(5\)](#). *In the event that a policy for monitoring suicidal clients is in direct conflict with a licensing rule, please outline as such in your policy. OL will review and approve policies based on risk of harm and safety measures outlined.*

(5) A congregate care behavior management policy may only be approved by the office if, in addition to complying with Section [62A-2-123](#), the policy reflects the following:

(a) each program staff shall employ behavior management techniques that are trauma informed and appropriate for the client's age, behavior, needs, developmental level, and past experiences and shall defer to the least restrictive method of behavior management available to control a situation;

(b) each program will ensure compliance with Section [62A-2-123](#) in each aspect of the program, including for a client who is under a contracted caregiver's supervision for transportation, outing, retreat, or similar activity;

(c) each program staff shall only use behavior management techniques that emphasize de-escalation and promote self-control, self-esteem, and independence; and (d) each program shall identify a behavior management curriculum that emphasizes de-escalation and is compliant with Section [62A-2-123](#);

(e) only direct care staff familiar with the child and the child's needs shall conduct passive physical restraint;

(f) restraint will only be used if it will not cause undue physical discomfort, harm, or pain to the client;

(g) interventions that use painful stimuli are prohibited as a general practice; (h) passive physical restraint shall be used only as an emergency, temporary means of physical containment to protect the consumer, other persons, or property from immediate harm; (i) restraint may only continue as long as the client presents an immediate danger to self or others;

(j) passive physical restraint shall not be used as a convenience to staff, a substitute for programming or associated with punishment in any way;

(k) clients, non-direct care staff, or other unauthorized individuals may not use any form of restraint;

(l) staff shall not use physical work assignments or activities that inflict pain as behavior management techniques; *If a client gets hurt during a work assignment, that is just an incident to report, if the intent of the practice is to break them down or use to control or if every kid doing*

this assignment is experiencing pain or incidents, we then see it as a violation of this rule.

- (m) appropriate de-escalation techniques and alternatives to restraint or seclusion;
- (n) thresholds for restraints;
- (o) the physiological and psychological impact of restraint;
- (p) appropriate monitoring;
- (q) staff shall be trained to recognize the physical signs of distress, positional asphyxia, and obtaining medical assistance;
- (r) staff shall be trained how to intervene if another staff member fails to follow correct procedures when using a restraint;
- (s) staff shall be trained on time limits for restraints;
- (t) the process for obtaining clinical approval for continued restraints;
- (v) the procedure for documenting and reporting restraints;
- (w) the procedure for processing restraints with clients;
- (x) the procedure for following up with staff after a restraint;
- (y) how staff shall address injuries and complaints;
- (z) department code of conduct; and
- (aa) client rights listed in Section [R501-1-27](#).

(6) A congregate care seclusion policy may only be approved by the office if it reflects the following:

(a) seclusion is only used to ensure the immediate safety of the child or others and must be terminated as soon as the risks have been mitigated, not to exceed four hours without clinical justification; *A seclusion must be terminated as soon as the immediate risk is mitigated. Clinical justification is required to keep a child in seclusion beyond the 4 hour time frame. A clinician cannot authorize seclusion if it contradicts the statutory requirements as outlined in [62A-2-123\(4\)](#).*

(b) staff who are familiar to the child must directly supervise the child for the duration of the seclusion;

(c) staff supervising seclusion shall ensure that any potentially harmful items or objects are removed from the seclusion environment;

(d) seclusion rooms shall measure a minimum of 75 square feet and have a minimum ceiling height of seven feet with no equipment, hardware or furnishings that obstruct staff's view of the client or present a hazard;

(e) seclusion rooms shall have either natural or mechanical ventilation with break resistant windows and either a break resistant two-way mirror or camera that allows for observation of the entire room;

(f) seclusion rooms shall not have locking capability and shall not be located in closets, bathrooms, unfurnished areas or other areas not designated as part of residential living space;

(g) bedrooms shall not be utilized as a seclusion room and seclusion rooms shall not be utilized as bedrooms;

(h) seclusion shall be documented in detail by the staff involved in initiating and supervising the seclusion episode;

(i) seclusion episodes of more than two in a 24-hour period require clinical review and documentation regarding client suitability for remaining in the program; and (j) client time out may be used when addressing behavioral issues if:

- (i) a client in time-out is never physically prevented from leaving the time-out area;
- (ii) it takes place away from the area of activity or from other clients, such as in the client's bedroom;

- (iii) staff monitors the client while in time-out; and
- (iv) the reason for and duration of time out is documented by staff on duty at the time it occurs.

R501-1-27. Client Rights.

- (1) Clients have the right to:
 - (a) be treated with dignity;
 - (b) be referred to by their preferred pronouns *this is being removed due to the fact that it is not necessary for compliance with the statute. Licensors will not enforce this rule in the interim period until the rule revision is published in March 2022.*
 - (c) be free from potential harm or acts of violence;
 - (d) be free from discrimination;
 - (e) be free from abuse, neglect, mistreatment, exploitation, unusual or unnecessary consequences, and fraud;
 - (f) privacy of current and closed records;
 - (g) communicate and visit privately with family, attorney, clergy, physician, counselor, or case manager, unless therapeutically contraindicated or court restricted; and (h) be informed of program policies and procedures that affect client or guardian's ability to make informed decisions regarding client care, to include:
 - (i) program expectations, requirements, mandatory or voluntary aspects of the program;
 - (ii) consequences for non-compliance;
 - (iii) reasons for involuntary termination from the program and criteria for re-admission;
 - (iv) program service fees and billing; and
 - (v) safety and characteristics of the physical environment

where services will be provided.

- (2) Clients shall be informed of these rights and an acknowledgment by the client or guardian shall be maintained in the client file.

Poster located on our website www.hslc.utah.gov under Licensing>forms>provider posters.

R501-1-28. Compliance.

- (1) A licensee that is in operation on the effective date of this Rule shall be given 60 days to achieve compliance with this Rule. *March 8, 2022 is 60 days. However, this rule is in effect and can and will be enforced, but new items that may take longer to come into compliance (ie policy changes) will be allowed up to 60 days to fully comply. All existing rules that haven't changed, need to be in compliance immediately.*