NOTICE OF PROPOSED RULE

TYPE OF RULE: Amendment Filina ID: 55383 Rule or Section Number: R501-18 Agency Information 1. Department: Health and Human Services Agency: Human Services Program Licensing Building: MASOB Street address: 195 N 1950 W City, state and zip: Salt Lake City, UT 84116 Contact persons: Name: Phone: Email: Janice Weinman 385-321-5586 jweinman@utah.gov Jonah Shaw 385-310-2389 jshaw@utah.gov Please address questions regarding information on this notice to the agency.

General Information

2. Rule or section catchline:

R501-18. Recovery Residence Services

3. Purpose of the new rule or reason for the change (Why is the agency submitting this filing?):

The purpose of this amendment is to modify and replace outdated language with the Utah Rulewriting Manual standards.

4. Summary of the new rule or change (What does this filing do? If this is a repeal and reenact, explain the substantive differences between the repealed rule and the reenacted rule):

The revisions include more specific language and formatting consistent with the Utah Rulewriting Manual.

Additionally, it removes outdated citations and aligns with current industry standards.

One substantive change addressing medical cannabis was added at the request of our sister agency, the Office of Substance Use and Mental Health, wording was approved by the directors of OSUMH and the Center for Medical Cannabis.

Fiscal Information

5. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A) State budget:

The state government process was thoroughly reviewed. This change will not impact the current process for licensure and relicensure.

No change to the state budget is expected because this amendment modifies and replaces outdated language and citations, most of the stricken content is now located in Rule R501-1.

B) Local governments:

Local government city business licensing requirements were considered.

This proposed rule amendment should not impact local governments' revenues or expenditures because this amendment modifies and replaces outdated language with the Utah Rulewriting Manual standards. Recovery residence programs are regulated by the Department of Health and Human Services (Department) and not local governments.

There will be no change in local business licensing or any other item(s) with which local government is involved.

There are no fiscal impacts to local government resulting from the substantive or nonsubstantive changes in this rule content.

C) Small businesses ("small business" means a business employing 1-49 persons):

Small businesses impacted will be insignificant, as the new rule content was amended to address duplicative content across all rule categories.

Rule R501-1 is the streamlined and updated version of the stricken content of this rule as it applies to all license categories.

There are no fiscal impacts to small businesses resulting from the substantive or nonsubstantive changes in this rule content.

D) Non-small businesses ("non-small business" means a business employing 50 or more persons):

Non-small businesses impacted will be insignificant, as the new rule content was amended to address duplicative content across all rule categories.

Rule R501-1 is the streamlined and updated version of the stricken content of this rule as it applies to all license categories.

There are no fiscal impacts to non-small businesses resulting from the substantive or nonsubstantive changes in this rule content.

E) Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency):

After conducting a thorough analysis, it was determined that this rule amendment will not result in a fiscal impact to any affected persons because this amendment modifies and replaces outdated language with the Utah Rulewriting Manual standards.

The substantive and nonsubstantive changes being made clarify and outline existing industry standards and requirements for the protection of clients in recovery residence programs.

There will be no fiscal impacts on any affected persons as a result of this rule.

F) Compliance costs for affected persons (How much will it cost an impacted entity to adhere to this rule or its changes?):

This rule amendment does not introduce any new processes that will incur a cost for affected persons.

G) Regulatory Impact Summary Table (This table only includes fiscal impacts that could be measured. If there are inestimable fiscal impacts, they will not be included in this table. Inestimable impacts will be included in narratives above.)

Regulatory Impact Table							
Fiscal Cost	FY2023	FY2024	FY2025				
State Government	\$0	\$0	\$0				
Local Governments	\$0	\$0	\$0				
Small Businesses	\$0	\$0	\$0				
Non-Small Businesses	\$0	\$0	\$0				
Other Persons	\$0 \$0		\$0				
Total Fiscal Cost	\$0	\$0	\$0				
Fiscal Benefits	FY2023	FY2024	FY2025				
State Government	\$0	\$0	\$0				
Local Governments	\$0	\$0	\$0				
Small Businesses	\$0	\$0	\$0				
Non-Small Businesses	\$0	\$0	\$0				
Other Persons	\$0	\$0	\$0				
Total Fiscal Benefits	\$0	\$0	\$0				
Net Fiscal Benefits	\$0	\$0	\$0				

H) Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of Department of Health and Human Services, Tracy Gruber, has reviewed and approved this regulatory impact analysis.

Citation Information

6. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 26B-2-104

Section 26B-2-117

Public Notice Information

8. The public may submit written or oral comments to the agency identified in box 1. (The public may also request a hearing by submitting a written request to the agency. See Section 63G-3-302 and Rule R15-1 for more information.) 06/14/2023

A) Comments will be accepted until:

9. This rule change MAY become effective on: 06/21/2023

NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.

Agency Authorization Information						
Agency	head	or	Tracy Gruber, Executive Director	Date:	05/01/2023	
designee	and title	e:				

R501. Health and Human Services, Administration, Administrative Services, Licensing.

R501-18. Recovery Residence Services.

R501-18-1. Authority.

[This Rule is authorized by-]Sections 26B-2-104[62A-2-101 et seq.] and 26B-2-117 authorize this rule.

R501-18-2. Purpose.

- This rule establishes:
- (1) B[b]asic health and safety standards for recovery residences; and
- (2) M[m]inimum administration requirements.

R501-18-3. Definitions.

(1) "Currently Enrolled Client" is an individual who is a participatory resident of the sober living environment of a recovery residence and is also referred to as ["Client"]client in [this chapter]Title R501.

(2) "Manager" is an individual designated in writing by the director to oversee the day-to-day supervision of staff and clients as well as the overall operation of the facility. The manager or substitute manager cannot be a currently enrolled client.] (2) "Provider" means the same as licensee as defined in Section 26B-2-101.

(3) "Recovery Residence" is $\left[\frac{1}{48}\right]$ defined in S[ubs]ection 26B-2-101[62A-2-101(22)] and [includes a variety of] is also referred to as sober living.[-settings.]

R501-18-4. Legal Requirements.

(1) [A recovery residence shall comply with this R501-18 and:]In addition to this rule, the provider shall comply with Rules R501-1, General Provisions and R501-14, Human Service Program Background Screenings and any applicable local, state, and federal laws.

([a]2) [R501-1, General Provisions;]The provider shall comply with Rule R501-14 for background screenings by either:

(b) R501-2, Core Rules;

(c) R501-14 by either:]

([i]a) participating in the background clearances for all staff; or

([ii]b) obtaining an approval by the [Office of Licensing] Division of Licensing and Background Checks for an exemption as outlined in Rule R501-14.

(d) all applicable local, state, and federal laws.]

([2]3) A recovery residence provider wishing to that offers clinical treatment services, shall comply with R501-19and]obtain a residential treatment license or applicable separate outpatient or day treatment license. [- No elinical treatment shalloccur at a recovery residence site.]

(a) Clinical treatment may not be a mandatory condition of residence.

(b) Clinical treatment may not be offered within the recovery residence.

([3]4) [A recovery residence]A provider [wishing to]that offers social detoxification services shall [comply with R501-11 and]obtain a separate social detoxification license [prior to]before offering any social detoxification services[-onsite]. The provider shall not provide housing or services to a client in active withdrawal.[No services shall be provided to those in active withdraw] at a recovery residence site.]

([4]5) A recovery residence program shall only serve adults.

R501-18-5. Administration.

(1) The [recovery residence]provider shall ensure that clients receive supportive services from a person associated with the licensee or from a licensed professional. [-]Supportive services include[-but are not limited to]:

- (a) vocational services;
- (b) peer support;
- (c) skills training; [or]and
- (d) community resource referral.

[______(2) A list of current clients shall be maintained on-site at all times and available to the Department of Human Services-Office of Licensing upon request.]

(2) The provider may not offer, entice, refer, or recommend medical cannabis for residents in a recovery residence or as treatment for substance use disorder, as it is not considered a qualifying condition in Subsection 26B-4-203(2).

R501-18-6. Staffing.

(1) [The program]The provider shall [employ,]contract with, or otherwise provide as needed, referral information for client access to the following:

- (a) [P]physician:
- (b) [P]psychiatrist;
- (c) [M]mental health therapist (LCMHT); or
- (d) [S]substance use disorder counselor (SUDSC).
- (2) [The recovery residence]The provider shall [have an identified recovery residence]identify a director[(s)] who have:

shall have:

(a) Utah licensure, in good standing, as a substance use disorder counselor, licensed clinical social worker or equivalent; or

- (b) [a minimum of 2]two years experience in one of the following:
- (i) administration of a recovery residence;
- (ii) substance use disorder treatment education; or
- (iii) recovery[/] or support services education.
- (3) The director's responsibilities that shall not be delegated include:
- (a) monitoring all aspects of the program and operation of the facility;
- (b) policy and procedure development, implementation, compliance and oversight:[-per R501-2 Core Rule-requirements and to also include:]
 - [(i)](c) clearly defining responsibilities of the director, manager, and staff of the program;
 - ([e]d) supervision, and training [and oversight]of staff; and
 - ([d]e) overseeing [all-]client activities.

(4) The [recovery residence] director may manage directly or employ a manager [as defined in this chapter,] to work under the supervision of the director.

(a) The director shall perform the manager's duties when the manager is on scheduled or unscheduled leave unless the manager designates a <u>substitute</u> manager[-substitute].

- (b) The manager or substitute manager may not be a currently enrolled client.
- (5) <u>In addition to the staff training requirements of Rule R501-1, [7]</u>the director <u>shall maintain[is responsible for</u> maintaining the following] documentation <u>of 40 hours of training covering the following topics</u> for [self]the director, manager and [all]any direct [service]care staff:

[______(a) 40 hours of training completed prior to working with clients and ongoing training sufficient to maintainproficiency in the topics of:]

- ([i]a) recovery services in substance use disorder settings;
- ([ii]b) peer support;
- ([iii]c) emergency overdose reversal;
- ([iv]d) recognition and response to substance-related activities;[-and]
- ([v]e) current certification in First Aid and CPR[-]; and
- (b) documented training regarding compliance with current licensing rules to include:
- (i) R501-1, General Provisions;
- (A) including the annual required Licensing Code of Conduct; and
- (B) Client Rights;
- (ii) R501-2, Core Rules;
- (iii) R501-18 Recovery Residence rules; and
- (iv) all current program policies and procedures.]

(f) an employee may not work unsupervised with clients until training is completed and documented.

(6) [The recovery residence shall have a]The director or manager shall conduct <u>daily</u> on-site visits [daily in order]to ensure client safety and support clients.

- (a) <u>The director or manager shall document visits [Site visits shall be documented]per-site</u>, not per-client[;].
- (b) <u>The director or manager shall utilize site visits [shall]to</u> assess and document the following:
- (i) general safety;
- (ii) general cleanliness;
- (iii) verification that only admitted residents reside or stay overnight at the residence;
- (iv) no presence of alcohol or substances of abuse unless lawfully prescribed; and
- (v) medications are in locked storage.
- (7) The director or manager shall have documented face-to-face or telephone daily contact with each admitted client.

(8) The [recovery residence-]director or manager shall ensure administrative on-call availability at all times and remain able to respond to the recovery residence staff and the Office of Licensing immediately by phone, or at the residence inperson within one hour.

([b]9) <u>The provider shall [have]ensure</u> a [residence-]director, manager, or substitute <u>manager is</u> on-site [a minimumof 7]seven days per week [in order]to assess safety and support clients. <u>The provider shall schedule and document daily</u> visits.[These visits shall be scheduled and documented;]

R501-18-7. Direct Service.

(1) [This subsection supersedes Core Rules, Section R501-2-5. T]In addition to client record requirements of Rule R501-1, the provider shall ensure that the recovery residence client records [shall-]contain[-the following]:

- [(a) name, address, telephone number, email;
- (b) admission date;

(c) emergency contact information with names, address, email, and telephone numbers;

(d) all information that could affect the health, safety or well being of the client to include:

(i) medications;

(ii) allergies;

(iii) chronic conditions; or

(iv) communicable diseases;]

([e]a) intake documentation indicating that the client meets the admission criteria, <u>that includ[ing]es</u> the following:

(i) <u>the client is not currently using or withdrawing from alcohol or substances of abuse; and</u>

- (ii) the client is not presenting with a current clinical assessment that contraindicates this level of care:[-]
- (b) any client medications;
- (c) any client allergies;

(d) any client chronic conditions;

(e) any client communicable diseases;

(f) individual recovery plan[₅] <u>that</u> includes [ing the signature and title of the program representative preparing the recovery plan and the signature of the client; the recovery plan shall include the following]:

(i) documentation of all services provided by the program, including a disclosure that no clinical treatment services occur on-site at the recovery residence; and

- (ii) documentation of all referred supportive services, not directly associated with the recovery residence site[-];
- (g) [the]a signed written lease agreement for the recovery residence, if required;
- (h) a signed agreement indicat[ion]ing that the client was notified in writing [prior to]before admission regarding:

(i) program and client responsibilities related to transportation to and location of off-site services;

(ii) program and client responsibilities related to the provision of toiletries, bedding and linens, laundry, and other household items;

(iii) program and client responsibilities related to shopping, provision of food and preparation of meals;

(iv) fee disclosures includ[ed]ing Medicaid number, insurance information and identification of any other entities who may be billed for the client's services; and

(v) rules of the program.[;]

(2) The recovery plan shall contain the signature and title of the program representative that prepared the plan and the

signature of the client.

(vi) client rights

(vii) grievance and complaint policy;

(viii) critical incident reports involving the client; and

(iv) discharge documentation.]

R501-18-8. Building and Grounds.

(1) In addition to the physical facility requirements of Rule R501-1, the provider shall:[The recovery residence shallensure that building and grounds are safe and well-maintained. Furnishings, finishings, fixtures, equipment, appliances and utilities are operational and in good condition.

(2) The recovery residence shall:

(a) have locking bathroom capability sufficient to preserve the privacy of the occupant;

(b) provide access to a toilet, sink, and a tub or shower; as follows per the International Building Code:]

([i]a) maintain a client to toilet ratio of 1:10[, and];

([ii]b) maintain a client to tub[/] or shower ratio of 1:8[-];

(c) provide a mirror secured to a wall at convenient height;

(d) ensure that each bathroom is ventilated by a screened window that opens, a working fan or heating/airconditioning duct that circulates air;

(e) provide a minimum of 60 square feet per client in a multiple occupant bedroom and 80 square feet in a singleoccupant bedroom. Storage space shall not be counted;

(f) ensure that sleeping areas shall have a source of natural light, and shall be ventilated by a screened window thatopens, a working fan, or heating/air conditioning duct that circulates air;

(g) ensure that each client is provided with a solidly constructed bed, box spring and mattress that is maintained and provides for client comfort and is commensurate with all other client beds in the residence;

(h) ensure that male and female bedrooms are separated within the residence either by floors, walls or locking doors. If locking doors are used, a policy must identify the use of locks to delineate separation:

(i) ensure that clients shall be allowed to decorate and personalize bedrooms with respect for other clients and property;]

([j]c) <u>adhere to the following if a fire clearance is not required [or provided</u>] from the local fire authority:

(i) a bedroom on the ground floor shall have a minimum of one window that may be used to evacuate the room in case of fire; and

(ii) a bedroom that is not on the ground floor [(this includes basements)]shall have a minimum of two exits, at least one of which shall exit directly to outside the building that may be used to evacuate the room in case of fire;

([k]d) [the recovery residences shall-]provide either equipment or reasonable access to equipment for washing and drying of linens and clothing;

[______(l) provide storage commensurate with the clients' assessed ability to safely access hazardous chemicals, materials and acrosols, including but not limited to:

(i) poisonous substances;

(ii) explosive or flammable substances;

(iii) bleach; and

(iv) cleaning supplies;

(m) maintain hazardous chemicals, materials, and aerosols in their original packaging and follow the manufacturer's instructions printed on the label.

([n]e) maintain an [sober-]environment free from non-prescribed substances and alcohol[-];

(f) ensure client mail addressed to the program site is opened by the client in the presence of program staff to ensure that no contraband enters the program; and

(g) ensure any unlawful items found onsite are turned over to law enforcement and a critical incident report made to the office.

[R501-18-9. Food Service.

(1) Meals may be catered, prepared by staff or prepared by clients.

(2) The recovery residence shall have at least one kitchen.

(3) If the recovery residence allows staff or clients to prepare food for clients, it shall comply with food servicerequirements as follows:

(a) develop and follow a food service policy to address:

(i) how special dietary needs and food allergies will be tracked and accommodated;

(ii) how safe food preparation and cleanup will be ensured;

(b) document compliance with, or exemption from, requirements of the local health department to include:

(i) health inspections and clearances; and

(ii) food handler's permits for anyone preparing food for anyone other than self;

(c) food of sufficient nutrition and variety shall be provided;

(d) menus shall be available upon request; and

(e) this does not prohibit clients from preparing their own food and choosing to share with other clients.

(4) The recovery residence shall provide enough seating at tables or tray tables to accommodate all clients-

simultaneously.]

R501-18-[10]9. Medical Standards.

(1) [The recovery residence] The provider shall not admit anyone who is currently in an intoxicated state or

withdrawing from alcohol or drugs or otherwise unable to understand terms and consent to reside in the recovery residence.

[______(2) Before admission or employment, clients and staff shall be screened for Tuberculosis by a questionnaire approvedby the local health department; if further screening is indicated, clients and staff will:

(a) follow appropriate protocol according to the local health department;

(b) provide proof of negative test results for Tuberculosis; and

(c) test annually or more frequently as required.

(3) A recovery residence that manages clients' medications shall keep all prescription and non-prescriptionmedications in locked storage that is not accessible by clients when not in active use.]

([4]2) A [recovery residence]provider shall ensure that clients who manage their own medications keep all prescription and non-prescription medications in individually accessed locked storage that is not accessible to other clients.[-when not in active use.]

[______(5) Non-prescription and prescription medications shall be stored in their original manufacturer's packaging togetherwith manufacturer/pharmacy directions and warnings.]

([6]3) [Naloxone]The provider shall ensure that a non-expired opioid reversal kit [shall be]is safely maintained and available onsite, and staff and clients[-shall be] are trained in its proper use.

(4) Medical cannabis is permitted in a recovery residence only as follows:

(a) for an individual who has a medical cannabis card issued by the Department of Health and Human Services (DHHS);

(b) the cannabis is obtained from a DHHS licensed pharmacy with identifying information on the label; and

(c) the cardholder is instructed and adheres to the requirement to ensure medication is not shared and remains locked at all times when not in active use.

KEY: licensing, human services, recovery residence

Date of Last Change: <u>2023[February 7, 2018]</u> Notice of Continuation: December 9, 2019 Authorizing, and Implemented or Interpreted Law: [62A-2-101; 62A-2-106]26B-2-104; 26B-2-117

!--dar--