Department of Health & Human Services	Personal Care Agency Inspection Checklist R432-725 Personal Care Agency Rule	This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. *(Revised 5/20/2026)*

Facility Name:		**Facility ID:**		**Phone Number:**		**Notes / Sticky Notes**
Address:				**Email Address:**		
Provider:						
Legislative updates for 2026 are found at the end of the checklist. Updates will be enforceable starting May 20, 2026.						

Please request the following items prior to the inspection: (Mark with a check mark if completed and make and necessary notes)			**Please review the following items during the inspection:** (Mark with a check mark if completed and make and necessary notes)		
☐	Current Patient Census and Discharge Census Past 6 months		☐		
☐	Current Employee Roster and past employee roster 6 months		☐		
☐	Inservice Records (6 hours per year including abuse reporting)		☐		
☐	Written Client Rights Made Available		☐		
☐	Admission packet		☐		

Inspection Information:

- The Licensor will email you this inspection checklist after the inspection is completed, if requested.
- These are initial observations and do not constitute a final inspection report.
- An official inspection report will be sent to you once this inspection has been approved by OL management.
- You may submit feedback on this inspection by visiting the website dlbc.utah.gov

Signature Information

Inspection Type:		**Date:**		**Time Started:**		**Time Ended:**	

Number of rule noncompliances:			**Name of Individual Informed of this Inspection:**		
Licensor(s) Conducting this Inspection:				**OL Staff Observing Inspection:**	
☐	**The Licensor reviewed compliance.**				

RULES CHECKLIST									
Rule # **R432-725**		**Rule Description** **R =** **Reviewed** **UR =** **Potential noncompliance was identidied** **NA = Not Assessed during this inspection**	**Reviewed**	**Under Review**	**NA**	**Compliance Required By Date:**	**Corrected During Inspection**	**Technical Assistance**	**Notes**
R432-1-4. Identification Badges			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
4(1)(a)-(b) 4(2)(a)-(b)		(1) A licensee shall ensure that the following individuals wear an identification badge: (a) any employee who provides direct care to a patient; and (b) any volunteer. (2) The identification badge shall include the following information: (a) the person's first or last name; and (b) the person's title or position, in terms generally understood by the public.	☐	☐	☐		☐	☐	
R380-80-4. Providers' Duty to Help Protect Clients.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R380-80-4(1)		(1) The provider shall protect each client from abuse, neglect, exploitation, and mistreatment.	☐	☐	☐		☐	☐	
R380-80-5. Provider Code of Conduct.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R380-80-5(4)		(4) Each provider shall protect clients from abuse, neglect, harm, exploitation, mistreatment, fraud, and any action that may compromise the health and safety of clients through acts or omissions and shall instruct and encourage others to do the same.	☐	☐	☐		☐	☐	
R432-725-5. Administrator.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-725-5(1)		(1) The licensee shall appoint by name and in writing a qualified administrator who is responsible for the agency's overall functions.	☐	☐	☐		☐	☐	
R432-725-5(2)		(2) The administrator shall be at least 21 years of age and have at least one year of managerial or supervisory experience.	☐	☐	☐		☐	☐	
R432-725-5(3)		(3) The administrator shall designate in writing a qualified person who is at least 21 years of age and who shall act in his absence. The designee shall have sufficient power, authority, and freedom to act in the best interests of the client safety and well being.	☐	☐	☐		☐	☐	
R432-725-5(4)		(4) The administrator or designee shall be available during the agency's hours of operation.	☐	☐	☐		☐	☐	

R432-725-6. Personnel.			R	UR	NA	Date	CDI	TA	Notes
R432-725-6(1)		(1) The agency shall maintain documentation for each employee required to be licensed or certified.	☐	☐	☐		☐	☐	
R432-725-6(2)		(2) Copies shall be maintained for Department review that staff have a current license, certificate, or registration. New employees shall have 45 days to present the original document.	☐	☐	☐		☐	☐	
R432-725-6(3)		(3) The agency shall ensure each employee maintains a minimum of six hours of in-service per calendar year, prorated for the first year of employment.	☐	☐	☐		☐	☐	
R432-725-6(4)		(4) An annual in-service shall be documented that staff have been trained in the reporting requirements for suspected abuse, neglect and exploitation.	☐	☐	☐		☐	☐	
R432-725-7. Health Surveillance.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-725-7(1)		(1) The agency shall establish and implement a policy and procedure for health screening of all agency health care workers (persons with direct client contact) to identify any situation which would prevent the employee from performing assigned duties in a satisfactory manner.	☐	☐	☐		☐	☐	
R432-725-7(2)		(2) Employee health screening and immunization components of personnel health programs shall be developed in accordance with R386-702, Communicable Disease Rules.	☐	☐	☐		☐	☐	
R432-725-7(3)(a)-(b)		(3) Employee skin testing by the Mantoux method or other FDA approved in-vitro serologic test and follow up for tuberculosis shall be done in accordance with R388-804, Special Measures for the Control of Tuberculosis. (a) The licensee shall ensure that all employees are skin-tested for tuberculosis within two weeks of: (i) initial hiring; (ii) suspected exposure to a person with active tuberculosis; and (iii) development of symptoms of tuberculosis. (b) Skin testing shall be exempted for all employees with known positive reaction to skin tests.	☐	☐	☐		☐	☐	
R432-725-7(4)		(4) All infections and communicable diseases reportable by law shall be reported by the facility to the local health department in accordance with R386-702-2.	☐	☐	☐		☐	☐	
R432-725-8. Orientation.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

R432-725-8(1)	(1) There shall be documentation that all employees are oriented to the agency and the job for which they are hired.	☐	☐	☐		☐	☐	
R432-725-8(2)(a)-(c)	(2) Orientation shall include but is not limited to: (a) Job descriptions/duties; (b) Ethics, confidentiality, and clients' rights; (c) Reporting requirements for suspected abuse, neglect or exploitation.	☐	☐	☐		☐	☐	
R432-725-9. Admission and Retention.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-725-9(1)	(1) The agency may accept and retain clients for service if the client's needs do not exceed the level of personal care services as determined and documented by a licensed health care professional.	☐	☐	☐		☐	☐	
R432-725-9(2)	(2) If the client's needs exceed the personal care services, the agency shall make a referral to a licensed health care professional or an appropriate alternative service.	☐	☐	☐		☐	☐	
R432-725-10. Service Agreement.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-725-10(1)(a)-(c)	(1) The agency shall obtain a signed and dated service agreement from the client and/or his responsible party. The service agreement shall include the following: (a) A description of services to be performed by the Personal Care Aide; (b) Charges for the services; (c) A statement that a 30-day notice shall be given prior to a change in base charges.	☐	☐	☐		☐	☐	
R432-725-11. Termination of Services Policies.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-725-11(1)(a)-(e)	(1) The agency may discharge a client under any of the following circumstances: (a) Payment for services cannot be met; (b) The safety of the client or provider cannot be assured; (c) The needs of the client exceed the level of care provided by the agency; (d) The client requests termination of services; or (e) The agency discontinues services.	☐	☐	☐		☐	☐	
R432-725-12. Clients' Rights.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-725-12(1)	(1) Written clients' rights shall be established and made available to the client, guardian, next of kin, sponsoring agency, representative payee, and the public.	☐	☐	☐		☐	☐	

R432-725-12(2)		(2) Agency policy may determine how clients' rights information is distributed.	☐	☐	☐		☐	☐	
R432-725-12(3)(a)-(i)		(3) The agency shall insure that each client receiving services has the following rights: (a) To be fully informed of these rights and all rules governing client conduct, as evidenced by documentation in the clinical record; (b) To be fully informed of services and related charges for which the client or a private insurer may be responsible, and to be informed of all changes in charges; (c) To be free of mental abuse, physical abuse and/or exploitation; (d) To be afforded the opportunity to participate in the planning of personal care services, including referral to health care institutions or other agencies, and to refuse to participate in experimental research; (e) To be assured confidential treatment of personal records, and to approve or refuse their release to any individual outside the agency, except in the case of transfer to another agency or health facility, or as required by law or third-party payment contract; (f) To be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs; (g) To be assured that personnel who provide care demonstrate competency through education and experience to carry out the services for which they are responsible; (h) To receive proper identification from the individual providing personal care services; (i) To receive information concerning the procedures to follow to voice complaints about services being performed.	☐	☐	☐		☐	☐	
R432-725-13. Personal Care Agency Records.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-725-13(1)		(1) The Personal Care Agency shall maintain accurate and complete records. Records shall be filed, stored safely, and be easily accessible to staff and the Department.	☐	☐	☐		☐	☐	
R432-725-13(2)		(2) Records shall be protected against access by unauthorized individuals.	☐	☐	☐		☐	☐	
R432-725-13(3)		(3) The Personal Care Agency shall maintain a separate record for each Client which shall be retained by the agency for three years following the last date of service.	☐	☐	☐		☐	☐	

R432-725-13(4)(a)-(d)	(4) The Client record shall contain the following: (a) Client's name, date of birth and address; (b) Client service agreement; (c) Name, address, and telephone number of the individual to be notified in case of accident, emergency or death; (d) Documentation of date and reason for the termination of services.	☐	☐	☐		☐	☐	
R432-725-13(5)(a)-(h)	(5) The Personal Care Agency shall maintain personnel records for each employee and shall retain such records for at least three years following termination of employment. Personnel records must include the following: (a) employee application; (b) date of employment; (c) termination date; (d) reason for leaving; (e) documentation of first aid training; (f) health inventory; (g) TB skin test documentation; and (h) documentation of criminal background screening authorization.	☐	☐	☐		☐	☐	
R432-725-14. Personal Care Aides.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-725-14(1)(a)-(c)	(1) Personal care aides shall be at least 18 years of age and must: (a) Have knowledge of agency policy and procedures; (b) Be trained in first aid; (c) Be able to demonstrate competency in all areas of training for personal care.	☐	☐	☐		☐	☐	
R432-725-14(2)(a)-(b)	(2) Personal Care Aides shall be supervised by an individual with the following qualifications: (a) A licensed nurse; or (b) A Certified Nursing Aide with at least two years experience in personal or home care.	☐	☐	☐		☐	☐	
R432-725-14(3)	(3) The supervisor shall complete an on-site evaluation of the personal care aide and document the quality of the personal care services provided in the client's place of residence every six months.	☐	☐	☐		☐	☐	
R432-725-14(4)	(4) Personal Care Aides shall document observations and services in the individual client record.	☐	☐	☐		☐	☐	
R432-725-15. Penalties.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
	Any person who violates any provision of this rule may be subject to the penalties enumerated in 26-21-11 and R432-3-6 and be punished for violation of a class A misdemeanor as provided in 26-21-16.	☐	☐	☐		☐	☐	
R432-31. Provider Order for Life-Sustaining Treatment.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

R432-31-4(1) Facility Policies and Procedures.	(1) A licensee shall establish and implement policies and procedures that comply with Section 26B-2-802.	☐	☐	☐		☐	☐	
R432-31-4(2)(a-i)	(2) A licensee shall ensure policies and procedures address the licensee's responsibility to: (a) determine upon admission whether each individual has an OLST; (b) ensure an OLST is done in accordance with Section 26B-2-802; (c) identify circumstances when an individual with an OLST is offered the opportunity to change the order; (d) identify circumstances when the facility would not follow an OLST; (e) identify any individual who may be offered the opportunity to complete an OLST, including an individual who has: (i) a serious illness and is likely to face a life-threatening health crisis; (ii) declining cognitive abilities and lacks a surrogate or guardian to make decisions for them; or (iii) specific preferences for end-of-life treatments; (f) make a referral to the primary health care provider to create, replace, or change an OLST, if the licensee's services do not include the supervision of a physician, APRN, or physician assistant; (g) maintain the OLST in the individual's medical record; (h) only permit a qualified provider to assist with the completion of an OLST; and (i) outline that the licensee is not required to offer each individual the opportunity to complete an OLST.	☐	☐	☐		☐	☐	

RULES CHECKLIST

Rule # R432	**Rule Description** **C = Compliant** **NC = Not Compliant** **NA = Not Assessed during this inspection**	**R**	**UR**	**NA**	**Compliance Required By Date:**	**Corrected During Inspection**	**Technical Assistance**	**Notes**
R432-35-3. DACS Process for Covered Providers.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-35-3(1)(a-b)	(1) A covered provider shall enter required information into DACS to initiate a certification for direct patient access of each covered individual before: (a) The OL issues a provisional license or license renewal; and (b) the provider engages a covered individual.	☐	☐	☐		☐	☐	
R432-35-3(2)(a)-(b)	(2) The covered provider shall ensure an engaged covered individual: (a) signs a criminal background check authorization form that is available for review by the OBP; and (b) submits fingerprints within 15 working days of engagement.	☐	☐	☐		☐	☐	

	R432-35-3(3)		(3) The covered provider shall ensure DACS reflects the current status of a covered individual within five working days of the engagement or termination.	☐	☐	☐		☐	☐	
	R432-35-3(4)		(4) The covered provider may provisionally engage a covered individual while certification for direct patient access is pending as permitted in Section 26B-2-239.	☐	☐	☐		☐	☐	
	R432-35-3(5)		(5) If the OBP determines an individual is not eligible for direct patient access, based on information obtained through DACS and the sources listed in Section R432-35-8, the OBP shall send a notice of agency action, as outlined in Section R497-100-5, to the covered provider and the individual.	☐	☐	☐		☐	☐	
	R432-35-3(6)		(6) The covered provider may not arrange for a covered individual who has been determined not eligible for direct patient access to engage in a position with direct patient access.	☐	☐	☐		☐	☐	
	R432-35-3(7)		(7) The OBP may allow a covered individual to have direct patient access with conditions, during an appeal process, if the covered individual demonstrates to the OBP, the work arrangement does not pose a threat to the safety and health of any patient or resident.	☐	☐	☐		☐	☐	
	R432-35-3(8)		(8) The covered provider that provides services in a residential setting shall enter required information into DACS to initiate and obtain certification for direct patient access for each individual 12 years of age and older, who is not a resident and resides in the residential setting. If the individual is not eligible for direct patient access and continues to reside in the setting, the OL may revoke an existing license of or deny licensure to a covered provider.	☐	☐	☐		☐	☐	
	R432-35-3(9)(a)-(d)		(9) The covered provider seeking to renew a license as a health care facility shall utilize DACS to run a verification report and verify each covered individual's information is correct, including: (a) address; (b) email address; (c) employment status; and (d) name.	☐	☐	☐		☐	☐	
	R432-35-3(10)(a-b)		(10)(a) An individual or covered individual seeking licensure as a covered provider shall submit required information to the OBP to initiate and obtain certification for direct patient access before OL issues a provisional license. (b) If the individual is not eligible for direct patient access, the OL may revoke an existing license or deny licensure as a health care facility.	☐	☐	☐		☐	☐	

Legislative Updates 2026			R	UR	NA	Date	CDI	TA	Notes
R380-600-3(2)		Each applicant and provider shall comply with any applicable rule, statute, zoning, fire, safety, sanitation, building and licensing law, regulation, ordinance, and code of the city and county where facility or agency will be or is located.	☐	☐	☐		☐	☐	This is the rule that will be cited for noncompliance with any of the legislative updates. "The provider is out of compliance with this rule by not complying with [statute citation]"
HB 417 Patient Interfacility Transportation Requirements			R	UR	NA	Date	CDI	TA	Notes
26B-2-244. Non-medical transport -- Receiving health care facility requirements.			R	UR	NA	Date	CDI	TA	Notes
26B-2-244(1)(a-g)		(1) As used in this section: (a) "Adequate time" means: (i) for an originating facility located in a county of the fourth, fifth, or sixth class as classified under Section 17-60-104, four hours of being discharged by the originating facility; or (ii) for an originating facility not described in Subsection (1)(a)(i), two hours of being discharged by the originating facility. (b) "Ambulance transportation" means transportation provided by a person licensed under Title 53, Chapter 2d, Emergency Medical Services Act. (c) "Health care provider" means: (i) a physician licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; (ii) a physician assistant licensed under Title 58, Chapter 70a, Utah Physician Assistant Act; or (iii) an advanced practice registered nurse licensed under Subsection 58-31b-301(2)(e). (d) "Interfacility transfer" means the transferring of a patient between an originating facility and a receiving facility. (e)(i) "Non-medical transportation" means transportation that does not: (A) provide medical services during transport; or (B) employ or provide trained medical personnel for transporting an individual. (ii) "Non-medical transportation" includes transportation provided by a family member or public transit. (f) "Originating facility" means a health care facility where a patient is currently admitted or being treated. (g) "Receiving facility" means a health care facility that will receive a patient from an originating facility.	☐	☐	☐		☐	☐	

26B-2-244(2)(a-c)		(2) A health care facility shall allow a patient to use non-medical transportation for an interfacility transfer if: (a) the patient is not subject to: (i) temporary commitment described in Section 26B-5-331; or (ii) involuntary commitment described in Section 26B-5-332; (b) the patient's health care provider at the originating facility determines that: (i) the patient is not in a condition described in Section 53-2d-405; and (ii) the patient's current medical and mental condition does not require ambulance transportation to the receiving facility; and (c) the transfer would not violate the federal Emergency Medical Treatment and Labor Act described in 42 U.S.C. Sec. 1395dd.	☐	☐	☐		☐	☐	
26B-2-244(3)		(3) A patient may request that a health care facility or health care provider determine whether the patient is eligible to use non-medical transportation under Subsection (2).	☐	☐	☐		☐	☐	
26B-2-244(4)(a-d)		(4) For a patient eligible to use non-medical transportation for an interfacility transfer, the health care facility shall provide a written notice to the patient that states: (a) the patient's medical and mental condition does not meet medical necessity for ambulance transportation; (b) insurance may elect not to cover the charges for ambulance transportation; (c) the patient may be responsible for the cost of ambulance transportation; and (d) the current transportation rate and mileage rate established under Section 53-2d-503.	☐	☐	☐		☐	☐	
26B-2-244(5)(a-b)		(5) If a patient uses non-medical transportation as described in this section and arrives at the receiving facility within adequate time, the receiving facility may not: (a) charge the patient or the patient's insurance or other health benefit plan for admission or readmission services unless medical staff have reason to believe the patient's medical condition has changed from when the originating facility discharged the patient to the time of the patient's arrival at the receiving facility; or (b) assign the available bed that the patient was offered upon discharge from the originating facility to an individual that is not the patient.	☐	☐	☐		☐	☐	
26B-2-244(6)		(6) An originating facility or health care provider is immune from civil action for acts or omissions made when allowing a patient to use non-medical transportation if the patient's medical or mental condition at the time the originating facility discharges the patient did not require ambulance transportation to the receiving facility.	☐	☐	☐		☐	☐	
26B-2-244(7)		(7) Nothing in this section restricts a patient's ability to refuse health care services, including any form of transportation.	☐	☐	☐		☐	☐	
S.B. 174 Exercise of Religious Beliefs and Conscience Amendments			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

H.B. 472 Division of Licensing and Background Checks Amendments	R	UR	NA	Date	CDI	TA	Notes
H.B. 472 makes technical and conforming changes, renumbers 26B-2-103, 26B-2-104, and clarifies the definition of an individual that is associated with a licensee.	☐	☐	☐		☐	☐	
Additionally, H.B. 472 requires critical incident reporting across Human Services, Health Facilities and Child Care programs, even though some specifics differ.	☐	☐	☐		☐	☐	
H.B. 259 Parental Access to Children's Medical Records Amendments	**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
26B-2-244. Medical record access for children.	**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
(1) As used in this section: (a) "Child" means an individual under the age of 18 years old. (b) "Electronic medical record system" means an electronic system for maintaining medical records in a clinical setting. (c) "EMRS vendor" means the vendor of an electronic medical record management system. (d) "Health care system" means an entity that owns two or more health care facilities. (e) "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1936, as amended. (f) "Parent" means an individual who has a parent-child relationship, as defined in Section 81-5-102, with the child.	☐	☐	☐		☐	☐	
(2) A parent has the right to obtain and access the medical records that pertain to the parent's child unless: (a) the parent's parental rights have been terminated; (b) the child is emancipated or legally married; (c) required by a court order; or (d) the medical record relates to sexual assault counseling in accordance with Section 77-38-204.	☐	☐	☐		☐	☐	
(3)(a) Subject to Subsection (3)(b), a health care facility may not restrict a parent's access to the electronic medical record of the parent's child. (b)A health care facility may: (i)restrict a parent's access to an electronic medical record of the parent's child for a reason described in Subsection (2); and (ii)only restrict access to the portion of the electronic medical record that would be restricted under Subsection (2).	☐	☐	☐		☐	☐	

			(4) An EMRS vendor providing an electronic medical record system for a health care facility shall ensure the electronic medical record system provided to the health care facility is capable of being modified by the health care facility to comply with Subsection (3).	☐	☐	☐		☐	☐	
			(5)(a) Subject to Subsection (5)(f), a health care facility in violation of Subsection (3) is subject to a $1,000 civil fine for each day the health care facility does not comply with Subsection (3) after December 31, 2027. (b) An EMRS vendor in violation of Subsection (4) is subject to a $1,000 civil fine for each day the EMRS vendor's electronic medical record system does not comply with Subsection (4) after December 31, 2027. (c) The attorney general may bring a civil action against a health care facility or EMRS vendor to enforce this section. (d) In enforcing this section, the attorney general may issue subpoenas in investigating a potential violation. (e) A court shall award attorney fees to the attorney general if the attorney general is successful in an enforcement action described in this section. (f) If two or more health care facilities are owned by a health care system and not in compliance with Subsection (3), the civil fine described in Subsection (5)(a) shall be assessed against the health care system for each day of noncompliance as if the health care facilities were a single health care facility.	☐	☐	☐		☐	☐	

			(6)(a) A health care facility shall: (i) provide a notice to any parent that is unable to access a part of an electronic medical record if: (A) the electronic medical record system is unable to provide the parent access; and (B) the parent is not otherwise precluded from access to the records under HIPAA or Subsection (2); and (ii) upon request, provide the parent medical records. (b) A health care facility shall provide records under Subsection (6)(a): (i) without charge; and (ii) within five business days of the day on which the health care facility receives the request. (c) A health care facility that fails to provide records in accordance with this Subsection (6) is subject to a $1,000 civil fine per record. (d) The notice described in Subsection (6)(a)(i) shall state the following "If your child's medical records are not visible, click here to request them. They must be provided within five business days or a $1,000 fine applies per Utah Code Section 26B-2-244."	☐	☐	☐		☐	☐	
			(7) A fine collected under this section shall be deposited into the fund described in Section 26B-1-335.	☐	☐	☐		☐	☐	
			(8) Subsections (3) through (7) do not apply to the Utah State Hospital.	☐	☐	☐		☐	☐	
				0	0	0	0	0	0	0

RULES CHECKLIST									
Rule # R432-35		**Rule Description** **R = Reviewed UR = Potential noncompliance was identidied NA = Not Assessed during this inspection**	**Reviewed**	**Under Review**	**NA**	**Compliance Required By Date:**	**Corrected During Inspection**	**Technical Assistance:**	**Notes**
R432-35-3. DACS Process for Covered Providers.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-35-3(1)(a-b)		(1) A covered provider shall enter required information into DACS to initiate a certification for direct patient access of each covered individual before: (a) The OL issues a provisional license or license renewal; and (b) the provider engages a covered individual.	☐	☐	☐		☐	☐	
R432-35-3(2)(a)-(b)		(2) The covered provider shall ensure an engaged covered individual: (a) signs a criminal background check authorization form that is available for review by the OBP; and (b) submits fingerprints within 15 working days of engagement.	☐	☐	☐		☐	☐	
R432-35-3(3)		(3) The covered provider shall ensure DACS reflects the current status of a covered individual within five working days of the engagement or termination.	☐	☐	☐		☐	☐	
R432-35-3(4)		(4) The covered provider may provisionally engage a covered individual while certification for direct patient access is pending as permitted in Section 26B-2-239.	☐	☐	☐		☐	☐	
R432-35-3(5)		(5) If the OBP determines an individual is not eligible for direct patient access, based on information obtained through DACS and the sources listed in Section R432-35-8, the OBP shall send a notice of agency action, as outlined in Section R497-100-5, to the covered provider and the individual.	☐	☐	☐		☐	☐	
R432-35-3(6)		(6) The covered provider may not arrange for a covered individual who has been determined not eligible for direct patient access to engage in a position with direct patient access.	☐	☐	☐		☐	☐	
R432-35-3(7)		(7) The OBP may allow a covered individual to have direct patient access with conditions, during an appeal process, if the covered individual demonstrates to the OBP, the work arrangement does not pose a threat to the safety and health of any patient or resident.	☐	☐	☐		☐	☐	

R432-35-3(8)		(8) The covered provider that provides services in a residential setting shall enter required information into DACS to initiate and obtain certification for direct patient access for each individual 12 years of age and older, who is not a resident and resides in the residential setting. If the individual is not eligible for direct patient access and continues to reside in the setting, the OL may revoke an existing license of or deny licensure to a covered provider.	☐	☐	☐		☐	☐	
R432-35-3(9)(a)-(d)		(9) The covered provider seeking to renew a license as a health care facility shall utilize DACS to run a verification report and verify each covered individual's information is correct, including: (a) address; (b) email address; (c) employment status; and (d) name.	☐	☐	☐		☐	☐	
R432-35-3(10)(a-b)		(10)(a) An individual or covered individual seeking licensure as a covered provider shall submit required information to the OBP to initiate and obtain certification for direct patient access before OL issues a provisional license. (b) If the individual is not eligible for direct patient access, the OL may revoke an existing license or deny licensure as a health care facility.	☐	☐	☐		☐	☐	