

UTAH DEPARTMENT OF HUMAN SERVICES  
OFFICE OF LICENSING  
CORE RULES CHECKLIST

Licensing Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Maximum Licensed Capacity: \_\_\_\_\_ Number of Consumers Enrolled: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Fee Charged: \_\_\_\_\_

**\* Effective May 4, 1998, (62A-2-106) For programs contracted to a DHS Division listed in 62A-1-105, these rules will be reviewed by contract monitors in coordination with the Office of Licensing**

COMPLIANCE REQUIREMENTS	Y	N	N	CONT	COMMENTS
R501-2	E	O	/	RACT	
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<b>R501-2-2. ADMINISTRATION</b>					
A. Program has written statement of purpose, including the following: 1. program philosophy, 2. description of long and short term goals, (this does not apply to social detoxification or child placing adoption agencies) 3. description of services provided, population to be served, 4. fee policy, 5. participation of consumers in activities unrelated to treatment plans, and. 6. program policies and procedures shall be submitted before issuance of an initial license.					
B. Copies of above are available at all times to the Office, and general program information is available to the public.					
C. Program has written quality assurance plan; implementation is documented.					
D. Program has clearly stated guidelines and procedures, to include the following: 1. program management, 2. maintenance of complete, accurate and accessible records, and 3. record retention.					
E. Governing body, program operators, management, employees, consultants, volunteers and interns have read, understand, follow and signed a copy of the current DHS Provider Code of Conduct.					
F. Program complies with state and federal laws regarding abuse reporting, and has posted a copy of the laws in a conspicuous place within the facility.					
G. If program serves minors or vulnerable adults, they submit information for background screening of all persons associated with the license that have access to clients.					
H. Program complies with all applicable interstate Compact laws.					
I. Substance abuse programs shall complete the National Survey of Substance Abuse Treatment annually and comply with confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2.					
J. Program license shall be posted in a conspicuous place on the premises. Program posts Civil Rights, Notice of Agency Actions, Abuse and Neglect Reporting, and ADA notices as applicable					
K. Program does not handle any major personal business affairs of a consumer, without written request by consumer or legal representative.					

COMPLIANCE REQUIREMENTS R501-2	Y E S	N O	N / A	CONT RACT	COMMENTS
<b>R501-2-3. Governance</b> A. Program has a governing body that is responsible and has authority over the policies, training and monitoring of staff and consumer activities for all phases of the program. They include the following: <ol style="list-style-type: none"> <li>1. ensure program policy and procedure compliance.</li> <li>2. ensure continual compliance with relevant local, state and federal requirements,</li> <li>3. notify the Office within 30 days of changes in program administration and purpose,</li> <li>4. ensures that program is fiscally and operationally sound, (The program is a “going concern”)</li> <li>5. ensures program has adequate staffing as identified on the organizational chart,</li> <li>6. ensures program has general liability insurance, professional liability insurance as appropriate, vehicle insurance for transport of consumers, and fire insurance, and</li> <li>7. If program serves youth, program director or designee meets with the Superintendent or designee of the local school district at the time of initial licensure, and then again each year as the program renews it's license to complete the necessary student forms, including youth education forms.</li> </ol>					
B. The governing body shall be one of the following: <ol style="list-style-type: none"> <li>1. a Board of Directors in a non-profit organization; or</li> <li>2. commissioners or appointed officials of a governmental unit; or</li> <li>3. Board of Directors or individual owners of for-profit organization.</li> </ol>					
C. Program has a list of members of the governing body indicating name, address, and term of membership.					
D. Program has organization chart that identifies operating units of program, their inter-relationships. Chart defines lines of authority/ responsibility for all staff, and identifies by name the staff who fills each position on the chart.					
F. If the governing body is composed of more than one person, written by-laws have been established, formal meetings are held at least twice a year, (child placing agencies meet quarterly). Written minutes are kept, which are available for review by the Office. They include the following: <ol style="list-style-type: none"> <li>1. attendance,</li> <li>2. date,</li> <li>3. agenda items, and</li> <li>4. actions.</li> </ol>					
<b>R501-2-4. STATUTORY AUTHORITY</b>					
A. If program is publicly operated, it documents statutory basis for existence.					
B. If program is privately operated, it documents ownership and incorporation					
<b>R501-2-5. RECORD KEEPING</b>					
Program has a written record for each consumer which includes the following: <ol style="list-style-type: none"> <li>A. Demographic information, including Medicaid number as required.</li> </ol>				*	
B. biographical information,				*	

COMPLIANCE REQUIREMENTS R501-2	Y E S	N O	N / A	CONT RACT	COMMENTS
C. pertinent background information, including the following: 1. personal history, including social, emotional, psychological and physical development, 2. legal status, 3. emergency contact, including name, address and telephone number, and 4. photo, as needed				* * * *	
D. health records of consumers, including: 1. immunizations, (this is not applicable to adult programs), 2. medication, 3. records of physical exams, dental and visual exams, and 4. other pertinent health records and information,				* * * *	
E. signed consent forms for treatment and signed Release of Information form,					
F. copy of consumer's individual treatment or service plan,				*	
G. summary of family visits and contacts, and				*	
H. summary of attendance and absences.				*	
<b>R501-2-6. DIRECT SERVICE MANAGEMENT</b>					
A. Not applicable to social detoxification. Program has a written eligibility policy and procedure, approved by a licensed clinical professional which includes the following: 1. legal status, 2. age and sex of consumer, 3. consumer needs or problems best addressed by program, 4. program limitations, and 5. appropriate placement.					
B. Program has written admission policy and procedure to include the following: 1. appropriate intake process, 2. age groupings are approved by the Office of Licensing, 3. pre-placement requirements, 4. self-admission, 5. notification of legally responsible person, and 6. reason for refusal of admission, including a written, signed statement.					
C. Intake Evaluation: 1. At the time of intake an assessment is conducted to evaluate health and family history, medical, social, psychological and, as appropriate, developmental, vocational, and educational factors. 2. In emergency situations, which necessitate immediate placement, the intake evaluation is completed within seven days of admission. 3. All methods used in evaluating a consumer consider, cultural background, dominant language, and mode of communication.					
D. Written consumer agreement is developed with consumer, and the legally responsible person, if applicable, signed by all parties, kept in consumer's record, with copies available to involved persons, It includes the following: 1. rules of program, 2. consumer and family expectations, 3. services to be provided, and cost of service, 4. authorization to serve and to obtain emergency					



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<p>developed with consumer’s participation, or legally responsible party if necessary. The plan shall include the following:</p> <ol style="list-style-type: none"> <li>1) reason for discharge or transfer,</li> <li>2) adequate discharge plan, including aftercare planning,</li> <li>3) summary of services provided,</li> <li>4) evaluation of achievement of treatment goals or objectives,</li> <li>5) signature and title of staff preparing summary, and</li> <li>6) date of discharge or transfer.</li> </ol> <p>d. The program has a written policy concerning unplanned discharge.</p> <p>8. Incident or Crisis Intervention records:</p> <ol style="list-style-type: none"> <li>a. Program has written policies and procedures which includes: reporting to program management, documentation and management review of incidents such as deaths of consumers, serious injuries, fights, or physical confrontations, situations requiring the use of passive physical restraints, suspected incidents of abuse or neglect, unusual incidents, and other situations or circumstances affecting the health, safety, or well-being of consumers.</li> <li>b. Records include the following:               <ol style="list-style-type: none"> <li>1) summary information,</li> <li>2) date, time of emergency intervention,</li> <li>3) action taken,</li> <li>4) employees and management responsible and involved,</li> <li>5) follow up information,</li> <li>6) list of referrals,</li> <li>7) signature and title of staff preparing report, and</li> <li>8) records are signed by management staff.</li> </ol> </li> <li>c. Report is maintained in individual consumer records.</li> <li>d. When an incident involves abuse or neglect, serious injury or illness, violation of the Provider Code of Conduct, or death of a consumer, the program shall:               <ol style="list-style-type: none"> <li>1) Notify the Office of Licensing, legally responsible person and any applicable agency which may include law enforcement.</li> <li>2) A preliminary written report shall be submitted to the Office of Licensing within 24 hours of the incident.</li> </ol> </li> </ol>					
<p><b>R501-2-7. Behavior Management</b></p> <p>A. Program has on file for public inspection, a written policy and procedure for the methods of behavior management. They include the following.</p> <ol style="list-style-type: none"> <li>1. definition of appropriate and inappropriate behavior of consumers,</li> <li>2. acceptable staff responses to inappropriate behaviors, and</li> <li>3. consequences.</li> </ol>					
<p>B. Policy is provided to all staff, and staff receives training relative to behavior management at least annually.</p>					

COMPLIANCE REQUIREMENTS R501-2	Y E S	N O	N / A	CONT RACT	COMMENTS
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C. No management person authorizes or uses, and no staff member uses, any method designed to humiliate or frighten a consumer.					
D. No management person authorizes or uses, and no staff member uses or permits the use of physical restraint with the exception of passive physical restraint. Passive physical restraint is used only as a temporary means of physical containment to protect the consumer, other persons, or property from harm. Passive physical restraint is not associated with punishment in any way.					
E. Staff involved in an emergency safety intervention that results in an injury to a resident or staff must meet with the clinical professional to evaluate the circumstances that caused the injury and develop a plan to prevent futures injuries.					
<p>F. Programs using time out or seclusion methods shall comply with the following:</p> <ol style="list-style-type: none"> <li>1. The program will have a written policy and procedure which has been approved by the Office of Licensing to include:                     <ol style="list-style-type: none"> <li>a. Time-out or seclusion is only used when a child's behavior substantially interferes with their ability to participate appropriately, or to function appropriately with other children or the activity. It shall not be used for punishment or as a substitute for other developmentally appropriate positive methods of behavior management.</li> <li>b. Time-out or seclusion shall be documented in detail and provide a clear understanding of the incident which resulted in the child being placed in that time out or seclusion.</li> <li>c. If a child is placed in time out or seclusion more than twice in any twenty-four hour period, a review is conducted by the clinical professional to determine the suitability of the child remaining in the program.</li> <li>d. Any one time out or seclusion shall not exceed 4 hours in duration.</li> <li>e. Staff is required to maintain a visual contact with a child in time out or seclusion at all times.</li> <li>f. If there is any type of emergency such as a fire alarm, or evacuation notification, children in time out or seclusion shall follow the safety plan.</li> <li>g. A child placed in time out or seclusion shall not be in possession of belts, matches, weapons or any other potentially harmful objects or materials that could present a risk of harm to the child.</li> </ol> </li> <li>2. Time out or seclusion areas shall comply with the following:                     <ol style="list-style-type: none"> <li>a. Time out or seclusion rooms shall not have locking capability.</li> <li>b. Time out or seclusion rooms shall not be located in closets, bathrooms, or unfinished basement, attics or locked boxes.</li> <li>c. A time out or seclusion room is not a</li> </ol> </li> </ol>					

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<p><b>R501-2</b></p>					
<p>bedroom, and temporary beds, or mattresses in these areas are not allowed. Time out and seclusion shall not preclude a child's need for sleep, or normal scheduled sleep period.</p> <p>d. All time out or seclusion rooms shall measure at least 75 square feet with a ceiling height of at least 7 feet. They shall have either natural or mechanical ventilation and be equipped with a break resistant window, mirror or camera that allows for full observation of the room. Seclusion rooms shall have no hardware, equipment, or furnishings that obstruct observation of the child, or that present a physical hazard or a suicide risk. Rooms used for time out or seclusion shall be inspected and approved by the local fire department.</p>					
<p>G. The program's licensed clinical professional shall be responsible for supervision of the behavior management procedure.</p>					
<p><b>R501-2-8. Rights of Consumers</b></p> <p>A. Program has a written policy for consumer rights to include the following:</p> <ol style="list-style-type: none"> <li>1. privacy of information for current and closed records,</li> <li>2. reasons for involuntary termination and criteria for re-admission to the program.</li> <li>3. freedom from potential harm or acts of violence to consumers or other,</li> <li>4. consumer responsibilities, tasks, privileges, and rules of conduct,</li> <li>5. service fees and other costs,</li> <li>6. grievance/complaint procedures,</li> <li>7. freedom from discrimination,</li> <li>8. right to be treated with dignity,</li> <li>9. the right to communicate by telephone or in writing with family, attorney, physician, clergyman, counselor, or case managers, except when contraindicated by the licensed clinical professional.</li> <li>10. a list of people whose visitation rights have been restricted through courts,</li> <li>11. the right to send and receive mail providing that security, general health, and safety requirements are met,</li> <li>12. defined smoking policy in accordance with the Utah Clean Air Act, and</li> <li>13. statement of maximum sanctions and consequences reviewed and approved by the Office.</li> </ol>					
<p>B. Consumer is informed of this policy to his or her understanding verbally and in writing. A signed copy is maintained in consumer record.</p>					
<p><b>R501-2-9. Personnel Administration</b></p> <p>A. Program has written personnel policies and procedures including the following:</p> <ol style="list-style-type: none"> <li>1. employee grievances.</li> <li>2. lines of authority,</li> <li>3. orientation and on-going training,</li> <li>4. performance appraisals,</li> <li>5. rules of conduct, and</li> <li>6. sexual and personal harassment.</li> </ol>					

COMPLIANCE REQUIREMENTS R501-2	Y E S	N O	N / A	CONT RACT	COMMENTS
B. Program has a director, appointed by the governing body, who is responsible for management of the program and facility. The Director or designated management person shall be available at all times during operation of the program.					
C. Program shall maintain a personnel file on site for each employee including the following: 1. application for employment, 2. applicable credentials and certifications, 3. initial medical history if directed by governing body, 4. tuberculin test if directed by governing body, 5. food handler permit, where required, by local health authority, 6. training record, 7. annual performance evaluations, 8. I-9 Immigration Form completed, as applicable, 9. documentation of compliance with R501-14 and R501-18 for background screening, and 10. signed copy of the current DHS Provider Code of Conduct.				*	
D. The program follows a written staff to consumer ratio, which meets specific consumer and program needs. Staff to consumer ratio meets or exceeds requirements set forth in categorical rules, R501-17, R501-19, R501-20, R501-21, R501-22, and R501-16.				*	
E. Program employs or contracts with trained or qualified staff to perform following functions: 1. administrative, 2. fiscal, 3. clerical, 4. housekeeping, maintenance, and food service, 5. direct consumer service, and 6. supervisory.					
F. Program has written job description for each position, which includes specific statement of duties and responsibilities, and minimum level of education, training, and work experience required.					
G. Treatment is provided or supervised by licensed professional staff, whose qualifications are determined or approved by the governing body, in accordance with State law.					
H. Governing body ensures that all staff are certified and licensed as legally required.					
I. Program has access to a medical clinic or a physician licensed to practice medicine in the State of Utah.					
J. Program provides interpreters for consumers, or refers consumers to appropriate resources as necessary to communicate with consumers whose primary language is not English.					
K. Program retains personnel file of an employee after termination of employment in accordance with accepted personnel practices.					
L. If program uses volunteers, substitutes, or student interns, the program has a written plan to include the following: 1. direct supervision by a program staff, 2. orientation and training in philosophy of program, needs of consumers and methods of meeting those needs, 3. background screening, 4. record is maintained with demographic					

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R501-2					
5. information, and signed copy of the current DHS Provider Code of Conduct.					
M. Staff Training: 1. Staff members are trained in all policies of the program including the following: a. philosophy, objectives, and services, b. emergency procedures, c. behavior management, d. current program policy and procedures, and e. other relevant subjects. 2. Staff has completed and remains current in a certified first aid and CPR such as or comparable to American Red Cross. 3. Staff has current food handler permit as required by local health authority. 4. Training is documented and maintained on site.					
<b>R501-2-10. Infectious Disease</b> Program has policies and procedures designed to prevent or control infectious and communicable diseases in the facility in accordance with local, state and federal health standards.					
<b>R501-2-11 Emergency Plans</b> A. Program has a written plan of action for disaster and casualties to include the following: 1. designation of authority and staff assignments, 2. plan for evacuation, 3. transportation and relocation of consumers when necessary, and 4. supervision of consumers after evacuation or relocation.					
B. Program educates consumers how to respond to fire warnings and other instructions for life safety, including evacuation.					
C. Program has written plan which personnel follows in medical emergencies and arrangements for medical care, including notification of consumers' physician, and nearest relative or guardian.					
<b>R501-2-12. Safety</b> A. Fire drills, in non-outpatient programs, are conducted at least quarterly and documented. Notation of inadequate response is documented.					
B. Program provides access to an operable 24-hour telephone service. Telephone numbers for emergency assistance are posted.					
C. Program has an adequately supplied first aid kit in the facility, such as recommended by the American Red Cross.					
D. All persons associated with the program having access to children or vulnerable adults who have firearms or ammunition shall assure that they are inaccessible to consumers at all times. Firearms and ammunition that are stored together shall be kept securely locked in security vaults or locked cases, not in glass fronted display cases. Firearms that are stored in display cases shall be rendered inoperable with trigger locks, bolts removed, or other disabling methods. Ammunition for those firearms shall be kept securely locked in a separate location. This does not restrict constitution or statutory rights regarding concealed weapons permits, pursuant to UCA 53-5-701 et seq.					

COMPLIANCE REQUIREMENTS R501-2	Y E S	N O	N / A	CONT RACT	COMMENTS
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<b>R501-2-13. Transportation</b>					
A. Program has a written policy and procedure for transporting (or non-transporting) consumers.					
B. Each program or staff vehicle used to transport consumers has emergency information, which includes at a minimum, the name, address and telephone number of the program or facility or an emergency telephone number.					
C. Program has means, or has made arrangements for transportation in case of emergency.					
D. Drivers of vehicles have a valid driver license and follow safety requirements of the State.					
E. Each vehicle is equipped with an adequately supplied first aid kit, such as recommended by the American Red Cross.					