

**DEPARTMENT OF HUMAN SERVICES
OFFICE OF LICENSING
OUTPATIENT TREATMENT
RULES CHECKLIST**

Licensing Staff: _____ Date: _____

Program: _____

Director: _____

Address: _____

Licensed Capacity: _____ Number of Consumers Enrolled: _____

Provider Signature: _____ Fee: _____

*Effective May 4, 1998 (62A-2-106) Divisions will enforce the following Rules for Licensees under contract.

COMPLIANCE REQUIREMENTS	Y E S	N O	N / A	CON TRACT	COMMENTS
R501-21					
The following is on file: 1. application 2. current staff information (org. chart, staff list) 3. background clearance screening form when required					
R501-21-3. Definition. Program meets definition of outpatient treatment program.					
R501-21-4. Administration. A. Program complies with R501-2, Core Standards.					
B. A current list of enrollment of all registered consumers is on-site at all times.					
R501-21-5. Staffing. Professional staff include at least one of the following individuals who has received training in the specific area listed below: A. Mental Health 1. a licensed physician, or 2. a licensed psychologist, or 3. a licensed mental health therapist, or 4. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist. 5. If unlicensed staff are used, they do not supervise clinical programs. Unlicensed staff are trained to work with psychiatric consumers and are supervised by a licensed clinical professional.				* * * * *	
B. Substance Abuse 1. a licensed physician, or 2. a licensed psychologist, or 3. a licensed mental health therapist, or 4. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist. 5. A licensed substance abuse counselor or unlicensed staff who work with substance abusers is supervised by a licensed clinical professional.				* * * * *	
C. Children and Youth 1. a licensed psychiatrist, or 2. a licensed psychologist, or 3. a licensed mental health therapist, or 4. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist. 5. If the following individuals are used they do not supervise clinical programs: a person with a graduate degree in counseling, psychiatric nursing, marriage and family therapy, social work or psychology working toward a clinical license, and has been approved by DOPL for the appropriate supervision, or a second year graduate student training for one of the above degrees.				* * * * *	

COMPLIANCE REQUIREMENTS R501-21	Y E S	N O	N /	N A C T	COMMENTS
<p>D. Domestic Violence</p> <ol style="list-style-type: none"> 1. a licensed psychiatrist, or 2. a licensed psychologist, or 3. a licensed clinical social worker, or 4. a licensed marriage and family therapist, or 5. a licensed professional counselor, or 6. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist, or 7. a person with a graduate degree in counseling, psychiatric nursing, marriage and family therapy, social work or psychology who is working toward a clinical license, and has been approved by DOPL for the appropriate supervision, or 8. a second year graduate student in training for one of the above degrees, or 9. a licensed social services worker with at least three years of continual, fulltime, related experience, when practicing under the direction and supervision of a license clinical professional. 10. Individuals from categories 7. and 8. above do not supervise clinical programs. Individuals in category 9. above do not supervise clinical programs, and only co-facilitate group therapy sessions with a person qualified per items 1. through 6. above. 				*	
<p>R501-21-6. Direct Service.</p> <p>A. Treatment plans are developed based on assessment and evaluation of individual consumer needs. Treatment may be consultive and may include medication management.</p>				*	
<p>B. Treatment plans are reviewed and signed by a licensed clinical professional as frequently as determined in the treatment plan.</p>					
<p>C. Except for domestic violence, individual, group, couple, or family counseling sessions are provided to the consumer as frequently as determined in the treatment plan. In the consumer's record and in the progress notes, the date of the session and the provider is documented. Treatment sessions may be provided less frequently than once a month if approved by the clinical supervisor and justified in the consumer record.</p>					
<p>D. Domestic violence treatment programs comply with generally accepted practices in the current domestic violence literature and the following requirements:</p> <ol style="list-style-type: none"> 1. Maintain and document cooperative working relationships with domestic violence shelters, treatment programs, referring agencies, custodial parents when the consumer is a minor and local domestic violence coalitions. If the consumer is a perpetrator, contact with victims, current partner, and the criminal justice referring agencies is also required, as appropriate. 2. Treatment sessions for each perpetrator, not including orientation and assessment interviews, is provided for at least one hour per week for a minimum of 16 weeks. Treatment sessions for children and victims is offered a minimum of 10 sessions for each consumer not including intake or orientation. 3. Staff to consumer ratio: <ol style="list-style-type: none"> a. Staff to consumer ratio in adult treatment groups is one to eight for a one hour long group or one to ten for an hour and a half long group. Maximum group size does not exceed 16. b. Child victim or child witness groups have a ratio of one staff to eight children when the consumers are under twelve years of age, and a one staff to ten children ratio when the consumers are twelve years of age or older. 				*	

COMPLIANCE REQUIREMENTS R501-21	Y E S	N O	N / A	CONT RACT	COMMENTS
<p>c. When any consumer enters a treatment program the staff conduct an in-depth, face to face interview and assessment to determine the consumer's clinical profile and treatment needs. For perpetrator consumers, additional information is obtained from the police incident report, perpetrator's criminal history, prior treatment providers, and the victim. If appropriate, additional information for child consumers is obtained from parents, prior treatment providers, schools and CPS. If any of the above information cannot be obtained the reason is documented. The assessment includes the following:</p> <ol style="list-style-type: none"> 1) a profile of the frequency, severity and duration of the domestic violence behavior, which includes a summary of psychological violence, 2) documentation of any homicidal, suicidal ideation and intentions as well as abusive behavior toward children, 3) a clinical diagnosis and a referral for evaluation to determine the need for medication if indicated, 4) documentation of safety planning when the consumer is an adult victim, child victim, or child, and they have contact with the perpetrator. For victims who choose not to become treatment consumers, safety planning is addressed when they are contacted, and 5) documentation that appropriate measures have been taken to protect children from harm. <p>4. Consumers deemed appropriate for a domestic violence treatment program have an individualized treatment plan, which addresses all relevant treatment issues. Consumers who are not deemed appropriate for domestic violence programs are referred to the appropriate resource, with the reasons for referral documented and notification given to the referring agency. Domestic violence counseling is provided when appropriate, concurrently with or after other necessary treatment.</p> <p>5. Conjoint or group therapy sessions with victims and perpetrators together or with both co-perpetrators is not provided until a comprehensive assessment has been completed to determine that the violence has stopped and that conjoint treatment is appropriate. The perpetrator completes a minimum of 12 domestic violence treatment sessions prior to implementing conjoint therapy.</p> <p>6. A written procedure is implemented to facilitate the following in an efficient and timely manner:</p> <ol style="list-style-type: none"> a. entry of the court ordered defendant into treatment, b. notification of consumer compliance, participation or completion, c. disposition of non-compliant consumers, d. notification of the recurrence of violence, and e. notification of factors which may exacerbate an individual's potential for violence. <p>7. Program complies with the Duty To Warn, 78-14a-102.</p> <p>8. Program documents specialized training in domestic violence assessment and treatment practices including 24 hours of pre-service training within the last two years and 16 hours of training annually thereafter for all individuals providing treatment.</p> <p>9. Clinical supervision for treatment staff who are not clinically licensed consists of a minimum of an hour a week to discuss clinical dynamics of cases.</p>					

COMPLIANCE REQUIREMENTS R501-21	Y E S	N O	N / A	CONT RACT	COMMENTS
R501-21-7. Physical Facility. A. Program provides written documentation of compliance with: <ol style="list-style-type: none"> 1. local zoning ordinances, 2. local business license requirements, 3. local building codes, 4. local fire safety regulations, and 5. local health codes. 					
B. Building and Grounds <ol style="list-style-type: none"> 1. Program ensures that the appearance and cleanliness of the building and grounds are maintained. 2. Program takes reasonable measures to ensure a safe physical environment for consumers and staff. 					
R501-21-8. Physical Environment. A. Space is provided for private and group counseling sessions.					
B. Storage: Program has the following: <ol style="list-style-type: none"> 1. locked storage for medications, and 2. locked storage for hazardous chemicals and materials, according to the direction of the local fire authorities. 					
C. Equipment <ol style="list-style-type: none"> 1. Furniture and equipment is of sufficient quantity, variety, and quality to meet program and consumer plans. 2. Furniture and equipment is maintained in a clean and safe condition. 					
D. Bathrooms <ol style="list-style-type: none"> 1. Bathrooms accommodate physically disabled consumers. 2. Bathrooms are maintained in good operating order and are properly equipped with toilet paper, towels, and soap. 3. Bathrooms are ventilated by mechanical means or equipped with a screened window that opens. 					