**R501. Health and Human Services, Human Services Program Licensing.**

**R501-19. Residential Treatment Programs.**

**R501-19-1. Authority and Purpose.**

(1) This rule is authorized by Section 26B-2-104 and establishes standards for licensed providers to provide residential treatment and intermediate secure care.

(2) This rule supplements the general provisions required of each human services program outlined in Rules R501-1 and R380-600.

**R501-19-2. Definitions.**

(1) The terms used in this rule are defined in Rules R501-1, R380-600, and Section 26B-2-101. Additionally:

(2)(a) "Emergency safety intervention" is defined in Section 26B-2-101 and is a restraint reserved at the highest level as a last resort to gain immediate safety through methods that in a non-emergency situation would be considered cruel, unusual, or unnecessary.

(b) An emergency safety intervention is not considered a behavioral compliance method and is only used to ensure immediate safety of a client or staff member.

**R501-19-3. Administration.**

(1) Each residential treatment provider shall document local government approval for new program services or increased consumer capacity as described in Section 26B-2-117.

(2) Each residential treatment provider shall ensure its policies include client privacy accommodation in each bedroom space while assuring client health and safety.

(3) Each residential treatment provider serving a child shall:

(a) provide direct supervision that meets supervision and ratio requirements;

(b) ensure two direct care staff are always on duty;

(c) maintain a staff-to-client ratio of one staff to every four clients except:

(i) as otherwise required by a department contract; or

(ii) to reduce ratios to one staff to every 16 clients during client sleeping hours;

(d) only decrease the number of staff as described in this section if:

(i) each client is appropriately supervised to ensure health and safety at the ratio; and

(ii) each direct care staff remains awake while on duty;

(e) increase the staff-to-client ratio as necessary to ensure the health and safety of the current client population;

(f) only allow direct care staff to perform direct supervision with line of sight check-ins every 15 minutes;

(g) ensure that any direct care staff member assigned to a client's one-on-one supervision is not counted at the same time in the staffing ratio for any other client, except in an emergency situation;

(h) only utilize on-site video surveillance to directly supervise a client in time out or seclusion or as an enhancement to minimum supervision ratio requirements;

(i) conduct and document physical check-ins every 15-minutes when a client is being monitored by video; and

(j) only use video surveillance in a bedroom:

(i) with client, parent, or guardian permission;

(ii) when there is a documented need;

(iii) when the provider monitors cameras or physically checks in at intervals of 15 minutes or less; and

(iv) when video surveillance complies with Rule R539-3 for serving an individual with disabilities.

(4) Each residential treatment provider serving a child may provide step-down privileges to include unsupervised time and authorized departures from the program if the provider:

(a) maintains a staff-to-client ratio of one direct care staff to every four clients;

(b) documents in the client record and communicates to each of the client's direct care staff, the individualized justification for the step-down privileges and which privileges are authorized by a clinical professional;

(c) obtains written parental or guardian consent before allowing step-down privileges; and

(d) provides a policy to each client and parent or guardian that includes:

(i) a description of what constitutes authorized departure and unsupervised time;

(ii) a description of how each step-down privilege, including authorized departure or unsupervised time, is achieved and rescinded;

(iii) a statement that the provider will immediately communicate to each client parent or guardian and direct care staff when the step-down privileges have been rescinded; and

(iv) a statement that no step-down client is allowed to perform any direct care staff duties.

(5) Each residential treatment provider shall make any necessary accommodation to allow a child to continue the child's education with a curriculum approved by the State Board of Education.

(6) Each residential treatment provider that offers education shall utilize a curriculum that is recognized by an educational accreditation organization, including the State Board of Education or the National School Accreditation Board.

(7)(a) In addition to the behavior management policy and training requirements listed in Rule R501-1, each residential treatment provider serving youth shall ensure each direct care staff member is trained through a nationally or regionally recognized curriculum and can recognize the difference between a restraint and an emergency safety intervention.

(b) An emergency safety intervention is subject to each requirement of a restraint for reporting, debriefing, clinical reviews, and training.

(c) An emergency safety intervention may exceed the limitations of any restraint listed in Rule R501-1 with documented justification explaining why a regular restraint or other less intrusive intervention was not used.

(8) Each residential treatment provider serving adults may admit a 17-year-old if the provider:

(a) obtains written permission from the individual's parent or legal guardian;

(b) provides clinical justification;

(c) ensures that the individual sleeps in a separate room from adults or a room that the individual shares with adults no more than two years older than the individual;

(d) ensures that any adult with direct access to the 17-year-old is directly supervised by a direct care staff; and

(e) ensures enhanced safety and supervision measures for treating a minor in an adult setting.

(9) Each residential treatment provider providing services to a substance use disorder client shall:

(a) only admit a substance use disorder client with a level of care that falls within American Society of Addiction Medicine levels 3.1 through 3.5; and

(b) obtain any required licenses before providing any service to a substance use disorder client outside of the residential milieu with a level of care described in Subsection (8)(a), unless otherwise outlined in categorical rule.

(10) Each residential treatment provider that allows a client to participate in food preparation shall ensure the client is trained in safe food handling practices and the provider justifies the client's participation in writing.

(11) Each residential treatment provider shall provide individual, group, and family counseling or other treatment, including skills development, at least weekly or as outlined in the individual's treatment plan.

(12) A clinical professional shall oversee any therapeutic services conducted in the therapeutic environment including:

(a) life skill development;

(b) psychoeducation; and

(c) social coaching.

(13) Each residential treatment provider shall document the time and date of each service provided to each client and include the signature of the individual providing the service.

(14) Each residential treatment provider shall provide indoor space for free and informal client activities.

**R501-19-4. Requirements for Intermediate Secure Treatment.**

(1)(a) Each intermediate secure treatment provider shall clearly define in policy the responsibilities of the manager described in Section R501-1-15.

(b) The licensee shall ensure the manager described in Subsection R501-1-15(2):

(i) is at least 25 years of age;

(ii) has a bachelor's degree or equivalent training in a human service-related field; and

(iii) has at least three years management experience in a residential or secure treatment setting.

(2)(a) Subsection R501-19-3(3)(c) does not apply to an intermediate secure treatment provider serving youth.

(b) An intermediate secure treatment provider serving youth shall maintain a staff-to-client ratio of one staff to every five clients.

(3) Each intermediate secure treatment provider shall ensure that each direct care staff working in an intermediate secure treatment program is trained to work with a child with behavioral or mental health needs and works under the supervision of a licensed clinical professional.

(4) Each intermediate secure treatment provider shall ensure each direct care staff completes 30 hours of additional training annually regarding:

(a) client record and incident documentation;

(b) client rules;

(c) human relations and communication skills;

(d) maintaining staff, client, and visitor safety in a secure setting;

(e) problem-solving and guidance;

(f) the special needs of children and families; and

(g) universal precautions for blood-borne pathogens.

(5) Each intermediate secure treatment provider shall incorporate the use of fixtures and furnishings that help limit self-harm and suicide, including:

(a) non-exposed fire sprinkler heads;

(b) plexiglass or safety glass;

(c) pressure release robe hooks;

(d) recessed lighting; and

(e) sealed light fixtures.

**R501-19-5. Specialized Services Required to Serve Clients Under the Division of Services for People with Disabilities.**

(1) Each residential treatment provider serving a Division of Services for People with Disabilities (DSPD) client shall:

(a) apply for any unearned income benefits for which the client is eligible, in conjunction with the support coordinator for DSPD and each client's parent or guardian;

(b) develop and adhere to policies and procedures governing the daily operation and activity available and applicable to each client and visitor;

(c) ensure the facility is located within a reasonable distance from a:

(i) church;

(ii) recreation and other community facility; and

(iii) school;

(d) maintain a record of any income and client service fee;

(e) maintain an accurate record of each fund deposited with the residential facility for client use;

(f) maintain a list of each deposit and withdrawal;

(g) maintain a receipt signed by the client and professional staff for any purchase over $20;

(h) maintain a record of each client petty cash fund;

(i) present each client with an individual plan that addresses appropriate day treatment;

(j) share a monthly activity schedule with each client; and

(k) specify, in policy, the amount of time any non-client individual may stay as an overnight guest.

(2) If there is a conflict between a licensing rule and the settings rule as defined in Rule R501-1, the settings rule shall prevail.

**R501-19-6. Compliance.**

Any person who violates this rule may be subject to the penalties in Rule R380-600 and Title 26B, Chapter 2, Part 7, Penalties and Investigations.

**KEY: human services, licensing, residential treatment, congregate care**

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