

**Sec. 19a-495-550. Licensure of private freestanding mental health day treatment facilities, intermediate treatment facilities and psychiatric outpatient clinics for adults**

**(a) Definitions.**

(1) "Aftercare" means the continuing contact of the client with a facility which helps to maintain and increase his or her well-being after the completion or termination of participation in a residential treatment facility;

(2) "Applicant" means any individual, firm, partnership, corporation or association applying for a license or renewal of a license under these regulations;

(3) "Certificate of need" means approval of capital expenditures or functions or services from the Commission on Hospitals and Health Care in accordance with Sections 19a-154 to 19a-155, inclusive, of the Connecticut General Statutes;

(4) "Client" means an individual utilizing the services of and admitted to facility;

(5) "Commissioner" means the Commissioner of Health Services;

(6) "Department" means the Connecticut Department of Health Services;

(7) "Direct care staff" means those persons who are directly involved in the delivery of care or treatment;

(8) "Goals" means attainable ends towards which facility and client activities or services are directed and focused;

(9) "Governing body" means the individual or individuals with the ultimate authority and responsibility for the overall operation of a facility's program;

(10) "Intermediate treatment facility" means a facility which provides evaluative, diagnostic, and treatment services in a residential setting for individuals who are experiencing mental, emotional or behavioral problems, disturbances, dysfunctions or disorders as defined in the Diagnostic and Statistical Manual of the American Psychiatric Association, as may be revised from time to time, which do not require a hospital level of treatment;

(11) "License" means the form of permission issued by the department that authorizes the applicant to operate a facility;

(12) "Licensee" means any individual, firm, partnership, corporation or association licensed to conduct a facility;

(13) "Licensed nurse" means registered nurse or practical nurse licensed in Connecticut;

(14) "Day treatment facility" means a facility which provides evaluation, diagnosis, and ambulatory treatment services for individuals who are experiencing mental, emotional or behavioral problems, disturbances, dysfunctions or disorders as defined in the Diagnostic and Statistical Manual of the American Psychiatric Association as it may be revised from time to time and whose unit of service to each client is a minimum of four hours and a maximum of twelve hours;

(15) "Objectives" means specific, measurable and time limited statements designed to achieve overall goals in an incremental process;

(16) "Paraprofessional" means a person trained as a mental health aide to assist a professional;

(17) "Patient rights" means those personal, property, and civil rights to which all clients in any facility defined by these regulations are entitled to under the provisions of Sections

17-206a to 17-206k, inclusive, of the Connecticut General Statutes, as well as all present and revised Federal and State laws, statutes, codes or regulations concerning confidentiality of communication and records;

(18) "Physician" means an individual who has a license to practice medicine in Connecticut;

(19) "Psychiatric outpatient clinic" means a facility which provides evaluation, diagnosis, and ambulatory treatment, to individuals who have mental, emotional or behavioral problems, disturbances, dysfunctions or disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, as it may be revised from time to time;

(20) "Psychosocial rehabilitation services" means services which are designed for individuals in need of mental health services which enable individuals to live, learn, work in their own communities with maximum independence;

(21) "Therapeutic recreation" means individual and group activities designed to improve the physical and mental health and condition of each client;

(22) "Treatment services" means those services including, but not limited to, psychosocial rehabilitation and counseling, which are designed to arrest, reverse or ameliorate the client's mental, emotional or behavioral problems, disturbances, dysfunctions or disorders.

**(b) Licensure Procedure**

(1) Commission on Hospitals and Health Care. A facility shall not be constructed, expended or licensed to operate except upon application for, receipt of approval, and compliance with any limitations and conditions required by the Commission on Hospitals and Health Care pursuant to Connecticut General Statutes, Sections 19a-154 through 19a-155, when applicable.

(2) No person shall operate a facility without a license issued by the Department in accordance with Connecticut General Statutes, Section 19a-491.

(3) Application for Licensure.

(A) Application for the grant or renewal of a license to operate a facility shall be made in writing on forms provided by the Department; shall be signed by the person seeking the authority to operate the facility; shall be notarized, and shall include the following information:

(i) Type of facility proposed to be licensed;

(ii) Evidence of compliance with local zoning ordinances and local building codes upon initial application;

(iii) Local fire marshal's annual certificate of compliance;

(iv) Statement of ownership and operation;

(v) Certificate of public liability insurance;

(vi) Current organizational chart;

(vii) Description of services provided;

(viii) Names and titles of professional staff;

(ix) Evidence of financial capacity, upon initial application.

(B) Application for license renewal shall be made in accordance with subdivision A above and not less than 30 days preceding the date of expiration of the facility's current license.

(4) Issuance and Renewal of Licensure.

(A) Upon determination by the Department that a facility is in compliance with the statutes and regulations pertaining to its licensure, the Department shall issue a license or renewal of license to operate a facility for a period not to exceed one year.

(B) The license shall not be transferable to any other person, or facility or location.

(C) Each license shall list on its face, the location and licensed capacity of the facility, the name of the licensee, the doing business as name, the name of the executive director, the name of the director of the facility and the date of issuance and expiration.

(D) The license shall be posted in a conspicuous place in a room accessible to the public.

(E) The licensee shall immediately notify the Department of any change in executive director or director.

(F) The licensee shall notify the Department in writing of any proposed change of ownership, location or services at least ninety days prior to the effective date of such proposed changes.

(5) Suspension, Revocation, Denial or Non-Renewal of License.

(A) A license may be suspended, revoked, denied or its renewal refused whenever in the judgment of the Department the facility:

(i) Fails to comply with applicable regulations prescribed by the Commissioner;

(ii) Fails to comply with applicable federal, state and local laws, ordinances, rules and regulations relating to building, health, fire protection, safety, sanitation and zoning;

(iii) Furnishes or makes any false or misleading statements to the Department in order to obtain or retain the license.

(B) Refusal to grant the Department access to the facility or to the facility's records shall be grounds for suspension, revocation, denial or non-renewal of the facility's license.

(C) Surrender of license. The facility shall notify in writing each client concerned, the next of kin or legal representative, and any third party payors concerned at least 30 days prior to the voluntary surrender of a facility's license or surrender of license upon the Department's order of revocation, refusal to renew, or suspension of license. In such cases, the current license shall be surrendered, to the Department, within seven days of the termination of operation.

(c) **Multi-Services Facilities.** Each program of a multi-service facility shall conform to those requirements set forth in the Regulations of Connecticut State Agencies governing the applicable program services provided.

(d) **Governing Body and Management.**

(1) A governing body shall be responsible for a facility.

(2) The governing body shall provide written documentation of its source of authority through by-laws or charter.

(3) The governing body shall exercise general direction over the establishment of policies of the organization and may delegate formulation and enactment of procedures in compliance with all local, state, and federal laws. The responsibilities of the governing body shall include:

(A) Adoption and implementation of policies governing all administrative, record management, program evaluation, personnel, fiscal, rehabilitative, clinical, dietary and maintenance aspects of facility operations.

(B) Appointment of a qualified executive director, whose qualifications, authority, and

duties are defined in writing.

(C) Provide a safe, equipped physical plant and maintain the facility and services in accordance with any applicable local, state, and federal laws and regulations.

(D) Establishment of an organizational chart which clearly defines lines of responsibility and authority relating to management and maintenance of the facility.

(E) Establishment of mechanisms and documentation of annual review of all facility policies and procedures.

(F) Meet as required but not less than semi-annually.

(G) Documentation of all current agreements with consultants, practitioners, agencies and providers required by the facility in the delivery of services.

(H) Adoption and review of an emergency preparedness plan.

**(e) Director and Executive Director**

(1) Each facility shall have an Executive Director who is accountable to the governing body.

(2) Each facility shall employ a director responsible for the day-to-day management of the facility. From and after July 1, 1986 no person shall be employed as a director in a facility unless such person has a minimum of a master's degree in a related human service discipline and five years experience in the field of human service, except that any person employed as a director on June 30, 1986 shall be eligible to continue in the facility of employment without restriction.

**(f) Fiscal**

(1) Each facility shall have an individual with the designated responsibility for fiscal affairs.

(2) Each facility shall develop and implement written policies and procedures which govern the fiscal operation. Such policies shall include at least the following:

(A) An annual written budget which shall have documentation of review and approval by the governing body. Revisions in the budget during the fiscal year shall be reviewed and approved by the governing body.

(B) Identification of revenues by source and expenditures for component or services.

(C) Identification of the fiscal year.

(D) Documentation of an annual audit by an independent certified public accountant.

(E) Clients' Funds, Monies and Valuable. Intermediate Treatment Facilities:

(i) Whenever a facility receives or disburses client funds or valuables, the facility shall have a written policy and procedure governing this activity and shall document these transactions. Such documentation shall include:

(aa) Source, date and amount of funds or itemized valuables received by the facility for or from each client.

(bb) Receipts, signed and dated by the facility, given to the client verifying receipt of these monies or valuables.

(cc) Amount of the above funds applied toward the services provided to the client by the facility and the amount made available to the client for his or her personal use.

(dd) Receipts, signed and dated by the client verifying monies received for personal use or the identifying of valuables returned to the client.

(ee) For purchases made by the facility on behalf of clients, the client shall sign a receipt

which identifies the item, the date of receipt of such item, the amount of such purchase and an acknowledgement of having received the sales slip.

(ff) The facility shall document quarterly in writing to the client by date and amount, monies being held for the client by the facility.

(g) **Personnel Practices**

(1) Each facility shall have written policies and procedures governing the recruitment, selection, promotion and termination of program staff as well as policies and procedure relating to:

- (A) Wage and salary administration;
- (B) Employee benefits;
- (C) Organization chart;
- (D) Employee work rules;
- (E) Disciplinary action including suspension or dismissal of staff;
- (F) Annual job performance evaluation;

(G) Physician documentation of periodic physical examinations which are performed for the purpose of preventing infection or contagion from communicable disease.

(2) Personnel policies shall ensure a provision that the facility shall not discriminate because of race, color, religious creed, age, sex, marital status, national origin, ancestry, present or past history of mental disorder, mental retardation or physical disability, including, but not limited to, blindness in its hiring, termination, or promotion practices.

(3) Personnel files shall be maintained identifying all personnel, including consultants, and shall be stored in a manner to protect the confidentiality of the employee in accordance with all state or federal laws governing the same. Each file shall contain:

- (A) An application as completed by employee;
- (B) A resume, if applicable;
- (C) Licensed staff credential verification;
- (D) Past employment reference checks;
- (E) Physician documentation of periodic physical examinations which are performed for the purpose of preventing infection or contagion from communicable disease;
- (F) Job performance evaluations;
- (G) Documentation of orientation.

(4) There shall be a written job description for each staff position within the facility which includes:

- (A) Definition of duties to be performed;
- (B) Supervision received;
- (C) Minimum qualifications;
- (D) Effective revision date.

(5) The facility shall have written policies and procedures governing the utilization of volunteers and which shall include:

- (A) Screening of applicants;
- (B) Training;
- (C) Supervision exercised;
- (D) Responsibilities;
- (E) Limitations as to duties;

(F) Termination of services;

(G) A provision that volunteers shall not be utilized in lieu of required staff.

(6) Staff Development and Orientation.

(A) Employees shall have made available to them all policies and procedures necessary for them to perform the duties specified in their job descriptions and provide for the safety of the clients. Changes in these policies and procedures shall be communicated in a manner prescribed by the Executive Director.

(B) Each facility shall establish a plan to provide initial orientation and ongoing training for staff which clearly describes the type of training necessary to maintain current skills and provide for growth in skill and which relates to the objectives of the services offered.

(C) Each facility shall document staff attendance at inservice or workshops, seminars, etc., with the date, topic discussed, and the person conducting the session.

(h) **Environment.**

(1) Physical Plant.

(A) The standards established by the following sources for the construction, renovation, alteration, maintenance and licensure of all facilities, as they are amended from time to time, are hereby incorporated and made a part hereof by reference:

(i) State of Connecticut Basic Building Code.

(ii) State of Connecticut Fire Safety Code.

(iii) State of Connecticut Public Health Code.

(iv) Local Codes and Ordinances.

(B) Waiver.

(i) The Commissioner or his or her designee, in accordance with the general purposes and intent of these regulations, may waive provisions of subparagraphs (D), (F), (G) and (H) of subdivision (1) of subsection (h) if the Commissioner determines that such waiver would not endanger the life, safety or health of any client. The Commissioner shall have the power to impose conditions which assure the health, safety and welfare of clients upon the grant of such waiver, or to revoke such waiver upon a finding that the health, safety or welfare of any client has been jeopardized.

(ii) Any facility requesting a waiver shall apply in writing to the Department. Such application shall include:

(aa) The specific regulations for which the waiver is requested;

(bb) Reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the facility upon enforcement of the regulations;

(cc) The specific relief requested; and,

(dd) Any documentation which supports the application for waiver.

(iii) In consideration of any application for waiver, the Commissioner or his or her designee may consider the following:

(aa) The level of care provided;

(bb) The maximum client capacity;

(cc) The impact of a waiver on care provided;

(dd) Alternative policies and procedures proposed.

(iv) The Department reserves the right to request additional information before processing an application for waiver.

(v) Any hearing which may be held in conjunction with an application for waiver shall be held in conformance with Chapter 54 of the Connecticut General Statutes and Department regulations.

(C) Any facility initially licensed after the effective date of these regulations shall conform to the construction requirements described herein. Any facility licensed prior to the effective date of these regulations shall comply with construction requirements in effect at the time of licensure, provided, however, that if the Department shall determine that a pre-existing non-conformity creates serious risk of harm to the clients in the facility, the Department may order such facility to comply with the pertinent portion of subdivision (1) of subsection (h) of these regulations. Failure of the facility to comply with a Department order under this subparagraph shall be grounds for action against the license.

(D) General

(i) The facility shall be structurally sound and equipped in a safe and sanitary manner to prevent or minimize all health and fire hazards.

(ii) The building equipment and services shall be maintained in a good state of repair. A maintenance program shall be established to insure that the interior, exterior and grounds of the building are maintained, clean, and free from accumulations of refuse, dilapidated structures, or other health hazards.

(iii) Residential facilities shall provide for an individualized social and physical environment, including opportunities for privacy, in clearly defined living, sleeping and personal care spaces, and shall be sufficient in size to accommodate comfortably the approved number of clients and staff.

(E) New Facilities, Expansions and Conversions. Notification of new construction, expansions and conversions indicating the proposed use shall be submitted to the Department sixty days prior to the initiation of construction.

(F) Basic Requirements.

(i) Site locations shall be accessible to the community, to emergency service vehicles, and where possible to public transportation.

(ii) Established walkways shall be provided for each exit from the building leading to a driveway or street.

(iii) Administration and Public Areas. The following shall be provided based on program needs:

(aa) A lobby with a reception counter or desk, or a waiting area.

(bb) Access to public toilet facilities and telephones.

(cc) Storage space for office equipment, supplies and records.

(G) Special Requirements. Psychiatric Outpatient Clinics and Day Treatment Facilities. Each facility shall have private office space to conduct direct client services.

(H) Special Requirements. Intermediate Treatment Facilities.

(i) Each facility shall have a private office in which to conduct client interviews.

(ii) Client bedrooms shall meet the following requirements:

(aa) There shall be no more than 3 beds per bedroom;

(bb) Net minimum room floor area shall not be less than 80 square feet in single bedrooms and 70 square feet per bed in multi-bed rooms. A variance of this requirement up to 10% of the total square footage will be permitted if it can be demonstrated that the room

configuration results in comfortable accommodation;

(cc) Provide a minimum of three (3) feet space between beds in multi-bed rooms;

(dd) Bunk beds shall not be used;

(ee) All client bedrooms shall open to a common corridor or common room which leads to an exit;

(ff) No client bedroom shall be located in an attic or basement;

(gg) Each client bedroom shall be an outside room with not less than 10% of its total area, devoted to windows;

(hh) Windows shall be equipped with insect screening;

(ii) No room, which opens into the kitchen or necessitates passing through the kitchen to reach any other part of the facility, shall be used as a bedroom; except when occupancy is 15 or less beds;

(jj) Separate rooms shall be provided for men and women;

(kk) The room furnishings for each client shall include: a single bed with a clean, unstained and washable mattress with a mattress pad, an available reading light, one dresser with three drawers, one closet or wardrobe to hang clothing, one chair and one mirror per room.

(iii) Toilet and Bathing Facilities.

(aa) One toilet room shall be directly accessible for each six persons without going through another bedroom; in addition to a toilet, each room shall be equipped with a sink, mirror, toilet tissue, soap, single use disposable paper towels and receptacle.

(bb) A minimum of one toilet, one handwashing sink and one bathtub or shower shall be provided on each residential floor.

(cc) One shower or bathtub shall be provided for each eight clients or fraction thereof in an individual room or enclosure which provides space for the private use of the bathing fixture and for drying and dressing.

(dd) All toilet and bathing facilities shall be well lighted, and ventilated to the outside atmosphere, either by means of a window that can be opened, or by exhaust fans.

(iv) Service Areas. Each facility shall provide adequate areas for living, dining and individual or general program functions.

(aa) A space for group therapy activities shall be provided.

(bb) Multi-purpose rooms shall be provided for general meetings, educational and other social purposes. The total area set aside for these purposes shall not be less than 25 square feet times total licensed capacity.

(cc) Dining area sufficient to accommodate all clients in one sitting shall be provided.

(v) Laundry Service.

(aa) If clients are responsible for their own laundry, residential type laundry facilities shall be provided or made accessible in the community.

(bb) Linen and towels sufficient for two times the capacity of the facilities are to be provided.

(cc) Each facility shall supply bedding for each client which consists of at least one blanket, one bedspread, one pillow, one pillow cover, one pillow case, one bottom sheet, one top sheet and one mattress pad. Bedding shall be appropriate to weather and climate.

(dd) If linen is to be processed on the site, space for soiled linen sorting, adequate laundry



equipment including washer and dryer, and clean linen storage space shall be provided.

(ee) If linen is processed outside of the facility, a soiled linen holding room and a clean linen storage room or area shall be provided.

(vi) Environmental Details.

(aa) All areas used by clients shall have temperatures of not less than 68° F.

(bb) The hot water heating equipment shall have sufficient capacity to supply hot water at the temperature of 110–120° F and at amounts required at all times.

(cc) Only central or permanently installed heating systems shall be used.

(dd) All doors to client bathrooms, toilet rooms, and bedrooms shall be equipped with hardware which will permit access in an emergency.

(ee) Walls, ceilings and floors shall be maintained in a good state of repair and be washable or easily cleanable.

(ff) Hot water or steam pipes located in areas accessible to clients shall have adequate protective insulation.

(gg) Each building shall be provided with a telephone that is accessible for emergency purposes. The facility shall have a public telephone for client use.

(hh) Provisions shall be made to assure an individual's privacy in the bathroom areas.

(ii) All spaces occupied by people, equipment within buildings, approaches to buildings, and parking lots shall have lighting.

(jj) All rooms shall have general lighting and all bedrooms, toilet rooms and offices shall have at least one light fixture switch at the entrance to each room.

(kk) Items such as drinking fountains, telephone booths, vending machines, and portable equipment shall not reduce the corridor width below the width of three feet.

(ll) All doors to client bedrooms and means of egress shall be of a swing type.

(mm) The minimum width of all doors to rooms accessible to clients shall be 2' 4"; except that bathroom doors shall be not less than 2'.

(nn) Effective measures shall be taken to protect against the entrance into the facility or breeding on the premises of vermin. During the season when flies are prevalent, all openings into outer air shall be effectively screened and doors shall be provided to prevent the entrance of flies.

(2) Emergency and Disaster Procedures.

(A) Each facility shall establish written policies and procedures governing appropriate intervention in the event of an emergency or disaster. Such procedures shall require:

(i) Orientation of all staff, and volunteers, in the use of fire extinguishers. Such orientation shall be documented.

(ii) Orientation of all staff, including volunteers, and clients to the written evacuation plan and the diagram of the facility exit routes.

(iii) There shall be documentation of staff orientation to emergency and disaster procedures.

(iv) Fire plans and procedures shall be posted in conspicuous areas throughout the facility.

(v) Emergency and disaster drills shall be conducted on a monthly basis for all residential facilities and on a quarterly basis for all non-residential treatment facilities. Resident facilities shall conduct such drills at various times to provide for three drills per shift in a year.

(vi) Each facility shall have a plan for assigning staff specific duties in the event of disaster or emergency.

(vii) Each facility shall develop and implement a written plan for the checking of first aid supplies on a monthly basis. The plan shall specify the supplies to be stocked, the required amounts of each supply and position title of any staff person responsible for the audit. The facility shall document when first aid supplies are checked.

(B) Special Requirements. Intermediate Treatment Facilities.

(i) Each facility shall have written plans for a provision of temporary physical facilities, to include shelter and food services for their clients, in the event the facility becomes uninhabitable due to disaster or emergency.

(ii) Special Requirements. Psychiatric Outpatient Clinics or Day Treatment Facilities. Each non-residential facility shall have written plan to provide appropriate services for their clients in the event the facility becomes unusable due to disaster or emergency.

(3) Dietary Facilities.

(A) Each intermediate treatment facility shall provide an organized dietary service. It shall include space and equipment for storage, preparation, assembling and serving food, cleaning dishes and disposal of garbage. The following shall apply:

(i) Kitchens shall be separate from other areas and large enough to allow for adequate equipment to prepare and keep food properly.

(ii) All equipment and appliances shall be installed to permit thorough cleaning of the equipment, the floor and the walls around them. The floor surface shall be of non-absorbent material.

(iii) A dishwashing machine shall be provided in any facility with ten or more beds. Commercial dishwashing machines shall be provided in any facility with twenty-five or more beds and shall be separated from the food preparation areas.

(iv) A handwashing sink with a soap dispenser shall be provided. Single service towels and a covered waste receptacle shall be provided in the kitchen area for the exclusive use of the kitchen personnel.

(v) Dry storage space, for at least a three-day supply of food.

(vi) Functional refrigerators and freezers shall be provided for the storage of food to meet the needs of the clients.

(vii) Trash shall be kept in covered receptacles outside the facility.

(viii) A ventilation system shall be provided in the kitchen area.

(4) Pharmaceutical Facilities. Each facility which dispenses medications shall provide: locked storage space; handwashing sink, a non-portable steel narcotics locker; soap and paper towel dispenser; and equipment for preparing and dispensing of medications.

(i) **Food Services. Intermediate Treatment Facility.**

(1) Each facility that provides residential services, shall have a written plan for the provision of food services.

(2) Each facility shall have a dietitian who shall provide consultation on a semiannual basis. Records of such consultation shall be maintained by the facility.

(3) Each facility shall have written menus for the minimum of a one week period in advance which includes breakfast, lunch and dinner. Substitutions in planned menus shall be recorded on the menu in advance whenever possible. Menus and substitutions shall be

kept on file for at least a thirty day period.

(4) Menu selection and food preparation shall take into consideration the clients' cultural background, personal preferences, food habits and dietary needs.

(5) A minimum of three days supply of staple foods shall be maintained at all times.

**(j) Accident or Incident Reports.**

(1) Classification. All accident or incident reports to the department shall employ the following classifications of such events:

Class A: One which has resulted or had the potential to result in serious injury to death.

Class B: One which has interrupted or has the potential to interrupt the services provided by the facility.

Class C: One which results in legal action against the facility.

(2) Report. The Executive Director shall report any accident or incident to the Department as follows:

Class A & B: Immediately by telephone to the department, to be confirmed by written report as provided herein within seventy-two hours of said events.

Class C: Written report to the department as provided herein within seventy-two hours of the initiation of legal action.

(3) Each written report shall contain the following information:

(A) Date of report and date of event.

(B) Facility classification.

(C) Identification of the individuals affected by the event, including, where available: client identification and age, name of employee, visitor, or other, nature of incident, action taken by the facility and disposition.

(D) If an affected individual is or was at the time of the reported event a client of the facility:

(i) Date of admission;

(ii) Current diagnosis;

(iii) Physical and mental status prior to the event; and

(iv) Physical and mental status after the event.

(E) The location, nature and brief description of the event.

(F) The name of the physician consulted, if any, and time of notification of the physician and a report summarizing any subsequent physical examination, including findings and orders.

(G) The name of any witnesses to the event.

(H) Any other information deemed relevant by the reporting authority.

(I) The signature of the person who prepared the report and the Executive Director.

(4) Numbering. Each report shall be identified on each page with a number as follows: the number appearing on the facility license; the last two digits of the calendar year; the sequential number of the report during the calendar year.

(5) The Executive Director shall submit subsequent reports relevant to any accident or incident.

**(k) Service Operations**

(1) Program Evaluation.

(A) Each facility shall have established goals and objectives appropriate to the population

served and program model.

(B) Each facility shall establish a program evaluation process, which will determine the degree to which these goals and objectives are being met. Documentation of corrective action shall be based on this evaluative process.

(2) Client Records.

(A) An organized written record for each client shall be maintained which contains current information sufficient for identification and assessment for the provision of appropriate care, treatment and other applicable services.

(B) Each client record shall contain the following:

- (i) Documentation of advisement of client rights;
- (ii) Social or family background;
- (iii) Next of kin or other designated individual to be notified in the event of an emergency;
- (iv) Physical examination inclusive of medical history when indicated;
- (v) Substance abuse history, if applicable;
- (vi) Educational background;
- (vii) Employment history;
- (viii) Referral source summary to include reason for referral and medications at time of referral;
- (ix) Legal history;
- (x) Releases and notations of release of information.

(C) Each client record shall contain an individualized care plan which must include:

- (i) Specific objectives which are related to stated goals;
- (ii) Name of assigned staff person to develop and monitor the individualized care plan;
- (iii) Description of the type and frequency of services to be provided;
- (iv) Provision for periodic review by designated staff member;
- (v) Description of supportive services determined to be needed;
- (vi) Signatures of the counselor or other staff person formulating the individualized care plan.

(D) Each individual client record shall contain progress notes which document services provided to the client and progress made towards goals and objectives in accordance with the individualized care plan. Each note shall be entered in ink by a direct care staff member or consultant and shall be dated, legible, signed by the person making the entry and his or her position title.

(E) Each individual client record shall contain a current list of all medications and instructions for administration.

(F) Each client record shall contain documentation of the periodic individualized care plan review. Such documentation shall include the date of the review, person conducting the review and any changes in the individualized care plan as the result of the review.

(G) Each client records shall contain a discharge summary which has been written within fifteen days of the individual client's discharge date. This summary shall:

- (i) Indicate the client's progress towards the established individualized care plan goals;
- (ii) Address original reason for referral;
- (iii) Describe the type, frequency and duration of treatment or services;
- (iv) Specify reasons for discharge; and

(v) Identify expectations for future functioning.

(H) Client records shall be stored in a secure manner and shall be accessible only to authorized persons. Originals or copies of these records shall be retained for at least seven years following discharge. The method of destruction of any such records shall be either incineration or shredding.

(I) Each client record shall have documentation, at the time of admission, or an initial assessment which identifies the client's appropriateness for participation in the facility.

(J) Each client record shall contain a comprehensive written assessment which shall be written within 15 days of admission and include identification of individual needs of the client as well as the approaches to meet each identified need, i.e., psychiatric, psychological, recreational, creative arts, dietary, nursing and social work as applicable.

(K) A comprehensive individualized care plan based on the above assessment shall be developed and reviewed as follows:

(i) Day and Intermediate Treatment Facilities.

(aa) Developed no later than thirty calendar days after admission.

(bb) Reviewed at least every sixty calendar days.

(ii) Psychiatric Outpatient Clinics.

(aa) Developed no later than thirty calendar days after admission.

(bb) Reviewed at least every ninety calendar days.

(3) Admissions, Discharge, or Referrals.

Each facility shall have written policies and procedures governing admissions, discharges, and referrals. Such policies shall include:

(A) Identification of the target population and the length of stay;

(B) Criteria for assessing the clients for appropriateness for the facility;

(C) Criteria for admission and readmission;

(D) The admission process;

(E) Criteria for voluntary and involuntary discharge;

(F) Discharge summaries;

(G) Referrals.

(4) Other Agency Agreements. Each facility shall maintain a written agreement with a hospital for emergency and inpatient treatment.

(5) Staffing.

(A) Each facility shall have a sufficient number of staff qualified by virtue of education and training to meet the needs of the clients and the programs or services the facility proposes to deliver.

(B) The services of a consultant may be utilized, in the area of treatment, to meet the needs of the facility or client.

(i) Each consultant to a facility shall have a minimum of a masters degree or license or registration in the field, or in a related area, to which he or she is providing consultation.

(ii) Each consultant's hours and duties shall be documented.

(C) Each facility shall designate a psychiatrist to be responsible for diagnostic and treatment services, whose hours and duties shall be documented. Such psychiatrist shall be a currently licensed physician in the State of Connecticut who is certified or is eligible for certification by the American Board of Psychiatry.

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(D) Each psychiatric outpatient clinic and day treatment facility which administers medication shall have a licensed nurse on duty to administer such medications.

(E) Intermediate treatment facilities during sleeping hours shall have at least one direct care staff person on duty and awake for each thirty clients or fraction thereof.

(F) Intermediate treatment facilities during non-sleeping hours shall at no time have less than one direct care staff person on duty for each ten clients or fraction thereof.

(G) At no time shall there be less than two direct care staff on duty in any intermediate treatment facility.

(H) Each intermediate treatment facility shall have a qualified person designated responsible for a program of recreation or creative arts activities.

(I) Each intermediate treatment facility shall have a licensed nurse on duty and awake at all times.

(6) Medication Control.

(A) Each facility shall have policies and procedures governing medications as they relate to the services provided. Such policies and procedures shall include:

(i) Identification of the system to be utilized;

(ii) Method of obtaining prescription medications;

(iii) Storage of medications;

(iv) Establishment of reasonable controls and monitoring methods necessary to assure the safety of all clients;

(v) Method of destruction and documentation of controlled and uncontrolled substances;

(vi) Disposal of unused medication; and

(vii) A provision for staff education related to medication. This shall be conducted on a semi-annual basis.

(B) Facilities which administer drugs obtained pursuant to the prescriptions of physicians in a therapeutic program shall provide medical, pharmaceutical and nursing services which are consistent with the needs of the clients, the stated purposes of the facility, and State, Federal laws.

(Effective June 25, 1990)