

*Regulations of Connecticut State Agencies*

TITLE 17a. Social & Human Services & Resources

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*Agency*

**Department of Mental Retardation**

*Subject*

**Licensing of Community Living Arrangements, Residential Schools and Habilitative  
Nursing Facilities**

*Inclusive Sections*

**§§ 17a-227-1—17a-227-37**

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**Licensing of Community Living Arrangements, Residential Schools and Habilitative Nursing Facilities**

**Sec. 17a-227-1. Definitions**

For the purpose of Sections 17a-227-1 through 17a-227-22, inclusive, the following definitions shall apply:

(a) “Administrator” means the person responsible for the overall management, operation and provision of services within the licensed residence.

(b) “Admission” means the formal acceptance and entrance of an individual into the residence under the auspices of the interdisciplinary team responsible for the individual’s service planning.

(c) “Aversive procedure” means the planned use of an event which may be unpleasant, noxious, or otherwise cause discomfort, to alter the occurrence of a specific behavior or to protect an individual from injuring himself or others. These procedures include the use of physical isolation and mechanical and physical restraint.

(d) “Behavior modifying medications” means any chemical agent used for the direct effect it exerts upon the central nervous system to modify thoughts, feelings, mental activities, mood or performance. These chemical agents or psychotropic medications are often broken down into the following categories: antipsychotics, antidepressants, antimaniacs, antianxiety agents, stimulants and sedative/hypnotics. Medications which are not usually described as psychotropics are covered by these regulations when they are prescribed primarily for their psychotropic effects such as mood stabilization and impulse control. These medications include certain anticonvulsants, some beta-blockers and certain other drugs.

(e) “Commissioner” means the commissioner of the department of mental retardation.

(f) “Community living arrangement” means a residential facility in which the licensee provides residential services to 15 or fewer individuals with mental retardation.

(g) “Department” means the department of mental retardation.

(h) “Direct contact personnel” means those people hired by the licensee, including relief or temporary employees, whose primary job description and focus is to provide support to individuals in acquiring and maintaining life skills.

(i) “Emergency” means a critical circumstance in which the health or safety of the individual or other persons must be immediately protected.

(j) “Habilitation” means the process by which an individual is helped to acquire and/or maintain those life skills necessary to cope with the demands of his person and environment and to improve his physical, mental and social competence.

(k) “Habilitative nursing facility” means a free-standing dwelling, licensed prior to January 1992 in which the licensee provides direct twenty-four hour nursing services and comprehensive individual habilitation for four or more individuals with mental retardation.

(l) “Home safety inspection report” means the department’s environmental inspection report addressing minimal physical/safety requirements for three or fewer individuals when a local fire marshal’s certificate has not been obtained.

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(m) “Human rights committee” means a group of persons convened by the department, but who are not employed by the department, who provide monitoring to ensure the protection of legally guaranteed rights of individuals with mental retardation. For licensees serving individuals who are not clients of the department, this includes a committee established by the licensee to perform the functions of the department’s human rights committee for individuals who are not funded or admitted to the department pursuant to Sec. 17a-281 CGS. Such committee must receive prior approval by the department that its functions and responsibilities are consistent with the human rights committee of the department.

(n) “Individual” means any individual with mental retardation who resides in a residence licensed pursuant to Section 17a-227 CGS.

(o) “Individual record” means a file or files containing vital documents including, but not limited to medical information, evaluations, program planning documents, court documents and correspondence.

(p) “Interdisciplinary team (IDT)” means a group of persons which includes the individual being served and, as applicable, includes the family, guardian or advocate, those persons who work most directly with the individual in each of the professions, disciplines or service areas, including direct contact personnel, and any other persons whose participation is relevant to identifying the needs of the individual, devising ways to meet them, writing an overall plan of services and reviewing the plan for effectiveness.

(q) “License” means written authorization issued by the commissioner to operate a residence.

(r) “Licensed personnel” means persons who currently are required to maintain licensure by the State of Connecticut including but not limited to registered nurses, dentists, physicians, psychologists, licensed practical nurses, dental hygienists, pharmacists, physical therapists and occupational therapists.

(s) “Licensee” means the person, agency or other legal entity responsible to the department for the overall operation of the facility or residence, including planning, staffing, managing and maintaining facilities.

(t) “Mechanical restraint” means any apparatus that restricts movement, excluding mechanical supports designed by a physical therapist and approved by a physician that are used to achieve proper body position, alignment or balance, and helmets used to protect individuals from falls due to seizures. Helmets, mitts and similar devices used to prevent self injury are considered mechanical restraints.

(u) “Overall plan of services” means a document which specifies a strategy to guide the delivery of services to an individual for up to one year.

(v) “Physical isolation” means the process whereby an individual is separated from others, usually by placement in a room or area alone.

(w) “Physical restraint” means physically holding an individual to restrict movement or to prevent the individual from harming himself or others. Restraint techniques must be department approved, or in the case of newly proposed techniques, receive approval by the

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local program review committee for use in any circumstances.

(x) “Plan of correction” means a written document submitted by the administrator to the department specifying steps to be taken to correct regulatory deficiencies, persons responsible for these steps, and time frames for completion.

(y) “Program review committee” means a group of professionals, including a psychiatrist, assembled to review client programs and behavior modifying medications to ensure that they are clinically sound and supported by proper documentation. For licensees serving individuals who are not clients of the department, this includes a committee established by the licensee to perform the functions of the department’s program review committee for individuals who are not funded by or admitted to the department.

(z) “Residence” means a dwelling licensed by the department pursuant to Section 17a-227 CGS, excluding community training homes.

(aa) “Residential school” means a free-standing dwelling or a group of dwellings located on a single campus, which provides residential services in addition to the educational programming required by the department of education to qualify it to be called a school.

(bb) “Respite status” means the temporary emergency or relief placement of an individual with mental retardation into a residence not to exceed 30 days without written regional authorization.

(cc) “Self-administration of medication” means that an individual is able to identify the appropriate medication by size, color, amount, or other label identification, know independently or with the prompting of an employee or adaptive device the frequency of time of day for which medication is ordered, and consume the medication appropriately.

(dd) “Transfer” means individual movement to another separately licensed residence or to an unlicensed residence.

(ee) “Waiver” means the deferral of any specific regulation or other requirements that do not materially effect the health or safety of individuals.

(Effective October 1, 1992)

**Sec. 17a-227-2. Licensure**

(a) The administrator shall comply with all regulations unless the commissioner grants a written waiver.

(b) A license shall be issued according to type of residence as either a community living arrangement, habilitative nursing facility or residential school. A license may be designated to provide permanent and/or respite services.

(c) A license shall be issued only to a single residence, except in the case of a residential school, condominium or apartment complex, where up to five individual sites located on one campus or complex may be grouped under one license.

(d) Where there is a change in ownership, the new licensee shall comply with all the requirements of these regulations and the applicable laws and regulations of legally authorized agencies.

(e) The license is not transferable and shall be in effect only as the residence was

organized at the time the license was issued.

(f) The department shall receive sixty days advance notice when the licensee plans physical structural changes in a home, a sale of the residence or plans to discontinue operation. In the event of a change in the administration, the department will be notified as soon as possible.

(Effective October 1, 1992)

**Sec. 17a-227-3. Initial application**

(a) An application for the granting of an initial license to operate a residence shall be submitted in writing, signed by the person seeking authority to operate the residence and notarized, and shall include all items required on the application packet checklist and the following as applicable:

- (1) local fire marshal's certificate;
- (2) insurance governing fire, replacement value and general liability, third parties and auto liability;
- (3) bacteriological report for facilities using a private water supply system; and
- (4) public health official report for septic systems other than a city sewer system.

(b) A plan for all direct contact personnel to have completed training in the following prior to the opening of a new residence:

- (1) communicable disease/food handling;
- (2) signs and symptoms of illness;
- (3) individual basic health and behavioral needs;
- (4) daily routines of the residence; and
- (5) emergency procedures.

(c) Assure that medications shall be administered by those who are certified or licensed in accordance with Sec. 20-14h CGS and the regulations promulgated thereunder.

(d) If an existing corporation, a copy of a financial audit conducted within one year by an independent licensed or certified public accountant.

(e) For any residence housing more than four individuals, a non-refundable licensing fee of fifty dollars payable to the treasurer, State of Connecticut, is required.

(Effective October 1, 1992)

**Sec. 17a-227-4. Inspections**

(a) Inspections shall be conducted by the department at initial licensure and at intervals of not more than two years.

(b) Within fifteen working days of completion of inspection, the department shall provide a written summary of regulation citations noted during the inspection.

(Effective October 1, 1992)

**Sec. 17a-227-5. Plans of correction**

(a) The administrator shall respond with a written plan of correction within fifteen

working days of receipt of the citation summary.

(b) The plan of correction shall be reviewed by the department and when determined to be acceptable, an initial license or a renewal letter shall be issued. The administrator shall ensure that plans of correction are implemented by the dates as documented.

(c) If a plan of correction is deemed unacceptable by the department, the licensee shall be notified within ten working days with rationale for each unacceptable citation noted.

(d) A request for a waiver must be in writing, signed by the applicant and provide the reasons for the request and any supporting documentation.

(e) Notification of acceptance or denial of a waiver request shall be made within ten working days.

(Effective October 1, 1992)

**Sec. 17a-227-6. Annual license renewal**

(a) The licensee shall submit a current annual license application packet at least thirty days prior to the anniversary date of initial licensure and annually thereafter.

(b) For any residence housing more than four residents, an annual non-refundable licensing fee of fifty dollars payable to the treasurer, State of Connecticut, shall be submitted with the licensing packet.

(Effective October 1, 1992)

**Sec. 17a-227-7. Compliance orders, sanctions**

(a) The commissioner may issue any of the following compliance orders whenever a licensee fails to comply with the provisions of these regulations:

- (1) reduce the licensed capacity of the residence;
- (2) require the licensee to increase staff support and/or accept additional monitoring from the department;
- (3) require additional training;
- (4) correct specific licensing citations.

(b) Compliance orders must be implemented within thirty days of issuance, or as specified by the commissioner, unless the licensee requests a hearing in accordance with Sec. 17a-227-9 of these regulations. Failure to implement a compliance order may result in the commissioner taking actions authorized by this section. Compliance orders shall be issued by the commissioner via certified letter to the licensee and shall be in place until such time as the department deems that compliance has been achieved.

(Effective October 1, 1992)

**Sec. 17a-227-8. Denial or revocation of a license**

An application for initial licensure may be denied, or a license may be revoked for any of the following reasons, whenever the administrator:

- (a) fails to comply with the licensing regulations prescribed by the department;
- (b) fails to comply with the applicable state and local laws, ordinances, rules, regulations

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and codes relating to building, health, fire protection, safety, sanitation and zoning;

(c) violates any of the provisions under which the license has been issued;

(d) furnishes or makes any false or misleading statements to the commissioner or his designee in order to obtain or retain the license;

(e) fails or refuses to submit reports or make records available when requested by the commissioner or his designee;

(f) refuses to admit the commissioner or his designee to the premises at any reasonable time as deemed necessary by him;

(g) fails to implement plans of correction approved by the department.

(Effective October 1, 1992)

**Sec. 17a-227-9. Hearing on revocation, or denial of license**

A licensee aggrieved by the commissioner's decision to deny application for licensure or revoke a license may, within fifteen days after receipt by certified mail of notice of denial or intended revocation of a license, request by certified letter an administrative hearing in accordance with the department's rules of practice, Sec. 19-570-1 through 19-570-67, inclusive, of the regulations of Connecticut state agencies. Revocation of a license shall be stayed pending such hearing. In the absence of a request for a hearing during this time period, the commissioner's decision shall be final.

(Effective October 1, 1992)

**Sec. 17a-227-10. Policies and procedures**

(a) The administrator shall be responsible for the overall management, operation and provision of services within the residence.

(b) The administrator shall be knowledgeable of the nature, needs, development and management of programs for individuals with mental retardation.

(c) Policies required by regulation as necessary for the operation of the residence shall be current within two years, signed by the administrator or his designee, available to staff, clients and the commissioner or his designee, implemented and followed.

(Effective October 1, 1992)

**Sec. 17a-227-11. Physical requirements**

(a) Any building used as a residence shall be in compliance with all applicable federal, state and local codes which govern construction, building safety and zoning ordinances.

(b) A residence located in a building containing more than two living units or more than three individuals per living unit shall obtain a fire marshal's certificate in accordance with Sec. 29-305 CGS.

(c) For a residence licensed for three or fewer individuals, the licensee shall comply with the requirements of the department's home safety inspection report unless a fire marshal's certificate is obtained for each residence.

(d) The residence and grounds shall be free from unpleasant odors, refuse and potential



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safety hazards.

(e) Furniture and furnishings shall be safe and in good repair.

(f) The residence shall have toileting and bathing facilities that are clean, accessible and afford privacy to individuals.

(g) Fire extinguishers shall be located in the kitchen and the furnace area.

(h) Each residence and vehicle shall have emergency first aid supplies.

(i) All kitchens and dining areas shall be clean, well-lighted, ventilated, screened and provided with appropriate equipment for the preparation and serving of food.

(j) There shall at all times be a working telephone accessible to individuals with emergency numbers posted in an easily visible location. The department shall be immediately notified of any change in the telephone number.

(k) Each individual shall have a minimum of eighty square feet in a single bed room and at least sixty square feet in a multiple bed room.

(l) Each individual shall have sufficient and accessible storage space to accommodate all in-season clothing.

(m) Laundry facilities shall be available to all individuals.

(Effective October 1, 1992)

**Sec. 17a-227-12. Emergency planning**

(a) Each residence shall have a plan in place which accommodates individuals' needs and identifies direct contact personnel responsibilities in the event of a life threatening emergency.

(b) The licensee shall provide training for direct contact personnel and individuals being served on how to respond in case of fire and other life threatening situations and shall carry out monthly evacuation drills.

(c) If the licensee finds an inefficiency or other problems identified during a drill, the licensee shall write and carry out a plan of specific corrective action(s).

(Effective October 1, 1992)

**Sec. 17a-227-13. Staffing**

(a) The administrator shall have policies and procedures delineating licensee personnel practices, hiring practices, performance expectations, duties and responsibilities, evaluation and termination.

(b) Each residence shall have sufficient direct care personnel at all times to ensure that the individuals' essential requirements for health and safety are met. No violation of this subsection may be found for a residential facility which receives a service rate from the department and which maintain direct care staffing levels which are consistent with the funding provided for that purpose. The licensing division of the department shall promptly notify the appropriate region if a determination is made that the residence is maintaining staffing levels consistent with the contract but that those staffing levels are inadequate to

meet the essential requirements for health and safety of the individuals.

(Effective October 1, 1992)

**Sec. 17a-227-14. Staff development**

(a) The administrator shall specify training requirements for direct contact personnel including training content, trainer qualifications and delivery method.

(b) Direct contact personnel shall participate in an orientation in the following areas within thirty days of employment and every two years thereafter:

- (1) signs and symptoms of disease and illness;
- (2) communicable disease control;
- (3) resident basic health and behavioral needs;
- (4) routines of the residence; and
- (5) emergency procedures for the residence.

New employees who have not completed the orientation shall not work without other personnel on duty that have been trained in these areas.

(c) In addition to orientation, direct contact personnel shall have completed inservice training in the following areas within the first six months of hire and every two years thereafter:

- (1) first aid for accidents;
- (2) agency/residence policies and procedures;
- (3) abuse and neglect prevention;
- (4) planning and provision of service; and
- (5) behavioral emergency techniques.

(d) There shall be one staff person on duty per shift certified in cardiopulmonary resuscitation (CPR).

(e) Written summaries of the inservice program content shall be made available upon request.

(Effective October 1, 1992)

**Sec. 17a-227-15. Special protections**

**(a) Human Rights**

Policies and procedures shall be in place which:

(1) ensure that each individual, parent, legal guardian or advocate is fully informed of the individual's rights and of all rules and regulations governing individual conduct and responsibilities;

(2) assure confidential treatment of all information concerning individuals;

(3) provide for the safekeeping and accountability of individuals' personal property;

(4) comply with Sec. 17a-238 CGS and the regulations promulgated thereunder, concerning the rights of individuals under the supervision of the commissioner of mental retardation and which:

(A) prohibit mistreatment, neglect or abuse of individuals;

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(B) include a system for reporting alleged violations, carrying out investigations in accordance with Sections 17a-101, 17a-430 and 46a-11 CGS, and instituting appropriate sanctions if the allegation is substantiated;

(C) are formulated with individual participation where appropriate; and

(D) ensure that all incidents, injuries, restraints, serious accidents and deaths are reported in a timely fashion.

(b) **Behavioral Procedures**

(1) Medications, restraints and other aversive procedures shall not be used as punishment, or in quantities which interfere with an individual's program.

(2) The administrator shall ensure that behavior modifying medications are prescribed and administered in accordance with Sec. 20-14h to 20-14j, inclusive, CGS and the regulations promulgated thereunder.

(3) Each residence shall have policies and procedures which:

(A) define the use of behavior management techniques, behavior modifying medications, restraints and aversive procedures;

(B) ensure that teaching strategies and behavior management techniques which include the use of aversive procedures and/or restraint are developed, reviewed and approved by program review and human rights committees and the appropriate regional director;

(C) ensure personnel use only the minimum force necessary to protect the individual and release the individual from restraint as soon as he no longer presents a danger to himself or others;

(D) identify authorization procedures necessary for utilization of a restraint measure;

(E) describe the circumstances under which restraints may be used and the type, both physical and mechanical, to be used;

(F) delineate helmets used as protection against injuries resulting from falls due to seizures as protective devices not as restraints;

(G) ensure that physical restraint shall be employed only when absolutely necessary to protect the individual from injury to himself or others;

(H) ensure that mechanical restraints shall be designed and used so as to cause the least possible discomfort;

(I) ensure that an individual placed in restraint shall be checked at least every thirty minutes by appropriately trained staff and that a record of such checks shall be kept; and

(J) ensure an opportunity for motion and exercise for a period of not less than ten minutes after each one hour for which the restraint is employed.

(4) During the use of physical isolation, where an individual is separated from others by placement in any area or room alone, the use of a locked door is prohibited.

(5) Under emergency conditions, the licensee shall assure that, to the extent reasonably possible, the individual who experiences a behavioral emergency will be managed utilizing approved behavioral techniques. Prior to resorting to police intervention, hospital emergency room admission or admission to a mental health facility, the licensee shall notify the department of the action. In an acute behavioral emergency, the notification procedure may

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occur as soon as possible after the incident.

(6) The use of a specifically designed room for physical isolation by any licensee shall be prohibited as of July 1, 1992.

(Effective October 1, 1992)

**Sec. 17a-227-16. Individual records**

Individuals' records shall be started at the time of admission and remain current and shall include as appropriate:

(a) reports of accidents, seizures, illnesses, hospitalizations and treatments thereof, immunizations and allergies;

(b) documentation of all periods of restraint with justification and authorization for each;

(c) documentation of significant behavioral incidents;

(d) health history and current medical status;

(e) family related information;

(f) legal competency status;

(g) name, date of admission, date of birth, place of birth, social security number, and department number if appropriate;

(h) sources of financial support, including social security, veterans' benefits and insurance, as appropriate; and

(i) physical description and photograph.

(Effective October 1, 1992)

**Sec. 17a-227-17. Habilitative services**

(a) The administrator shall have a written policy which gives employees direction regarding habilitative programming that supports sound residential service practices, normalization principles and department philosophy.

(b) Within forty five days after formal admission by the licensee, an overall plan of service addressing habilitative programming shall be developed for each individual and implemented within thirty days of development, or as delineated in the overall plan of services.

(c) If an individual exceeds thirty days in respite status, the licensee shall conduct an interdisciplinary team meeting within ten working days following the expiration of the thirty day respite status to identify and implement priority health and habilitative needs.

(d) Overall plans of services shall be developed maximizing suggestions and participation from the individual, the family, guardian or advocate and with persons who are knowledgeable about the individual's strengths, preferences, needs and special interests.

(e) The overall plan of services shall be developed after a review of the information in the current individual record in relation to the current skills and health status of the individual.

(f) The overall plan of services shall guide the development of an integrated habilitative program with identified strategies for learning, which utilizes measurable behavioral goals

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and objectives.

(g) The licensee shall provide the individual with opportunities for learning through activities and social interactions which provide community experiences.

(h) The overall plan of services, including goals and objectives, shall be reviewed and updated, at a minimum, on a quarterly basis to meet ongoing individual needs.

(i) Behavioral strategies involving the use of aversive procedures, including restraints, shall be reviewed at least monthly by the program author or designee.

(j) Data will be collected to document the individual's progress, as specified in the individual teaching strategy.

(k) The overall plan of services planning process shall be conducted annually based on an annual assessment of the individual's functioning skills.

(l) The annual overall plan of services shall be implemented within thirty days of its development, or as delineated in the planning document, and kept on file for two years from the date of development.

(Effective October 1, 1992)

**Sec. 17a-227-18. Health services**

(a) **Medical**

(1) Each residence shall comply with Sec. 20-14h to 20-14j, inclusive, CGS and the regulations promulgated thereunder pertaining to the administration of medication.

(2) Each licensee shall have a policy regarding:

(A) individual consent for medical treatment;

(B) individual consent for administration of medication;

(C) administration of medication for individuals who can self-administer;

(D) individual consent of disposal of medication no longer in use; and

(E) ongoing individual health care and injuries;

(3) The licensee shall provide nursing services in accordance with individual needs which may include:

(A) coordination, assessment, monitoring and provision of medical services; and

(B) planning and implementation of training for direct contact personnel.

(4) The licensee shall assure medical examinations as indicated by the individual's physician with:

(A) additional testing or follow-up as determined by the physician; and

(B) signed and dated documentation of medical treatment through physician's orders, progress notes or other medical reports, in order to assure the provision of necessary health care.

(b) **Dental**

The licensee shall assure dental examinations as indicated by the individual's dentist in order to assure the provision of necessary oral health care with:

(1) additional follow-up or testing as needed; and

(2) signed and dated documentation of dental services by the licensed dentist or dental

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hygienist through dentist's orders, progress notes or other reports.

(c) **Dietary**

(1) The licensee shall have a policy in place to ensure adequate nutrition and hydration for all individuals.

(2) For individuals on special diets, the administrator shall ensure physician's ordered diets are carried out with consultation from an appropriate professional.

(Effective October 1, 1992)

**Sec. 17a-227-19. Financial records**

(a) The facility shall have policies and procedures which:

(1) provide for the safekeeping, availability and the accountability of the individual's financial interests;

(2) ensure that individual finances shall be separate from the licensee's financial records;

(3) ensure maintenance of receipts of monies disbursed or received for items in excess of \$20.00; and

(4) address the licensee's responsibility for individuals who are independent in managing their finances.

(Effective October 1, 1992)

**Sec. 17a-227-20. Transfer**

(a) No individual shall be transferred except in accordance with the provisions of Sec. 17a-210 CGS, or as otherwise authorized by law.

(b) The licensee shall have policies and procedures which:

(1) govern the notification to the department of the proposed resident transfer;

(2) govern the respite status, admission, transfer and discharge of individuals; and

(3) describe the procedure by which the financial interests are protected for individuals who are transferred to another residence.

(c) Copies of clinical records and reports/recommendations of current health status shall accompany the individual upon transfer to another residence.

(d) Transfer summaries shall be maintained for all individuals who leave the residence.

(e) For any individual placed in a licensed residence from another state, the licensee shall assure that there is a discharge plan in place which provides for his return to the placing state or provides for the continuation of appropriate services upon cessation of funding by the placing state.

(Effective October 1, 1992)

**Sec. 17a-227-21. Residential schools**

In addition to meeting the requirements set out in Sec. 17a-227-1 through 17a-227-20 inclusive of these regulations, an applicant for licensure or renewal as a residential school shall:

(a) Set forth in policy and procedure a method of coordinating programming and

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communications between the residential and educational components which shall include provision for participation by educational staff in the interdisciplinary process.

(b) Have a policy demonstrating compliance with Sec. 10-212a CGS for teachers who administer medications during school hours.

(c) Have a written policy and procedure outlining duty, function and responsibility of educational and residential personnel who are assigned duties in other than their respective areas.

(d) All medications shall be administered by a registered nurse or a licensed practical nurse and shall be reviewed every ninety days.

(e) Each residential school shall establish a behavior review committee to review and document approval of all individual behavior treatment programs which incorporate aversive or potentially aversive techniques and/or behavior modifying medications. Each school shall develop policies and procedures regarding the operation of this committee. The committee shall have a representation of diverse views which may include psychology, parent, local citizen not otherwise involved, staff, and a representative of the department's human rights committee or regional director designee.

(f) Records of the residential school shall include written permission, signed by the parent, for disclosure of the educational record to residential staff and to the commissioner or his designee.

(Effective October 1, 1992)

**Sec. 17a-227-22. Habilitative nursing facilities**

In addition to meeting the requirements of Sec. 17a-227-1 through 17a-227-20, inclusive of these regulations, an applicant for licensure or renewal of a license as an habilitative nursing facility shall:

(a) Develop policies and procedures which address totally enclosed cribs and barred enclosures as restraints.

(b) Only licensed nurses shall be allowed to administer medications and all medications shall be reviewed every thirty days by the nurse.

(c) Appropriate inservice training to staff shall be provided including:

- (1) proper positioning procedures;
- (2) bathing procedures;
- (3) proper feeding procedures;
- (4) side effects of medication; and
- (5) charting seizures.

(Effective October 1, 1992)

**Licensure of Private Residential Facilities For Mentally Retarded and Autistic People**

**Community Training Home Licensing Regulations**

**Sec. 17a-227-23. Definitions**

For the purpose of these regulations the following definitions shall apply:

(a) “Aversive Procedure” means the planned use of an event which may be unpleasant, noxious, or otherwise cause discomfort to alter the occurrence of a specific behavior. These procedures include the use of physical isolation, mechanical and physical restraint.

(b) “Behavior modifying medications” means any chemical agent used for the direct effect it exerts upon the central nervous system to modify thoughts, feelings, mental activities, mood, or performance. These chemical agents or psychotropic medications are often broken down into antimanics, antianxiety agents, antipsychotics, antidepressants, stimulants, and sedative/hypnotics. Medications which are not usually described as psychotropics are covered by this definition when they are prescribed primarily for their psychotropic effects such as mood stabilization and impulse control. These medications include certain anticonvulsants, some beta-blockers, and certain other drugs.

(c) “Case manager” means the person responsible for assisting individuals to gain access to department services, managing development of the client’s overall plan of services, securing and/or coordinating services, monitoring client progress, maintaining family contact, collecting and disseminating data and information.

(d) “Commissioner” means the commissioner of the department of mental retardation.

(e) “Community training home (CTH)” means a private family home in which three or fewer adults or children with mental retardation or autism reside and which is licensed pursuant to Section 17a-227 CGS. For children, the CTH provides a substitute family for those who cannot live with their own families or for whom adoption is not immediately possible. For adults, the CTH provides a nurturing home environment where adults can share responsibilities, develop mutual relationships, be independent and make their own choices.

(f) “CTH home study” means a compilation of information gathered through processes of visitation, interview and research which includes the following topics: general information, family members, applicants as individuals, family/individual in function, health status, desired characteristics of individuals to be placed, physical aspects of the home, neighborhood and community and social worker’s evaluation.

(g) “Community training home residential survey” means a checklist that is used during the licensing procedure to determine that general conditions in the home meet the standards contained in these regulations.

(h) “Department” means the department of mental retardation (DMR).

(i) “Designee” means a person selected to act on someone’s behalf.

(j) “DMR policies” means written procedures and rules issued by the commissioner which govern the operation of the department and organizations and persons licensed to



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conduct or maintain private facilities pursuant to Section 17a-227 CGS.

(k) “Direct contract person” means any person, other than the licensee or his designee who provides personal care services, supervision or assistance to residents.

(l) “Document” means to provide material that is evidence of compliance with applicable regulatory standards. Such material may take any form which is sufficient to document compliance.

(m) “Dwelling” means any building designed for human habitation.

(n) “Emergency” means a critical circumstance in which the health or safety of the client or other persons must be protected immediately.

(o) “Fire safety inspection report” means a checklist that is used to determine compliance with the current edition of the National Fire Protection Association Life Safety Code, as amended by the department.

(p) “Individual” means any person with mental retardation or autism who resides in a private residence conducted or maintained by a person or organization licensed pursuant to Section 17a-227 CGS and these regulations.

(q) “Habilitation” means the process by which a person with mental retardation or autism is helped to acquire those life skills which enable him to experience community presence and participation, provide him with opportunities to develop and exercise competence, to make choices, to develop meaningful relationships and to be accorded respect and dignity.

(r) “Human rights committee” means a group of individuals who are not employees of the department, who provide monitoring to ensure the protection of legally guaranteed rights of persons who are mentally retarded and are recognized to do so by the region.

(s) “Interdisciplinary team (IDT)” means a group of persons which includes the individual being served, his or her family, guardian or advocate, those persons who work most directly with the individual in each of the professions, disciplines, or service areas that provide service to the individual, including direct care staff, and any other persons whose participation is relevant to identifying the needs of the individual, devising ways to meet them, writing an Overall Plan of Services and reviewing the plan for effectiveness.

(t) “License” means written authorization issued by the commissioner to any person or organization to conduct or maintain a private residence for the lodging of persons with mental retardation or autism for a period of up to one year.

(u) “Licensee” means the person who is authorized by the commissioner to conduct or maintain a private residence for the lodging of persons with mental retardation or autism and is responsible to the department for complying with the provisions of these regulations.

(v) “Mechanical restraint” means any apparatus that restricts movement. Helmets, mitts and similar devices used to prevent self injury are considered mechanical restraints.

(w) “Occupant” means any person residing in a home licensed as a community training home including residents placed there by the department and non-retarded persons residing there for whatever reason.

(x) “Overall plan of services (OPS)” means a document which specifies a strategy to guide the delivery of service to a client for up to one year.

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(y) “Personal care services” means assistance to individuals which allows them to perform their routine activities of daily living to maintain independence, health, personal appearance, comfort, safety and interactions within their community.

(z) “Physical restraint” means physically holding a client to restrict movement or to prevent the client from harming himself or others.

(aa) “Private residence” means any dwelling that is conducted or maintained by a person or organization, licensed pursuant to Section 17a-227 G.S., as a residence for the lodging of persons with mental retardation, autism or both.

(bb) “Program review committee” means a group of professionals who are assembled to review client programs and behavior modifying medications to ensure that they are clinically sound, supported by proper documentation, and that they provide the least restrictive service within as normalized a setting as possible and are recognized by the region to do so.

(cc) “Provisional license” means a license which is issued in response to an application for renewal if, for any reason, the department has not denied or issued a permanent license within thirty (30) days after the expiration date of the previous license. A provisional license is valid for not more than 180 days.

(dd) “Region” means the management of a geographical subdivision of the state as defined by the department of mental retardation.

(ee) “Record” means written information pertaining to each resident which shall include administrative, treatment and educational data.

(ff) “Specific service plan” means a component of the overall plan of service that is written and implemented by a member of the interdisciplinary team to implement the goals assigned to that team member.

(Effective August 24, 1994)

**Sec. 17a-227-24. Applications**

(a) Applications for a license to conduct or maintain a community training home and provide personal care services for persons with mental retardation or autism shall be filed, on forms provided by the department of mental retardation, with the region in which the home is located. An application may be filed by one person or persons.

(b) Applications for an initial license to conduct or maintain a community training home shall be signed by the applicant(s). The application packet shall be completed by the applicant with assistance from the department and include the following information: (1) the real property interest, if any, the applicant(s) holds in the residence, such as lease or ownership; (2) the address and physical description of the residence (3) three character references for each applicant from three responsible who are not related to the applicant(s); (4) verification of any conviction records of the applicant(s) and any other occupants of the home; (5) whether the applicant(s) currently holds or previously held licenses from the department or any other state department; (6) a certification of good health for each applicant signed by a licensed physician within the past twelve months; (7) the employment status of

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the applicant(s) for the past three years; (8) a complete list of all occupants, indicating age and relation to the applicant(s); and (9) a local fire marshal's certificate if the CTH is located in a structure containing more than two dwelling units.

(Effective August 24, 1994)

**Sec. 17a-227-25. Licensing procedure**

(a) The regional office will review the application, and such other materials which may be required to accompany the application, for completeness and accuracy.

(b) The case manager, or other person designated by the region, assigned to the CTH will complete a CTH Home Study.

(c) The regional director will transmit to the department's director of regulatory compliance the application and related materials (including CTH Home Study) if approved by the regional director as to completeness and accuracy. If satisfied that the required application package is complete and accurate, the director of regulatory compliance shall cause an inspection to occur within 30 days to determine if the applicant satisfies all applicable initial licensing standards.

(d) The applicant shall comply with the requirements delineated on the department's fire safety inspection report. Additionally, applicants located in a building containing more than two living units shall obtain a fire marshal certificate reflecting the applicable chapter of the NFPA Life Safety Code.

(e) The applicant shall be advised in writing of any deficiencies noted in the completed residential survey and shall submit an acceptable plan of correction which is developed with regional office assistance as necessary. If the applicant fully complies with applicable initial standards the commissioner shall issue a license which indicates type of residence and maximum number of clients who may reside in the residence. The license shall be for a term of one year and may be renewed in accordance with Sec. 17a-227-26 of these regulations. All licenses are conditional upon compliance with applicable initial and operating standards and may be revoked at any time in accordance with Sec. 17a-227-27 of these regulations.

(f) The commissioner may grant a waiver for any specific standard(s), standards or other requirements that do not materially effect the health and safety of residents. A request for a waiver must be in writing, signed by the applicant, and provide the reasons for the request and any supporting documentation. A waiver granted by the commissioner shall be in writing and specify the duration and terms under which the waiver is granted.

(g) If an applicant fails to comply with applicable standard(s) and licensing procedures, and has not obtained a waiver from any such standard(s) or requirements or has failed to submit and implement an acceptable plan of correction, the application for a license to conduct or maintain a residence shall be denied. An application may also be denied if, as a result of a routine police check, the applicant or any other occupant is found to have a police record which indicates any potential risk to the resident's health and safety.

(Effective August 24, 1994)

**Sec. 17a-227-26. Renewal**

(a) At least 45 days prior to the expiration date of a license the department will notify the licensee to initiate renewal of a license if the licensee wishes to continue to conduct or maintain a residence. Application for renewal shall be made on a Summary Application for Renewal, signed by the licensee on forms provided by the department. The Summary Application for Renewal is designed to update the information contained in the initial application which may not be current and any other information which needs to be updated annually.

(b) The Summary Application for Renewal shall be filed with the regional office serving the community training home. The Summary Application for Renewal shall be processed in accordance with the licensing procedure outlined in Sec. 17a-227-25 of these regulations. If a license is not denied or renewed within 30 days after the expiration date of the license, the commissioner shall issue a provisional license for not more than 60 days. The commissioner may grant 30 day extensions not to exceed 180 days to any provisional license. A provisional license may only be issued if (1) the licensee substantially complies with initial and operating standards; (2) any deficiencies do not materially affect the health and safety of clients; and either (3) the licensee has developed an acceptable plan of correction; or (4) time is needed for the orderly transfer of residents.

(Effective August 24, 1994)

**Sec. 17a-227-27. Revocation, compliance orders, sanctions**

(a) A license may be revoked at any time a licensee: (1) fails to comply with the licensing procedure prescribed by the department; (2) fails to comply with any applicable initial or operating standard, fails to obtain necessary waivers, or fails to submit and implement an acceptable plan of correction; (3) fails to comply with applicable state and local laws relating to building, health, fire, protection, safety, sanitation and zoning; (4) furnishes or makes any false or misleading statements to the commissioner or the department in order to obtain or retain a license; (5) fails or refuses to submit reports when required or make records available when requested by the commissioner or department or otherwise denies unrestricted access to records of individuals served by the licensee; (6) refuses to admit the commissioner or his designee onto the licensed premises at any reasonable time as deemed necessary by the commissioner or his designee to protect the health or safety of the residents.

(b) The commissioner may impose any of the following restrictions and limitations whenever a licensee fails to comply with any applicable initial or operating standards: (1) reduce the licensed capacity of the residence; (2) modify the intensity of supervision by requiring the licensee to accept staff support and additional supervision from the department; (3) require such additional training as may be necessary to correct a violation or prevent a repeat violation of these regulations; (4) issue compliance orders that must be implemented within 30 days of issuance unless the licensee requests a hearing in accordance with Sec. 17a-227-28 of these regulations. Failure to implement a compliance order may result in the commissioner taking any action authorized by this section. Compliance orders shall be

issued by the commissioner by certified letter to the licensee.

(Effective August 24, 1994)

**Sec. 17a-227-28. Hearings**

Any person aggrieved by a decision to: (1) deny an application for an initial license; (2) deny an application for renewal of a license; (3) revoke a license; or (4) any other decision authorized pursuant to Sec. 17a-227-27 of these regulations, may request by certified letter an administrative hearing within 15 days of receipt of the notice of the action by certified letter. Administrative hearings shall be conducted in accordance with the department's rules of practice, sections 19-570-1 through 67, inclusive of the Regulations of Connecticut State Agencies. In the absence of a written request for an administrative hearing within the fifteen day period, the decision or action of the commissioner shall be deemed effective from the date of receipt of the notice of such decision or action. Requests for an administrative hearing must be made in writing to the commissioner.

(Effective August 24, 1994)

**Sec. 17a-227-29. Initial standards**

The licensee must meet the following standards before obtaining any license to conduct or maintain a residence for persons with mental retardation or autism.

**(a) Licensee Qualifications and Responsibilities**

(1) The licensee shall demonstrate the capacity to maintain a health and safe living environment for individuals.

(2) The licensee shall complete the department's approved training for community training home operators and/or shall be able to demonstrate during the CTH home study phase, that they are competent in the following areas:

- (A) first aid,
- (B) cardiopulmonary resuscitation (CPR),
- (C) emergency medical procedures,
- (D) infection control procedures,
- (E) how to respond in case of fire and other life-threatening situations, and
- (F) DMR mission statement.
- (G) For homes licensed for children:
  - (1) permanency planning,
  - (2) subsidized adoption,
  - (3) educational rights,
  - (4) relations with natural families, and
  - (5) information resources.
- (H) For homes licensed for adults:
  - (1) use of generic resources,
  - (2) age-appropriate activities and expectations, and
  - (3) supported employment.

**(b) Health and Life Safety**

(1) The residence shall comply with all applicable state and local codes governing construction, fire and building safety.

(2) The applicant shall comply with the requirements delineated on the department's fire safety inspection report. Additionally, applicants located in a building containing more than two living units shall obtain a fire marshal certificate reflecting the applicable chapter of the NFPA Life Safety Code.

(3) The licensee shall have written evacuation procedures that are designed to accommodate the special requirements of each person who lives in the residence.

(4) The licensee shall have a plan for responding to power failure including the loss of electricity, heat or water.

(5) The licensee shall ensure that overall conditions of the residence are safe, sanitary, and meet applicable state health codes.

(6) The licensee shall ensure that toileting and bathing facilities are clean, accessible and afford privacy to the residents.

(7) The licensee shall ensure that furniture and furnishings are safe, comfortable, appropriate to the needs of the residents, and in good repair.

(8) The licensee shall ensure that bedrooms have walls that extend from floor to ceiling and at least one exterior window.

(10) The licensee shall ensure that multiple-bed bedrooms provide at least 60 square feet per occupant.

(11) The licensee shall ensure that single-bed bedrooms contain at least 80 square feet.

(12) The licensee shall ensure that bedrooms contain additional space as needed for bedside assistance and to accommodate the use and storage of mobility devices and prosthetic equipment.

(Effective August 24, 1994)

**Sec. 17a-227-30. Operating standards**

A licensee must meet the following standards in order to maintain any license to conduct or maintain a residence for persons with mental retardation or autism:

**(a) Health and Life Safety**

(1) The applicant shall comply with the requirements delineated on the department's fire safety inspection report. Additionally, applicants located in a building containing more than two living units shall obtain a fire marshal certificate reflecting the applicable chapter of the NFPA Life Safety Code.

(2) The licensee shall practice and document evacuation procedures on a quarterly basis.

(A) At least one of the quarterly evacuation procedures per year shall be held during sleeping hours, and

(B) During evacuation procedures, individuals shall be moved to safe areas outside of the dwelling, unless their ability to evacuate independently has been documented, or unless practice evacuation would endanger the health or safety of those individuals.

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(3) When the licensee is absent from the home, he shall provide a responsible designee who is available at all times, if such supervision is necessary as documented in the overall plan of services.

(4) The licensee shall ensure that the commissioner or his or her designee has access to the residence, the individual and his records at any reasonable time for the purpose of monitoring the person's safety and coordinating residential and other services.

(5) The licensee shall maintain records and reports of periodic fire safety, health, sanitation, and environmental inspections required by local and state laws and regulations and shall document actions taken to correct deficiencies noted in these reports.

(6) The licensee shall ensure and document that they and their designees are adequately trained to teach and support the individualized needs of residents as defined in the overall plan of services, including, but not limited to individuals who:

- (A) Require special mealtime assistance,
- (B) Use mobility devices,
- (C) Have seizure disorders or physical disabilities,
- (D) Have special communication needs,
- (E) Require positioning or supportive devices,
- (F) Require behavior management techniques, including those for behavioral emergencies,
- (G) Are unable to self-administer medications,
- (H) Receive behavior modifying and/or anti-convulsant medications, and
- (I) Require other personal care services as outlined in the individual's OPS.

(7) The licensee shall ensure that required information is communicated to all direct contact persons to ensure the individual's safety and well-being.

(8) The licensee shall ensure that the individual receives adequate medical attention to prevent or treat any physical ailment or injury.

(9) The licensee shall assist the individual to obtain a medical examination annually or otherwise in accordance with the recommendation of the primary care physician and maintain documentation to that effect. The examination shall be appropriate to the person's gender and age and shall monitor chronic medical conditions, such as seizure disorders.

(10) The licensee shall record any time a person has a seizure and maintain such records for three years from the date of the last seizure. Such records shall include:

- (A) Time of the seizure,
- (B) Duration of the seizure, and
- (C) Descriptive characteristics of the seizure.

(11) The licensee shall assist the individual to obtain an annual dental examination and maintain documentation to that effect. The examination shall be appropriate to the person's age and shall monitor chronic dental conditions. Individuals without teeth shall be seen by a dentist and evaluated for prosthetic devices.

(12) The licensee shall ensure that each individual's adaptive, corrective, mobility, orthotic, prosthetic, and other devices are kept in good repair, that basic maintenance is

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performed as needed and that the case manager is notified of any problems with the devices.

(13) The licensee shall ensure that the individual's case manager is notified whenever the seriousness or frequency of a behavior is causing distress to an individual or suggests the possibility of a physiological, psychiatric, or psychological condition.

(14) The licensee shall ensure that on-going psychiatric or neurological consultation is provided as ordered by the physician who prescribes the behavior modifying medication.

(15) When an individual receives antipsychotic medication, the licensee shall assist the individual to obtain an examination for signs of an involuntary movement disorder semi-annually or more frequently required by the department or the individual's physician.

(16) The licensee shall ensure that the individual is provided adequate nutrition and hydration and special diets or eating devices when specified by a dietary professional or a physician.

(17) The licensee shall ensure sufficient amounts and variety of nutritious food for meals.

**(b) Resident Rights**

(1) The licensee shall not deny services, and treatments shall not be withheld from individuals who are otherwise eligible for them, solely on the basis of religion, race, color, ancestry, national origin, sex or physical or mental disability.

(2) The licensee shall foster ongoing communication and contact between individuals and their families, friends and other significant persons.

(3) The licensee shall not require the individual to perform work beyond normal household chores, unless such work is part of a program that has been approved by the person's interdisciplinary team and, if necessary, the regional program review and human rights committees.

(4) The licensee shall not require the individual to be involved in the care, eating assistance, clothing, or training of other individuals.

(5) The licensee shall ensure each individual's access to his advocate or legal counsel.

(6) The licensee shall not subject the individual to harassment or humiliation in any aspect of the residential program.

(7) The licensee shall allow the individual to attend religious services as desired and whenever possible, shall help the person travel to religious activities in the community.

(8) The licensee shall allow the individual to acquire, possess, store, and have access to his personal belongings.

(9) The licensee shall not deny an individual regular meals for any reason, except according to a doctor's orders.

(10) The licensee shall allow individuals access to telephones with privacy for incoming and outgoing calls. Assistance in the proper use of the telephone shall be afforded the individual so he may pursue this right. Any limitations imposed on this access by the overall plan of services shall be reviewed and approved by the human rights committee and the regional director.

(11) The licensee shall ensure that the individual may receive and send sealed mail without any form of censorship or invasion of privacy. The licensee shall offer training and



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assistance as needed to help the individual.

(12) The licensee shall allow the individual to voice grievances without interference.

(13) The licensee shall allow the individual to be employed outside of the home and assist him in his efforts to secure suitable employment.

**(c) Prevention of Abuse and Neglect**

(1) The licensee shall not use and shall prohibit the use of corporal punishment.

(2) The licensee shall not mistreat, abuse, or neglect an individual who receives services under the auspices of the licensee. The licensee shall report any instance of suspected abuse according to provisions of applicable state law.

(3) The licensee shall document any instance of possible abuse or neglect or unusual incidents in the individual's record and shall notify the department's case manager verbally within 72 hours of learning of the incident.

(4) The licensee shall cooperate with all investigating bodies and supply any information requested during an abuse investigation.

(5) The licensee shall verbally report the death of an individual to the regional director within 24 hours of the death.

(6) The licensee shall implement any protective service plan required by DMR or another agency authorized to investigate abuse and require these plans.

**(d) Protection of Resident Financial Interests**

(1) Money earned or received by an individual as a gift or allowance shall be treated as the individual's personal property.

(2) The licensee shall assist individuals to control their personal funds as prescribed in their overall plans of service, and assure that the individuals are involved in decisions related to the expenditures of such funds.

(3) The licensee shall, as appropriate to each individual's age and abilities, teach skills in budgeting, shopping and money management consistent with the individual's specific service plan for the residential setting.

(4) Individuals' personal monies shall not be used to pay for any services or other expenses which are funded by state or federal programs.

(5) The licensee shall assure that the financial interests and personal belongings of individuals who are transferred into a residence are received and properly accounted for. The licensee shall assure that individuals who are transferred from the licensee's residence leave in possession of their financial resources, personal property, and that appropriate documentation is maintained, including:

(A) If the individual is transferred to another residence, the licensee of the sending residence shall assure that the individual leaves in possession of his bankbook or any other indices of ownership of bank accounts,

(B) The balance of the individual's funds, shall be sent to the new licensee or the individual, whichever is appropriate, within ten (10) days after the transfer date, and

(C) Any cash held by the licensee plus any amount held in aggregate trustee bank accounts shall be included.

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(6) The licensee shall assure the safekeeping of individuals' financial interests and personal belongings.

(A) Individual monies and personal belongings, to the extent the licensee exercises any control over such monies and belongings, shall be kept reasonably safe from theft or destruction,

(B) Checking, savings or any other bank accounts shall be titled in a manner that assures that only the resident has an ownership interest in such accounts, and

(C) Resident's personal monies and accounts shall not be commingled with the licensee's personal monies or accounts.

(7) A license shall maintain an accounting of all client personal monies. The accounting shall:

(A) Maintain an individual financial record which documents, on a monthly basis, receipt and disbursement of resident funds and personal monies,

(B) Provide adequate documentation to support disbursements of individuals' monies with bona fide receipts for items costing in excess of \$20.00 from vendors and stores identifying the nature of the expenditures,

(C) Assure that such documentation discloses specific dates of transactions, the amount and the current balance,

(D) Maintain such documentation a minimum of three (3) years from the date of the last audit by the department, and

(E) Provide timely reports in the form of a detailed accounting upon request of a resident, family members, guardians, advocates or the department.

**(e) Medication and Restraint**

(1) The licensee shall not use medication, restraint or punishment as a substitute for programming or in any manner that interferes with habilitative programming.

(2) Behavior modifying medication shall not be ordered or administered on an as needed (p.r.n.) basis.

(3) The licensee shall administer medication in accordance with the physician's order, including monitoring for adverse reactions. The physician shall be notified immediately if any adverse reactions are noted.

(4) The licensee shall not employ mechanical or physical restraints, isolation, or aversive methods without prior interdisciplinary team involvement and approval of program review and human rights committees.

(5) In an emergency situation, of severity equal to a sudden psychotic episode, acute mania or suicidal depression, the licensee shall ensure that the individual's case manager is notified as soon as possible.

(6) The licensee shall assure that, to the extent reasonably possible, an individual who experiences a behavioral emergency will be managed utilizing approved behavior management techniques without resorting to police intervention, hospital emergency room admission, or admission to a mental health facility.

In the event that a licensee cannot manage a behavioral emergency within the licensee's

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resources and must resort to police intervention, hospital emergency room admission or admission to a mental health facility, the licensee shall notify the regional director or his designee via the region's emergency on-call system prior to taking any such action, or as soon as possible thereafter.

(7) If a behavior modifying medication is used on an emergency basis three times within a 30-day period, the licensee shall notify the individual's case manager.

(8) The licensee shall employ emergency mechanical or physical restraints only when absolutely necessary to protect the individual from injury to himself or to prevent injury to others.

(9) When mechanical or physical restraint is used three times within a 30 day period, the licensee shall notify the individual's case manager.

(10) The licensee shall report each use of an emergency restraint or behavior modifying medication to the DMR case manager within 72 hours.

(11) Only devices identical to those specified in a written behavior management program shall be used to restrain an individual. When an individual is restrained using mechanical devices, the licensee shall document for each use:

(A) That the safety and well-being of the individual is checked at least every 15 minutes during each application,

(B) That release from restraint was provided for a minimum of ten minutes every hour with an opportunity provided for motion, exercise, liquid intake, and toileting, and

(C) That release from restraint is allowed as soon as the individual is calm.

**(f) Planning and Provision of Services**

(1) The licensee shall participate in the individual's interdisciplinary team and shall assist in the development of the individual's overall plan of service.

(2) When the individual's overall plan of service specifies goals that are to be addressed in the residential setting, the licensee shall participate in the development and implementation of a written specific service plan in collaboration with the individual's interdisciplinary team as appropriate.

(3) Prior to the development of the specific service plan, the licensee shall review any pertinent information, which may include plans developed for the individual by other agencies to assess its relevance to the residential needs of the individual.

(4) The licensee shall ensure that the specific service plan developed for the residential setting is implemented consistent with:

(A) The behavioral objectives,

(B) The instructional methods,

(C) Collection, reporting and analysis procedures, and

(D) Timeframes identified in the plan.

(5) The licensee shall obtain any health, psychological, cognitive, social, or other assessment of the individual that is specified as the licensee's responsibility by the interdisciplinary team.

(6) The licensee and the case manager shall review the overall plan of service on at least

a quarterly basis to ensure that it is being implemented and that it continues to meet the needs of the individual.

(7) The licensee shall not transfer an individual without the prior approval of the department.

(8) The licensee shall ensure that he and his designees use the language or communication system that the individual uses or is being taught to use.

(9) The licensee shall teach the individual skills through activities and social interactions that maximize the individual's positive contact with other persons in the community.

(Effective August 24, 1994)

### **Contracting for Residential Support Services Supported Living Services**

#### **Sec. 17a-227-31. Definitions**

For the purpose of Sec. 17a-227-31 through Sec. 17a-227-37, inclusive, the following definitions shall apply:

(a) "Annual Performance Review" means a review of the contractor's compliance with the terms of the contract.

(b) "Commissioner" means the commissioner of the department of mental retardation.

(c) "Contract" means written authorization issued by the commissioner to any person, firm or corporation to provide residential support services to persons with mental retardation for a period of up to one fiscal year.

(d) "Contractor" means the person, firm or corporation that is authorized by the commissioner to provide residential support services to persons with mental retardation and is responsible to the department for complying with the provisions of these regulations.

(e) "Department" means the department of mental retardation (DMR).

(f) "DMR policies" means written procedures and rules issued by the commissioner which govern the operation of the department and organizations and persons contracted with to provide residential support services pursuant to Section 17a-227 C.G.S. as amended by P.A. 89-375.

(g) "Dwelling" means any building designed for human habitation.

(h) "Follow-Along Plan" means an annual planning process identifying the minimal level of services for clients of the department.

(i) "Housing costs" means those costs normally attributable to the acquisition, retention, use and occupancy of a dwelling, including but not limited to rent or other periodic payments for use and occupancy.

(j) "Overall Plan of Services (OPS)" means an individual planning process that results in a document that specifies a strategy to guide the delivery of service to a person with mental retardation for up to one year.

(k) "Own Home" means any dwelling not requiring a license by the department that is occupied by a person with mental retardation for which the occupant pays his own housing costs wholly with his own funds or with assistance.

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(l) “Personal Care Services” means assistance to individuals which allows them to perform their routine activities of daily living to maintain independence, health, personal appearance, comfort, safety and interactions within their community.

(m) “Region” means the management of a geographical subdivision of the state as defined by the department.

(n) “Record” means written information pertaining to each service recipient which shall include administrative, treatment and educational data.

(o) “Residential Support Services” means any service provided by a person, firm or corporation to assist a person with mental retardation to live in his own home. These services are not intended for persons who have a need for continuous supervision or the presence of staff in the person’s own home for the purpose of protection or control except for certain periods of transition or adjustment. Such services may include, but are not limited to: periodic visits as defined in the service contract or supports provided by a paid neighbor or roommate, assistance with specific life needs such as financial management, locating housing, health care, shopping, teaching of basic independent living skills, periodic counseling and emotional support, personal care services or adaptive devices.

(p) “Residential Support Services Plan” means a plan for the delivery of residential support services developed in conjunction with the person receiving the services. This plan shall delineate in measurable terms the services to be provided, the person(s) responsible and timeframes for delivery of services.

(Effective August 24, 1994)

**Sec. 17a-227-32. Applications**

(a) Applications for a contract to provide residential support services to persons with mental retardation shall be filed, on forms provided by the department, with the regional office serving such persons.

(b) Existing contractors and new applicants shall make available updated application materials as requested by the department.

(Effective August 24, 1994)

**Sec. 17a-227-33. Contracting procedure**

(a) The regional office will review the application, and other such materials which may be required to accompany the application for completeness and accuracy. The regional office will provide technical assistance to the applicant upon request to complete the application package.

(b) The regional director or his designee will approve or deny the application.

(c) Upon regional approval of the application, the department will enter into a contract with the applicant to provide residential support services. The contract shall be for a term of up to one fiscal year and may be renewed in accordance with Sec. 17a-227-32 of these regulations. All contracts are conditional upon compliance with these regulations.

(d) Upon execution of the contract, the contractor shall provide the residential support

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services identified in the contract. The contract shall describe the services to be provided, the frequency and duration of those services and the amount to be paid to the contractor for provision of such services.

(e) The regional office shall conduct an annual performance review of the contract to determine client needs, eligibility for renewal and contractor efficiency and effectiveness.

(Effective August 24, 1994)

**Sec. 17a-227-34. Contract cancellation**

(a) The contract may be terminated without cause upon 30 days written notice by either party during the term of the contract. The department has the right to terminate the contract within 24 hours notice when it deems the health or welfare of the service recipient(s) is endangered.

(b) Contracts are subject to contractor compliance with all applicable department policies related to human rights, overall plans of service, freedom from abuse or neglect, use of restraints and psychotropic medications or other policies. As such, the contract may be cancelled, terminated or suspended for violation or non-compliance with such policies.

(Effective August 24, 1994)

**Sec. 17a-227-35. Rights of service recipients**

**(a) The contractor shall:**

(1) Notify the department and other public agencies specified in state laws or regulations of any instance of suspected abuse or neglect,

(2) Cooperate with agencies investigating abuse or neglect of persons with mental retardation and supply any information requested during the investigation, and

(3) Document any instance of possible abuse or neglect or unusual incidents in the person's record and shall notify the region within 72 hours of learning of the incident.

(b) The contractor shall document that staff are screened prior to employment. Documentation shall include reference letters from former employer(s) and personal references or phone notes on such references.

(c) The contractor shall not use and shall prohibit the use of corporal punishment.

(d) The contractor shall not deny services, and treatments shall not be withheld from persons who are otherwise eligible for them, solely on the basis of religion, race, color, ancestry, national origin, sex or physical or mental disability.

(e) The contractor shall not mistreat, abuse or neglect a service recipient or subject the person to harassment or humiliation.

(f) The contractor shall verbally report the death of a person to the regional director within 24 hours of learning of the death.

(Effective August 24, 1994)

**Sec. 17a-227-36. Planning and provision of residential support services**

(a) The contractor shall participate in any orientation or training that is required by the

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contract to familiarize him with the needs of person(s) named pursuant to the contract and to give him the necessary skills to meet those needs.

(b) Whenever requested by the region, the contractor or his designee shall be a member of the person's interdisciplinary team and shall assist in the development of the person's overall plan of service or follow-along plan.

(c) The contractor shall ensure that documentation requirements specified in a person's overall plan of service or follow-along plan are met in a timely and accurate fashion.

(d) The contractor shall assist the person to obtain any health, psychological, cognitive, social, or other assessment of the person that is specified as the contractor's responsibility in the person's overall plan of service or follow-along plan.

(e) Regardless of the presence or absence of an overall plan of service or follow-along plan as required by the region, the contractor shall develop a written residential support services plan in collaboration with the person.

(1) The residential support services plan shall contain measurable service objectives that relate to the kind and amount of assistance needed by the person that will allow him to live in his own home. These objectives shall also relate to goals in the person's overall plan of service or follow-along plan that are essential to assisting the person to live in his own home if the person has such a plan.

(2) The contractor shall review the plan with the person to be served on a scheduled or as needed basis to ensure the continued relevance and effectiveness of the plan. This review shall occur not less than quarterly during the first year of service and annually thereafter.

(3) The contractor shall give the DMR case manager or other DMR personnel access to all documents pertaining to the residential support services plan to ensure that it is being implemented and that it continues to meet the needs of the individual.

(Effective August 24, 1994)

**Sec. 17a-227-37. Contract conclusion**

(a) Upon conclusion of the contract or more frequently if required by the contract, the contractor shall report to the department on forms provided by the department on the expenditure of funds and programmatic outcomes.

(b) The commissioner shall ensure that all payments made pursuant to the contract have been properly expended and shall recoup any payments improperly expended.

(c) The contractor shall maintain all records pertaining to this contract for a period of three years and provide the department access to such records upon request.

(Effective August 24, 1994)