-	artment of 1 & Human Services Background Checks		Insp	ection Checklist		This inspection checklist is the tool OL licensors use to ensure consistency for ever inspection. (Revised 07/21/2025)		
Provider Name:	Ascent Inc. dba Redcliff Ascent	Facility ID:	(F22-93243)	Phone Number:	(435) 231-4216	Notes	.	
Site Name or Address:		E Main St ise, UT, 84725		Email Address:	steved@redcliffascent.com; marcust@redcliffascent.com			
Approved Capacity:	82	# of Present Residents\Clients:	8					
	Please review the following items park with a check mark if completed and				se review the following items du with a check mark if completed and m)	
	Current backgrounds in DACS			~	Any active rule variances			
	Current staff roster collected			~	Introduce yourself and any DHHS staff			
	Any license restrictions or conditions			~	Staff Interviews			
	Any needed rule variances			~	Clients Interviews			
Inspection Inform	nation:							
Inspection Type:	Announced Annual	Date:	9/18/2025	Time Started On-site:	9:00 AM	Time Ended On-site:	5:00 PM	
	Number of Non Compliant Items:	0	Name of Individual Info	rmed of this Inspection:	Ste	ve Demille		
	Licensor(s) Conducting this Inspection:	Larry Black			OL Staff Observing Inspection:	MeRee Jaco	bsen	

General Pro											
(Revised 07/21/2025) C = Compliant NC = Not Compliant NA = Not Assessed during this inspection											
New and Renewal Licensing Procedures	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes				
R380-600-3(1) Until a license or certificate is approved by OL, an applicant or provider may not: (a) accept any fee; (b) enter into any agreement to provide a client service; or (c) provide any client service.											
R380-600-3(3) An applicant or a provider shall permit the office to have immediate, unrestricted access to: (a) any unaltered on and off-site program or facility and client records; (b) each client who independently consents to speak to OL staff; (c) each site subject to licensing or certification; and (d) each staff member.	~										
R380-600-3(4) A provider may not permit a staff or client to threaten, verbally or physically abuse, or use violence of any kind while interacting with a representative of the department.	Z										
R380-600-3(15) The license or certificate holder shall adhere to any individualized parameter on a program or facility license or certificate to promote the health, safety, and welfare of any client. Parameters may include: (a) adequate square footage to determine capacity; (b) an admission or placement restriction; or (c) an age restriction.	~										
R380-600-3(18) Unless previously approved by OL to provide services before receiving a license or certificate for special circumstances, a provider must submit an application, any required fee, and obtain a new or a renewed license or certificate before providing any service that requires a license or certificate.											
R380-600-3(25) The provider shall post their current license or certificate, except in a foster home, on the premises in a place readily visible and accessible to the public.	~										
R501-14-3(1) A provider representative shall ensure that an applicant for an initial background check completes the required application fields and disclosure statements to authorize OBP's continual monitoring of the applicant's fingerprints and applicable state registries.											
R501-14-4(3)(a) The provider representative shall keep the program's roster and employee information current in DACS. (b) The provider representative shall check the roster at least monthly to verify employee information and the employment of employees due for a renewal review.	~										
R501-14-5(2)(a) The provider representative shall submit a background check application for each applicant for an initial background check no later than two weeks from the date the applicant becomes associated with the licensee, certification, or contract. (b)(i) The provider representative shall ensure an applicant is directly supervised until OBP issues a											

conditional or eligible clearance determination.

(ii) The provider representative shall document how the applicant remains supervised for the entirety of the applicant's supervised employment term before receiving a clearance determination.

R501-14-5(5)(a) The provider representative may not allow an applicant whose background check application is denied to have any supervised or unsupervised direct access to clients unless: (i) OBP approves a subsequent application; or (ii) the denial is overturned in an administrative hearing or by the OBP director. (b) The provider representative shall ensure an applicant initiating an appeal of a denied application works under direct supervision until OBP issues a determination regarding the appeal.	>						
Variances	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R380-600-6(5) The provider shall sign the approved variance and comply with the terms of the written variance, including any conditions or modifications contained within the approved written variance.	V						
Inspection and Investigation Process	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R380-600-7(16) When a critical incident occurs under the direct responsibility and supervision of the program or facility, the provider shall: (a) submit a report of the critical incident to OL in a format required by OL within one business day of the critical incident occurrence; (b) additionally ensure any allegation of an incident of abuse, neglect, or exploitation of a client is reported to DCFS for a minor client or APS for an adult client and law enforcement within 24 hours; (c) notify the parent or legal guardian of each involved client within a 24-hour period from the time of the incident; (d) if the critical incident involves any client in the custody of the department or under contract with the department, notify the involved department division immediately; and (e) collect, maintain, and submit original witness statements and supporting documentation, including video footage if available, regarding each critical incident to OL upon request.			>				
Program Policies, Procedures, and Safe Practices	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R501-1-4(2) The licensee shall develop, implement, and comply with safe practices that: (a) ensure client health and safety; (b) ensure the needs of the client population served are met; (c) ensure that none of the program practices conflict with any administrative rule or statute before implementation; and (d) inform staff of how to manage any unique circumstances regarding the specific site's physical facility, supervision, community safety, and mixing populations.	Ŋ						
R501-1-4(3) The licensee shall submit any change to an office approved policy or curriculum to the office for approval before implementing the proposed change.	\						
Residential Programs Additional Safe Practices	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes

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R501-1-5(1) A licensee that manages, stores, or administers client medications shall develop and ensure compliance with the following medication management safe practices: (a) inform staff and clients of program and client responsibility for medication including storage and administration of medications on-site and, as applicable, when staff and clients are offsite in program related activities; (b) if applicable, inform staff and clients of the medication self-administration process; (c) if storing and administering medications, train staff to administer medication and the process to be followed; (d) how staff record medication dosages according to prescriptions; (e) how staff monitor for and record effects and side effects of medications; and (f) how staff log doses and record and report medication errors.							
R501-1-5(2) The licensee shall ensure the care, vaccination, licensure, and maintenance of any animals on-site to include: (a) assessment of pet allergies for any clients interacting with animals in the program; (b) maintenance of required examinations, registrations, and vaccinations; and (c) supervision of clients in the presence of animals.	Y						
R501-1-5(4) The licensee shall ensure that a ratio of one staff to one client during transports is only utilized when the program has conducted a safety assessment that indicates that client and staff safety is reasonably assured.							
Program Administrative and Direct Service Requirements	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R501-1-6(1) The licensee shall clearly identify services to the office, public, potential client, parent, or guardian regarding: (a) current and accurate contact information; (b) the complaint reporting and resolution process; (c) a description of each service provided; (d) each program requirement and expectation; (e) eligibility criteria outlining behavior, diagnosis, situation, population, and age that can be safely served, including: (i) an outline of the behaviors and presenting issues that would be reason for discharge or exclusion from the program; and (ii) a statement that the program may not take placement of a child whose needs exceed the scope or ability of the program to reasonably manage; (f) each cost, fee, and expense for a service and refund policy; and (g) identification of each non-clinical, extracurricular, or supplemental service offered or referred.	S						vNot assessed during quarterly inspection.
R501-1-6(2) The licensee shall post the following in conspicuous places where each visitor, staff, and client may view: (a) abuse reporting laws as described in Sections 80-2-609 and 26B-6-205; (b) civil rights notice; (c) Americans with Disabilities Act notice; (e) any office notice of agency action; (f) a client rights poster in a residential setting except in a foster home or where prohibited by Settings Final Rule; and (g) department code of conduct poster.							
R501-1-6(3) The licensee shall maintain compliance with or documentation of an exemption from any of the following requirements: (a) a food handler permit for any person preparing meals for any other person; (b) capacity determinations that include each staff and client on premises and may not exceed the capacity limits placed by local authorities; (d) licensure and registration of any vehicles used to transport clients.	~						Licensor verified licensees current vehicle insurance and registration of vehicles.
R501-1-6(5) The licensee shall maintain and make the following available to the department upon request: (d) vehicle insurance	~						

R501-1-6(6) The licensee shall ensure: (b) current staff and client lists are available at each licensed site; (f) the licensee maintains an opioid overdose reversal kit on-site with on duty staff trained in its use if the licensee is serving, or is likely to serve, a client with a substance use disorder.	V						Licensee does not specialize in serving clients for substance use disorders.
R501-1-6(7) A licensee serving education entitled children shall comply with Section 26B-2-116 regarding coordination of educational services to include completion of youth education forms at initial and renewal licensure.							
R501-1-6(8) A licensee offering school on-site shall: (a) maintain the established staff to client ratio with behavioral intervention trained staff in the school setting; (c) ensure each client is taught at their appropriate grade level.							
R501-1-6(9) The licensee shall ensure clinical and medical staff are licensed or certified in good standing and any unlicensed staff are appropriately supervised							
Residential Program Additional Administration and Direct Services Requirements	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R501-1-7(1) A residential program licensee shall additionally: (a) ensure each staff shift list remains current and available to the office upon request; (b) ensure that each shift documents any illness, injury or critical incident and passes it on to the next shift and administration; (c) ensure at least two on-duty staff are present at all times; (d) ensure access to a medical clinic or a medical professional familiar with the program and population served; and (e) provide a separate space for clients who are showing symptoms of an infectious disease.	×		0				
R501-1-7(3) A congregate care program licensee may allow an individual turning 18 to remain in the program if: (a) the individual remains in the custody of a state entity or the individual was admitted and continuously resided in the program for at least 30 days before the individual's 18th birthday; (b) the licensee has a documented need for the individual to remain in the program; (c) the licensee maintains responsibility for discharge to an appropriate setting when clinically appropriate and no later than the day an individual reaches 19 years of age; (d) the licensee outlines a plan for the protection of younger clients by supervising and separating 18-year-old individuals from youth who are more than two years younger; and (e) the individual signs a consent document outlining: (i) the individual is consenting to remain in the program voluntarily and understands the individual is not required to remain against their will; (ii) that any criminal offenses committed may result in being charged as an adult; and (iii) that if the individual is involved in any critical incidents posing a risk to the health and safety of other program residents they may be discharged from the program.							Licensee does not currently have clients that are 18 years of age. Licensee does have an agreement that potential client would sign and agree to the requirements of this rule.

R501-1-7(4) A congregate care program licensee shall ensure weekly confidential communication with family and shall ensure that: (a) the frequency or form of the confidential communication requirement is only modified if the program submits a modification request that demonstrates the following to the office: (i) the program operates in an area of limited or unreliable phone accessibility or coverage; (ii) there is significant risk of harm or danger to client safety by providing youth with unsupervised telephone access; (iii) the licensee offers an alternative that satisfies the requirement of weekly confidential two-way communication; or (vi) extenuating circumstances exist outside the individual treatment plans that are prohibitive to offering voice to voice communication; (b) a parent or guardian authorizes in writing an alternate means of confidential communication when voice to voice is unavailable; and (c) the licensee offers voice to voice confidential communication as soon as it can be safely offered.	≥						Licensee has a variance for weekly confidential communication through written letters.
R501-1-7(6)(a) A residential program licensee, excluding a residential treatment program, may allow for client independence and responsibility for their own supplies, food, laundry, or transportation by outlining in writing resources and responsibility for the provision of these items. (b) Each residential program licensee shall assist clients on a limited basis if they are temporarily unable to provide the items or services listed in Subsection R501-1-7(6)(a) for themselves.	~	0	0				
Program Physical Facilities and Safety	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R501-1-8(1) The licensee shall ensure: (a) the appearance & cleanliness of the building/grounds are maintained & free from health/fire hazards; (b) any appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition; (c) fire drills in non-outpatient programs are conducted at least quarterly and documented, including feedback regarding response time and process; (d) a phone that can be used to call 911 is always available on-site when clients are present; (e) bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity; (f) each bathroom is properly equipped with toilet paper, paper towels or a dryer, and soap; (g) each bathroom is ventilated by mechanical means or equipped with a window that opens; (h) non-prescription medication, if stored on-site, is stored in original manufacturer's packaging together with the manufacturer's directions and warnings; and (i) prescription medication, if stored on-site, is stored in original pharmacy packaging or individual pharmacy bubble pack together with the pharmacy label, directions, and warnings.	>						Licensor verified fire-drill completed at the field office.
R501-1-8(2) The licensee shall accommodate a client with physical disabilities as needed or appropriately refer to comparable services.	✓						
R501-1-8(3) The licensee shall maintain medication and potentially hazardous items on-site lawfully, responsibly, and with consideration of the safety and risk level of the population served to include locked storage for each medication and hazardous chemical that is not in active use.	Z						
R501-1-8(4) The licensee shall maintain a first aid kit							
Residential Program Additional Facilities and Safety Requirements	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes

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R501-1-11(1) The licensee shall maintain client information to include the following: (a) client name, address, email address, phone number, date of birth and identified gender; (b) emergency contact names, including legal guardian where applicable, and at minimum, the emergency contact's physical address, current email address or current phone numbers; (c) a program serving substance use disorder clients shall maintain compliance with an initial and annual client tuberculosis screening results in each client record; (d) any information that could affect health safety or well-being of the client including each medication, allergy, chronic condition or communicable disease; (e) intake screening and assessment; (f) discharge documentation; (g) treatment or service plan; (h) progress notes and services provided with date and signature of staff completing each entry; (i) individualized assessment for restriction of access to on-site items that could be used as weapons, for self-directed violence, or as an intoxicant; (j) any referral arrangements made by the program; (k) client or guardian signed consent or court order of commitment to services in lieu of signed consent for each treatment and non-clinical service; (l) summary of attendance and absences in treatment services; (m) any grievance or complaint made by or against the client and actions taken by the program; (n) each crisis intervention or critical incident report involving the client; and							
Program Intake and Discharge Requirements	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R501-1-12(1) The licensee shall complete an intake screening before accepting a client into the program that includes at least: (a) verification that the client meets the eligibility requirements of the program; (b) verification that the client does not meet any of the exclusionary criteria that the program identified in policy as unable to serve; (c) description of presenting needs; and (d) suicide risk screening.	~						
R501-1-12(2) A licensee serving substance use disorder clients may not admit anyone who is unresponsive or unable to consent to care because the individual is experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious.							Licensee does not specialize in serving clients for substance use disorders.
R501-1-12(3) A licensee serving incarcerated or court-mandated justice involved clients shall: (a) conduct a criminogenic risk assessment; (c) separate high and low criminogenic risk populations.							Licensee does not specialize in serving court-mandated justice involbed clients.
R501-1-12(4) The licensee shall ensure that , the client, parent, or guardian signs and receives copies of the following agreements to be maintained as client records: (a) determination of eligibility; (b) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and (c) signed consent for treatment that outlines: (i) rules of the program; (ii) expectations of clients, parents, and guardians; (iii) services to be provided; (iv) Medicaid number, insurance information, and identification of any other entities that are billed for the client's services; (v) client rights; and (vi) licensing contact information.	2						

R501-1-12(5) The licensee shall ensure that a discharge plan identifies resources available to a client and includes: (a) reason for discharge or transfer; (b) aftercare plan; (c) summary of services provided; and (d) progress evaluation.	K						
Residential Additional Program Intake and Discharge Requirements	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R501-1-13(1) A residential program licensee shall ensure an intake assessment is completed following an approved intake screening, no later than seven days from the admission date, and that the assessment considers and contains: (a) gender identity and individualized assessment for bedroom and bathroom assignments; (b) cultural background; (c) dominant language and mode of communication; (d) family history and dynamics; (e) current and past health and medical history; (f) social, psychological, developmental, vocational, and, as appropriate, educational factors; (h) authorization to serve and obtain emergency care.	>						
R501-1-13(2) A residential program licensee may not serve youth from out of state without a disruption plan, and as applicable, Interstate Compact Placement of Children (ICPC).	~						
R501-1-13(3) A congregate care program licensee shall ensure that each congregate care disruption plan complies with the following: (a) the program retains jurisdiction and responsibility for the youth while the youth remains in Utah; and (b) the program completes an individualized disruption plan at the time of intake for each out of state client to include: (i) who is responsible for the child's return if placement at the facility disrupts; (ii) current emergency contact information to include the name, address, phone and email address of the parent or responsible person; (iii) a signed statement from parent or responsible person outlining the plan for the youth in the event of an unplanned disruption in care; and (iv) a plan for safe transportation either to the state of origin, the responsible person as identified in Subsection R501-1-13(3)(b)(i) or to another licensed congregate care program or higher level of care,	S						
R501-1-13(5) A congregate care program licensee shall report private placements to the office by completing the congregate care out of state placement survey on the office website no later than the fifth business day of each month.							
Program Clinical Services	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes

R501-1-14(1) A licensee that offers clinical treatment shall: (a) assign a clinical director to ensure that assessment, treatment, and service planning practices are: (i) regularly reviewed and updated; (ii) individualized; and (iii) designed to involve the participation of each client or each client's parent or guardian; (b) ensure each person working directly with a client is informed of the client's individual treatment needs and advised of the best approach to working with that client; (c) ensure client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission; (d) ensure discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives; (e) ensure that each client identified for treatment receives individual treatment at least weekly; and (f) ensure any missing individual weekly treatment is justified, approved, and documented by the clinical director.							
R501-1-14(2)(a) A residential program licensee shall ensure that in addition to the required weekly individual therapy, frequency and need for family and group therapy and other clinical services are addressed in the individual's treatment plan. (b) A non-residential program licensee who offers clinical treatment may alter the weekly therapy requirement as designated in the individual's treatment plan.	~						
R501-1-14(4) A licensee who offers group counseling, family counseling, skills development, or other treatment shall offer and document these treatment services as prescribed in the treatment plan.	Z						
Program Staffing	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R501-1-15(1) The licensee shall ensure adequate staffing to safely supervise the current population, including adding more staff than required by the usual staffing ratio as needed to manage behaviors, dynamics, and individual client treatment and supervision needs.	Z						
R501-1-15(2) The licensee shall identify a manager or qualified designee who is immediately available when the program is in operation or there is a qualified and trained substitute when the manager is absent or unavailable.	~						
R501-1-15(3) A licensee that offers clinical services shall employ or consult with licensed professional staff that include an individual who is familiar with the program and the needs of each client.							
R501-1-15(4) The licensee shall ensure that before allowing a direct care staff to work unsupervised they have an approved background clearance except as excluded in Section R501-14-17;							
R501-1-15(5) A licensee who serves clients with substance use disorder shall ensure each staff is screened for tuberculosis.			~				Licensee does not specialize in serving clients with substance use disorders.
R501-1-15(6) A licensee who serves a client with substance use disorder may not offer, entice, refer, or recommend medical cannabis as treatment for substance use disorder.			Z				Licensee does not specialize in serving clients with substance use disorders.
R501-1-15(7) A licensee who manages, stores, or administers client medication shall identify a medical professional to oversee the medication management, medication oversight, and staff training regarding medication management and administration.	Z						
R501-1-15(8) The licensee shall ensure that each person involved with the prescription, administration, or dispensing of controlled substances maintains appropriate medical or pharmacy licenses and DEA registration numbers							
R501-1-15(9) The licensee shall create and maintain personnel information for each staff member, contracted employee, and volunteer.							

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R501-1-15(10) The licensee shall ensure that personnel information includes: (a) any applicable qualification, experience, certification, or license; (b) any approved and current office background clearance, except as excluded in Rule R501-14; (c) a provider code of conduct that is signed by the staff member, contracted employee, or volunteer; (d) any pre-service and annual training records with the date completed, topic, and the individual's signed acknowledgment of training completion; (e) any grievances or complaints made by or against the individual and actions taken by the program; & (f) each crisis intervention or critical incident report involving the individual.	Y						
R501-1-15(11) The licensee shall ensure that at least one CPR and First Aid-certified staff member is available when staff and clients are present unless a currently licensed healthcare professional is present.							
Personnel Training Requirements	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R501-1-16(1) The licensee shall ensure that each staff receives pre-serving training on the following topics before being left unsupervised and within 30-days of hire: (a) program policies, procedures and safe practices as outlined in Section R501-1-5; (b) program emergency preparedness, response, and recovery plan, including at least: (i) emergency procedures to instruct staff how to address incident reporting, continuity of care, transport, relocation, and client health and safety during natural disasters, extreme weather events, fire, utility or structural failures, or other unexpected disruptions to the program service; and (ii) instructions to staff regarding how to report and respond to significant criminal activity and significant medical emergencies; (c) CPR and First Aid; (d) client eligibility, emphasizing the behaviors and circumstances the program can safely manage; (e) staff involvement and responsibility in the intake, discharge, and unplanned discharge processes; (f) client rights; (g) supervision and ratios; (h) as applicable, medications management, storing, and administration; (i) as applicable, food handling as outlined in Subsection R501-1-10(3); (j) background checks; (k) prevention, signs and symptoms of abuse and neglect, including sexual abuse, and legal reporting requirements; (l) provider code of conduct as outlined in Rule 380-80; (m) non-discrimination policy in accordance with Section 26B-2-109 that includes a prohibition of abuse, discrimination, and harassment based on sex, gender identity, or sexual orientation; (n) staff and client grievance procedures; (o) crisis intervention; (p) appropriate use of restraint and seclusion; (d) de-escalation techniques; (r) appropriate and inappropriate behaviors of clients; (t) appropriate and inappropriate staff responses to client behaviors; and (u) if applicable, staff response to a client leaving a program without permission.							

R501-1-16(2) The licensee shall ensure each staff completes the following training topics each year,				
based on the program's license date:				
(a) program policies, procedures and safe practices as outlined in Section R501-1-4;				
(b) general provisions and applicable categorical licensing rule;				
(c) client eligibility, as outlined in Subsection R501-1-6(1)(e), emphasizing the behaviors and				
circumstances the program can safely manage;				
(d) staff involvement and responsibility in the intake, discharge, and unplanned discharge processes;				
(e) provider code of conduct as outlined in Rule R380-80;				
(f) program plan for the prevention or control of infectious and communicable disease to include				
coordination with and following any guidance of the state or local health authorities, Center for				
Disease Control, and the department;				
(g) emergency procedures to instruct staff how to address incident reporting, continuity of care,				
transport, relocation, and client health and safety during natural disasters, extreme weather events,				
fire, utility or structural failures, or other unexpected disruptions to the program service;				
(h) program rules regarding firearms that does not conflict with constitutional or statutory rights				
regarding concealed weapons permits as described in Title 53, Chapter 5, Part 7, Concealed Firearms				
Act;				
(i) smoking rules in accordance with Title 26B, Chapter 7, Part 5, Regulation of Smoking, Tobacco				
Products, and Nicotine Products;	~			Licensee does not manage funds for clients.
(j) how to manage clients who screen with elevated suicide risk levels;			_	
(k) general incident reporting;				
(l) prevention, signs, and symptoms of abuse and neglect, including sexual abuse, and legal				
reporting requirements;				
(m) CPR and first aid;				
(n) if storing and administering medications, training required to administer medication and the				
process to be followed;				
(o) training to identify and address in a residential or congregate care program:				
(i) clients who pose a risk of violence;				
(ii) what constitutes contraband, possession of contraband, and how the program ensures				
restriction of client access to contraband and dangerous weapons or materials;				
(iii) clients who are at risk for suicide;				
(iv) managing clients with mental health concerns; and				
(v) identifying the signs and symptoms of clients presenting under the influence of substances or				
alcohol;				
(p) if the licensee manages funds for client allowances, training to document each expense; and				
(q) appropriate use of any alternate sleeping arrangements in a residential or congregate care				
program.				

	Outdoor Youth Program - Inspection Checklist (Revised 07/21/2025)												
		(Rev	ised 07	/21/2025)									
	NA = N	NC		pliant ompliant iring this inspection									
Administration	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes						
R501-8-3(1) Each outdoor youth program shall provide an educational component as determined by the Utah State Board of													
Education for clients 18 years of age or younger who have been removed from their educational opportunities for more than one month. The administrators of the program shall meet and document cooperation with the State Board of Education.			ш										
Program Requirements	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes	Office					
R501-8-4(4). Each client has clothing and equipment to protect them from the environment. This equipment is never be removed, denied, or made unavailable.	\checkmark							Field					
R501-8-4(5). During an expedition, if a client refuses or cannot hike or to carry the client's equipment, the group ceases hiking. The program establishes, documents, and resolves the reasons for the client's refusal or inability to continue before hiking continues.	Z							Both					
R501-8-4(6). Deprivation of essential equipment or items is not used as a consequence.	\blacksquare												
R501-8-4(7). The program conducts an individual assessment of each client's recommended backpack weight. Each backpack weight guideline may not exceed 20 % of the client's body weight. If a client is required to carry other items, the total weight carried must not exceed 30 % of the client's body weight unless individually documented with parental permission to exceed this ratio.	✓												
R501-8-4(8). The program provides clients with clean clothing at least weekly and provides a means for each client to bathe or otherwise clean the client's body at least twice weekly.	V												
R501-8-4(9). Hiking does not exceed the physical capability of the weakest member of the group. Hiking is prohibited at		$\overline{\Box}$			$\overline{}$		Hiking above 90 degrees						
temperatures above 90 degrees F. or at temperatures below ten degrees F. R501-8-4(10). A field staff in each group carries a means to accurately measure and display the current temperature.		Ħ	Ħ		-	┪							
R501-8-4(11). Each expedition plan including map routes, anticipated schedules, and times is carried by the field staff and recorded in the field office.	$\overline{\mathbf{Z}}$												
FSO1-8-4(12). A field staff in each group maintains a signed daily log or dictates a recorded log to be transcribed and signed immediately following termination of the activity to contain the following information: (a) each critical incident;													
(b) prescription compliance; (c) each medical concern; (d) each behavioral concern or refusal to hike and how the concern is addressed; (e) each unusual occurrence; and													
(f) each log entry that is recorded is in an un-editable format and remains available to the office upon request. R501-8-4(13). Each program staff is required to carry an accurate, reliable time piece accurately reflecting the time of day and													
for documentation purposes in log notes and incident reports. R501-8-4(14). Program administration trains each staff regarding the standards of this section and regularly monitors and													
ensures compliance.	\checkmark					Taskaisal							
Staff, Interns, and Volunteers	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes						
RS01-8-5(1). The outdoor youth program has a governing body and an executive director who has responsibility and authority over the policies and activities of the program and coordinates office and support services and training. The executive director has the following qualifications: (a) be at least 25 years of age; (b) have a bachelor's degree or equal training and experience in a related field; (c) have at least two years of outdoor youth program administrative experience; (d) have at least 30 credit hours education in recreational therapy or related experience or one-year outdoor youth program field experience; (e) demonstrate knowledge and understanding of relevant licensing rules; and	~												
(f) have completed each required staff training.													
R501-8-5(2). The outdoor youth program has a direct care field director who has primary responsibility for coordinating field operations, managing field staff, operating the field office, and supervising emergency response procedures.	$ lap{}$												
R501-8-5(3). A field director or a qualified designee must: (a) be trained as a direct care staff in accordance with Section R501-1-14; (b) be at least 25 years of age; (c) have a bachelor's degree or equal training and experience in a related field; (c) have at least two years of outdoor youth program field experience; (d) visti in the field at least two days a week with no more than five days between visits; and (e) document each field visit, including: (i) the condition of each client; (ii) interactions with clients and staff; (iii) incidents and interventions to be reported to each client's guardian and the office; (iv) each report of compliance with Subsection 62A-2-123(6) regarding weekly confidential communication with family; and (v) staff compliance with each policy and rule.	S							Office					
KSS01-8-5(4). The outdoor youth program has field support staff to be responsible for delivering supplies and mail to the field, communication with each client in the field, and first aid support.	✓							Field					

	RS01-8-5(5). Each outdoor youth program group has direct care senior field staff working directly with the clients and who meet the following qualifications: (a) be trained as a direct care staff in accordance with Section R501-1-14; (b) be at least 21 years of age; (c) have an associate's degree or high school diploma with 30 credit hours of education and training or comparable experience and training in a related field; and (d) have six months outdoor youth program field experience or comparable experience which shall be documented in the individual's personnel file.	~							Во
	RS01-8-5(6). The outdoor youth program has direct care field staff working directly with the clients and meet the following qualifications: (a) be at least 20 years of age; (b) have a high school diploma or equivalent; (c) have 48 field-days of outdoor youth program experience or comparable experience which shall be documented in the individual's personnel file; and (d) exhibit skilled leadership.								
	RS01-8-5(7). The outdoor youth program has direct care assistant field staff as required to meet or exceed staff to client ratios. Assistant field staff meet the following qualifications: (a) be at least 19 years of age; (b) have a lips school diploma or equivalent; (c) have a lifeld days of outdoor youth programs experience; and (d) exhibit skilled leadership.								
	R501-8-5(8). The outdoor youth program has a licensed physician and mental health professional accessible to each client.	~		\square					
	RS01-8-5(9). If the outdoor youth program has interns or volunteers who are learning the program practices while completing educational requirements: (a) Each intern must be at least 19 years of age. (b) Each volunteer must be at least 18 years of age. (c) Staff training must be completed by each incoming staff including interns and volunteers regardless of background experience. (d) Each volunteer and intern must be supervised by the clinical director, program administration, or senior direct care staff. (e) Each intern and volunteer may never directly supervise a client.					0			
	Client Supervision and Ratios	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes	
	RS01-8-6(1). Each youth group is directly supervised by at least two direct care staff, one of which is a direct care senior field staff.	~							O
	RS01-8-6(2). Each field group does not exceed 16 people with a ratio of at least one staff per four clients. Staff counts towards the field group size.	✓							Fi
	R501-8-6(3). Each volunteer is counted as a client in figuring staff to client ratios.								В
	R501-8-6(4). Field group size does not exceed the number specified by federal, state, or local agencies in whose jurisdiction the program is operated.	~							Ī
	Staff Training	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes	
	R501-8-7(1). The outdoor youth program provides at least 80 hours initial staff training.	\checkmark							
	R501-8-7(2). Initial staff training is not considered completed until the staff have demonstrated to the field director proficiency in each of the following areas: (a) counseling, teaching and supervisory skills; (b) water, food, and shelter procurement, preparation, and conservation; (c) low impact wilderness expedition and environmental conservation skills and procedures; (d) client management, including containment, control, safety, conflict resolution, and behavior management; (e) instruction in safety procedures and safe equipment use, fuel, fire, life protection,& related tools; (f) instruction in emergency procedure, medical treatment, evacuation, weather, signaling, fire, and dealing with runaway and lost clients; (g) sanitation procedures, water, trash, human waste, food handling; (h) wilderness medicine, including health issues related to acclimation, exposure to the environment, and anaphylaxis; (j) CPR, standard first aid, first aid kit contents and use, and the program's medication management policy and procedure; (j) navigation skills, including map and compass use and contour and celestial navigation; (k) local environmental precautions, including terrain, weather, spiders, ticks, scorpions, snakes, insects, predatory animals, poisonous plants, giardia, frostbite, hypothermia, heat exhaustion, dehydration, responses to adverse situations, and emergency evacuation; (l) leadership and judgment; (m) report writing, including required development and maintenance of logs; and (n) federal, state, and local regulations.	∑				0			
L.	RS01-8-7(3). At least 80 hours of initial staff training is completed, documented, and maintained in each staff personnel file.	V							
	R501-8-7(4). The field director or equally qualified designee documents in each personnel file how the field director or qualified designee determined that each staff has demonstrated proficiency in each of the required topic areas as listed in Subsection (2) of this section.	✓							
	RS01-8-7(5). Each initial staff training and demonstration of proficiency is completed and documented before the staff may count in the staff client ratio.	\checkmark							
	R501-8-7(6). The program provides and documents on-going staff training to improve proficiency in knowledge and skills and to maintain certifications.	\checkmark							

Staff Health Requirements	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R501-8-8(1). Before engaging in any field activity, each staff adhereS to the following: (a) each field staff, intern, and volunteer haS an annual physical examination and health history signed by a licensed medical professional; (b) a recognized physical stress assessment is completed as part of the physical examination of each staff; (c) the physical examination of each staff is reviewed and maintained by the provider in the staff personnel file; and (d) each program staff, intern, and volunteer submits to drug and alcohol screening upon request.							
Client Admission Requirements	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R501-8-9(1). Clients are no younger than 13 years of age and no older than 17 years of age and have a current health history report which includes notation of client physical limitations and prescriptive medications.	ightharpoons						
R501-8-9(2). The health history report is completed, submitted, and verified by each client's parent or guardian as part of the intake screening or assessment in accordance with Sections R501-1-18 and R501-1-23 and before entry into the field.	\checkmark						
R501-8-9(3). An admissions assessment is conducted by a treatment professional before each client enters into the field and includes the following: (a) a review of each client's social and psychological history with the client's parent or legal guardian before enrollment; and (b) an interview with the client before entrance into the field program.							
R501-8-9(4). Before entry into the field and within 15 days of admission to the program, the following requirements are met: (a) a licensed medical professional must review each client's health history report and conduct a physical examination; and (b) the program provides a physical examination form to a licensed medical professional that clearly states a description of the physical demands and environment of the program, and requires the following information before a client may enter the field: (i) a urinalysis drug screen; (ii) a complete blood count (CBC) unless waived in writing by the client's parent or guardian; (iii) a complete metabolic profile (CMP) unless waived in writing by the client's parent or guardian; (iv) a urinalysis for possible infections; (v) a pregnancy test; (vi) a physical stress assessment; (vii) a determination by the physician if detoxification is indicated for client before entrance into field portion of the program; (viii) any other tests as necessary to assess fitness for the field portion of the program; and (ix) a medical professional shall review current and historical medical data and approve the client to enter the field with recommendations for any medical monitoring.							
R501-8-9(5). A copy of each client's medical forms and approvals are maintained at the field office and another copy is carried by staff members in a waterproof container throughout the field expedition.	\checkmark						
R501-8-9(6). The program clinically reviews each client's psychological history and conducts an additional psychological assessment as clinically necessary before the client's entry into the field.	\checkmark						
R501-8-9(7). Upon admission and for a period of no fewer than three days in the field, direct care field staff closely monitor each client for any health problems that may be a result of hiking or living outdoors.	ightharpoons						
Water and Nutritional Requirements	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R501-8-10(1). At least six quarts of potable water are available per person per day, plus one additional quart per person for each five miles hiked. Although it is not required that the entire amount be hand carried, water is always accessible during hiking.	✓						
RS01-8-10(2). In temperatures above 90 degrees F., staff make sure each client's fluid intake is at least three quarts of water per day.							
R501-8-10(3). Each field group in the field always has electrolyte replacement available.	✓						
R501-8-10(4). In temperatures above 80 degrees F., water is available for coating each client's body, and other techniques are available for cooling as needed.	\checkmark						
R501-8-10(5). Potable water is available at each campsite. Water cache location information is verified with field staff before the group leaves camp each day.	✓						
R501-8-10(6). No expedition group depends on aerial drops for water. Aerial water drops are used for emergency situations only.	✓						
R501-8-10(7). Water from natural sources is made safe to drink through boiling, filtering, or disinfection in accordance with the center for disease control guidance.	\checkmark						
RS01-8-10(8). The outdoor youth program has a written menu describing food supplied to the client which provides at least 3,000 calories per day while in the field. There are fresh fruit and vegetables available at least twice a week. Food is never withheld from a client for any reason. If no fire is available, other food of equal caloric value, which does not require cooking, is available. (a) The menu is adjusted to increase minimum dietary needs as energy expenditure, including exercise and climate conditions, dictate. (b) Food is from a balance of the food groups. (c) Forage items do not count toward the determination of caloric intake. (d) Multiple vitamin supplements are offered daily.							
Health Care	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R501-8-11(1). The outdoor youth program provides first aid treatment promptly.							
R501-8-11(2). When a client has an illness or physical complaint that does not respond to or cannot be treated by standard first aid, the program immediately arranges for the client to be seen and treated as indicated by a licensed medical professional.	\checkmark						

R501-8-11(3). Each client's physical condition is assessed at least every 14 days by a qualified medical professional. Blood pressure, heart rate, allergies, and general physical condition are checked and documented. Any assessment concerns are documented, and the client is taken to the appropriate medical professional for treatment. There are no consequences issued to a client for requesting to see a healthcare professional or for anything said to a health care professional.							
R501-8-11(4). Each prescription and over the counter medication is kept in the secure possession of designated staff and provided to clients in accordance with labels or prescription directions.	~						
R501-8-11(5). Staff are trained for medication administration in accordance with Rule R501-1 and communicate with the field director and document reason and plan for any lost or missing prescription medication.		\Box					
R501-8-11(6). A foot check is conducted at least twice daily and documented.		늄	恄				
Safety	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R501-8-12(1). Each first aid kits includes sufficient supplies for the activity, location, and environment as approved by the program's medical professional. First aid kit supplies are available during each field activity.							
R501-8-12(2). Each outdoor youth program has a support system that meets the following criteria: (a) reliable daily two-way radio communications between groups and with support staff, with additional charged battery packs and a reliable backup system of contact in the event the radio system fails; (b) the support vehicles and field office are equipped with first aid equipment; (c) the support and field staff have access to contact information including telephone numbers, locations, contact personnel, maps, medical forms, and procedures for an emergency evacuation or field incident; and (d) daily morning and evening contacts are completed between field staff, support staff, and the field office and contacts are documented in the field office log daily.							
Field Office	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R501-8-13(1). The program maintains a field office.	Y						
R501-8-13(2). Communication systems between the field and the field office are monitored 24 hours a day when clients are in the field.	Y						
R501-8-13(3). Support staff respond immediately to any emergency situation.	\checkmark						
R501-8-13(4). Support staff on duty are within one hour of any field group.	✓						
R501-8-13(5). When staff are not present in the field office a contact telephone number is posted on the field office door and the field director designates responsible on-call staff who continually monitors communications and remains available and abl to access all necessary equipment and files within 15 minutes.	e						
RS01-8-13(6). Field office staff adhere to the following: (a) maintain current staff and client records in accordance with Rule R501-1; (b) maintain a master map of each activity area; (c) maintain copies of each expeditionary route with its schedule and itinerary to be immediately available to the office and emergency medical services, law enforcement or search and rescue agencies as needed; (d) maintain a log of daily communications; (e) be responsible for training and orientation, management of field personnel, related files, and records; and (f) be responsible for maintaining communications, inspecting equipment, and overseeing medical incidents.	~						
Environmental Requirements	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R501-8-14(1). The outdoor youth program adheres to land use agency requirements including sanitation and low impact camping.	V						
R501-8-14(2). Each client is continuously supervised in the observance of low impact camping requirements.							
R501-8-14(3). Personal hygiene supplies are of biodegradable materials or packed out and properly disposed of.							
Evaluation	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R501-8-15(1). Following the wilderness experience, each client receives a debriefing to include a written summary of the client participation and the progress the client achieved.	s 🔽						
R501-8-15(2). Each guardian, client, or other involved individuals are provided the opportunity and be encouraged to submit a written evaluation of the wilderness experience, which is retained by the program in the client file record.	\checkmark						
Individual Experiences	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes

R501-8-16(1). If an outdoor youth program conducts an individual component for clients as part of the program, the program has and follows written policies and procedures, which include the following: (a) an assessment of each client's ability to safely participate in the experience; (b) a description of the individual component to ensure that each client is not exposed to an unreasonable risk; (c) guardian permission for the youth to participate in the experience; (d) a policy that individual experiences are not required and must be entered voluntarily by the client or only as clinically indicated; (e) a policy of providing preparatory instruction and guidance to the client before an individual experience; (f) an individual assessment of client readiness; (g) a description of the maximum duration of each individual experience; (h) a policy explaining that a solo experience may not be used as a punishment or general practice; (i) a supervision plan for each individual event with a frequent check-in to allow each client to rescind voluntary participation and go back to the group; (k) documentation of the duration of each individual event; (i) a plan for managing emergencies; and (m) documentation of how each individual program component is not used as seclusion or in violation of Section 62A-2-123.	~						
Stationary Campsites	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R501-8-17(1). If the program offering a stationary camp that does not provide a 24-hour outdoor group living environment may require residential treatment licensure.			\blacksquare				Provider does not maintain a stationary camp
R501-8-17(2). If the outdoor youth program maintains a designated building to serve a client, the program s subject to fire, health, and safety standards. (a) A stationary outdoor youth program camp shall be inspected by a certified fire inspector before being occupied and on an annual basis thereafter. A copy of the inspection shall be maintained at the outdoor youth program camp. (b) At least one 2-A-108C type fire extinguisher shall be in a group of tents within a 75- foot travel distance. (c) Flammable liquids may not be used to start fires, be stored in structures that house clients, or be stored near ignition sources. If generators are used, they will only be refueled by staff when the generator is not running and cool to the touch. (d) A stationary outdoor youth program camp shall be inspected by the local health department before being occupied and on an annual basis thereafter. A copy of the inspection shall be maintained at the site of the camp. (e) Food shall be stored, prepared, and served in a manner that is protected from contamination. (f) Each water supply shall be from a source that is accepted by the local health authority according to Rule R392-300, Recreation Camp Sanitation, at the time of application and for annual renewal of such licenses.			Z				Provider does not maintain a stationary camp

Day T	reatn			Day Treatment Programs - Inspection Checklist (Revised 07/21/2025)												
NA NA	C = Compliant NC = Not Compliant NA = Not Assessed during this inspection															
Administration and Direct Service	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes									
R501-20-4(1) In addition to the following rules, each day treatment licensee shall comply with Rules R501-1 and R501-14.																
R501-20-4(2) Non-residential licensees may meet less frequently than weekly only with individualized justification in the client record.																
RS01-20-4(3) A licensee shall: (a) ensure that activity plans are prepared to meet individual client needs or link to applicable resources in the community; (b) design and implement a daily activity or service schedule based on client needs and not staff convenience; (c) ensure clients are supervised onsite and encouraged to participate in activities; and (d) ensure all clients are given the same quality of care.																
R501-20-4(4) Except as outlined in Subsections R501-20-6(2) and R501-20-7(3), a licensee shall ensure that the minimum staffing ratio is one direct care staff to ten clients at all times.																
R501-20-4(5) Day treatment or day support services may not be offered within a residential setting unless: (a) each resident is a recipient of the day support services; or (b) the residential setting has a current residential treatment license.																
R501-20-4(6) A licensee who utilizes restraints shall report each incident of restraint resulting in injury beyond basic first aid to the office as a critical incident.																
Physical Facility	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes									
R501-20-5(1) Except as outlined in Subsection R501-20-6(3), a licensee shall ensure that the facility has a minimum of 50 square feet of floor space per client designated specifically for day treatment services. Hallways, office, storage, kitchens, and bathrooms may not be included in computation.																
R501-20-5(2) A licensee shall ensure that outdoor recreational space and compatible recreational equipment are available when necessary to meet treatment plans.	✓															
Additional Considerations for Professional Licensees Providing ABA Day Treatment Services	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes									
R501-20-6(1) An ABA licensee shall additionally adhere to Rule R539-4, if contracted for providing services to DSPD clients.																
R501-20-6(2) A licensee shall ensure that behavior support plans outline individual behaviors and staff responses to them.																
R501-20-6(3) The licensee shall submit a critical incident to the office for: (a) any self-directed violence not identified in the behavior support plan; and (b) any staff responses outside of the behavior support plan.			Y													
Additional Considerations for Licensees Providing Clubhouse Day Treatment Services	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes									
R501-20-7(2)(a) A clubhouse licensee accredited by Clubhouse International may apply a staff to client ratio of 1 staff to 15 clients in accordance with national standards. (b) A clubhouse licensee may apply the higher ratio only for specialized activities involving transports or for clients and their guests when: (i) staff and client safety has been assessed; and (ii) there is identified back-up for the staff in case of emergency.	0	0	M													

R501-20-7(3) Square footage calculations in a clubhouse may include hallways, office, storage, kitchens, and bathrooms.			Y				
R501-20-7(4) A clubhouse licensee may offer clients the option to bring their own food or purchase meals or snacks at a reduced rate.			_				
R501-20-7(5) A clubhouse licensee may allow clients cleaning chemicals as part of their work-ordered day. Clubhouse staff shall follow suicide prevention policy and safety protocols when assessing and allowing client access to chemicals.							
R501-20-7(6) Visitors to the clubhouse may only be exempt from background clearance in accordance with Subsection 26B-2-120(10).			M				
Additional Considerations for DSPD Home and Community Based Medicaid Waiver Licensees	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R501-20-8(2) A licensee serving clients of DSPD shall ensure staff to client ratios are determined by the DSPD worksheet and are individualized based on the person's need.							
R501-20-8(3) A licensee shall ensure a ratio of one staff to six persons is maintained at all times.			✓				
R501-20-8(4) A licensee serving Home and Community Based Services (HCBS) Medicaid Waiver clients shall: (a) identify themselves as a Waiver provider on their licensing application; (b) comply with the HCBS Settings rule and Rule R414-519 to include: (i) providing non-segregated bathrooms; (ii) providing individually stalled bathrooms with locking capability with only trained and authorized staff having access to keys for safety; (iii) ensuring the setting is fully accessible and affords access to the community; (iv) ensuring client information is not posted or stored in public spaces; (v) not restricting client access to food unless documented in the person-centered service plan or behavior support plan; (vi) allowing clients individual initiative, autonomy, independence and choices in regard to their daily activities, physical environment and with whom they interact as much as safely possible; and (vii) supervising clients and maintaining supporting documentation according to the person-centered service plan or behavior support plan;							
R501-20-8(5) A licensee shall identify any community-based supports provided under the day treatment license and ensure that community-based services are provided safely and in consideration of weather, transportation, emergencies and overall client needs for food, medicine and any other assistance necessary for safe participation in the program.							

Outpatie	nt Tre			ograms - Inspection Checklist			
NA	= No	NC	C = C = No	d 07/21/2025) ompliant t Compliant I during this inspection			
Administration and Direct Services	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R501-21-4(1) In addition to this rule, each outpatient treatment program shall comply with Rules R501-1 and R501-14.							
R501-21-4(2) An outpatient treatment program shall: (a) provide general outpatient treatment on a weekly basis, or less than weekly only with individualized clinical justification; (b) only provide intensive outpatient treatment, if offered, for between 9 and 19 hours weekly for adults, and six or more hours weekly for adolescents; and (c) ensure the following when clients are present in the facility for six or more consecutive hours: (i) client meals; (ii) administration of any required medications; (iii) maximum group sizes according to building capacity; and (iv) a physical environment that provides for the comfort of clients.	Y				0		
R501-21-4(3) An outpatient treatment provider that provides only telehealth services may apply for a single license for one centralized site to cover any telehealth services offered and shall ensure that any telehealth services provided to out of state clients are done so in accordance with the telehealth laws of the client's state of residence.	N					0	
Substance Use Disorder Treatment Programs	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R501-21-5(1) Each substance use disorder treatment program shall: (a) develop and implement a plan on how to support opioid overdose reversal; (b) maintain proof of completion of the National Survey of Substance Abuse Treatment Services annually; and (c) ensure medical cannabis is not an enticement or offered, referred, or recommended as treatment for substance use disorder.			>				
R501-21-5(2) A program providing medication for opioid use disorder (MOUD) shall: (a) maintain a program-wide counselor to client ratio of: 1:65 to provide adequate substance usecounseling to each client as clinically necessary; and (b) assure each client sees a licensed practitioner that may prescribe controlled substances at least once yearly.			>			0	
R501-21-5(3) Each MOUD provider that prescribes, administers or dispenses methadone shall: (a) admit a client to the program only after the completion of a face-to-face visit with a licensed practitioner authorized to prescribe controlled substances who confirms opioid dependence; (b) ensure that a licensed practitioner authorized to prescribe controlled substances approves every subsequent dose increase before the change; (c) require each client admitted to the program to participate in random drug testing performed randomly at least eight times per year, per patient in maintenance treatment, in accordance with generally accepted clinical practice and in accordance with 42CFR part 8; and (d) require one hour of prescribing practitioner time at the program site each month for every ten MOUD clients enrolled.			>				
R501-21-5(4) Each MOUD program that prescribes, administers or dispenses methadone shall: (a) maintain Substance Abuse and Mental Health Services Administration certification and accreditation as an opioid treatment program; (b) employ the following: (i) a licensed physician who is an ASAM-certified physician; (ii) a prescribing licensed practitioner who can document specific training in current industry standards regarding methadone treatment for opioid addictions; or (iii) a prescribing licensed practitioner who can document specific training or experience in methadone treatment for opioid addictions; and (c) provide one qualified provider as defined in Section 58-17b-309.7 to dispense or administer medications for every 150 methadone clients dosing on an average daily basis.			N				

R501-21-6(5) An outpatient treatment program may offer mobile MOUD services under their physical site license if: (a) the existing licensed site provides MOUD services; (b) the licensee maintains policy and procedures addressing the agency policies as they apply to the mobile unit; and (c) registration requirements of the Drug Enforcement Administration Code of Federal Regulations, Title 21, Parts 1300, 1301 and 1304, 2021 edition are met.			S				
R501-21-5(6) An alcohol and drug education provider shall provide court ordered education only if certified to do so through the OSUMH in accordance with Rule R523-11.	-		✓				
R501-21-5(7) A licensed substance use disorder counselor (SUDC) in a substance use disorder outpatient treatment program may: (a) collect client information; (b) conduct the screening portion of an assessment; (c) make level of care recommendations; and (d) identify a substance use disorder.	0						
R501-21-5(8) A SUDC may not diagnose a client.							
R501-21-5(9) A OSUMH certified alcohol and drug education provider shall: (a) complete and maintain a substance use screening, that may be shared between providers with written client consent, for each client before providing the education course; (b) provide a workbook to each participant to keep upon completion of the course; (c) ensure at least 16 hours of course education; and (d) provide separate classes for adults and youth.	0		Y				
R501-21-5(10) A provider offering services to justice-involved clients shall: (b) maintain a validated criminogenic screen or risk assessment for each justice involved client that is conducted with an accepted tool including: (i) Level of Service Inventory-Revised (LSI-R); (ii) Risk and Needs Triage (RANT); (iii) Ohio Risk Assessment System (ORAS): or (iv) any other screen that the provider can demonstrate their validation to the OSUMH: (c) separate clients into treatment groups according to level of risk assessed; (d) complete screenings that assess both substance abuse and mental health comorbidity; and (e) treat, or refer to other licensed Department of Health and Human Services programs that serve justice-involved clients to treat the array of disorders noted in the screening.					0	0	
Domestic Violence	С	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
R501-21-6(1) A domestic violence (DV) treatment provider shall comply with generally accepted and current practices in DV treatment, and shall meet the following requirements: (a) maintain and document cooperative working relationships with DV shelters, treatment programs, referring agencies, local DV coalitions, and custodial parents when the client is a minor; (b) treatment for children and victims offers at least ten sessions for each client, not including intake or orientation; (c) if the client is a perpetrator, provider contact with the victims, current partner, and the criminal justice referring agencies is also required, as applicable; and (d) a Licensed Mental Health Therapist shall complete a DV treatment evaluation for each offender to include individualized recommendations for the offender's treatment.			Y				
R501-21-6(2) A provider shall ensure staff to client ratios are set as follows: (a) the staff to client ratio in a one hour long adult treatment group is one staff to eight clients; (b) the staff to client ratio in a group exceeding one hour is one staff to ten clients; (c) the maximum group size may not exceed 16; (d) child victim or child witness groups shall have a ratio of one staff to eight children, when the clients are under 12 years of age; and (e) a staff to client ratio of one staff to ten children when the clients are 12 years of age and older.	0				0		

R501-21-6(3) The licensee shall ensure client intake and safety as follows: (a) when a client enters a DV treatment program, the staff shall conduct an in-depth, face-to-face interview and assessment to determine the client's clinical profile and treatment needs, and the evaluation in Subsection R501-2[3]1-7(1)(d) shall count for this assessment when the client is an offender; (b) obtain additional information for perpetrator clients from the police incident report, perpetrator's criminal history, prior treatment providers, the victim, or victim advocate; (c) when appropriate, obtain additional information for a child client from parents, prior treatment providers, schools, and Division of Child and Family Services Child Protective Services; (d) when any of Subsections R501-21-6(3)(a) through (c) cannot be obtained, the provider shall document the reason; and (e) the provider shall ensure that the intake assessment includes the following; (i) a profile of the frequency, severity, and duration of the DV behavior, that includes a summary of psychological violence; (ii) documentation of any homicidal, suicidal ideation and intentions, as well as abusive behavior toward children; (iii) a clinical diagnosis and a referral for evaluation to determine the need for medication, if indicated; (iv) documentation of safety planning when the client is an adult victim, or child witness and they have contact with the perpetrator; (v) address safety planning upon contact for victims who choose not to become treatment clients; and (vi) documentation that appropriate measures have been taken to protect children from harm.				
R501-21-6(4) A provider shall ensure that teatment procedures adhere to the following: (a) an individualized treatment plan addressing relevant treatment issues is created for each client; (b) refer each client deemed not appropriate for a DV program to the appropriate resource, with the reasons for referral documented, and notification given to the referring agency; (c) provide DV counseling concurrently with, or after, other necessary treatment when appropriate; (d) conjoint or group therapy sessions with victims and perpetrators, or with co-perpetrators may not be provided until a comprehensive assessment has been completed to determine that the violence has stopped, and that conjoint treatment is appropriate; (e) the perpetrator shall complete at least four DV treatment sessions, unless otherwise noted in the offender evaluation recommendations before the provider implements conjoint therapy; (f) implement a written procedure in an efficient and timely manner to facilitate: (i) entry of the court ordered defendant into treatment; (ii) notification of client compliance, participation, or completion; (iii) disposition of a non-compliant client; (iv) notification of factors that may exacerbate an individual's potential for violence; (g) a provider shall comply with the duty to warn; (h) a provider shall document specialized training in DV assessment and treatment practices for any individual providing treatment service, to include: (i) 24 hrs of Utah Association for Domestic Violence Treatment pre-service training within the last 2 years; (ii) 16 hrs annual training thereafter; and (i) clinical supervision for treatment staff that are not clinically licensed shall consist of at least 1 hour per week to discuss clinical dynamics of cases.				
R501-21-6(5) The provider shall ensure training is documented and approved by the designated Utah Department of Health and Human Services DV Specialist regarding assessment and treatment practices for treating DV victims and perpetrators.		✓		
R501-21-6(6) A provider shall disclose any current Department of Health and Human Services contracts and actions against the contract to the Office of Licensing.				
R501-21-6(7) A provider shall disclose any current accreditations and actions against accredited status to the Office of Licensing.				

ADDITIONAL INFORMATION