

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES CHAPTER 3 – BEHAVIORAL HEALTH ENTITIES

6 CCR 1011-1 Chapter 3

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

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PART 1. GENERAL STATUTORY AUTHORITY, APPLICABILITY, AND DEFINITIONS

1.1 Authority

- 1.1.1 The statutory authority for the promulgation of these regulations is set forth in Sections 25-1.5-103, 25-3-101, and 25-27.6-101, et seq., C.R.S.

1.2 Applicability

- 1.2.1 This chapter applies to the following:
- (A) Entities licensed or eligible for licensure, prior to July 1, 2021, pursuant to 6 CCR 1011-1, Chapter 6 - Acute Treatment Units,
 - (B) Entities licensed or eligible for licensure, prior to July 1, 2021, as Crisis Stabilization Units pursuant to 6 CCR 1011-1, Chapter 9 - Community Clinics and Community Clinics and Emergency Centers,
 - (C) Entities licensed or eligible for licensure, prior to July 1, 2021, as a Community Mental Health Center or Community Mental Health Clinic pursuant to 6 CCR 1011-1, Chapter 2 - General Licensure Standards,
 - (D) Any services that were provided through contracts with previously licensed facilities as described in (A) through (C), above, and
 - (E) Any new entities of like nature.
- 1.2.2 All behavioral health entities, as defined herein, shall meet federal and state statutes and regulations, as applicable, including but not limited to:
- (A) 6 CCR 1011-1, Chapter 2 - General Licensure Standards.
 - (B) 8 CCR 1507-31, pertaining to building, fire, and life safety code standards and enforcement.
 - (C) This Chapter 3, as follows:
 - (1) All behavioral health entities shall meet the requirements of Parts 1 and 2, regardless of endorsement(s) held or services provided, and shall meet each of the following requirements, as appropriate, depending on the endorsement(s) held and services provided by the BHE:
 - (a) A behavioral health entity with an Outpatient Endorsement shall meet the requirements at Part 3.1, Endorsement Standards for All Outpatient Services, and, depending on the services provided, either or both of the following:
 - (i) Part 3.2, Standards for Outpatient Treatment Services.
 - (ii) Part 3.3, Standards for Walk-in Services.

- (b) A behavioral health entity with a 24-hour/Overnight Endorsement shall meet the requirements at Part 4.1, Endorsement Standards for All 24-hour/Overnight Services, and, depending on the services provided, either or both of the following:
 - (i) Part 4.2, Standards for Crisis Stabilization Services
 - (ii) Part 4.3, Standards for Acute Treatment Services
 - (D) 6 CCR 1011-1, Chapter 24 and Sections 25-1.5-301 through 25-1.5-303, C.R.S., pertaining to medication administration, when relevant to the services provided.
 - (E) 6 CCR 1007-2, Part 1, Regulations Pertaining to Solid Waste Disposal Sites and Facilities, Section 13, Medical Waste, when relevant to the services provided.
 - (F) 6 CCR 1007-3, Part 262, Standards Applicable to Generators of Hazardous Waste, when relevant to the services provided.
- 1.2.3 Contracted services provided within a behavioral health entity shall meet the standards established herein and are the responsibility of the licensee.
- 1.2.4 The behavioral health entity shall comply with all applicable federal, state, and local laws and regulations
- 1.2.5 A behavioral health entity that is part of a larger health care system may fulfill the following requirements of this Chapter 3 through a central system common to the entire organization, when the intent of the requirements of this chapter is met and if the specific policies applicable to relevant physical locations and service endorsements have been identified and made accessible to behavioral health entity personnel:
- (A) Administrative record requirements,
 - (B) Policies and procedures requirements,
 - (C) Client records requirements, and
 - (D) Personnel management system.

1.3 Definitions

For purposes of this chapter, the following definitions shall apply, unless the context requires otherwise:

- 1.3.1 “Acute treatment services” means a physical location licensed pursuant to this Chapter, for short-term psychiatric care, which may include treatment for substance use disorders, that provides a total, twenty-four-hour, therapeutically planned and professionally staffed environment for persons who do not require inpatient hospitalization but need more intense and individual services than are available on an outpatient basis.
- 1.3.2 “Acute treatment unit” (ATU) means a facility or a distinct part of a facility, licensed pursuant to 6 CCR 1011-1, Chapter 6 - Acute Treatment Units, for short-term psychiatric care, which may include treatment for substance use disorders, that provides a total, twenty-four-hour, therapeutically planned and professionally staffed environment for persons who do not require inpatient hospitalization but need more intense and individual services than are available on an outpatient basis, such as crisis management and stabilization services.

- 1.3.3 “Administrator” means an individual implementing policies and procedures on an entity-wide, endorsement, service, or location-specific basis, who is responsible for the day-to-day operation of such endorsement, service, or location. A BHE may have a single Administrator, or multiple Administrators, as appropriate for the combination of endorsements, services, and locations included in the BHE license.
- 1.3.4 “Alcohol use disorder” means a chronic relapsing brain disease characterized by recurrent use of alcohol causing clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, and home.
- 1.3.5 “Assessment” means a process of collecting and evaluating information about an individual for service planning, treatment, and referral. An assessment establishes justification for services and provides a basis for treatment recommendations.
- 1.3.6 “Behavioral health” refers to an individual's mental and emotional well-being and actions that affect an individual's overall wellness. Behavioral health issues and disorders include substance use disorders, serious psychological distress, suicide, and other mental health disorders, and range from unhealthy stress or subclinical conditions to diagnosable and treatable diseases. The term “behavioral health” is also used to describe service systems that encompass prevention and promotion of emotional health and prevention and treatment services for mental health and substance use disorders.
- 1.3.7 “Behavioral health disorder” means one or more of the following:
- (A) An alcohol use disorder, as defined in 1.3.4 of this section;
 - (B) A mental health disorder, as defined in subsection 1.3.25 of this section; or
 - (C) A substance use disorder, as defined in subsection 1.3.35 of this section.
- 1.3.8 “Behavioral health entity” (BHE) means a facility or provider organization engaged in providing community-based health services, which may include behavioral health disorder services, alcohol use disorder services, or substance use disorder services, including crisis stabilization, acute or ongoing treatment, or community mental health center services as described in Section 27-66-101(2) and (3), C.R.S., but does not include:
- (A) Residential child care facilities as defined in Section 26-6-102(33), C.R.S.; or
 - (B) Services provided by a licensed or certified mental health care provider under the provider's individual professional practice act on the provider's own premises.
 - (C) Entities meeting the definition of a behavioral health entity, but that provide behavioral health services for the treatment of alcohol use disorders and substance use disorders, and are included in phase two implementation in accordance with Section 25-27.6-101(4)(b), C.R.S.
- 1.3.9 “Certificate of Compliance” means an official document issued by the Department of Public Safety, Division of Fire Prevention and Control for a building or structure as evidence that materials and products meet specified codes and standards, that work has been performed in compliance with approved construction documents, and that the provisions of applicable fire and life safety codes and standards continue to be appropriately maintained.
- 1.3.10 “Client” means an individual receiving services from a BHE.

- 1.3.11 "Clinical Director" means an individual responsible for overseeing client treatment services on an entity-wide, endorsement, service, or location-specific basis, including, but not limited to ensuring appropriate training and supervision for clinical personnel. A BHE may have a single Clinical Director, or multiple Clinical Directors, as appropriate for the combination of endorsements, services, and locations included in the BHE license.
- 1.3.12 "Community-based" means outside of a hospital, psychiatric hospital, or nursing home.
- 1.3.13 "Community mental health center" has the same meaning as defined in Section 27-66-101(2), C.R.S.
- 1.3.14 "Community mental health clinic" means a health institution planned, organized, operated, and maintained to provide basic community services for the prevention, diagnosis, and treatment of emotional, behavioral, or mental health disorders, such services being rendered primarily on an outpatient and consultative basis.
- 1.3.15 "Crisis stabilization services" means a physical location licensed pursuant to this Chapter that provides short-term, bed-based crisis stabilization services in a twenty-four-hour environment for individuals who cannot be served in a less restrictive environment.
- 1.3.16 "Crisis stabilization unit" (CSU) means a facility, licensed pursuant to 6 CCR 1011-1, Chapter 9 – Community Clinics and Community Clinics and Emergency Centers, that provides short-term, bed-based crisis stabilization services in a twenty-four-hour environment for individuals who cannot be served in a less restrictive environment.
- 1.3.17 "Department" means the Colorado Department of Public Health and Environment.
- 1.3.18 "Discharge" means the termination of treatment obligations and service between the client and the BHE.
- 1.3.19 "Endorsement" means Department approval for a BHE to provide services as described within this Chapter.
- 1.3.20 "Governing body" means the board of trustees, directors, or other governing body in whom the ultimate authority and responsibility for the conduct of the BHE is vested.
- 1.3.21 "Licensed mental health professional" means a psychologist licensed pursuant to Section 12-245-301, et seq., C.R.S., a psychiatrist licensed pursuant to Section 12-240-101, et seq., C.R.S., a clinical social worker licensed pursuant to Section 12-245-401, et seq., C.R.S., a marriage and family therapist licensed pursuant to Section 12-245-501, et seq., a professional counselor licensed pursuant to Section 12-245-601, et seq., C.R.S., or an addiction counselor licensed pursuant to Section 12-245-801, et seq., C.R.S.
- 1.3.22 "Licensee" means a behavioral health entity licensed by the Department pursuant to this Chapter.
- 1.3.23 "Manager" means an individual involved in and/or responsible for decisions made on behalf of the BHE regarding clinical and/or operational policies, procedures, and actions for a location, endorsement, service type, and/or the BHE, and may include Administrators or Clinical Directors, depending on the structure and operation of the BHE. A BHE may have a single manager, or multiple managers, as appropriate for the combination of endorsements, services, and locations included in the BHE license.

- 1.3.24 “Medication administration” means assisting a person in the ingestion, application, inhalation, or, using universal precautions, rectal or vaginal insertion of medication, including prescription drugs, according to the legibly written or printed directions of the attending physician or other authorized practitioner, or as written on the prescription label, and making a written record thereof with regard to each medication administered, including the time and the amount taken.
- (A) Medication administration does not include:
- (1) Medication monitoring.
 - (2) Self-administration of prescription drugs or the self-injection of medication by a client.
- (B) Medication administration by a qualified medication administration person (QMAP) does not include judgement, evaluation, assessments, or injecting medication (unless otherwise authorized by law in response to an emergent situation).
- 1.3.25 “Mental health disorder” means one or more substantial disorders of the cognitive, volitional, or emotional processes that grossly impair judgment or capacity to recognize reality or to control behavior. An intellectual or developmental disability alone is insufficient to either justify or exclude a finding of a mental health disorder.
- 1.3.26 “Outpatient treatment” means behavioral health services provided to a client in accordance with their service plan on a regular basis in a non-overnight setting, which may include, but not be limited to, individual, group, or family counseling, case management, or medication management.
- 1.3.27 “Owner” means a shareholder in a corporation, a partner in a partnership or limited partnership, member in a limited liability company, a sole proprietor, or a person with a similar interest in a BHE, who has a twenty-five (25) percent ownership interest in the BHE.
- 1.3.28 “Personnel” means individuals employed by and/or providing services under the direction of the BHE, including, but not limited to managers, administrators, clinical directors, employees, contractors, students, interns, or volunteers.
- 1.3.29 “Physical Location” means a discrete physical space having its own address and occupancy status for purposes of compliance with the standards of the Department of Public Safety, Division of Fire Prevention and Control.
- 1.3.30 “Practitioner” means a physician, physician assistant or advance practice nurse who has a current, unrestricted license to practice and is acting within the scope of such authority.
- 1.3.31 “Restraint” shall have the same meaning as defined in 6 CCR 1011-1, Chapter 2, Part 1.54.
- 1.3.32 “Screening” means a brief process used to determine the identification of current behavioral health or health needs and is typically documented through the use of a standardized instrument. Screening is used to determine the need for further assessment, referral, or immediate intervention services.
- 1.3.33 “Seclusion” shall have the same meaning as defined in 6 CCR 1011-1, Chapter 2, Part 1.57.
- 1.3.34 “Service Plan” means a written description of the services to be provided by the BHE to meet a client’s treatment needs. The term “service plan” may also mean a care plan or treatment plan as referenced elsewhere in 6 CCR 1011-1.

- 1.3.35 “Substance use disorder” means a chronic relapsing brain disease, characterized by recurrent use of alcohol, drugs, or both, causing clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.
- 1.3.36 “Telehealth” means delivery of services through telecommunications systems that are compliant with all federal and state protections of client privacy, to facilitate client assessment, diagnosis, consultation, treatment, and/or service planning/case management when the client and the individual providing BHE services are not in the same location. Telecommunications systems used to provide telehealth include information, electronic, and communication technologies.
- 1.3.37 “Volunteer” means an unpaid individual providing services on behalf of and/or under the control of the BHE.
- 1.3.38 “Walk-in services” means a dedicated physical location operating twenty-four (24) hours per day, seven (7) days per week, 365 days per year, to which an individual can arrive at any time with no appointment and receive screening, assessment, referrals for treatment, and/or brief therapeutic or crisis intervention services, with a length of stay no longer than twenty-three (23) hours.

PART 2. BASE STANDARDS FOR ALL BEHAVIORAL HEALTH ENTITIES

Standards apply to all licensees, regardless of endorsements held or services provided.

2.1 Licensure and Department Oversight

2.1.1 The licensee shall ensure compliance with the following:

- (A) The BHE shall only provide services for which it holds an endorsement as part of its license.
- (B) The licensee shall ensure all BHE operations, locations, and services, including contracted services or personnel, comply with laws, regulations, and standards as required by Chapter 2, General Licensure Standards, and this Chapter 3, Behavioral Health Entities.
- (C) The BHE shall meet the requirements in Parts 1 and 2 of these rules, regardless of endorsements included as part of its BHE license.
- (D) The BHE shall meet endorsement-specific requirements, as applicable to the endorsements included as part of the BHE’s license.
- (E) The BHE shall have at least one endorsement and shall provide at least one type of service for each endorsement held, as listed below:
 - (1) Part 3. Outpatient Endorsement
 - (a) Outpatient treatment services
 - (b) Walk-in services
 - (2) Part 4. 24-Hour/Overnight Endorsement
 - (a) Crisis Stabilization Services
 - (b) Acute Treatment Services

- 2.1.2 Applicants for an initial or renewal license, or a change in ownership, shall follow the licensure procedures and comply with the requirements outlined in 6 CCR 1011-1, Chapter 2, Parts 2.1 through 2.9, with the following additions or exceptions:
- (A) The timeline for implementation and transition to the Behavioral Health Entity license shall be:
 - (1) During the time period of July 1, 2021 through June 30, 2022, facilities or agencies holding a current license from the Department as an ATU, CSU, community mental health center, or community mental health clinic shall apply to become licensed as a BHE in lieu of applying for renewal of the current license at the time that the current license is due to be renewed.
 - (a) Entities holding more than one ATU, CSU, community mental health center, or community mental health clinic license shall apply to become licensed as a BHE at the earliest renewal date of all licenses held.
 - (i) The application shall include all of the existing licenses held.
 - (ii) The BHE will be issued a single license that lists all endorsements and physical locations included in the license.
 - (iii) Upon issuance of the BHE license, the prior licenses shall be invalid.
 - (b) If an entity holding a current license from the Department as an ATU, CSU, community mental health center, or community clinic is unable to meet the standards contained within this Chapter 3, the entity may be issued a provisional or conditional license with expected timeframes for compliance.
 - (c) During the transition period from July 1, 2021 through June 30, 2022, an entity holding a license as an ATU, CSU, community mental health center, or community mental health clinic shall continue to meet the requirements of its existing license until such time as the entity receives a BHE license.
 - (2) Beginning July 1, 2022, no entity previously licensed as an ATU, CSU, community mental health center, or community mental health clinic shall provide BHE services unless it has been issued a BHE license by the Department.
 - (3) Effective July 1, 2021, any entity that was not previously licensed by the Department and meets the definition of a BHE shall seek an initial license.
 - (B) A BHE shall be issued a single entity-wide license which identifies all physical locations included in the license and endorsements for services the BHE is licensed to provide and shall display the license, or a copy thereof, in a manner readily visible to clients at each physical location included in the license.
 - (C) Each physical location of the BHE shall meet the standards adopted by the Director of the Division of Fire Prevention and Control, as applicable to the services provided in that location, in accordance with 6 CCR 1011-1, Chapter 2, Part 2.2.
 - (D) A BHE shall only provide services for which it holds an endorsement, and at locations as are authorized by its license.

- (1) A BHE shall submit a letter of intent in accordance with the process at 6 CCR 1011-1, Chapter 2, Part 2.9.6, prior to a change in the operation of the BHE, including adding or discontinuing use of physical locations, adding or discontinuing an endorsement, or moving services for which it has an endorsement from one location already included in the license to another location.
 - (a) Changes to the endorsement(s) and/or physical location(s) used for the operation of a BHE shall not be implemented without prior approval of the Department.
 - (b) The addition of a physical location requires a Certificate of Compliance prior to approval.
 - (c) Modifying the services provided in a physical location may require a new Certificate of Compliance, or other appropriate acknowledgement from the Division of Fire Prevention and Control that the space meets the standards for the provision of those services, prior to approval.
 - (d) A BHE submitting a letter of intent to add services under a new endorsement or physical location, or move services provided under an endorsement from the current location to a new location, shall pay the appropriate fees, as listed in Part 2.1.5.
 - (e) The addition of an endorsement to an existing BHE license shall not extend the term of the license.
 - (E) Each applicant for license renewal shall annually submit, in the form and manner prescribed by the Department, information about the BHE's operations, client care, and services.
 - (F) As part of each initial or renewal application, or application for a change of ownership, the entity shall provide information on circumstances in which there may be a perceived conflict of interest and/or dual relationship within an agency that could negatively impact the individual receiving services, along with policies, procedures, or other mitigating efforts to reduce/eliminate such conflict. Such circumstances include, but are not limited to:
 - (1) The BHE has a financial interest that may have negative treatment and/or referral implications for the client.
 - (2) The combining of professional roles within the agency that is incompatible to the best interests of the client.
 - (3) The combining of professional roles and personal roles that is incompatible to the best interest of the client.
- 2.1.3 With the submission of an application for licensure, or within ten (10) calendar days after a change in the owner or manager, each owner or manager of a BHE shall submit a complete set of fingerprints to the Colorado Bureau of Investigation (CBI) for the purpose of conducting a state and national fingerprint-based criminal history record check with notifications of future arrests. The information shall be forwarded by the CBI directly to the Department.
- (A) The cost of obtaining such information shall be borne by the individual who is the subject of the criminal history record check.

- (B) The Department may acquire a name-based criminal history record check for an applicant who has twice submitted to a fingerprint-based criminal history record check and whose fingerprints are unclassifiable.
- 2.1.4 The Department may deny or limit an application for an initial or renewal license in accordance with 6 CCR 1011-1, Chapter 2, Part 2.11.1, with the following additions or exceptions:
- (A) The Department shall not issue or renew a BHE license unless it has received a Certificate of Compliance for each physical location where services are provided.
 - (B) The Department may deny or limit the overall BHE license, any endorsements or physical locations, or any combination thereof.
 - (C) No license shall be issued or renewed by the Department if the owner or manager has been convicted of a felony or misdemeanor, if that felony or misdemeanor involves conduct that the Department determines could pose a risk to the health, safety, or welfare of clients of the BHE.
 - (D) The Department may deny a license for circumstances in which an owner, officer, director, manager, administrator, or other personnel of the applicant or licensee is found to have negatively impacted client treatment and/or decisions through the following, or similar, actions:
 - (1) The use or dissemination of misleading, deceptive, or false information.
 - (2) The acceptance of commissions, rebates, or other forms of remuneration for referrals or other treatment decisions.
 - (3) The exercise of undue influence or coercion over a client that influences client decisions or actions or for financial or personal gain. A relationship other than a professional relationship, including but not limited to a relationship of a sexual nature, between an owner, officer, director, manager, administrator, or other personnel of the applicant or licensee and a client, shall be considered exercise of undue influence or coercion.
- 2.1.5 License fees shall be submitted to the Department as specified below.
- (A) Initial License. An applicant for an initial license as a BHE shall submit the following nonrefundable fee(s) with the application for licensure, as applicable:
 - (1) A base fee of \$1,750, regardless of endorsements or physical locations included as part of the application for initial licensure.
 - (2) A fee of \$700 for the Outpatient Endorsement, regardless of the number of physical locations included in the endorsement, to be paid only by BHEs that are seeking a license that includes services included under Part 3 of these rules.
 - (3) A fee of \$900 for each physical location in which services are to be provided under the 24-hour/Overnight Endorsement in Part 4 of these rules, to be paid only by BHEs seeking such endorsement.
 - (B) Renewal License. An applicant for a renewal license as a BHE shall submit the following nonrefundable fees, as applicable:

- (1) A base fee of \$1,350, regardless of endorsements or physical locations included in the application for initial licensure.
 - (2) A fee of \$600 for the Outpatient Endorsement, regardless of the number of renewing physical locations included in the endorsement, to be paid by BHEs renewing a license that currently includes an Outpatient Endorsement.
 - (3) A fee of \$800 for each physical location in which services are currently provided under the 24-hour/Overnight Endorsement in Part 4 of these rules.
 - (4) If a BHE is adding endorsements or physical locations at the time of the renewal application, the fees listed in Part 2.1.5(D), as applicable, shall be paid at the time of renewal.
 - (C) Change of Ownership. An applicant for a change of ownership shall submit the following nonrefundable fee(s) with the application for licensure, as applicable:
 - (1) A base fee of \$1,750, regardless of endorsements or physical locations included as part of the application for the change of ownership.
 - (2) A fee of \$700 for the Outpatient Endorsement, regardless of the number of physical locations included in the endorsement, to be paid only when the change of ownership application includes services included under Part 3 of these rules.
 - (3) A fee of \$900 for each physical location under the 24-hour/Overnight Endorsement, to be paid only when the change of ownership application includes services included in Part 4 of these rules.
 - (D) Adding an endorsement or physical location. A BHE wishing to add an endorsement or physical location to its license, either at renewal or during the term of the license, shall pay the following fee(s), as applicable:
 - (1) When adding the Outpatient Endorsement under Part 3 of these rules, the fee shall be \$700, regardless of the number of physical locations included in the endorsement.
 - (2) When adding a physical location to the Outpatient Endorsement, the fee shall be \$150.
 - (3) When adding the 24-hour/Overnight Endorsement, the fee shall be \$900 per physical location to be included as part of the endorsement.
 - (4) When adding physical locations to an existing 24-hour/Overnight Endorsement, the fee shall be \$900 per physical location being added.
- 2.1.6 A BHE shall comply with the requirements in 6 CCR 1011-1, Chapter 2, Part 2.10, Department Oversight, with the following additions:
- (A) Oversight and enforcement activities may include review of endorsements and/or separate physical locations as necessary for the Department to ensure the health, safety, and welfare of clients.
 - (B) When citing a BHE for noncompliance, the Department may consider the following:
 - (1) The actual or potential harm to the BHE's clients due to the noncompliance.

- (2) Whether the noncompliance is isolated, a pattern, or widespread.
 - (3) Whether the noncompliance has occurred within an endorsement type, a physical location, or across the BHE.
 - (C) The BHE shall be responsible for the compliance of contractors and affiliate agencies and shall ensure the correction of any deficiencies identified during such reviews.
- 2.1.7 A BHE shall comply with the requirements in 6 CCR 1011-1, Chapter 2, Part 2.11, Enforcement and Disciplinary Sanctions, with the following additions:
- (A) Enforcement actions may be directed to the overall BHE license, or any endorsement(s) or physical location(s) included in the license, or any combination thereof.
 - (B) The Department, at its discretion, may impose the following intermediate restrictions or conditions on a BHE in accordance with Section 25-27.6-110(2)(b)(I), C.R.S.:
 - (1) Retaining a consultant to address corrective measures including deficient practice resulting from systemic failure;
 - (2) Monitoring by the Department for a specific period;
 - (3) Providing additional training to personnel, owners, or operators of the BHE;
 - (4) Complying with a directed written plan to correct the violation; or
 - (5) Paying a civil fine not to exceed two thousand dollars (\$2,000) in a calendar year.
 - (C) The BHE may appeal any intermediate restriction or condition to the Department through an informal review process as specified by the Department.
 - (D) In addition to the circumstances listed at Chapter 2, Part 2.11.2, the Department may revoke or suspend a BHE's license for circumstances in which an owner, director, manager, administrator, or other personnel is found to have negatively impacted client treatment and/or decisions through:
 - (1) The use or dissemination of misleading, deceptive, or false information,
 - (2) The acceptance of commissions, rebates, or other forms of remuneration for referrals or other treatment decisions.
 - (3) The exercise of undue influence or coercion over a client that influences client decisions or actions or for financial or personal gain. A relationship other than a professional relationship, including but not limited to a relationship of a sexual nature, between an owner, director, manager, administrator, or other personnel and a client, shall be considered exercise of undue influence or coercion.

2.2 General Building and Fire Safety Provisions

- 2.2.1 The BHE shall comply with 6 CCR 1011-1, Chapter 2, Part 3, General Building and Fire Safety Provisions, with the following additions:

- (A) From July 1, 2021 through June 30, 2022, the transition to a BHE license by an entity licensed pursuant to 6 CCR 1011-1, Chapter 2, 6 CCR 1011-1, Chapter 6, or 6 CCR 1011-1, Chapter 9 as a community mental health center, community mental health clinic, crisis stabilization unit, or acute treatment unit shall not trigger a Facility Guidelines Institute (FGI) compliance review.
- (B) An initial BHE license for an entity which, prior to July 1, 2021, was not previously licensed pursuant to 6 CCR 1011-1, Chapter 2, 6 CCR 1011-1, Chapter 6, or 6 CCR 1011-1, Chapter 9 as a community mental health center, community mental health clinic, crisis stabilization unit, or acute treatment unit shall be subject to FGI compliance review in accordance with 6 CCR 1011-1, Chapter 2, Part 3.
- (C) The following actions shall trigger an FGI compliance review of the relevant building or space:
 - (1) New construction or renovation, in accordance with 6 CCR 1011-1, Chapter 2, Part 3.3.
 - (2) The addition of a new endorsement.
 - (3) The addition of a new physical location.
 - (4) The addition of new service types to a physical location already included in the license.
- (D) Compliance with FGI standards in accordance with 6 CCR 1011-1, Chapter 2, Part 3.2.3 is not required for a physical location in which no client services are provided. The BHE shall ensure such locations comply with 6 CCR 1011-1, Chapter 2, Part 3.2.1.
- (E) The BHE shall meet the endorsement-specific and/or service-specific building and fire-safety provisions found in this Chapter, for physical locations in which client services are provided, as applicable.
- (F) The BHE shall provide an interior environment that is clean and sanitary, appropriately maintained and in good repair, and free of hazards to health and safety.
- (G) The BHE shall ensure the prominent posting of evacuation routes and exits in each physical location.
- (H) The BHE shall prominently post the hours of operation at the entrance of each physical location.

2.3 Governing Body

- 2.3.1 The BHE shall have an organized governing body suitable for the size and complexity of the organization consisting of members who singularly or collectively have business and behavioral health experience sufficient to oversee the types of endorsements, services, and number of physical locations included in the BHE's license.
- 2.3.2 The governing body shall meet at regularly stated intervals, and maintain records of the meetings.
- 2.3.3 The governing body shall be responsible for:
 - (A) Planning, organizing, developing, and controlling BHE operations.

- (B) Defining, in writing, the scope of preventive, diagnostic, and treatment services provided by the BHE, including services provided through arrangements with, or referrals to, other health care service providers.
- (C) Providing facilities, personnel, and services in compliance with applicable endorsement-specific standards.
- (D) Establishing organizational structures that clearly delineate personnel positions, lines of authority, and supervision.
- (E) Ensuring all services and locations operate in compliance with applicable federal, state, and local laws and regulations.
- (F) Ensuring professionally ethical conduct on the part of all individuals providing BHE services, whether paid, contracted, or volunteer, and initiating corrective measures as required.
- (G) Developing and implementing a Quality Management Program in compliance with the requirements of 6 CCR 1011-1, Chapter 2, Part 4.1, taking into account each endorsement's services and any significant differences in client populations. Quality Management Program information shall be confidential in accordance with 6 CCR 1011-1, Chapter 2, Part 4.1.5, and Section 25-3-109(3), C.R.S.
- (H) Ensuring emergency preparedness for the BHE, in accordance with Part 2.3.6 of this Chapter.
- (I) Establishing and maintaining a system of financial management and accountability for the BHE.
- (J) Developing, implementing, and annually reviewing policies in accordance with Part 2.3.4 of this Chapter.
- (K) Maintaining relationships and agreements with health care facilities, organizations, and services to ensure appropriate client transfers, referrals, and transitions of care.
- (L) Ensuring all marketing, advertising, or promotional information published or otherwise distributed by the BHE accurately represents the BHE and the care, treatment, and services that it provides.
- (M) Considering and documenting the use of client input in decision-making processes in accordance with Part 2.3.4(C)(9) of this Chapter.

2.3.4 The governing body shall develop, implement, and annually review policies and procedures for the BHE, and shall comply with the policy requirements in this subpart and as found elsewhere in this Chapter.

- (A) The governing body shall have policies regarding administrative and clinical oversight of the BHE's endorsements, services, and/or physical locations, as appropriate. Such policies shall meet oversight requirements included in Part 2.4.1 of this Chapter, and shall include, but not be limited to:
 - (1) Oversight positions within the BHE, such as an Administrator or Clinical Director, and whether each position is for the endorsement, specific services, specific locations, or a combination thereof.

- (2) The authority and responsibilities for each oversight position.
- (3) The minimum qualifications, including minimum education, experience, training, and/or licenses/certifications, to be met by individuals in each oversight position, including, but not limited to:
 - (a) When an Administrator is needed for an endorsement, service(s), or location(s), whether the Administrator:
 - (i) Is required to have a particular license or credential, and/or
 - (ii) The extent of the Administrator's clinical responsibilities, if any.
 - (b) When a Clinical Director is needed for an endorsement, service(s), or location(s), the Clinical Director shall have experience in clinical supervision and meet one of the following:
 - (i) Be a licensed mental health professional in Colorado, or
 - (ii) Hold a license as a mental health professional from another state, and be eligible for, and in the process of, obtaining a Colorado license as a mental health professional, and expecting to receive such license within six (6) months.
- (4) The model or framework for clinical supervision. Such model or framework may be different by endorsement, service, or setting, as appropriate.
- (5) A requirement for identifying an individual that will be delegated responsibilities of the oversight position during periods when the individual holding the oversight position is not on-site and is not readily available through other means.
- (6) The procedure for accessing oversight personnel or their delegate when the oversight personnel are not on-site, including, but not limited to, methods of contact, on-call or other procedures, and required response times.
- (B) If the governing body has delegated the responsibility for development, implementation, and/or annual review of policies to leadership at the endorsement level, the governing body shall approve such policies and ensure their implementation and review.
- (C) At a minimum, the BHE shall have policies and procedures that address the following items:
 - (1) Occurrence reporting in accordance with 6 CCR 1011-1, Chapter 2, Part 4.2.
 - (2) Client rights policies in accordance with Part 2.5.1 of this Chapter.
 - (3) Client complaint policies, including complaint resolution procedures.
 - (4) Infection prevention and control policies in accordance with Part 2.3.5 of this Chapter.
 - (5) Personnel policies and procedures, including those required by Part 2.4, and as required by the endorsements of the BHE license as described by this Chapter.

- (6) Admission, assessment/discharge, service plan, and care policies as required by Part 2.6 of this Chapter.
- (7) Medication administration, storage, handling, destruction, and disposal policies and procedures in accordance with Part 2.9.2 of this Chapter.
- (8) Defining and preventing conflicts of interest to the extent possible, and where such conflicts exist, developing and implementing controls to minimize such conflict and ensure decisions are made for the best interest of the client.
- (9) The use of client input and feedback in governing body decisions, including, but not limited to:
 - (a) The formal or informal processes, appropriate for the clients served and the size and complexity of services offered, to be used for collection of client input and feedback.
 - (b) How the governing body will document that client input and feedback has been considered.
- (10) Individual client records policies, including but not limited to confidentiality, access, and disposal/destruction.
- (11) Building safety and security policies, procedures, and practices.
 - (a) Such policies may be for the BHE, an endorsement, or physical location, as appropriate.
 - (b) Policies shall address the needs of the client population being served and/or the services being provided.
 - (c) Policies may include, but not be limited to, electronic surveillance, delayed egress, and/or locked settings as appropriate.

2.3.5 Infection prevention and control. The governing body shall be responsible for developing and implementing infection prevention and control policies and procedures reflecting the scope and complexity of the services provided across the BHE, including but not limited to:

- (A) A requirement that at least one individual trained in infection control shall be employed by or regularly available to the BHE.
- (B) Endorsement-specific requirements included in Part 4 of these rules, as applicable.
- (C) Maintenance of a sanitary environment.
- (D) Mitigation of risks associated with infections and the prevention of the spread of communicable disease, including, but not limited to, hand hygiene, bloodborne and airborne pathogens, and respiratory hygiene and cough etiquette for clients and BHE personnel.
- (E) Coordination with other federal, state, and local agencies, including but not limited to a method for when to seek assistance from a medical professional and/or the local health department.

2.3.6 Emergency Preparedness. The governing body shall be responsible for emergency preparedness for the BHE, including the following:

- (A) The governing body shall be responsible for completing a risk assessment of all hazards and preparedness measures to address natural and human-caused crises including, but not limited to, fire, gas leaks/explosions, power outages, tornados, flooding, threatened or actual acts of violence, and bioterror, pandemic, or disease outbreak events. Such risk assessment shall be reviewed when BHE operations are modified through the addition or discontinuation of a physical location, services, or endorsement, and no less than annually.
- (B) The governing body shall develop and implement a written Emergency Management Plan addressing the hazards identified in Part 2.3.6(A), above, and meeting, at a minimum, the following requirements:
 - (1) The plan shall differentiate between endorsements, physical locations, and client populations served, as appropriate, and shall meet the requirements as applicable for the endorsements held by the BHE.
 - (2) The plan shall be updated based on changes in the risk assessment conducted in accordance with Part 2.3.6(A), above.
 - (3) The plan shall address interruptions in the normal supply of essentials, including, but not limited to water, food, pharmaceuticals, and personal protective equipment (PPE).
 - (4) The plan shall ensure continuation of necessary care to all clients immediately following any emergency.
 - (5) The plan shall address the protection and transfer of client information, as needed.
 - (6) The plan shall address the methods and frequency of holding routine drills to ensure BHE personnel familiarity with emergency procedures, in compliance with requirements established by the Department of Public Safety, Division of Fire Prevention and Control, in 8 CCR 1507-31.
- (C) BHEs with an endorsement under Part 4, 24-hour/Overnight services, shall maintain enough food and water on hand to provide all clients with three (3) nutritionally balanced meals for four (4) days.

2.4 Personnel and Contracted Services

2.4.1 The BHE shall ensure appropriate administrative and clinical oversight of endorsement(s), service(s), and physical location(s), in accordance with policies and procedures adopted by the governing body under Part 2.3.4(A) of these rules, including, as appropriate:

- (A) An Administrator, responsible for implementing appropriate endorsement and service policies and procedures as adopted by the governing body and the day-to-day operation of the endorsement, services, or location, including, but not limited to:
 - (1) Management of business and financial operations.

- (2) Ensuring standards in Part 2 of this Chapter are met in the endorsement, services, or location, including, but not limited to the standards in Part 2.9, Medication Administration, Storage, Handling, and Disposal.
 - (3) Ensuring buildings are properly maintained and building safety/security needs are met.
 - (4) Implementing infection control and emergency preparedness policies and procedures, in accordance with governing body policies.
 - (5) Establishing and maintaining relationships with agencies, services, and behavioral health resources within the community.
 - (6) Identifying an individual to whom administrator responsibilities are delegated during periods when the Administrator is neither on-site nor available through interactive means in a timely manner.
 - (B) A Clinical Director, responsible for the overall services provided to clients, including, but not limited to:
 - (1) Ensuring appropriate training and continuing education for BHE personnel, relevant to the services provided.
 - (2) Ensuring appropriate supervision and clinical oversight of BHE personnel.
 - (a) The BHE shall have a method to provide appropriate clinical supervision and oversight during periods when the Clinical Director is unable to fulfill their duties in a timely manner.
 - (3) Appropriateness of client services provided, including assessment, service planning, and provision of services.
 - (C) The minimum qualifications for the Administrator and Clinical Director shall be set by the BHE's governing body's policies and procedures, and shall be appropriate for the services provided by the BHE.
 - (D) An Administrator or Clinical Director may be specific to a physical location or may be shared among locations, as appropriate for the services, size, and geographic dispersion of the services.
 - (E) A single individual may serve as both the Administrator and the Clinical Director, if qualifications are met, it is appropriate for the BHE, and it is consistent with policies adopted by the governing body.
- 2.4.2 The BHE shall provide a sufficient number of qualified personnel for each endorsement and at each physical location to effectively provide the endorsed services, meet the clinical needs of the clients, and comply with state and federal requirements, and shall ensure personnel are assigned only duties they are able to adequately and safely perform.
- 2.4.3 All personnel assigned to direct client care shall be qualified through professional credentials, education, training, and experience in the principles, policies, procedures, and appropriate techniques necessary for providing client services.
- (A) Personnel providing client services shall be legally authorized to provide the service in accordance with applicable federal, state, and local laws.

- (B) Licensed, certified, and/or registered personnel shall have an active license, certification, or registration in the state of Colorado and shall provide services within their scope of practice.
 - (C) The BHE shall verify the license, certification, or registration, and check for disciplinary action for each individual providing client services through the Colorado Department of Regulatory Agencies or other agency as appropriate, prior to hire.
- 2.4.4 The BHE shall request, prior to hire or acceptance for volunteer service, a name-based criminal history record check for each prospective individual providing client services.
- (A) If the applicant has lived in Colorado for more than three (3) years at the time of application, the BHE shall obtain a name-based criminal history report conducted by CBI.
 - (B) If the applicant has lived in Colorado for three (3) years or less at the time of application, the BHE shall obtain a name-based criminal history report for each state in which the applicant has lived during the past three (3) years, conducted by the respective states' bureaus of investigation or equivalent state-level law enforcement agency or other name-based report as determined appropriate by the Department.
 - (C) The cost of obtaining such information shall be borne by the BHE.
 - (D) If a BHE contracts with a staffing agency for the provision of BHE services, it shall require the staffing agency meet the requirements of this Part 2.4.4.
 - (E) When determining whether an applicant is eligible for hire if the criminal history record check reveals the applicant has a conviction or plea of guilty or nolo contendere, the BHE shall follow its policy developed in accordance with Part 2.4.5(C) of these rules.
- 2.4.5 The BHE shall have written personnel policies developed in accordance with Part 2.3.4(C)(5), including, but not limited to:
- (A) Line of authority/management of personnel.
 - (B) Job descriptions/responsibilities.
 - (C) Written criteria and procedures for evaluating which convictions or complaints make prospective personnel unacceptable for hire, or for existing personnel unacceptable for retention, including:
 - (1) Factors to be considered when determining whether a job applicant is eligible for hire when their criminal history record check reveals a conviction or plea of guilty or nolo contendere, including, but not limited to:
 - (a) The nature and seriousness of the offense;
 - (b) The nature of the position and how the offense relates to the duties of the position;
 - (c) The length of time since the conviction or plea;
 - (d) Whether such conviction is isolated or part of a pattern; and
 - (e) Whether there are mitigating or aggravating circumstances involved.

- (D) Conditions of employment, including but not limited to:
 - (1) Conflicts of interest.
 - (2) Maintenance of appropriate relationships between personnel and clients, including a prohibition against sexual relationships with clients.
 - (E) Position qualifications and required credentials.
 - (F) Orientation, training, and continuing education requirements, appropriate for the populations served and services provided.
 - (G) Routine monitoring of individual credentials and disciplinary actions.
 - (H) Self-reporting of investigations, indictments, or convictions that may affect the individual's ability to carry out their duties or functions of the job.
 - (I) Policies requiring all personnel to be free of communicable disease that can be readily transmitted in the BHE.
 - (1) All staff shall be required to have a tuberculin skin test prior to direct contact with clients. In the event of a positive reaction to the skin test, evidence of a chest x-ray and other appropriate follow-up shall be required in accordance with community standards of practice.
- 2.4.6 The BHE shall ensure that all personnel have access to and be knowledgeable about the BHE's policies, procedures, and state and federal laws and regulations relevant to their respective duties.
- 2.4.7 The BHE shall maintain records on all personnel, including, but not limited to:
- (A) Date of hire;
 - (B) Job description;
 - (C) Results of criminal history record checks, and Colorado Adult Protective Data System (CAPS) checks performed in accordance with Part 2.3.6 of 6 CCR 1011-1, Chapter 2, General Licensure Standards;
 - (D) Documentation of professional credentials, education, and training;
 - (E) Documentation of any disciplinary action taken against the individual by a credentialing body;
 - (F) Documentation of orientation and training;
 - (G) Evidence of review of the BHE's policies, procedures, and state and federal laws and regulations relevant to their respective duties; and
 - (H) Documentation of tuberculosis testing and results, for individuals who have direct contact with clients.
- 2.4.8 The BHE shall ensure that all personnel complete an initial orientation on basic infection prevention and control, safety, and emergency preparedness procedures.

- 2.4.9 The BHE shall ensure that all personnel receive the following training prior to working independently with clients, and on a periodic basis consistent with policies developed in accordance with Part 2.4.5(F), above:
- (A) Training specific to the particular needs of the populations served;
 - (B) Infection control;
 - (C) Emergency preparedness;
 - (D) Occurrence reporting;
 - (E) Suicide prevention;
 - (F) Individual rights of the population served;
 - (G) Confidentiality, including individual privacy and records privacy and security;
 - (H) BHE policies and procedures;
 - (I) Seclusion and restraint procedures in compliance with 6 CCR 1011-1, Chapter 2, Part 8.5, for all individuals involved in utilizing restraint and seclusion within the BHE; and
 - (1) If the BHE does not use seclusion or restraint, and has a documented statement to that effect in compliance with 6 CCR 1011-1, Chapter 2, Part 8.8.2, this training requirement does not apply.
 - (J) Training required for the 24-hour/Overnight Endorsement, as found in Part 4.1.3 of these rules, as applicable.

2.5 Client Rights

- 2.5.1 The BHE shall have client rights policies in accordance with the requirements at 6 CCR 1011-1, Chapter 2, Part 7.1, with the following additions or exceptions:
- (A) The client rights at Chapter 2, Part 7.1, as referenced above, shall apply to all clients receiving voluntary services, and shall apply to clients receiving involuntary services as appropriate.
 - (B) The client has the right to receive services in the least restrictive setting.
 - (C) The client has the right to receive continuing care by the same practitioner, whenever possible.
 - (D) The client has the right to be informed regarding the level of emergency services provided by the BHE, and how to access those services.
 - (1) If a BHE does not provide emergency services, it shall provide the client information on how emergency services should be accessed.
 - (E) A BHE shall post individual rights in prominent places frequented by individuals receiving services.
 - (F) The BHE shall provide the client with written documentation of their rights under this Part.

2.6 Client Assessment, Admission, Service Plan, and Discharge

- 2.6.1 The BHE shall develop and implement admission and discharge policies. Such policies may be for the BHE, a particular endorsement, and/or a specific physical location, as appropriate, and shall include, at a minimum:
- (A) Criteria ensuring the BHE, endorsement, and/or location only treats clients for whom it can provide immediate treatment and an appropriate assessment based on the individual's needs.
 - (B) Admission criteria ensuring treatment in the least restrictive appropriate setting based on the client's level of care needs.
 - (C) Procedures for transferring a client from a service or endorsement to a different service or endorsement within the BHE.
 - (D) Procedures for referral to other service providers for individuals who cannot be admitted to the BHE.
 - (E) Criteria and procedures for a client's discharge from treatment, including, but not limited to:
 - (1) Procedures for when a client is being transferred from the BHE to another provider.
 - (2) Timely discharge of a client receiving services on a voluntary basis upon the client's request, once appropriate screening and assessment is complete.
 - (3) Discharge and transfer procedures for a client receiving services on an involuntary basis, if applicable.
 - (4) Information and documentation to be provided to the client upon discharge, unless clinically contraindicated, including, but not limited to:
 - (a) Medication information, including medication name, dosage, and instructions for follow-up.
 - (i) The BHE may provide clients with unused, prescribed medications as part of the discharge process, consistent with policies developed in accordance with Part 2.9.1(C).
 - (b) Detailed information on transitioning care to other providers, including referral information as appropriate.
 - (c) Documentation that the discharge is being made against the advice of the provider, as applicable.
 - (d) Documentation required when the above information is not provided to the client at discharge.
 - (F) Requirements for a discharge summary to facilitate continuity of client care, including, but not limited to:
 - (1) The timeframe for discharge summary completion, which shall be no more than thirty (30) calendar days after discharge.

- (2) Information to be included in the discharge summary to inform future providers of treatment history, including, but not limited to:
 - (a) Information on the client's legal status, including any type of behavioral health certification or hold;
 - (b) A summary of medications prescribed during treatment, including the individual's responses to medications;
 - (c) Medications recommended and prescribed at discharge; and
 - (d) Documentation of referrals and recommendations for follow up care.
- 2.6.2 The BHE shall develop and implement assessment policies. Such policies may be for the BHE, an endorsement, a service, or a physical location, as appropriate, and shall include, at a minimum:
 - (A) A comprehensive assessment shall be completed for each client as soon as is reasonable upon admission, but no later than the endorsement- or service-specific time requirements found elsewhere in this Chapter, as applicable.
 - (B) The assessment shall be reviewed and updated when there is a change in the client's level of care or functioning.
 - (C) Methods and procedures used for client assessment shall be developmentally and age appropriate, culturally responsive, and conducted in the client's preferred language and/or mode of communication.
- 2.6.3 The BHE shall ensure the development and review of a written service plan for each client as follows:
 - (A) The service plan shall be developed as soon as reasonable after admission, but no later than the endorsement-specific timeframes included in this Chapter.
 - (B) The service plan shall be reviewed and revised in writing when there is a change in the client's level of functioning or service needs, and no later than the endorsement-specific timeframes. Such revision shall include documentation of progress made in relation to planned treatment outcomes, changes in treatment focus, and length of stay adjustments, as applicable.
 - (C) The service plan shall:
 - (1) Be developmentally, culturally, and age appropriate.
 - (2) Identify the type, frequency, and duration of services.
 - (3) May include tasks or labor to be performed by the client, such as a client doing their own laundry or preparing their own meals/snacks, only when such tasks or labor is therapeutic. Tasks or labor shall not be included in the service plan solely for the convenience of the BHE.
 - (D) The service plan shall be signed by all parties involved in the development of the plan, including the client, or the client's parent or legal guardian in cases where the client is a minor or under the control of a legal guardian.

- (1) A copy of the service plan shall be offered to the client, or to the client's parent or legal guardian, as appropriate. If the client is a minor the client's parent or legal guardian shall be offered a copy of the plan.
- (2) The BHE shall include documentation in the client record in cases where the plan is not signed by the client or other party involved in the development of the plan, and in cases where offering the service plan for a child or adolescent to the parent or legal guardian is contraindicated.

2.7 Client Records

2.7.1 A confidential client record shall be maintained for each individual receiving services from the BHE.

2.7.2 Each client record shall include, but not be limited to:

- (A) Demographic and medical information, including, but not limited to, client name, address, telephone number, emergency contact information, physician or health provider information, current diagnosis, and current physician's orders.
- (B) Screenings, assessments, service plans, documentation of informed consent, releases of information, physician or practitioner orders, documentation of services, treatment progress and medication, the discharge summary, and any endorsement or service-specific requirements, as set by this Chapter.
- (C) The client's medication administration record, if applicable, kept in accordance with Part 2.9.2 of this Chapter.

2.7.3 A BHE shall maintain and provide access to client records in accordance with the requirements of 6 CCR 1011-1, Chapter 2, Part 6, with the following additions or exceptions:

- (A) Records shall be retained as follows:
 - (1) Records for adults shall be retained for ten (10) years from date of discharge from the BHE.
 - (2) Records for individuals who are less than eighteen (18) years old when admitted to the BHE shall be retained until the individual is twenty-eight (28) years old.
- (B) The confidentiality of the individual record, including all medical, mental health, substance use, psychological, and demographic information, shall be protected in accordance with all applicable federal and state laws and regulations, including during record use, storage, transportation, and disposal.
 - (1) The confidentiality of the record shall not be construed to limit the access of the Department for purposes of assuring compliance with these rules.
- (C) The BHE shall establish guidelines for reporting breach or potential loss of individual identity and service information in accordance with state and federal confidentiality statutes and regulations.
- (D) When a BHE closes a physical location and/or discontinues any endorsement, it shall maintain records of clients served in accordance with the requirements of this Part.

- (E) A BHE that ceases operation must comply with the provisions of 6 CCR 1011-1, Chapter 2, Part 2.14.4 regarding individual records.

2.8 Client Services

- 2.8.1 The BHE shall ensure clients are treated in the least restrictive appropriate setting.
- 2.8.2 The BHE shall comply with 6 CCR 1011-1, Chapter 2, Part 8, regarding the protection of clients from involuntary restraint and seclusion and any endorsement-specific seclusion or restraint requirements as set forth in this Chapter.
- 2.8.3 The BHE may use telehealth methods for the provision of services under these regulations except for services that specifically require in-person contact.
 - (A) If the BHE uses telehealth methods, it shall develop and implement policies and procedures regarding telehealth services. Such policies may be for the BHE, a physical location, or an endorsement, as appropriate, and shall include, at a minimum, a requirement that telehealth services be provided only through synchronous, interactive audio-visual methods, not including voice-only or text-only methods such as telephone, text message, or email.
 - (B) Services provided via telehealth methods shall be documented in the client record, consistent with documentation as required for in-person services.
- 2.8.4 The BHE shall develop and implement policies and procedures regarding behavioral health emergency services and methods for addressing clients or individuals with unexpected high-acuity and/or urgent behavioral health needs. Such policies and procedures may be for the BHE, an endorsement, or a physical location, as appropriate, and shall include, but not be limited to:
 - (A) The behavioral health emergency services provided by the BHE, if any, and the hours during which such behavioral health emergency services are available, with a separate identification of the mental health disorder emergency services and the substance use disorder emergency services provided by the BHE.
 - (B) How the BHE ensures access to behavioral health emergency services when not provided directly by the BHE, including, but not limited to:
 - (1) Criteria used in determining when behavioral health emergency services are needed.
 - (2) Protocols and/or transfer agreements with other behavioral health providers or facilities.
 - (3) Methods of providing information to clients to ensure understanding of how to access behavioral health emergency services.
 - (C) The methods for identifying and responding to and/or mitigating sudden or unpredictable high-acuity or increased needs in existing clients.
- 2.8.5 The BHE shall develop and implement policies and procedures regarding access to emergency medical services. Such policies and procedures may be for the BHE, an endorsement, or a physical location, as appropriate, and shall include, but not be limited to:
 - (A) The medical emergency services provided by the BHE, if any, and the hours during which such medical emergency services are available.

- (B) How the BHE ensures access to medical emergency services when not provided directly by the BHE, including, but not limited to:
 - (1) Criteria used in determining when medical emergency services are needed.
 - (2) Protocols and/or transfer agreements with emergency medical providers or facilities.
 - (3) Methods of providing information to clients to ensure understanding of how to access medical emergency services.
- 2.8.6 The BHE shall inform clients how to access medical and behavioral health emergency services twenty-four (24) hours per day, seven (7) days per week.
- 2.8.7 The BHE shall provide care coordination for each client, or support continuity of care when such care coordination is provided by another entity, until the client is discharged, both with internal service providers and known external service providers, as appropriate.
- 2.8.8 The BHE shall develop and implement policies and procedures for providing clients with referrals to other providers when the client needs care that falls outside of the services provided by the BHE.
 - (A) The BHE shall be responsible for providing care coordination for clients who receive additional services outside of the BHE.
 - (B) To facilitate continuity of care when transferring to another provider, pertinent documentation shall be made immediately available to the receiving care provider.

2.9 Medication Administration, Storage, Handling, and Disposal

- 2.9.1 Any BHE that administers medications at any physical location and/or under any endorsement, shall develop and implement policies and procedures regarding medication procurement, storage, administration, and disposal. Such policies and procedures may be for the BHE, an endorsement, or a particular physical location, as appropriate, and shall, at a minimum:
 - (A) Require a policy specifying whether each physical location(s) and service(s) serving clients under the Part 3, Outpatient Endorsement provides medication administration.
 - (B) Ensure that medication administration provided as part of an endorsement or service complies with the applicable requirements, as described within this Chapter.
 - (C) Include policies and procedures providing guidance on determining when clients may be discharged with unused portions of their current prescriptions, and ensuring such action is in the best interest of the client. Clients shall not be discharged with unused medications if it is clinically contraindicated.
 - (D) Ensure that personnel authorized to administer medications are on-site at all times when medications are administered.
 - (E) Ensure medications are administered only by licensed or certified personnel allowed to administer medications under their own scopes of practice, or an unlicensed personnel who are qualified medication administration persons (QMAPs) acting within their own scope of practice.

- (F) Ensure compliance with 6 CCR 1011-1, Chapter 24 when using QMAPs to administer medications.
- (G) Ensure medication orders include the client's name, date of order, medication name, strength of medication, dosage to administer, route of administration along with timing and/or frequency of administration, any specific considerations, if substitutions are allowed or restricted, and the signature of the practitioner ordering the medication.
 - (1) All medication orders shall be documented in writing by the prescribing practitioner. Verbal orders for medication shall not be valid unless received by licensed personnel who are authorized to receive and transcribe such orders.
- (H) Ensure that any medications kept at the BHE are maintained, stored, and disposed of in a manner that ensures the safety of all clients and protects against the misappropriation or diversion of such medications, including, at a minimum:
 - (1) Medications shall be stored at the appropriate temperature.
 - (2) Refrigerated medications shall be stored in a refrigerator that does not contain food and that is not accessible to clients.
 - (3) Medications shall be routinely checked for expiration and disposed of according to instructions or when expired, whichever is earlier.
 - (4) Medication shall be stored in the original prescribed/manufacture containers.
 - (5) All medication shall be stored in a locked cabinet, cart, or storage area when unattended by qualified medication administration persons or other licensed personnel authorized to administer medications, with the additional requirement that controlled substances shall be stored under double lock storage.
 - (6) Medications shall be counted by two individuals who are either qualified medication administration persons or otherwise authorized to administer medications, at least daily, or more frequently, if the BHE is required to meet the standards in Part 4 of these rules.
 - (7) Any discrepancy in counts for controlled substances shall be immediately reported in accordance with BHE policies and procedures required at Part 2.3.4(C)(7).
 - (8) Outdated, discontinued, and/or expired medications shall be stored in a locked storage area until properly disposed of, with the additional requirement that any controlled substance medications designated for destruction and disposal shall be kept in a separate locked container within the locked storage area until they are destroyed.
 - (9) Outdated, discontinued, and/or expired medications shall be destroyed in accordance with governing body policies. Such policies may vary based on type of medication or setting, and shall include, but not be limited to:
 - (a) Medications shall be destroyed in accordance with federal, state, and local regulations within thirty (30) days of determination that such medication is outdated, discontinued, or expired.

- (b) Medications shall be destroyed in the presence of two (2) individuals, each of whom is either a qualified medication administration person or is otherwise authorized to administer medications.
 - (c) All medications shall be destroyed in a manner that renders the substances totally non-retrievable to prevent diversion of the medication.
 - (d) There shall be documentation that identifies the medications, the date and method of destruction, and the signatures of the witnesses performing the medication destruction.
 - (10) All destroyed medications shall be disposed of in compliance with 6 CCR 1007-2, Part 1, Regulations Pertaining to Solid Waste Disposal Sites and Facilities, Section 13, Medical Waste, and/or 6 CCR 1007-3, Part 262, Standards Applicable to Generators of Hazardous Waste, as applicable.
 - (I) Ensure each client receives proper administration and monitoring of medications in accordance with their service plan.
 - (J) Ensure medication administration is documented in accordance with Part 2.9.2 of this Chapter.
 - (K) Include policies and procedures for documenting, investigating, reporting, and responding to any errors related to medication administration, accounting of controlled substances, or medication diversion.
 - (L) Require audits of the accuracy and completeness of the medication records, controlled substance inventories, medication error reports, and medication disposal records.
 - (1) The audit shall be performed at least quarterly, or more often, as required in the standards of the applicable endorsement, as found in this Chapter.
 - (2) Any irregularities shall be investigated and resolved.
 - (M) Comply with all federal and state laws and regulations relating to procurement, storage, administration, and disposal of medications, including controlled substances.
- 2.9.2 The BHE shall maintain a medication administration record for each client who receives medication, as part of the client record. The record shall include, at a minimum:
- (A) The name, strength, dosage, and mode of administration of each medication.
 - (B) The date and time of administration, recorded at the time of administration.
 - (C) The signature or initial of the person administering the medication.
 - (D) Documentation of any medication omissions or refusals.
 - (E) Documentation of monitoring and/or observation of medication self-administration.

PART 3. OUTPATIENT ENDORSEMENT STANDARDS

3.1 Endorsement Standards for All Outpatient Services

- 3.1.1 All BHEs with an outpatient endorsement shall meet the standards in this Part 3.1, in addition to the applicable standards in Parts 3.2, Outpatient Treatment Services, and/or 3.3, Walk-in Services, based on the services approved by the Department to be provided by the BHE.
- 3.1.2 The BHE shall complete a comprehensive assessment for each new client within seven (7) business days of admission.
- 3.1.3 The BHE shall ensure the physical locations in which client services are provided under the Outpatient Endorsement meet the building standards in Part 2.2 of this Chapter, and Chapter 2.11 of Guidelines for Design and Construction of Outpatient Facilities, Facilities Guidelines Institute, with the following additions or exceptions:
 - (A) The BHE is required to comply with the FGI standards at 2.11-3.8.11.3, regarding clean storage, only when the need for such storage is applicable to the particular services provided in that physical location.
 - (B) The BHE shall be exempt from the requirement to provide a staff toilet room that is separate from public and client facilities, as found in Part 2.11-3.9.1.1 of the FGI standards. The BHE may have bathroom/toilet areas that are shared between staff, clients and the public.
 - (1) Bathroom/toilet areas shall be adequate to meet the needs of all persons served.
 - (2) The BHE shall comply with the portion of Part 2.11-3.9.1.1 which requires a staff lounge separate from public and client areas.

3.2 Standards for Outpatient Treatment Services

- 3.2.1 If a BHE provides outpatient treatment services, the standards in this Part 3.2 shall be met.
- 3.2.2 The BHE shall ensure outpatient treatment services are provided by personnel meeting the qualifications at Part 2.4.
- 3.2.3 Client service plans shall be created within fourteen (14) days after assessment.
- 3.2.4 Outpatient treatment services shall be provided in accordance with the client's service plan.
- 3.2.5 Outpatient treatment services shall be documented in the client's record in accordance with Part 2.7 of these rules, with the following additions:
 - (A) The client record shall include progress notes, documenting a chronological record of treatment, session activity, and progress toward client-specific treatment goals.
 - (B) A progress note shall be recorded for each outpatient treatment session, including date and type of service, except that if the client is receiving outpatient treatment services for twenty (20) or more hours per week, a progress note shall be recorded at least weekly.
 - (C) Progress notes shall include any significant change in physical, behavioral, cognitive, and functional condition and action taken by personnel to address the individual's changing needs.

- (D) Progress notes shall be signed and dated or electronically approved by the author at the time they are written, with at least first initial, last name, and degree and/or professional credentials.
 - (E) Telephone orders shall be recorded at the time they are given and authenticated as soon as practical.
- 3.2.6 The BHE shall ensure clients are notified on procedures for accessing behavioral health emergency services outside of normal business hours.

3.3 Standards for Walk-in Services

- 3.3.1 If a BHE provides walk-in services, the standards in this Part 3.3 shall be met at the physical location in which the walk-in services are provided.
- 3.3.2 Walk-in services shall be open to walk-in clients at all times, twenty-four (24) hours per day, seven (7) days per week, 365 days per year.
- 3.3.3 Each location shall have at least one person trained in basic life support and first aid on-site and on-duty at all times.
- 3.3.4 The BHE shall not provide outpatient treatment services, as provided under Part 3.2, above, at the walk-in service location.
- 3.3.5 The BHE shall ensure each individual seeking walk-in services remains on the physical premises less than twenty-four (24) hours.

PART 4. 24-HOUR/OVERNIGHT ENDORSEMENT STANDARDS

4.1 ENDORSEMENT STANDARDS FOR ALL 24-HOUR/OVERNIGHT SERVICES

- 4.1.1 All BHEs providing 24-hour/Overnight services shall meet the standards in this Part 4.1, and shall meet the standards in Parts 4.2, Crisis Stabilization Services, and/or 4.3, Acute Treatment Services, as applicable to the services provided by the BHE.
- 4.1.2 The BHE shall complete a comprehensive assessment for each new client within twenty-four (24) hours of admission.
- 4.1.3 Each physical location in which 24-hour/Overnight services are provided shall meet the personnel requirements in Part 2.4, with the following additions:
- (A) Each location shall have appropriate oversight personnel, such as an Administrator and/or Clinical Director, or individuals delegated those same responsibilities, twenty-four (24) hours per day, seven (7) days per week.
 - (1) Oversight personnel when such individuals are not physically on-site shall be in accordance with policies as required at Part 2.3.4(A)(6).
 - (B) Each location shall have at least one person on duty trained in basic life support and first aid on-site and on-duty at all times when clients are present.
 - (C) There shall be at least one awake person on duty on-site twenty-four (24) hours per day, seven (7) days per week.

- (D) The BHE shall have appropriate staffing to ensure the ability to administer medications at all times.
- 4.1.4 Personnel providing services under the 24-hour/Overnight endorsement shall meet the training requirements at Part 2.4.9, with the following additions:
- (A) The recognition and response to common side effects of medications used for behavioral health disorders, and response to emergency drug reactions;
 - (B) Assessment skills;
 - (C) Behavior management and de-escalation techniques, including incidents involving harm to self or others, and elopement; and
 - (D) Behavioral health and medical emergency response training, consistent with emergency services policies required in Parts 2.8.4 and 2.8.5.
- 4.1.5 The BHE shall have policies and procedures specific to the 24-hour/overnight endorsement, services, or physical location, as appropriate, including, but not limited to:
- (A) Policies and procedures to be followed in the event of serious illness, injury, or death of a client during their stay, including, but not limited to:
 - (1) Criteria for when a client's injury or illness warrants medical treatment or an in-person medical evaluation.
 - (2) Requirements for notifying the client's emergency contact, including immediate notification in the case of an emergency room visit or unscheduled hospitalization.
 - (3) Reporting procedures within the BHE.
 - (B) Written policies and procedures for the management of clients' personal funds and property, including, but not limited to:
 - (1) An inventory of all of the client's personal belongings shall be conducted upon admission, and documented by at least two (2) individuals, one of which shall be the client when the client is capable and willing to document the inventory. Such inventory shall be maintained in the client record.
 - (2) All inventoried items shall be stored in a secure location during the client's stay.
 - (3) All inventoried property shall be returned to the client upon discharge, and such return shall be documented by at least two (2) individuals, one of which shall be the client when the client is capable and willing to document the inventory. Such documentation shall be included in the client record.
 - (C) Infection control policies to address risks associated with housekeeping, dietary services, and linen and laundry services, in addition to the requirements at Part 2.3.6.
 - (1) Linen and laundry services shall be conducted in a manner designed to prevent contamination of clients and staff.
 - (a) Staff shall prevent contamination between handling soiled linen and clean linen through either the use of gloves or handwashing.

- (b) Soiled linen shall be stored separately from clean linen, in separate enclosed areas.
- (2) Dietary services shall be provided using methods that conform to state or local food safety standards, including, at a minimum:
 - (a) The individual overseeing dietary services, as required at Part 4.1.5(E)(1) shall have knowledge of foodborne disease prevention, including, but not limited to, hygienic practices and food safety techniques pertaining to preparation, food storage, and dishwashing.
 - (b) Food shall be prepared, handled, and stored in a sanitary manner, so that it is free from spoilage and/or contamination, and shall be safe for human consumption.
 - (c) Reusable equipment, dishes, cutlery, and other wares used for the preparation, serving, or storage of food shall be washed in a safe and sanitary manner, and, in the case of dishwashing machines, in accordance with manufacturer's instructions.
- (D) The provision of linen and laundry services, including, but not limited to:
 - (1) Clients shall have access to laundry services for personal clothing, which may be provided through the use of personal laundry facilities, a centralized laundry service, or may be contracted for with an outside provider.
 - (2) A requirement to maintain a sufficient supply of clean linen, including sheets and towels.
- (E) The provision of dietary services. Policies and procedures regarding dietary services may vary depending on the population served, the services provided, and the anticipated length of stay, but shall include, at a minimum:
 - (1) The governing body or Administrator shall appoint an individual to be in charge of dietary services.
 - (2) At least three nutritionally balanced meals in adequate portions shall be made available at regular times daily. In the event the meal provided is unpalatable, a nutritionally balanced substitute shall be available.
 - (3) Between-meal snacks of nourishing quality shall be available, to the extent that such availability does not conflict with a client's service plan.
 - (4) If the BHE admits clients who require a therapeutic diet, the following requirements shall apply:
 - (a) The BHE shall ensure such diet is prescribed by a physician or registered dietician.
 - (b) The BHE shall ensure the proper diet is provided.
 - (5) The BHE shall ensure enough food and water on hand to provide all clients with three (3) nutritionally balanced meals for four (4) days.

- (F) If the population served includes clients at risk of harm to self or others, the BHE shall require safety checks be conducted every shift to identify and remedy hazards, and shall maintain documentation of such checks.
 - (G) A requirement that medication counts, as required in Part 2.9, be performed when transitioning staff responsibility for medication oversight, but no less frequently than twice daily.
 - (H) Standards for maintaining the client record in accordance with Part 2.7 of these rules, with the following additions:
 - (1) A progress note shall be recorded for each client at least daily, or more often as appropriate.
 - (2) Progress notes shall include any significant change in physical, behavioral, cognitive, and functional condition and action taken by staff to address the individual's changing needs.
 - (3) Progress notes shall be signed and dated or electronically approved by the author at the time they are written, with at least first initial, last name, and degree and/or professional credentials.
 - (4) Telephone orders, when given, shall be recorded at the time they are given and authenticated as soon as practical.
 - (I) The type of first aid equipment maintained by the BHE, including a requirement that such equipment be maintained in a readily accessible location, at each physical location providing services under the 24-hour/overnight endorsement.
 - (J) Smoking policies applicable to clients, including, but not limited to any prohibitions on smoking, designated areas for smoking, and methods/substances allowed under any smoking policy, such as tobacco, electronic cigarettes, vaporizers, etc.
- 4.1.6 The BHE shall ensure the physical locations in which client services are provided under the 24-hour/Overnight Endorsement meet the building standards in Part 2.2 of this Chapter, and Chapter 4.3 of Guidelines for Design and Construction of Residential Health, Care and Support Facilities, Facilities Guidelines Institute, with the following additions or exceptions:
- (A) In addition to the FGI standard at 4.3-2.2, regarding the resident unit, the BHE shall ensure no client is assigned to any room other than a regularly designated bedroom.
 - (1) Temporary occupancy of a room not designated as a bedroom is permissible on a limited basis when the use of the assigned bedroom is contraindicated due to circumstances related to client safety or emergent issues. Justification for such placement, and the length of placement, shall be documented in the client record.
 - (B) In addition to the FGI standard at 4.3-2.2.2.7, regarding resident bathrooms, the BHE shall ensure there is a minimum of one (1) full bathroom for every six (6) clients, including a toilet, sink, toilet paper dispenser, mirror, tub and/or shower, and towel rack.
 - (C) Bathrooms shall be equipped with soap dispensers or the BHE shall have a procedure in place that prevents clients from sharing soap.

- (D) The BHE is exempt from the FGI requirement to provide private individual storage inside the bathroom for the personal effects of each client. Such storage may be provided near the bathroom.

4.1.7 BHEs with one or more seclusion rooms shall ensure each seclusion room complies with the standards in Section 2.11-3.2.7, Chapter 2.11 of Guidelines for Design and Construction of Outpatient Facilities, Facilities Guidelines Institute, with the following additions:

- (A) The observation of the client may be through a view panel located in the door or in close proximity to the door.
- (B) The seclusion room must be at least 100 square feet in size.

4.2 Standards for Crisis Stabilization Services

4.2.1 The BHE shall ensure clients admitted for crisis stabilization services cannot be appropriately treated in a less restrictive setting.

4.2.2 Client stays shall generally be five (5) days or fewer, but may be extended when such extension is determined to be the most appropriate course of treatment based on an updated client assessment and service plan, as follows:

- (A) When extending a client stay in the crisis stabilization services setting, the client shall be assessed for continued appropriateness for treatment in the crisis setting at least every three (3) days.
- (B) When a client's assessment indicates the client should be transferred to a different setting but placement in that setting is delayed due to lack of availability, the BHE shall document that in the service plan, and continue reassessing the client in accordance with subpart (A), above.
- (C) Assessments for continued stays in the crisis stabilization setting past seven (7) days shall include consideration regarding whether the client would be more appropriately served, and should be transferred to, a different level of care.
- (D) The length of stay in the crisis stabilization services setting shall not exceed ten (10) days.

4.2.3 Crisis stabilization services shall meet the requirements of Part 2 of these rules, including, but not limited to requirements for screening, assessment, service planning, care coordination, discharge, and medication administration, with the following additions:

- (A) A full psychiatric evaluation shall be provided within 24 hours of admission, performed by a physician or other professional authorized by law to order medications.
- (B) Crisis stabilization services shall include, at a minimum:
 - (1) Medication management, and
 - (2) Individual and/or group counseling.

4.3 Standards for Acute Treatment Services

4.3.1 The BHE shall ensure the admission, assessment, service planning, and discharge requirements in Part 2.6 are met, with the following additions:

- (A) The BHE shall ensure clients admitted for acute treatment services are age eighteen (18) years or older, in need of psychiatric care, and cannot be appropriately treated in a less restrictive setting.
- (B) Client stays shall generally be seven (7) days or fewer, but may be extended when such extension is determined to be the most appropriate course of treatment based on an updated client assessment and service plan, as follows:
 - (1) When extending a client stay in the acute treatment services setting, the client shall be assessed for continued appropriateness for treatment in the acute setting at least every three (3) days.
 - (2) When a client's assessment indicates the client should be transferred to a different setting but placement in that setting is delayed due to lack of availability, the BHE shall document that in the service plan, and continue to reassess the client in accordance with subpart (A), above.
 - (3) Assessments for continued stays in the acute treatment services setting past ten (10) days shall include consideration regarding whether the client would be more appropriately served, and should be transferred to, a different level of care.
 - (4) The length of stay in the acute treatment services setting shall not exceed forty-five (45) days.
- (C) A client may only be admitted into a locked setting if there is no less restrictive appropriate alternative.
- (D) A client may be admitted into a locked setting on a voluntary basis, as long as the following requirements are met and the client signs a form that documents the following:
 - (1) The client is aware the setting is locked.
 - (2) The client has the ability to exit the setting with staff assistance and/or permission.
- (E) A client who is an imminent danger to self or others shall only be admitted to acute treatment services upon completion of the BHE's assessment and determination that the client's safety and the safety of others can be maintained.
- (F) If a client is admitted and BHE personnel subsequently determine the client's behavior cannot be safely and successfully treated in the acute treatment services location, the BHE shall make arrangements to transfer the client to the nearest hospital or other appropriate level of care for further assessment and evaluation.
- (G) The BHE shall have policies that identify when a client requires a physical health assessment by a qualified licensed practitioner, including, but not limited to:
 - (1) Within twenty-four (24) hours of admission,
 - (2) When there is a significant change in the client's condition,
 - (3) When a client has evidence of a possible infection, such as swelling or open sores,

- (4) When the client experiences an injury or accident that might cause a change in condition,
 - (5) When the client has known exposure to a communicable disease, or
 - (6) When a client develops any condition that would have initially precluded admission to the acute treatment service setting.
- (H) The BHE shall ensure the client's service plan is created within twenty-four (24) hours after admission. Such service plan shall include any special dietary instructions, physical or cognitive limitations, and a description of the services which the BHE will provide to meet the needs identified in the client's assessment(s).
 - (1) The client may request a modification of the services identified in the service plan at any time.
 - (2) The service plan shall include goals of the acute treatment services stay and standards to be met for discharge.
- 4.3.2 The BHE shall ensure acute treatment services meet oversight, personnel, and training requirements in accordance with Part 2, with the following additions:
 - (A) The Administrator shall have training in assessment skills, nutrition, and identifying and dealing with difficult situations and behavior management, and be responsible for the overall direction and supervision of staff.
 - (B) The Clinical Director shall have training in assessment and identifying and treating individuals who display behaviors that are common to individuals with severe and persistent mental health disorders.
 - (C) The BHE shall ensure the staffing level in each physical location providing acute treatment services is adequate to provide services to meet the needs of the clients at the location, in accordance with the clients' service plans.
- 4.3.3 The BHE shall ensure compliance with Part 2.9 of this Chapter, regarding medication administration, storage, handling, and disposal, with the following additions or exceptions:
 - (A) Clients shall not self-administer medications in the acute treatment setting.
 - (B) The client shall surrender all personal medication upon admission, which shall be inventoried and documented according to Part 4.1.5(B)(1).
 - (C) Personal medication for which a client has a current, valid prescription, shall be returned to the client upon discharge, unless clinically contraindicated.
 - (D) Prescription and over the counter medication shall not be kept in stock or bulk quantities unless such medication is administered by a licensed practitioner.
- 4.3.4 The BHE may, but is not required to, allow clients to self-administer oxygen while receiving acute treatment services. If self-administration is allowed, the BHE shall have policies and procedures regarding the administration of oxygen, including but not limited to the following:
 - (A) Clients may self-administer oxygen if the oxygen was prescribed by a physician and a determination has been made that the client is capable of self-administration.

- (B) Staff shall assist with the administration as needed for safety.
 - (C) The BHE shall ensure oxygen is stored and handled in compliance with state and local regulations.
- 4.3.5 The BHE shall establish written house rules for the acute treatment services setting which do not violate or contradict rules found in this Chapter 3, and which do not restrict an individual's rights. Such house rules shall be provided to the client upon admission, and be prominently posted at the location services are provided.
- 4.3.6 Alternate Building Standards. The following building standards shall apply only to the physical locations in which acute treatment services are provided and which were licensed as an Acute Treatment Unit under 6 CCR 1011-1, Chapter 6, prior to July 1, 2021.
- (A) Such locations shall comply with the standards included in this Part 4.3.6, until such time as an FGI compliance review is triggered in accordance with Part 2.2.1(B), at which time FGI shall apply only to the impacted areas while the remaining areas continue to comply with Part 4.3.6.
 - (B) The interior environment shall be clean and sanitary, free of hazards to health and safety, including:
 - (1) Layout, finishes, and furnishings shall minimize the opportunity for residents to injure themselves or others.
 - (2) Interior areas, finishes, and furnishings shall be maintained in good repair and promote sanitary conditions. All spaces shall have adequate heat, lighting, and ventilation sufficient for its intended use and client needs.
 - (3) Windows that can be accessed by clients shall have security glazing or other appropriate security features to reduce the possibility of injury or elopement.
 - (4) Items/substances that could be used for self-harm or harm to others, including, but not limited to, sharp knives and cleaning solutions, shall be appropriately labelled and stored in a safe manner, inaccessible to clients.
 - (5) The physical location shall be maintained free of infestations of insects and rodents and all openings to the outside shall be screened.
 - (6) An adequate supply of safe, potable water shall be available.
 - (7) Hot water shall not be more than 120 degrees Fahrenheit at taps which are accessible by clients, and there shall be a sufficient supply of hot water to meet the needs during peak usage.
 - (C) The BHE shall provide a clean, sanitary, and secure exterior environment for the year-round use of clients, free of hazards to health and safety.
 - (1) Exterior areas shall be maintained to prevent hazardous slopes, holes, or other hazards, and shall be kept free of high weeds and grass, garbage, and/or rubbish.
 - (2) Secure outdoor areas shall be fenced or enclosed to prevent elopement and protect the safety and security of clients.

- (D) The BHE shall ensure the following standards are met regarding the physical plant of the acute treatment services location:
 - (1) The location shall be in compliance with all applicable:
 - (a) Local zoning, housing, fire, and sanitary codes and ordinances of the city, city and county, or county where the location is situated to the extent that such codes are consistent with federal law.
 - (b) State and local plumbing laws and regulations, including that plumbing shall be maintained in good repair, free of the possibility of backflow and backsiphonage through the use of vacuum breakers and fixed air gaps, in accordance with state and local codes.
 - (c) Sewage disposal requirements, including that sewage shall be discharged into a public sewer system or disposed of in a manner approved by the local health department, or local laws if no local health department exists, and the Colorado Water Quality Control Commission.
 - (2) The BHE shall have common areas adequate to accommodate all clients, including a designated dining area capable of seating all clients, and meeting the following accessibility requirements:
 - (a) All common areas and dining areas shall be accessible to clients using an auxiliary aid without requiring transfer from a wheelchair to walker or from a wheelchair to a regular chair.
 - (b) Doors to the accessible rooms shall be at least thirty-two (32) inches wide.
 - (c) A minimum of two entryways shall be provided for access and egress from the building by clients using a wheelchair.
 - (3) The following requirements shall be met for bedrooms:
 - (a) No client shall be assigned to any room other than a regularly designated bedroom. Temporary occupancy of a room not designated as a bedroom is permissible on a limited basis when the use of the assigned bedroom is contraindicated due to circumstances related to client safety or emergent issues. Justification for such placement, and the length of placement, shall be documented in the client record.
 - (b) No more than two (2) clients shall occupy a bedroom.
 - (c) Each designated bedroom shall have at least 100 square feet for a single occupant, or 120 square feet for a double occupancy bedroom. Bathroom areas and closets shall not be included in the determination of square footage.
 - (d) Each client shall have separate storage facilities adequate for personal articles, such as a closet or locker, available inside their bedroom. When the treatment program indicates, shelves shall be provided for folded garments in lieu of hanging garments.

- (e) Each bedroom shall include a comfortable, standard-sized bed with a clean mattress, mattress protector, and pillow. Rollaway-type beds, cots, folding beds or bunk beds shall not be permitted.
 - (f) The bedroom shall have a safe and sanitary method to store the client's towel, such as a breakaway towel rack.
 - (g) Extension cords and multiple-use electrical sockets shall be prohibited in client bedrooms.
 - (h) The bedroom shall include a chair unless contraindicated, in which case alternate seating shall be provided in close proximity to the bedroom.
- (4) The following standards shall be met for bathrooms:
- (a) There shall be at least one full bathroom for every six (6) clients, including a toilet, sink, toilet paper dispenser, mirror, tub or shower, and towel rack.
 - (b) Bathrooms shall be equipped with soap dispensers or the physical location shall have a procedure in place that prevents clients from sharing soap.
 - (c) Each floor with bedrooms shall have at least one bathroom which can be accessed without entering a bedroom.
 - (d) The physical location shall have at least one full bathroom accessible to any client using an auxiliary aid, including properly-installed grab bars at each tub and/or shower, and adjacent to each toilet.
 - (e) Bathtubs and shower floors shall have non-skid surfaces.
 - (f) Toilet seats shall be constructed of non-absorbent materials and free of cracks.
 - (g) Clients shall have individualized personal care articles and supplies, such as soap and towels, and such articles and supplies shall not be shared.
 - (h) Toilet paper shall be available at all times in each bathroom.
 - (i) Liquid soap and paper towels shall be available at all times in the common bathrooms.
- (5) The following standards shall be met for seclusion rooms:
- (a) The seclusion room shall be constructed to prevent client hiding, escape, injury, or suicide, and shall be free of all protrusions, sharp corners, hardware, fixtures or other devices, and furnishings which may cause injury to the client.
 - (b) The seclusion room shall maintain a temperature appropriate for the season.

- (c) The seclusion room shall be located in a manner affording direct observation of the client by BHE staff.
 - (d) The seclusion room shall have an area of at least one-hundred (100) square feet.
 - (e) The seclusion room shall have a window that allows someone outside the room to see into all of the corners of the room. All windows in the seclusion room shall be constructed to prevent breakage and otherwise prevent self-harm.
 - (f) Doors to the seclusion room shall be at least thirty-two (32) inches wide, and shall open outward.
 - (g) Light fixtures and other electrical outlets in the seclusion room shall be limited to those required and necessary, shall be recessed, and shall be constructed to prevent self-harm. Such fixtures and outlets shall be controlled by labeled on/off switches located outside the seclusion room.
- (6) The BHE shall meet the following requirements regarding linen and laundry:
- (a) The BHE may have laundry room(s) with residential-style washer(s) and dryer(s) in an area with adequate square footage and ventilation for the number of washers and/or dryers included in the space.
 - (b) The laundry room(s) shall not be used for storage of soiled or clean linen.
 - (c) There shall be a separate enclosed area for receiving and holding soiled linen until ready for pickup or processing, in addition to a separate enclosed area for clean linen storage.
 - (d) There shall be hand-washing, or other appropriate hand-sanitizing, facilities in each area where unbagged, soiled linen is handled.

Editor's Notes

6 CCR 1011-1 has been divided into separate chapters for ease of use. Versions prior to 05/01/2009 are located in the main section, 6 CCR 1011-1. Prior versions can be accessed from the All Versions list on the rule's current version page. To view versions effective on or after 05/01/2009, select the desired chapter, for example 6 CCR 1011-1 Chapter 04 or 6 CCR 1011-1 Chapter 18.

History

New rule eff. 06/14/2021.