



PUBLIC NOTICE OF PROPOSED RULE CHANGES

Pursuant to the Georgia Administrative Procedures Act, Official Code of Georgia Annotated (O.C.G.A.) § 50-13-1 et seq., the Georgia Department of Community Health is required to provide public notice of its intent to adopt, amend, or repeal certain rules other than interpretive rules or general statements of policy. Accordingly, the Department hereby provides notice of its intent to adopt its rules and regulations, specifically Ga. Comp. R. & Regs. r. 111-8-2, Rules and Regulations for Adult Residential Mental Health Programs. These rules and regulations are required by O.C.G.A. § 37-3-200, et seq. The rules and regulations establish minimum standards for governing body and administration; licensure requirements and enforcement processes and penalties; admission, discharge, care, and services; building and functional design standards; staffing requirements; criminal background checks; medication administration, storage, and dispensing; food and nutrition standards; disaster preparedness planning; establishing a procedure for enforcement of client rights and grievances; recordkeeping maintenance requirements; procedures to protect confidentiality of clients seeking treatment; departmental inspections; invoking the powers of the disability services ombudsman over facilities; and providing for the department's discretionary waiver and variance authority. An exact copy of the revised rules and a synopsis of the revisions are attached to this public notice.

NOTICE OF PUBLIC HEARING

An opportunity for public comment will be held on October 15, 2024 at 11:00 a.m. via Zoom. There will be no in-person attendance at the Department of Community Health. The Zoom meeting ID number is 811 3678 8283 and the event password is "542180". Follow these instructions to join the event:

1. Click the link or copy and paste the link text to a browser:
<https://us02web.zoom.us/j/81136788283?pwd=gNmY7fGMGolahoIcNQ62NB0z1mfM0b.1>
2. Click "Join Now"

To join by telephone: One tap mobile
+16469313860,,81136788283#,,,,*542180# US

+13017158592,,81136788283#,,,,*542180# US (Washington DC)

Oral comments will be limited to ten (10) minutes per person. Individuals who are disabled and require assistance to participate during this meeting should contact the Office of General Counsel at (470) 259-0735 at least three (3) business days prior to the meeting.



Individuals wishing to comment in writing on any of the proposed changes must do so on or before October 18, 2024, at 5:00 p.m. Due to reduced physical staffing at the 2 M.L.K., Jr. Drive, SE location DCH encourages written public comments submitted in accordance with O.C.G.A. § 50-13-4(a)(2) to be submitted via e-mail to the following e-mail address: **Public.Comment@dch.ga.gov**.

Written comments may be submitted via regular mail to the following address:

Attention: Alycia Allgood
Office of General Counsel
Georgia Department of Community Health
2 M.L.K., Jr. Drive, SE, 18th Floor, East Tower
Atlanta, GA 30334

Comments from written and public testimony will be provided to the Board of Community Health prior to November 14, 2024. The Board will vote on the proposed changes on November 14, 2024.

NOTICE IS HEREBY GIVEN THIS 10th DAY OF OCTOBER 2024

A handwritten signature in black ink, appearing to read "Russel Carlson", written over a horizontal line.

Russel Carlson, Commissioner

**RULES OF
DEPARTMENT OF COMMUNITY HEALTH**

**CHAPTER 111-8
HEALTHCARE FACILITY REGULATION**

**SUBJECT 111-8-2
RULES AND REGULATIONS FOR ADULT RESIDENTIAL
MENTAL HEALTH PROGRAMS**

SYNOPSIS OF PROPOSED RULES

STATEMENT OF PURPOSE: The Georgia Department of Community Health proposes new Rules and Regulations for Healthcare Program Regulation, Adult Residential Mental Health Programs, Ga. Comp. Rules & Regs., r. 111-8-2-.01, et seq. This rule is being proposed pursuant to the authority granted the Department of Community Health in O.C.G.A. § 37-3-200, et seq.

MAIN FEATURES OF THE PROPOSED RULES: These rules and regulations are a new subject within the Healthcare Facility Regulation chapter to establish minimum standards for Adult Residential Mental Health Programs. These rules and regulations are required by O.C.G.A. § 37-3-200, et seq. The rules and regulations establish minimum standards for governing body and administration; licensure requirements and enforcement processes and penalties; admission, discharge, care, and services; building and functional design standards; staffing requirements; criminal background checks; medication administration, storage, and dispensing; food and nutrition standards; disaster preparedness planning; establishing a procedure for enforcement of client rights and grievances;

recordkeeping maintenance requirements; procedures to protect confidentiality of clients seeking treatment; departmental inspections; invoking the powers of the disability services ombudsman over facilities; and providing for the department's discretionary waiver and variance authority.

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111-8-2-.01 Authority

The legal authority for this Chapter is found in O.C.G.A. §§ 37-3-200 et seq, and Chapter 7 of Title 31.

Authority: O.C.G.A. § 37-3-200, et seq.; O.C.G.A. §§ 31-2-4, 31-2-7, 31-7-2.1

111-8-2-.02 Purpose

The purpose of these rules and regulations is to establish minimum standards for the licensure and operation of adult residential mental health programs.

Authority: O.C.G.A. § 37-3-200, et seq.; O.C.G.A. §§ 31-2-4, 31-2-7, 31-7-2.1

111-8-2-.03 Definitions

In these rules, unless the context requires otherwise, the words, phrases and symbols set forth herein shall mean the following:

(1) “Adult residential mental health program” or “ARMHP” or “program” means a subacute residential alternative service of four or more residential beds authorized to provide psychiatric services for mentally ill persons 18 years of age or older that operates 24 hours per day, 7 days per week to provide intensive short-term noninstitutional treatment to clients who are temporarily in need of a 24-hour-per-day supportive therapeutic setting for prevention of or transition from or after acute psychiatric hospitalization. Such term shall not include (a) crisis stabilization units, as defined in O.C.G.A. § 37-1-29; (b) community living arrangements, as defined by the Department of Behavioral Health and Developmental Disabilities; (c) mental health programs conducted by accountability courts; (d) residential beds operated by a state or local public entity; or (e) hospitals licensed by the department unless the hospital is operating an adult residential mental health program that is not part of the hospital license.

(2) “Administrator” means the name of the person to whom is delegated the responsibility for the management of the program, including but not limited to, the carrying out of rules and policies adopted by the governing body.

(3) “Applicant” means any individual affiliated with the governing body submitting an application to operate a program.

(4) “Department” means the Georgia Department of Community Health.

(5) “Governing Body” means the partnership, corporation, limited liability company, association, or person or group of persons who maintains and controls the program and who is legally responsible for its operation.

(6) “Client” means a person seeking and obtaining services at a program, unless otherwise specified.

(7) “License” or “permit” means the official permit issued by the department which authorizes the holder to operate a program.

(8) “Licensee” means the holder of a program license.

(9) “Mental health professional” means a psychiatrist, psychiatric or mental health nurse practitioner, or an individual who has obtained a Doctor of Philosophy (Ph.D.) in a field of psychology or Doctor of Psychology (Psy.D.), a master’s degree (M.S. or M.A.) in a mental-health related field such as psychology, counseling psychology, marriage or family therapy, or social work and is duly licensed to practice his or her profession in the State of Georgia.

(10) “Mentally ill person” means a person who has significant deficits in functioning affecting social and family relationships, work, self-care, educational goals, or legal involvements due to his or her primary diagnosis or assessment of a psychotic disorder, mood disorder, anxiety disorder, dissociative disorder, obsessive-compulsive disorder, adjustment disorder, personality disorder, or trauma and stress related disorder as listed in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or the World Health Organization’s International Classification of Diseases, in effect as of July 1, 2022 and as amended from time to time.

(11) “Physician” means an individual who is currently licensed to practice medicine in the State of Georgia. These rules shall not prohibit other licensed medical professionals, such as physician assistants or advanced practice registered nurses, from performing acts required of a licensed physician under these rules where such acts are allowed and performed pursuant to applicable state scope of practice laws and regulations.

(12) “Program” means the ARHMP as defined in these rules and regulations.

(13) “Staff” means any person who performs duties in the program on behalf of the program, including but not limited to employees, contractors, administrators, on-site managers, and owners and other governing body members.

Authority: O.C.G.A. §§ 37-3-202, 31-2-4, 31-2-7, 31-7-2.1

111-8-2-.04 Governing Body and Administration

(1) There shall be a governing body which assumes full legal responsibility for the overall conduct of the program and an

administrator reporting to the governing body. The administrator must be at least 21 years of age and must have at least one-year of experience in managing a health care program and supervising health care staff.

(2) The governing body shall be responsible for compliance with all applicable laws and regulations pertaining to the program.

(3) The governing body shall provide the name and credentials of the administrator at the time of initial application and provide the department written notice of any change to the administrator within thirty (30) days following such change.

(4) The governing body must adopt and abide by a code of ethics pertaining to each member of the governing body and its administrator. At a minimum, the code of ethics shall include a conflict of interest policy, whistleblower policy, sexual harassment policy, discrimination policy, and other policies required for proper governance.

(5) The words “sanitorium,” “sanitarium” and “hospital” shall not be used in the official title or marketing materials of any program permitted under the provisions of these rules and regulations.

(6) The governing body and administrator shall develop and implement policies, procedures and practices that support the core values of dignity, respect, choice, independence and privacy of the clients in a safe environment and in accordance with these rules. A copy of the program policies and procedures must be provided to the client upon admission, or prior to admission if requested by a client considering treatment at the program. At a minimum, such policies and procedures must comply with all these rules and regulations and provide clear instruction for the staff and clients on the following matters:

(a) The services available in the program and provide direction on how clients may access such services.

(b) Admissions, discharges and transfers which ensure that the program does not admit or retain clients who need more care than the program is authorized for or capable of providing.

(c) A code of conduct and statement of rights for all clients in accordance with Ga. Comp. R. & Regs. r. 111-8-2-.15.

(d) Payment for services, including optional services, and refund policy when a client is transferred or discharged.

(e) Training and ongoing evaluation of staff, including offerings of any specialized training.

(f) Program rules applicable to staff and clients and their enforcement.

(g) Protecting the rights of the staff and clients as set forth in these rules.

(h) Medication management, controls, procurement and the professional oversight provided for such services.

(i) Health and hygiene requirements for the program, clients, and staff, including but not limited to, issues relating to illness and infection control, work policies and return to work policies, food-borne illnesses and reportable diseases. The policy shall also include any restrictions on a client's ability to utilize designated substances, such as nicotine and caffeine, and the program's expectations regarding same.

(j) Clear instructions for method of reporting and investigation of claims of abuse, neglect, harassment, discrimination, or exploitation of clients and staff. Furthermore, the policies and

procedures shall detail requirements for the reporting of accidents, injuries, voluntary discharge from the program, and changes in clients' conditions and status to family members, legal surrogates, and required parties.

(k) Discipline procedures for handling conduct which is inconsistent with the policies of the program committed by staff, and circumstances which may lead to discharge by the program.

(l) Emergency preparedness, drills and evacuation requirements.

(m) Quality assurance and peer review mechanisms to determine opportunities for improving care utilizing information acquired from reports and investigations of serious incidents, including client and family feedback.

(n) The right of clients to receive visitors and responsibilities and obligations regarding visitor access.

(o) The right of clients to use electronic equipment including but not limited to, mobile phones, computers, tablets, televisions, audio equipment, video game devices, and other equipment utilized for entertainment.

(p) The safety and security precautions that will be employed by the program to protect clients from harm from self, other clients and staff.

(q) The staffing plan which takes into account the specific needs of the clients and also includes arrangements for staffing in the absence of regularly scheduled staff.

(r) Procedures ensuring the confidentiality of client records and security measures to ensure that all client records are maintained on a confidential basis.

Authority: O.C.G.A. §§ 37-3-204, 31-2-4, 31-2-7, 31-7-2.1

111-8-2.05 Application for Permit

(1) The governing body of each program must submit to the department an application for a permit in order to operate. The application for a permit must be made on forms made available by the department and in a format acceptable to the department.

(2) No application for licensure will be acted upon by the department unless it has been determined to be complete, including all required attachments and fees due the department, as specified in the Rules and Regulations for General Licensing and Enforcement Requirements, Ga. Comp. R. & Regs. r. 111-8-25.

(3) The application must truthfully, completely, and accurately disclose required information.

(4) The name of the administrator must be included with the application for a permit. If such information is not known at the time of application, it must be provided to the department before a permit will be issued.

(5) Each application must include documentation confirming ownership or tenancy pursuant to a written lease agreement for the real property on which the program will be operated.

(6) The filing of an application for licensure constitutes a representation that the applicant is or will be in complete control of the program as of a specified date.

(7) Local zoning and other local requirements regarding the proper location and establishment of the program must be addressed by the applicant with the responsible local officials.

(8) Proof of compliance with all applicable federal and state laws for the handling and dispensing of medications, and all state and local health, safety, sanitation, building, and zoning codes shall be provided to the department as specified in the application.

(9) The application and license are subject to all requirements and obligations set forth in the department's Rules and Regulations for General Licensing and Enforcement Requirements, Ga. Comp. R. & Regs. r. 111-8-25.

(10) The application must include a copy of the program's program description and range of services which shall be reviewed by the governing body and administrator annually and updated as needed to align with the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or the World Health Organization's International Classification of Diseases, in effect as of July 1, 2022, or such other versions which may be adopted in the future.

Authority: O.C.G.A. §§ 37-3-204, 37-3-205, 37-3-206, 37-3-207, 31-2-4, 31-2-7, 31-2-8, 31-7-2.1

111-8-2-.06 License Requirements

(1) On and after July 1, 2025, no governing body shall operate a program without having a valid license or provisional license issued pursuant to these rules.

(2) The permit must be displayed at the program in a conspicuous place that is visible to clients and visitors.

(3) Permits are not transferable from one ARMHP or program location to another.

(4) A permit is no longer valid when any of the following events occurs:

- (a) The program is moved to another location which has not been licensed.
 - (b) The governing body changes without notification to the department required pursuant to these rules.
 - (c) The permit is suspended or revoked.
- (5) A program must not serve more clients than its approved licensed capacity, which is listed within the permit issued by the department.
- (6) A program must provide care as authorized by law and these rules.
- (7) The program must provide written notice to the department and all clients of the following circumstances:
- (a) a minimum of sixty (60) days written notice of any impending bankruptcy or property eviction that may force discharge or relocation of clients or otherwise adversely impact the provision of safe care and oversight; and
 - (b) a minimum of thirty (30) days prior written notice of any impending change of ownership. The notice to the department shall be in the form of an application for license pursuant to these rules which must be approved by the department before the permit is issued to the new owner(s).
- (8) The department may accept proof of deemed status accreditation by an accreditation body or certifying authority recognized and approved by the department to demonstrate compliance with Department's licensure requirements, provided that such certification or

accreditation constitutes compliance with standards that are substantially equivalent to these rules.

Authority: O.C.G.A. §§ 37-3-204, 37-3-205, 37-3-206, 37-3-207, 37-3-209, 37-3-213, 31-2-4, 31-2-7, 31-2-8, 31-7-2.1

111-8-2-.07 Provisional License; Terms

(1) The department may issue a provisional license effective for a period not to exceed ninety (90) days to each applicant who has substantially complied with all requirements for a regular license. Provisional licenses shall be renewed at the discretion of the department only in cases of extreme hardship and in no case for longer than 90 days.

(2) The obligations and conditions of a provisional license shall be the same as those of a regular license except as otherwise provided for in these rules.

Authority: O.C.G.A. §§ 37-3-204, 37-3-205, 37-3-206, 37-3-207, 37-3-208, 37-3-209, 31-2-4, 31-2-7, 31-2-8, 31-7-2.1

111-8-2-.08 Admission and Discharge, Care, and Services

(1) Admission Criteria.

(a) Mental Illness. In order to be admitted to a program, a client must meet the definition of a mentally ill person. Mentally ill persons applying for admission and thereafter receiving services from a program are referred to within these rules and regulations as “clients,” or “clients receiving services” or similar designation.

(b) Referral Required. Clients may be admitted to a program only by referral from an inpatient psychiatric hospital that is discharging a patient to a program or following a determination by a licensed psychiatrist that admission is required to provide stabilization, treatment, and care of the condition for which an inpatient admission to a psychiatric hospital is not required.

(c) Length of Stay. Length of stay shall be redetermined on a periodic basis through a mental health evaluation to include treatment goals and progress from the initial admission. Such mental health evaluation shall determine medical necessity for continued stay in the program with a maximum length of stay of six (6) months unless a client case waiver is approved by the department.

(2) Admission Agreement. Each ARMHP must utilize a written admission agreement signed by an individual with authority to bind the program and the client receiving services. The admission agreement must meet the following minimum requirements:

(a) The admission agreement is written in plain and understandable language and is consistent with the information contained in the client's clinical record.

(b) Contain a current statement of all fees and daily, weekly or monthly charges; the services covered by those basic fees and any other services which the program provides on an additional fee basis.

(c) Contain a statement that clients and their representatives or legal surrogates shall be informed, in writing, at least 30 days prior to any increase in established charges related to the provision of personal services and at least 60 days prior to any increase in charges for room and board.

(d) Contain provisions regarding the administrator's continuous assessment of the client's needs, referral for appropriate services as may be required if the client's condition changes and referral for transfer or discharge if required due to a change in the client's condition.

(e) Contain a description of how the program responds to formal complaints received from clients and their representatives and how to file a complaint within the program.

(f) Contain provisions regarding transportation of clients for shopping, recreation, rehabilitation, medical services. Such transportation service may be provided by the program as either a basic service or on a reimbursement basis, with transportation for emergency use available at all times.

(g) Contain provisions regarding the program's refund policy when a client dies, is transferred or discharged.

(h) Contain a statement that a client may not be required to perform services for the program.

(i) Contain the program policies and procedures for clients receiving treatment.

(j) Contain disclosures of how and by what level of staff medications are handled in the program. The agreement must also specify who is responsible for initial acquisition and refilling of prescribed medications utilizing unit or multidose packaging for the client. Either this responsibility will remain with the client, representative or legal surrogate, if any, or be assigned to the program operating through the administrator.

(k) The program must provide each client, representative or legal surrogate with an opportunity to read the complete agreement prior to the execution of the admissions agreement. In the event that a client, representative or legal surrogate is unable to read the agreement, the administrator or a manager must take steps to assure communication of the contents of the admission agreement to be signed. Each client, representative, or legal surrogate must be given an opportunity to ask questions prior to signing the admission agreement. The administrator or a

manager must be present prior to execution to answer any questions regarding the admissions agreement.

(l) The program must provide the client and representative or legal surrogate, if any, with a signed copy of the agreement. A copy signed by both parties (client and administrator or on-site manager) must be retained in the client's file and maintained by the administrator of the program.

(m) The program must not use a written admission agreement, or any other written agreement signed by the client or the client's legal representative, which waives or attempts to waive any of the client's rights these rules protect. Any such provision of an admission agreement purporting to waive these rules is void.

(3) Nursing Assessment and Physical Examination. All clients shall be given a nursing assessment and physical examination as soon as possible but no more than 48 hours after admission to a program. The physical examination shall include a complete medical history and documentation of significant medical problems. It must contain specific descriptive terms and not the phrase, "within normal limits," or similar statement. If the client received a physical examination at an inpatient psychiatric hospital or from a psychiatrist within 72 hours prior to admission to the program, no further physical examination will be necessary unless clinically indicated or if the physical examination does not meet the requirements of this section. General findings must be written in the client's clinical record within 48 hours.

(4) Emotional and Behavioral Assessment. Upon admission to a program and on a monthly basis thereafter, an emotional and behavioral assessment shall be completed and entered into the client's clinical record. The assessment shall be made by a mental health professional. If the client received an assessment at a crisis stabilization unit or an inpatient acute care or psychiatric hospital prior to discharge to the program, another assessment is not

required unless clinically indicated, the assessment does not meet the requirements of this section, or the assessment occurred more than 7 days prior to admission to the program. The assessment shall include the following:

(a) A history of previous emotional, behavioral, and substance abuse problems and treatment.

(b) An initial social assessment shall be completed upon a client's admission which must include a determination of the need for participation of family members or significant others in the client's treatment; the social, peer group, and environmental setting from which the client comes; family circumstances; current living situation; employment history; social, ethnic, cultural factors; and childhood history. Additionally, a comprehensive assessment shall be conducted within thirty days of admission by a licensed or certified staff member and reviewed by the program's multidisciplinary team and signed by a licensed or certified supervisor.

(c) A direct psychiatric evaluation of each client shall be completed by a physician or psychiatrist upon admission to include a mental status examination which includes detailed behavioral descriptions, including symptoms (not summary conclusions), and concise evaluation of cognitive functioning. A diagnosis, made by the physician or psychiatrist in accordance with the current edition of the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders shall be recorded in the client's clinical record.

(d) Specifications of the behaviors that will be demonstrated in order for the client to return to a less restrictive setting and recommended intervention strategies.

(e) When indicated, the assessment shall also include intellectual, projective, and personality testing, and other

functional evaluations of language, self-care, and social-affective and visual-motor functioning.

(f) A determination of medical necessity for continued stay in the program and treatment goals and progression.

(5) Medical Care.

(a) The program shall adopt medical care policies and procedures regarding medical care applicable to all types of mental health professionals at the program which have been approved by the medical director. The policies and procedures for medical care shall include the procedures that may be initiated by a registered nurse in order to alleviate a life-threatening situation. Medication or medical treatment shall be administered by a mental health professional with appropriate authorization and qualification, and orders for medications and treatments shall be written and signed by the physician or psychiatrist.

(b) There shall be no standing orders for any medication used primarily for the treatment of mental illness.

(c) All oral orders shall be received and recorded immediately only by a nurse with the physician's or psychiatrist's name and signed by the physician or psychiatrist within 24 hours. Such orders shall include a progress note that an order was made orally, the content of the order, justification, time, date and completion of medication reconciliation.

(d) Upon admission and as additional medication or treatment is prescribed or discontinued, the nurse, physician, psychiatrist, or other qualified staff member shall reconcile the client's medication.

(6) Treatment Plans. The program shall work with the client to develop a treatment plan which has objectives and action steps written for the client in behavioral terms. The objectives shall be related directly to one or more goals in the client's treatment plan. The treatment plan shall be initiated with documented input from the client receiving services and signed by the responsible

physician or psychiatrist or other mental health professional privileged by policies and procedures within 48 hours of admission. The treatment plan shall be fully developed within 10 days of admission and must contain short-term treatment objectives stated in behavioral terms, relative to the long-term view and goals in the treatment plan, and a description of the type and frequency of services to be provided in relation to treatment objectives. The plan shall be reviewed with the client and updated at least every 30 days. A copy of the plan shall be signed by and provided to the client. A new aftercare plan shall be developed with and shared with the client prior to discharge from the program.

(7) Previous Record. For clients who enter the program following discharge from an inpatient psychiatric hospital, the previously completed intake interview, physical examination, medication log, progress notes, discharge or aftercare plan, and forms required for admission to the program attended by the client shall be made a part of the program clinical record.

(8) Required ARMHP Services.

(a) Services. Each ARMHP shall provide the following services on a 24-hour-a-day, 7-day-a-week basis:

1. Twenty-four hour per day supervision;
2. Client, group, and family counseling services directed toward alleviating the symptomatic behavior which required admission to a program
3. Medical and psychiatric treatment provided by a licensed physician or psychiatrist;
4. Social and recreational activities, inside and outside the context of the program;

5. Referral arrangements with crisis stabilization units, other psychiatric treatment facilities, and hospital emergency services, which include but are not limited to, a written process and adequate staff to facilitate transfer of a client to such facilities and referral to less restrictive, nonresidential treatment services, when appropriate, and

6. Provision of or access to transportation in order to accomplish emergent and non-emergent transfers and to meet the service needs of clients served.

(b) Optional Services. A program may provide therapeutic modalities and complementary services beneficial to the treatment of and supports for adult mentally ill persons, as determined by the Medical Director. Notwithstanding the foregoing, such services may only be provided to a client upon the express written consent of the client or legal surrogate.

(c) Routine Activities. Basic routine activities for clients admitted to a program shall be delineated in program policies and procedures which shall be available to all staff. The daily activities shall be planned to provide a consistent, well structured, yet flexible, framework for daily living and shall be periodically reviewed and revised as the needs of clients or the group change. Basic daily routine shall be coordinated with special requirements of each treatment plan. A schedule of daily activities shall be posted or otherwise available to all clients receiving services.

(d) Laboratory Services.

1. Requirement. Every ARMHP shall provide or contract for certified laboratory services commensurate with the client's needs.

(i) Emergency. Provision shall be made for the availability of emergency licensed laboratory services on a 24-hour-a-day, 7-day-a-week basis including holidays.

(ii) Orders. All laboratory tests and services shall be ordered by a mental health professional pursuant to authority granted by his or her scope of license.

(iii) Record. All laboratory reports shall be filed in the client's clinical record.

(iv) Specimens. Each ARMHP shall have written policies and procedures governing the collection, preservation, and transportation of specimens to ensure adequate stability of specimens.

2. Contracts. Where the program depends on an outside laboratory for services, there shall be a written contract detailing the conditions, procedures, and availability of work performed. The contract shall be reviewed and approved by the program director or administrator.

(e) Discharge and Continuity of Care.

1. Discharge Preparation. Prior to discharge from the program, the staff shall work with the client and, with the client's written consent, shall work with the client's support system including family, friends, employers, and case manager, as appropriate, to ensure that all efforts are made to prepare the client for returning to a less restrictive setting.

2. Referral Services. All ARMHP facilities shall develop and maintain written referral agreements with licensed general or psychiatric hospitals. Such agreements shall ensure that referred clients are admitted as soon as necessary.

3. Discharge Summary. The discharge summary shall include the initial formulation and diagnosis, clinical summary, final formulation, and final primary and secondary diagnoses, the psychiatric and physical categories. The final formulation shall reflect the general observations and

understanding of the client's condition initially, during appraisal of the fundamental needs of the client. All relevant discharge diagnoses should be recorded and coded in the standard nomenclature of the current "Diagnostic and Statistical Manual of Mental Disorders," published by the American Psychiatric Association, and the latest edition of the "International Classification of Diseases," regardless of the use of other additional classification systems. Records of discharged clients shall be completed following discharge within a reasonable length of time, and not to exceed fifteen (15) days. In the event of death, a summation statement shall be added to the record either as a final progress note or as a separate statement. This final note shall take the form of a discharge summary and shall include circumstances leading to death. All discharge summaries must be signed by a physician who treated the client.

Authority: O.C.G.A. §§ 37-3-204, 37-3-205, 31-2-4, 31-2-7, 31-2-8, 31-7-2.1

111-8-2-.09 Minimum Building and Functional Design Standards

(1) Required Approvals.

(a) A program shall be in compliance with all applicable local health, sanitation, building, and zoning requirements.

(b) A program shall be in compliance with all applicable laws and rules issued by the state fire marshal, the proper local fire marshal or state inspector, and shall have a certificate of occupancy if required.

(2) The program shall make reasonable efforts to ensure that the building and equipment are designed, constructed, and utilized in the interests of the safety and health of clients and staff members and in a manner that minimizes the risks of self-harm and injury. All buildings and

grounds shall be constructed and maintained in a safe manner and in accordance with these rules.

(3) A program shall have appropriate and sufficient space to meet the programmatic needs of its clients and carry out the program's array of services. Such space shall include areas conducive to privacy for counseling and group activities, reception/waiting areas, and bathrooms which assure privacy for collection of urine specimens.

(4) Nurses' Station.

(a) The nurses' station shall be positioned so that the unit may be under constant surveillance. Charting and records areas shall be located in the rear of the nurses' station, and not in a separate area, so that staff on duty can readily observe the client areas.

(b) The maximum number of beds which may be served by a common nurses' station in co-located units is thirty (30).

(c) The nurses' station shall have necessary electronic assistance such as camera monitors, intercoms and remote access controls to monitor activity in more remote areas where clients may become isolated. Areas warranting visual and auditory monitoring shall include remote entrance or egress doors, isolated hallways, after hours law enforcement entrance, emergency screening area, and outdoor recreational spaces.

(5) Medication Room. The medication room shall be located near the nurses' station. The medication room shall have a sink, refrigerator, locked storage, and facilities for dispensing medication. Security against unauthorized access must be ensured. The refrigerator shall store medications and clean materials only.

(6) Sleeping Areas.

(a) For programs initially licensed or expanded after the effective date of this rule, sleeping areas shall contain not less than 60 square feet of useable floor space per client in multiple use bedroom and not less than 100 square feet of useable space in single bedrooms.

(b) Each client shall be provided with his or her own personal space and furnishings for storage of clothes and personal belongings.

(c) Each client shall be provided with his or her own personal bed and mattress. Clean sheets, pillows, and pillowcases, blankets or bed covering shall be provided and sheets and pillowcases shall be changed as needed, but at least weekly.

(d) Bedrooms shall be provided with outside ventilation by means of windows, air conditioners, or mechanical ventilation. All rooms that have windows that can be opened without special devices shall have insert window screens and the windows and screens must be in good repair.

(7) Lavatory and Bathing Facilities.

(a) There shall be at least one lavatory (water basin and toilet) with hot and cold water for every six clients or fraction thereof. Lavatories that contain more than one toilet shall contain stalls for client privacy. All lavatories shall be properly ventilated.

(b) There shall be at least one shower or bathtub with hot and cold water for every ten clients or fraction thereof. Bathtubs and shower stalls shall be equipped with non-slip surfaces.

(8) Dining Area. There shall be a separate furnished dining area for serving meals that contains not less than ten square feet of useable floor space for each client being served.

(9) Climate Control and Pest Control. A program shall be maintained at a temperature range of sixty-five degrees Fahrenheit (72 degrees if serving pregnant women) to eighty-two degrees Fahrenheit, depending on the season of the year. An effective pest control system shall be implemented and documentation on file as to actions taken.

(10) Hot and cold running water under pressure shall be readily available in all washing, bathing, food preparation and food handling areas. Hot water in client areas shall be at least 100 degrees Fahrenheit, but not exceed 120 degrees Fahrenheit.

(11) Premises. All grounds, space, and facilities, both those within the program and those regularly used by clients as an integral part of the program, shall be kept clean and free from hazards to health and safety and from litter.

(12) The program shall be designed to provide an outdoor space with secure, controlled access in an environment that makes reasonable efforts to provide privacy for the clients receiving services.

(13) Each ARMHP shall maintain laundry facilities which incorporate a flow-through design in which dirty laundry enters, is sorted, placed in the washer, dried, folded and moved out without crossing clean laundry with dirty laundry. The washing and drying units shall be equipped to sanitize clothes as a preventive measure of infection control.

(14) ARMHP furniture shall be durably constructed for heavy wear and use. Furnishings shall have finishes which are readily cleanable and shall have a flame-resistant rating.

(15) Off-site Residences. Facilities which provide off-site residences as part of the program

must ensure that the residences also meet the above requirements, as well as the staffing ratios in Ga. Comp. R. & Regs. r. 111-8-2-.10(5)(d). The off-site residence must be within reasonable driving distance of the treatment location, not to exceed 5 miles.

Authority: O.C.G.A. §§ 37-3-204, 37-3-205, 31-2-4, 31-2-7, 31-2-8, 31-7-2.1

111-8-2-.10 Staff

(1) Medical Director. Each ARMHP must have a medical director. The medical director must be a psychiatrist who is licensed to practice in this State and who is board certified by the American Board of Psychiatry and Neurology. The medical director is responsible for providing or supervising all psychiatric care and treatment at the program and shall retain responsibility for the range and quality of services provided at the program.

(2) Administrator. Each ARMHP must have an administrator. The administrator is the manager designated by the Governing Body as responsible for the day-to-day management, administration, and supervision of the program, who may also serve as the on-site manager and responsible staff person except during periods of his or her own absence. During such times of temporary absence, the administrator shall designate a responsible person to be in charge of the program.

(3) ARMHPs must designate a Food Service Manager. Such person shall be responsible for managing the preparation of meals and must enforce safe food handling practices which address basic food safety, hygiene, cross contamination, time and temperature requirements, and sanitation with staff and clients.

(4) Minimum Required Staffing. The program must provide sufficient trained staff to meet the health and safety needs of the

clients. At a minimum, each ARMHP shall have the following clients on staff:

- (a) Psychiatrist, or other physician when the psychiatrist is unavailable.
- (b) Registered professional nurse or advanced practice nurse practitioner.
- (c) Clinical case management staff to facilitate care and safe discharge planning.
- (d) Mental health technicians or similarly trained paraprofessionals or certified peer specialists.

(5) Minimum Staffing Hours.

(a) The medical director must be physically present at the program on a regular basis sufficient to maintain professional responsibility for the provision of mental health services at the program.

(b) An on-site manager must be physically present at the program at all times the program is operational. The administrator may serve as an on-site manager.

(c) A physician or qualified mental health professional must be available for client consultation at all times the program is operational.

(d) Each program must maintain a staffing ratio of not less than 1 trained staff person (mental health professional, nurse, paraprofessional or certified peer specialist) for every 12 clients at all times the program is operational.

(6) Staff subject to professional practice acts must be in compliance with the Georgia practice acts applicable to each respective professional practice.

(7) All staff are required to comply with the Georgia codes of ethics which govern their respective practices.

(8) The medical responsibility for each client will be vested in a licensed physician who oversees all medical services provided by the program.

(9) Counseling services are provided by program staff qualified by education, training, and experience to provide mental health counseling and who are licensed/certified if required by Georgia practice acts applicable to each respective professional practice.

(10) Staff Training and Orientation. Prior to working with clients, all staff who provide treatment and services shall be oriented in accordance with these rules and shall thereafter receive additional training in accordance with these rules.

(a) Orientation shall include instruction in:

1. The program's written policies and procedures regarding its program purpose and description; client rights, responsibilities, and complaints; confidentiality; and other policies and procedures that are relevant to the staff member's range of duties and responsibilities, including the use of universal precautions for infection control, use of behavior management and emergency safety interventions, and information about HIV/AIDS;

2. The staff member's assigned duties and responsibilities; and

3. Reporting client progress and problems to supervisory personnel and procedures for handling medical emergencies or other incidents that affect the delivery of treatment or services.

4. Additional training shall be provided annually for each staff member who provides treatment services to clients. Such training shall be in subjects that relate to the staff member's assigned duties and responsibilities and include a minimum of twenty (20) clock hours.

Authority: O.C.G.A. §§ 37-3-204, 37-3-205, 31-2-4, 31-2-7, 31-2-8, 31-7-2.1

111-8-2-.11 Criminal Background Checks

(1) The Rules and Regulations for Criminal Background Checks located at Ga. Comp. R. & Regs. r. 111-8-12-.01 et seq. are incorporated herein by reference and such Rules and regulations are applicable to all governing body members, applicants, administrators, on-site managers, and other staff.

(2) A records check application shall be required for each governing body member and applicant upon application for a license or provisional license and upon a change of ownership.

(3) A records check application shall be required for each administrator, on-site manager, and direct care staff member upon application for employment or prior to placement in the position.

Authority: O.C.G.A. §§ 37-3-204, 37-3-205, 31-2-4, 31-2-7, 31-2-8, 31-7-2.1

111-8-2-.12 Medication

(1) Self-Administration of Medications. Subject to discretion of the Medical Director, Clients who have the capacity to self-administer medications safely and independently without staff assistance or supervision must be allowed to store their own medications securely and self-administer medications if they so

desire. Notwithstanding the foregoing, all controlled substances must be administered and stored by the program.

(2) Program's Administration of Medications. Where the clients are not capable of self-administration of medications, the program must provide medication administration services to the clients in accordance with physicians' orders, the needs of the clients and these rules. Such medications must be dispensed in accordance with Georgia law.

(3) Maintaining Records on Medication Assistance and Administration. Where the program administers medications to clients, the program must maintain a daily Medication Assistance Record (MAR) for each client receiving such service.

(a) The MAR must include the name of the specific client, any known allergies, the name and telephone number of the client's health care provider, the name, strength, route of administration and specific directions, including a summary of severe side effects and adverse reactions for use of each medication, and a chart for staff who provide assistance or administration to record initials, time and date when medications are taken, refused or a medication error is identified (e.g. missed dosage).

(b) The staff providing the assistance or administration of medications must update the MAR each time the medication is offered or taken.

(c) The program must make medication information concerning the descriptions of medication, dosing, side effects, adverse reactions and contraindications for each medication being administered to the clients immediately available for reference by staff providing medication assistance or administration.

(d) Staff providing assistance with or administration of medications must document in the client's record any unusual

reactions to the medications and provide such information to the client, the client's representative and the health care provider as appropriate.

(e) Refills of prescribed medications must be obtained timely so that there is no interruption in the routine dosing. Where the program is provided with a new medication for the client, the MAR must be modified to reflect the addition of the new medication within 48 hours or sooner if the prescribing physician, advance practice registered nurse or physician assistant indicates that the medication change must be made immediately. In ARMHPs, where unit or multi-dose packaging is not available for immediate changes in medications, unit or multi-dose packaging of the medication must be obtained when the prescription is refilled.

(4) Orders Required for All Medications. A program must not allow its staff to administer medications, including over-the-counter medications, unless there is a physician, advance practice registered nurse or physician assistant's order or individualized prescription bottle, specifying clear instructions for its use on file for the client.

(5) Timely Management of Medication Procurement. The program must obtain new prescriptions within 48 hours of receipt of notice of the prescription or sooner if the prescribing physician indicates that a medication change must be made immediately. If the pharmacy does not have the medication needed for the immediate change available and has not obtained further directions from the physician, the program must notify the physician of the unavailability of the prescription and request direction.

(6) Storage of Medications.

(a) Storage of medications must be maintained in accordance with guidelines established by the United States Drug Enforcement Administration and the Georgia Board of Pharmacy.

(b) The program is responsible for having an effective system to manage the medications it receives including storing medications under lock and key, or other secure system to prevent unauthorized access, at all times, whether kept by a client or kept by the program for the client, except when required to be kept by a client on his or her person due to need for frequent or emergency use, as determined by the client's physician, advance practice registered nurse or physician assistant, or when closely attended by a staff member. Additionally, for controlled substances, the secure storage must be a locked cabinet or box of substantial construction and a log must be maintained and updated daily by the program to account for all inventory.

(c) Medication kept by a client may be stored in the client's bedroom, in a locked cabinet or other locked storage container. Single occupancy bedrooms which are kept locked at all times are acceptable. Duplicate keys for the client's locked storage container and room must be available to the client and the administrator, on-site manager or designated staff.

(d) Medications must be kept in original containers with original labels intact.

(e) A program may stock over-the-counter medications such as aspirin or acetaminophen for the convenience of clients who have PRN (as needed) orders for the specific medication and dosage. However, where the client takes an over-the-counter medication daily as prescribed in a written order by a licensed physician, nurse practitioner or physician assistant, such as vitamins or low-dose aspirins, the client must have a client bottle of the prescribed medication that is kept for the client's usage.

(f) Unused or expired medications must be properly disposed of using the current U.S. Food and Drug Administration or U.S. Environmental Protection Agency guidelines for the specific medications.

Authority: O.C.G.A. §§ 37-3-204, 37-3-205, 31-2-4, 31-2-7, 31-2-8, 31-7-2.1

111-8-2-.13 Food and Nutrition

(1) A program shall provide each client with meals and snacks of groups and serving sizes which meet the nutritional guidelines of the United States Department of Agriculture. Meals and snacks shall be varied daily. Modified diets based on medical or religious reasons shall be served as needed.

(2) If required by the local county board of health, a residential program shall obtain a valid food service permit from the local county board of health. All ARMHPs providing food services shall meet the following requirements:

(a) Food shall be stored, prepared, and maintained in a safe and sanitary manner commensurate with generally accepted and recognized food service standards.

(b) There shall be designated and separate space for food preparation and storage.

(c) All perishable and potentially hazardous foods shall be refrigerated at a temperature of forty-five degrees Fahrenheit unless frozen. Freezer temperatures shall be maintained at zero degrees Fahrenheit or below.

(d) Food shall be in sound condition, free from spoilage and contamination and shall be safe for human consumption when served to clients.

(e) Food service equipment and preparation areas shall be kept clean and free of accumulation of dust, dirt, food particles, and grease deposits.

(f) When non-disposable dishes, glasses, and flatware are used, they shall be properly cleaned by pre-rinsing and scraping, washing, sanitizing, and drying.

(3) Where a program provides food services through contract or arranges for food services, the program shall require that food served be safe for human consumption and that the meals/snacks provided meet the nutritional guidelines of the United States Department of Agriculture.

Authority: O.C.G.A. §§ 37-3-204, 37-3-205, 31-2-4, 31-2-7, 31-2-8, 31-7-2.1

111-8-2-.14 Disaster Preparedness Plan

Each ARMHP shall have a Disaster Preparedness Plan which meets the requirements of Ga. Comp. R. & Regs. r. 111-8-16-.01, et seq.

Authority: O.C.G.A. §§ 37-3-204, 37-3-205, 31-2-4, 31-2-7, 31-2-8, 31-7-2.1

111-8-2-.15 Client Rights and Grievances.

(1) Admission to a program is voluntary. A client, in the absence of a court order, may voluntarily discharge from the program at any time.

(2) The program must ensure that its clients enjoy the rights and responsibilities listed herein:

(a) Each client must receive care, and services which must be adequate, appropriate, and in compliance with applicable federal and state laws and regulations in the least restrictive environment permissible.

(b) Each client shall receive treatment without regard to race, sex, or age.

(c) Each client shall have the right to receive treatment at a program that is clean, safe, and promotes an atmosphere of recovery in support of the client's treatment goals.

(d) The program, its agents or employees, must not punish or harass the client, because of the client's efforts to enforce his or her rights.

(e) Each client must have the right to:

1. Exercise the constitutional rights guaranteed to citizens of this state and this country including, but not limited to, the right to vote.

2. Choose activities and schedules consistent with the program's treatment services and the client's interests and assessments.

(f) Each client may take part in planning his or her own treatment at the program and know the benefits, risks, and/or side effects of all medications and treatments.

(g) Each client must have the right to enjoy privacy in his or her room; program personnel and others must respect this right by knocking on the door before entering the client's room.

(h) Each client has the right to receive and refuse to receive visitors subject to reasonable safety protocols.

(i) Each client must have the right to associate and communicate freely and privately with persons and groups of the

client's choice without being censored by staff subject to the limited exception in Ga. Comp. R. & Regs. r. 111-8-2-.16(d)(8).

(j) Each client must be treated with dignity, kindness, consideration and respect and be given privacy in the provision of personal care. Each client must be accorded privacy and freedom for the use of bathrooms at all hours, while accounting for client safety.

(k) No religious or spiritual belief or practice may be imposed upon any client. Clients must be free to practice their religious beliefs as they choose. Each client must have the right to participate in social, religious, and community activities that do not interfere with the rights of other clients.

(l) Each client has the right to be free from mental, verbal, sexual and physical abuse, neglect and exploitation.

(m) Each client has the right to be free from actual or threatened physical or chemical restraints unless necessary for the protection of the client, other clients or staff. Each client has the right to be free from isolation, corporal or unusual punishment and interference with the daily functions of living, such as eating or sleeping.

(n) Each client has the right to use, keep and control his or her own personal property and possessions in the immediate living quarters, except to the extent a client's use of his or her property would interfere with the safety or health of other clients or pose an immediate and serious safety risk for the client. Each client has the right to reasonable safeguards for the protection and security of his or her personal property and possessions brought into the program.

(o) Each client has a right to send and receive mail and other communications with persons outside the program.

(p) Each client must have access to a telephone and the right to have a private telephone, at the client's own expense. Telephones must be placed in areas to ensure privacy without denying accessibility.

(q) Each client has the right to manage his or her own financial affairs, including the right to keep and spend his or her own money unless that client has been adjudicated incompetent by a court of competent jurisdiction or the client has a legal surrogate handling financial affairs on their behalf.

(r) Each client has the right to receive or reject medical care, dental care, or other services except as required by law or regulations.

(s) Each client has the right to choose and retain the services of a personal physician and any other health care professional or service. No program is permitted to interfere with the client's right to receive from the client's attending physician complete and current information concerning the client's diagnosis, treatment and prognosis. Each client and his or her representative or legal surrogate, if any, has the right to be fully informed about care and of any changes in that care and the right of access to all information in medical records retained in the program.

(t) Each client has the right to fully participate in the planning of his or her care. Case discussion, consultation and examination shall be confidential and conducted discreetly. A person who is not directly involved in the client's care may be present when care is being rendered only if he or she has the client's permission.

(u) Each client shall maintain or have access to their own money and personal effects, with reasonable limitations for safety.

(v) Each client has the right to inspect and make a copy of his or her own treatment records on request consistent with State law. Each client has the right to confidential treatment of personal information in the client file.

(w) Each client who has not been committed to the program by court order or who does not have a representative or legal surrogate with specific written authority to admit, transfer or discharge, may discharge or transfer himself or herself upon notification to the program in conformance with the program's policies and procedures.

(x) Each client has the right to file a complaint with the department concerning care being provided in the program that violates these rules. The program must post the name of the department and the address and telephone number where licensing complaints are received in the common area of the program.

(y) The program shall establish a code of conduct and rights of clients in compliance with program rules and expectations which conforms with governing law and these rules and regulations. Such code of conduct shall set forth a clear and understandable review and disciplinary procedure for clients alleged to have violated the code of conduct. The code of conduct shall include the right to appeal any decision to the administrator. The program code of conduct shall also advise clients of the right to seek assistance from the Office of Disability Services Ombudsman and to report any complaints to the department, alleging violations of these rules and regulations and laws governing the program.

Authority: O.C.G.A. §§ 37-3-204, 37-3-205, 31-2-4, 31-2-7, 31-2-8, 31-7-2.1

111-8-2-.16 Behavior Management and Emergency Safety Interventions

(1) Behavior Management

(a) The program shall develop and implement policies and procedures on behavior management.

(b) Program staff shall be made aware of each client's known or apparent medical and psychological conditions and family history to ensure that the staff have adequate knowledge to deliver safe and healthy care to the client.

(c) Behavior management policies and procedures shall incorporate the following minimum requirements:

1. Behavior management principles and techniques shall be used in accordance with the client treatment plan and written policies and procedures governing service expectations, treatment goals, safety, security, and these rules and regulations.

2. Behavior management shall be limited to the least restrictive appropriate method, as described in the client's treatment plan and in accordance with the prohibitions as specified in these rules and regulations.

(d) Behavior management techniques shall be administered by trained staff and shall be appropriate for the client's age, intelligence, emotional makeup and past experience. The following forms of behavior management shall not be used by program staff with clients receiving services through the program:

1. Assignment of excessive or unreasonable work tasks;
2. Denial of meals and hydration;
3. Denial of sleep;
4. Denial of shelter, clothing, or essential personal needs;
5. Denial of essential program services;

6. Verbal abuse, ridicule, or humiliation;
7. Manual holds, chemical restraints, or mechanical restraints not used appropriately as emergency safety interventions;
8. Denial of communication and visits, except when a temporary peer restriction is implemented based on a clinical assessment as part of the treatment plan;
9. Corporal punishment; and
10. Seclusion or confinement of a client.

(e) Clients shall not be permitted to participate in the behavior management of other clients or to discipline other clients, except as part of an organized therapeutic self-governing program in accordance with accepted standards of clinical practice that is conducted in accordance with written policy and is supervised directly by designated staff.

(f) All forms of behavior management or emergency safety interventions used by staff shall also be documented in case records in order to ensure that such records reflect behavior management problems.

(g) The program shall take appropriate corrective action when the program staff become aware of or observe the use of prohibited forms of behavior management. Documentation of the incident and the corrective action taken by the program shall be maintained in the case records of the client.

(2) Emergency Safety Interventions.

(a) Emergency safety interventions may be used only by staff trained in the proper use of such interventions when it can be reasonably anticipated from a client's behavioral history, that a client may require the use of emergency safety interventions to keep either the client or others safe from immediate physical harm, and less restrictive means of dealing with the injurious

behavior have not proven successful or may subject the client or others to greater risk of injury.

(b) Program staff working with such client shall be trained in emergency safety interventions utilizing a nationally recognized training program in emergency safety interventions which has been approved by the department.

(c) Emergency safety interventions shall not include the use of any restraint or manual hold that would potentially impair the client's ability to breathe or has been determined to be inappropriate for use on a particular client due to a documented medical or psychological condition.

(d) The program shall have written policies and procedures for the use of emergency safety interventions, a copy of which shall be provided to and discussed with each client or legal guardian, if applicable, prior to or at the time of admission. Emergency safety interventions policies and procedures shall include:

1. Provisions for the documentation of an assessment at admission and at each annual exam by the client's physician, a physician's assistant, or a registered nurse with advanced training working under the direction of a physician, or a public health clinic which states that there are no medical issues that would be incompatible with the appropriate use of emergency safety interventions on that client. Such assessment and documentation must be re-evaluated following any significant change in the client's medical condition; and

2. Provisions for the documentation of each use of an emergency safety intervention including:

- (i) Date and description of the precipitating incident;
- (ii) Description of the de-escalation techniques used prior to the emergency safety intervention, if applicable;
- (iii) Environmental considerations;

(iv) Names of staff participating in the emergency safety intervention;

(v) Any witnesses to the precipitating incident and subsequent intervention;

(vi) Exact emergency safety intervention used;

(vii) Beginning and ending time of the intervention;

(viii) Outcome of the intervention;

(ix) Detailed description of any injury arising from the incident or intervention; and

(x) Summary of any medical care provided.

3. Provisions for prohibiting manual hold use by any employee not trained in prevention and use of emergency safety interventions.

(e) Emergency safety interventions may be used to prevent runaways only when the client presents an imminent threat of physical harm to self or others, or as specified in the client treatment plan.

(f) Program staff shall be aware of each client's medical and psychological conditions (e.g. obvious health issues, list of medications, history of physical abuse, etc.), as evidenced by written acknowledgement of such awareness, to ensure that the emergency safety intervention that is utilized does not pose any undue danger to the physical or mental health of the client.

(g) Clients shall not be allowed to participate in the emergency safety intervention of other clients.

(h) Immediately following the conclusion of the emergency safety intervention and hourly thereafter for a period of at least four hours where the client is with a staff member, the client's behavior will be assessed, monitored, and documented to ensure

that the client does not appear to be exhibiting symptoms that would be associated with an injury.

(i) At a minimum, the emergency safety intervention program that is utilized shall include the following:

1. Techniques for de-escalating problem behavior including client and staff debriefings;
2. Appropriate use of emergency safety interventions;
3. Recognizing aggressive behavior that may be related to a medical condition;
4. Awareness of physiological impact of a restraint on the client;
5. Recognizing signs and symptoms of positional and compression asphyxia and restraint associated cardiac arrest;
6. Instructions on how to monitor the breathing, verbal responsiveness, and motor control of a client who is the subject of an emergency safety intervention;
7. Appropriate self-protection techniques;
8. Policies and procedures relating to using manual holds, including the prohibition of any technique that would potentially impair a client's ability to breathe;
9. Agency policies and reporting requirements;
10. Alternatives to restraint;
11. Avoiding power struggles;

12. Escape and evasion techniques;
13. Time limits for the use of restraint;
14. Process for obtaining approval for continual restraints;
15. Procedures to address problematic restraints;
16. Documentation;
17. Investigation of injuries and complaints;
18. Monitoring physical signs of distress and obtaining medical assistance; and
19. Legal issues.

(j) Emergency safety intervention training shall be in addition to the annual training required under these rules and shall be documented in the staff member's personnel record.

(k) All actions taken that involve utilizing an emergency safety intervention shall be recorded in the client's case record showing the cause for the emergency safety intervention, the emergency safety intervention used, and, if restraints are needed, approval by the medical director or other physician with responsibility for the diagnosis and treatment of the client's behavior.

(l) Programs shall submit to the department electronically in a format acceptable to the department, within 24 hours whenever the program becomes aware of an incident which results in injury to a client requiring medical treatment beyond first aid that is received by a client as a result of or in connection with any emergency safety intervention.

1. For any program with a licensed capacity of 20 clients or more, any 30-day period in which three or more instances of emergency safety interventions of a specific client occurred and/or whenever the program has had a total of 10 emergency safety interventions for all clients in care within the 30-day period; and

2. For any program with a licensed capacity of less than 20 clients, any 30-day period in which three or more instances of emergency safety interventions of a specific client occurred and/or whenever the program has had a total of five instances for all clients in care within the 30-day period.

(m) Programs shall submit a written report to the program's medical director on the use of any emergency safety intervention immediately after the conclusion of the intervention and, if the client has an assigned legal guardian, shall further notify the client's legal guardian regarding the use of the intervention. A copy of such report shall be maintained in the client's file.

(n) At least once per quarter, the program, utilizing a master agency restraint log and the client's case record, shall review the use of all emergency safety interventions for each client and staff member, including the type of intervention used and the length of time of each use, to determine whether there was a clinical basis for the intervention, whether the use of the emergency safety intervention was warranted, whether any alternatives were considered or employed, the effectiveness of the intervention or alternative, and the need for additional training. Written documentation of all such reviews shall be maintained. Where the program identifies opportunities for improvement as a result of such reviews or otherwise, the program shall implement these changes through an effective quality improvement plan.

(o) All program staff who may be involved in the use of emergency safety interventions shall have evidence of having

satisfactorily completed a nationally recognized training program for emergency safety interventions to protect clients and others from injury, which has been approved by the department and taught by an appropriately certified trainer in such program.

(p) Manual Holds.

1. Emergency safety interventions utilizing manual holds require at least one trained staff member to carry out the hold. Emergency safety interventions utilizing prone restraints require at least two trained staff members to carry out the hold.

2. Emergency safety interventions shall not include the use of any restraint or manual hold that would potentially impair the client's ability to breathe or has been determined to be inappropriate for use on a particular client due to a documented medical or psychological condition.

3. When a manual hold is used upon any client whose primary mode of communication is sign language, the client shall be permitted to have his or her hands free from restraint for brief periods during the intervention, except when such freedom may result in physical harm to the client or others.

4. If the use of a manual hold exceeds 15 consecutive minutes, the medical director or his or her designee who has been fully trained in the program's emergency safety intervention plan, shall be contacted for an evaluation of whether the continuation of the manual hold is appropriate under the circumstances. Documentation of any consultations and outcomes shall be maintained for each application of a manual hold that exceeds 15 minutes. Manual holds shall not be permitted to continue if the restraint is determined to pose an undue risk to the client's health given the client's physical or mental condition.

5. A manual hold may not continue for more than 30 minutes at any one time without the consultation as specified in subparagraph (4) of this subparagraph, and under no

circumstances may a manual hold be used for more than one hour total within a 24-hour period.

6. If the use of a manual hold on a client reaches a total of one hour within a 24-hour period, the staff shall reconsider alternative treatment strategies, document same, and consider notifying the authorities or transporting the client to a hospital for evaluation.

7. The client's breathing, verbal responsiveness, and motor control shall be continuously monitored during any manual hold. Written summaries of the monitoring by a trained staff member not currently directly involved in the manual hold shall be recorded every 15 minutes during the duration of the restraint. If only one trained staff member is involved in the restraint and no other staff member is available, written summaries of the monitoring of the manual hold shall be recorded as soon as is practicable, but no later than one hour after the conclusion of the restraint.

111-8-2-.17 Record Maintenance and Confidentiality Requirements

(1) ARMHPs must maintain all records of any individual seeking treatment at the program for the required duration applicable to the types of records set forth in applicable law and regulation. In the absence of such laws and regulations, the program must maintain such records for a minimum of ten (10) years following the discharge of the client from the program.

(2) The records and name of any individual who seeks or obtains treatment, therapeutic advice, or counsel from any ARMHP shall be confidential and shall not be revealed except to the extent authorized in writing by the individual or the individual's guardian or custodian, to the extent required by applicable law, court order, and as necessary for the department to conduct its regulatory oversight functions; furthermore, any communication by such client to a staff member of a program shall be deemed confidential; provided, however, that, except for matters privileged

under other laws of this state, the records of such individual and information about such individual shall be produced in response to a valid court order of any court of competent jurisdiction after a full and fair show-cause hearing and in response to a Departmental request for access for licensing purposes when such request is accompanied by a written statement that no record of client identifying information will be made. The protections in this Rule and other provisions of state or federal law or regulation of any client's identity or communications to the staff of any ARMHP shall not prohibit the use of de-identified data relating to such clients for clinical or programmatic research or education or in presentations about the programs offered by a licensee under these Rules. Subject to and in compliance with the limitations of any state or federal privacy laws or regulations, the department may require at reasonable intervals, and each licensee shall furnish, copies of summary records of each individual treated or advised pursuant to a program.

Authority: O.C.G.A. §§ 37-3-204, 37-3-205, 37-3-212, 31-2-4, 31-2-7, 31-2-8, 31-7-2.1

111-8-2-.18 Incident Reports

(1) The staff of the program must contact the local police department with jurisdiction over the program to report any missing client from the program within 30 minutes of the staff receiving actual knowledge that such person is missing from the program.

(2) The staff of the program must immediately contact the local police department with jurisdiction over the program when it is determined that a client poses a clear and present danger to any client within the program, its staff, and/or the general public.

(3) Whenever a serious incident (as designated herein) involving a client occurs, the program must report in a format acceptable to the department either within 24 hours after the incident has occurred, or the program has reasonable cause to

believe that a reportable incident involving a client has occurred. The serious incidents that must be reported to the department include the following:

- (a) any death of a client seeking treatment at the program;
- (b) any serious injury to a client that requires medical attention;
- (c) any injury to a client that requires medical attention beyond first aid that is received by the client as a result of or in connection with any emergency safety intervention;
- (d) any client that is missing from the program without notice of voluntary discharge;
- (e) any rape, assault, any battery of a client;
- (f) an external disaster or other emergency situation that affects the continued safe operation of the program;
- (g) when an owner, director or employee acquires a criminal record; and
- (h) when the program staff determines that a client poses a clear and present danger to any client within the program, its staff, and/or the general public.

(4) The incident report required by these rules must be filed with the department and must include at least:

- (a) the name of the program and the name of the administrator;

- (b) the date of the incident and the date the program became aware of the incident;
- (c) the type of incident suspected, with a brief description of the incident; and
- (d) any immediate corrective or preventative action taken by the program to ensure against the replication of the incident.

Upon receipt of the incident report, the department may request additional information from the program and/or initiate a complaint investigation of the incident.

Authority: O.C.G.A. §§ 37-3-204, 37-3-205, 31-2-4, 31-2-7, 31-2-8, 31-7-2.1

111-8-2-.19 Enforcement of Licensing Requirements

(1) A program that fails to comply with licensing requirements contained in these rules and the Rules and Regulations for General Licensing and Enforcement Requirements, Ga. Comp. R. & Regs. r. 111-8-25, is subject to civil and administrative actions brought by the department to enforce licensing requirements as provided by law and rules. Such actions will be initiated in compliance with the Georgia Administrative Procedures Act, O.C.G.A. § 50-13-1 et seq., O.C.G.A. § 31-2-8, and the Rules and Regulations for General Licensing and Enforcement Requirements, Ga. Comp. R. & Regs. r. 111-8-25-.01 et seq.

(2) The department is authorized to fine an applicant or licensee, and/or deny, suspend, or revoke a license issued under these Rules for a violation of O.C.G.A. § 37-3-200 et seq. or a rule or regulation adopted under O.C.G.A. § 37-3-200 et seq. or to take other disciplinary actions against licensees as provided in Code Section 31-2-8 and the Rules and Regulations for General

Licensing and Enforcement Requirements, Ga. Comp. R. & Regs. r. 111-8-25.

(3) The denial, suspension, or revocation of a license by the department shall be a contested case for purposes of Chapter 13 of Title 50, the “Georgia Administrative Procedure Act.”

Authority: O.C.G.A. §§ 37-3-204, 37-3-205, 37-3-211, 31-2-4, 31-2-7, 31-2-8, 31-7-2.1

111-8-2-.20 Inspections

(1) The department shall conduct periodic on-site inspection of each ARMHP. Such inspection shall include, but shall not be limited to, the premises, staff, clients, and documents pertinent to the continued licensing of such ARMHP so that the department may determine whether a program or governing body is operating in compliance with all applicable laws and regulations. Each licensee shall permit authorized Department representatives to enter upon and inspect any and all premises upon or in which a program is to be conducted, for which a license has been applied, or for which a license has been issued so that verification of compliance with all relevant laws or regulations can be made.

(2) If violations of these licensing rules are identified from an inspection, the program will be given a written report of the violation that identifies the rules violated. The program shall submit to the department a written plan of correction in response to the report of violation, which states what the program will do, and when, to correct each of the violations identified. The program may offer an explanation or dispute the findings or violations in the written plan of correction, so long as an acceptable plan of correction is submitted within ten (10) days of the program's receipt of the written report of inspection. If the initial plan of correction is unacceptable to the department, the program will be provided with at least one (1) opportunity to revise the unacceptable plan of correction. Failure to submit an acceptable

plan of correction may result in the department commencing enforcement procedures. The program shall comply with its plan of correction.

Authority: O.C.G.A. §§ 37-3-204, 37-3-205, 37-3-213, 31-2-4, 31-2-7, 31-2-8, 31-7-2.1

111-8-2-.21 Unlicensed Adult Residential Mental Health Programs; Penalties

(1) A program shall be deemed to be an “unlicensed ARMHP” if it does not have a valid ARMHP license and is not exempt from licensure under these Rules and:

- (a) The program is providing services; or
- (b) The program represents itself as an ARMHP.

(2) Any program alleged to be operating as an unlicensed ARMHP shall be assessed by the department, after opportunity for hearing in accordance with the provisions of Chapter 13 of Title 50, the “Georgia Administrative Procedure Act,” a civil penalty in the amount of \$100.00 per bed per day for each day of violation. The department shall send a notice by certified mail or statutory overnight delivery stating that licensure is required and the department’s intent to impose a civil penalty. Such notice shall be deemed to be constructively received on the date of the first attempt to deliver such notice by the United States Postal Service. The department shall take no action to collect such civil penalty until after opportunity for a hearing.

(3) In addition to other remedies available to the department, the civil penalty authorized by subsection (2) of this Rule shall be doubled if the owner or operator continues to operate the unlicensed program, after receipt of notice pursuant to subsection (2) of this Rule.

(4) The owner or operator of an unlicensed ARMHP who is assessed a civil penalty in accordance with this Rule may have review of such civil penalty by appeal to the superior court in the county in which the action arose or to the Superior Court of Fulton County.

(5) Any person who owns or operates a program in violation of this Rule shall be guilty of a misdemeanor for a first violation, unless such violation is in conjunction with a violation of Article 8 of Chapter 5 of Title 16, in which case such person shall be guilty of a felony and, upon conviction, shall be punished by imprisonment for not less than one nor more than five years. Upon conviction for a second or subsequent such violation, such person shall be guilty of a felony and, upon conviction, shall be punished by imprisonment for not less than one nor more than ten years.

Authority: O.C.G.A. §§ 37-3-204, 37-3-205, 37-3-215, 31-2-4, 31-2-7, 31-2-8, 31-7-2.1

111-8-2-.22 Role of Disability Services Ombudsman

The powers of the disability services ombudsman established under O.C.G.A. § 37-2-30, et seq. shall include oversight of clients at a program licensed under these Rules, with all attendant powers and functions specified by law for such ombudsman.

Authority: O.C.G.A. §§ 37-3-204, 37-3-205, 37-3-215, 31-2-4, 31-2-7, 31-2-8, 31-7-2.1

111-8-2-.23 Waivers and Variances

(1) The department may, in its discretion, grant waivers and variances of specific rules upon application or petition being filed by a program. The department may establish conditions which must be met by the program in order to operate under the waiver or variance granted. Waivers and variances may be granted in accordance with the following considerations:

(a) Variance. A variance may be granted by the department upon a showing by the applicant or petitioner that the particular rule or regulation that is the subject of the variance request should not be applied as written because strict application of the rule would cause undue hardship. The applicant or petitioner must also show that adequate standards affording protection for the health, safety and care of the clients exist and will be met in lieu of the exact requirements of the rule or regulations in question.

(b) Waiver. The department may dispense entirely with the enforcement of a rule or regulation upon a showing by the applicant or petitioner that the purpose of the rule or regulation is met through equivalent standards affording equivalent protection for the health, safety and care of clients.

(c) Experimental Variance or Waiver. The department may grant waivers and variances to allow experimentation and demonstration of new and innovative approaches to delivery of services upon a showing by the applicant or petitioner that the intended protections afforded by the rule or regulation which is the subject of the request are met and that the innovative approach has the potential to improve service delivery.

Authority: O.C.G.A. §§ 37-3-204, 37-3-205, 31-2-4, 31-2-7, 31-2-8, 31-7-2.1