

DEPARTMENT OF BEHAVIORAL HEALTH

NOTICE OF FINAL RULEMAKING

The Director of the Department of Behavioral Health (“the Department”), pursuant to the authority set forth in Sections 5113, 5115, 5117 and 5118 of the Department of Behavioral Health Establishment Act of 2013, effective December 24, 2013 (D.C. Law 20-61; D.C. Official Code §§ 7-1141.02, 7-1141.04, 7-1141.06 and 7-1141.07 (2018 Repl.)), hereby gives notice of the adoption of a new of Chapter 80, “Certification Standards for Behavioral Health Stabilization Providers,” to Subtitle A (Mental Health) of Title 22 (Health) of the District of Columbia Municipal Regulations.

The Department, in partnership with the Department of Health Care Finance, submitted a Section 1115 Behavioral Health Transformation Demonstration Program (“demonstration program”) application to the Centers for Medicare and Medicaid Services on June 3, 2019 and received federal approval on November 6, 2019. Under the demonstration program, the District received authority to provide new behavioral health services reimbursed by the Medicaid program between January 1, 2020 and December 31, 2024, including psychiatric stabilization and behavioral health outreach services. To comply with the demonstration program, the Department must establish certification requirements for crisis service providers.

The Notice of Final Rulemaking includes certification requirements for the following stabilization programs: (a) Comprehensive Psychiatric Emergency Program (“CPEP”); (b) Psychiatric Crisis Stabilization Programs; (c) Youth Mobile Crisis; and (d) Adult Mobile Crisis and Behavioral Health Outreach. This rulemaking contains changes from the Second Emergency and Proposed Rulemaking, which are summarized below:

Section Number	Description of Change	Reasoning
8002.6	Updated on-site survey requirements related to initial certification and certification renewal	To align with 22-A DCMR Chapter 63 (Certification Standards for Substance Use Disorder Treatment and Recovery Providers) updates on the same section
8002.8	Deleted language regarding issuance of a Statement of Deficiency (“SOD”) to applicants who fail to demonstrate compliance with certification standards	To align with Chapter 63 updates on the same section
8002.11; 8002.12; 8002.13	Deleted reference to “applicant”	To align with Chapter 63 updates on the same section
8002.14	Deleted reference to Corrective Action Plan (“CAP”)	To correctly reflect that an applicant for certification cannot

		have a CAP, only certified providers seeking recertification
8002.28	Moved language from GENERAL MANAGEMENT AND ADMINISTRATION STANDARDS section	To correctly reflect all elements regarding provider certification renewal under PROVIDER CERTIFICATION PROCESS
8003.3	Added clarifying language that nothing in this chapter requires the Director to issue an SOD or a Notice of Infraction (“NOI”) prior to decertifying a provider and clarified the Department may revoke an exemption at any time if related to health, safety or welfare	To comport with updates to Chapter 63 and Chapter 65
8004.1	Updated requirements for what constitutes good cause to deny the application for certification	To align with Chapter 63 updates on the same section
8004.4	Updated requirements for what constitutes good cause to decertify existing providers	To align with Chapter 63 updates on the same section
8006.3	Removed reference to “Storage and Retention of Records”	To align with Chapter 63 updates on the same section
8007.3	Amended to clarify the Department’s policy on major unusual incidents	To align with Chapter 63 updates on the same section
8007.6 & 8007.7	Removed requirement for a full time program director; amended duties of the clinical director; and added allowance for clinical director to delegate administrative activities to a program director	To properly reflect the Department’s requirements for level of effort association with these positions
8009.5	Added reference to Assertive Community Treatment (“ACT”) providers, Community Based Intervention (“CBI”) providers, and Clubhouse providers	To account for Chapter 34 requirements regarding plan of care responsibility
8009.5	Added requirement that Quality Improvement programs should measure and ensure coordination of care with substance use treatment and recovery providers in addition to Core Service Agencies, when applicable	To account for the care coordination needs of those with substance use disorder
8010.1	Defined “sufficient financial resources”	To align with Chapter 63 updates on the same section
8010.10	Changed business records maintenance requirements from six (6) to ten (10)	To comport with District policy on records retention
8012.1	Removed requirement for programs to document hours and days of operation of each site	To avoid confusion since each program must maintain operations twenty-four (24) hours per day, seven (7) days per week, year round at all certified sites

8014.15	Removed language prohibiting smoking inside a program's facility	To avoid duplication of earlier language prohibiting on-site use of tobacco, alcohol, and drugs
8016.1	Removed reference to transportation "services"	To properly reflect that transportation is not a billable service under this rule
8017.3	Added language clarifying requirements for Certified Food Handlers	To align with Chapter 63 updates on the same section
8019.1	Added citation for District of Columbia Human Rights Act	To align with Chapter 63 updates on the same section
8019.5	Amended language regarding Medicaid beneficiary notice and appeal rights such that these also apply to non-Medicaid consumers	To align with Chapter 63 updates on the same section
8022.5	Amended to reflect that a provider's computer system should create an electronic trail when data is released	To comport with the Department's records expectations
8024.10	Removed language specifying applicability to residential providers only	To reflect the Department's intention that this requirement applies to all Chapter 80 programs, not just psychiatric crisis stabilization providers
8024.12	Deleted language about overnight accommodations for children and youth	To accurately reflect that CPEP and crisis beds are not intended to serve parents with their children
8024.13	Added language regarding fraud, waste, and abuse	To comport with 22-A DCMR Chapter 34 and document expectations regarding fraud, waste, and abuse
8024.14-8024.17	Added language requiring providers to establish a Language Access Policy	To comport with Chapter 34 and document expectations regarding language access
8025.4-8025.21	Moved language from BEHAVIORAL HEALTH STABILIZATION PROGRAMS: GENERAL REQUIREMENTS to CPEP REQUIREMENTS	To more accurately categorize requirements which did not apply to all four Chapter 80 programs
8025.11	Deleted CPEP-specific requirements on language access services	To align with the addition of §§ 8024.14-17 documenting general Language Access Policy expectations for all providers
8025.22-8025.24	Deleted requirements related to CPEP program and clinical directors	To align with general requirements outlined in 8007.6-8007.7
8025.27-8025.28	Amended CPEP minimum staff requirements	To reflect appropriate program staffing needs and bring

		requirements into alignment with CPEP providers in NY and CA
8026.2	Amended the description of psychiatric crisis stabilization programs	To clarify that this program is intended to support individuals in crisis as to prevent acute psychiatric hospitalization
8026.4-8026.27	Moved language from BEHAVIORAL HEALTH STABILIZATION PROGRAMS: GENERAL REQUIREMENTS to PSYCHIATRIC CRISIS STABILIZATION PROGRAM REQUIREMENTS	To more accurately categorize requirements which did not apply to all four Chapter 80 programs
8026.10	Amended to replace “staff bedrooms” with “staff break rooms” and to allow for staff to take breaks in common living areas, if necessary	To reflect more appropriate level of requirement and afford flexibility for the program
8026.27	Amended requirements regarding inventory of personal property and securing any valuables and medications	To clarify the Department’s expectations and ensure that only those items secured by the provider need be documented via written inventory
8026.45 (a)(i)	Amended requirements to allow a program to directly provide the comprehensive health assessment or ensure its completion	To reflect more appropriate level of requirement and afford flexibility for the program
8026.45 (a)(ii)	Amended to require that nurses conduct ongoing (versus daily) assessment of individuals as clinically indicated and if an individual experiences a change in clinical status, the nurse must work with the on-call psychiatrist regarding a change in Plan of Care	To reflect more appropriate level of requirement and afford flexibility for the program
8026.45 (a)(iii)-(v)	Added reference to ACT providers, CBI providers, and Clubhouse providers	To account for Chapter 34 requirements regarding plan of care responsibility
8026.45 (b)(i)	Amended to reduce requirement that psychiatrist is available on-site from twenty (20) to fifteen (15) hours a week	To reflect more appropriate level of requirement and afford flexibility for the program
8026.45 (b)(iii)	Amended to allow psychiatrists to provide ongoing (versus daily) psychiatric management for the duration of an individual’s stay and requires psychiatrists conduct a review of a newly admitted individual’s status after forty-eight (48) hours and then every seventy-two (72) hours thereafter (versus every 48 hours for all individuals), at a minimum, unless there is a	To reflect more appropriate level of requirement and afford flexibility for the program

	change of status that requires more frequent visits	
8026.45 (d)	Replaced “Medication/Somatic Treatment” with “Medication Management” service that requires the program to monitor the side effects, interactions of medication,) and provide individuals education and direction for symptom and medication self-management	To reflect appropriate role for stabilization providers versus those required of Chapter 34 core services agency relative to medication/somatic treatment activities
8026.45 (e)(iii)	Amended to reflect that the psychiatric crisis stabilization provider must only coordinate post-discharge with a mobile crisis and outreach team to provide crisis stabilization services until an individual’s community based treatment begins	To more accurately reflect responsible party for post-discharge care
8027.2	Deleted reference to children	To clarify that children are not eligible for adult mobile crisis and outreach services
8027.5	Clarified that only one (1) DBH-certified officer-agent must participate in completing Application for Emergency Hospitalization (FD-12)	To more accurately reflect FD-12 staffing needs
8027.5	Removed requirement for psychiatrist availability	To more accurately reflect staffing needs of this program
8027.8	Added requirement for providers to establish a Natural Settings policy	Added to comport with Chapter 34 and ensure privacy/confidentiality in non-treatment settings
8027.14	Added language allowing that credentialed staff shall be permitted to provide psychiatric crisis stabilization services under the supervision of an independently licensed practitioner	To more accurately reflect staffing needs of this program, and align with CPEP and psychiatric crisis stabilization programs
8028.3	Clarified that only one (1) DBH-certified officer-agent must participate in completing an FD-12	To more accurately reflect FD-12 staffing needs
8028.3	Added requirement that each team must include at least one (1) independently licensed practitioner	Added to comport with requirement under Adult mobile crisis program
8028.6	Added requirement for providers to establish a Natural Settings policy	Added to comport with Chapter 34 and ensure privacy/confidentiality in non-treatment settings
8028.8	Deleted language disallowing provider from transporting children or youth	To clarify that it is not the Department’s intention to

		disallow providers from transporting children or youth
8028.8(r) and (s)	Added reference to CBI providers	To account for Chapter 34 requirements regarding plan of care responsibility
8028.14	Added language allowing for credentialed staff to provide youth mobile crisis services under the supervision of an independently licensed practitioner	To more accurately reflect staffing needs of this program, and align with CPEP and psychiatric crisis stabilization programs
8030	Added section detailing the services not reimbursable as behavioral health stabilization services	To align with Chapter 34
8099	Added definitions of “full-time,” ACT provider, Clubhouse Provider, and CBI provider	To ensure these terms newly introduced to the 3 rd Emergency and Proposed are defined
8099	Deleted definitions of Adult Substance Abuse Rehabilitative Services (“ASARS”), clinical care coordination, clinical care coordinator, co-occurring disorders, episode, in-service training, and interdisciplinary team	To ensure terms not used in the rule-making do not appear in the definitions
8099	Amended definitions of Core Services Agency and Mental Health Rehabilitation Services	To ensure definitions align with those definitions in other Department rule-makings

In response to the Notice of Emergency and Proposed Rulemaking, the Department received comments from Catholic Charities of the Archdiocese of Washington, So Others Might Eat, and Woodley House, Inc. The comments and any changes are addressed below.

One (1) commenter highlighted that repeated reference to “residential treatment programs” is confusing since that is often how Chapter 63-certified providers of Levels 3.1, 3.3., 3.5, and 3.7 services are referenced. The Department agrees and removed such references throughout the chapter.

Two commenters noted that the requirement for programs to list their hours and days of operation under § 8012.1 is unnecessary since all behavioral health stabilization programs must maintain operations twenty-four (24) hours a day seven (7) days a week year round at all certified sites. The Department agrees and removed the requirement for programs to document hours and days of operation.

A commenter requested that language under § 8024.8 be amended to allow providers to offer overnight accommodations that do not exceed the number of residents in acute psychiatric distress that is clinically indicated. The Department disagrees with this request, as providers are certified by the Department to serve a defined number of individuals in a given facility, which also correlates with the D.C. Department of Consumer and Regulatory Affairs corresponding Certificate of Occupancy for the facility.

Two commenters requested that the Department remove most dietary requirements under §§ 8026.31-8026.42, contending that they are more appropriate for a long-term group home or long-term residential treatment facility than a behavioral health stabilization program and would likely be disruptive to the quality of care. One (1) commenter also noted that behavioral health stabilization residents require flexibility with their diets, and that the structure of the dietary standards are intended for a long-term housing provider whose resident population does not often change. The Department disagrees, as this language establishes important dietary and nutrition standards, and aligns with similar requirements in 22-A DCMR Chapters 38 and 63 while affording individuals flexibility to honor their changing dietary and/or nutritional needs.

Two commenters requested that the Department amend the description of behavioral health stabilization providers as entities that serve those who may otherwise require hospitalization. The Department disagrees with this characterization of providers certified under this rule, and amended the description of psychiatric crisis stabilization programs under § 8026.2 to clarify that this program is intended to support individuals in crisis as to prevent acute psychiatric hospitalization.

A commenter noted that the standards under § 8026.26 requiring providers to inventory individuals' personal property and secure their valuables and medications did not comport with the nature or values of psychiatric crisis stabilization programs. The Department amended this section to clarify its expectations and ensure that only those items secured by the provider must be inventoried.

Two commenters requested that the Department adjust the requirements associated with practitioner-level service necessary to assess, treat, medicate, and stabilize resident reflected in § 8026.44. The Department agrees, and proposes the following changes as reflected in § 8026.44: (1) allow a program to either directly provide the comprehensive health assessment or ensure its completion; (2) require nurses to conduct ongoing (versus daily) assessment of individuals as clinically indicated; (3) reduce on-site psychiatrist availability from twenty (20) to fifteen (15) hours a week; (4) allow psychiatrists to provide ongoing (versus daily) psychiatric management for the duration of an individual's stay; (5) require psychiatrists to conduct an initial review of a newly admitted individual's status after forty-eight (48) hours and every seventy-two (72) hours thereafter (versus every 48 hours for all individuals), at a minimum, unless there is a change of status that requires more frequent visits; and (6) require that the psychiatric crisis stabilization provider only coordinate post-discharge with a mobile crisis and outreach team to provide crisis stabilization services until an individual's community based treatment begins.

A commenter requested clarity about the requirement that youth mobile crisis provider teams be staffed with two (2) individuals per team, and whether such a team can be comprised of only certified peer specialists. The Department clarified § 8028.3 to require youth mobile crisis providers be staffed with two (2) individuals per team. However, only one (1) non-licensed individual must participate in drafting an Application for Emergency Hospitalization (FD-12). One (1) independently licensed practitioner must be a member of each team.

A commenter asked under what circumstances a youth mobile crisis provider team can transport a child. In response, the Department deleted language under what was formerly § 8028.8 that prohibited providers from transporting children or youth.

A commenter asked whether a youth mobile crisis provider must provide and document a follow-up contact with the individual within twenty-four (24) hours of the individual's initial call to the provider if the provider does not deploy to the individual. The Department clarified language under § 8028.8 that follow-up contact is required as clinically indicated.

A Notice of Emergency and Proposed Rulemaking was published in the *D.C. Register* on July 3, 2020 at 67 DCR 008215. On October 16, 2020, a Notice of Second Emergency and Proposed Rulemaking was published in the *D.C. Register* at 67 DCR 012058. The Final Rulemaking was adopted on January 29, 2021 and shall become effective upon publication in the *D.C. Register*.

CHAPTER 80 CERTIFICATION STANDARDS FOR BEHAVIORAL HEALTH STABILIZATION PROVIDERS

- 8000 GENERAL PROVISIONS**
- 8001 ELIGIBILITY FOR BEHAVIORAL HEALTH STABILIZATION SERVICES**
- 8002 PROVIDER CERTIFICATION PROCESS**
- 8003 CERTIFICATION: EXEMPTIONS FROM STANDARDS**
- 8004 DENIAL OR DECERTIFICATION PROCESS**
- 8005 NOTICES OF INFRACTION**
- 8006 CLOSURES AND CONTINUITY OF CARE**
- 8007 GENERAL MANAGEMENT AND ADMINISTRATION STANDARDS**
- 8008 EMPLOYEE CONDUCT**
- 8009 QUALITY IMPROVEMENT**
- 8010 FISCAL MANAGEMENT STANDARDS**
- 8011 ADMINISTRATIVE PRACTICE ETHICS**
- 8012 PROGRAM POLICIES AND PROCEDURES**
- 8013 EMERGENCY PREPAREDNESS PLAN**
- 8014 FACILITIES MANAGEMENT**
- 8015 MEDICATION STORAGE AND ADMINISTRATION STANDARDS**
- 8016 VEHICLE ENVIRONMENTAL AND SAFETY STANDARDS**
- 8017 FOOD AND NUTRITION STANDARDS**
- 8018 PERSONNEL TRAINING STANDARDS**
- 8019 INDIVIDUALS' RIGHTS AND PRIVILEGES, INCLUDING GRIEVANCES**
- 8020 INDIVIDUALS' CHOICE**
- 8021 RECORDS MANAGEMENT AND CONFIDENTIALITY**
- 8022 STORAGE AND RETENTION OF RECORDS**
- 8023 RECORD CONTENTS**
- 8024 BEHAVIORAL HEALTH STABILIZATION PROGRAMS: GENERAL REQUIREMENTS**
- 8025 COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAM (CPEP) REQUIREMENTS**
- 8026 PSYCHIATRIC CRISIS STABILIZATION PROGRAM REQUIREMENTS**
- 8027 ADULT MOBILE CRISIS AND OUTREACH PROGRAMS**

8028 YOUTH MOBILE CRISIS INTERVENTION PROGRAMS
8029 REIMBURSEMENT
8030 NON-REIMBURSABLE SERVICES
8099 DEFINITIONS

8000 GENERAL PROVISIONS

- 8000.1 The Department of Behavioral Health (“Department”) is the Single State Agency responsible for developing and promulgating rules, regulations, and certification standards for mental health and substance use treatment and recovery providers in the District of Columbia (“District”).
- 8000.2 The purpose of this rule is to set forth the requirements for certification as Department-certified behavioral health stabilization providers. Behavioral health stabilization providers are community-based and treat individuals in the District who are experiencing a behavioral health crisis but who do not require hospitalization.
- 8000.3 The provisions of this chapter apply to all behavioral health stabilization programs as defined by this chapter unless stated otherwise.
- 8000.4 Each provider shall meet and adhere to the terms and conditions of its Medicaid Provider Agreement with the Department of Health Care Finance (“DHCF”).
- 8000.5 No person or entity shall own or operate a behavioral health stabilization program that offers or proposes to offer behavioral health stabilization services unless certified by the Department pursuant to this chapter.
- 8000.6 The Department shall issue one (1) certification for each provider that is valid only for the programs stated on the certificate. The certificate is the property of the Department and must be returned upon request by the Department.
- 8000.7 The Department’s staff, upon presentation of proper identification, shall enter the premises of a behavioral health stabilization program to conduct announced or unannounced inspections and investigations.

8001 ELIGIBILITY FOR BEHAVIORAL HEALTH STABILIZATION SERVICES

- 8001.1 Providers certified under this chapter shall provide behavioral health stabilization services to any individual who presents in a behavioral health crisis, regardless of insurance status or ability to pay.
- 8001.2 An individual shall meet the following eligibility requirements to receive Medicaid-funded behavioral health stabilization services:
- (a) Be bona fide residents of the District, as defined in D.C. Official Code § 7-1131.02(29); and

- (b) Be enrolled in Medicaid, or be eligible for enrollment and have an application pending; or
- (c) For new enrollees and those enrollees whose Medicaid eligibility has lapsed:
 - (i) There is an eligibility grace period of ninety (90) calendar days from the date of first service for new enrollees, or from the date of eligibility expiration for enrollees who have a lapse in coverage, until the date the District's Economic Security Administration ("ESA") makes an eligibility or recertification determination.
 - (ii) In the event an individual appeals a denial of eligibility or recertification by the ESA, the Director may extend the ninety (90) calendar day eligibility grace period until the appeal has been exhausted. The ninety (90) calendar day eligibility grace period may also be extended at the discretion of the Director for other good cause shown.
 - (iii) Upon expiration of the eligibility grace period, services provided to the individual are no longer reimbursable by Medicaid. Nothing in this section alters the Department's timely-filing requirements for claim submissions.

8001.3 To qualify for locally-funded services, individuals must not be eligible for Medicaid or Medicare, not be enrolled in any other third-party insurance program except the D.C. HealthCare Alliance, or be enrolled in an insurance program that does not cover medically necessary services. All individuals receiving locally-funded services must also meet the following requirements:

- (a) For individuals eighteen (18) years of age and older, live in households with a countable income of less than two hundred percent (200%) of the Federal poverty level, and for individuals under eighteen (18) years of age, live in households with a countable income of less than three hundred percent (300%) of the Federal poverty level.
- (b) An individual who does not meet the income limits in paragraph (a) above may receive treatment services in accordance with the following requirements:
 - (i) The individual must, within ninety (90) days of enrollment for services, apply to the Department of Human Services Economic Security Administration for certification to verify income; and
 - (ii) The individual may receive treatment services in accordance with rates determined by the Department.

8002 PROVIDER CERTIFICATION PROCESS

- 8002.1 The Department shall utilize the certification process to thoroughly evaluate the applicant's capacity to provide high quality behavioral health stabilization services in accordance with this chapter and the needs of the District's behavioral health system.
- 8002.2 Each applicant seeking certification as a provider shall submit a certification application to the Department. A certified provider seeking renewal of certification shall submit a certification application at least ninety (90) calendar days prior to expiration of its current certification. The certification of a provider that has submitted a timely application for renewal of certification shall continue until the Department renews or denies renewal of the certification application.
- 8002.3 An applicant may apply for certification for one (1) or more of the following program types:
- (a) Comprehensive Psychiatric Emergency Program;
 - (b) Psychiatric Crisis Stabilization Program;
 - (c) Adult Mobile Crisis and Outreach Program; or
 - (d) Youth Mobile Crisis Intervention Program.
- 8002.4 Certification shall be considered terminated if the provider:
- (a) Fails to submit a complete certification application ninety (90) calendar days prior to the expiration date of the current certification;
 - (b) Voluntarily relinquishes certification; or
 - (c) Terminates operations.
- 8002.5 Upon receipt of a certification application, the Department shall review the certification application to determine whether it is complete. If a certification application is incomplete, the Department shall return the incomplete application to the applicant. An incomplete certification application shall not be regarded as a certification application. The Department shall not take further action to issue certification unless a complete certification application is submitted within ninety (90) calendar days prior to the expiration of the applicant's current certification.
- 8002.6 At the time of initial certification and certification renewal, the Department shall conduct an on-site survey of the applicant's facility, services, and activities to determine whether the applicant satisfies all the certification standards in this chapter. The Department shall have access to all records necessary to verify compliance with certification standards and may conduct interviews with staff, others in the community, and individuals served. Nothing in this section shall limit the Department's right to conduct on-site surveys at any other time during the certification period.

- 8002.7 Applicant or provider interference with the on-site survey, submission of false or misleading information, or lack of candor by the applicant or provider shall be grounds for an immediate suspension of any prior certification, or denial of a new certification application.
- 8002.8 A Statement of Deficiency (“SOD”) is a written notice to a provider identifying non-compliance with certification standards. The intent of the SOD is to provide existing certified providers with an opportunity to correct minor deficiencies to avoid decertification and disruption of service.
- 8002.9 When utilized, the SOD shall describe the areas of non-compliance, suggest actions needed to bring operations into compliance with the certification standards, and establish a timeframe of no more than ten (10) business days for the provider’s submission of a written Corrective Action Plan (“CAP”). The issuance of an SOD is a separate process from the issuance of a Notice of Infraction (“NOI”). The Department shall issue NOIs promptly upon observation of violations of this chapter, especially when they are recurrent, endanger individual or staff health or safety or when there is a failure to comply with core requirements of operating a behavioral health stabilization program.
- 8002.10 The Department is not required to utilize the SOD process. The Department may immediately deny certification or re-certification or proceed with decertification.
- 8002.11 A certified provider’s CAP shall describe the actions to be taken and specify a timeframe for correcting the areas of non-compliance. The provider shall submit the CAP to the Department within ten (10) business days after receipt of the SOD from the Department, or sooner if specified in the SOD.
- 8002.12 The Department shall notify the certified provider whether the provider’s CAP is accepted within ten (10) business days after receipt. The Department shall utilize the SOD process at any time to address a certified provider’s violation(s) of this chapter.
- 8002.13 The Department may only issue its renewal after the Department verifies that the certified provider has remediated all of the deficiencies identified in the CAP and meets all the certification standards in this chapter.
- 8002.14 The Department may grant full or provisional certification to an applicant after conducting on-site surveys and reviewing application materials. A determination to grant full certification to a provider or program shall be based on the Department’s review and validation of the information provided in the application, as well as facility inspection findings, CAPs, and the provider or program’s compliance with this chapter.
- 8002.15 The Department may grant provisional certification to a new provider or program that demonstrates substantial compliance with the certification requirements in this chapter and (a) has not previously held any certification issued by the Department or (b) is in the process of securing a facility within the District at the time of application.

- 8002.16 Provisional certification shall not exceed a period of six (6) months and may be renewed only once for an additional period not to exceed ninety (90) calendar days.
- 8002.17 Full Certification as a behavioral health stabilization provider shall be for one (1) calendar year for new applicants and two (2) calendar years for existing providers seeking renewal of certification. Certification shall start from the date of issuance of certification by the Department, subject to the provider's continuous compliance with these certification standards. Certification shall remain in effect until it expires, is renewed or is revoked pursuant to this chapter. The certification shall specify the effective date of the certification, the program(s), and services that the provider is certified to provide.
- 8002.18 The provider shall notify the Department within forty-eight (48) hours of any changes in its operation that affect the provider's continued compliance with these certification standards, including but not limited to changes in ownership or control, changes in service, and changes in its affiliation and referral arrangements.
- 8002.19 Prior to adding a new program during the term of certification, the provider shall submit a certification application describing the program. The Department may certify a provider to provide the new program and its required services after the Department determines that the provider is in compliance with the certification standards under this chapter.
- 8002.20 A provider that applies for certification during an open application period as published in the *District of Columbia Register* may appeal the denial of certification under this subsection by utilizing the procedures contained in § 8004. The Department shall not accept any applications for which a notice of moratorium is published in the *District of Columbia Register*.
- 8002.21 In the event that a certification application is under review while a moratorium is put in place, the Department will continue to process the application for a time period of no more than thirty (30) calendar days. If, after thirty (30) calendar days, the application is deemed incomplete, the provider will be granted ten (10) business days to resolve all items of incompleteness. Any items not resolved or provided by the due date will result in the incomplete application being returned to the applicant. The Department will take no further action to issue certification. The applicant must then wait until the moratorium is lifted to submit any subsequent certification application.
- 8002.22 Nothing in these rules shall be interpreted to mean that certification is a right or an entitlement. New certification as a provider depends upon the Director's assessment of the need for additional providers(s) and availability of funds.
- 8002.23 Certification shall be limited to the applicant granted the certification and shall be limited to the location and programs as indicated on the certificate. Certification is not transferable to any other organization.
- 8002.24 Written notice of any change in the name or ownership of a provider or program owned by an individual, partnership, or association, or in the legal or beneficial ownership of

ten percent (10%) or more of the stock of a corporation that owns or operates a provider or program, shall be given to the Department at least thirty (30) calendar days prior to the change in ownership.

8002.25 The provider shall notify the Department in writing thirty (30) calendar days prior to implementing any of the following operational changes, including all aspects of the operations materially affected by the changes:

- (a) A proposed change in the program's geographic location;
- (b) The proposed addition or deletion of programs and related services, which is anything that would alter or disrupt services where the individual would be impacted by the change, or any change that would affect compliance with this regulation;
- (c) A change in the required staff qualifications for employment;
- (d) A proposed change in organizational structure;
- (e) A proposed change in the population served; or
- (f) A proposed change in program capacity and, for residential programs, a proposed change in bed capacity.

8002.26 A provider shall forward to the Department within thirty (30) calendar days all inspection reports conducted by an oversight body and all corresponding corrective actions taken regarding cited deficiencies.

8002.27 A provider shall immediately report to the Department any criminal allegations involving provider staff or volunteers.

8002.28 Existing behavioral health stabilization programs applying for re-certification shall provide proof of current Basic Business Licenses ("BBL"(s)) issued by the Department of Consumer and Regulatory Affairs ("DCRA") as described in §8007.

8003 CERTIFICATION: EXEMPTIONS FROM STANDARDS

8003.1 Upon good cause shown, including but not limited to a conflict between a certification standard and a provider's third-party contract or agreement, the Department may exempt a provider from a certification standard if the exemption does not jeopardize the health and safety of individuals or staff, violates an individual's rights, or otherwise conflict with the purpose and intent of these rules.

8003.2 If the Department approves an exemption, such exemption shall end on the expiration date of the program certification, or at an earlier date if specified by the Department, unless the provider requests renewal of the exemption prior to expiration of its certificate or the earlier date set by the Department.

8003.3 The Department shall revoke an exemption at any time if it determines that the exemption may jeopardize the health, safety or welfare of the individuals served, staff, volunteers and/or the general public.

8003.4 All requests for an exemption from certification standards must be submitted in writing to the Department.

8004 DENIAL OR DECERTIFICATION PROCESS

8004.1 The Director may deny initial certification if the applicant fails to comply with any certification standard or the application fails to demonstrate the applicant's capacity to deliver high quality behavioral health stabilization services on a sustained and regular basis. Furthermore, to avoid an over concentration of providers in areas with existing providers and to encourage increased access to underserved areas of the District, the Director may deny certification if the applicant proposes to operate a facility in an area already served by one (1) or more providers. The Department's priority shall be to grant certification to applicants that will address unmet needs of the behavioral health system. While applicants may make minor corrections and substitutions to its application during the certification process, evidence of one (1) or more of the following shall constitute good cause to deny the application for certification when the circumstances demonstrate deliberate misrepresentations, organizational instability, or the lack of preparedness or capacity to meet and sustain compliance with this chapter:

- (a) An incomplete application;
- (b) False information provided by applicant or contained in an application;
- (c) One (1) or more changes to an organizational chart during the application process;
- (d) A facility that is inadequate in health, safety, size or configuration to provide services consistent with high quality care and privacy standards;
- (e) The lack of demonstrated experience providing behavioral health stabilization services by the applicant's clinical leadership, practitioners, or staff;
- (f) An applicant's lack of financial resources (e.g., inability to all pay staff, or inability to provide at least ninety (90) days of running capital as dictated by the provider's monthly operating budget, etc.) to carry out its commitments and obligations under this chapter for the foreseeable future;
- (g) An applicant's failure to timely respond to the Department's request for information; and
- (h) History of poor performance.

- 8004.2 Upon written request submitted by the applicant and received by the Department within fifteen (15) business days of the certification denial, the Department shall provide an applicant an impartial administrative review of the decision. The Department shall conduct the administrative review to determine whether the certification denial complied with § 8004.1. Each request for an administrative review shall contain a concise statement of the reason(s) why the certification denial was in error. The Director shall issue a written decision within fifteen (15) business days. The Director's decision is final and not subject to further appeal. An applicant and its principals shall not be allowed to reapply for certification for twelve (12) months following the date of denial.
- 8004.3 An applicant and its executive leadership shall not be allowed to reapply for certification for twelve (12) months following the date of the initial denial or, if applicable, the date of the denial pursuant to the Director's administrative review.
- 8004.4 The Department shall decertify existing providers who fail to comply with the certification requirements contained in this chapter. Evidence of one (1) or more of the following shall constitute good cause to decertify:
- (a) An incomplete recertification application;
 - (b) False information provided by provider or contained in a recertification application;
 - (c) High staff turnover where there are two or more changes made to the leadership staff within a certification period, demonstrating organizational instability;
 - (d) One (1) or more documented violations of the certification standards during the certification period that evidence a provider's lack of capacity to meet and sustain compliance with this chapter;
 - (e) Claims audit error rate in excess of twenty-five percent (25%);
 - (f) A provider's lack of financial resources to carry out its commitments and obligations under this chapter for the foreseeable future; evidenced by an inability to all pay staff, or an inability to provide at least ninety (90) calendar days of running capital as dictated by the provider monthly operating budget; or
 - (g) Failure to cooperate with Department investigations or lack of timely response to information requests.
- 8004.5 Nothing in this chapter requires the Director to issue a SOD or a Notice of Infraction ("NOI") prior to decertifying a provider. If the Director finds that there are grounds for decertification, the Director shall issue a written notice of decertification setting forth the factual basis for the decertification, the effective date, and the provider's right to request an administrative review.

- 8004.6 The provider may request an administrative review from the Director within fifteen (15) business days of the date on the notice of decertification.
- 8004.7 Each request for an administrative review shall contain a concise statement of the reason(s) why the provider asserts that it should not have had its certification revoked and include any relevant supporting documentation.
- 8004.8 Each administrative review shall be conducted by the Director and shall be completed within fifteen (15) business days of the receipt of the provider's request.
- 8004.9 The Director shall issue a written decision and provide a copy to the provider. If the Director denies the appeal and approves the decertification, the provider may request a hearing under the D.C. Administrative Procedure Act, within fifteen (15) business days of the receipt of the Director's written decision. The administrative hearing shall be limited to the issues raised in the administrative review request. The decertification shall be stayed pending resolution of the hearing.
- 8004.10 Upon decertification, the provider and its executive leadership shall not be allowed to reapply for certification for a period of two (2) years following the date of the order of revocation. If a provider reapplies for certification, the provider must reapply in accordance with the established certification standards for the type of services provided and show evidence that the grounds for the revocation have been corrected.

8005 NOTICES OF INFRACTION

- 8005.1 The Department may issue an NOI for any violation of this chapter. The fine amount for any NOI issued under this chapter shall be as follows:
- (a) For the first offense five hundred dollars (\$500.00);
 - (b) For the second offense one thousand dollars (\$1,000.00);
 - (c) For the third offense two thousand dollars (\$2,000.00);
 - (d) For the fourth and subsequent offenses four thousand dollars (\$4,000.00).
- 8005.2 The administrative procedure for the appeal of an NOI issued under this chapter shall be governed by 16 DCMR §§ 3100 *et seq.*

8006 CLOSURES AND CONTINUITY OF CARE

- 8006.1 A provider shall provide written notification to the Department at least ninety (90) calendar days before its impending closure, or immediately upon knowledge of an impending closure less than ninety (90) calendar days in the future. This notification shall include plans for continuity of care and preservation of individuals' records.
- 8006.2 The Department shall review the continuity of care plan and make recommendations to the provider. The plan must include provision for the referral and transfer of

individuals, and for the provision of relevant treatment information, medications, and information to the new provider. The provider shall incorporate all Department recommendations necessary to ensure a safe and orderly transfer of care.

8006.3 Closure does not absolve a provider from its legal responsibilities regarding the preservation and the storage of individual records as described in § 8022 of this chapter and all applicable Federal and District laws and regulations. A provider must take all necessary and appropriate measures to ensure individuals' records are preserved, maintained, and made available to the individuals upon request after closure of a program.

8006.4 A provider shall be responsible for the execution of its continuity of care plan in coordination with the Department.

8007 GENERAL MANAGEMENT AND ADMINISTRATION STANDARDS

8007.1 Each provider shall be a recognized legal entity in the District of Columbia and qualified to conduct business in the District. Evidence of qualification to conduct business includes a BBL and Clean Hands Certification issued by DCRA. The provider shall provide evidence of the BBL and Clean Hands Certification to the Department at certification and recertification.

8007.2 Each provider shall maintain the clinical operations, policies, and procedures described in this section. These operations, policies, and procedures shall be reviewed and approved by the Department during the certification and recertification process.

8007.3 All certified providers shall report to the Department in a form and manner prescribed by the Department's policy on major unusual incidents, including but not limited to abuse or neglect of individuals or any other event that may compromise the health, safety, or welfare of an individual.

8007.4 Each provider shall:

- (a) Comply with all applicable Federal and District laws and regulations; and
- (b) Hire personnel with the necessary qualifications to provide behavioral health stabilization services to meet the needs of individuals in crisis and the standards established in this chapter.

8007.5 All behavioral health stabilization programs shall operate twenty-four (24) hours per day, seven (7) days per week, year-round.

8007.6 Each provider shall have a clinical director responsible for the clinical direction and day-to-day delivery of clinical services provided to individuals of the program(s). The clinical director must be a clinician licensed to practice independently in the District of Columbia. The clinical director must be full-time, and able to supervise other clinical staff.

- 8007.7 The clinical director and/or a program director, depending on the provider needs, shall have authority and responsibility for the administration and day-to-day operation of the program(s).
- 8007.8 The program director shall devote adequate time and authority to ensure that service delivery complies with all applicable standards set forth in this chapter.
- 8007.9 Each provider shall establish and adhere to a Staff Selection Policy for selecting and hiring staff, which shall include but not be limited to:
- (a) Evidence of licensure, certification, or registration, as applicable and as required by the job being performed;
 - (b) Evidence of an appropriate degree, training program, or credentials, such as academic transcripts or a copy of degree;
 - (c) Evidence of all required criminal background checks and child abuse registry checks (for both state of residence and employment). Non-licensed staff shall comply with the criminal background check requirements contained in District Official Code §§ 44-551 *et seq.* and 22-B DCMR §§ 4700 *et seq.*;
 - (d) Evidence of quarterly checks to determine whether an individual should be excluded from participation in a Federal health care program as listed on the Department of Health and Human Services List of Excluded Individuals/Entities or the General Services Administration Excluded Parties List System, or any similar succeeding governmental list; and
 - (e) Evidence of a negative result on a tuberculosis test or medical clearance related to a positive result.
- 8007.10 Each provider shall establish and adhere to written job descriptions for all positions, including at a minimum the role, responsibilities, reporting relationships, and minimum qualifications for each position. The minimum qualifications established for each position shall be appropriate for the scope of responsibility and clinical practice (if any) described for each position.
- 8007.11 Each provider shall establish and adhere to a Performance Review Policy, which shall require a periodic evaluation of clinical and administrative staff performance, an assessment of clinical competence (if appropriate), general organizational work requirements, and key functions as described in the job description. The periodic evaluation shall also include an annual individual development plan for each staff member.
- 8007.12 Each provider shall establish and adhere to a supervision policy to ensure that services are provided according to this chapter and Department policies on supervision and service standards as well as District laws and regulations.

- 8007.13 Each provider shall establish and adhere to a training policy in accordance with § 8018 of this chapter.
- 8007.14 Personnel policies and procedures shall apply to all staff and volunteers and shall include:
- (a) Compliance with Federal and District equal opportunity laws, including the Americans with Disabilities Act (42 USC § 12101) and the D.C. Human Rights Act (D.C. Official Code §§ 2-1401.1 *et seq.*);
 - (b) A current organizational flow chart reflecting each program position and, where applicable, the relationship to the larger program or provider of which the program is a part;
 - (c) Written plans for developing, posting, and maintaining files pertaining to work and leave schedules, time logs, and on-call schedules for each functional unit, to ensure adequate coverage during all hours of operation;
 - (d) A written policy requiring that a designated individual be assigned responsibility for management and oversight of the volunteer program, if volunteers are utilized;
 - (e) A written policy regarding volunteer recruitment, screening, training, supervision, and dismissal for cause, if volunteers are utilized; and
 - (f) Provisions through which the program shall make available to staff a copy of the personnel policies and procedures.
- 8007.15 Providers shall develop and implement procedures that prohibit the possession, use, and distribution of controlled substances and alcohol by staff during their duty hours, unless medically prescribed and used accordingly. Staff possession, use, or distribution of controlled substances or alcohol during off duty hours that affects job performance shall be prohibited. These policies and procedures shall ensure that the provider:
- (a) Provides information about the adverse effects of the non-medical use and abuse of controlled substances and alcohol to all staff;
 - (b) Initiates disciplinary action for the possession, use or distribution of controlled substances or alcohol, which occurs during duty hours or which affects job performance; and
 - (c) Provides information and assistance to any impaired staff member to facilitate his or her recovery.
- 8007.16 The provider shall maintain individual personnel records for each person employed by the provider including, at a minimum, the following:
- (a) A current job description for each person, that is revised as needed;

- (b) Evidence of a negative result on a tuberculosis test or medical clearance related to a positive result;
- (c) Evidence of the education, training, and experience of the individual, and a copy of the current appropriate license, registration, or certification credentials (if any);
- (d) Documentation that written personnel policies were distributed to the employee;
- (e) Notices of official tour of duty: day, evening, night, or rotating shifts; payroll information; and disciplinary records;
- (f) Documentation that the employee has received all health care worker immunizations recommended by the District of Columbia Department of Health; and
- (g) Criminal background checks as required in Title 22-B, District of Columbia Municipal Regulation, §§ 4700 *et seq.* and 22-B DCMR §§ 4700 *et seq.*

8007.17 The provider shall maintain all personnel records during the course of an individual's employment with the provider and for three (3) years following the individual's separation from the provider.

8008 EMPLOYEE CONDUCT

8008.1 All staff shall adhere to ethical standards of behavior in their relationships with individuals as follows:

- (a) Staff shall maintain an ethical and professional relationship with individuals at all times;
- (b) Licensed or certified staff shall adhere to their professional codes of conduct, as required by District licensing laws and regulations;
- (c) Staff shall not enter into dual or conflicting relationships with individuals that might affect professional judgment, therapeutic relationships, or increase the risk of exploitation; and
- (d) The provider shall establish written policies and procedures regarding staff relationships with both current and former individuals that are consistent with this section.

8008.2 No staff, including licensed professionals, support personnel, and volunteers, shall engage in sexual activities or sexual contact with individuals in the program.

- 8008.3 No staff, including licensed professionals, support personnel, and volunteers, shall engage in sexual activities or sexual contact with individuals formerly served by the program.
- 8008.4 No staff, including licensed professionals, support personnel, and volunteers, shall engage in sexual activities or sexual contact with individuals' relatives or other individuals with whom individuals maintain a close personal relationship.
- 8008.5 No staff, including licensed professionals, support personnel, and volunteers, shall provide services to individuals with whom they have had a prior sexual or other significant relationship.
- 8008.6 Staff, including licensed professionals, support personnel, and volunteers, shall only engage in appropriate physical contact with individuals in the program and are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.
- 8008.7 No staff, including licensed professionals, support personnel, and volunteers, shall sexually harass any individual. Sexual harassment includes, but is not limited to, sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

8009 QUALITY IMPROVEMENT

- 8009.1 Each provider shall establish and adhere to policies and procedures governing quality improvement ("Quality Improvement Policy").
- 8009.2 The Quality Improvement Policy shall require the provider to adopt a written quality improvement ("QI") plan describing the objectives and scope of its QI program and require provider staff, individual, and family involvement in the QI program.
- 8009.3 The Department shall review and approve each provider's QI program at a minimum as part of the certification and recertification process. The QI program shall submit data to the Department upon request.
- 8009.4 The QI program shall be directed by a coordinator ("QI Coordinator") who has direct access to the Program Director. In addition to directing the QI program's activities as detailed in § 8009.5, the QI Coordinator shall also review unusual incidents, deaths, and other sentinel events; monitor and review utilization patterns; and track individuals' complaints and grievances. The QI Coordinator shall be:
- (a) A Physician;
 - (b) A Psychologist;
 - (c) A Licensed Independent Clinical Social Worker ("LICSW");
 - (d) An Advanced Practice Registered Nurse ("APRN");

- (e) A Licensed Professional Counselor (“LPC”);
- (f) A Licensed Marriage and Family Therapist (“LMFT”);
- (g) A Registered Nurse (“RN”);
- (h) A Licensed Independent Social Worker (“LISW”);
- (i) A Licensed Graduate Professional Counselor (“LGPC”);
- (j) A Licensed Graduate Social Worker (“LGSW”);
- (k) A Certified Addiction Counselor (“CAC”) I or II;
- (l) A Physician Assistant (“PA”); or
- (m) An individual with a Bachelors’ Degree and a minimum of two (2) years of relevant, qualifying experience, such as experience in behavioral health care delivery or health care quality improvement initiatives.

8009.5 The QI program shall be operational and shall measure and ensure at least the following:

- (a) Easy and timely access and availability of services;
- (b) Close monitoring and review of high volume or repeat utilizers of behavioral health stabilization services;
- (c) Coordination of care with Core Service Agencies (“CSAs”), Assertive Community Treatment (“ACT”) providers, Community Based Intervention (“CBI”) providers, Clubhouse providers, and/or substance use treatment and recovery provider, when applicable;
- (d) Compliance with all certification standards;
- (e) Adequacy, appropriateness, and quality of care for individuals in the program;
- (f) Efficient utilization of resources;
- (g) Individual and family satisfaction with services; and
- (h) Any other indicators that are part of the Department QI program for the larger system.

8009.6 When the provider identifies a significant problem or quality of service issue, the provider shall notify the Department, act to correct the problem or improve the effectiveness of service delivery, or both, and shall assess corrective or supportive actions through continued monitoring.

8010 FISCAL MANAGEMENT STANDARDS

- 8010.1 Applicants or providers that are in financial distress and at risk of imminent closure represent a risk both to individuals served by the Department and the behavioral health system. The Department shall not certify any applicant or re-certify any provider without evidence that the applicant or provider has sufficient financial resources (e.g., ability to provide at least ninety (90) calendar days of running capital as dictated by the provider's monthly operating budget) to carry out its commitments and obligations under this chapter for the foreseeable future. The provider shall have adequate financial resources to deliver all required services and shall provide documented evidence at the time of certification and recertification that it has adequate resources to operate behavioral health stabilization program. Documented evidence shall include Federal and District tax returns, including Form 990s for non-profit organizations, for the three (3) most recent tax reporting years, and a current financial statement.
- 8010.2 A provider shall have fiscal management policies and procedures and keep financial records in accordance with generally accepted accounting principles.
- 8010.3 A provider shall include adequate internal controls for safeguarding or avoiding misuse of individual or organizational funds.
- 8010.4 A provider shall have a uniform budget of expected revenue and expenses as required by the Department. The budget shall:
- (a) Categorize revenue by source;
 - (b) Categorize expenses by type of service; and
 - (c) Estimate costs by unit of service.
- 8010.5 A provider shall have the capacity to determine direct and indirect costs for each type of service provided.
- 8010.6 The provider shall conspicuously post and make available to all a written schedule of rates and charges.
- 8010.7 Fiscal reports shall provide information on the relationship of the budget to actual spending, including revenues and expenses by category and an explanation of the reasons for any substantial variance.
- 8010.8 Providers shall correct or resolve all adverse audit findings prior to recertification.
- 8010.9 A provider shall have policies and procedures regarding:
- (a) Purchase authority, product selection and evaluation, property control and supply, storage, and distribution;
 - (b) Billing;

- (c) Controlling accounts receivable;
- (d) Handling cash;
- (e) Management of individual fund accounts;
- (f) Arranging credit; and
- (g) Applying discounts and write-offs.

8010.10 All business records pertaining to costs, payments received and made, and services provided to individuals shall be maintained for a period of ten (10) years or until all audits and ongoing litigations are complete, whichever is longer.

8010.11 All providers must maintain proof of liability insurance coverage, which must include malpractice insurance of at least three million dollars (\$3,000,000.00) aggregate and one million dollars (\$1,000,000.00) per incident and comprehensive general coverage of at least three million dollars (\$3,000,000.00) per incident that covers general liability, vehicular liability, and property damage. The insurance shall include coverage of all personnel, consultants, or volunteers working for the provider.

8011 ADMINISTRATIVE PRACTICE ETHICS

8011.1 All providers shall operate in an ethical manner, including but not limited to complying with the provisions of this section.

8011.2 A provider shall not offer or imply to offer services not authorized on the certification issued by the Department.

8011.3 A provider shall not use any advertising that contains false, misleading, or deceptive statements or claims or that contains false or misleading information about fees.

8011.4 A provider shall comply with all Federal and District laws and regulations, including but not limited to the False Claims Act, 31 USC §§ 3729-3733, the Anti-Kickback Statute, 42 USC § 1320a-7b, the Physician Self-Referral Law (Stark law), 42 USC § 1395nn, and the Exclusion Statute, 42 USC § 1320a-7.

8011.5 The provider shall inform all employees of any policy change that affects the performance of their duties.

8011.6 The provider shall treat all alleged ethical violations as major unusual incidents.

8011.7 The provider, and its personnel, consultants or volunteers must conduct any research in accordance with all Federal law and regulations.

8012 PROGRAM POLICIES AND PROCEDURES

8012.1 Each program must document the following:

- (a) Organization and program mission statement, philosophy, purpose, and values;
- (b) Organizational and leadership structure;
- (c) Staffing;
- (d) Relationships with parent organizations, affiliated organizations, and organizational partners;
- (e) Treatment philosophy and approach;
- (f) Services provided;
- (g) Characteristics and needs of the population served;
- (h) Performance metrics, including intended outcomes and process methods;
- (i) Contract services, if any;
- (j) Affiliation agreements, if any;
- (k) The scope of volunteer activities and rules governing the use of volunteers, if any; and
- (l) Location of service sites and specific designation of the geographic area to be served.

8012.2 Each program shall establish written policies and procedures subject to review by the Department to ensure each of the following:

- (a) Service provision based on the individual's needs;
- (b) Consideration of special needs of the individual served and the program's population of focus;
- (c) Placement of individuals in the least restrictive setting necessary to address the acuity of the individual's presenting illness and circumstances; and
- (d) Facilitation of access to other more appropriate services for individuals who do not meet the criteria for admission into a program offered by the provider.

8012.3 Each program shall develop and document policies and procedures subject to review by the Department related to each of the following:

- (a) Program admission and exclusion criteria;
- (b) Termination of treatment and discharge or transition criteria;
- (c) Infection control procedures and use of universal precautions, addressing at least those infections that may be spread through contact with bodily fluids;
- (d) Volunteer utilization, recruitment, and oversight;
- (e) Crisis intervention and medical emergency procedures;
- (f) Safety precautions and procedures for participant volunteers, employees, and others;
- (g) Record management procedures in accordance with "Confidentiality of Substance Use Disorder Patient Records" ("42 CFR Part 2"), as applicable, the Health Insurance Portability and Accountability Act ("HIPAA") (42 U.S.C. §§ 1320d *et seq.*, and the regulations promulgated under HIPAA, including 45 CFR Part 160, 162 and 164), the D.C. Mental Health Information Act of 1978, effective March 3, 1979 (D.C. Law 2-136; D.C. Official Code §§ 7-1201.01 *et seq.*), this chapter, and any other Federal and District laws and regulations regarding the confidentiality of individuals' records;
- (h) The on-site prohibition on use of tobacco, alcohol, and other substances;
- (i) Individuals' rules of conduct and commitment to treatment regimen, including restrictions on carrying weapons and specifics of appropriate behavior while in or around the program;
- (j) Individuals' rights;
- (k) Addressing and investigating major unusual incidents;
- (l) Addressing individuals' grievances;
- (m) Addressing issues of an individual's non-compliance with established treatment regimen and/or violation of program policies and requirements;
- (n) The purchasing, receipt, storage, distribution, return, and destruction of medication, including accountability for and security of medications located at any of its service site(s);
- (o) Selecting and hiring staff; and
- (p) Quality improvement.

8012.4 Gender-specific programs shall ensure that staff of that specific gender is in attendance at all times when individuals are present in the program.

8013 EMERGENCY PREPAREDNESS PLAN

8013.1 Each provider shall establish and adhere to a written disaster evacuation and continuity of operations plan in accordance with the Department policy on Disaster Evacuation/Continuity of Operations Plans.

8013.2 A provider shall immediately notify the Department and implement its continuity of operations plan if an imminent health hazard exists because of an emergency such as a fire, flood, extended interruption of electrical or water service, sewage backup, gross unsanitary conditions, or other circumstances that may endanger the health, safety, or welfare of the individuals served.

8014 FACILITIES MANAGEMENT

8014.1 A provider shall establish and maintain a safe environment for its operation, including adhering to the following provisions:

- (a) Each provider's service site(s) shall be located and designed to provide adequate and appropriate facilities for private, confidential individual and group counseling/therapy sessions;
- (b) Each provider's service site(s) shall have appropriate space for group activities and educational programs;
- (c) Each provider shall comply with applicable provisions of the Americans with Disabilities Act (42 USC § 12101) in all business locations;
- (d) Each service site shall be located within reasonable walking distance of public transportation;
- (e) Providers shall maintain fire safety equipment and establish practices to protect all occupants. This shall include clearly visible fire extinguishers with a charge that are inspected annually by a qualified service company or trained staff member; and
- (f) Each provider shall annually obtain a written certificate of compliance from the District of Columbia Department of Fire and Emergency Medical Services indicating that all applicable fire and safety code requirements have been satisfied for each facility.

8014.2 Each window that opens shall have a screen.

8014.3 Each rug or carpet in a facility shall be securely fastened to the floor or shall have a non-skid pad.

- 8014.4 Each hallway, porch, stairway, stairwell, and basement shall be kept free from any obstruction at all times.
- 8014.5 Each ramp or stairway used by individuals in the program shall be equipped with a firmly secured handrail or banister.
- 8014.6 Each provider shall maintain a clean environment free of infestation and in good physical condition.
- 8014.7 Each facility shall be appropriately equipped and furnished for the services delivered.
- 8014.8 Each provider shall properly maintain the outside and yard areas of the premises in a clean and safe condition.
- 8014.9 Each exterior stairway, landing, and sidewalk shall be kept free of snow and ice.
- 8014.10 Each facility shall be located in an area reasonably free from noxious odors, hazardous smoke and fumes, and where interior sounds may be maintained at reasonably comfortable levels.
- 8014.11 A provider shall take necessary measures to ensure pest control, including:
- (a) Refuse shall be stored in covered containers that do not create a nuisance or health hazard; and
 - (b) Recycling, composting, and garbage disposal shall not create a nuisance, permit transmission of disease, or create a breeding place for insects or rodents.
- 8014.12 A provider shall ensure that medical waste is stored, collected, transported, and disposed of in accordance with applicable Federal and District laws and guidelines from the Centers for Disease Control and Prevention (“CDC”).
- 8014.13 Each provider shall ensure that its facilities have comfortable lighting, proper ventilation, and moisture and temperature control. Rooms, including bedrooms and activity rooms below ground level, shall be dry and the temperature shall be maintained within a normal comfort range.
- 8014.14 Each facility shall have potable water available for each individual.
- 8014.15 The physical design of the provider’s structure shall be sufficient to accommodate staff, individuals receiving services and the program(s). Each location shall make available the following:
- (a) A reception area;
 - (b) Private areas for individual treatment services;
 - (c) An area(s) for dining, if applicable; and

- (d) Separate bathrooms and/or toilet facilities in accordance with District law where the:
 - (i) Required path of travel to the bathroom shall not be through another bedroom;
 - (ii) Windows and doors provide privacy; and
 - (iii) Showers and toilets not intended for individual use provide privacy.
- 8014.16 If activity space is used for purposes not related to the program’s mission, the provider shall ensure that:
- (a) The quality of services is not reduced;
 - (b) Activity space in use by other programs shall not be counted as part of the required activity space; and
 - (c) Individual confidentiality is protected, as required by HIPAA, the D.C. Mental Health Information Act, 42 CFR Part 2, and all other applicable Federal and District laws and regulations.
- 8014.17 The use of appliances such as cell phones, computers, televisions, radios, CD players, recorders, and other electronic devices shall not interfere with the therapeutic program.
- 8014.18 Each facility shall maintain an adequately supplied first-aid kit which:
- (a) Shall be maintained in a place known and readily accessible to individuals in the program and employees; and
 - (b) Shall be adequate for the number of persons in the facility, including individuals, staff, consultants and volunteers.
- 8014.19 Each provider shall post emergency numbers near its telephones for fire, police, and poison control, along with contact information and directions to the nearest hospital.
- 8014.20 Each provider shall have on site at each facility a fully functioning automatic external defibrillator (“AED”) and shall ensure that all staff are trained in how to use the AED.
- 8014.21 Each provider shall have on-site at each facility at least two (2) unexpired doses of naloxone at all times and shall ensure that all staff are trained in how to administer the naloxone.
- 8014.22 A provider shall have an interim plan addressing safety and continued service delivery during construction.
- 8014.23 As part of each certification and re-certification application, the provider shall present the Department permits (including DCRA building permit(s)) and post-work

inspection(s) for all plumbing and electrical work completed at the program facility during the last twelve (12) months.

8015 MEDICATION STORAGE AND ADMINISTRATION STANDARDS

- 8015.1 Providers shall maintain all controlled substances in accordance with applicable Federal and District laws and regulations.
- 8015.2 Providers shall implement written policies and procedures to govern the acquisition, safe storage, prescribing, dispensing, labeling, administration and self-administration of medication. This section shall include medications individuals bring to the program.
- 8015.3 A provider shall ensure that any prescription medication that an individual brings to the program has a record of the prescribing physician's order, including the prescribing physician's approval to self-administer the medication, if applicable.
- 8015.4 No medication brought into the facility may be administered or self-administered until the medication is identified and the attending practitioner's written order or approval is documented in the individual's record.
- 8015.5 Verbal orders may only be given by the attending practitioner to another physician, PA, APRN, RN, or pharmacist. Verbal orders shall be noted in the individual's record as such and countersigned and dated by the prescribing practitioner within twenty-four (24) hours. However, pursuant to District law and regulations, orders for seclusion or restraint shall always be made as written orders.
- 8015.6 Providers shall ensure that medication, both prescription and over-the-counter, brought into a facility is packaged and labeled in accordance with Federal and District laws and regulations.
- 8015.7 Providers shall ensure that medication, both prescription and over-the-counter, brought into a facility by an individual that is not approved by the attending practitioner is packaged, sealed, stored, and returned to the individual upon discharge.
- 8015.8 The administration of medications, excluding self-administration, shall be permitted only by licensed individuals pursuant to applicable Federal and District laws and regulations.
- 8015.9 Medications shall be administered only in accordance with the prescribing practitioner's order.
- 8015.10 Only a physician, APRN, RN, or PA shall administer controlled substances or injectable drugs, excluding self-administered drugs.
- 8015.11 Program staff responsible for supervising the self-administration of medication shall document consultations with a physician, APRN, RN, or pharmacist, or referral to appropriate reference material regarding the action and possible side effects or adverse reactions of each medication.

- 8015.12 A program shall provide training to the staff designated to supervise the self-administration of medication. The training shall include but not be limited to the expected action of and adverse reaction to self-administered medications.
- 8015.13 Medication administration training shall be facilitated by the following Qualified Practitioners, as led by signature and date on the training certificate:
- (a) Physicians;
 - (b) PAs;
 - (c) APRNs; or
 - (d) RNs.
- 8015.14 Only staff trained pursuant to the requirements of this chapter shall be responsible for observing the self-administration of medication.
- 8015.15 A program shall ensure that medication is available to individuals as prescribed.
- 8015.16 A program shall maintain records that track and account for all medication, ensuring the following:
- (a) That each individual receiving medication shall have a medication administration record, which includes the individual's name, the name of medication, the type of medication (including classification), the amount of medication, the dose and frequency of administration/self-administration, and the name of staff who administered or observed the self-administration of the medication;
 - (b) That documentation shall include each omission and refusal of medication administration;
 - (c) That the medication administration record shall note the amount of medication originally present and the amount remaining after each dose;
 - (d) That documentation of medication administration shall include all over-the-counter drugs administered or self-administered; and
 - (e) That behavioral health stabilization providers who are administering controlled substances, including but not limited to initiating medication assisted treatment (MAT), shall follow the requirements of all applicable Federal and District laws and regulations.
- 8015.17 An attending practitioner shall be notified immediately of any medication error or adverse reaction. The staff responsible for the medication error shall complete a major unusual incident report ("MUI"). The provider shall document the practitioner's recommendations and the program's subsequent actions in response to the medication

error or adverse reaction in the individual's record.

- 8015.18 A program shall ensure that all medications, including those that are self-administered, are secured in locked storage areas.
- 8015.19 The locked medication area shall provide for separation of internal and external medications.
- 8015.20 A program shall maintain lists of personnel with access to the locked medication area and personnel qualified to administer medication.
- 8015.21 A program shall comply with all Federal and District laws and regulations concerning the acquisition and storage of pharmaceuticals.
- 8015.22 Each individual's medication shall be properly labeled as required by Federal and District laws and regulations, shall be stored in its original container, and shall not be transferred to another container or taken by anyone other than the individual for whom it was originally prescribed.
- 8015.23 Medications requiring refrigeration shall be maintained in a separate and secure refrigerator, labeled "FOR MEDICATION ONLY" and shall be maintained at a temperature between thirty-six degrees Fahrenheit (36°F) and forty-six degrees Fahrenheit (46°F). All refrigerators shall have thermometers, which are easily readable, in proper working condition, and accurate within a range of plus or minus two (2°F) degrees Fahrenheit.
- 8015.24 A program shall conspicuously post in the drug storage area the following information:
- (a) Telephone numbers for the regional Poison Control Center; and
 - (b) Metric-apothecaries weight and conversion measure charts.
- 8015.25 A program shall conduct monthly inspections of all drug storage areas to ensure that medications are stored in compliance with Federal and District laws and regulations. The program shall maintain records of these inspections for verification.
- 8015.26 Where applicable, the program shall implement written policies and procedures for the control of stock pharmaceuticals.
- 8015.27 The receipt and disposition of stock pharmaceuticals must be accurately documented as follows:
- (a) Invoices from companies or pharmacies shall be maintained to document the receipt of stock pharmaceuticals;
 - (b) A log shall be maintained for each stock pharmaceutical that documents receipt and disposition; and

- (c) At least quarterly, each stock pharmaceutical shall be reconciled as to the amount received and the amount dispensed.

8015.28 A program shall implement written procedures and policies for the disposal of medication.

8015.29 Any medication left by the individual at discharge shall be destroyed within thirty (30) calendar days after the individual has been discharged, with the exception of methadone and other controlled substances which must be returned to the point of issue or destroyed in accordance with Federal regulations.

8015.30 The disposal of all medications shall be witnessed and documented by two (2) staff members.

8016 VEHICLE ENVIRONMENTAL AND SAFETY STANDARDS

8016.1 A provider shall implement measures to ensure the safe operation of transportation, if applicable. These measures shall include, but are not limited to:

- (a) Automobile insurance with adequate liability coverage;
- (b) Regular inspection and maintenance of vehicles, as required by law;
- (c) Adequate first aid supplies and fire suppression equipment secured in the vehicles;
- (d) Training of vehicle operators in emergency procedures and in the handling of accidents and road emergencies; and
- (e) Annual verification that all authorized motor vehicle operators have valid, unexpired and unrestricted motor vehicle license to operate assigned vehicles.

8017 FOOD AND NUTRITION STANDARDS

8017.1 The provisions of this section apply to any provider that prepares or serves food to individuals.

8017.2 All programs that prepare food shall have a current Certified Food Protection Manager (“CFPM”) certification from the Department of Health. The CFPM must be present whenever food is prepared and served.

8017.3 The provider shall require each CFPM (or a Certified Food Handler (“CFH”), for providers serving food prepared off-site) to monitor any staff members who are not certified as CFPMs (or CFHs) in the storage, handling, and serving of food and in the cleaning and care of equipment used in food preparation in order to maintain sanitary conditions at all times.

- 8017.4 The kitchen, dining, and food storage areas shall be kept clean, orderly, and protected from contamination.
- 8017.5 A program providing meals shall maintain a fully equipped and supplied code-compliant kitchen area unless meals are catered by an organization licensed by the District to serve food.
- 8017.6 A program may share kitchen space with other programs if the accommodations are adequate to perform required meal preparation for all programs using the kitchen.
- 8017.7 Each food and drink item procured, stored, prepared, or served by the facility shall be clean, free from spoilage, prepared in a manner that is safe for human consumption, and protected from contamination.
- 8017.8 A program providing meals shall clean dishes, cooking utensils, and eating utensils after each meal and store them to maintain to maintain their sanitary condition.
- 8017.9 Each facility shall provide hot and cold water, soap, and disposable towels for hand washing in or adjacent to food preparation areas.
- 8017.10 Each facility shall maintain adequate dishes, utensils, and cookware in good condition and in sufficient quantity for the facility.

8018 PERSONNEL TRAINING STANDARDS

- 8018.1 Behavioral health stabilization staff shall have annual training that meets the Occupational Safety & Health Administration (“OSHA”) regulations that govern behavioral health facilities and any other applicable infection control guidelines, including use of universal precaution and avoiding exposure to hepatitis, tuberculosis, and HIV.
- 8018.2 A behavioral health stabilization provider shall have at least two (2) staff persons trained and certified by a nationally recognized authority that meets OSHA guidelines for basic first aid and cardiopulmonary resuscitation (“CPR”) present at all times.
- 8018.3 A behavioral health stabilization provider shall have a current written plan for staff development and organizational onboarding, approved by the Department, which reflects the training and performance improvement needs of all employees working in that program. The plan should address the steps the provider will take to ensure the recruitment and retention of highly qualified employees and the reinforcement of staff development through training, supervision, the performance management process, and activities such as shadowing, mentoring, skill testing, and coaching. The plan shall include culturally competent training and onboarding activities in the following core areas:
- (a) The program’s approach to addressing behavioral health stabilization services, including philosophy, goals and methods;

- (b) The staff member's specific job description and role in relationship to other staff;
- (c) The emergency preparedness plan and all safety-related policies and procedures;
- (d) The proper documentation of services in individuals' records, as applicable;
- (e) Policies and procedures governing infection control, protection against exposure to communicable diseases, and the use of universal precautions;
- (f) Laws, regulations, and policies governing confidentiality of individual information and release of information, including HIPAA, the D.C. Mental Health Information Act, and 42 CFR Part 2 (as applicable);
- (g) Laws, regulations, and policies governing reporting abuse and neglect;
- (h) Individual rights; and
- (i) Other trainings as directed by the Department.

8019 INDIVIDUALS' RIGHTS AND PRIVILEGES, INCLUDING GRIEVANCES

8019.1 A program shall protect the following rights and privileges of each individual:

- (a) Right to be admitted and receive services in accordance with the District of Columbia Human Rights Act;
- (b) Right to make choices regarding provider, treatment, medication, and advance directives;
- (c) Right to receive prompt evaluation, care, and treatment, in accordance with the highest quality standards;
- (d) Right to receive services and live in a healthy, safe, and clean environment;
- (e) Right to be evaluated and cared for in the least restrictive and most integrated environment appropriate to an individual's needs;
- (f) Right to participate in the treatment planning process, including decisions concerning treatment, care, and other services, and to receive a copy of the Plan of Care;
- (g) Right to have records kept confidential;
- (h) Right to privacy;
- (i) Right to be treated with respect and dignity in a humane treatment environment;

- (j) Right to be safe from harm and from verbal, physical, or psychological abuse;
- (k) Right to be free of discrimination;
- (l) Right to own personal belongings;
- (m) Right to refuse treatment and/or medication;
- (n) Right to give, not give, or revoke already-given consent to treatment, supports, and/or release of information;
- (o) Right to give, not give, or revoke informed, voluntary, written consent of the individual or a person legally authorized to act on behalf of the individual to participate in research; the right to protection associated with such participation; and the right and opportunity to revoke such consent;
- (p) Right to be informed in advance of charges for services;
- (q) Right to be afforded the same legal rights and responsibilities as any other citizen, unless otherwise stated by law;
- (r) Right to request and receive documentation on the performance track record of a program with regard to treatment outcomes and success rates;
- (s) Right to provide feedback on services and supports, including evaluation of providers;
- (t) Right to assert grievances with respect to infringement of these rights, including the right to have such grievances considered in a fair, timely, and impartial manner;
- (u) Right to receive written and oral information on individual rights, privileges, program rules, and grievance procedures in a language understandable to the individual;
- (v) Right to access services that are culturally appropriate, including the use of adaptive equipment, sign language, interpreter, or translation services, as appropriate; and
- (w) Right to vote.

8019.2 A provider shall conspicuously post a statement of individual rights, program rules, and grievance procedures. The grievance procedures must inform individuals that they may report any violations of their rights to the Department and shall include the telephone numbers of the Department and any other relevant agencies for the purpose of filing complaints.

- 8019.3 At the time of admission, staff shall explain program rules, individual's rights, and grievance procedures. Program staff shall document this explanation by including a form, signed by the individual and witnessed by the staff person, in the individual's record.
- 8019.4 A program shall develop and implement written grievance procedures to ensure a prompt, impartial review of any alleged or apparent incident of violation of rights or confidentiality. The procedures shall be consistent with the principles of due process and Department requirements and shall include but not be limited to:
- (a) Reporting the allegation or incident to the Department within twenty-four (24) hours of it coming to the attention of program staff;
 - (b) The completion of the investigation of any allegation or incident within thirty (30) calendar days;
 - (c) Providing a copy of the investigation report to the Department within twenty-four (24) hours of completing the investigation of any complaint; and
 - (d) Cooperating with the Department in completion of any inquiries related to individuals' rights conducted by Department staff.
- 8019.5 Medicaid beneficiaries are entitled to Notice and Appeal rights pursuant to 29 DCMR § 9508 in cases of intended adverse action such as an action to deny, discontinue, terminate, or change the manner or form of Medicaid-funded services. The Department shall provide local-only beneficiaries the same Notice and Appeal rights as those provided to Medicaid beneficiaries in 29 DCMR § 9508.

8020 INDIVIDUALS' CHOICE

- 8020.1 Each provider shall establish and adhere to policies and procedures governing the means by which individuals receiving services shall be informed of the full choices of providers and how to access these services ("Choice Policy").
- 8020.2 The Department shall review and approve each provider's Choice Policy during the certification and recertification process.
- 8020.3 The Choice Policy shall comply with applicable Federal and District laws and regulations.
- 8020.4 Each provider shall:
- (a) Make its Choice Policy available to individuals and their families; and
 - (b) Establish and adhere to a system for documenting that individuals and families receive the Choice Policy.

8020.5 The providers' Choice Policy shall ensure that each individual presenting for services is informed that they may choose to have services provided by any certified providers that offer appropriate services for that individual.

8021 RECORDS MANAGEMENT AND CONFIDENTIALITY

8021.1 A program shall create and maintain an organized record for each individual receiving services.

8021.2 All records must be secured in a manner that provides protection from unauthorized disclosure, access, use, or damage in accordance with Federal and District laws and regulations.

8021.3 Each individual's records shall be kept confidential and shall be handled in compliance with HIPAA, the Mental Health Information Act, and 42 CFR Part 2 (if applicable), and all other Federal and District laws and regulations regarding the confidentiality of an individual's records.

8021.4 Each provider shall have a designated Privacy Officer responsible for ensuring compliance with privacy requirements.

8021.5 A program shall inform staff and individuals receiving services of this chapter's privacy requirements during orientation.

8021.6 A provider's decision to disclose protected health information ("PHI") must comply with Federal and District laws and regulations and shall be made only by the Privacy Officer or his/her designee with appropriately administered consent procedures.

8021.7 A program shall ensure its policies and procedures comply with the Department's Privacy Policy and shall implement policies and procedures governing the release of PHI consistent with Federal and District laws and regulations regarding the confidentiality of individual records, including 42 CFR Part 2, the D.C. Mental Health Information Act, and HIPAA.

8021.8 A provider shall participate through a formal agreement with a registered Health Information Exchange ("HIE") entity of the DC Health Information Exchange ("DC HIE"), defined in Chapter 87 of Title 29 DCMR.

8021.9 For non-substance use treatment ("SUD") programs, the behavioral health stabilization provider shall develop policies and procedures to disclose protected behavioral health information to other certified providers, primary health care providers, and other health care organizations when necessary to coordinate the care and treatment of its individuals. These procedures may include entering into an agreement with an HIE. The program shall advise each prospective individual of the program's notice of privacy practices that authorizes this disclosure to other providers and shall afford the individual the opportunity to opt-out of that disclosure in accord with the D.C. Mental Health Information Act. The program shall document the individual's decision.

- 8021.10 The program director shall designate a staff member to be responsible for the maintenance and administration of records.
- 8021.11 A program shall arrange and store records according to a uniform system approved by the Department.
- 8021.12 A program shall maintain records such that they are readily accessible for use and review by authorized staff and other authorized parties.
- 8021.13 A program shall organize the content of records so that information can be located easily and so that Department surveys and audits can be conducted with reasonable efficiency.

8022 STORAGE AND RETENTION OF RECORDS

- 8022.1 A program shall retain individuals' records (either original or accurate reproductions) until all litigation, adverse audit findings, or both, are resolved. If no such conditions exist, a program shall retain individuals' records for at least ten (10) years after the individual's discharge.
- 8022.2 Records of minors shall be kept for at least ten (10) years after the minor has reached the age of eighteen (18) years.
- 8022.3 The provider shall establish a Document Retention Schedule with all medical records retained in accordance with Federal and District laws and regulations.
- 8022.4 The provider shall give the individual or legal guardian a written statement concerning individual's rights and responsibilities ("Rights Statement") in the program during orientation. The individual or guardian shall sign the statement attesting that they understand their rights and responsibilities. A provider staff member shall be available to answer an individual or legal guardian's questions about the Rights Statement and to witness the individual's or guardian's signature. This document shall be placed in the individual's record.
- 8022.5 If program records are maintained on computer systems, the system shall:
- (a) Have a backup system to safeguard the records in the event of operator or equipment failure, natural disasters, power outages, and other emergency situations;
 - (b) Identify the name of the person making each entry into the record;
 - (c) Be secure from inadvertent or unauthorized access to records in accordance with HIPAA, the D.C. Mental Health Information Act, 42 CFR Part 2 (if applicable), and all Federal and District laws and regulations regarding the confidentiality of individual records;

- (d) Limit access to providers who are involved in the care of the individual and who have permission from the individual to access the record; and
- (e) Create an electronic trail when data is released.

8022.6 A program shall maintain records that safeguard confidentiality in the following manner:

- (a) Records shall be stored with access controlled and limited to authorized staff and authorized agents of the Department;
- (b) Written records that are not in use shall be maintained in either a secured room, locked file cabinet, safe, or other similar container;
- (c) The program shall implement policies and procedures that govern individual access to their own records;
- (d) The provider's policies and procedures shall only restrict an individual's access to their record or information in the record after an administrative review with clinical justification has been made and documented;
- (e) Individuals shall receive copies of their records as permitted under HIPAA, the D.C. Mental Health Information Act, and 42 CFR Part 2;
- (f) All staff entries into the record shall be clear, complete, accurate, and recorded in a timely fashion;
- (g) All entries shall be dated and authenticated by the recorder with full signature and title;
- (h) All non-electronic entries shall be typewritten or legibly written in indelible ink that will not deteriorate from photocopying;
- (i) Any documentation error shall be marked through with a single line and initialed and dated by the recorder; and
- (j) Limited use of symbols and abbreviations shall be pre-approved by the program and accompanied by an explanatory legend.

8022.7 Any records that are retained off-site must be kept in accordance with this chapter. If an outside vendor is used, the provider must submit the vendor's name, address, and telephone number to the Department.

8023 RECORD CONTENTS

8023.1 As applicable, all records shall include:

- (a) Documentation of the referral and initial screening and its findings;

- (b) The individual's consent to services (if applicable);
- (c) A copy of the Application for Emergency Hospitalization ("FD-12") (if applicable);
- (d) The Rights Statement;
- (e) Documentation that the individual received:
 - (i) An orientation to the program's services, rules, confidentiality practices, and individual's rights; and
 - (ii) Notice of privacy practices and opt-out form.
- (f) Confidentiality forms and releases signed to permit the facility to obtain and/or release information;
- (g) Diagnostic interview and assessment record, including any Department-approved screening and assessment tools;
- (h) Evaluation of medical needs and, as applicable, medication intake sheets and special diets which shall include:
 - (i) Documentation of physician's orders for medication and treatment, change of orders, and/or special treatment evaluation;
 - (ii) For drugs prescribed following admissions, any prescribed drug product by name, dosage, and strength, as well as date(s) medication was administered, discontinued, or changed; and
 - (iii) For any prescribed over-the-counter ("OTC") medications following admissions, any OTCs by product name, dosage, and strength, as well as date(s) medication was administered, discontinued, or changed.
- (i) Assessments and individual treatment plans pursuant to the presenting behavioral health situation and the individual's needs, including crisis diversion or safety plans, if applicable;
- (j) Encounter notes, which provide sufficient written documentation to support each therapy, service, activity, or session for which billing is made that, at a minimum, consists of:
 - (i) The specific service type rendered;
 - (ii) Dated and authenticated entries with their authors identified, that include the duration, and actual time (beginning and ending as well as a.m. or p.m.), during which the services were rendered. To constitute a valid signature, digital signatures must include a date and time stamp

contemporaneous with the signature function and must be recorded and readily retrievable in the electronic system's audit log;

- (iii) Name, title, and credentials of the person providing the services;
 - (iv) The setting in which the services were rendered;
 - (v) Confirmation that the services delivered are contained in the individual's record and are identified in the encounter note;
 - (vi) A description of each encounter or intervention provided to the individual, which is sufficient to document that the service was provided in accordance with this chapter;
 - (vii) A description of the individual's response to the intervention sufficient to show, particularly in the case of group interventions, the individual's unique participation in the service; and
 - (viii) Provider's observations.
- (k) Documentation of all services provided to the individual as well as activities directly related to the individual's care that are not included in encounter notes;
 - (l) Documentation of missed appointments and efforts to contact and reengage the individual;
 - (m) Documentation of any personal articles of the individual held by the provider for safekeeping and any statements acknowledging receipt of the property;
 - (n) Documentation of all referrals to other agencies and the outcome of such referrals if known;
 - (o) Documentation establishing all attempts to acquire necessary and relevant information from other sources;
 - (p) Pertinent information reported by the individual, family members, or significant others regarding a change in the individual's condition and/or an unusual or unexpected occurrence in the individual's life;
 - (q) Drug test results and incidents of drug use;
 - (r) Discharge summary and aftercare plan;
 - (s) Outcomes of care and follow-up data concerning outcomes of care;
 - (t) Documentation of correspondence including with other medical providers, community providers, human services, social service, and criminal justice entities pertaining to an individual's treatment and follow-up services; and

- (u) Documentation of an individual’s legal guardian, as applicable.

8024 BEHAVIORAL HEALTH STABILIZATION PROGRAMS: GENERAL REQUIREMENTS

8024.1 All behavioral health stabilization programs shall, at a minimum, assess individuals during intake to determine if the individual may suffer from a mental illness or SUD. Assessment shall include an initial health screening that incorporates the following, as applicable:

- (a) Presenting problem, including source of distress, precipitating events, associated problems or symptoms, and recent progression;
- (b) Immediate risks for self-harm, suicide and violence;
- (c) Past and present substance use;
- (d) Immediate risks related to serious intoxication or withdrawal;
- (e) Past and present mental disorders, including posttraumatic stress disorder (“PTSD”) and other anxiety disorders, mood disorders, and eating disorders;
- (f) Past and present experience of violence and trauma, including sexual victimization and interpersonal violence;
- (g) Legal history, including whether an individual is court-ordered to treatment or under the supervision of the Department of Corrections; and
- (h) Employment and housing status.

8024.2 If an individual screens positive for SUD, the provider shall do the following:

- (a) Offer the opportunity for the individual to receive SUD treatment in addition to behavioral health stabilization services, if the provider also offers the applicable services. If the individual declines, the provider shall make referrals for the individual to receive SUD treatment at another qualified provider; or
- (b) If the provider does not offer treatment for SUD, the provider shall ensure the individual is referred to an appropriate SUD provider.

8024.3 A certified provider shall not deny admission for services to an individual because that individual is receiving MAT services.

8024.4 Each provider shall ensure that all staff comply with all Federal and District laws and regulations pertaining to scope of practice, licensing requirements, and supervision requirements.

8024.5 Behavioral health stabilization facilities’ physical design and structure shall have

sufficient area(s) for indoor social and recreational activities.

- 8024.6 Behavioral health stabilization providers shall comply with all construction codes housing codes and zoning requirements applicable to the facility, including all Certificate of Occupancy, BBL, and Construction Permit requirements.
- 8024.7 Each newly established behavioral health stabilization provider shall provide proof of a satisfactory pre-certification inspection by DCRA for initial certification, dated not more than forty-five (45) calendar days prior to the date of submission to the Department, including proof that the provider is in compliance with the District of Columbia Property Maintenance Code (12-G DCMR) and Housing Code (14 DCMR), documentation of the inspection date, findings and proof of abatement certified by DCRA of all deficiencies identified during the inspection (as applicable). This requirement may be met by submission of a Certificate of Occupancy or a BBL dated within the past six (6) months, provided that the applicant can demonstrate that DCRA performed an onsite inspection of the premises.
- 8024.8 A provider that offers overnight accommodations shall not operate more beds than the number for which it is authorized by the Department.
- 8024.9 Other than routine household duties, no individual shall be required to perform unpaid work.
- 8024.10 Each behavioral health stabilization program shall have rules consistent with this chapter and that include rules concerning the following, as appropriate:
- (a) The use of tobacco, alcohol, and other substances;
 - (b) The use of the telephone;
 - (c) Utilizing, viewing, or listening to cell phones, television, radio, computers, CDs, DVDs, or other media such as social media;
 - (d) Movement of individuals in and out of the facility, including a requirement for escorted movements by program staff or another agency-approved escort;
 - (e) A policy that addresses search and drug testing upon return to the site; and
 - (f) The prohibition of sexual relations between staff or volunteers and individuals served.
- 8024.11 Each provider shall make available the rules defined in §8024.10.
- 8024.12 A program that provides overnight accommodations shall ensure that evening and overnight shifts have at least two (2) staff members on duty. A clinician shall be on-call or on-site at all times.

8024.13 Each provider shall operate according to all applicable Federal and District laws and regulations relating to fraud, waste, and abuse in health care, the provision of mental health services and the Medicaid program. A provider's failure to report potential or suspected fraud, waste or abuse may result in sanctions, cancellation of a contract, or exclusion from participation as a behavioral health stabilization provider. Each provider shall:

- (a) Cooperate and assist any District or Federal agency charged with the duty of identifying, investigating, or prosecuting suspected fraud, waste or abuse;
- (b) Provide the Department with regular access to the provider's medical and billing records, including electronic medical records, within twenty-four (24) hours of a Departmental request, or, immediately in the case of emergency;
- (c) Be responsible for promptly reporting suspected fraud, waste, or abuse to the Department, taking prompt corrective actions consistent with the terms of any contract or subcontract with the Department, and cooperating with DHCF or other governmental investigations; and
- (d) Ensure that none of its practitioners have been excluded from participation as a Medicaid or Medicare provider. If a practitioner is determined to be excluded by the Center for Medicare and Medicaid Services ("CMS"), the provider shall notify the Department immediately.

8024.14 Each provider shall establish and adhere to policies and procedures requiring the provider to make language access services available at no cost as needed for Limited or Non-English proficient individuals, ("Language Access Policy"). The Language Access Policy shall:

- (a) Document primary language information in an individual's clinical record at the point of entry, if known, with notations on how to engage the individual in communication if unknown;
- (b) Arrange for the provision of language access services at no cost to Limited or Non-English proficient individual;
- (c) Ensure public notices regarding language access services are posted in regularly encountered waiting rooms, reception areas, and other areas of initial contact;
- (d) Ensure that the public is aware of language interpretation services;
- (e) Provide a quarterly report on the number of enrolled individuals who receive language access services to the Department's Language Access Coordinator. The information shall include the following information:

- (i) The number of individuals who have Limited or Non-English proficiency, and the languages spoken;
 - (ii) The frequency with which Limited or Non-English proficient individuals come into contact with the provider; and
 - (iii) The number and types of languages spoken by agency staff.
- (f) Provide annual training to all public access staff on how to provide ongoing language services; and
 - (g) Ensure immediate notification of the DBH Language Access Coordinator when unable to meet language access needs.

8024.15 The Language Access Policy shall allow staff and contractors who do not possess valid certification from the Registry of Interpreters for the Deaf to be credentialed based on skills in mental health interpreting gained through supervised experience. For purposes of this rule, supervised experience shall include supervision by an interpreter certified by the National Registry of Interpreters for the Deaf and ongoing training in sign language interpreting, preferably related to mental health, and may include on-the-job learning prior to employment by the provider.

8024.16 Each provider shall utilize a Tele Typewriter (“TTY”) communications line (or an equivalent) to enhance the provider’s ability to respond to service requests and needs of individuals. Provider staff shall be trained in the use of such communication devices as part of the annual language access training.

8024.17 Each provider shall establish and adhere to anti-discrimination policies and procedures relative to hiring, promotion, and provision of services to individuals that comply with applicable Federal and District laws and regulations (“Anti-Discrimination Policy”).

8025 COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAM (CPEP) REQUIREMENTS

8025.1 A comprehensive psychiatric emergency program (“CPEP”) shall directly provide or ensure the provision of psychiatric emergency services, which shall include assessments, brief and extended stabilization visits, and extended observation visits for individuals eighteen (18) years of age and older experiencing a behavioral health crisis.

8025.2 Psychiatric emergency services shall be provided by the CPEP twenty-four (24) hours per day, seven (7) days per week year-round. Services shall include psychiatric and medical evaluations and assessments which are used to determine the appropriateness of admission to and retention in the CPEP.

8025.3 A CPEP shall not operate more than sixteen (16) beds.

8025.4 Each CPEP shall permit, as appropriate, each individual served to bring reasonable

- personal possessions, including clothing and personal articles, to the facility unless the provider demonstrates that it is not practical, feasible, or safe.
- 8025.5 Each CPEP shall, as appropriate, provide individuals with access to reasonable individual storage space for private use.
- 8025.6 Upon an individual's discharge, the CPEP shall return, as appropriate, to the individual or the individual's representative any personal articles held by the provider for safekeeping. The provider shall also ensure that the individual is permitted to take all of their personal possessions from the facility. The provider may require the individual or the individual's representative to sign a statement acknowledging receipt of the property. A copy of that receipt shall be placed in the individual's record.
- 8025.7 Each CPEP shall maintain, as appropriate, a separate and accurate record of all funds that the individual, individual's representative or representative payee deposits with the provider for safekeeping. This record shall include the signature of the individual for each withdrawal and the signature of facility staff for each deposit and disbursement made on behalf of an individual served.
- 8025.8 Each CPEP shall be equipped with a functioning landline or mobile telephone for use by individuals served, as appropriate. The telephone numbers shall be provided to residents and to the Department.
- 8025.9 Each CPEP shall ensure each individual's privacy and safety in the bathroom.
- 8025.10 Each CPEP shall ensure that individuals can access all scheduled or emergency medical and dental appointments.
- 8025.11 Each CPEP shall inventory each individual's personal property, secure any valuables and medications, and maintain a current written inventory of secured property. Each CPEP shall ensure that both the staff and individual (and guardian as appropriate) sign the written inventory. The CPEP shall provide a copy of the written inventory to the individual (or guardian, as appropriate) upon request copy of which shall be provided, signed by the individual and staff, to the individual. The written inventory shall note any personal articles to be held by the provider for safekeeping.
- 8025.12 Each CPEP shall take appropriate measures to safeguard and account for personal property brought into the facility.
- 8025.13 Each item of bed linen, towel, and washcloth shall be changed and cleaned as often as necessary to maintain cleanliness.
- 8025.14 Each CPEP shall offer at least three (3) meals per day and in-between-meal snacks that:
- (a) Are nourishing and well-balanced in accordance with dietary guidelines established by the United States Department of Agriculture;
 - (b) Are suited to the special needs of each individual; and

- (c) Are adjusted for seasonal changes and allow for the use of fresh fruits and vegetables.
- 8025.15 Each meal shall be scheduled so that the maximum interval between each meal is no more than six (6) hours, with no more than fourteen (14) hours between a substantial evening meal and breakfast the following day.
- 8025.16 If an individual refuses food or misses a scheduled meal, the CPEP shall offer appropriate food substitutions of comparable nutritional value.
- 8025.17 If an individual will be away from the CPEP during mealtime for necessary medical care, work, or other scheduled appointments, the program shall provide an appropriate meal and in-between-meal snack for the individual to carry with him or her and shall ensure that the meal is nutritious as required by these rules and suited to the individual's special needs.
- 8025.18 A CPEP shall implement a written Nutritional Standards Policy that outlines their procedures to meet the dietary needs of the individuals in its program, ensuring access to nourishing, well-balanced, and healthy meals. The policy shall identify the methods and parties responsible for food procurement, storage, inventory, and preparation.
- 8025.19 The Nutritional Standards Policy shall include procedures for individuals unable to have a regular diet as follows:
- (a) Providing clinical diets for medical reasons, when necessary;
 - (b) Recording clinical diets in the individual's record;
 - (c) Providing special diets for individuals' religious needs; and
 - (d) Maintaining menus of special diets or a written plan stating how special diets will be developed or obtained when needed.
- 8025.20 A CPEP shall make reasonable efforts to prepare meals that consider the cultural background and personal preferences of the individuals.
- 8025.21 Any individual with a need for medical or surgical care or treatment which cannot be provided in the CPEP shall be transported to a hospital for appropriate observation and treatment.
- 8025.22 Any CPEP certified pursuant to this chapter shall receive and retain voluntary and involuntarily admissions for any individual experiencing a behavioral health crisis that is likely to result in serious harm to the individual or others and for whom immediate observation, care, and treatment in the CPEP is appropriate. No individual may be involuntarily retained in a CPEP for more than twenty-four (24) hours unless the individual is admitted for extended observation in accordance with § 8025.29(c).
- 8025.23 The CPEP shall develop a contingency plan with other local affiliated hospitals,

emergency medical services, and law enforcement for the diversion of admissions during periods of high demand and overcrowding.

- 8025.24 The CPEP clinical director or their designee may prevent new admissions to the CPEP emanating from emergency medical services, ambulance services, and law enforcement if the program's ability to deliver quality service would be jeopardized. The CPEP clinical director or their designee shall review the continued necessity for such prevention at least once every twenty-four (24) hours.
- 8025.25 In order to assure that individuals admitted to the CPEP are adequately supervised and are cared for in a safe and therapeutic manner, the CPEP shall meet each of the following requirements:
- (a) Appropriate professional staff shall be available to assist in emergencies on at least an on-call basis at all times; and
 - (b) A psychiatrist shall be available on-site at all times.
- 8025.26 A CPEP shall continuously employ an adequate number of staff and an appropriate staff composition to carry out its goals and objectives as well as to ensure the continuous provision of sufficient ongoing and emergency supervision. A CPEP shall submit a staffing plan to the Department as part of its certification and recertification process, which shall include the qualifications and duties of each staff position by title. The staffing plan and its rationale shall be subject to approval by the Department.
- 8025.27 The CPEP shall have on-site the following types and numbers of staff:
- (a) At least one (1) board-certified or board-eligible psychiatrist (24-hour coverage);
 - (b) At least two (2) registered nurses (24-hour coverage);
 - (c) At least one (1) clinician licensed to practice independently in the District of Columbia (at minimum during business hours);
 - (d) At least two (2) staff to provide mental health counseling services who at a minimum meet the qualifications described in §§ 8025.39 or 8025.40 (24-hour coverage); and
 - (e) A sufficient number of security personnel (24-hour coverage).
- 8025.28 A CPEP shall only use restraint and seclusion in compliance with all governing Federal and District laws and regulations.
- 8025.29 A CPEP shall provide the following array of visits in accordance with the individual's needs:
- (a) Brief psychiatric crisis visit:

- (i) A brief psychiatric crisis visit includes a face-to-face interaction between an individual experiencing a behavioral health crisis and CPEP staff operating within the scope of their licensure to determine the services required. It shall include a mental health diagnostic examination, and, as appropriate, treatment interventions on the individual's behalf and a discharge plan. Other activities include medication monitoring, observation, and care coordination with other providers.
 - (ii) A brief psychiatric crisis visit requires documentation using at least one encounter note explaining the array of services provided during the visit.
 - (iii) A brief psychiatric crisis visit may last up to four (4) hours. If an individual cannot be reasonably treated and discharged in less than four (4) hours, the individual shall be admitted to an extended psychiatric crisis visit in accordance with § 8025.29(b).
- (b) Extended psychiatric crisis visit:
- (i) An extended psychiatric crisis visit includes a face-to-face interaction between an individual experiencing a behavioral health crisis and CPEP staff operating within the scope of their licensure to determine the services required. It shall include a psychiatric or mental health diagnostic examination; psychosocial assessment; and medical examination; which results in a comprehensive psychiatric emergency treatment plan and a discharge plan. Other activities include any clinically indicated examinations and assessments as appropriate for the individual's presenting problems, medication monitoring, observation, and care coordination with other providers.
 - (ii) An extended psychiatric crisis visit requires documentation using at least one encounter note explaining the array of services provided during the visit.
 - (iii) An extended psychiatric crisis visit may last up to twenty-four (24) hours. If an individual cannot be reasonably treated and discharged in that time, the individual shall be admitted to an extended observation visit in accordance with § 8025.35(c).
- (c) Extended observation visit:
- (i) An extended observation visit includes a face-to-face interaction between an individual experiencing a behavioral health crisis and CPEP staff operating within the scope of their licensure to determine the services required. This shall include a psychiatric or mental health diagnostic examination; psychosocial assessment; and medical

examination; which results in a comprehensive psychiatric emergency treatment plan and a discharge plan. Other activities include any clinically indicated examinations and assessments as appropriate for the individual's presenting problems, medication monitoring, observation, and care coordination with other providers.

- (ii) An extended observation visit requires documentation using at least one encounter note explaining the array of services provided during the visit.
- (iii) An extended observation visit is used for individuals retained in a CPEP for more than twenty-four (24) hours but not to exceed seventy-two (72) hours, voluntarily or involuntarily. If an individual cannot be reasonably treated and discharged in that time, the individual shall be transferred to a hospital for inpatient treatment.

8025.30 Brief psychiatric visits, extended psychiatric visits, and extended observation visits shall not be billed on the same day as one another.

8025.31 The duration of psychiatric emergency services varies with the severity of the individual's symptoms and their response to treatment but shall not last more than seventy-two (72) hours in total at a CPEP.

8025.32 Qualified Practitioners of services delivered in accordance with brief psychiatric visits, extended psychiatric visits, and extended observation visits and within their scope of practice are:

- (a) Psychiatrists;
- (b) Physicians;
- (c) Psychologists;
- (d) LICSWs;
- (e) APRNs;
- (f) RNs;
- (g) PAs;
- (h) LISWs;
- (i) LPCs;
- (j) LGSWs;
- (k) LGPCs;

- (l) Psychology Associates;
- (m) Certified Peer Specialists; and
- (n) Certified Recovery Coaches.

8025.33 Credentialed staff shall be permitted to provide CPEP services under the supervision of an independently licensed practitioner.

8025.34 Discharge planning shall be conducted for all individuals discharged from a CPEP who require additional mental health services after a brief or extended psychiatric visit and individuals admitted to extended observation beds who require additional mental health services. Discharge planning criteria shall include at least the following activities prior to discharge from the CPEP:

- (a) A review of the individual’s psychiatric, social, and physical needs;
- (b) Completion of referrals to appropriate community services providers, where the individual so desires, to address the individual’s identified needs;
- (c) If the individual so desires, the CPEP shall arrange for appointments with community providers which shall be made as soon as possible after release from the CPEP; and
- (d) The CPEP shall give each individual the opportunity to participate in the development of his or her discharge plan, including development of a crisis plan. With the consent of the individual and when clinically appropriate, the CPEP shall make reasonable attempts to contact family members for their participation in the discharge planning process. However, no individual or family member shall be required to agree to a discharge. The CPEP shall make a notation in the individual’s record if any objection is raised to the discharge plan.

8026 PSYCHIATRIC CRISIS STABILIZATION PROGRAM REQUIREMENTS

8026.1 Psychiatric crisis stabilization services offer therapeutic, community-based, home-like treatment for individual age eighteen (18) or older living in the community; who are in need of support to ameliorate psychiatric symptoms; who are voluntary; and, based upon a psychiatric assessment conducted on-site, are deemed appropriate for residential services within a structured, closely monitored temporary setting.

8026.2 Psychiatric crisis stabilization services shall provide an opportunity for individuals to move out of a stressful situation into a safe and secure therapeutic environment in order to prevent acute psychiatric hospitalization or to maintain stabilization following a hospital stay.

8026.3 Psychiatric crisis stabilization programs shall ensure that all referrals are screened by a psychiatrist upon admission and that there is documented evidence of the need for

- psychiatric crisis stabilization services.
- 8026.4 Each program shall be equipped, furnished, and maintained to provide a functional, safe, and comfortable home-like setting.
- 8026.5 Psychiatric crisis stabilization programs shall permit, as appropriate, each individual served to bring reasonable personal possessions, including clothing and personal articles, to the facility unless the provider demonstrates that it is not practical, feasible, or safe.
- 8026.6 Each program shall, as appropriate, provide individuals with access to reasonable individual storage space for private use.
- 8026.7 Upon an individual's discharge, the provider shall return to the individual or the individual's representative as appropriate, any personal articles held by the provider for safekeeping. The provider shall also ensure that the individual is permitted to take all of their personal possessions from the facility. The provider may require the individual or the individual's representative to sign a statement acknowledging receipt of the property. The provider shall place a copy of that in the individual's record.
- 8026.8 Each program shall maintain, as appropriate, a separate and accurate record of all funds that the individual, individual's representative or representative payee deposits with the provider for safekeeping. This record shall include the signature of the individual for each withdrawal and the signature of facility staff for each deposit and disbursement made on behalf of an individual served.
- 8026.9 Each program site shall be equipped with a functioning landline or mobile telephone for use by individuals served, as appropriate. The telephone numbers shall be provided to residents and to the Department.
- 8026.10 Staff break rooms shall be separate from resident bedrooms.
- 8026.11 Each program site shall have a functioning doorbell or knocker.
- 8026.12 Each bedroom shall comply with the space and occupancy requirements for habitable rooms in 14 DCMR § 402.
- 8026.13 The provider shall ensure each individual has the following items:
- (a) A bed, which is not a cot;
 - (b) A mattress that was new when purchased by the provider, has a manufacturer's tag or label attached to it, and is in good, intact condition with unbroken springs and clean surface fabric;
 - (c) A bedside table or cabinet and an individual reading lamp with at least a seventy-five (75) watt, or its LED light bulb equivalent, rate of capacity;

- (d) Storage space in a stationary cabinet, chest, or closet that provides at least one (1) cubic foot of space for each individual served for valuables and personal items;
 - (e) Sufficient suitable storage space, including a dresser and closet space, for personal clothing, shoes, accessories, and other personal items; and
 - (f) A waste receptacle and clothes hamper with lid.
- 8026.14 Each bed shall be placed at least three (3) feet from any other bed and from any uncovered radiator.
- 8026.15 Each bedroom shall have direct access to a major corridor and at least one (1) window to the outside, unless DCRA, or a successor agency responsible for enforcement of the D.C. Housing Code, has determined that it otherwise meets the lighting and ventilation requirements of the D.C. Housing Code for habitable rooms.
- 8026.16 Each facility housing a residential program shall provide one (1) or more bathrooms for individuals that are equipped with the following fixtures, properly installed and maintained in good working condition:
- (a) Toilet (water closet);
 - (b) Sink (lavatory);
 - (c) Shower or bathtub with shower, including a handheld shower; and
 - (d) Grab bars in showers, bathtubs, and by the toilets.
- 8026.17 Each program site shall provide at least one (1) bathroom for each six (6) occupants in compliance with 14 DCMR § 602.
- 8026.18 Each bathroom shall be adequately equipped with the following:
- (a) Toilet paper holder and toilet paper;
 - (b) Paper towel holder and paper towels or clean hand towels;
 - (c) Soap;
 - (d) Mirror;
 - (e) Adequate lighting;
 - (f) Waste receptacle;
 - (g) Floor mat;
 - (h) Non-skid tub mat or decals; and

(i) Shower curtain or shower door.

- 8026.19 The provider shall ensure each individual's privacy and safety in the bathroom.
- 8026.20 Each residential program shall promote each individual's participation and skill development in menu planning, shopping, food storage, and kitchen maintenance, if appropriate.
- 8026.21 Each residential program shall provide appropriate equipment (including a washing machine and dryer) and supplies on the premises or through a laundry service to ensure sufficient clean linen and the proper sanitary washing and handling of linen and the individual's personal clothing.
- 8026.22 Each program shall ensure that every individual has at least three (3) washcloths, two (2) towels, two (2) sheet sets that include pillow cases, a bedspread, a pillow, a blanket, and a mattress cover in good and clean condition.
- 8026.23 Each blanket, bedspread, and mattress cover shall be cleaned regularly, whenever soiled, and before being transferred from one resident to another.
- 8026.24 Each piece of bed linen, towel, and washcloth shall be changed and cleaned as often as necessary to maintain cleanliness, provided that all towels and bed linen shall be changed at least once each week.
- 8026.25 Only individuals being served and staff members may reside at each program site.
- 8026.26 Providers shall ensure that individuals can access all scheduled or emergency medical and dental appointments.
- 8026.27 Each provider shall inventory each individual's personal property and secure any valuables and medications, etc., and maintain a current written inventory of secured property, a copy of which shall be provided, signed by the individual and staff, to the individual.
- 8026.28 Each provider shall take appropriate measures to safeguard and account for personal property brought into the facility by a resident.
- 8026.29 Each provider shall provide the individual, or the individual's representative, with a receipt for any personal articles to be held by the provider for safekeeping. The provider shall document the date that the personal articles were deposited with the provider and maintain a record of all articles held for safekeeping.
- 8026.30 Each piece of bed linen, towel, and washcloth shall be changed and cleaned as often as necessary to maintain cleanliness, provided that all towels and bed linen shall be changed at least once each week.

- 8026.31 No person who is not an individual served by the program, staff member, or child of an individual served by the program may reside at a facility that houses a residential program.
- 8026.32 Each residential program shall have a licensed dietitian or nutritionist available, a copy of whose current license shall be maintained on file, to provide the following services:
- (a) Review and approval of menus;
 - (b) Education for individuals with nutrition deficiencies or special needs;
 - (c) Coordination with medical personnel, as appropriate; and
 - (d) A nutritional assessment for each individual within three (3) calendar days of admission unless the individual has a current assessment or doctor's order for dietary guidelines.
- 8026.33 The provider shall offer at least three (3) meals per day and in-between-meal-snacks that:
- (a) Are nourishing and well-balanced in accordance with dietary guidelines established by the United States Department of Agriculture;
 - (b) Are suited to the special needs of each individual; and
 - (c) Are adjusted for seasonal changes and allow for the use of fresh fruits and vegetables.
- 8026.34 The provider shall ensure that menus are written on a weekly basis, that the menus provide for a variety of foods at each meal, and that menus are varied from week to week. Menus shall be posted for the individuals' review.
- 8026.35 The provider shall retain a copy of each weekly menu for a period of six (6) months. The menus retained shall include special diets and reflect meals as planned and as actually served, including handwritten notations of any substitutions. The provider shall also retain receipts and invoices for food purchases for six (6) months. The records required to be retained by this subsection are subject to review by the Department.
- 8026.36 Each meal shall be scheduled so that the maximum interval between each meal is no more than six (6) hours, with no more than fourteen (14) hours between a substantial evening meal and breakfast the following day.
- 8026.37 If an individual refuses food or misses a scheduled meal, the provider shall offer appropriate food substitutions of comparable nutritional value.

- 8026.38 If an individual will be away from the program during mealtime for necessary medical care, work, or other scheduled appointments, the program shall provide an appropriate meal and in-between-meal snack for the individual to carry with him or her and shall ensure that the meal is nutritious as required by these rules and suited to the special needs of the individual.
- 8026.39 A residential program providing meals shall implement a written Nutritional Standards Policy that outlines their procedures to meet the dietary needs of the individuals in its program, ensuring access to nourishing, well-balanced, and healthy meals. The policy shall identify the methods and parties responsible for food procurement, storage, inventory, and preparation.
- 8026.40 The Nutritional Standards Policy shall include procedures for individuals unable to have a regular diet as follows:
- (a) Providing clinical diets for medical reasons, when necessary;
 - (b) Recording clinical diets in the individual's record;
 - (c) Providing special diets for individuals' religious needs; and
 - (d) Maintaining menus of special diets or a written plan stating how special diets will be developed or obtained when needed.
- 8026.41 A program shall make reasonable efforts to prepare meals that consider the cultural background and personal preferences of the individuals.
- 8026.42 Meals shall be served in a pleasant, relaxed dining area.
- 8026.43 The dining area shall have a sufficient number of tables and chairs to seat all individuals residing in the facility at the same time. Dining chairs shall be sturdy, non-folding, without rollers unless retractable, and designed to minimize tilting.
- 8026.44 Upon admission, a program shall submit new or revised Plan of Care, along with a Discharge Plan, to the Department with the authorization request.
- 8026.45 Psychiatric crisis stabilization programs shall provide the following services necessary to assess, treat, medicate, and stabilize residents:
- (a) Comprehensive Nursing Assessment and Plan of Care:
 - (i) Programs shall provide or ensure a comprehensive health assessment is completed within twenty-four (24) hours of admission in order to determine medical necessity for primary health care and coordinate care with the health care provider;
 - (ii) A nurse shall perform ongoing assessment of individuals as clinically indicated. A nurse shall coordinate development of a new or revised Plan

of Care, and monitor that care is rendered as outlined in the Plan of Care. A nurse shall perform medication evaluations, including the administration and monitoring of medications, obtaining consent to accept medications, and educating individuals as to the benefits, risks, and side effects of the medications prescribed. If an individual experiences a change in clinical status, the nurse must work with the on-call psychiatrist regarding a change in Plan of Care;

(iii) Pursuant to the requirements set forth in 22-A DCMR §§ 3411 and 3412:

(A) CSAs, ACT providers, or CBI providers shall coordinate the Plan of Care for individuals enrolled in MHRS; and

(B) For individuals only receiving Clubhouse services, who are not linked with a CSA, ACT provider, or CBI provider, the Clubhouse shall coordinate the Plan of Care;

(iv) Services provided at a psychiatric crisis stabilization program shall be coordinated with the individual's assigned CSA, ACT provider, CBI provider, or Clubhouse provider (whichever is applicable), to ensure continuity of care; and

(v) If the individual is not yet enrolled with a CSA, ACT provider, or CBI provider; or is only enrolled with a Clubhouse provider, the psychiatric crisis stabilization provider shall work with the Department to enroll in MHRS services and establish a new Plan of Care.

(b) Psychiatric Consultation and Assessment:

(i) A psychiatrist shall be available for consult by telephone twenty-four (24) hours per day, seven (7) days per week year-round. A psychiatrist shall be available on-site at least part-time (fifteen [15] hours per week);

(ii) A psychiatric assessment shall be performed within twenty-four (24) hours of admission;

(iii) A psychiatrist shall provide ongoing psychiatric management for the duration of an individual's stay. A psychiatrist shall conduct a review of a newly admitted individual's status after forty-eight (48) hours, and then every seventy-two (72) hours thereafter, at a minimum, unless there is a change of status that requires more frequent visits;

(iv) A psychiatrist shall perform medication evaluations, including the prescribing, monitoring, and titration of medications; including obtaining consent to accept medications and educating individuals as to the benefits, risks, and side effects of the medications prescribed;

- (v) A psychiatrist shall facilitate admission of individuals to inpatient settings as required; and
 - (vi) A psychiatrist shall oversee the clinical care of all individuals served in a psychiatric crisis stabilization program.
- (c) **Crisis Counseling:** Crisis counseling is immediate and short-term psychological care designed to assist individuals in a behavioral health crisis situation. Crisis counseling focuses on minimizing the stress of the precipitating event, providing emotional support, and improving the individual's coping strategies.
- (d) **Medication Monitoring:** This includes monitoring the side effects and interactions of medication and the adverse reactions which an individual may experience, and providing education and direction for symptom and medication self-management.
- (e) Discharge planning shall be conducted for all individuals discharged from a psychiatric crisis stabilization program. Discharge planning criteria shall include at least the following activities prior to discharge from the program:
- (i) A review of the individuals' psychiatric, social, and physical needs;
 - (ii) Completion of referrals to appropriate community services providers, where the individual so desires, to address the individual's identified needs;
 - (iii) If the individual so desires, the provider shall arrange for appointments with community providers which shall be made as soon as possible after leaving the psychiatric crisis stabilization program. When an appointment for behavioral health services cannot be made within a reasonable period of time, the psychiatric crisis stabilization provider shall coordinate with a mobile crisis and outreach team to provide crisis stabilization services until the initial appointment occurs; and
 - (iv) Each individual shall be given the opportunity to participate in the development of his or her discharge plan. If clinically appropriate, the provider shall immediately and intensely engage the individuals' family and community supports in post-discharge planning. However, no person or family member shall be required to agree to an individual's discharge. The provider shall note any person who objects to the individual's discharge plan or any part thereof in the individual's record.

8026.46 Qualified practitioners of psychiatric crisis stabilization services in accordance with this chapter and with their scope of practice are:

- (a) Psychiatrists;
- (b) Psychologists;
- (c) LICSWs;
- (d) APRNs;
- (e) RNs;
- (f) PAs;
- (g) LISWs;
- (h) LPCs;
- (i) Psychology Associates;
- (j) LGSWs; and
- (k) LGPCs.

8026.47 Credentialed staff shall be permitted to provide psychiatric crisis stabilization services under the supervision of an independently licensed practitioner.

8027 ADULT MOBILE CRISIS AND OUTREACH PROGRAMS

8027.1 Mobile crisis and outreach providers, or community response teams (“teams”), shall be dispatched into a home or community setting where a crisis may be occurring to begin the process of assessment and treatment. Teams shall provide acute behavioral health crisis interventions and behavioral health outreach services to individuals in the community while minimizing the individual’s involvement as appropriate with law enforcement, emergency room use, or hospitalizations.

8027.2 Crisis intervention services provide rapid response, assessment, and treatment of behavioral health crisis situations that involve adults.

8027.3 Behavioral health outreach services identify individuals in the community who need behavioral health and other social services. Providers make repeated visits to individuals to build relationships and connect them to needed services.

8027.4 Teams shall identify individuals in need of behavioral health services and begin the process of engaging them in treatment, including screening for mental health and substance use service needs, developing rapport, support while assisting with immediate needs, and referrals to appropriate resources. Teams shall assist with

connections to treatment, care coordination, and other social services as required. Teams shall also administer First Aid, CPR, and naloxone as appropriate.

- 8027.5 Teams shall be available on-call twenty-four (24) hours per day, seven (7) days per week and shall be staffed with two (2) individuals per team at all times pursuant to § 8027.12, one (1) of whom must be licensed. In the event services are needed to complete an FD-12, only one (1) DBH-certified officer-agent need participate.
- 8027.6 Teams shall serve all who present for services, regardless of insurance status or ability to pay.
- 8027.7 Teams shall offer services in a community setting, including the individual's home, on the streets, residential facilities, hospitals, and nursing homes, for assessing the individual's immediate behavioral health needs.
- 8027.8 Each provider shall establish and adhere to policies and procedures which govern the provision of services in natural settings ("Natural Settings Policy"), including the individual's home or community setting. The Natural Settings Policy shall require the provider to document how it respects individual's and families' rights to privacy and confidentiality when services are provided in natural settings.
- 8027.9 Teams shall include co-response with local law enforcement as appropriate.
- 8027.10 An Officer Agent shall complete and follow all FD-12 protocol for individuals who appear to be in imminent danger of harming themselves or others due to mental illness.
- 8027.11 Adult mobile crisis and outreach providers shall ensure all team members participate in the Department's Officer Agent training.
- 8027.12 Adult mobile crisis and outreach programs shall provide the following services:
 - (a) Mobile crisis interventions, subject to the following provisions:
 - (i) Rapid response, assessment, and resolution of behavioral health crisis situations involving adults. Services shall optimize clinical interventions by meeting individuals in home or community settings.
 - (ii) Face-to-face or telephonic service provided to individuals involved in an active behavioral health crisis. The provider shall rapidly respond to, evaluate and screen the presenting situation, assist in immediate stabilization and resolution, reduce the risk of immediate danger to the individual or others, and ensure necessary referrals for the individual's access to care at the appropriate level.
 - (iii) Mobile crisis interventions that are short-term and provide follow-up stabilization services, including additional therapeutic responses as needed, psychiatric consultation, and referrals and linkages to all medically necessary behavioral health services and supports.

- (iv) Mobile crisis intervention activities shall also include, as appropriate:
 - (A) Screening for eligibility and referral for SUD and/or mental health services;
 - (B) Pre-arrest diversion;
 - (C) Development of a safety plan or crisis diversion plan;
 - (D) Linkage to additional stabilization services;
 - (E) Secure access to higher levels of care; and
 - (F) Assistance identifying natural supports and community supports during a crisis.
 - (v) Mobile crisis intervention services require documentation using at least one (1) encounter note explaining the array of services provided during the service.
- (b) Behavioral health outreach services, subject to the following provisions:
- (i) The behavioral health outreach service shall include an initial evaluation and assessment for individuals in the community who are unable or unwilling to use clinic- or hospital-based services, or for individuals for whom hospitalization is not clinically appropriate. Other activities include linkages to other services or providers; providing emotional support; life skills education; and therapeutic interventions as appropriate.
 - (ii) Teams shall offer these services in a community setting, including the individual's home and on the streets.
 - (iii) Behavioral health outreach encounters shall also include, as appropriate:
 - (A) Linkage to relevant insurance and public assistance programs;
 - (B) Counseling;
 - (C) Recovery coaching; and/or
 - (D) Screening for eligibility and referral for SUD and/or mental health services.
 - (iv) Behavioral health outreach services require documentation using at least one (1) encounter note explaining the array of services provided during the service.

8027.13 Qualified practitioners of adult mobile crisis and behavioral health outreach services in accordance with this chapter and with their scope of practice are:

- (a) Physicians;
- (b) Psychologists;
- (c) LICSWs;
- (d) APRNs;
- (e) PAs;
- (f) RNs;
- (g) LISWs;
- (h) LPCs;
- (i) LMFTs;
- (j) LGPCs;
- (k) LGSWs;
- (l) Psychology Associates;
- (m) CACs I and II;
- (n) Certified Peer Specialists;
- (o) Certified Recovery Coaches;
- (p) An individual with at least a bachelor's degree from an accredited college or university in social work, counseling, psychology, or closely related field, *and* training or relevant experience in substance use or mental health; or
- (q) An individual with at least four (4) years of relevant, qualifying full-time-equivalent experience in behavioral health service delivery who demonstrates skills in developing positive and productive community relationships and the ability to negotiate complex service systems to obtain needed services and resources for individuals.

8027.14 Credentialed staff shall be permitted to provide psychiatric crisis stabilization services under the supervision of an independently licensed practitioner.

8028 YOUTH MOBILE CRISIS INTERVENTION PROGRAMS

- 8028.1 Youth mobile crisis intervention providers are dispatched into a home or community setting where children or youth may be experiencing a behavioral health crisis to begin assessment and treatment. Providers shall administer acute behavioral health crisis stabilization and psychiatric assessments to children, youth, and their families as necessary. Services shall be provided in the community, schools, or other settings as necessary, while avoiding unnecessary law enforcement involvement, emergency room use, or hospitalizations.
- 8028.2 Providers shall engage children and youth in treatment, including screening for mental health and SUD service needs, developing rapport, and providing support, while assisting with immediate needs and providing referrals to appropriate resources, including longer-term mental health or SUD rehabilitative services. Providers shall assist with connections to treatment, care coordination, and other social services as required.
- 8028.3 Youth mobile crisis intervention provider teams shall be available on-call twenty-four (24) hours per day seven (7) days per week year round. The youth mobile crisis intervention provider shall be staffed with two (2) individuals per team at all times pursuant to § 8028.15, one (1) of whom must be licensed. In the event services are needed to complete an FD-12, only one (1) DBH-certified officer-agent need participate. Youth mobile crisis intervention provider teams shall maintain sufficient resources and supports for communication and mobile capabilities. One (1) independently licensed practitioner must be available twenty-four (24) hours per day, seven (7) days per week. A psychiatrist shall be available by phone or for in-person assessment as needed and as clinically indicated.
- 8028.4 Youth mobile crisis intervention provider teams shall facilitate linkages to other social services, medical care, and any additional behavioral health services as needed. Youth mobile crisis provider teams shall assist families in enrolling children and youth in any other needed services in their community.
- 8028.5 Youth mobile crisis intervention provider teams shall offer services in a community setting, including the individual's home, on the streets, schools, residential facilities, hospitals, and nursing homes.
- 8028.6 Each provider shall establish and adhere to policies and procedures which govern the provision of services in natural settings ("Natural Settings Policy"), including the individual's home or community setting. The Natural Settings Policy shall require the provider to document how it respects individuals' and families' rights to privacy and confidentiality when services are provided in natural settings.
- 8028.7 An Officer Agent shall complete an FD-12 and follow all FD-12 protocol for individuals who appear to be in imminent danger of harming themselves or others due to mental illness.

8028.8 In addition to the provider and service requirements in this chapter, youth mobile crisis intervention providers are also responsible to:

- (a) Provide and maintain a crisis hotline to receive crisis calls directly by a live person, twenty-four (24) hours per day, seven (7) days per week year-round;
- (b) Provide systematic response for crisis call intake, triage, and deployment determinations;
- (c) Provide and fully document phone support, crisis consultation, information sharing, and follow-up to all calls that are not deployed;
- (d) Maximize parent and caregiver in crisis intervention and any follow-up;
- (e) Respond to calls for District youth placed in foster care homes in Virginia and Maryland that are within a fifty (50) mile radius of the District;
- (f) Provide and document a follow-up contact, as clinically indicated, with the individual within 24 (twenty-four) hours of the initial call or deployment;
- (g) Provide population-appropriate approaches for evaluation and assessment of children and youth experiencing a behavioral health crisis;
- (h) Implement a standardized crisis assessment tool;
- (i) Provide specialized clinical training in Crisis Theory, Risk Assessment, and Intervention for staff;
- (j) Provide a minimum of two (2) Certified Peer Specialists;
- (k) Attend all trainings the Department determines are relevant to the nature and scope of service;
- (l) Minimize placement disruption;
- (m) Provide children, youth, and their families with education on conflict resolution, triggers, coping skills, and problem-solving techniques;
- (n) Develop a crisis, safety, and continuity of operations plan for deploying teams;
- (o) Ensure all team members participate in the Department's Officer Agent training;
- (p) Partner with mental health, substance use, and other community-based providers in the District;
- (q) Provide access to psychiatric consultation by phone or in-person as needed;

- (r) If the youth is enrolled with a CSA and/or CBI provider, notify the CSA and/or CBI provider within twenty four (24) hours of the initial call or deployment and collaborate with the CSA and/or CBI provider thereafter; and
- (s) If the youth is not currently enrolled with a CSA and/or CBI provider, facilitate enrollment with a new CSA and/or CBI provider and initiate further assessment and corresponding treatment as clinically appropriate.

8028.9 Youth mobile crisis intervention programs shall provide the following service:

- (a) Mobile crisis interventions, subject to the following provisions:
 - (i) Mobile crisis interventions that provide rapid response, assessment, and resolution of behavioral health crisis situations that involve children, youth, and their families. Services shall optimize clinical interventions by meeting individuals in home or community settings and reducing the risk of immediate danger to the individual or others.
 - (ii) A mobile crisis intervention is a short-term, face-to-face, or telephonic service provided to individuals involved in an active behavioral health crisis and consists of any or all of the following activities:
 - (A) Rapid response to evaluate and screen the presenting situation;
 - (B) Therapeutic responses to de-escalate and stabilize the immediate behavioral health crisis;
 - (C) Referrals for the individual's access to appropriate care;
 - (D) Facilitate community tenure while the individual is waiting for a first visit with another provider;
 - (E) Crisis support in schools;
 - (F) Screening for eligibility and referral for SUD services;
 - (G) Psychiatric consultation;
 - (H) Development of a safety plan or crisis diversion plan;
 - (I) Linkage to additional stabilization services; and
 - (J) Assistance identifying natural supports and community supports during a crisis.

8028.10 Youth mobile crisis provider teams shall provide consultation, information, and ongoing follow-up to ensure individuals are provided the supports that best meet their needs. For calls that do not require deployment, the youth mobile crisis provider team

shall continue to monitor whether deployment is necessary to prevent further disruption or crisis.

- 8028.11 Youth mobile crisis provider teams shall provide clear information to the caller on deployment availability and status, including estimated time for deployment. Teams shall respond to the scene of a crisis within one (1) hour of the time of the call for sites within the District and up to one hour (1) and forty-five (45) minutes of calls outside of the District.
- 8028.12 For children and youth in CFSA custody, teams shall coordinate with the assigned CFSA social worker, including but not limited to youth in the following situations:
- (a) Children and youth at risk of a placement disruption; and
 - (b) Children and youth at risk of acute care hospitalization.
- 8028.13 Qualified practitioners of youth mobile crisis outreach services in accordance with this chapter and with their scope of practice are:
- (a) Physicians;
 - (b) Psychologists;
 - (c) LICSWs;
 - (d) APRNs;
 - (e) PAs;
 - (f) RNs;
 - (g) LISWs;
 - (h) LPCs;
 - (i) LMFTs;
 - (j) LGPCs;
 - (k) LGSWs;
 - (l) Psychology Associates;
 - (m) CACs I and II;
 - (n) Certified Peer Specialists;
 - (o) Certified Recovery Coaches;

- (p) An individual with at least a bachelor's degree from an accredited college or university in social work, counseling, psychology, or closely related field, *and* training or relevant experience in substance use or mental health; or
- (q) An individual with at least four (4) years of relevant, qualifying full-time-equivalent experience in behavioral health service delivery who demonstrates skills in developing positive and productive community relationships and the ability to negotiate complex service systems to obtain needed services and resources for individuals.

8028.14 Credentialed staff shall be permitted to provide youth mobile crisis services under the supervision of an independently licensed practitioner.

8029 REIMBURSEMENT

8029.1 Reimbursement rates using non-Medicaid local funds are equivalent to the reimbursement rates for equivalent services that may be reimbursable by Medicaid, pursuant to rates as established by the Department of Health Care Finance.

8030 NON-REIMBURSABLE SERVICES

8030.1 Services not covered as behavioral health stabilization services include, but are not limited to:

- (a) Room and board residential costs;
- (b) Inpatient hospital services, including hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, and institutions for mental diseases;
- (c) Transportation services;
- (d) Educational, vocational, and job training services;
- (e) Services rendered by parents or other family members;
- (f) Social or recreational services;
- (g) Universal screening and prevention services (other than those provided under Early and Periodic Screening, Diagnosis, and Treatment requirements);
- (h) Services that are not medically necessary;
- (i) Services that are not provided and documented in accordance with these certification standards;

- (j) Services that are not behavioral health stabilization services as described in these rules; and
- (k) Services furnished to persons other than the individual, when those services are not directed primarily to the well-being and benefit of the individual.

8099

DEFINITIONS

Assertive Community Treatment Provider (“ACT provider”) – A Department-certified provider that has entered into a Human Care Agreement with the Department to provide Assertive Community Treatment services in accordance with the requirements of 22-A DCMR Chapter 34.

Advanced Practice Registered Nurse (“APRN”) – A person licensed or authorized to practice as an advanced practice registered nurse pursuant to the District of Columbia Health Occupations Revisions Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Affiliation Agreement – A legal agreement between a provider and another entity that describes how they will work together to benefit individuals served.

Aftercare Plan – A plan developed with an individual and their treatment team to identify goals and action steps the individual can use to move forward once they leave treatment services.

Applicant – A program that has applied to the Department for certification as a behavioral health stabilization provider.

Assessment – A process that gathers information and engages with the individual to enable the provider to determine the presence or absence of a mental health or substance use condition or co-occurring disorder.

Behavioral Health Crisis – An unplanned event during which an individual struggles to manage their psychiatric or substance use related symptoms without de-escalation or other intervention. Also includes situations in which an individual’s daily life challenges result in or put them at risk of an escalation in symptoms.

Certification – The process of establishing that the standards described in this chapter are met; or approval from the Department indicating that an applicant has successfully complied with all requirements for the operation of a behavioral health stabilization program in the District.

Certified Addiction Counselor (“CAC”) – A person certified to provide SUD counseling services in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Certified Peer Specialist – An individual who has completed the Peer Specialists Certification Program requirements and is approved to deliver Peer Support Services within the District’s public behavioral health network.

Certified Recovery Coach – A Certified Recovery Coach is an individual with any Department-approved recovery coach certification.

Child and Family Services Agency (“CFSA”) – The District agency responsible for the coordination of foster care, adoption, and child welfare services and services to protect children against abuse or neglect.

Clinician – Individuals licensed by the District Department of Health, Health Regulation and Licensing Administration (“HRLA”) to provide clinical services.

Clubhouse Provider – A Department-certified provider that has entered into a Human Care Agreement with the Department to provide Clubhouse services in accordance with the requirements of 22-A DCMR Chapter 34 and 22-A DCMR Chapter 39.

Communicable Disease – Any disease as defined in Title 22-B, § 201 of the District of Columbia Municipal Regulations (“DCMR”).

Community Based Intervention Provider (“CBI provider”) – A Department-certified provider that has entered into a Human Care Agreement with the Department to provide Community Based Intervention services in accordance with the requirements of 22-A DCMR Chapter 34.

Continuity of Care Plan – A plan that provides for the ongoing care of individuals in the event that a certified provider is no longer able to provide adequate care.

Core Services Agency (“CSA”) – A Department-certified MHRS provider that has entered into a Human Care Agreement with the Department to provide specific MHRS in accordance with the requirements of 22-A DCMR Chapter 34.

Credentialed Staff – Non-licensed staff who are permitted to provide behavioral health stabilization services or components of behavioral health stabilization services if under the supervision of an independently licensed practitioner in accordance with applicable laws and regulations.

Crisis – An event that significantly jeopardizes an individual’s treatment, recovery, health, or safety.

Department – The District of Columbia Department of Behavioral Health.

Director – The Director of the District of Columbia Department of Behavioral Health.

Discharge – The time when an individual’s active involvement with a program is terminated.

Discharge Planning – Activities with or on behalf of an individual to arrange for appropriate follow-up care to sustain recovery after being discharged from a program, including educating the individual on how to access or reinstate additional services, as needed.

District – The District of Columbia.

Drug – Substances that have the likelihood or potential to be misused or abused, including alcohol, prescription drugs, and nicotine.

Facility – Any physical premises which houses one (1) or more behavioral health stabilization programs.

Family Member – A person with whom the individual in/seeking treatment has a significant relationship and whose participation is important to the individual’s recovery.

Full-Time – An individual employed on average at least thirty (30) hours per week.

Human Care Agreement (“HCA”) – A written agreement entered into by the certified behavioral health stabilization provider and the Department which establishes a contractual relationship between the parties. **Licensed Graduate Professional Counselor (“LGPC”)** – A person licensed as a graduate professional counselor in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Licensed Graduate Social Worker (“LGSW”) – A person licensed as a graduate social worker in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Licensed Independent Clinical Social Worker (“LICSW”) – A person licensed as an independent clinical social worker in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Licensed Independent Social Worker (“LISW”) – A person licensed as a licensed independent social worker in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Licensed Marriage and Family Therapist (“LMFT”) – A person licensed as a marriage and family therapist in accordance with Health Occupations Revision

Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Licensed Practical Nurse (“LPN”) – A person licensed as practical nurse in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Licensed Professional Counselor (“LPC”) – A professional counselor licensed in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Major Unusual Incidents (“MUI”) – Adverse events that can compromise the health, safety, and welfare of persons; employee misconduct; fraud; and actions that are violations of law and policy.

Medicaid – The medical assistance program, as approved by the Federal Centers for Medicare and Medicaid Services (“CMS”) and administered by DHCF, that enables the District to receive Federal financial assistance for its medical assistance program and other purposes as permitted by law.

Medical Necessity (or Medically Necessary) – Health care services or products that a prudent provider would provide to an individual to prevent, diagnose, or treat an illness, injury, disease, or its symptoms in a manner that is: (a) in accordance with generally accepted standards of health care practice; (b) clinically appropriate in terms of type, frequency, extent, site, and duration; and (c) not primarily for the economic benefit of the health plans and purchasers or for the convenience of the individual or treating provider.

Medical Waste – Any solid waste that is generated in the diagnosis, treatment, or immunization of human beings or in the testing of biologicals, including but not limited to: soiled or blood-soaked bandages, needles used to give shots or draw blood, and lancets.

Mental Health Rehabilitation Services (“MHRS”) – The Department’s rehabilitative services as covered by the District’s Medicaid State Plan.

Mental Illness – A diagnosable mental, behavioral, or emotional disorder (including those of biological etiology) which substantially impairs the mental health of the person or is of sufficient duration to meet diagnostic criteria specified within the most recent Diagnostic and Statistical Manual (“DSM”) or its most recent International Classification of Diseases equivalent.

Mobile Crisis Intervention – A home- or community-based service that addresses a behavioral health crisis by using therapeutic communication, interactions, and supporting resources to interrupt and/or ameliorate acute behavioral health distress and associated behaviors.

Notice of Infraction (“NOI”) – An action taken by agencies to enforce alleged violations of regulatory provisions.

Organizational Onboarding – Mechanism through which new employees acquire the necessary knowledge, skills, and behaviors to become effective performers. It begins with recruitment and includes a series of events, one (1) of which is employee orientation, which helps new employees understand performance expectations and contribute to the success of the organization.

Parent – A person who has custody of a child such as a natural parent, stepparent, adopted parent, or a person who has been appointed as a guardian for the child by a court of competent jurisdiction.

Pharmacist – A person licensed or authorized to practice pharmacy pursuant to Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Physician – A person licensed or authorized to practice medicine pursuant to Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Physician Assistant – A person licensed or authorized to practice as a physician assistant pursuant to Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Privacy Officer – A person designated by an organization that routinely handles protected health information, to develop, implement, and oversee the organization’s compliance with the U.S. Health Insurance Portability and Accountability Act (“HIPAA”) privacy rules, 42 CFR Part 2, and the District’s Mental Health Information Act.

Program – An entity that provides behavioral health stabilization services as certified by the Department.

Program Director – An individual having authority and responsibility for the day-to-day operation of a behavioral health stabilization program.

Protected Health Information (“PHI”) – Any written, recorded, electronic (“ePHI”), or oral information which either (1) identifies, or could be used to identify, an individual; or (2) relates to the physical or mental health or condition of an individual, provision of health care to an individual, or payment for health care provided to an individual. PHI does not include information in the records listed in 45 CFR § 160.103.

Provider – An entity certified by the Department to administer behavioral health stabilization programs.

Psychiatrist – A person licensed as a psychiatrist in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Psychologist – A person licensed to practice psychology in accordance with applicable District laws and regulations.

Psychology Associate – A person registered as a psychology associate in accordance with applicable laws and regulations.

Qualified Practitioner – Staff authorized to provide treatment and other services based on the definition of the service.

Registered Nurse (“RN”) – A person licensed as a registered nurse in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Representative Payee – An individual or organization appointed by the Social Security Administration to receive Social Security or Supplemental Security Income (“SSI”) benefits for someone who cannot manage or direct someone else to manage his or her money.

Residential Program – Any behavioral health stabilization program which houses individuals overnight; this includes CPEPs and psychiatric crisis stabilization programs.

Screening – A determination of the likelihood that an individual has co-occurring substance use and mental disorders or that their presenting signs, symptoms, or behaviors may be influenced by co-occurring issues. Screening is a formal process that typically is brief and occurs soon after the individual presents for services.

Statement of Deficiencies (“SOD”) – A written statement of non-compliance issued by the Department, which describes the areas in which an applicant for certification or the certified provider fails to comply with the certification standards pursuant to this chapter.

Substance Use Disorder (“SUD”) – A chronic relapsing disease characterized by a cluster of cognitive, behavioral, and psychological symptoms indicating that the individual continues using a substance despite significant substance-related problems. A diagnosis of SUD requires an individual to have had persistent, substance related problem(s) within a twelve (12)-month period in accordance with the most recent version of the DSM.

Treatment – A therapeutic effort to improve an individual’s cognitive or emotional conditions or the behavior of an individual, consistent with generally recognized principles or standards in the behavioral health stabilization field, provided or supervised by a Qualified Practitioner.