

TITLE 22. PUBLIC HEALTH AND MEDICINE  
CHAPTER 38. COMMUNITY RESIDENCE FACILITIES FOR MENTALLY ILL PERSONS

*CDCR 22-3800 (2007)*

22-3800. GENERAL PROVISIONS

3800.1 A public or private mental health community residence facility (MHCRF) shall meet the requirements of this chapter in order to be licensed.

3800.2 A MHCRF shall be a publicly or privately owned residence that houses individuals, eighteen (18) or older, with a principal diagnosis of mental illness and who require twenty-four hour (24 hr.) on site supervision, personal assistance, lodging, and meals and who are not in the custody of the District of Columbia Department of Corrections.

3800.3 The categories of MHCRFs shall be Supported Residence, Supported Rehabilitation Residence, and Intensive Residence.

3800.4 This chapter shall not apply to Independent Living Arrangements, Supported Independent Living Arrangements, or Crisis Stabilization Beds, as defined in § 3899, or any residence that does not provide twenty-four hour (24 hr.), on-site staff.

3800.5 Each residence that is licensed as a community residence facility (CRF) under 22 DCMR, chapter 38, that houses a person with a primary diagnosis of mental illness, shall apply for a new license under this chapter prior to the termination date of its existing license. A provisional license may be issued by the Department of Consumer and Regulatory Affairs (DCRA) in accordance with procedures developed by DCRA in chapter 31, Title 22 DCMR. Nothing in this subsection shall be intended to amend *D.C. Code § 32-1302*.

3800.6 This chapter shall supersede chapter 34 of this title insofar as it applies to community residential facilities that house mentally ill persons.

**AUTHORITY:** Unless otherwise noted, the authority for this chapter is § 5 of the Health-Care and Community Residence Facility, Hospice and Health-Care Licensure Act of 1983, D.C. Law 5-48, D.C. Code § 32-1301 et seq. (1993 Repl. Vol.); and Mayor's Order 84-105, dated June 19, 1984.

**SOURCE:** Final Rulemaking Published at 42 DCR 569 (January 27, 1995).  
History of Rules since Last Compilation by Agency (August 1986)  
Chapters 30 - 38, Health Care and Community Residence Facilities Supplement Published as a Separate Volume Dated February 1995

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*CDCR 22-3801 (2007)*

22-3801. RESIDENT'S RIGHTS AND RESPONSIBILITIES

3801.1 Prior to the admission of each resident to a MHCRF, the Residence Director, or the Residence Director's designee, shall explain to the resident or any designated representative of the resident the rights and responsibilities of the resident as set forth in §§ 3801.2 through 3801.32 and provide a written statement of rights and responsibilities to the resident. Additionally, a copy of the rights shall be available to residents upon request. If a resident cannot read or understand English, the notice shall be given orally and in writing in a language the resident can understand. The Residence Director shall answer any questions the resident may have regarding the resident's rights and responsibilities.

3801.2 Each resident shall receive treatment and services which shall be in compliance with relevant federal and District of Columbia law, rules, and regulations, without discrimination in the quality or quantity of a service based on age, gender, race, physical or mental disability, HIV status, religion, sexual orientation, national origin, marital status or the source of payment for the service.

3801.3 Prior to admission, the resident and the resident's legal representative, if any, shall be given a written admission contract, which shall be signed by the Residence Director, the resident, or the resident's legal representative, and that sets forth, at a minimum, the following details:

- (a) The monthly fee payable by the resident;
- (b) The care and services covered by the monthly fee; and
- (c) The care and services not covered by the monthly fee and the specific charges for all non-covered services.

3801.4 Each resident, or any authorized person acting on the resident's behalf, shall be permitted to register grievances or complaints without the threat of the resident's discharge or other reprisal by MHCRF staff.

3801.5 Each MHCRF shall provide each resident at the time of admission with a copy of any grievance or complaint procedures.

3801.6 Each resident shall have the right to privacy in the provision of personal and medical care.

3801.7 Each resident shall have the right to participate actively in the development of the resident's individual treatment plan.

3801.8 Each resident shall have the right to receive adequate and humane treatment by competent, qualified, professional staff.

3801.9 Each resident shall have the right to be informed of his or her condition and progress.

3801.10 Each resident shall have the right to have his or her treatment record and all information contained therein kept confidential in accordance with the Mental Health Information Act, D.C. Code § 6-2001 et seq. (1989 Repl. Vol.) and any other District or federal law that governs treatment records.

3801.11 Each resident shall have the right to meet with the physician and other members of the treatment team.

3801.12 Each resident shall have the right to periodic review of the treatment plan.

3801.13 Each resident shall have the right to visit, in private, with the resident's personal physician, attorney, clergy, family members, friends and other persons of the resident's choice at reasonable times.

3801.14 Each resident shall have the right to send and receive sealed mail.

3801.15 Each resident shall have the right to communicate freely and confidentially with the resident's attorney, the courts, the Commission on Mental Health Services (CMHS) Patient Advocate, the Long Term Care Ombudsman, and the organization responsible for protection and advocacy under the Mentally III Individuals Act, *42 U.S.C. § 10801* and Part C of the Developmental Disabilities Assistance and Bill of Rights Act, *42 U.S.C. § 6061* et seq. and representatives of the District of Columbia government.

3801.16 Each resident shall have reasonable access to a telephone to make and receive confidential calls.

3801.17 Each resident shall have the right to accept or refuse life sustaining medical treatment and to execute advanced directives about medical treatment decisions.

3801.18 Each resident shall have a limited right to refuse psychiatric treatment and supportive services, subject to federal or District law, court order, or CMHS policy governing the involuntary administration of medication.

3801.19 Representatives of the District of Columbia government and the Long Term Care Ombudsman, upon presentation of proper identification, shall have immediate access to residents in MHCRFs.

3801.20 Each MHCRF shall assist the resident in registering and exercising the resident's right to vote.

3801.21 No resident shall have any religious belief or practice imposed upon him or her.

3801.22 Each resident shall have the right to participate in social, religious or community activities that do not interfere with the rights of other residents or cause a substantial disruption to the normal functioning of the residence.

3801.23 Representatives of the Office of the District of Columbia Long-Term Care Ombudsman Program shall have access to residents in MHCRFs in accordance with the Federal Older Americans Act, 42 U.S.C. § 3027(a)(12) and the District of Columbia Long-Term Care Ombudsman Program Act, D.C. Code § 6-3501 et seq. (1989 Repl. Vol.),

3801.24 Representatives of the agency responsible for the protection and advocacy system for persons with mental illness and developmental disabilities shall have access to residents in community residence facilities in accordance with the Protection and Advocacy for Mentally III Individuals Act, 42 U.S.C. § 10801 et seq., and Part C of the Developmental Disabilities Assistance and Bill of Rights Act, 42 U.S.C. § 6061 et seq.

3801.25 Each resident shall have the right to manage his or her own financial affairs unless the resident has a duly appointed conservator, representative payee or guardian.

3801.26 No research using residents as subjects may be conducted unless the resident consents and the research complies with federal and District laws, rules, and regulations and CMHS policy. A copy of the resident's consent form shall be kept in the resident's record.

3801.27 Other than routine household duties, no resident shall be required to perform unpaid work unless the work is part of the resident's Individual Treatment Plan.

3801.28 Except as provided at *D.C. Code § 21-501* et seq. (1989 Repl. Vol.), each transfer, discharge or relocation of a resident within the facility shall comply the Title III of the Nursing Home and Community Residence Facility Residents' Protection Act of 1985, effective April 18, 1986 (D.C. Law 6-108; *D.C. Code § 32-1431* et seq. (1993 Repl. Vol.)), and § 3830 of this chapter.

3801.29 Upon admission, each resident shall be provided a copy of the MHCRF's rules.

3801.30 At a minimum, each MHCRF shall have rules concerning the following:

- (a) The use of tobacco and alcohol;
- (b) The use of the telephone;
- (c) Hours for viewing or listening to television, radio or a phonograph; and
- (d) Movement of residents in and out of the facility.

3801.31 The resident shall comply with the MHCRF's rules during his or her residency at the MHCRF.

3801.32 Each resident shall pay the MHCRF on a monthly basis the amount which has been agreed upon in writing for the care provided to the resident.

SOURCE: Final Rulemaking Published at 42 DCR 569, 570 (January 27, 1995).

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*CDCR 22-3802 (2007)*

22-3802. ENVIRONMENTAL REQUIREMENTS

3802.1 No MHCRF shall use a name on the exterior of the facility or display any logo that distinguishes the facility from any other residence in the neighborhood.

3802.2 If space permits, a MHCRF shall have landscaping, plantings, trees, and green areas which shall be properly maintained by the provider and accessible to all residents.

3802.3 Each MHCRF shall be located in an area reasonably free from noxious, hazardous smoke and fumes, away from known sources of loud and irritating noises and in areas where interior sounds may be maintained at reasonably comfortable levels.

3802.4 Each MHCRF shall be designed, constructed, located, equipped, and maintained to provide a functional, healthy, safe, comfortable, and supportive environment.

3802.5 A pest control program shall be in operation in the MHCRF, and the premises shall be free from insects and rodents and from debris that might provide harbor for insects and rodents.

3802.6 First aid supplies shall be maintained in a place known and readily accessible to residents and employees.

3802.7 Residents shall be protected from the hazards of asbestos in the residence in accordance with 20 DCMR, chapter 8.

3802.8 Each residence shall be equipped, furnished, and maintained in such a manner as to provide a comfortable, congenial, home-like setting for each resident and staff member.

3802.9 Adequate facilities shall be provided for the collection, storage and removal of all trash and other refuse.

3802.10 Each window shall be screened during insect season.

3802.11 Each rug or carpet that is used in the residence shall be securely fastened or shall have a non-skid pad.

3802.12 Each hallway, porch, stairway, stairwell and basement shall be kept free from any obstruction at all times.

3802.13 Each ramp and stairway that is used by a resident shall be equipped with a firmly secured handrail or banister.

3802.14 Lead-free paint shall be used inside each residence, and each residence shall remove or cover old paint or plaster containing lead so that it shall not be accessible to residents.

3802.15 Each wall and floor shall be designed and maintained to minimize accidents.

3802.16 Plants and pets shall be permitted in a MHCRF, at the discretion of the Residence Director and as specified in the Program Statement. Pets shall be examined by a licensed veterinarian within sixty (60) days of admission to a MHCRF and once a year thereafter, or as often as necessary. All pets shall have current vaccinations.

SOURCE: Final Rulemaking Published at 42 DCR 569, 573 (January 27, 1995).

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*CDCR 22-3803 (2007)*

22-3803. STRUCTURAL REQUIREMENTS

3803.1 Except as provided in § 3803.2 the maximum number of occupants in a MHCRF shall be no greater than ten (10), and must conform to the maximum occupancy standard specified in §§ 3835 - 3838, unless the maximum number is waived by the Director, DCRA in writing.

3803.2 Notwithstanding § 3803.1, a MHCRF that was granted a license prior to December 23, 1991, may have up to twenty-five (25) residents, exclusive of staff.

3803.3 Waivers of the maximum number of occupants shall be granted only when a determination is made by DCRA that:

- (a) The health, safety, or welfare of the residents or MHCRF staff shall not be adversely affected by granting the waiver; and
- (b) The MHCRF shall demonstrate that the size of the facility does not compromise a home-like, non-institutional atmosphere.

3803.4 A MHCRF may be located in a single or multi-family dwelling.

3803.5 Each residence shall be physically accessible to each resident that is served.

3803.6 If the physical structure of any MHCRF is constructed, added to, remodeled, or otherwise altered to the extent a building permit is required, the owner shall submit to DCRA for review and approval each intended change that may relate to the requirements of this chapter before a building permit shall be issued in accordance with the requirements of DCRA.

3803.7 Each MHCRF with eight (8) or fewer residents, excluding the Residence Director and his or her family, shall conform to chapters 1 (except § 103) 3, 4, 5, 6 (except § 607.2, to obviate the necessity of providing keys to residents), 7, 8, and 9 (except §§ 901 through 906) of the D.C. Housing Code (14 DCMR).

CDCR 22-3803

SOURCE: Final Rulemaking Published at 42 DCR 569, 574 (January 27, 1995).



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*CDCR 22-3804 (2007)*

22-3804. LIGHTING

3804.1 Each room in a MHCRF shall have adequate light, and each bedroom having sufficient light for reading (at a minimum one hundred (100) watt bulb).

3804.2 A night light shall be in each bathroom, hallway and offered to residents for use in their sleeping rooms.

3804.3 Each outside entrance shall be lighted.

SOURCE: Final Rulemaking Published at 42 DCR 569, 575 (January 27, 1995).

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*CDCR 22-3805 (2007)*

22-3805. WATER SUPPLY

3805.1 Each MHCRF shall ensure that its water supply and distribution system conform to applicable District laws and regulations and shall report to DCRA the lack of a water supply within twelve hours (12 hrs.) of discontinuation of services.

3805.2 Each MHCRF shall have plumbing sized, installed, and maintained that is adequate to carry quantities of hot and cold water in the facility in a manner which would not constitute an unsanitary condition or a nuisance.

3805.3 The temperature of hot water at each fixture that is to be used by each resident shall be automatically controlled and shall be maintained within the range of five degrees Fahrenheit (5 [degrees] F.) over or under one-hundred and twenty degrees Fahrenheit (120 [degrees] F.).

3805.4 The water supply may also include a separate or boosted supply at higher temperatures for the kitchen and for dishwashing and laundry uses.

3805.5 Each MHCRF shall provide hot and cold running water, under pressure, to each area where food is prepared, where food equipment, utensils or containers are washed, and to the laundry, bath, and toilet.

SOURCE: Final Rulemaking Published at 42 DCR 569, 575 (January 27, 1995).

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*CDCR 22-3806 (2007)*

22-3806. HEAT, VENTILATION, AND INSULATION

3806.1 Each MHCRF shall have a heating and cooling system that conforms to applicable District laws and regulations, and shall be of sufficient size and capacity to maintain a minimum of sixty-eight degrees Fahrenheit (68 [degrees] F.) during the hours of 6:30 a.m. to 11:00 p.m., and sixty-five degrees Fahrenheit (65 [degrees] F.) during the hours 11:00 p.m. to 6:30 a.m., between October 15th and April 15th. Fans or air conditioning shall be available in sleeping rooms and in the main living room between April 15th and October 15th to maintain a maximum temperature of ninety degrees Fahrenheit (90 [degrees] F.).

3806.2 Each heating system shall be thermostatically controlled.

3806.3 A MHCRF shall not supplement its heating system with a portable room heater, space heater, or fireplace unless its usage is specifically approved by the District of Columbia Fire Department.

3806.4 A fireplace may be utilized for decorative, social, and recreational purposes. If utilized, the chimney must be cleaned at least once a year.

SOURCE: Final Rulemaking Published at 42 DCR 569, 576 (January 27, 1995).

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*CDCR 22-3807 (2007)*

22-3807. BEDROOMS

3807.1 Each bedroom shall have a minimum of eighty square feet (80 ft.<2>) for single occupancy and one hundred square feet (80 ft.<2>) for double occupancy. No bedroom shall have more than four (4) occupants. If a bedroom has more than two (2) occupants there shall be an additional forty feet (40 ft.) of space or more for each additional occupant.

3807.2 Each resident's bedroom shall be equipped with at least the following items:

- (a) A bed, which shall not be a cot;
- (b) A mattress, which shall meet the requirements of 22 DCMR § 115;
- (c) A bedside table or cabinet with lockable storage space and an individual reading lamp with at least a one hundred (100) watt bulb;
- (d) Suitable sufficient storage space for each resident's personal clothing and personal effects; and
- (e) A waste receptacle and clothes hamper with lid.

3807.3 Each bed shall be located only in a room that is designed solely as a bedroom.

3807.4 Each bed shall be placed at least three feet (3 ft.) from any other bed and from a radiator.

3807.5 Each MHCRF shall provide at least one (1) desk and chair for the use of every eight (8) residents.

3807.6 Each resident who is enrolled on a full or part-time basis in a course of academic or vocational study shall be provided with a work area in the residence MHCRF that is quiet and conducive to study.

3807.7 Each bedroom shall have direct access to a major corridor and at least one (1) window.

CDCR 22-3807

SOURCE: Final Rulemaking Published at 42 DCR 569, 576 (January 27, 1995).

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*CDCR 22-3808 (2007)*

22-3808. BATHING AND TOILET FACILITIES

3808.1 Each MHCRF shall provide toilet and lavatory facilities which comply with the fixture ratios set forth in chapter 6 of 14 DCMR (D.C. Housing Code).

3808.2 Each toilet room or lavatory shall be adequately equipped with the following:

- (a) Toilet paper holder and toilet paper;
- (b) Clean towels;
- (c) Soap;
- (d) Mirror;
- (e) Adequate lighting; and
- (f) Waste receptacle.

3808.3 Each MHCRF shall ensure that properly anchored grab bars or handrails are provided in toilet and bathing areas, if needed by any resident in the facility.

3808.4 Adequate provision shall be made to ensure each resident's privacy and safety in each toilet, lavatory, and bathing facility.

SOURCE: Final Rulemaking Published at 42 DCR 569, 577 (January 27, 1995).

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*CDCR 22-3809 (2007)*

22-3809. FIRE SAFETY

3809.1 Each MHCRF shall comply with chapter 21 of the current edition of the Life Safety Code of the National Fire Protection Association and the District's Smoke Detection Act, D.C. Law 2-81, effective June 20, 1978, D.C. Code § 5-531 et seq. (1994 Repl. Vol.).

3809.2 Where a specific provision of this section conflicts with chapter 21 of the Life Safety Code of the National Fire Protection Association, the specific provisions of this section shall apply.

3809.3 Each MHCRF shall have a written manual of instructions and plans, approved by the District of Columbia Fire Department, which shall be followed in case of fire, explosion, or any other emergency, which shall be available for review in each MHCRF.

3809.4 The manual shall specify the following:

- (a) The persons to be notified;
- (b) The locations of alarm signals and fire extinguisher;
- (c) The evacuation routes;
- (d) The frequency of fire drills; and
- (e) The assignment of specific tasks and responsibilities to the staff of each shift.

3809.5 Drills testing the effectiveness of the fire plan shall be conducted for each resident individually upon admission, and for current residents within two (2) weeks of the implementation of this chapter. In addition, fire drills shall be conducted at least twice annually in all MHCRFs, with at least one drill conducted during the night. The exceptions listed in § 31.9 of the current edition of the Life Safety Code shall apply.

3809.6 Each MHCRF shall maintain in its records the most recent fire inspection report with the date of the latest inspection of the alarm system.

3809.7 Each MHCRF shall install and maintain smoke detectors in accordance with §§ 4 through 9a of the Smoke Detector Act, D.C. Law 2-81, effective June 20, 1978, as amended (D.C. Code §§ 5-531 through 5-537).

3809.8 If all sleeping rooms are not located on the same level, the MHCRF shall install and maintain a smoke detector system composed of interconnected smoke detectors, unless the licensee can show to the satisfaction of the District of Columbia Fire Department that another detector system would be audible in all sleeping areas.

3809.9 Subsection 3809.7 shall apply to each MHCRF that is newly licensed or substantially renovated after the effective date of this chapter.

3809.10 Each existing MHCRF shall meet the requirements of this section within six (6) months following the effective date of this chapter.

SOURCE: Final Rulemaking Published at 42 DCR 569, 577 (January 27, 1995).



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*CDCR 22-3810 (2007)*

22-3810. FIRE EXTINGUISHER

3810.1 A fire extinguisher that is effective in extinguishing grease and oil fires shall be located within fifteen feet (15 ft.) of any stove, oven, cooking burner, or other cooking device.

3810.2 Each MHCRF shall have at least one (1) working fire extinguisher on each floor, including the basement and first floor, and in a central location where it is accessible to residents and employees.

3810.3 A fire extinguisher of a type and capacity sufficient to extinguish fires originating in the main heating plant and hot water heat shall be located within five feet (5 ft.) of that equipment.

3810.4 Each fire extinguisher shall do the following:

- (a) Be properly maintained; and
- (b) Be approved for its specific use by an official of the District of Columbia Fire Department.

3810.5 Each fire extinguisher shall be recharged immediately after use, except that a water type extinguisher equipped with pressure gauge shall need only to be inspected and tagged.

3810.6 Each fire extinguisher shall have attached to it a tag giving the date when the service was performed, a description of the service performed, and the name and address of the person performing the service.

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*CDCR 22-3811 (2007)*

22-3811. EGRESS REQUIREMENTS AND FIRE DOORS

3811.1 Each MHCRF shall have a fire exit that meets the following requirements:

- (a) Is clearly designated on the MHCRF's disaster plan;
- (b) Is clearly identified for residents;
- (c) Is kept clear of obstructions; and
- (d) Is accessible from sleeping rooms.

3811.2 If the area or floor served by a fire exit door is to be occupied, the door shall not be locked in a manner that would require a key to unlock the door from the inside or that would require more than thirty (30) seconds to unlock.

3811.3 Each MHCRF that has residents in sleeping rooms above the second floor, or which has more than eight (8) residents in sleeping rooms above the street level, shall provide the following:

- (a) Access to two (2) separate means of exit for sleeping rooms above street level, at least one (1) of which shall consist of an enclosed interior stair, or a horizontal exit, or a fire escape, all arranged to provide a safe path of travel to the outside of the building without traversing any corridor or space exposed to an unprotected vertical opening; or
- (b) Alternative arrangements or method which, according to reasonable equivalency criteria set out in chapter 21 of the current edition of the Life Safety Code, secure safety of life from fire.

3811.4 Each MHCRF shall comply with the requirements set forth in 12 DCMR § 914.

3811.5 No MHCRF shall permit smoking in bedrooms.

SOURCE: Final Rulemaking Published at 42 DCR 569, 579 (January 27, 1995).



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*CDCR 22-3812 (2007)*

22-3812. PAYMENT OF DISTRICT FUNDS

3812.1 No District Income Maintenance Funds shall be paid to any MHCRF or to any person residing in a MHCRF for his or her maintenance in that facility unless the MHCRF is licensed by the District or otherwise complies with *D.C. Code § 32-1302* (1993 Repl. Vol.).

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*CDCR 22-3813 (2007)*

22-3813. DIETARY SERVICES

3813.1 Each MHCRF shall have a current food handler certificate (23 DCMR, chapters 20 - 25) and shall apply generally accepted principles of nutrition and management to each menu planning, food preparation, and service for residents of the facility.

3813.2 Each MHCRF shall promote each resident's participation and skill development in menu planning, shopping, food storage, and kitchen maintenance.

3813.3 Each MHCRF shall serve, provide for, or arrange on a daily basis at least three (3) meals and between meal snacks that meet one hundred percent (100%) of the required daily allowance as defined by the Food and Nutrition Board of the National Academy of Science and are suited to the special needs of each resident, and adjust meals and snacks for seasonal changes, particularly to allow for the use of fresh fruits and vegetables.

3813.4 If a resident is provided meals at another location by the MHCRF, the Residence Director shall ensure that each meal, including any box lunch, is nutritious as required by § 3813.3 and suited to the special needs of the resident.

3813.5 Each meal shall be scheduled so that the maximum interval between each meal shall be no more than six hours (6 hrs.), except that there shall be no more than fourteen hours (14 hrs.) between a substantial evening meal and breakfast the following day.

3813.6 Each food and drink item shall be clean, wholesome, free from spoilage, prepared in manner that is safe for human consumption, and served in accordance with chapters 20 through 25 of Title 23 DCMR, with the following exceptions:

- (a) A MHCRF with fewer than twenty (20) residents shall not be required to comply with 23 DCMR § 2500.2, but shall organize plumbing facilities to ensure that the food processed is safe for human consumption;

(b) A MHCRF with fewer than ten (10) employees on a shift shall not be required to comply with 23 DCMR § 2501.2 which requires separate toilet facilities for male and female employees; and

(c) A MHCRF with five (5) or fewer unrelated residents plus the Residence Director and his or her family shall not be required to comply with 23 DCMR §§ 2207, 2208, 2300, or 2301.

3813.7 Each MHCRF shall have fresh water and clean drinking glasses available for each resident at all times.

3813.8 Each resident who needs assistance to eat shall be given the assistance promptly upon receipt of meals.

3813.9 A MHCRF shall not permit the use of tobacco products during food preparation.

3813.10 A MHCRF shall retain a copy of each menu, as planned and served, for thirty (30) days.

3813.11 If a resident refuses food or misses a scheduled mealtime, appropriate substitutions of comparable nutritional value shall be offered.

SOURCE: Final Rulemaking Published at 42 DCR 569, 580 (January 27, 1995).

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TITLE 22. PUBLIC HEALTH AND MEDICINE  
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*CDCR 22-3814 (2007)*

22-3814. THERAPEUTIC DIETS

3814.1 Each MHCRF with a resident in need of a special or therapeutic diet shall ensure that the diet is planned, prepared, and served as prescribed by the attending physician.

3814.2 Each MHCRF with residents who are in need of special or therapeutic diets shall consult at least every six (6) months with a dietitian or nutritionist.

3814.3 As authorized by the Mental Health Information Act, the dietitian or nutritionist shall have access to each resident's record, which shall contain the physician's prescription for medications and special diets, and he or she shall document in that record each observation, consultation, and instruction regarding the resident's acceptance and tolerance of each prescribed diet.

3814.4 The dietitian or nutritionist, the Residence Director, or designee of the Director, the resident and the resident's legal guardian shall review the therapeutic diet of the resident at least every six (6) months.

SOURCE: Final Rulemaking Published at 42 DCR 569, 582 (January 27, 1995).

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*CDCR 22-3815 (2007)*

22-3815. HOUSEKEEPING AND LAUNDRY SERVICES

3815.1 The interior and exterior of each MHCRF shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and shall be free from accumulations of dirt, rubbish, and objectionable odors.

3815.2 Each MHCRF shall provide appropriate procedures, personnel, and equipment to ensure sufficient clean linen supplies and the proper sanitary washing and handling of linen and personal clothing of residents.

3815.3 At least one (1) towel, bedspread, pillow, blanket and mattress cover in good repair and clean shall be maintained for each resident.

3815.4 Each piece of towel and bed linen shall be changed and cleaned as often as necessary to maintain cleanliness at all times, but in no case shall towels and bed linen be changed less often than once each week.

3815.5 Each blanket, bedspread, and mattress cover shall be cleaned regularly and when soiled or transferred from one (1) resident to another.

3815.6 Arrangements shall be made to provide each resident with a safe and convenient place to wash and dry personal laundry.

3815.7 Each MHCRF shall ensure that the personal laundry of each resident is laundered in a sanitary manner, separate from bed linen.

3815.8 Clean linen and clothing shall be stored in clean, dry, dust free areas that are easily accessible to residents.

SOURCE: Final Rulemaking Published at 42 DCR 569, 582 (January 27, 1995).



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*CDCR 22-3816 (2007)*

22-3816. PERSONAL PROPERTY AND FINANCES OF RESIDENTS

3816.1 No Residence Director or licensee shall increase the fee for care in a MHCRF more than once within a twelve (12) month period, unless the following occurs:

- (a) The increase is justified in writing;
- (b) The increase is caused by an unusual escalation in the expense of the facility or services to the resident; and
- (c) The resident is given sixty (60) days notice of the effective date of the increase in writing.

3816.2 Each MHCRF shall permit each resident to bring reasonable personal possessions and furnishings to his or her living quarters in the MHCRF unless the MHCRF can demonstrate that it is not practical, feasible, or safe.

3816.3 Each MHCRF shall take appropriate measures to safeguard and account for personal articles brought by a resident. Each MHCRF shall inventory the articles and provide a copy of the inventory, signed by the resident and staff, to the resident.

3816.4 The MHCRF shall provide the resident, his or her conservator or legal guardian, if any, with a receipt for all personal property held by it for safekeeping.

3816.5 Each MHCRF shall maintain a separate and accurate record of all funds and personal property, deposited with the MHCRF for safekeeping or managed by the MHCRF for the benefit of the resident. That record shall include the following:

- (a) The date, amount of all money, and value of all property received;
- (b) The date and amount of each withdrawal by the resident or disbursement by the MHCRF for the resident's benefit, including signed receipts;
- (c) The items or purposes for which disbursements were made by the MHCRF;

- (d) The current balance; and
- (e) Signatures of the resident and facility staff.

3816.6 Each MHCRF shall make a copy of the record required in § 3816.5 available to the resident, his or her conservator or legal guardian, if any, on a quarterly basis, when the resident is to be transferred or discharged from the facility, or upon the resident's request.

3816.7 No Residence Director or employee of a MHCRF shall require a resident to give, transfer, or assign to the Residence Director or an employee an interest in or title to any property owned by the resident, nor shall the Residence Director or employee of the MHCRF accept any such gift, transfer, or assignment. This provision shall not apply to funds used for care of the resident as agreed in § 3801.3 where the Residence Director is the representative payee.

3816.8 Nothing in this section shall be construed to prohibit a Residence Director from requiring a resident to pay the sum of money for his or her care that has been agreed upon in writing as set forth in § 3801.3.

3816.9 Upon admission of a resident, each MHCRF shall explain to the resident or his or her conservator or legal guardian, the option as to the manner in which the resident's personal allowance funds shall be handled during his or her stay at the residence. Each MHCRF shall obtain written authorization from the resident or his or her conservator or legal guardian, before handling or managing the resident's personal funds, which shall be reviewed at least annually.

3816.10 Upon each resident's discharge from the MHCRF, the residence shall promptly provide the remaining personal allowance funds or personal property to the resident or her or his conservator, guardian or legal representative. The resident, conservator, guardian or legal representative may be required to sign a statement acknowledging the receipt of the funds. A copy shall be placed in the resident's record.

3816.11 Each MHCRF shall encourage residents to wear their own clothing, which should be appropriate, clean, and seasonable.

SOURCE: Final Rulemaking Published at 42 DCR 569, 583 (January 27, 1995).

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*CDCR 22-3817 (2007)*

22-3817. MEDICAL COVERAGE

3817.1 Each resident shall have the right to choose, and shall provide for his or her own medical or dental care, at his or her own expense, or under relevant provisions of the Social Security Act. Alternatively, each eligible resident may seek medical or dental care from a public agency at public expense in accordance with laws and regulations governing the agency.

3817.2 Each resident shall be examined by a physician at least one (1) time every year.

3817.3 Each resident's permanent records shall include copies of his or her medical examinations, all physicians' reports, and the physicians' recommendations for the resident care.

3817.4 If a resident is unable to make arrangements for his or her annual physical examination or any medical or dental examination, the Residence Director shall assist the resident in making arrangements for the examinations.

3817.5 Each MHCRF shall maintain in the residence a list of the names and telephone numbers of each resident's physician.

SOURCE: Final Rulemaking Published at 42 DCR 569, 584 (January 27, 1995).

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*CDCR 22-3818 (2007)*

22-3818. RESIDENCE DIRECTOR

3818.1 Each MHCRF shall have a Residence Director who may be the licensee of the community residence facility. The Residence Director shall meet the following requirements:

- (a) Is at least twenty-one (21) years of age, has a high school diploma or the equivalent, at least two (2) years of experience in human services including (1) year of working with persons with mental illness and demonstrates supervisory capability;
- (b) Has passed an oral and written examination on his or her understanding of this chapter and ability to provide adequate care to each resident within the MHCRF;
- (c) Is annually certified by a physician as in good physical and mental condition, capable of doing physical housework tasks or of directing the work of household assistants, and free of communicable diseases as defined in chapter 2 of this title;
- (d) Participates in training, workshops and seminars developed for MHCRF operators by the CMHS;
- (e) Meets the additional requirements to operate Transitional and Intensive Residences as specified in §§ 3837.9 and 3838.7, if applicable;
- (f) Has not been convicted of a felony; and
- (g) Has not willfully failed or refused to comply with any statute or regulations governing MHCRFs.

3818.2 Each Residence Director of a MHCRF licensed prior to the effective date of this chapter who does not meet the requirements in § 3818.1 (a), (b), or (d) shall take and pass a written examination that is administered by DCRA within two (2) years of the effective date of this chapter.

3818.3 Each MHCRF Director's certificate verifying successful completion of the examination required by § 3818.2 shall be available for inspection at the main office where personnel records are stored, if the main office is located in the District of Columbia, or in the residence.

3818.4 Each Residence Director shall have, at a minimum, the following responsibilities, except in those areas of responsibility retained by the licensee or governing board of the MHCRF:

(a) Supervision of the day-to-day operation of the residence, including sanitation, safety, laundry, dietary services, and other services relating to the health and welfare of each resident;

(b) Implementation of policies, practices, and procedures of the MHCRF, including the screening of prospective residents and staff;

(c) Preparation of reports and documents required by the District of Columbia government;

(d) Preparation of the budget and supervision of the residence's financial matters;

(e) Maintenance of the MHCRF's records and reports relating to each resident and, if the facility is handling the residents' personal funds pursuant to a signed written authorization, the resident's finances; and

(f) Supervision and direction of the other employees of the MHCRF.

3818.5 If the Residence Director is absent or temporarily away from the residence, the Residence Director shall ensure that the MHCRF is properly supervised at those times when residents are present, by an individual who is not a resident and who is capable of recognizing visible changes in each resident's physical and mental condition and is capable of taking responsible action in the case of an emergency.

3818.6 If each resident of a MHCRF is regularly scheduled in activities, programs or employment away from the residence during certain hours, DCRA, upon application by the Residence Director, may permit the Residence Director to be absent during those hours in which all residents are absent. Nothing in this section shall be construed to permit a Residence Director to require residents to attend day programs or activities or be absent from the facility during the day, particularly during periods of medical illness, where the resident may require bed rest.

SOURCE: Final Rulemaking Published at 42 DCR 569, 585 (January 27, 1995).

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*CDCR 22-3819 (2007)*

22-3819. PERSONNEL

3819.1 No person who is known to have abused or mistreated any person shall provide services, either as an employee or volunteer, or own or operate a MHCRF.

3819.2 Each MHCRF shall have written personnel policies which shall be available to each staff member and shall include the following:

- (a) The wage scales, hours of work, vacations, sick leave, insurance, and other benefits if any;
- (b) Provisions for an annual evaluation of each employee's performance by appropriate supervisors;
- (c) Position descriptions for each category of employee; and
- (d) Provisions for orientation and annual in-service training of staff.

3819.3 At the time of initial employment, and at least annually thereafter, or as necessary, each person employed in a MHCRF shall have a physical examination completed by a physician. The results of the physical examination shall be used to secure the appropriate screening and immunizations prescribed by the Department of Human Services' Commission of Public Health prior to and during employment.

3819.4 Each MHCRF shall maintain accurate personnel records, which shall include the following information:

- (a) Name, address, sex and social security number of employee;
- (b) Current professional license or registration number, if any;
- (c) Resume of education, training, prior employment, evidence of attendance at orientation, training, workshops and seminars sponsored by CMHS;

- (d) Current health certification, including results of annual intradermal tuberculin skin test or chest x-ray indicating no active TB;
- (e) Verification of previous employment, if any, before hiring;
- (f) Copies of annual evaluations;
- (g) Documentation of conviction record;
- (h) Certification in emergency first aid, CPR and the Heimlich Maneuver; and
- (i) Position description.

3819.5 A MHCRF shall make reasonable efforts to ensure that a person known to have previously abused or mistreated any person does not provide services in a residence.

3819.6 No employee or volunteer may provide direct services to residents if that person:

- (a) Is under the influence of alcohol or any mind-altering drug or combination thereof; or
- (b) Has a communicable disease which poses a legitimate and real health risk to residents which cannot be safely addressed by reasonable accommodations.

3819.7 Each person who requires licensure, certification or registration to provide care to residents shall be licensed, certified, or registered under the laws and regulations of the District of Columbia.

3819.8 Each employee shall be assigned duties consistent with his or her license, job description, training, and experience.

3819.9 The provisions of § 3819.4 shall apply to paid staff but not to volunteers.

3819.10 The Residence Director shall be responsible for ensuring that any person working in the residence in a direct service capacity to the client as an employee, under contract or as a volunteer; receives job-related training which includes, at a minimum, the following:

- (a) Emergency first-aid, including CPR and the Heimlich maneuver;
- (b) Emergency evacuation procedures;
- (c) Medical and social needs and characteristics of the resident population;
- (d) Residents' rights and responsibilities; and
- (e) DHS scheduled training.

3819.11 A MHCRF shall do the following for each volunteer who works in a MHCRF:

- (a) Screen each volunteer to ensure that he or she is competent for the duties or services he or she is to provide and holds a professional license or certificate, when required, for any professional service he or she is to provide;
- (b) Provide orientation and regular training for the services to be provided;
- (c) Ensure that each volunteer engaged in direct services does not have any health or medical problems that would pose an undue risk to residents;

(d) Ensure that no volunteer has been assessed as having the potential for or history of physical or mental abuse toward residents;

(e) Maintain a simple record to document its compliance with the requirements of §§ 3819.11(a) to (d);

(f) Train the volunteer regarding residents' rights and responsibilities; and

(g) Ensure that volunteers shall not be used as a substitute for facility staff.

SOURCE: Final Rulemaking Published at 42 DCR 569, 587 (January 27, 1995).



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*CDCR 22-3820 (2007)*

22-3820. ADMINISTRATIVE RECORDS

3820.1 Each Residence Director shall maintain current and accurate records in a central file.

3820.2 Each MHCRF shall retain each administrative record and report compiled pursuant to this chapter for five (5) years.

3820.3 Each MHCRF shall retain the following information for the preceding fiscal year:

- (a) The total number of admissions and discharges;
- (b) The authorized bed capacity; and
- (c) The total number of resident days.

3820.4 Each Residence Director shall notify DCRA of any changes in the MHCRF's occupancy level.

3820.5 Each MHCRF shall maintain the following records and reports for inspection and review by DCRA and others with authority to review the records:

- (a) A list of current charges and fees for services;
- (b) The payroll records and weekly staff schedules for the last six (6) months, as appropriate;
- (c) The disaster plans and procedures approved by the D.C. Fire Department;
- (d) The fire drill and evacuation plan;
- (e) Any agreements with professional consultants;
- (f) A list of the following telephone numbers:
  - (1) 911;

- (2) Each resident's personal physician;
  - (3) Three (3) licensed physicians who could be contacted in an emergency;
  - (4) Emergency Psychiatric Response Division in the CMHS;
  - (5) The CMHS' Patients' Advocate Office;
  - (6) Information, Protective and Advocacy Center for Handicapped Individuals;
  - (7) Adult Protection Services;
  - (8) The Long Term Care Ombudsman; and
  - (9) Other resources available to assist in an emergency;
- (g) A roster of residents;
- (h) A day and night report book in which emergencies or other unusual occurrences are recorded by the responsible person on duty; and
- (i) The records listing each resident's personal funds and property entrusted to the MHCRF for safekeeping.

3820.6 Each Residence Director shall thoroughly investigate any allegations of mistreatment by an MHCRF employee, volunteer or resident, and promptly report any findings or actions taken as a result of the investigation to the resident, the resident's legal representative, if any, DCRA, the Long Term Care Ombudsman, Adult Protective Services, and to the CMHS. The investigation shall be documented, signed, and dated by the investigator.

3820.7 Each MHCRF shall, upon request, make available resident financial records for audit by government agencies and other offices with authority to review such records.

SOURCE: Final Rulemaking Published at 42 DCR 569, 589 (January 27, 1995).

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*CDCR 22-3821 (2007)*

22-3821. RESIDENT RECORDS

3821.1 Each MHCRF shall maintain a permanent record on each resident, which shall be retained for at least five (5) years after the resident's discharge or death.

3821.2 Each resident's record shall be current with each entry dated and signed with the full name of the recordkeeper, and shall include the following information on each resident:

- (a) Administrative information, including name, date of birth, sex and social security number, and marital status;
- (b) Medical insurance numbers, including Medicare and Medicaid, if any;
- (c) Date of admission, psychological/psychiatric evaluation and admitting diagnoses;
- (d) Date of discharge or death, discharge reason and final diagnosis;
- (e) Names, addresses, and telephone numbers of the resident's legal guardian, CMHS designated case manager, if any, and next-of-kin;
- (f) Names, addresses and telephone numbers of the personal physician and dentist;
- (g) Religious affiliation, if any, including the name and telephone number of the resident's minister, priest, or rabbi;
- (h) Medical history, including the resident's allergies and vaccine histories;
- (i) A current record of any funds managed by the residence for the resident's benefit pursuant to § 3816 of this chapter;
- (j) Medication, diet, treatment and any other procedures that are required for the safety and well-being of the resident;
- (k) A daily record of each medication and treatment given;

(l) Notes or incident reports of any serious illness, accident or unusual occurrence, including medication errors or adverse reaction which shall include the date, time and description of the incident or accident; and

(m) Source of the referral to the MHCRF.

3821.3 Each entry in the record shall be legible, current, in ink, dated and signed by the transcriber with his or her position identified. Errors shall be corrected by crossing out the incorrect information, but may not be erased.

SOURCE: Final Rulemaking Published at 42 DCR 569, 591 (January 27, 1995).

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*CDCR 22-3822 (2007)*

22-3822. CONFIDENTIALITY OF RECORDS

3822.1 Each resident's record and any record of the MHCRF that has information identifying residents shall be confidential except as provided in § 3823.2.

3822.2 Disclosure and redisclosure of information pertaining to a resident's mental health and client's access to his or her own record, shall be governed by the District of Columbia Mental Health Information Act, D.C. Code § 6-2001 et seq. (1989 Repl. Vol.), and any other District or Federal law governing these records.

3822.3 In the event of a resident's authorized release of information to a third party, a copy of the resident's written authorization shall be maintained in the resident's records and must conform to the Mental Health Information Act.

SOURCE: Final Rulemaking Published at 42 DCR 569, 592 (January 27, 1995).

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*CDCR 22-3823 (2007)*

22-3823. MEDICATION

3823.1 Prior to the admission of each resident, the Residence Director shall obtain a record of each medication that the resident is currently taking, including identification of each prescribed controlled substance and a list of each known allergy.

3823.2 Subsection 3823.1 shall not apply to Transitional Residence beds, as defined in § 3838. However, the MHCRF shall compile a medication history within forty-eight hours (48 hrs.) of admission by contacting any known service providers.

3823.3 Each medication record shall be kept in a manner that ensures it is not accessible to other residents or visitors.

3823.4 The Residence Director shall ensure that each resident who has been certified, in writing, by a physician, as capable of self-administering his or her medication, is taking his or her medication as prescribed. Each certification shall be reviewed annually for appropriateness by the resident's physician.

3823.5 If a resident is unable to administer his or her own medication, the Residence Director shall ensure that the medication is administered by a licensed nurse or physician.

3823.6 The Residence Director shall keep each resident's medicines secure and separate from those of other residents, with proper identification and under proper conditions of light and temperature as indicated on the medicine's label.

3823.7 Each medication of each resident shall be stored in its original container and shall not be transferred to another container or to another resident, and medication for external use shall be stored separately from medications for internal use.

3823.8 Each residence shall comply with District and Federal laws and regulations governing the procurement, handling, storage, administering, recording, dispensing and disposal of medications and controlled substances.

3823.9 Each dose of medication administered shall be properly and promptly recorded and initialed in the resident's record by the person who administers or supervises the medication.

3823.10 Each medication error, reaction or adverse response to a medication shall be immediately reported to the resident's physician and documented in the resident's record as well as in an incident report.

3823.11 Each resident's refusal of a medication shall be documented in his or her record and reported to the resident's physician in a manner that is consistent with sound nursing procedures and good medical practice.

3823.12 Each MHCRF shall remove and dispose properly of expired medication and medication that is no longer in use.

SOURCE: Final Rulemaking Published at 42 DCR 569, 592 (January 27, 1995).

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*CDCR 22-3824 (2007)*

22-3824. INSURANCE

3824.1 Each MHCRF shall carry insurance for at least the following:

(a) Hazards (fire and extended coverage), in the amount of five hundred dollars (\$ 500) per resident to protect belongings with a minimum of two thousand dollars (\$ 2,000) of coverage per facility;

(b) Premises, personal injury and products liability for at least the following:

(1) One (1) to two (2) beds for one hundred thousand dollars (\$ 100,000) per occurrence;

(2) Three (3) to nine (9) beds for three hundred thousand dollars (\$ 300,000) per occurrence; and

(3) Ten (10) or more beds for five hundred thousand dollars (\$ 500,000) per occurrence; and

(c) Incidental malpractice coverage in respect only of duties required of a Residence Director or staff member for a limit of at least one hundred thousand dollars (\$ 100,000).

3824.2 If the MHCRF is not owned by the operator, the operator shall obtain proof of the owner's premises liability coverage, such as a certificate of standard landlord coverage, or shall place the owner on the operator's policy as an additional named insured.

SOURCE: Final Rulemaking Published at 42 DCR 569, 593 (January 27, 1995).



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*CDCR 22-3825 (2007)*

22-3825. PROGRAM STATEMENTS

3825.1 Each MHCRF shall have a written program statement to be provided to the DCRA and CMHS which shall include, a description of the following:

- (a) The program and facilities;
- (b) The staffing patterns;
- (c) The consultant services, if any;
- (d) The fees and charges;
- (e) The payment and refund policies;
- (f) The group or groups of persons to be served, including any sex, age, or health characteristics;
- (g) The admission policy and discharge procedures; and
- (h) The house rules of the facility.

3825.2 Each MHCRF shall make its program statement available to each resident upon admission and to the public for inspection or copying upon request, at the public's expense.

SOURCE: Final Rulemaking Published at 42 DCR 569, 594 (January 27, 1995).

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*CDCR 22-3826 (2007)*

22-3826. DISTRICT CERTIFICATION OF COMMUNITY RESIDENTIAL PLACEMENTS

3826.1 The Director, DHS or his or her designee shall certify persons for placement in a MHCRF in conjunction with the resident and the resident's treatment team.

3826.2 The CMHS designated case manager shall monitor each resident's progress, status and the continued appropriateness of services provided in the MHCRF at least every three (3) months for mentally ill persons in the MHCRF who are on the District's rolls.

3826.3 If a person is hospitalized or absent from a residence for thirty (30) days or more, the Director, DHS or his designee, in conjunction with the resident and the resident's treatment team, shall determine the appropriate level of service and whether the person is likely to return to his or her previous residence within sixty (60) days. Residents are eligible to return to their residence within ninety (90) days from hospitalization.

SOURCE: Final Rulemaking Published at 42 DCR 569, 594 (January 27, 1995).

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*CDCR 22-3827 (2007)*

22-3827. GENERAL ELIGIBILITY AND ADMISSION REQUIREMENTS

3827.1 A MHCRF shall admit and retain only those persons for whom it can care for safely and adequately and who require the care and supervision that the facility provides.

3827.2 A person may not be disqualified from placement in a MHCRF simply because the person:

- (a) Is not ambulatory;
- (b) Needs assistance with medication administration, including injections;
- (c) Has active substance abuse problems in addition to serious mental illness; or
- (d) Needs limited or intermittent nursing care.

3827.3 Each MHCRF shall follow written admission criteria which shall be submitted to the Director, DHS, and presented to the resident or his or her guardian or conservator upon the person's admission to the facility.

3827.4 No person, eighteen (18) years or older, shall be denied admission based upon the person's age, gender, race, physical or mental disability, HIV status, religion, sexual orientation, national origin, marital status, or source of payment for the service, unless deemed inappropriate for placement based on criteria enumerated in this chapter.

3827.5 Whenever a MHCRF denies admission to an applicant, the MHCRF shall provide written reasons for the denial to the Director, DHS, or his or her designee, and if requested, to the applicant. A copy of the written reason for denial shall be included in the facility's file.

3827.6 No MHCRF shall refuse to make reasonable accommodations necessary to admit or retain a resident who is deaf, blind, non-English speaking, non-ambulatory or otherwise physically or mentally disabled.

3827.7 Each resident shall have a pre-admission medical examination by a physician not more than sixty (60) days prior to her or his admission to a MHCRF.

3827.8 Prior to a resident's admission and in accordance with the Mental Health Information Act, each MHCRF shall obtain for each resident sufficient information concerning the resident's physical and mental condition to assist the resident to maintain the highest practical level of functioning. The information shall include the following:

- (a) A written care or treatment plan;
- (b) Prescribed medications;
- (c) Any special diets; and
- (d) A copy shall be maintained in the resident's file.

3827.9 Prior to admission, a physician shall certify that a resident is free of any communicable disease as defined in chapter 2 of this title, or if the resident has a communicable disease, that the communicable disease is not in an acute stage.

3827.10 A resident with a communicable disease not in the acute stage but which has a prolonged state of communicability may be admitted to any MHCRF which is capable of providing environmental and hygienic procedures appropriate to the specific disease in accordance with the latest precautions and guidelines for specific diseases published by the Centers for Disease Control, United States Public Health Service.

3827.11 Subsections 3827.7, 3827.8, 3827.9 shall not apply to admission to Transitional Residential beds as defined in § 3838. However, a physical examination by a physician and certification regarding communicable diseases must be attempted for each resident within seven (7) calendar days of placement in a Transitional bed.

SOURCE: Final Rulemaking Published at 42 DCR 569, 595 (January 27, 1995).

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*CDCR 22-3828 (2007)*

22-3828. INDIVIDUAL TREATMENT PLAN (ITP)

3828.1 Each MHCRF shall participate in the development and review of an Individual Treatment Plan (ITP) with the CMHS designated case manager and shall maintain a copy of the ITP in the resident's record. The MHCRF shall describe in writing, the following:

- (a) The resident's functional strengths and limitations in performing daily living activities;
- (b) Any medical or health issues which are relevant to the services needed by the resident;
- (c) Clinical needs of the resident;
- (d) Goals, objectives and specific interventions designed to attain goals; and
- (e) Client's legal status.

3828.2 Each MHCRF shall write the name, address, and telephone number of the provider of each service the resident receives for inclusion in the ITP.

3828.3 The Residence Director and residential staff shall assist in reviewing and updating the ITP in collaboration with the CMHS designated case manager, the resident and his or her guardian, if any, and a multi-disciplinary team which may include, but not be limited to, the resident's attending physician, psychiatrist, social worker, and significant others.

3828.4 The initial ITP shall be developed by the CMHS designated case manager prior to the time the resident moves into the MHCRF and shall be revised, if needed, within thirty (30) days. The ITP shall be reviewed and updated as often as necessary but not less than every three (3) months. The MHCRF may request a review of the ITP by the resident's treatment team through the CMHS designated case manager.

3828.5 The resident shall have the right to participate in planning all phases of his or her ITP, may request participation of a family member, and shall be offered the opportunity to sign his or her ITP or indicate disagreement with particular aspects of the plan or the whole of the plan.

SOURCE: Final Rulemaking Published at 42 DCR 569, 596 (January 27, 1995).

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*CDCR 22-3829 (2007)*

22-3829. RESIDENT STATUS POLICIES

3829.1 The Residence Director shall orally notify CMHS and the resident's legal guardian, if any, within twenty-four hours (24 hrs.) of any serious illness, accident, or unusual incident involving the resident, and shall document the incident in the resident's permanent record.

3829.2 Each oral notice required by § 3829.1 shall be followed by a written notice within forty-eight hours (48 hrs.) of the unusual incident. The Residence Director shall ensure that a copy of the written notices are placed in the resident's permanent record.

3829.3 Each MHCRF shall have written policies and procedures governing the care of residents in an emergency, including a communicable disease episode, food poisoning outbreak, when a resident is critically ill or dies or has a change in mental status that endangers himself or herself or others.

3829.4 In case of the death of a resident, the Residence Director shall promptly notify the resident's attending physician and the next-of-kin, legal guardian, if any, the CMHS, DCRA, and, as required, the D.C. Medical Examiner.

3829.5 If a resident dies, the following procedures shall be followed, as applicable:

(a) If any part of a resident's personal funds, while in the facility, has been provided under an assistance program by a District or federal agency, the Residence Director shall immediately notify the agency of the resident's death and shall determine the disposition of the resident's property in conjunction with the appropriate agency;

(b) When a residence has possession of a deceased resident's funds, valuables, or other assets, these items shall not be released to any person, firm, corporation, or agency except to the appointed personal representative of the resident's estate;

(c) If no claim for the resident's real and personal property is made within six (6) weeks of death, the deceased's assigned case manager, or if the resident had no case

manager, the Residence Director shall make reasonable attempts to locate the resident's personal representative(s), or heir(s), and shall adequately store and safeguard the property or valuables; and

(d) If no surviving spouse or relatives can be located, the Mayor of the District of Columbia should be notified of the deceased resident's remaining real and personal property so that it can escheat to the city, in accordance with *D.C. Code § 19-701* (1989 Repl. Vol.).

3829.6 Each MHCRF shall abide by the District of Columbia laws governing the investigation and reporting of deaths under the jurisdiction of the Medical Examiner.

SOURCE: Final Rulemaking Published at 42 DCR 569, 597 (January 27, 1995).



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*CDCR 22-3830 (2007)*

22-3830. TRANSFER, DISCHARGE AND RELOCATION POLICIES

3830.1 The Residence Director shall promptly notify the CMHS and physician when the resident's physical or mental condition changes such that the resident needs a service which may require relocating the resident.

3830.2 Except as provided at *D.C. Code §§ 21-501* et seq. (1989 Repl. Vol.), the discharge, transfer, or relocation of any resident shall be in accordance with the resident's Individual Treatment Plan and Title III of the Nursing Home and Community Residence Facility Residents' Protection Act of 1985, effective April 18, 1986, (D.C. Law 6-108; *D.C. Code §§ 32-1431* et seq.) (1993 Repl. Vol.).

3830.3 The discharge, transfer, or relocation, of any resident of a MHCRF that receives contract funds from the CMHS shall be subject to the approval of the CMHS Contract Administrator in addition to the specifications in this chapter.

3830.4 Each resident who has been transferred from the MHCRF for hospitalization may return to the MHCRF within ninety (90) days if the resident needs are consistent with services provided by the MHCRF as determined by the resident's treatment team in conjunction with the resident.

3830.5 A resident whose income is SSI shall have his or her MHCRF bed held if he or she is admitted to a public mental institution or a facility in which Medicaid is paying fifty percent (50%) or more of the cost of care.

SOURCE: Final Rulemaking Published at 42 DCR 569, 598 (January 27, 1995).

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*CDCR 22-3831 (2007)*

22-3831. RESTRAINTS

3831.1 No restraints as defined in § 3899 shall be used in a MHCRF.

3831.2 No resident shall be confined in a locked room nor shall he or she be locked in or out of the facility or bedroom at any time.

SOURCE: Final Rulemaking Published at 42 DCR 569, 598 (January 27, 1995).

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*CDCR 22-3832 (2007)*

22-3832. REHABILITATION

3832.1 Each resident's rehabilitative services shall be provided in accordance with a written ITP and shall be developed with the goal of assisting the resident to achieve and maintain the highest level of self-care, self-esteem, and independence.

3832.2 Each MHCRF shall, consistent with the proper care of each resident, maintain as culturally normal routines and procedures as possible, providing for sleeping periods, meal times, social and recreational activities, responsibilities, and resident autonomy similar to the living patterns of independent persons in the community.

3832.3 A Residence Director shall assist each resident, as he or she may require, in obtaining rehabilitative services from qualified professionals, including physical, occupational, speech, and hearing therapists.

3832.4 Each MHCRF shall grant access to and cooperate with any licensed therapist who is hired to provide services to a resident.

3832.5 Each MHCRF shall encourage each resident to engage in daytime activities, such as, but not limited to, education, socialization, psychosocial day programs and employment.

SOURCE: Final Rulemaking Published at 42 DCR 569, 599 (January 27, 1995).

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*CDCR 22-3833 (2007)*

22-3833. SERVICE COORDINATION, CASE MANAGEMENT AND SUPPORT SERVICES

3833.1 Each Residence Director shall assist each resident who is eligible for CMHS services with obtaining case management and support services and shall document such assistance in the resident's files.

3833.2 Each Residence Director and staff of the MHCRF shall work with the CMHS designated case manager to ensure that the resident's needs are met. CMHS designated case managers shall respond promptly to requests for assistance from operators, staff and residents.

3833.3 Any case management services shall be provided by a qualified and trained individual who shall be familiar with the needs of the resident and the services available.

3833.4 Each Residence Director, and any other individual involved in the resident's treatment and support shall maintain contact with the CMHS designated case manager to determine that the resident's needs are being met and to assist the resident as necessary, and shall be available to the resident and CMHS designated case manager to assist when issues involving the resident arise.

3833.5 Each MHCRF, in conjunction with the CMHS designated case manager, shall monitor each resident's progress, status and the continued appropriateness of the services provided in the MHCRF on a regular basis.

3833.6 Each MHCRF, in conjunction with the CMHS designated case manager, shall assure the resident in obtaining financial or other services such as mental health services, social services, health care services, recreation, and leisure activities are provided to each resident.

3833.7 Each MHCRF, in conjunction with the CMHS designated case manager, shall assist the resident in obtaining financial or other available assistance from public and private agencies.

SOURCE: Final Rulemaking Published at 42 DCR 569, 599 (January 27, 1995).



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*CDCR 22-3834 (2007)*

22-3834. RESIDENT ACTIVITIES

3834.1 Each MHCRF shall provide or arrange for suitable activities sufficient to stimulate and promote the well-being of each resident, to encourage independence and maintenance of normal activities and to maintain and promote an optimal level of functioning.

3834.2 Each MHCRF shall have available and accessible to residents books, periodicals, games, current newspapers, radio and a television. The MHCRF, if possible, shall have activities that reflect the residents' interests.

3834.3 To the maximum extent possible, each MHCRF shall use the services of public and voluntary resources in promoting resident participation in activities.

3834.4 Each MHCRF shall provide or arrange for educational and skill building activities, either in or outside the facility, which promote the development of independent living skills for each resident such as, but not limited to, the following areas:

- (a) Shopping, food storage, menu planning, and cooking;
- (b) Housekeeping chores that promote skills in maintaining a safe, clean and orderly living environment;
- (c) Personal and household laundering;
- (d) Money management; and
- (e) Use of recreational time.

SOURCE: Final Rulemaking Published at 42 DCR 569, 600 (January 27, 1995).

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*CDCR 22-3835 (2007)*

22-3835. SUPPORTED RESIDENCE

3835.1 A Supported Residence shall be a homelike setting where residential care is provided for eight (8) or fewer individuals who require twenty-four hour (24 hr.) staff supervision and assistance.

3835.2 The maximum number of residents that shall be located in a Supported Residence is eight (8), excluding the adult supervisor, unless this requirement is waived by DCRA.

3835.3 Limited nursing care, intermittent nursing care, or both may be provided in a supported residence.

3835.4 In a Supported Residence staff shall be on-site and responsible for providing assistance with the tasks of daily living, supervision, meals, and lodging to the residents, and for ensuring the overall health, safety and welfare of the residents.

3835.5 Each Supported Residence shall maintain at least one (1) staff person at the residence, whenever a resident is present and a 1:8 staff-to-resident ratio during times of peak activity, such as mealtimes.

3835.6 MHCRF's established prior to December 1, 1991, and that are licensed as CRFs under 22 DCMR, chapter 38, and housing residents with a principal diagnosis of mental illness, may be certified as a Supported Residence, if the facility meets the staffing standard in § 3835.5.

3835.7 Each Supported Residence shall have a Residence Director who shall provide or arrange for supervision and coordinate services to ensure that each resident's health, safety, and welfare are protected.

3835.8 Each person seeking residential placement in a Supported Residence shall have a principal diagnosis of mental illness and be in need of twenty-four hour (24 hr.) staff supervision to assist with activities of daily living, meals; lodging, and recreation. Residents may remain in the residence, work or participate in a structured day program, or other daily activity. Attendance at a day program shall not be mandatory for persons seeking placement in a Supported Residence.

3835.9 The resident's treatment team shall determine whether a person is appropriately placed in a Supportive Residence.

SOURCE: Final Rulemaking Published at 42 DCR 569, 600 (January 27, 1995).



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*CDCR 22-3836 (2007)*

22-3836. SUPPORTED REHABILITATIVE RESIDENCE

3836.1 A Supported Rehabilitative Residence shall be a homelike setting where residential and rehabilitative services are provided in an apartment or house for eight (8) or fewer residents who require twenty-four hour (24 hr.) staff supervision and on-site rehabilitation.

3836.2 The maximum number of residents in one site shall be eight (8), excluding staff, unless this requirement is waived by DCRA.

3836.3 Specialized services, such as limited and intermittent nursing care or physical therapy, shall be provided if necessary on a scheduled basis as established in the resident's ITP, by properly licensed staff. Intermittent nursing care may be provided by residence staff or home health aides if required.

3836.4 Each Supported Rehabilitative Residence shall maintain a staff to resident ratio of 1:8, twenty-four hours (24 hr.) per day whenever a resident is present and 2:8 during periods of peak activity, such as meals and when most residents are home and awake.

3836.5 Staff shall be responsible for providing assistance with activities of daily living, personal supervision, meals, lodging and rehabilitative and specialized services.

3836.6 Staff shall provide a consistent and therapeutic environment, where through daily contact and interaction, the resident's needs and progress are assessed.

3836.7 Rehabilitation in a MHCRF shall be coordinated under the direction of the resident's CMHS designated treatment team and such care will be provided in or out of the residence by direct care staff with the assistance of the facility operator or an identified adult from the home.

3836.8 The Supported Rehabilitative Residence shall be appropriate for adults with a principal diagnosis of mental illness requiring twenty-four hour (24 hr.) supervision, rehabilitation, and assistance and supervision in self-care activities. Attendance at a day program shall not be mandatory for residents in a Supported Rehabilitative Residences.

3836.9 Each Supported Rehabilitative Residence shall have a Residence Director who shall provide or arrange for supervision and coordination of services to ensure that each resident's health, safety, and welfare are protected.

3836.10 The resident's treatment team shall determine whether a person is appropriately placed in a Supportive Rehabilitative Residence.

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*CDCR 22-3837 (2007)*

22-3837. INTENSIVE RESIDENCE

3837.1 An Intensive Residence shall be a supportive program that provides twenty-four hour (24 hr.) supervision. The maximum number of residents that shall be served in a facility is eight (8), excluding staff, unless this requirement is waived by the DCRA.

3837.2 Specialized programming shall be provided in an Intensive Residence and may include medical, psychiatric, nursing, behavioral, vocational, social or recreational services.

3837.3 Limited nursing care, intermittent nursing care, or both may be provided in an intensive residence.

3837.4 An Intensive Residence shall have a staff-to-resident ratio of 2:8, for sixteen hours (16 hrs.) a day during awake hours, whenever a resident is present. Additional staff shall be available during times of high activity, and the residence shall have the capacity to provide 1:1 staffing when necessary as determined by the resident's treatment plan.

3837.5 Staffing specialists shall be provided in accordance with special program needs of clients including geriatric, dual diagnosis, behavioral or physical care.

3837.6 An Intensive Residence is appropriate for adults with a principal diagnosis of mental illness who have special needs and require twenty-four hour (16 hr.) staff supervision or the intensity of psychiatric symptoms requires the capacity for periodic one-to-one support. Attendance at a day program shall not be mandatory for applicants in an Intensive Residence.

3837.7 Each Intensive Residence shall have a Residence Director who shall provide or arrange for supervision and coordination of services to ensure that each resident's health, safety, and welfare are protected.

3837.8 The Residence Director or staff member shall be present whenever residents are at the residence. In addition, the Residence Director or designee shall arrange for clinical back-up services. The mental health professional designated to provide back-up services shall do the following:

- (a) Be available by telephone at all times;
- (b) Be able to reach the residence within thirty (30) minutes in case of an emergency; and
- (c) Be identified by name with an emergency telephone number provided to residents and staff.

3837.9 Each Residence Director of an Intensive Residence shall meet the requirements of § 3818 of this chapter and shall have at least two (2) additional years experience working with persons with a principal diagnosis of mental illness.

3837.10 The resident's treatment team shall determine whether a person is appropriately placed in an Intensive Residence.

SOURCE: Final Rulemaking Published at 42 DCR 569, 602 (January 27, 1995).

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*CDCR 22-3838 (2007)*

22-3838. TRANSITIONAL RESIDENTIAL BEDS

3838.1 A Transitional Residential bed shall be a service specifically provided for persons with a principal diagnosis of mental illness and who are homeless. Transitional Residential beds may be located in facilities such as a Supported Residence, Supported Rehabilitation Residence, Intensive Residence crisis-bed program, or staffed apartment.

3838.2 The length of stay in a Transitional Residential bed shall be contingent upon the persons ability to accept a permanent living arrangement.

3838.3 Not more than ten (10) beds shall be located in one (1) facility, unless specifically exempted by the DCRA.

3838.4 A Transitional Residential bed may provide services to persons with dual diagnoses of mental illness and substance abuse and who may need extensive medical and psychiatric evaluation or require intermittent or limited nursing care. Attendance at a day program shall not be mandatory for transitional residence applicants.

3838. 5 A 1:10 staff to resident ratio shall be maintained twenty-four hours (24 hrs.) per day whenever residents are present.

3838.6 Each Transitional Residence shall have a Residence Director who shall provide or arrange for supervision and coordinate services to ensure that each resident's health, safety, and welfare are protected. The Residence Director or a staff member shall be present whenever clients are at home. In addition, the Residence Director or designee shall arrange for clinical back-up services. The mental health professional designated to provide back-up services shall do the following:

- (a) Be available by telephone at all times;
- (b) Be able to reach the residence within thirty (30) minutes in case of an emergency; and

(c) Be identified by name with an emergency telephone number provided to residents and staff.

3838.7 Each Residence Director of a Transitional Residence and back up personnel shall meet the requirements of § 3818 and have at least one (1) year additional experience in working with homeless persons.

3838.8 It shall be the responsibility of the resident's treatment team to determine if a person is appropriately placed in a Transitional Residence as defined by the Director, DHS or CMHS designee.

SOURCE: Final Rulemaking Published at 42 DCR 569, 603 (January 27, 1995).

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TITLE 22. PUBLIC HEALTH AND MEDICINE  
CHAPTER 38. COMMUNITY RESIDENCE FACILITIES FOR MENTALLY ILL PERSONS

*CDCR 22-3899 (2007)*

22-3899. DEFINITIONS

3899.1 When used in this chapter, the following terms shall have the meanings ascribed:

Activities of daily living -

- (a) Ambulating and transferring;
- (b) Bathing, dressing, and grooming;
- (c) Toileting; and
- (d) Eating.

Active substance abuse - the overuse of alcohol or prescriptive drugs or the use of non-prescriptive drugs over a six (6) month period that interferes with a persons capacity to carry out activities of daily living or participate in mental health treatment and support services.

Ambulatory - the ability to move from one place to another without mechanical or personal assistance.

Case management - the coordination of services for residents in accordance with the Individual Treatment Plan to ensure that planned treatment and residential and supportive services necessary to community adjustment and continuity of care are provided for each resident.

CMHS - Commission on Mental Health Services

CMHS designated case manager - the individual designated as the resident's case manager by the Commission on Mental Health Services. The case manager may be either CMHS staff or a staff person of a contractor of the District of Columbia.

Consulting physician - a licensed physician who is available to the facility to provide medical consultation related to resident care policies and procedures and who provides medical care in the facility in emergencies or the absence of the resident's private physician.

Contract agency - any private, non-profit or for-profit entity/individual that provides a service under contract with the District of Columbia.



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