



Arkansas Department of Human Services

Partial Hospitalization Certification



I. GENERAL PROVISIONS

a. Purpose

This chapter sets forth the Standards and Criteria used in the certification of Partial Hospitalization Providers by the Arkansas Department of Human Services, Division of Behavioral Health Services. The rules regarding the certification processes including, but not necessarily limited to, applications, requirements for, levels of, and administrative sanctions are found in this manual.

b. Definitions

The following words or terms, when used in this Chapter, shall have the defined meaning, unless the context clearly indicates otherwise:

- i. **"Abuse"** means the causing or permitting of harm or threatened harm to the health, safety, or welfare of a resident by a staff responsible for the client's health, safety, or welfare, including but not limited to: non-accidental physical injury or mental anguish; sexual abuse; sexual exploitation; use of mechanical restraints without proper authority; the intentional use of excessive or unauthorized force aimed at hurting or injuring the resident; or deprivation of food, clothing, shelter, or healthcare by a staff responsible for providing these services to a resident.
- ii. **"Adverse license action"** means any action by a licensing authority that is related to client care, any act or omission warranting exclusion under DHS Policy 1088, or that imposes any restriction on the licensee's practice privileges. The action is deemed to exist when the licensing entity imposes the adverse action except as provided in Ark. Code Ann. § 25-15-211 (c).
- iii. **"Certification"** means a written designation, issued by DHS, declaring that the provider has demonstrated compliance as declared within and defined by this rule.
- iv. **"Clinical privileging"** means an organized method for treatment facilities to authorize an individual permission to provide specific care and treatment services to clients within well-defined limits, based on the evaluation of the individual's license, education, training, experience, competence, judgment, and other credentials.
- v. **"Client"** means any person for whom a Partial Hospitalization Program furnishes, or has agreed or undertaken to furnish, services.
- vi. **"Co-occurring disorder"** means any combination of mental health and substance use disorder symptoms or diagnoses in a client.
- vii. **"Co-occurring disorder capability"** means the organized capacity within any type of program to routinely screen, identify, assess, and provide properly matched interventions to individuals with co-occurring disorders.

- viii. **“Compliance”** means conformance with:
1. Applicable state and federal laws, rules, and regulations including, without limitation:
 - a. Titles XIX and XXI of the Social Security Act and implementing regulations;
 - b. Other federal laws and regulations governing the delivery of health care funded in whole or in part by federal funds, for example, 42 U.S.C. § 1320c-5;
 - c. All state laws and rules applicable to Medicaid generally and to Partial Hospitalization Program services specifically;
 - d. Title VI of the Civil Rights Act of 1964 as amended, and implementing regulations;
 - e. The Americans With Disabilities Act, as amended, and implementing regulations;
 - f. The Health Insurance Portability and Accountability Act (“HIPAA”), as amended, and implementing regulations.
- ix. **“Critical incident”** means an occurrence or set of events inconsistent with the routine operation of the facility, or the routine care of a client. Critical incidents specifically include but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths and injuries to clients, staff and visitors; medication errors; clients that are absent without leave (AWOL); neglect or abuse of a client; fire; unauthorized disclosure of information; damage to or theft of property belonging to a clients or the facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.
- x. **“Deficiency”** means an item or area of noncompliance.
- xi. **“DHS”** means the Arkansas Department of Human Services.
- xii. **“Initial Assessment”** means examination of current and recent behaviors and symptoms of an individual who appears to be mentally ill or substance dependent.
- xiii. **“Intervention plan”** means a description of services to be provided in response to the presenting crisis situation that incorporates the identified problem(s), strengths, abilities, needs and preferences of the individual served.
- xiv. **“Linkage services”** means the communication and coordination with other service providers that assure timely appropriate referrals between the Partial Hospitalization Program and other providers.

- xv. **“Mental health professional”** or **“MHP”** means a person who possesses an Arkansas license to provide clinical behavioral health care. The license must be in good standing and not subject to any adverse license action.
- xvi. **“Minor”** means any person under eighteen (18) years of age.
- xvii. **“Performance Improvement”** or **“PI”** means an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of clients and others. Synonyms, and near synonyms include continuous performance improvement, continuous improvement, organization-wide performance improvement and total quality management.
- xviii. **“Persons with special needs”** means any persons with a condition which is considered a disability or impairment under the "American with Disabilities Act of 1990" including, but not limited to the deaf/hearing impaired, visually impaired, physically dis-abled, developmentally disabled, persons with disabling illness, persons with mental illness and/or substance abuse disorders. See "Americans with Disabilities Handbook," published by U.S. Equal Employment Opportunity Commission and U.S. Department of Justice.
- xix. **“Professionally recognized standard of care”** means that degree of skill and learning commonly applied under all the circumstances in the community by the average prudent reputable member of the profession. Conformity with Substance Abuse and Mental Health Services Administration (SAMHSA) evidence-based practice models is evidence of compliance with professionally recognized standards of care.
- xx. **“Progress notes”** mean a chronological description of services provided to a client, the client's progress, or lack of, and documentation of the client's response related to the intervention plan.
- xxi. **“Provider”** means an entity that is certified by DHS as a Partial Hospitalization Program and enrolled by DMS as a Behavioral Health Agency.
- xxii. **“Psychosocial evaluations”** are in-person interviews conducted by professionally trained personnel designed to elicit historical and current information regarding the behavior and experiences of an individual, and are designed to provide sufficient information for problem formulation and intervention.
- xxiii. **“Qualified Behavioral Health Provider”** means a person who:
 - 1. Does not possess an Arkansas license to provide clinical behavioral health care;
 - 2. Works under the direct supervision of a mental health professional;
 - 3. Has successfully completed prescribed and documented courses of initial and annual training sufficient to perform all tasks assigned by a mental health professional;

4. Acknowledges in writing that all qualified behavioral health provider services are controlled by client care plans and provided under the direct supervision of a mental health professional.
- xxiv. **"Restraint"** refers to manual, mechanical, and chemical methods that are intended to restrict the movement or normal functioning of a portion of the individual's body. For clients: mechanical restraints shall not be used.
- xxv. **"Sentinel event"** is a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a client, or risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes a variation in approved processes which could carry a significant chance of a serious adverse outcome to a client. These events signal the need for immediate investigation and response. Sentinel events include, but are not limited to: suicide, homicide, criminal activity, assault and other forms of violence, including domestic violence or sexual assault, and adverse drug events resulting in serious injury or death.
- xxvi. **"Trauma Informed"** means the recognition and responsiveness to the presence of the effects of past and current traumatic experiences in the lives of all clients.

II. **Meaning of verbs in rules**

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

- (1) "Shall" is the term used to indicate a mandatory statement, the only acceptable method under the present standards.
- (2) "Should" is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.
- (3) "May" is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

104.000 Applicability

The standards and criteria for services as subsequently set forth in this chapter are applicable to Partial Hospitalization Providers as stated in each section.

110.000 PARTIAL HOSPITALIZATION PROVIDERS

111.000 Service Definition

Partial Hospitalization is an intensive nonresidential, therapeutic treatment program. It can be used as an alternative to and/or a step-down service from inpatient residential treatment or to stabilize a deteriorating condition and avert hospitalization. The program provides clinical treatment services in a stable environment on a level equal to an inpatient program, but on a less than 24-hour basis. The environment at this level of treatment is highly structured and should maintain a staff-to-patient ratio of 1:5 to ensure necessary therapeutic services and professional monitoring, control, and protection. This service shall include at a minimum intake, individual therapy, group therapy, and psychoeducation. Partial Hospitalization shall be at a minimum (5) five hours per day, of which 90 minutes must be a documented service provided by a Mental Health Professional. If a beneficiary receives other services during the week but also receives Partial Hospitalization, the beneficiary must receive, at a minimum, 20 documented hours of services on no less than (4) four days in that week.

The allowable staff, as referenced in the Outpatient Behavioral Health Services Medicaid Manual, included in the staff-to-patient ratio of 1:5 are:

- 1.) Independently Licensed Clinicians
- 2.) Non-Independently Licensed Clinicians
- 3.) Registered Nurse
- 4.) Advanced Practice Nurse (APN)
- 5.) Physician

112.000 Partial Hospitalization Provider Certification

- (a) A Partial Hospitalization Provider shall be certified by the Department of Human Services as a Behavioral Health Agency. A Partial Hospitalization site shall be certified as a site of a Behavioral Health Agency.
- (b) Partial Hospitalization Provider facilities shall be inspected a minimum of once per year, but are subject to visit by the Department's designee at other times to ensure continuing conformance of the operations of the facility with these regulations. The Department may request the facility to provide information concerning programs and fiscal operations at the Department's discretion.
- (c) Partial Hospitalization Providers will not be reimbursed for services provided without certification as a Partial Hospitalization Provider by DHS.
- (d) The goal of partial hospitalization is to increase the level of patient functioning. The service may be provided to clients with chronic or acute mental disorders who require active treatment.

- (e) Partial Hospitalization Providers shall have their programs nationally accredited. A provisional certification for a Partial Hospitalization Program will be issued by the Division of Behavioral Health Services for up to 12 months in order for a Partial Hospitalization Program to have their program become nationally accredited. If after the 12 months provisional certification period, the Partial Hospitalization Program is not nationally accredited, then a DHS Partial Hospitalization Program certification will not be granted. In all instances, the Partial Hospitalization Provider shall comply with all applicable program national accreditation requirements in order to remain certified by DHS.

113.000 Organizational Structure

- (a) The partial hospitalization unit shall be as a separate, identifiable organizational unit with its own director, or supervisor, and staffing pattern. When the unit is a portion of a larger organizational structure, the director or supervisor of the unit shall be identified and his responsibilities clearly defined. The organizational structure of the unit shall be described in an organizational chart. A written description of all services provided by the unit shall be on file and available to the Department. The Department shall be notified of any major change in the organizational structure or services.

114.000 Treatment Planning and Records

- (a) An individualized treatment plan shall be formulated for patients in partial hospitalization programs by the patient's treatment team. A treatment team shall consist of a treatment team leader, a psychiatrist when the treatment team leader is not a psychiatrist and other appropriate staff. The treatment team leader shall be a mental health professional. Treatment plans shall be reviewed with parents or guardians of persons in children and youth partial hospitalization programs if appropriate.

- (b) The treatment plan shall include the following:

- (1) Be formulated to the extent possible, with the cooperation and consent of the patient, or a person acting on his behalf.
- (2) Be based upon diagnostic evaluation which includes examination of the medical, psychological, social, cultural, behavioral, familial, educational, vocational and developmental aspects of the patient's situation.
- (3) Set forth treatment objectives and prescribe an integrated program of therapies, activities, experiences and appropriate education designed to meet these objectives.

- (4) Be maintained and updated with signed daily notes, and be kept in the patient's medical record or a form developed by the facility.
- (5) Be developed within the first 5 days of service and reviewed by the treatment team a minimum of once every 20 days of service to the individual patient and modified as appropriate.

115.000 Linkage Services to higher or lower levels of care, or longer term placement

- (a) Persons needing behavioral health services shall be treated with the least restrictive clinically appropriate methods.
- (b) The Partial hospitalization program requires a close relationship with an acute psychiatric inpatient service. A written statement as to the availability of these services to patients is required and shall be maintained on file at the facility.
- (c) The Partial hospitalization program shall also assure linkages with other appropriate treatment and rehabilitative services including emergency services, outpatient services, and vocational rehabilitation programs. A written statement documenting such linkages shall be maintained on file at the facility.

116.000 Treatment Policies and Procedures

- (a) Each facility shall have a written plan describing the policies and procedures of the partial hospitalization program. The plan shall provide for:
 - (1) The services to be provided and the scope of such services.
 - (2) Intake policy and procedures.
 - (3) Admissions and discharge policies.
 - (4) Policies providing for continuity care for patients.
 - (5) There shall be a planned regular, ongoing program for staff development.

120.000 PARTIAL HOSPITALIZATION MEDICAL RECORDS REQUIREMENTS

121.000 Medical record keeping system

Each Partial Hospitalization Program shall maintain an organized medical record keeping system to collect and document information appropriate to the treatment processes. This system shall be organized; easily retrievable, usable medical records stored under confidential conditions and with planned retention and disposition.

122.000 Basic requirements

- (a) The Partial Hospitalization Program's policies and procedures shall:
 - (1) define the content of the client's medical record;
 - (2) define storage, retention and destruction requirements for client medical records;
 - (3) require client medical records be confidentially maintained in locked equipment under secure measures;
 - (4) require legible entries in client medical records signed with first name or initial, last name, credentials, and dated by the person making the entry;
 - (5) require the client's name be typed or written on each sheet of paper or page in the client record;
 - (6) require a signed consent for treatment before the client is admitted; and
 - (7) require a signed consent for follow-up before any contact after discharge is made.

123.000 Record access for clinical staff

- (a) The Partial Hospitalization Program shall assure client records are readily accessible to the Partial Hospitalization staff directly caring for the client. Such access shall be limited to the minimum necessary to carry out the staff member's job functions or the purpose for the use of the records.

124.000 Progress notes

- (a) The Partial Hospitalization Program shall have a policy and procedure mandating the chronological documentation of progress notes for clients admitted to the Partial Hospitalization Program.
- (b) Progress notes shall minimally address the following:
 - (1) Person(s) to whom services were rendered;

- (2) Activities and services provided and as they relate to the goals and objectives of the treatment plan, including ongoing reference to the treatment plan;
- (3) Documentation of the progress or lack of progress i as defined in the treatment plan;
- (4) Documentation of the treatment plan's implementation, including client activities and services;
- (5) The client's current status;
- (6) Documentation of the client's response to services, changes in behavior and mood, and outcome of services;
- (7) Plans for continuing therapy or for discharge, whichever is appropriate; and
- (8) Progress notes shall document progress daily

125.000 Medication record

- (a) The Partial Hospitalization Program shall maintain a medication record on all clients who receive medications or prescriptions in order to provide a concise and accurate record of the medications the client is receiving or has been prescribed for the client.
- (b) The client medical record shall contain a medication record with information on all medications ordered or prescribed by physician staff which shall include, but not be limited to:
 - (1) The record of medication administered, dispensed or prescribed shall include all of the following:
 - (A) Name of medication,
 - (B) Dosage,
 - (C) Frequency of administration or prescribed change,
 - (D) Route of administration, and
 - (E) Staff member who administered or dispensed each dose, or prescribing physician; and
 - (2) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities shall be updated when required by virtue of new information, and kept in a highly visible location in or on the record.

126.000 Aftercare and discharge planning

- (a) Aftercare and discharge planning is to be initiated for the client at the earliest possible point in the Partial Hospitalization service delivery process. Discharge planning must be matched to the client's needs and address the presenting problem and any identified co-occurring disorders or issues.
- (b) The program will have designated staff with responsibility to initiate discharge planning.
- (c) Referral and linkage procedures shall be in place so staff can adequately advocate on behalf of the person served as early as possible during the stabilization treatment process to transition to lesser restrictive or alternative treatment settings, as indicated.

127.000 Other records content

- (a) The client record shall contain copies of all consultation reports concerning the client.
- (b) When psychometric or psychological testing is done, the client record shall contain a copy of a written report describing the test results and implications and recommendations for treatment.
- (c) The client medical record shall contain any additional information relating to the client, which has been secured from sources outside the Partial Hospitalization Program.

140.000 CLIENT RIGHTS

141.000 DHS Investigations

The Arkansas Department of Human Services in any investigation or program monitoring regarding client rights shall have access to clients, Partial Hospitalization Program records and Partial Hospitalization Program staff.

150.000 ORGANIZATIONAL MANAGEMENT

151.000 Organizational description

- (a) The Partial Hospitalization Program shall have a written organizational description which is reviewed annually by both the Partial Hospitalization Program, Behavioral Health Agency and DHS, which minimally includes:
 - (1) The overall target population, specifically including those individuals with co-occurring disorders, for whom services will be provided;
 - (2) The overall mission statement;
 - (3) The annual facility goals and objectives, including the goal of continued progress for the facility in providing person centered, culturally competent, trauma informed and co-occurring capable services;
- (b) The Partial Hospitalization Program's governing body shall approve the mission statement and annual goals and objectives and document their approval.
- (c) The Partial Hospitalization Program shall make the organizational description, mission statement and annual goals and objectives available to staff.
- (d) The Partial Hospitalization Program shall make the organizational description, mission statement and annual goals and objectives available to the general public upon request.
- (e) Each Partial Hospitalization Program shall have a written plan for professional services which shall have in writing the following:
 - (1) Services description and philosophy;
 - (2) The identification of the professional staff organization to provide these services;
 - (3) Written admission and exclusionary criteria to identify the type of clients for whom the services are primarily intended; and
 - (4) Written goals and objectives.
 - (5) Delineation of processes to assure accessible, integrated, and co-occurring capable services and a plan for how each program component will address the needs of individuals with co-occurring disorders.
- (f) There shall be a written statement of the procedures/plans for attaining the organization's goals and objectives. These procedures/plans should define specific tasks, including actions regarding the organization's co-occurring capability, set target dates and designate staff responsible for carrying out the procedures or plans.

152.000 Information Analysis and Planning

- (a) The Partial Hospitalization Program shall have a defined plan for conducting an organizational needs assessment that specifies the methods and data to be collected, which shall include but not limited to information from:
 - (1) Clients;
 - (2) Governing Authority;
 - (3) Staff;
 - (4) Stakeholders;
 - (5) Outcomes management processes; and
 - (6) Quality record review.
- (b) The Partial Hospitalization Program shall have a defined system to collect data and information on a quarterly basis to manage the organization.
- (c) Information collected shall be analyzed to improve client services and organizational performance.
- (d) The Partial Hospitalization Program shall prepare an end of year management report, which shall include but not be limited to:
 - (1) An analysis of the needs assessment process; and
 - (2) Performance improvement program findings.
- (e) The management report shall be communicated and made available to among others:
 - (1) The governing authority;
 - (2) Partial Hospitalization Program staff; and
 - (3) DHS if and when requested.

155.000 PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT

156.000 Performance improvement program

- (a) The Partial Hospitalization Program shall have an ongoing performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of client care.

- (b) The Performance improvement program shall also address the fiscal management of the organization.
- (c) There shall be an annual written plan for performance improvement activities. The plan shall include, but not be limited to:
 - (1) Outcomes management processes specific to each program component minimally measuring:
 - (A) efficiency;
 - (B) effectiveness; and
 - (C) client satisfaction.
 - (2) A quarterly record review to minimally assess:
 - (A) quality of services delivered;
 - (B) appropriateness of services;
 - (C) patterns of service utilization;
 - (D) clients, relevant to:
 - i. their orientation to the Partial Hospitalization Program and services being provided; and
 - ii. their active involvement in making informed choices regarding the services they receive;
 - (E) the client assessment information thoroughness, timeliness and completeness;
 - (F) treatment goals and objectives are based on:
 - i. assessment findings; and
 - ii. client input;
 - (G) services provided were related to the goals and objectives;
 - (H) services are documented as prescribed by policy;
 - (I) the treatment plan is reviewed and updated as prescribed by policy
 - (3) Clinical privileging;

- (4) Fiscal management and planning, which shall include:
 - (A) an annual budget that is approved by the governing authority and reviewed at least annually;
 - (B) the organization's capacity to generate needed revenue to produce desired client and other outcomes;
 - (C) monitoring client records to ensure documented dates of services provided coincide with billed service encounters; and,
- (5) Review of critical incident reports and client grievances or complaints.
- (d) The Partial Hospitalization Program shall monitor the implementation of the performance improvement plan on an ongoing basis and makes adjustments as needed.
- (e) Performance improvement findings shall be communicated and made available to, among others:
 - (1) the governing authority;
 - (2) Partial Hospitalization Program staff; and
 - (3) DHS if and when requested.

157.000 Incident reporting

- (a) The Partial Hospitalization Program shall have written policies and procedures requiring documentation and reporting of critical incidents.
- (b) The documentation for critical incidents shall contain, minimally:
 - (1) the facility name and name and signature of person(s) reporting the incident;
 - (2) the name of client(s), staff person(s), or others involved in the incident;
 - (3) the time, place and date the incident occurred;
 - (4) the time and date the incident was reported and name of the person within the facility to whom it was reported;

- (5) description of the incident; and
 - (6) the severity of each injury, if applicable. Severity shall be indicated as follows:
 - (A) No off-site medical care required or first aid care administered on-site;
 - (B) Medical care by a physician or nurse or follow-up attention required; or
 - (C) Hospitalization or immediate off-site medical attention was required;
 - (7) Resolution or action taken, date action taken, and signature of the Partial Hospitalization Program director.
- (c) The Partial Hospitalization Program shall report those critical incidents to DHS that include.
- (1) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax or mail to DHS Provider Certification within twenty-four (24) hours of the incident being documented.
- (d) "The Partial Hospitalization Program shall document and monitor internally, with a quality assurance and improvement process that will be made available for review and/or audit by an appropriate agency the following:
- (1) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention.

160.000 PERSONNEL

161.000 Personnel policies and procedures

- (a) The Partial Hospitalization Program shall have written personnel policies and procedures approved by the governing authority.
- (b) All employees shall have access to personnel policies and procedures, as well as other Rules and Regulations governing the conditions of their employment.
- (c) The Partial Hospitalization Program shall develop, adopt and maintain policies and procedures to promote the objectives of the program and provide for qualified personnel during all hours of operation to support the functions of the center and provide quality care.

162.000 Job descriptions

- (a) The Partial Hospitalization Program shall have written job descriptions for all positions setting forth minimum qualifications and duties of each position.

- (b) All job descriptions shall include an expectation of core competencies in relation to individuals with co-occurring disorders.

165.000 STAFF DEVELOPMENT AND TRAINING

166.000 Staff qualifications

- (a) The Partial Hospitalization Program shall document the qualifications and training of staff providing crisis stabilization services which shall be in compliance with the Partial Hospitalization Program's clinical privileging process.
- (b) Failure to comply with Section 166.000 will result in the initiation of procedures to deny, suspend and/or revoke certification.

167.000 Staff development

- (a) The Partial Hospitalization Program shall have a written plan for the professional growth and development of all administrative, professional clinical and support staff.
- (b) This plan shall include but not be limited to:
 - (1) orientation procedures;
 - (2) in-service training and education programs;
 - (3) availability of professional reference materials; and
 - (4) mechanisms for insuring outside continuing educational opportunities for staff members.
- (c) The results of performance improvement activities and accrediting and audit findings and recommendations shall be addressed by and documented in the staff development and clinical privileging processes.
- (d) Staff competency development shall be aligned with the organization's goals related to co-occurring capability, and incorporate a training plan, training activities, and supervision designed to improve co-occurring core competencies of all staff.
- (e) Staff education and in-service training programs shall be evaluated by the Partial Hospitalization Program at least annually.

168.000 In-service

- (a) Trainings are required annually for all employees who provide clinical services within the Partial Hospitalization Program on the following topics:
 - (1) Fire and safety;
 - (2) Infection Control and universal precautions;
 - (3) Client's rights and the constraints of the Mental Health Client's Bill of Rights;
 - (4) Confidentiality;
 - (5) Arkansas Adult and Long-Term Care Facility Resident Maltreatment Act, §12-12-1701 et seq.
 - (6) Facility policy and procedures;
 - (7) Cultural competence;
 - (8) Co-occurring disorder competency and treatment principles; and
 - (9) Trauma informed and age and developmental specific trainings.
- (b) All staff providing clinical services shall have a current certification in basic first aid and in Cardiopulmonary Resuscitation (CPR).
- (c) All clinical staff shall have training in non-physical intervention techniques and philosophies addressing appropriate non-violent interventions for potentially physical interpersonal conflicts, staff attitudes which promote dignity and enhanced self-esteem, keys to effective communication skills, verbal and non-verbal interaction and non-violent intervention within 30 days of being hired with annual updates thereafter. This training shall occur prior to direct patient contact
- (d) The Partial Hospitalization Executive Director shall designate which positions and employees, including temporary employees, will be required to successfully complete physical intervention training. The employee shall successfully complete this training within 30 days of being hired, with annual updated thereafter. This training shall occur prior to direct patient contact

170.000 FACILITY ENVIRONMENT

- (a) Partial Hospitalization Programs shall apply these standards to all sites operated. The primary concern of the Partial Hospitalization Program should always be the safety and well being of the clients and staff. Partial Hospitalization Programs shall be physically located in the State of Arkansas. Partial Hospitalization Programs shall provide a safe and sanitary environment.
- (b) A partial hospitalization program is defined by its staff and organizational structure rather than by a specific building or facility. It may operate at more than one site if the respective sites meet all physical facility standards and the sites operate as a

portion of a total partial hospitalization program. The Department of Human Services will issue a single certificate of compliance to the parent organization (Behavioral Health Agency) which will list all operational sites.

171.000 Facility environment

- (a) Adequate space, equipment and supplies shall be provided in order that the partial hospitalization services can be provided effectively and efficiently. Functional surroundings shall be readily accessible to the patient and community served.
- (b) All space and equipment shall be well maintained and shall meet applicable Federal, State and local requirements for safety, fire and health.
- (c) There shall be office space for the clinical staff suitably equipped with chairs, desks, tables and other necessary equipment.
- (d) There shall be an adequate number of suitably equipped conference rooms to provide for staff conferences and therapy.
- (e) There shall be adequate provisions for the privacy of the patient in interview rooms.
- (f) The facility shall be appropriate to the age and developmental needs of the persons served.
- (g) The Partial Hospitalization Program shall obtain an annual fire and safety inspection from the State Fire Marshall or local authorities which documents approval for continued occupancy.
- (h) Partial Hospitalization Program staff shall know the exact location, contents, and use of first aid supply kits and fire fighting equipment and fire detection systems. All fire fighting equipment shall be annually maintained in appropriately designated areas within the facility.
- (i) The Partial Hospitalization Program shall have a written Hazardous Communication Program and staff shall be knowledgeable of chemicals in the workplace, location of Material Safety Data Sheets, personal protective equipment; and toxic or flammable substances shall be stored in approved locked storage cabinets.

- (j) The Partial Hospitalization Program's telephone number(s) and actual hours of operation shall be posted at all public entrances.
- (k) Signs must be posted at all public entrances informing staff, clients and visitors as to the following requirements:
 - (1) No alcohol or illicit drugs are allowed in the Partial Hospitalization Program facility,
 - (2) No firearms, or other dangerous weapons, are allowed in the Partial Hospitalization Program facility with the exception of law enforcement while in the performance of their duties, and
 - (3) The use of tobacco is not allowed in the Partial Hospitalization Program facility.
- (l) A copy of compliance with law Title VI/Title VII of the 1964 Civil Rights Law shall be prominently displayed within the Partial Hospitalization Program Facility.
- (m) Plumbing in Partial Hospitalization Program facilities shall be in working condition to avoid any health threat. All toilets, sinks and showers shall be clean and in working order.
- (n) A secure locked storage shall be provided for client valuables when requested.
- (o) Separate storage areas are provided and designated for:
 - (1) Food, kitchen, and eating utensils,
 - (2) Clean linens,
 - (3) Soiled linens and soiled cleaning equipment, and
 - (4) Cleaning supplies and equipment.
- (p) When handling soiled linen or other potentially infectious material, Universal Precautions are to be followed and address in the Partial Hospitalization Program policies and procedures. Hazardous and regulated waste shall be disposed of in accordance with federal requirements.
- (q) Poisons, toxic materials and other potentially dangerous items shall be stored in a secured location.

172.000 Medication clinic, medication monitoring

- (a) Medication administration; storage and control; and client reactions shall be continuously monitored.
- (b) Partial Hospitalization Programs shall assure proper storage and control of medications, immediate response if incorrect or overdoses occur, and have appropriate emergency supplies available if needed.
 - (1) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.
 - (2) All medications shall be kept in locked, non-client accessible areas. Factors which shall be considered in medication storage are light, moisture, sanitation, temperature, ventilation, and the segregation and safe storage of poisons, external medications, and internal medications.
 - (3) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, or administered, or stored.

173.000 Medication, error rates

- (a) The Partial Hospitalization Program shall have an ongoing performance improvement program that specifically, objectively, and systematically monitors medications administration or dispensing or medication orders and prescriptions to evaluate and improve the quality of client care.

175.000 Food and Nutrition

- (a) If the Partial Hospitalization Program prepares meals on site, the Partial Hospitalization Program shall have a current food establishment health inspection as required by the Arkansas Department of Health
- (b) When meals are provided by a food service, a written contract shall be maintained and shall require the food service to have a current food establishment health inspection as required by the Arkansas Department of Health.
- (c) Partial Hospitalization Program shall provide at least three meals daily to any client receiving services for up to 23 hours, with no more than fourteen (14) hours between any two meals.
- (d) All food shall be stored, prepared, and served in a safe, healthy manner.
- (e) Perishable items shall not be used once they exceed their sell by date.