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PROPOSED CHANGES TO

ARTICLE 75-05

**HUMAN SERVICE CENTER
LICENSURE STANDARDS**

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ARTICLE 75-05

HUMAN SERVICE CENTER LICENSURE STANDARDS

Chapter

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- 75-05-02 Physical Plant Management
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CHAPTER 75-05-00.1

HUMAN SERVICE CENTER LICENSURE

Section

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75-05-00.1-01. Definitions. As used in this article:

1. "Condition" means that the human service center does not meet a standard contained in this article.
2. "Department" means the department of human services.
3. "Recommendation" means a suggestion offered by the licensure team to strengthen and enhance the programs and services offered by the center. Recommendations do not have to be satisfied by the human service centers to complete licensure.

4. "Standard" means a requirement for licensure that may not be waived by the department.

History: Effective February 1, 1996.
General Authority: NDCC 50-06-05.2
Law Implemented: NDCC 50-06-05.2

75-05-00.1-02. License required. A human service center may not operate without first having obtained a license issued by the department under North Dakota Century Code section 50-06-05.2.

History: Effective February 1, 1996.
General Authority: NDCC 50-06-05.2
Law Implemented: NDCC 50-06-05.2

75-05-00.1-03. Department to conduct human service center licensure reviews. The department shall conduct a review of departmental licensure standards, procedures, and rules prior to the departmental biannual licensure review of the human service center.

History: Effective February 1, 1996.
General Authority: NDCC 50-06-05.2
Law Implemented: NDCC 50-06-05.2

75-05-00.1-04. Designation of chairperson of licensure team. The executive director of the department shall designate an individual from within the department to serve as chairperson of the licensure team that evaluates the regional human service centers.

History: Effective February 1, 1996.
General Authority: NDCC 50-06-05.2
Law Implemented: NDCC 50-06-05.2

75-05-00.1-05. Licensure team. The chairperson designated under section 75-05-00.1-04 shall develop a licensure team to conduct onsite reviews at each regional human service center. The licensure team may be composed of any of the following individuals:

1. A psychologist or a psychiatrist;
2. A psychiatric nurse;
3. A representative from the aging services division;
4. A representative from the alcohol and drug services division;

5. A representative from the children and family services division;
6. A representative from the developmental disabilities division;
7. ~~A representative from the management services division;~~
8. A representative from the mental health services division;
9. A representative from the vocational rehabilitation services division; and
9. A regional human service center consumer or a member of the consumer's family.

History: Effective February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-00.1-06. Programs and services reviewed. The licensure team shall review the following major programs and services:

1. ~~Administration;~~
2. ~~Physical plant;~~
3. Clinical services;
4. Client management; and
5. Specialized services.

History: Effective February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-00.1-07. Licensure team reporting procedures. At the conclusion of the review, each team member shall write a report on the programs and services reviewed. Each report must contain:

7. A description of programs and services;
2. Strengths of the programs and services reviewed;
3. Concerns;
4. Conditions; and

5. Recommendations.

History: Effective February 1, 1996.
General Authority: NDCC 50-06-05.2
Law Implemented: NDCC 50-06-05.2

75-05-00.1-08. Issuance of licensure team report to the human service center. Within thirty days after the site visit to the human service center, the licensure team report of the review must be sent to the regional director.

History: Effective February 1, 1996.
General Authority: NDCC 50-06-05.2
Law Implemented: NDCC 50-06-05.2

75-05-00.1-09. Action on conditions. The human service center shall have ninety days to satisfy the cited condition or to develop and implement a plan to satisfy the cited condition.

History: Effective February 1, 1996.
General Authority: NDCC 50-06-05.2
Law Implemented: NDCC 50-06-05.2

75-05-00.1-10. Provisional license. If the human service center does not satisfy the cited condition or does not develop and implement a plan to satisfy the cited condition, a provisional license may be issued. The provisional license may be in effect for a maximum of three months.

History: Effective February 1, 1996.
General Authority: NDCC 50-06-05.2
Law Implemented: NDCC 50-06-05.2

75-05-00.1-11. Licensure team review followup. After the human service center has corrected the cited conditions or has developed a plan to correct the cited conditions, at least two members of the original licensure team shall conduct followup visits to verify that the human service center has met the conditions or completed their correction plan. Site compliance with the previous survey's conditions and recommendations must be reviewed during the next survey.

History: Effective February 1, 1996.
General Authority: NDCC 50-06-05.2
Law Implemented: NDCC 50-06-05.2

75-05-00.1-12. Licensure. The department shall issue a license when a human service center has met all of the licensure standards outlined in this article.

History: Effective February 1, 1996.
General Authority: NDCC 50-06-05.2
Law Implemented: NDCC 50-06-05.2

75-05-00.1-13. Licensure report maintenance. All reports of the licensure reviews must be retained on file in the department's central office. Individual site followup reviews must also be retained.

History: Effective February 1, 1996.
General Authority: NDCC 50-06-05.2
Law Implemented: NDCC 50-06-05.2

**CHAPTER 75-05-01
ADMINISTRATION AND CENTER MANAGEMENT**

Section

75-05-01-01	Definitions - suggested to be moved to chapter 75-05-11.1
75-05-01-02	Administration Repeal
75-05-01-03	Human Service Council
75-05-01-04	Fiscal Management Repeal
75-05-01-05	Personnel Policies and Procedures [Repealed]
75-05-01-06	Staff Orientation and Inservice Training
75-05-01-07	Quality Assurance [Repealed]
75-05-01-08	Utilization Review
75-05-01-09	Emergency Management
75-05-01-10	Clients' Rights
75-05-01-11	Risk, Safety, and Security Management

75-05-01-01. Definitions. As used in this article:

1. "Acute treatment services" means a group of core services designed to address the needs of vulnerable children, adolescents, adults, elderly, and families who have problems.
2. "Addiction evaluation" means an assessment by an addiction counselor to determine the nature or extent of possible alcohol abuse, drug abuse, or chemical dependency.
3. "Admission process" means an initial face-to-face contact with the client intended to define and evaluate the presenting problem and make disposition for appropriate services.
4. "Adult family foster care licensure services" means the provision of technical assistance to implement the adult family foster care law, rules, and policies and procedures; and authorization to operate an adult family foster care home through issuance of a license.
4. 5. "Aftercare services" means activities provided for an individual with serious mental illness and who is in an inpatient facility and ready for discharge. These services assist an individual in gaining access to needed social, psychiatric, psychological, medical, vocational, housing, and other services in the community.
5. 6. "Case management for an individual with serious mental illness" means services which will provide or assist an individual with serious mental illness in gaining access to needed medical, psychological, social, educational, vocational, housing, and other services.

6. 7. "Client" means an individual who receives clinical or extended services from the human service center and for whom a client record is maintained.
7. 8. "Client record" means a compilation of those events and processes that describe and document the evaluation, care, treatment, and service of the client.
8. 9. "Clinical services" means a variety of services, including acute treatment services, emergency services, extended care services, medications, community consultation and education, psychological services, and regional intervention services to meet the care and treatment needs of clients.
9. 10. "Clinical staff privileges" means approval of human service center staff, who have been identified by the regional director to render client care and treatment services within well-defined limits, based on the individual's professional qualifications, experiences, competence, ability, and judgment.
40. 11. "Community home counselor" means an individual who provides care, supervision, and training for an individual with serious mental illness or serious emotional disturbance in a community residential care facility and assists a resident in reorientation to the community.
44. 12. "Community living supervisor" means a professional who is responsible for the planning and implementation of training and treatment in a community residential care facility for an individual with serious mental illness.
42. 13. "Community residential service" means a variety of residential options which may include transitional living, supported living, crisis residential, in-home residential services, and other residential services necessary to assist an individual in becoming successful and satisfied in the individual's living environment.
43. 14. "Community supportive care service" means the use of noncenter staff to assist an individual with serious mental illness to remain in the community.
44. 15. "Crisis residential services" means temporary housing to provide crisis intervention, treatment, and other supportive services necessary for an individual to remain in the community. ~~14. "Crisis stabilization and crisis resolution."~~
45. 16. "Department" means the department of human services.

16. 17. "Diagnosis" means the process of identifying specific mental or physical disorders based on standard diagnostic criteria.
17. 18. "Educational programs" means planned, time-limited educational programs, including child management or parenting courses.
18. 19. "Emergency services" means a service that is available at all times to handle crisis situations.
19. 20. "Extended care services" means services provided to an individual with serious mental illness to maintain or promote social, emotional, and physical well-being through opportunities for socialization, work participation, education, and other self-enhancement activities. Extended care services include community residential services, work skills development, community supportive care services, case management and aftercare services, and psychosocial rehabilitation centers.
20. 21. "Extended services" means a federally mandated [34 CFR part 363.50(a)(2)] component designed to provide employment-related, ongoing support for an individual in supported employment. Extended services may include job development, replacement in the event job loss occurs, and, except for an individual with serious mental illness, must include a minimum of two onsite job skills training contacts per month and other support services as needed to maintain employment. It may also mean providing other support services at or away from the worksite.
24. 22. "Group counseling" or "group therapy" means a form of treatment in which a group of clients, with similar problems, meet with a counselor or therapist to discuss difficulties, provide support for each other, gain insight into problems, and develop better methods of problem solving.
22. 23. "Human service center" means a facility established in accordance with the provisions of North Dakota Century Code section 50-06-05.3.
23. 24. "Human service council" means a group appointed in accordance with the provisions of North Dakota Century Code section 50-06-05.3.
24. 25. "Individual counseling" or "individual therapy" means a form of treatment in which a counselor or therapist works with a client on a one-to-one basis.
25. 26. "Individual plan" means a document which describes an individual plan of treatment or service for each client, including a description of the client's problems and goals for treatment and the individuals

responsible for initiating and implementing the plan.

26. 27. "Individual service plan (ISP)" means an individual plan that identifies service needs of the eligible client and the services to be provided, and which is developed by the mental retardation-development disabilities case manager and the client or that client's legal representative, or both, considering all relevant input.
27. 28. "Individual with serious mental illness" means a chronically mentally ill individual as defined in subsection 0.1 of North Dakota Century Code section 57-38-01.
28. 29. "Individualized written rehabilitation program (IWRP)" means a statement of the client's rehabilitation goal and a detailed outline of the program to be followed in achieving the goal. The individualized written rehabilitation program is not a contract, but rather a tool in the rehabilitation process used for informational, planning, and assessment purposes. Participatory planning by the counselor and the client is required to establish communication and a mutual understanding of the goals and the objectives.
30. "Long-term care ombudsman program' means a program that advocates for the rights and interests of residents in long term care and tenants in assisted living facilities.
29. 31. "Medication review" means prescription monitoring and consultation, with a client, performed by a psychiatrist or medical doctor, regarding the client's use of medication.
30. 32. "Mental retardation-developmental disabilities case management" means services which will assist an individual with mental retardation and related conditions in gaining access to needed medical, social, educational, vocational, and other services, review of client outcomes and satisfactions, monitoring and evaluation of services, and includes related paperwork, collaterals with significant others and other agencies, phone contacts, and consultation with other staff, supervisors, and peers.
34. 33. "Mental retardation-developmental disabilities case manager" means a qualified mental retardation professional who is responsible for providing a single point of entry, program coordination, monitoring, and review for assigned clients.
32. 34. "Mental status" means an evaluation of an individual's appearance, posture, mood, affect, attitude toward assessment, orientation,

speech, recent and remote memory, abstract reasoning, insight, judgments, preoccupations, hallucinations, delusions, and suicidal or homicidal ideation.

33. 35. "Minorities" means all individuals who are ethnic black, hispanic, Asian or Pacific islander, American Indian, or Alaskan native.
34. 36. "Multidisciplinary team" means at least three staff members representing two different professions, disciplines, or services. At least one of the three must be a psychiatrist or psychologist.
37. "National family caregiver support program" means a multifaceted system of support services for family caregivers of older adults, and for grandparents or relative caregivers of children not more than 18 years of age as required in Title III – E of the Older Americans Act.
38. "Older Americans Act" means Public Law 89-73, first enacted in 1965, to improve the lives of America's older individuals, particularly in relation to income, health, housing, employment, long-term care, retirement, and community services.
35. 39. "Outreach" means the process of reaching into a community systematically for the purposes of identifying individuals in need of services, alerting and referring an individual and an individual's family to the availability of services, locating needed services, and enabling an individual to enter and accept the service delivery system.
36. 40. "Program" means an organized system of services designed to meet the service needs of clients.
37. 41. "Progress notes" means the documentation in the client's record which describes the client's progress or lack of progress in treatment.
38. 42. "Psychiatric evaluation" means the assessment or evaluation of a client by a psychiatrist.
39. 43. "Psychiatrist" means a physician, with three years of approved residency training in psychiatry, who is American board of psychiatry and neurology eligible, and who is licensed to practice medicine in the state of North Dakota.
40. 44. "Psychological evaluation" means the assessment or evaluation of a client by or under the supervision of a licensed psychologist.
41. 45. "Psychologist" means a professional who holds a doctor's degree in psychology and who is licensed by the state of North Dakota or who

qualifies as a psychologist under North Dakota Century Code section 43-32-30.

42. 46. "Psychosocial rehabilitation center" means a facility whose staff may provide socialization, social skill building, information and referral, and community awareness for the purpose of enhancing the ability of an individual with serious mental illness to live in the community.
43. 47. "Qualitative and quantitative indicator" means an expected standard of care or outcome that can be measured.
44. ~~"Regional aging services program administrator" means an individual assigned the responsibility to plan, develop, implement, and assess programs under the Older Americans Act.~~ "Regional aging services program administrator" means an individual responsible for regional planning and development of aging programs, monitoring and assessment of regional Older Americans Act Title III programs, supervision of regional vulnerable adult protective services activities, supervision/implementation of the regional family caregiver support program activities, supervision/implementation of the regional long-term care ombudsman program activities, supervision of regional adult family foster care licensure services, and advocacy activities on behalf of older individuals.
45. 48. "Regional mental retardation-developmental disabilities program administrator" means a professional designated by the regional director who is responsible for the overall management and administration of the mental retardation-developmental disabilities case management system.
46. 49. "Regional director" means the human service professional who is appointed by the executive director of the department to be responsible for the overall management and administration of the human service center.
47. 50. "Regional intervention service" means a service unit within a human service center which provides crisis intervention and support services in a community as an alternative to state hospital admission.
48. 51. "Regional representative of county social services programs" means an individual, designated by the regional director of the human service center, to whom is delegated the responsibility of supervising and assisting with county social service board programs as assigned.
49. 52. "Residential treatment team" means multidisciplinary staff who make decisions regarding admissions, treatment, training, and disposition of

clients in the community residential service.

- ~~50. "Risk management" means an ongoing process of systematically reviewing the activities which monitor and evaluate the quality and appropriateness of clients', staffs', and visitors' safety and protection.~~
51. 53. "Semi-independent living arrangement" means services which are provided to an individual with serious mental illness in the individual's chosen environment to assist and enhance an individual's abilities to be successful and satisfied in the individual's living environment. Services may include assessment, education and training, monitoring, financial assistance, advocacy, or other supported activities.
- ~~52.~~ 54. "Seriously mentally ill (SMI) day treatment" means center or community-based services provided to individuals to maintain or promote social, emotional, and physical well-being through opportunities for socialization, therapy, work preparation, education, and other self-enhancement activities.
53. 55. "SMI group care" means the provision of meals and lodging-related services to an individual in a twenty-four-hour per day community-based living environment established for an individual who does not need the protection offered in an institutional setting, but is not yet ready for independent living.
- ~~54. "Staff orientation and inservice training" means orientation of new employees and inservice training of staff provided or approved by the department.~~
55. 56. "Supervision of county social services" means the activities of supervision, consultation, evaluation, licensure, certification of various county social service programs, program planning, implementation, monitoring, receiving and reviewing reports, generation of statistical reports, staff development, and inservice training of county social service board staff and board members.
56. 57. "Utilization review" means a program designed to ensure optimal use of center resources to determine if professionally recognized standards are being practiced for service utilization.
57. 58. "Vocational adjustment counseling" means assisting the individual and the individual's family to understand and accept any physical or mental limitations placed on activities because of a disability. This includes working with the client, teacher, trainer, and employer to help the client learn adaptive behavior or techniques to attain the vocational objective and function appropriately in the family and community.

58. 59. "Vocational assessment diagnosis and evaluation" means acquisition and analysis of medical, psychological, vocational, educational, and social information to determine the effect of a handicapping condition on preparing for or obtaining employment. This also includes the medical and psychological consultations, as well as consultations with social workers, teachers, and employers, on behalf of a specific client.
59. 60. "Vocational rehabilitation administrator" means the professional responsible for the overall management and implementation of all vocational rehabilitation services within a region.
60. 61. "Vocational rehabilitation counselor" means the professional who provides vocational counseling and guidance, placement services, and assists an individual with physical or mental disabilities.
62. "Vulnerable adult protective services" means remedial social, legal, health, mental health, and referral services provided for prevention, correction, or discontinuation of abuse or neglect which are necessary and appropriate under the circumstances to protect an abused or neglected vulnerable adult, and ensures that the least restrictive alternatives provided, prevent further abuse, and promotes self care and independent living.
64. 63. "Work skills development" means a range of services designed to assess clients' vocational strengths and weaknesses, provide prevocational skills training, job exploration, and followup.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

~~75-05-01-02. Administration.~~

- ~~1. The regional director shall have direct responsibility for the overall management and implementation of services and programs of the human service center and must be a full-time employee.~~
- ~~2. The regional director shall employ personnel who meet applicable federal and state laws, rules, and court orders. The employed personnel shall meet the criteria for employment as set forth by state merit system standards and the central personnel division. All human service center employees are department employees.~~
- ~~3. The human service center shall have a system of verifying licensure for all employees, who, by state law, are required to have a license to~~

~~perform assigned duties.~~

- ~~4. The regional director shall appoint supervisory staff to provide performance evaluations of personnel.~~
- ~~5. The regional director shall develop an organizational chart which reflects the line of authority of staff.~~
- ~~6. If necessary, the regional director may contract for services with nonemployees according to the department's policies.~~

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-01-03. Human service council.

1. The human service center shall have a human service council Appointed in accordance with North Dakota Century Code section 50-06-05.3.
2. The regional director shall maintain an accurate list of all human service council members, together with council members' addresses and telephone numbers.
3. The human service council shall meet at least quarterly.
4. The human service council shall develop bylaws to govern its activities.
5. The human service council shall keep minutes of all meetings and, when the minutes have been approved, a copy must be sent to the executive director of the department.

History: Effective November 1, 1987; amended effective February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

~~75-05-01-04. Fiscal management.~~

- ~~1. The regional director shall designate a business manager who shall oversee the financial management of the center.~~
- ~~2. The business manager, or the business manager's designee, shall:~~
 - ~~a. Prepare the biennial budget;~~

- ~~b. Collect data for ratesetting purposes;~~
- ~~c. Collect and enter data into the departmental data collection systems;~~
- ~~d. Close audit recommendations;~~
- ~~e. Timely and accurately respond to financial information requests;~~
- ~~f. Supervise all assets, inventories, and receivables under the control of the human service center;~~
- ~~g. Manage day-to-day business affairs of the human service center, including collection and payment of bills consistent with departmental manuals; and~~
- ~~h. Follow established departmental contracting procedures.~~

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-01-05. Personnel policies and procedures. Repealed effective December 1, 1991.

~~75-05-01-06. Staff orientation and inservice training.~~

- ~~1. The human service center shall develop and implement a written plan for the orientation and inservice training of all new employees. The orientation program must:

 - ~~a. Be initiated upon employment and completed within thirty working days; and~~
 - ~~b. Include policies and procedures of the department, operations of the human service center, and any other information deemed necessary by the regional director and the supervisor of the individual being employed.~~~~
- ~~2. Employees of the human service center shall attend training programs relevant to the human service center programs and clients.~~
- ~~3. All orientation training and inservice training must be documented.~~

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-01-07. Quality assurance. Repealed effective February 1, 1996.

~~75-05-01-08. Utilization review.~~

- ~~1. The human service centers shall comply with the requirements of the department's data collection system.~~
- ~~2. The human service center shall implement a utilization review program to assess quality client care, which reviews appropriateness of admissions, services provided, duration of service, underutilization and overutilization of personnel and financial resources, and outcome or followup studies.~~
- ~~3. The regional director shall designate committees or individuals to provide a client record review program of individual treatment and services provided as outlined in chapter 75-05-04. The client record review program must include both qualitative and quantitative indicators as defined by departmental policy.~~

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

~~75-05-01-09. Emergency management.~~

- ~~1. The regional director shall adopt and maintain a written emergency management plan which provides crisis counseling for disaster emergencies in counties within the center's catchment area. The emergency management plan must be available on the premises. Clients must be instructed in the plan's implementation unless the instruction would be injurious to the client's well-being. The emergency management plan must be coordinated with the local office of emergency management.~~
- ~~2. The regional director shall adopt and maintain a written emergency management plan within the human service center and other facilities operated by the center.~~
- ~~3. Evacuation drills at the human service center must be conducted and documented annually. Evacuation drills at the residential facilities~~

~~operated by the center must be conducted and documented at least every six months.~~

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-01-10. Clients' rights.

1. Individuals responsible for admissions shall provide all human service center clients, and the clients' families or guardians, as appropriate, with a written statement regarding the exercise and protection of the clients' civil rights. The statement must include the assurance of civil rights for all clients of the human service center regardless of the clients' race, color, religion, national origin, sex, age, political beliefs, or handicap in accordance with title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act, the Americans with Disabilities Act of 1990, and the North Dakota Human Rights Act (North Dakota Century Code chapter 14-02.4).
2. The clients, and families, custodians, or guardians, as appropriate, must receive written information concerning their rights under each program within the human service center from which the client is receiving services.
3. Each client, and family or guardian, as appropriate, will receive written information describing:
 - a. The conditions under which a decision, action, or inaction may be appealed;
 - b. The method of filing the appeal;
 - c. The various steps in the appeal; and
 - d. The assistance which can be furnished in the preparation and submission of the appeal.
4. The human service center shall provide assistance in obtaining protective or advocacy services, if necessary.
5. Clients' rights may not be limited, unless the limitation is essential to protect the clients' safety, the safety of others, or is determined to be of therapeutic value. The restriction must follow the limitations and restrictions of the patient's rights according to North Dakota Century

Code section 25-03.1-41.

6. This article may not be construed as creating, for the benefit of a client, or a client's family or guardian, any civil right or other right.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-01-11. Risk, safety, and security management.

- ~~1. The human service center shall develop and implement a procedure for infection control based on recognized guidelines, such as occupational safety and health association bloodborne pathogen standards.~~
- ~~2. The human service center shall develop and implement a procedure for the management of episodes of aggressive and violent client, staff, and visitor behavior in facilities operated by the center.~~
- ~~3. The regional director shall designate a risk manager who shall oversee the risk management of the center.~~
- ~~4. The risk manager, or the risk manager's designee, shall:
 - ~~a. Develop and maintain the workers compensation bureau's risk management program for the center;~~
 - ~~b. Collect data and file reports as needed for workers' compensation, liability, fire and tornado, bonding fund, and any other entities providing insurance or the equivalent for the center, its staff, or its assets;~~
 - ~~c. File claims as needed with the insuring entities;~~
 - ~~d. Close recommendations resulting from reviews by loss control staff; and~~
 - ~~e. Actively promote risk management throughout the human service center.~~~~

History: Effective February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

**CHAPTER 75-05-02
PHYSICAL PLANT MANAGEMENT**

Section

75-05-02-01	Building and Grounds [Repealed]
75-05-02-02	Physical Environment
75-05-02-03	Janitorial Services
75-05-02-04	Motor Vehicles [Repealed]

75-05-02-01. Building and grounds. Repealed effective February 1, 1996.

~~75-05-02-02. Physical environment.~~

- ~~1. The human service center shall have outside parking which must be well-marked with lighting for safety.~~
- ~~2. The human service center, and all buildings which the center owns, leases, or rents, shall meet the minimum requirements of North Dakota Century Code section 48-02-19 and shall provide accessibility to services in accordance with the accessibility requirements of section 504 of the Rehabilitation Act of 1973, as amended, and in accordance with the Americans With Disabilities Act of 1990.~~
- ~~3. The human service center shall comply with the life safety code of the national fire protection association applicable to buildings that the center owns, leases, or rents.~~

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

~~75-05-02-03. Janitorial services.~~

- ~~1. Furnishings must be kept clean.~~
- ~~2. Floors and walls must be kept clean and free of foul odors.~~
- ~~3. Bathrooms and lavatory facilities must be kept clean at all times.~~
- ~~4. Sidewalks and the parking lot must be cleared of snow, ice, and debris.~~

History: Effective November 1, 1987.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-02-04. Motor vehicles. Repealed effective February 1, 1996.

CHAPTER 75-05-03 CLINICAL SERVICES

Section

- 75-05-03-01 Acute Treatment Services
- 75-05-03-02 Emergency Services
- 75-05-03-03 Extended Care Services
- 75-05-03-04 Medications
- 75-05-03-05 Psychiatric Services
- 75-05-03-06 Community Consultation and Education
- 75-05-03-07 Psychological Services
- 75-05-03-08 Regional Intervention Services

75-05-03-01. Acute treatment services. Acute treatment services generally are short-term in nature and include, but are not limited to, outpatient counseling services and outpatient substance abuse counseling services.

1. **Outpatient counseling services:** Assessments or treatment services that do not require an overnight stay^[GS1]
 - a. Each human service center shall offer a range of services to consumers based on their needs regarding emotional, social and behavioral problems. These outpatient counseling services shall be provided or arranged for, and shall include, but not be limited to the following:
 - (i) Individual counseling;
 - (ii) Group counseling;
 - (iii) Family counseling;
 - (iv) Psychological/psychometric evaluations or testing; and
 - (v) Psychiatric assessments.
 - b. Each human service center shall define and provide general outpatient services to vulnerable children, adolescents, adults, elderly, and families who have problems as outlined in chapter 75-05-06.
 - c. Each human service center shall develop written program descriptions of each program provided by the center.
 - d. Outpatient services must be available to clients during the day and on designated evenings or weekends.
 - e. All significant client contacts and treatment provided must be documented in the client's record.
 - f. With the client's permission, acute treatment outpatient services must be coordinated with other private and public agencies.

2. **Outpatient substance abuse counseling services** The human service center shall have an addiction program which meets the requirements of article 75-05, article 75-09, and North Dakota Century Code section 23-01-03.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-03-02. Emergency services: A service that is available at all times to handle crisis situations.

1. The human service center shall maintain or contract for a twenty-four-hour emergency service. At a minimum, telephone or face-to-face contact must be part of the service. All contacts must be documented.
2. Emergency service personnel shall be trained to handle crisis situations. Training must include: suicide intervention; violent behavior of clients; and crisis telephone calls. The human service center shall document training in the employee's personnel file.
3. Face-to-face crisis counseling must be provided in an environment conducive to treatment and control of the client in the event of suicide or violent behavior.
4. A complete list of community resources with their admission policies, operating hours and payment options must be available to emergency service personnel and updated on an annual basis.
5. An individual receiving emergency services must be given information concerning available resources and treatment services.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-03-03. Extended care services: Services provided to an individual with serious mental illness to maintain or promote social, emotional, and physical well-being through opportunities for socialization, work participation, education, and other self-enhancement activities.

1. Community residential services: Temporary housing to provide crisis intervention, treatment, and other supportive services necessary for an individual

to achieve crisis stabilization and crisis resolution.

- a. The regional director shall designate a community living supervisor to supervise the community residential services.
- b. The human service center shall provide or contract for at least two of the following options:
 1. SMI group care: The provision of meals and lodging-related services to an individual in a twenty-four-hour per day community-based living environment established for an individual who does not need the protection offered in an institutional setting, but is not yet ready for independent living.

(a) SMI group care facilities shall:

~~[1] Comply with the provisions of the chapter entitled "Lodging Rooming Houses" of the 1985 life safety code. The community living supervisor shall assure that the appropriate officials provide onsite review and documentation of review once every two years;~~

[1] House no more than fourteen clients;

[2] Have the ability to house both male and female clients while accommodating privacy for individuals;

[3] Provide at least one full bathroom for every four clients;

[4] Have bedrooms which are outside rooms with a window, accommodate one or two clients, provide each client with a bed appropriate for the client's size and weight, with a clean and comfortable mattress, bedding appropriate for weather and climate, and provide other appropriate bedroom furniture.

[5] Comply with the provisions of the chapter governing lodging or rooming houses as outlined in the most recent edition of the National Fire Protection Association's Life Safety Code.

[6] Have an annual fire and safety inspection by the State or local Fire Marshal's office.

(b) The staff of the SMI group care facility shall:

[1] Assure that the client's individual plan includes input from the community home counselors and the residential treatment team and is documented in the chart.

[2] Maintain an inventory of the client's personal belongings when the client enters the SMI group care facility.

(c) A brochure of client rights according to section 75-05-01-10 must be given to all new residents of the SMI group care facility upon admission and explained in terms the resident can understand.

(2) Semi-independent living arrangement is one where, through the use of intensive, in-home support services, a consumer is able to reside in their own home.

(a) The human service center shall develop policies and procedures that facilitate conformance with all local building and fire safety codes to encourage that safe and sanitary conditions are maintained.

(b) Human service center staff shall develop policies and procedures to ensure that semi-independent living services are being provided in the client's residence.

(c) An evaluation of the client's progress in semi-independent living services must be documented in the client's record on at least a monthly basis or in response to a significant event that has an impact on life domains.

(3) Crisis residential services.

(a) Human service center staff shall develop policies and procedures to assure that safe and effective crisis residential services are provided.

(b) Documentation of the individual's progress must occur daily.

2. Work skills development: A range of services designed to assess clients' vocational strengths and weaknesses, provide prevocational skills training, job exploration, and followup.

a. The human service center shall either provide or contract for:

(1) Methods to assess the abilities of individuals with serious mental illness as related to employment;

- (2) Vocational assessment;
- (3) Prevocational skills development and training;
- (4) Job exploration; and
- (5) Followup.

b. The human service center shall document the client's progress in work skills development at least monthly.

3. Case management and aftercare services for an individual with serious mental illness.

- a. Case management is a process that empowers consumers to access and use needed services and meet self-determined goals. These services include resource skills development, consumer advocacy and rehabilitation services provided in various settings based on consumer need.
- b. Case management services shall be made available to all adults who have a serious mental illness and have a GAF score less than 50 (unless otherwise clinically indicated, with and without supports.

~~Case management must be available to all eligible individuals with serious mental illness throughout the human service center's catchment area.~~

- c. Case management for an individual with serious mental illness must be identified on the client's individual plan and must be documented in the progress notes.
- d. Aftercare services^[GS2] must be available to all individuals with serious mental illness ~~in an inpatient facility~~ a treatment or correctional facility who are returning to the community after discharge. The regional director shall designate one or more staff members to provide aftercare services. Linkage shall include, but not be limited to, the following activities, pursuant to appropriately signed releases and adherence to applicable privacy provisions:
 - (i) Regular visits or communication with the treatment or correction facility to monitor progress of those consumers who are admitted to the facility from the human service center's service area.

- (ii) Attendance at meetings established for the purpose of improving communication and coordination between the treatment or correctional facility and the regional human service center.
 - (iii) Provide knowledge and communication to other regional human service center staff regarding treatment or correctional facility admission and discharge procedures.
- e. The human service center shall, through case management services, ensure that extended services are provided for an individual with serious mental illness who has completed the training and stabilization components of the supported employment program and continues to require ongoing support services to maintain competitive employment.
- f. If individual plans dictate, case management services must provide or arrange for daily living skills training in the community.

~~4. Community supportive care services.~~

- ~~a. The human service center shall provide or contract with a private, nonprofit group to provide a community supportive care program.~~
- ~~b. The program must include:
 - ~~(1) Designation of an individual to serve as the community supportive care supervisor;~~
 - ~~(2) Assignment of responsibility to the community supportive care supervisor for the recruitment, scheduling, and training of all community supportive caregivers; and~~
 - ~~(3) Provision of companionship services for an individual with serious mental illness who has been referred by a multidisciplinary staff. These services may include: transportation; assisting in meal preparation; leisure activities; and assisting in shopping for food, clothes, and other essential items by community supportive caregivers.~~~~

~~5. Psychosocial rehabilitation centers.~~

- ~~a. The human service center shall provide or contract for the operation of a psychosocial rehabilitation center.~~
- ~~b. The psychosocial rehabilitation center shall:~~

- ~~(1) Provide evening and weekend activities;~~
- ~~(2) Be open seven days a week;~~
- ~~(3) Be located in an ADA accessible location in the community which provides a minimum of forty hours of programming a week. Evening hours must be included in the programming. "Evening hours" means after six p.m. This does not include support groups.~~
- ~~(4) Develop a written plan delineating expected programs and services provided.~~
- ~~(5) Employ a full-time director and part-time staff sufficient to provide services.~~

~~c. The psychosocial rehabilitation center shall have a mechanism for client member participation in policy formation.~~

~~d. The regional director shall appoint a human service center staff member as a liaison between the human service center and the psychosocial rehabilitation center.~~

~~e. The psychosocial rehabilitation center shall provide written monthly reports to the human service center and the division of mental health and substance abuse services.~~

4. Psychosocial rehabilitation centers: A facility whose staff may provide socialization, social skill building, information and referral, and community awareness for the purpose of enhancing the ability of an individual with serious mental illness to live in the community).

a. The human service center shall provide or contract for the operation of a psychosocial rehabilitation center.

b. The psychosocial rehabilitation center shall provide services that support adults, who have mental illness, in their recovery by providing opportunities for learning appropriate socialization and leisure/recreational skills through social/recreational milieu, information and referral, and community awareness activities.

c. The hours of operation for the psychosocial rehabilitation center shall be determined by the membership during a regularly held and announced membership meeting. Documentation of the meeting – including a compilation of client comments and vote – must be maintained and be open for review.

d. The psychosocial rehabilitation center shall have a mechanism for member participation in policy formation. Documentation of this participation must be maintained and be open for review.

e. A calendar of events shall be developed at least one month in advance and be made available to the membership and the regional human service center.

f. The regional director shall appoint a human service center staff member as a liaison between the human service center and the psychosocial rehabilitation center.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996; March 1, 1997; August 1, 1997.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-03-04. Medications.

1. The human service center shall have written policies and procedures designed to ensure that all medications are administered safely including those medications administered or supervised by contracted providers. and properly in accordance with state laws.
2. Medication orders must be written only by a physician or other professional licensed by law and permitted by license to write medication orders and who is in direct care and treatment of clients.
3. All ~~prescribed~~ medications, including those prescribed by the human service center, prescribed by other providers, or those taken over-the-counter must be recorded in the client's record and reviewed at each psychiatric appointment.
4. When medications are prescribed by ~~a physician~~ an authorized prescriber and administered by human service center staff who are certified or licensed to administer medications, the ~~physician's~~ authorized prescriber's orders must be signed and a record of the administration must be kept.
5. There must be a system of checking to detect unhealthy side effects or toxic reactions.
6. Medication storage areas must be well lighted, safely secured, and maintained in accordance with the security requirements of federal, state, and local laws. Only those individuals certified or licensed to administer medications shall have access to medication storage areas.

7. The human service center shall inform each client who receives medications prescribed at a human service center of the benefits, risks, side effects, and consequences of medication noncompliance. At a minimum, the individual prescribing the medication shall record that this information was provided. A client's signed informed consent statement is acceptable in addition to the record, but not in lieu of the record. The record must include:
 - a. A dated statement that a discussion regarding medications prescribed has occurred.
 - b. Documentation that a specific discussion of tardive dyskinesia has occurred, if that is a potential side effect of the antipsychotic medication.
 - c. If the client, in the opinion of the individual prescribing the medication, does not appear to understand the discussion, the record must document discussions with the client's guardian, the client's family, or other responsible individuals.
8. An assessment instrument used to detect signs of tardive dyskinesia must be administered every six months (or at their next psychiatric appointment following the six month period) or sooner as medically indicated to all clients on antipsychotic medications for which tardive dyskinesia is a potential side effect. Documentation of the results and that a specific discussion of tardive dyskinesia has occurred must be entered into the client record. Each human service center shall have a mechanism for tracking when the assessment is due for each client.
9. Each human service center shall have written policies and procedures for any supported medication program done at the center or contracted services. This includes filling pill boxes, supervising medication or other self-administered medication programs. Documentation in the client's record will show education/training to move or attempts to move the patient toward medication independence. ~~of training received must be entered in the client's record.~~

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-03-05. Psychiatric services.

1. The regional director shall employ or contract with a psychiatrist to be the medical director. The medical director shall provide consultation, treatment, and psychiatric evaluations for clients at the human service

center and shall provide input in program planning and development of services.

2. Psychiatric services must be available at a minimum of one hundred sixty hours per month. This includes psychiatrist and nurse practitioner time.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-03-06. Community consultation and education. The human service center shall:

1. Maintain a systematic approach for providing information to the general public and local agencies regarding center services.
2. Have a systematic approach for informing clients and agencies about center services and how to access those services.
3. Respond to requests for educational presentations and inservice training for public and private agencies, as staff time allows, or refer the requests to other community resources.
4. Provide technical assistance to communities in assessing mental health needs and service options.
5. Document the number of hours, clients, and type of activity spent on community consultation and education.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-03-07. Psychological services.

1. The regional director shall employ or contract with one or more psychologists who meet the requirements of North Dakota Century Code chapter 43-32.
2. Psychological services include: psychological evaluations, psychometric testing, psychological consultations, and psychotherapy services.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-03-08. Regional intervention service.

1. The regional director shall designate staff to coordinate, administer, and supervise the regional intervention service.
2. The regional intervention service must assess all individuals who are under consideration for voluntary admission to the North Dakota state hospital.
3. The regional intervention service must refer clients to appropriate community-based treatment in lieu of state hospital admission, when available.

History: Effective December 1, 1991; amended effective February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

CHAPTER 75-05-04 CLIENT MANAGEMENT

Section

- 75-05-04-01 Admission Process
- 75-05-04-02 Admission [Repealed]
- 75-05-04-03 Individual Plans
- 75-05-04-04 Progress Notes
- 75-05-04-05 Individual Plan Review
- 75-05-04-06 Completion of Treatment or Service
- 75-05-04-07 Client Referrals
- 75-05-04-08 Records Maintenance

75-05-04-01. Admission process.

1. The regional director shall designate admission personnel who are responsible for the initial contact with the individual and the individual's family to define and evaluate the presenting problems and make disposition for necessary services.
2. If, in the judgment of the admission personnel, the contact which has been made is of an emergency nature, the admission personnel shall comply with emergency service procedures.
3. If, in the judgment of the admission personnel, the contact which has been made is not of an emergency nature, the admission personnel shall determine if the human service center can provide the treatment or services that the individual and the individual's family require. Upon determination that required services are available, the admission personnel shall assure that an appointment is scheduled.
4. A signed application for services must be completed at the time of admission.
5. The initial admission process must involve a face-to-face interview with the client and include the following:
 - a. A statement of the presenting problems;
 - b. An assessment of the client's current emotional, cognitive and behavioral functioning;
 - c. The client's social history, including family background, psychiatric history, developmental history, educational history, and employment;
 - d. The client's medical history encompassing relevant findings of

previous physical or psychiatric evaluations, psychiatric mental status, a list of the client's current medications and allergies, and additional evaluations, as deemed necessary. If the client is being considered for community residential services, a physical examination must have been completed within the last three months; and

e. A signed release of information form from the client and the client's parent or guardian, when deemed necessary.

6. If the client is being referred for community residential services, the client shall, if possible, visit the residential facility. If arrangements can be made, an overnight stay may be considered.
7. If the human service center or the unit to which the client has been referred cannot provide services, the professional staff member shall document, in the client record, the reasons why the client is not provided services. The human service center shall have a mechanism to review service needs and formulate recommendations for applicants, when the initial unit to which the client was referred cannot provide services. The applicant or guardian when deemed necessary, shall be informed of the results of the review and the results must be documented in the individual's admission file or client record.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-04-02. Admission. Repealed effective December 1, 1991.

75-05-04-03. Individual plans: Documents which describe an individual plan of treatment or service for each client, including a description of the client's problems and goals for treatment and the individuals responsible for initiating and implementing the plan.

1. Each client who has been admitted for service to the human service center shall have an individual plan based on the admission data and needs of the client.
2. Overall development and implementation of the individual plan are the responsibility of the professional staff member assigned the client.
3. The individual plan must be developed in accordance with the following:

- a. Clients who are eligible for clinical services shall have an individual plan.
 - b. Clients who are eligible for vocational rehabilitation services shall have an individual written rehabilitation program (IWRP).
 - c. Clients who are eligible for mental retardation-developmental disabilities case management shall have a case plan and an individual services plan (ISP).
4. The individual plan must contain the client's name, problems, service strategies to resolve problems, goals, measurable objectives, estimated time frames for completion, names of staff members responsible for service strategies, and the signature of the case manager. In the case of clients who are eligible for medical assistance benefits, and receiving clinic service, the client record must document physician approval.
 5. The professional staff member assigned the client shall develop and review the individual plan with the client, at whatever level at which the client can participate, and shall document the review in the client's record, indicating the extent of their client's involvement in developing the individual plan and shall have the client sign the treatment plan. In the event the client refuses or is unable to sign the treatment plan, this must be documented in the chart.
 6. Upon completion of the admission process, admission personnel shall make a provisional diagnosis and initiate a treatment plan.
 7. Within twenty working days from date of admission, except for emergency services^[GS3], which is the time when the client and the staff member first meet to begin the admission process, the multidisciplinary team must hold a case staffing to confirm or to revise the diagnosis and treatment plan, or to reassign the client to an appropriate member of the professional staff.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-04-04. Progress notes.

1. Progress notes related to the client's treatment plan goals and objectives shall chronologically describe the consumer's progress in treatment and document the consumer's response to services related to the treatment.

2. Progress notes shall address the following:
 - a. Activities and services provided as they relate to the goals and objective of the treatment plan, including ongoing reference to the treatment plan;
 - b. Documentation of the progress or lack of progress made in treatment as it relates to the treatment plan;
 - c. Documentation of the implementation of the individualized treatment plan, including consumer activities and services and all treatment rendered;
 - d. The consumer's current status;
 - e. Documentation of the consumer's response to treatment services, changes in behavior and mood, and outcome of treatment or services;
 - f. Plans for continuing therapy or for discharge, whichever is appropriate;
3. Progress notes shall be documented according to the following time frames:
 - a. Outpatient staff must document each visit or transaction including missed appointment;
 - b. Group therapy staff must document at least weekly.
4. Signature of staff member, professional credentials, if any, and date shall be entered for each entry.

~~Progress notes must be entered into the client's service record and must be updated after each visit. The human service center shall develop and implement an acceptable format to update client records which meet the goals of the individual plan. Group therapy progress notes must be documented in the individual client's record at least weekly. The date, signature, and title of the staff member making an entry must be included with each entry.~~

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-04-05. Individual plan review.

1. For clinical services, the client, case manager, and the case manager's supervisor shall formally review individual plans at least every six months except when client circumstances necessitates a change to the treatment plan.

2. For extended care cases, the client, case manager, and the case manager's supervisor shall review individual plans at least every twelve months except when client circumstances necessitates a change to the treatment plan.,. except for chronic cases, which must be reviewed at least every twelve months
3. For vocational rehabilitation services, the vocational rehabilitation counselor and the client must review and evaluate the individual written rehabilitation program at least every twelve months.
4. For developmental disabilities case management, the counselor and the client must review the individual service plan at least every twelve months.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996; March 1, 1997.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-04-06. Completion of treatment or service.

1. The case manager shall enter a treatment or service completion ~~statement~~ summary in the client's progress notes when clients have not received treatment in six months after reasonable attempts to contact the client have been made, or when termination is mutually agreed upon by the client and the case manager, or when it has been determined by a multidisciplinary team that a client no longer needs treatment or that treatment is inappropriate.
2. The treatment or service completion summary shall minimally include, but is not limited to:
 - a. Presenting problem at intake;
 - b. Medication summary when applicable;
 - c. Treatment provided and treatment outcome and results;
 - d. Psychiatric and physical or the final assessment;
 - e. Discharge plan
 - f. Signature of staff member, professional credentials, if any, and date
3. When the service completion statement has been finalized, the closure must be entered on the data collection system.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-04-07. Client referrals.

1. When a client needs treatment or service which the human service center does not provide, staff shall assist the client in obtaining the services, if available.
2. The staff shall provide pertinent information to the referral agency. Before any referral is made, a release of information must be signed by the client or a determination must be made that the signed release of information form is not necessary for the referral.

History: Effective November 1, 1987.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-04-08. Records maintenance.

1. The regional director shall designate a staff member who is responsible for the safekeeping of each client's record.
2. All data and information in the client's record is confidential.
 - a. Records must be maintained in accordance with federal and state confidentiality requirements.
 - b. Upon written request, the client's record is available to the client, or to any individual designated by the client, for review unless a legally sufficient basis for denying the client access to the record has been established. In such cases, the request and the reason for the denial shall be documented in the client's chart. The human service center shall establish policies which encourage clients to seek professional assistance while undertaking a review of records, and which prevent the alteration of any record during a review.
3. The human service center shall comply with department policies and procedures concerning records management.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

**CHAPTER 75-05-05
SPECIALIZED SERVICES**

Section	
75-05-05-01	Mental Retardation-Developmental Disabilities Program - Case management
75-05-05-02	Vocational Rehabilitation
75-05-05-03	Supervision and Direction of County Social Services
75-05-05-04	Community Correction Program [Repealed]
75-05-05-05	Aging Services
75-05-05-06	Long-Term Care Ombudsman Program [Repealed]

**75-05-05-01. Mental retardation-developmental disabilities program –
Case management.**

1. The regional director shall designate a regional mental retardation-developmental disabilities program administrator.
2. The average caseload of the mental retardation-developmental disabilities case management unit must be no more than sixty clients per case manager.
3. Mental retardation-developmental disabilities case management eligibility must be determined in accordance with chapter 75-04-06. Individuals found eligible for mental retardation-developmental disabilities case management prior to the effective date of chapter 75-04-06 may be maintained in services in accordance with departmental policy.
4. The human service center shall maintain and implement written procedures to provide for:
 - a. Client intake and admission;
 - b. Review of client rights upon intake and at least annually thereafter for adult clients;
 - c. Review of 34 CFR 303, part H, parental rights for infants and toddlers, age zero through two years, in accordance with part H requirements;
 - d. Assignment of a mental retardation-developmental disabilities case manager;
 - e. Development of case planning and an individual service plan;
 - f. The completion of program reviews;

- g. Completion of level of care screening;
 - h. Completion of preadmission screening annual resident review;
 - i. A regional referral committee to coordinate adult referrals;
 - j. A regional review team to review out-of-home placement options for children;
 - k. Interregional transfers;
 - l. Case closings;
 - m. Orientation and training of developmental disabilities case managers;
 - n. Periodic record reviews; and
 - o. A regional quality improvement planning process.
5. A human service center that operates programs subject to licensure under chapter 75-04-01 shall maintain a current license from the division of developmental disabilities for those programs. Programs in compliance with chapter 75-04-01 are not subject to human service center licensure standards.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-05-02. Vocational rehabilitation.

1. The regional director shall designate a full-time vocational rehabilitation administrator.
2. The vocational rehabilitation administrator shall establish performance goals and objectives.
3. The vocational rehabilitation administrator shall follow the appeals procedures outlined in chapter 75-01-03, 75-08-01, and the vocational rehabilitation state plan, and shall inform all clients or potential clients of the client assistance program and of the right to request mediation.
4. Client files must be monitored to assure appropriateness of services. At

least ten percent of the client files must be reviewed annually using the case review schedule. A report of the results and recommendations of the review must be available to the regional director.

5. The vocational rehabilitation administrator monitors the obligation of funds and bills paid to ensure that funds are appropriately expended or canceled.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-05-03. Supervision and direction of county social services.

1. The regional director, in coordination with the director of children and family services, shall designate a regional representative of county social services programs and any other staff to fulfill the objectives of this chapter.
2. With respect to the supervision and direction of the child welfare programs, the regional representative shall be programmatically responsible to the director of children and family services and shall work in consultation with children and family services staff.
2. 3. With respect to child protective services, the regional representative shall:
 - a. Review all reports of suspected child abuse and neglect in the region and determine if the reports are assessed in accordance with North Dakota Century Code ~~chapters~~ chapter 50-25.1 and North Dakota Administrative Code chapter 75-03-19;
 - b. Determine if the assessment completion timeframes and appropriate child protective services are provided in accordance with North Dakota ~~Century~~ Administrative Code chapter 75-03-19;
 - c. Provide technical assistance in child ~~abuse and neglect~~ protection services;
 - d. Provide final decisions for all child abuse and neglect cases in the region;
 - e. ~~Provide investigative services for~~ Complete assessments of reports of suspected institutional child abuse or neglect in the region;

- f. Ensure county access to a multidisciplinary child protection team;
 - g. Ensure that child ~~abuse and neglect~~ protection information is entered into the department's ~~data base~~ database;
 - h. Provide or arrange for an orientation in ~~children's services~~ child protection services for appropriate county social service board personnel.
3. 4. With respect to foster care services for children, the regional representative shall:
- a. Monitor all placements and review all court orders for compliance with the provisions of ~~title I of the Adoption Assistance and Child Welfare Act of 1980 [Pub. L. 96-272, 42 U.S.C. 670 et seq.] and section 427 of title IV-B of the Social Security Act [42 U.S.C. 627]~~ the adoption and Safe Families Act of 1997 [Pub. L. 105-89, 42 U.S.C. 620 et seq.];
 - b. ~~Chair each county or multicounty permanency planning committee in the region and ensure conformance with section 75-03-14-06~~ Co-chair quarterly child and family team meetings in each region and ensure conformance with section 75-03-14-06;
 - c. Review all foster care placements and pending placements and services provided with the appropriate ~~permanency planning committee~~ child and family team members;
 - d. Issue approvals or denials for group, therapeutic foster care, and residential foster care placements for the region;
 - e. Review all foster care grievances in the region to determine whether they are carried out in compliance with state law and policy;
 - f. ~~Maintain a regional log of all children in foster care~~ Participate in all regional child and family services reviews and assist in developing all county program improvement plans;
 - g. Approve and arrange for all specialized, therapeutic and shelter foster care service payments for all appropriate cases in the region;
 - h. Develop and supervise special projects in the region;
 - i. ~~Conduct~~ Assist in conducting an annual licensing study of each group home or residential child care facility in the region and forward the study

and recommendation to the department;

- j. Review each family foster care licensing study conducted in the region, approve and issue the license, or deny the license and provide appropriate notice to the applicant;
- k. Revoke foster care licenses and provide notice to the licensee;
- l. Provide technical assistance and interpretation of policies, procedures, rules, and laws related to foster care services; and
- m. Provide or arrange for regular inservice training related to foster care issues for county social workers, division of juvenile services staff, and private agencies related to child and family service review compliance and other appropriate service related topics.
- n. Monitor compliance with the provisions of the Foster Care Independence Act of 1999 [P.L. 106-169, 42 U.S.C. 677 et. seq.], and Title II, Section 201 of the Promoting Safe and Stable Families Amendments of 2001 [P.L. 107-133, 42 U.S.C. 677].

- 4. 5. With respect to early childhood services (day care services), the regional representative shall:
 - a. Approve, deny, or revoke all early childhood home, group, and center license applications, license applications for preschool educational facilities, and applications for standard compliance certification, and provide formal notification to all applicants;
 - b. Provide technical assistance regarding policies, procedures, rules, and laws for early childhood services in the region; and
 - c. Provide or arrange inservice training for early childhood licensing staff regionwide.
- ~~5. With respect to unmarried minor parent services, the regional representative shall provide technical assistance to the county social service board for services to unmarried minor parents.~~
- ~~6. With respect to children's special health services, the regional representative shall:~~
 - ~~a. Provide technical assistance to county social service staff in the administration of children's special health services; and~~
 - ~~b. Assist in and coordinate with the department's division of children's~~

~~special health services and the county social service boards for the provision of all children's special health field clinics.~~

~~7. With respect to adult family foster care licensure services, the regional representative shall:~~

~~a. Review each adult family foster care licensing study conducted in the region, approve and issue the license, or deny the license and provide timely notice to applicant;~~

~~b. Revoke adult family foster care licenses and provide notice to the licensee; and~~

~~c. Provide technical assistance and interpretation of policies, procedures, rules, and laws related to adult family foster care licensure standards.~~

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996; March 1, 1997.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-05-04. Community correction program. Repealed effective December 1, 1991.

75-05-05-05. Aging services. The regional director shall designate a regional aging services program administrator and other staff as necessary to fulfill the objectives of this chapter. The regional aging services program administrator shall:

1. Support the state plan on aging and elder rights advocacy activities in the region.
2. Conduct or arrange for public hearings concerning the state plan on aging, ~~including the state funding plan~~ for the various titles of the Older Americans Act as amended [Pub. L. 89-73, 42 U.S.C. 3001 note].
3. Publish and distribute information, including such as a newsletter ~~published a minimum of six times per year~~ to older individuals, agencies, and organizations serving older individuals.
4. Provide and document technical assistance ~~to service providers on program and service development, accessibility, and implementation.~~
 - ~~a. Stewardship activities, as identified by the administration in aging;~~

- ~~b. Program and service development and implementation;~~
 - ~~c. Targeting resources and services;~~
 - ~~d. Funding requests under the various titles of the Older Americans Act, as amended, [Pub. L. 89-73, 42 U.S.C. 3001 note];~~
 - ~~e. The Older Americans Act audit resolution; and~~
 - ~~f. Program and service accessibility.~~
5. Provide and document technical assistance to family members, agencies, organizations, and individuals working with older individuals. Conduct and document a minimum of two formal on-site programmatic and fiscal assessments of all Older Americans Act funded service providers, one of which must be a year-end assessment.
 6. Review and evaluate Older Americans Act funding requests and grant or contract revisions for fiscal and programmatic accuracy and compliance with grant application and contracting requirements. Provide or arrange training for Older Americans Act funded service providers, as appropriate.
 7. Conduct and document a minimum of two formal onsite programmatic and fiscal assessments of all Older Americans Act funded service providers, one of which must be a year end assessment. Provide or arrange community education and implement special projects which support selected federal and state focus areas.
 8. Monitor monthly case manager requests for reimbursements and payments and resolve any discrepancies.
 9. Provide or arrange for program training for Older Americans Act funded service providers, as appropriate.
 10. 8. Provide or arrange community education which supports selected federal and state initiatives or state plan objectives. Provide and document the provision of information and supportive activities for vulnerable adult protective services.
 11. 9. Implement selected federal and state aging program initiatives Included in the state plan on aging. Provide and document the provision of information and supportive activities for the National Family Caregiver Support program.
 12. 10. Provide training and technical assistance to entities administering mill

~~levy match funds under North Dakota Century Code section 57-15-56. Provide and document the provision of information and supportive activities for the long-term care ombudsman program.~~

13. 11. Provide and document the provision of information and supportive activities for aging service programs, including adult protective services, home and community-based services, and long-term care ombudsman. All documentation in this section shall be recorded and submitted to the Aging Services Division in the form as prescribed by the Division.
12. For adult family foster care licensure services, the regional representative of county social services programs, the regional aging services program administrator, or other designated staff shall:
- a. Review each adult family foster care licensing study conducted in the region, approve and issue the license, or deny the license and provide timely notice to the applicant.
 - b. Revoke adult family foster care licenses in consultation with the Aging Services Division, and provide notice to the licensee; and
 - c. Provide technical assistance regarding policies, procedures, rules and laws related to adult family foster care licensure standards.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-05-06. Long-term care ombudsman program. Repealed effective December 1, 1991.

CHAPTER 75-05-06
HUMAN SERVICE CENTER ESSENTIAL CLIENT SERVICES AND
ELIGIBILITY

Section

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75-05-06-01. Definitions. As used in this chapter:

1. "Appropriate services" means available essential client services, which, based upon the applicant's needs and the professional judgment of the human service center staff, constitute the proper course of treatment and conduct by the human service center on behalf of the individual.
2. "Eligibility" means existence of a condition as determined by professional assessment that causes an individual to be included in a targeted population group, qualifying the individual to receive appropriate services available through the human service center.
3. "Essential client services" means the general category of services designed to address the needs of those who are vulnerable or at risk. These services are intended to protect and promote safety, basic security, self-sufficiency, and emotional well-being.
4. "Targeted population groups" means groups of individuals sharing common characteristics that increase risk status and vulnerability.

History: Effective February 1, 1995.

General Authority: NDCC 50-06.2-03(6)

Law Implemented: NDCC 50-06.2-03

75-05-06-02. Eligibility criteria. Human service centers determine an individual's eligibility for receipt of appropriate services based on problems or characteristics that cause the individual to be included in the targeted population groups of:

1. Individuals or families in emergency situations;
2. Vulnerable children and adolescents; and
3. Vulnerable adults and elderly.

History: Effective February 1, 1995.

General Authority: NDCC 50-06.2-03(6)

Law Implemented: NDCC 50-06.2-03

~~**75-05-06-03. Individuals or families in emergency situations.** The existence of an individual or family crisis situation requiring immediate attention characterizes this population group. The overall goal of the appropriate service is to protect the individual and others from immediate harm, to stabilize functioning and resolve the immediate crisis situation, and to determine the need for ongoing appropriate services.~~

History: Effective February 1, 1995.

General Authority: NDCC 50-06.2-03(6)

Law Implemented: NDCC 50-06.2-03

~~**75-05-06-04. Vulnerable children and adolescents.** This population group is characterized by a need to protect children from emotional and physical violence in the home, prevent further victimization, and diagnose and treat emotional disturbance, substance abuse, and other disabling conditions. The overall goal of the appropriate services provided is to increase the child's potential for a productive life and to preserve family unity.~~

- ~~1. Appropriate services for abused or neglected children are available to:
 - a. Children who are current victims in an assessment of alleged abuse or neglect;
 - b. Children who are determined to be at risk of abuse or neglect, based on an assessment that concludes that services are recommended, or are victims based on an assessment that concludes that services are required;
 - c. Children who are affected by the abuse or neglect of their siblings;
or
 - d. Children who have been abused by a noncaretaker.~~
- ~~2. Appropriate services are available to noncaretaker perpetrators of child sexual abuse.~~
- ~~3. Appropriate services are available to children and adolescents involved in domestic violence who:
 - a. Are affected by physical or emotional violence in the home; or
 - b. Are perpetrators of physical or emotional violence in the home.~~
- ~~4. Appropriate services are available to emotionally disturbed children and~~

adolescents who:

- a. ~~For purposes of evaluation only, appear to be emotionally disturbed;~~
- b. ~~For continuing services, are emotionally disturbed, and whose behavior exhibits one or more of the following:~~
 - ~~(1) Gross impairment in communication;~~
 - ~~(2) Some danger of hurting self or others;~~
 - ~~(3) Occasional failure to maintain minimal personal hygiene;~~
 - ~~(4) Behavior considerably influenced by delusions or
— hallucinations;~~
 - ~~(5) Serious impairment in communication or judgment;~~
 - ~~(6) Inability to function in almost all areas;~~
 - ~~(7) Some impairment in reality testing or communication;~~
 - ~~(8) Major impairment in several areas, such as work, school,
— family relations, judgment thinking, or mood;~~
 - ~~(9) Serious symptoms such as suicidal ideation or severe
— obsessional rituals;~~
 - ~~(10) Serious impairment in social, occupational, or school
— functioning;~~
 - ~~(11) Moderate symptoms, such as flat affect and circumstantial
— speech or occasional panic attacks;~~
 - ~~(12) Moderate difficulty in social, occupational, or school
— functioning;~~
 - ~~(13) Some mild symptoms, such as depressed mood or mild
— insomnia;~~
 - ~~(14) Some difficulty in social, occupational, or school functioning,
— but generally functioning well and has some meaningful
— interpersonal relationships;~~
 - ~~(15) Attention deficit disorder; or~~

~~(16) Disruptive behavior disorder; or~~

~~c. Are involved in therapy as a part of the treatment plan for a family member.~~

~~5. Appropriate services are available to children and adolescents with a diagnosis of mental retardation made by a licensed or license exempt psychologist based on an individually administered standardized intelligence test and standardized measure of adaptive behavior, and who are:~~

~~a. Children from birth through age two, for purposes of infant development services;~~

~~b. School age children in need of transition services from school to adult programs; or~~

~~c. Any child or adolescent who is determined in need of family support services or in need of intermediate care facility for mentally retarded placement.~~

~~6. Appropriate services are available to children and adolescents who have a condition other than mental illness, so severe as to constitute a developmental disability, which results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with mental retardation, and who are:~~

~~a. Children from birth through age two, for purposes of infant development services;~~

~~b. School age children in need of transition services from school to adult programs; or~~

~~c. Any child or adolescent who is determined in need of family support services or in need of intermediate care facility for mentally retarded placement.~~

~~7. Appropriate services are available to children and adolescents with physical and nondevelopmental disabilities who:~~

~~a. Have a mental or physical disability that prevents them from obtaining, retaining, or preparing for employment; or~~

~~b. Are children from birth through age two, exhibiting developmental delays, but who are not determined to have developmental disabilities.~~

8. ~~Appropriate services are available to children and adolescents involved in substance abuse who are:~~
 - a. ~~Charged with or adjudicated for an alcohol-related or drug-related offense;~~
 - b. ~~Known or suspected of abuse of alcohol or other drugs; or~~
 - c. ~~Affected by the alcohol or drug addiction of others.~~

History: Effective February 1, 1995; amended effective January 1, 1996.

General Authority: NDCC 50-06.2-03(6)

Law Implemented: NDCC 50-06.2-03

~~**75-05-06-05. Vulnerable adults and elderly.** This population group is targeted in order to eliminate violence in the home and prevent further victimization, and to diagnose and treat emotional disturbance, developmental disability, addictive illness, and other disabling conditions. The overall goal of providing services is to enhance the social functioning and occupational productivity of the individual and family, and to stabilize and preserve family unity.~~

1. ~~Appropriate services are available to adults and elderly involved in child abuse or neglect who are:~~
 - a. ~~Parents and other adults involved in the protection and care of children who, based on investigation, are determined to be at risk of abuse or neglect or are subjects of a probable cause determination, including perpetrators, nonoffending spouses, and other significant adults; or~~
 - b. ~~Noncaretaker child sexual abuse perpetrators.~~
2. ~~Appropriate services are available to adults and elderly with addiction-related disorders who:~~
 - a. ~~Are abusing or are dependent upon alcohol or other drugs; or~~
 - b. ~~Are affected by the alcohol or drug abuse or dependence of a significant other in the person's family of origin or present family.~~
3. ~~Appropriate services are available to adults and elderly involved in domestic violence who are adult victims or perpetrators of physical or emotional violence in the home.~~
4. ~~Appropriate services are available to adults and elderly with emotional~~

disturbances who:

- a. ~~For evaluation only, appear to have emotional disturbances;~~
- b. ~~For continuing services, are emotionally disturbed, and whose level of impairment is characterized by one or more of the following:~~
 - ~~(1) Gross impairment in communication;~~
 - ~~(2) Some danger of hurting self or others;~~
 - ~~(3) Occasionally fails to maintain minimal personal hygiene;~~
 - ~~(4) Behavior considerably influenced by delusions or hallucinations;~~
 - ~~(5) Serious impairment in communication or judgment;~~
 - ~~(6) Inability to function in almost all areas;~~
 - ~~(7) Some impairment in reality testing or communication;~~
 - ~~(8) Major impairment in several areas, such as work, school, family relations, judgment thinking, or mood;~~
 - ~~(9) Serious symptoms such as suicidal ideation or severe obsessional rituals;~~
 - ~~(10) Serious impairment in social, occupational, or school functioning;~~
 - ~~(11) Moderate symptoms, such as flat affect and circumstantial speech or occasional panic attacks;~~
 - ~~(12) Moderate difficulty in social, occupational, or school functioning;~~
 - ~~(13) Some mild symptoms, such as depressed mood or mild insomnia; or~~
 - ~~(14) Some difficulty in social, occupational, or school functioning, but is generally functioning well and has some meaningful interpersonal relationships; or~~
- c. ~~Are involved in therapy as a part of the treatment plan for a family member.~~

- ~~5. Appropriate services are available to adults and elderly with mental retardation who are over age twenty-one. The diagnosis must be made by a licensed or license exempt psychologist based on an individually administered standardized intelligence test and standardized measure of adaptive behavior. Individuals age eighteen to twenty-one may be served in this category under special arrangements with the public education system.~~
- ~~6. Appropriate services are available to adults and elderly who have a condition, other than mental illness, so severe as to constitute a developmental disability, which results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with mental retardation. Individuals age eighteen to twenty-one may be served in this category under special arrangements with the public education system.~~
- ~~7. Appropriate services to obtain, retain, or prepare for employment are available to adults and elderly with physical and nondevelopmental disabilities who have a mental or physical disability that prevents the person from obtaining, retaining, or preparing for employment.~~
- ~~8. Appropriate services are available to seriously mentally ill adults and elderly who demonstrate a severe, debilitating, long-term mental illness that impairs the person's judgment, perception, ability to deal with stress, and ability to effectively attend to activities of daily living such as grooming and hygiene, cooking, money management, employment, and social skills.~~

History: Effective February 1, 1995.

General Authority: NDCC 50-06.2-03(6)

Law Implemented: NDCC 50-06.2-03

~~75-05-06-06. Right to apply - Right to appeal.~~

- ~~1. All individuals may apply for appropriate services. Eligibility determinations for appropriate services are a part of the admissions process. The human service center may conduct screening interviews, either in person or by telephone, in order to determine if an applicant meets the essential service eligibility criteria.~~
- ~~2. Individuals denied services may appeal. A request for an appeal of a denial of services must be in writing and contain a succinct statement as to why the denial of services was in error. The request for an appeal must be submitted to:~~

~~Appeals Supervisor
North Dakota Department of Human Services
State Capitol — Judicial Wing
600 East Boulevard Avenue~~

History: Effective February 1, 1995.

General Authority: NDCC 50-06.2-03(6)

Law Implemented: NDCC 50-06.2-03

~~**75-05-06-07. Service availability.** The extent to which appropriate services are available to targeted population groups through each human service center is dependent upon community need and upon resources available to the human service center at the time application for services is made. Statements of service availability contained in sections 75-05-06-03 through 75-05-06-06 are superseded by this section to the extent that community needs and available resources are determined insufficient to allow service availability.~~

History: Effective February 1, 1995.

General Authority: NDCC 50-06.2-03(6)

Law Implemented: NDCC 50-06.2-03

[GS1]In our phone call, I think we agreed to redefine the levels of care as they appear even though they already exist in the administrative code. However, when I went to the code, I found that it defines individual counseling and group therapy but NOT outpatient counseling services. I have therefore tried to define it ... please review and tell me whether you agree.

[GS2]In our last call, we decided that the use of "aftercare" services was not appropriate to describe the activities performed and decided to change it to "liaison" services, which I did. However, in 75-05-01-01-4 of the administrative code "aftercare" is defined as "activities provided for an individual with serious mental illness and who is in an inpatient facility and ready for discharge. These services assist an individual in gaining access to needed social, psychiatric, psychological, medical, vocational, housing, and other services in the community." This seems to differ in intent from the new "liaison services" which appears to primarily benefit providers to services which primarily benefit the client. Can you please explain this to me?

[GS3]What would you recommend as a time frame for review for emergency service clients? Does there need to be a separate process?