State of Utah
Administrative Rule Analysis
Revised May 2026

NOTICE OF SUBSTANTIVE CHANGE	
TYPE OF FILING: Amendment	**Filing ID: OFFICE USE ONLY**
Rule or section number:	**R432-102**
Date of previous publication (only for CPRs):	Click or tap to enter a date.

1. Agency Information

Title catchline:	Health and Human Services, Health Facility Licensing
Building:	Multi-Agency State Office Building
Street address:	195 N.1950 W.
City, state:	Salt Lake City, UT
Mailing address:	PO Box 141007
City, state and zip:	Salt Lake City, UT 84114-1007

2. Contact Persons

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Please address questions regarding information on this notice to the persons listed above.

3. General Information

A. Rule or section catchline:

R432-102. Specialty Hospital - Substance Use Disorder

B. Purpose of the new rule or reason for the change:

The purpose of this amendment is to ensure compliance of the Office of Licensing (OL), under the Department of Health and Human Services (department), with multiple legislative actions from the 2026 General Session that impact this rule, including HB 380 and HB 417. The filing also makes style and formatting changes to align with the Rulewriting Manual for Utah and other rules under the department.

HB 380 requires any general acute hospital or specialty hospital, to track and report any workplace violence incident, including the development and implementation of a workplace violence policy and tracking system. This bill makes it necessary to add a workplace violence tracking system and policy requirement in this rule to align with these new requirements for any hospital regulated by OL.

HB 417 defines terms related to non-medical transportation and requires any health facility to allow a patient to use non-medical transportation under specific circumstances. This bill also enacts the review and approval process of health facility to consider a patient request for non-medical transportation through a written notice, the admissions and billing process for the health facility that receives the patient, and specific liability protections for the health care facility and health care providers from the originating health facility. This bill makes it necessary to add a requirement for non-medical transportation for a interfacility transfer in this rule for any health care facility regulated by OL.

C. Summary of the new rule or change:

To support the implementation of legislation from the 2026 General Session, this amendment updates and adds content in this rule to reflect the required legislative actions impacting OL.

To implement HB 380, the requirement for the development and implementation of a workplace violence incident tracking system is added to Section R432-102-9. Requirements for the regulated hospital to development, implement, and comply with a policy to govern the tracking system and provide onboarding and annual training for staff are also added to this section. Additionally, requirements for any regulated hospital to review and analyze data from the tracking system on a quarterly basis and share with hospital leadership of the facility and annual reporting requirement to OL are included in this section.

To implement HB 417, requirements for any regulated health care facility to allow a patient under certain circumstances to use non-medical transportation to another health care facility are added to Section R432-102-10.

The filing clarifies language related to requirements throughout the rule. Several sections are reorganized to align with other rules under the division. This filing updates the title catchline, combines the Authority and Purpose sections into one section, and adds a "Scope" section to include any applicable federal, state, or local law, rule, or ordinance the provider is required to comply with and removes those references throughout the rule.

The rule amendment also makes style and formatting changes to align with the Rulewriting Manual for Utah and other rules under the department.

4. Legislative Action Information

A. Are any changes in this filing because of state legislative action?	Changes are because of legislative action.
B. If yes, any bill number and session:	HB 380 (General Session) and HB 417 (General Session)

5. Fiscal Information

Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A. State budget:

To support the implementation of multiple legislative actions from the 2026 General Session, including HB 380 and HB 417 that relate to this rule amendment, there is no anticipated fiscal impact as OL already regulates this type of health facility and the department notified providers about the new requirements related to implementation of HB 380 and HB 417 in April 2026.

The department added the new requirements for this type of regulated health facility related to the implementation of HB 380 and HB 417 to each applicable department inspection checklist, which will not result in any measurable cost or savings to the state budget.

Any costs associated with the implementation of HB 380 of the 2026 General Session have been captured in that bill's fiscal note, which can be viewed at https://pf.utleg.gov/public-web/sessions/2026GS/fiscal-notes/HB0380.fn.pdf.

Any costs associated with the implementation of HB 417 of the 2026 General Session have been captured in that bill's fiscal note, which can be viewed at https://pf.utleg.gov/public-web/sessions/2026GS/fiscal-notes/HB0417.fn.pdf.

The department does not anticipate any fiscal impact on the state budget as a result of the style and formatting changes and clarifying language changes included in this rule amendment.

B. Local governments:

To support the implementation of multiple legislative actions from the 2026 General Session, including HB 380 and HB 417 that relate to this rule amendment, there is no anticipated impact on local governments' revenues or expenditures because these providers are regulated by OL and not local governments. There will be no change in local business licensing or any other item with which local government is involved. There are no fiscal impacts to local governments resulting from the changes in this rule content relating to these legislative actions.

The department also does not anticipate any fiscal impact on local governments as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

C. Small businesses ("small business" means a business employing 1-49 persons)**:**

The implementation of HB 380 related to the rule amendment may result in a small compliance cost for small businesses operating a general acute hospital or specialty hospital. The implementation of HB 380 includes additional requirements for these providers to develop and implement a reporting system to track any incident of workplace violence in these settings, as well as develop, implement, and comply with a policy related to the prevention of any discrimination or retaliation of a staff reporting any workplace violence incident or being part of an investigation of a workplace violence incident by November 1, 2026. The aggregate anticipated cost for small businesses is not measurable at this time and will require OL to begin enforcing these new requirements during licensing reviews to understand the cost of implementation of additional requirements. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional requirements of this rule from HB 380 but anticipates the cost will not be significant. Providers were notified in April 2026 about the additional requirements.

The implementation of HB 417 related to the rule amendment may result in a small compliance cost for small businesses operating this type of regulated health facility. HB 417 includes an additional requirement for these providers to allow for non-medical transportation under certain circumstances to another health facility. The aggregate anticipated cost for small businesses is not measurable at this time and will require OL to begin enforcing the new requirement during licensing reviews to understand the cost of implementation for this additional requirement. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional non-medical transportation requirement of this rule from HB 417 but anticipates the cost will not be significant. Providers were notified in April 2026 about the requirement for non-medical transportation requests.

The department also does not anticipate any fiscal impact on small-businesses as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

The implementation of HB 380 related to the rule amendment may result in a small compliance cost for non-small businesses operating a general acute hospital or specialty hospital. The implementation of HB 380 includes additional requirements for these providers to develop and implement a reporting system to track any incident of workplace violence in these settings, as well as develop, implement, and comply with a policy related to the prevention of any discrimination or retaliation of a staff reporting any workplace violence incident or being part of an investigation of a workplace violence incident by November 1, 2026. The aggregate anticipated cost for non-small businesses is not measurable at this time and will require OL to begin enforcing these new requirements during licensing reviews to understand the cost of implementation of additional requirements related to implementation of HB 380. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional requirements of this rule from HB 380 but anticipates the cost will not be significant. Providers were notified in April 2026 about the additional requirements.

The implementation of HB 417 related to the rule amendment may result in a small compliance cost for non-small businesses operating this type of regulated health facility. HB 417 includes an additional requirement for these providers to allow for non-medical transportation under certain circumstances to another health facility. The aggregate anticipated cost for non-small businesses is not measurable at this time and will require OL to begin enforcing the new requirement during licensing reviews to understand the cost of implementation for this additional requirement. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional non-medical transportation requirement of this rule from HB 417 but anticipates the cost will not be significant. Providers were notified in April 2026 about the requirement for non-medical transportation requests.

The department also does not anticipate any fiscal impact on non-small businesses as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

The implementation of HB 380 related to the rule amendment may result in a small compliance cost for persons other than small businesses, non-small businesses, state, or local government entities operating a general acute hospital or specialty hospital. The implementation of HB 380 includes additional requirements for these providers to develop and implement a reporting system to track any incident of workplace violence in these settings, as well as develop, implement, and comply with a policy related to the prevention of any discrimination or retaliation of a staff reporting any workplace violence incident or being part of an investigation of a workplace violence incident by November 1, 2026. The aggregate anticipated cost for other persons is not measurable at this time and will require OL to begin enforcing these new requirements during licensing reviews to understand the cost of implementation of additional requirements related to implementation of HB 380. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional requirements of this rule from HB 380 but anticipates the cost will not be significant. Providers were notified in April 2026 about the additional requirements.

The implementation of HB 417 related to the rule amendment may result in a small compliance cost for persons other than small businesses, non-small businesses, state, or local government entities operating this type of regulated health facility. HB 417 includes an additional requirement for these providers to allow for non-medical transportation under certain circumstances to another health facility. The aggregate anticipated cost for other persons is not measurable at this time and will require OL to begin enforcing the new requirement during licensing reviews to understand the cost of implementation for this additional requirement. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional non-medical transportation requirement of this rule from HB 417 but anticipates the cost will not be significant. Providers were notified in April 2026 about the requirement for non-medical transportation requests.

The department also does not anticipate any fiscal impact on other persons as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

F. Compliance costs for affected persons:

For implementation of HB 380 and HB 417, affected persons would be small and non-small businesses and persons other than small businesses, non-small businesses, state, or local government entities operating health facilities regulated by OL, under the department.

Providers who are affected persons must comply with the additional requirements outlined in HB 380. There may be a small compliance cost for health facilities operating a general acute hospital or specialty hospital. The implementation of HB 380 includes additional requirements for these providers to develop and implement a reporting system to track any incident of workplace violence in these settings, as well as develop, implement, and comply with a policy related to the prevention of any discrimination or retaliation of a staff reporting any workplace violence incident or being part of an investigation of a workplace violence incident by November 1, 2026. . The department anticipates any compliance cost will be minimal as these providers are already regulated by OL, although the department does not know the exact cost for each hospital to implement the additional requirements. Measuring any compliance cost for regulated health care facilities will require OL to begin enforcing this new requirement during licensing reviews.

Providers who are affected persons must comply with the additional requirements outlined in HB 417. There may be a small compliance cost for regulated health facilities to implement the additional requirements of HB 417, which include allowing any patient who meets specific requirements in accordance with Section 26B-2-249 to use non-medical transport. The department anticipates any compliance cost will be minimal as these providers are already regulated by OL, although the department does not know the exact cost for each health facility to implement the additional requirements. Measuring any compliance cost for regulated health care facilities will require OL to begin enforcing this new requirement during licensing reviews.

Additionally, OL, as the regulatory body for health and safety standards for regulated health care facilities, is affected by the amendment. Any cost for rule amendments has been identified and considered under the state budget in the fiscal notes for HB 380 and HB 417 (2026 General Session). The department has notified providers about the additional requirements related to HB 380 and HB 417 and the department does not anticipate any compliance cost for OL as these providers are already regulated by OL.

The department also does not anticipate any compliance cost as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

6. Regulatory Impact Summary Table

Enter the cost or savings in the relevant cell. If there is no cost or savings, enter, "$0." If a cost or savings is inestimable, enter, "inestimable."

Fiscal Cost	**FY2027**	**FY2028**	**FY2029**	**FY2030**	**FY2031**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	inestimable	inestimable	inestimable	inestimable	inestimable
Non-Small Businesses	inestimable	inestimable	inestimable	inestimable	inestimable
Other Persons	inestimable	inestimable	inestimable	inestimable	inestimable
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2027**	**FY2028**	**FY2029**	**FY2030**	**FY2031**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	0$	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**

7. Regulatory Impact Analysis Approval

The Commissioner of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this regulatory impact analysis.

8. Family Impact Information

A. The agency has considered this rule's impact on family health, stability, and formation:	☒

B. Summary of reasonable alternatives or modifications:
If there is a negative impact, summarize considered alternatives here. (Subsection 63G-3-301(6)(b))

9. Citation Information

Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 26B-2-202	Section 26B-2-902	

10. Incorporation by Reference Information

Incorporation by Reference (if this rule incorporates more than two items by reference, please include additional tables)**:**	
A. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

B. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

11. Public Notice Information

The public may submit written or oral comments to the agency identified in box 1.	
A. Comments will be accepted until:	Click or tap to enter a date.

B. A public hearing (optional) will be held (The public may request a hearing by submitting a written request to the agency, as outlined in Section 63G-3-302 and Rule R15-1.)**:**		
Date:	**Time** (hh:mm AM/PM)**:**	**Place** (physical address or URL)**:**
Click or tap to enter a date.		

To the agency: If more than one hearing is planned to take place, continue to add rows.

12. Effective Date Information

This rule change MAY become effective on: (NOTE: This is the date the agency anticipates making the filing effective. It is NOT the effective date)	Click or tap to enter a date.

13. Agency Authorization Information

To the agency: Information requested on this form is required by Sections 63G-3-301, 63G-3-302, 63G-3-303, and 63G-3-402. The office may return incomplete forms to the agency, possibly delaying publication in the *Utah State Bulletin* and delaying the first possible effective date.			
Agency head or	Tracy S. Gruber, Commissioner	**Date:**	Click or tap to enter a date.

designee and title:			

R432. Health and Human Services, Health Care Facility Licensing.
R432-102. Specialty Hospital - Substance Use Disorder.
R432-102-1. [~~Legal~~]Authority and Purpose.

(1) [~~This rule is authorized by~~]Section 26B-2-202 authorizes this rule.[

~~**R432-102-2. Purpose.]**~~

(2) This rule [~~applies to~~] provides the health and safety requirements for a specialty hospital w[~~hose~~]ith a primary specialty is the treatment of patients with substance use disorder.[~~If a specialty hospital licensee chooses to have a secondary specialty service, then both of the appropriate specialty hospital rules apply.~~

~~**R432-102-3. Time for Compliance.**~~

~~The licensee shall ensure that any substance use disorder specialty hospital[,] is fully compliant with this rule at the time of licensure and at any time when serving patients thereafter.~~

]**R432-102-[~~4~~]2. Definitions.**

Terms used in this rule are defined in Rule R432-1 and Section 26B-2-201, Section 26B-2-245, and Section 26B-2-249. Additionally:

[~~(1) The common definitions of Rule R432-1 apply to a substance use disorder specialty hospital.~~

~~(2) "Specialty Hospital" is defined in Rule R432-1.~~

] ([~~3~~]2) "Detoxification services" means the systematic reduction or elimination of a toxic agent in the body by use of rest, fluids, medication, counseling, and nursing care is provided according to medical orders and facility protocols.

R432-102-[~~5~~]3. [~~Licensure~~]Scope.

Each licensee shall comply with:

(1) any applicable federal, state, or local law, rule, or ordinance, including:

(i) Rule R432-4;

(ii) Rule R432-8; and

(iii) this rule.

[~~Rule R432-2 applies to the licensure of a substance use disorder specialty hospital.~~

~~**R432-102-6. General Construction Rules.**~~

~~Rule R432-8, applies to construction and remodel of the facility.~~

]**R432-102-[~~7~~]4. Organization.**

Section R432-100-[~~6~~]5, Governing Body applies to a substance use disorder specialty hospital.

R432-102-[~~8~~]5. Administrator.

Section R432-100-[~~7~~]6, Administrator, applies to a substance use disorder specialty hospital.

R432-102-[~~9~~]6. Medical and Professional Staff.

(1) Section R432-100-[~~8~~]7, Medical and Professional Staff, applies to a substance use disorder specialty hospital.

(2) The licensee may retain, or by contract, [~~M~~]medical and professional staff members[~~may be retained, or by contract,~~] to fulfill the requirements and needs of the treatment programs offered.

(3) The licensee shall ensure that medical and professional staff are assigned specific responsibilities on the treatment team as qualified by training and educational experience and as permitted by hospital policy and the scope of their license.

R432-102-[~~10~~]7. Nursing.

Section R432-100-1[~~4~~]5, Nursing Care Services, applies to a substance use disorder specialty hospital.

R432-102-[~~11~~]8. Personnel Management Service.

(1) The licensee shall ensure there are enough medical and professional staff and support personnel who are able and competent to perform their respective duties, services, and functions to meet hospital service and patient care needs.

(2) The licensee shall ensure that written personnel policies and procedures include:

(a) job descriptions for each position, including:

(i) job title;

(ii) job summary;

(iii) responsibilities;

(iv) minimum qualifications;

(v) required skills and licenses; and

(vi) physical requirements; and

(b) a method to handle and resolve grievances from the staff.

(3)(a) The licensee shall orient each employee to job requirements and personnel policies, and provide job training beginning the first day of employment.

(b) The licensee shall maintain documentation signed by the employee and supervisor that verifies completion of basic orientation within the first month of employment.

(c) The licensee shall ensure registered nurses and licensed practical nurses receive additional orientations to include:

(i) concepts of treatment provided within the hospital for patients with substance use disorder diagnoses;

(ii) medications used in the treatment of substance use disorder diagnoses; and

(iii) roles and functions of nurses in treatment programs for patients with substance use disorder diagnoses.[~~; and~~

~~(iii) medications used in the treatment of substance use disorder diagnoses;~~]

(d) The licensee shall ensure:

(i) in-service sessions are planned and held at least quarterly; and

(ii) documentation is maintained to demonstrate that each staff member has attended an annual in-service on the reporting requirements for abuse, neglect, and exploitation for adults and children.

(4) The licensee shall ensure that personnel are licensed, certified, or registered as required by the Utah Department of Commerce, and copies of the license, registration, or certificate are maintained in personnel files for department review.

(5) The facility may utilize [~~V~~]volunteers [~~may be utilized~~] in the daily activities of the hospital but may not be included in the hospital's staffing plan in lieu of hospital employees. The licensee shall ensure volunteers are:

(a) familiar with the hospital's policies and procedures on volunteers, including patient rights and facility emergency procedures; and

([~~a~~]b) screened by the administrator or designee and supervised according to hospital policy.[~~; and~~

~~(b) familiar with the hospital's policies and procedures on volunteers, including patient rights and facility emergency procedures.~~]

R432-102-9. Workplace Violence Reporting System.

(1)(a) The licensee shall develop a reporting system for any incident of workplace violence.

(b) The reporting system shall:

(i) keep documentation of any voluntarily reported incident of workplace violence by any staff for two years;

(ii) document information in accordance with Subsection 26B-2-245(3)(a) for any workplace violence incident; and

(iii) support the prevention of workplace violence, in accordance with Subsection 26B-2-245(3)(d);

(2)(a) The licensee shall develop, implement, and comply with a policy for the reporting described in Subsection (1).

(b) The policy shall include how the facility will prevent any discrimination or retaliation of a staff for reporting an incident or the staff's participation in an investigation of an incident.

(3)(a) The licensee shall ensure staff receive upon hire and on an annual basis, information on the process to report any incident of workplace violence to:

(i) a staff's supervisor;

(ii) the facility;

(iii) any applicable security agency that contracts with the facility; and

(iv) any applicable law enforcement agency.

(b) The licensee shall provide any staff with the policy described in Subsection (2) and notify staff of any update to the policy.

(4)(a) The licensee shall review and analyze the workplace violence data on a quarterly basis and develop a quarterly report.

(b) The licensee shall submit the quarterly report to the chief medical officer and chief nursing officer of the facility.

(5) The licensee shall annually report to OL the number of workplace violence incidents.

R432-102-10. Patient Interfacility Transportation.

(1) The licensee shall allow a patient to use non-medical transportation for an interfacility transfer if the requirements in Subsection 26B-2-249(2) are met.

(2)(a) A patient may request the licensee to determine if the patient is eligible for a non-medical transport for an interfacility transfer.

(b) For any request from a patient to use non-medical transportation for an interfacility transfer, the licensee shall provide a written notice to the patient addressing each item in Subsection 26B-2-249(4).

(3)(a) If a patient arrives at the receiving facility within adequate time, the receiving facility may not charge the insurance or health benefit plan of the patient for any admission or readmission cost, except as provided in (3)(b).

(b) The receiving center may charge the insurance or health benefit plan of the patient if upon arrival, the medical staff document a change in the medical condition or mental condition of the patient.

(4) A receiving facility shall hold and reserve the specific bed offered to the patient upon discharge from the originating facility if the patient arrives within adequate time.

(5) To ensure compliance with Subsection 26B-2-249(6), the originating facility shall document the following in the medical record of the patient prior to discharge:

(a) formal clinical assessment of the medical or mental condition of the patient is stable and does not require ambulance or medically supervised transportation;

(b) the specific type of non-medical transportation that will be used to transport the patient; and

(c) the expected arrival window communicated to the receiving facility.

R432-102-1[~~2~~]1. Clinical Services.

(1) The licensee shall establish an inpatient clinical services program that includes the following elements:

(a) detoxification services;

(b) provision for individual, group or family counseling services as needed and indicated in the individual treatment plan; and

(c) a referral process to outpatient treatment services coordinated with other hospital and community services for continuity of care, as indicated in the individual treatment plan.

(2) The licensee may provide therapy programs and services on an outpatient basis. If provided, the licensee shall ensure:

(a) outpatient programs and services are organized, staffed, and managed according to the requirements and needs of the services offered; and

(b) the therapy programs and services are subject to the same medical, administrative, and quality assurance oversight as inpatient clinical services programs.

R432-102-1[~~3~~]2. Crisis Intervention Services.

(1) The licensee shall ensure that if crisis intervention services are offered, they are organized under the direction of the medical director or designee and comply with the following:

(a) services are available at any hour to individuals presenting for assistance; and

(b) the following public areas are available in the crisis intervention service area:

(i) an interview and treatment area for both individuals and families;

(ii) a reception and control area; and

(iii) a public waiting area with telephone, drinking fountain, and toilet facilities.

(2) If the licensee chooses not to offer crisis intervention services, the licensee shall have a written referral plan for persons making [~~inquiry~~]inquiries regarding such services or presenting themselves for assistance.

(3) The licensee shall ensure:

[~~(a) the crisis intervention service has physician coverage 24 hours a day;~~

~~(b) nursing and other allied health professional staff are available in the hospital;~~

~~(c) staff may have collateral duties elsewhere in the hospital, but shall be able to respond when needed without adversely affecting patient care or treatment elsewhere in the hospital; and~~

~~(d) the crisis intervention service implements policies and procedures that include:~~

~~(i) admission;~~

~~(ii) treatment;~~

~~(iii) medical procedures;~~

~~(iv) applicable reference materials; and~~

~~(v) involuntary detention of a person is done according to hospital policy and Utah law.~~]

(a) nursing and other allied health professional staff are available in the hospital;

(b) staff may have collateral duties elsewhere in the hospital, but are able to respond when needed without adversely affecting patient care or treatment elsewhere in the hospital;

(c) the crisis intervention service has physician coverage 24 hours a day; and

(d) the crisis intervention service implements policies and procedures that include:

(i) admission;

(ii) applicable reference materials;

(iii) involuntary detention of a person is done according to hospital policy and Utah law;

(iv) medical procedures; and

(v) treatment.

R432-102-1[4]3. Patient Record.

(1) Section R432-100-3[~~5~~]6, Medical Records, applies to a substance use disorder specialty hospital.

(2) The licensee shall ensure the content of the patient record contains:

(a) progress notes, including description and date of service, with a summary of client progress, signed by the therapist or service provider; and

(b) a discharge summary, including final evaluation of treatment and goals attained and signed by the therapist.

(3) The licensee shall ensure:

(a) a written individual treatment plan is initiated for each patient upon admission and completed within seven working days following admission;

(b) individual treatment plans are reviewed on a weekly basis for the first three months, and at intervals determined by the treatment team, but not to exceed every other month;

(c) patient care is administered according to the individual treatment plan;

(d) the individual treatment plan is available to any personnel who provide care for the patient;

([~~b~~]e) the individual treatment plan is part of the patient record and signed by the responsible party for the patient's care;

(f) the written individual treatment plan is based on a comprehensive functional medical, psycho-social, substance use, and treatment history assessment of each patient; and

(g) when appropriate, the patient and family is invited to participate in the development and review of the individual treatment plan and any patient and family participation is documented.

[~~(c) patient care is administered according to the individual treatment plan;~~

~~(d) individual treatment plans are reviewed on a weekly basis for the first three months, and at intervals determined by the treatment team, but not to exceed every other month;~~

~~(e) the written individual treatment plan is based on a comprehensive functional medical, psycho-social, substance use, and treatment history assessment of each patient;~~

~~(f) when appropriate, the patient and family is invited to participate in the development and review of the individual treatment plan and any patient and family participation is documented; and~~

~~(g) the individual treatment plan is available to any personnel who provide care for the patient.~~]

(4) The Utah State Hospital is exempt from the time frames listed in Subsection R432-102-14(3)(a) for initiating and reviewing the individual treatment plan and shall initiate an individual treatment plan for each patient admitted within 14 days and review the plan on a monthly basis.

(5) The licensee shall ensure the confidentiality of the records of substance use disorder patients are maintained according to [~~T~~]the Code of Federal Regulations, Title 42, Part 2, Confidentiality of Substance Use Disorder Patient Records.

R432-102-1[~~5~~]4. Required Hospital Services.

(1) The licensee shall comply with[~~- the following sections of the General Hospital Standards, R432-100 in the patient care milieu~~]:

(a) Section R432-100-3[~~3~~]4, Dietary Services;

(b) Section R432-100-3[~~7~~]8, Laundry Services;

(c) Section R432-100-[~~39~~]40, Maintenance Services; and

(d) Section R432-100-3[~~8~~]39, Housekeeping Services.

(2) The licensee shall comply with[~~- the following sections of the Specialty Hospital Psychiatric Standards of Rule R432-101 in the patient care milieu~~]:

(a) Section R432-101-[~~11~~]8, Quality Assurance;

(b) Section R432-101-1[~~5~~]2, Patient Rights;

(c) Section R432-101-1[~~6~~]3, Emergency and Disaster;

(d) Section R432-101-1[~~7~~]5, Admission and Discharge Policy;

(e) Section R432-101-1[~~8~~]6, Transfer Agreement;

(f) Section R432-101-1[~~9~~]7, Pets in Hospitals;

(g) Section R432-101-2[~~3~~]1, Physical Restraints, Seclusion, and Behavior Management;

(h) Section R432-101-2[~~8~~]6, Laboratory;

(i) Section R432-101-2[~~9~~]7, Pharmacy;

(j) Section R432-101-[~~30~~]28, Social Services; and

(k) Section R432-101-[~~31~~]29, Activity Therapy.

R432-102-1[~~6~~]5. Optional Hospital Services.

(1) The following sections of the [~~General Hospital Standards,~~]Rule R432-100 shall apply to a substance use disorder specialty hospital when these services are adopted into, or are required by, the hospital's patient care service[~~- milieu~~]:

(a) Section R432-100-1[~~5~~]6, Critical Care Unit;

(b) Section R432-100-2[~~0~~]1, Pediatric Services;

(c) Section R432-100-2[~~2~~]3, Rehabilitation Therapy Services;

(d) Section R432-100-2[~~3~~]4, Radiology Services;

(e) Section R432-100-2[~~1~~]2, Respiratory Services; and

(f) Section R432-100-3[~~6~~]7, Central Supply Services.[

~~(2) Inpatient Hospice Rule 432-70 applies to a specialty hospital offering this service.~~

] ([~~3~~]2) Section R432-101-[~~20~~]18, Inpatient Psychiatric Services applies to a specialty hospital offering this service.

R432-102-1[~~7~~]6. Penalties.

[~~Any person who violates any provision of this rule may be subject to the penalties enumerated in Section 26B-2-208.~~]

Any person who violates this rule may be subject to the penalties in Rule R380-600 and Title 26B, Chapter 2, Part 7, Penalties and Investigations.

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