

I N D E X

WEST VIRGINIA ADMINISTRATIVE REGULATIONS
DEPARTMENT OF MENTAL HEALTH

Chapter 27-1A

Series II

(1971)

Regulations for Licensing Psychiatric And Other
Related Facilities and Programs

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JOHN D. ROCKEFELLER, IV
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acknowledges the dignity and protects the rights of all its patients.

(b) The ultimate goals of a mental health/mental retardation program and/or facility are to diagnose, to treat, and to restore mentally disordered persons to an optimal level of functioning at home and in the community.

(c) The mental health facility has an ethical staff meeting the ethical standards of their various respective professions.

(d) The mental health/mental retardation facility integrates its services with other community resources and is responsive to community needs.

(e) The mental health/mental retardation facility cooperates with standard setting and reimbursement requirements of various third-party payors in order to provide for its patients the economic protection of health insurance.

(f) The mental health/mental retardation facility keeps accurate, current, and complete clinic financial, personnel, and administrative records.

(g) The mental health/mental retardation facility has written policies, procedures, and plans.

(h) The physical plant of the mental health/mental retardation facility provides a safe, wholesome environment that enhances the program.

(i) The mental health/mental retardation facility is available, accessible, and appropriate for the care of all potential patients.

(j) The mental health/mental retardation facility promotes a climate that makes possible the establishment of significant relationships between staff, patients or students, and their families.

1.02. Authority - These regulations are issued under Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended.

1.03. Effective Date - These regulations were promulgated on the day of , 1971, and became effective on the day of , 1971.

1.04. Filing Date - These regulations were filed in the Office of Secretary of State on the day of 1971.

1.05. Definitions - The following words and phrases when used in these regulations shall have the meaning ascribed to them in this Section. In those instances where words or phrases have been defined by law, the legal reference and definitions are quoted. In some instances interpretation of the legal definition is set forth to clarify the legal definition as applied to these regulations only to broaden the understanding, not to change the legal definition.

1.05.1 "Act" as used in these regulations shall mean the Mental Health Act, Chapter 27, Article 9, Section 1, West Virginia Code of 1931, as amended.

1.05.2 "Activity Center For The Emotionally Disturbed and/or Mentally Ill" is a community service facility provided to assist an emotionally disturbed and/or mentally ill individual in the area of resocialization. Its primary goals are to provide therapeutic activity and recreational programs.

1.05.3 "Activity Center For The Mentally Retarded" is a community service facility provided to assist the mentally retarded individual in reaching his maximum capabilities, provide an alternate to institutionalization, and to provide counseling for the family. Its primary goals are to assist the individual in areas of self care, socialization, maturation, and self-expression, language development, sensory training, and simple work skills. The center shall provide activities and recreational programs.

1.05.4 "Acute Psychiatric Patient" is an individual with some degree of psychiatric illness, deemed to be reversible as opposed to the "chronic psychiatric patient" (See 1.05.16) whose condition is irreversible. For purposes of this regulation the duration of such illness and incapacitation is twelve months or less.

1.05.5 "Administrator" shall refer to a person who may act as the hospital administrator, business manager, and/or comptroller of a facility dependent upon his training, experience, and demonstrated ability. He shall be responsible to the "executive director" (See 1.05.27) for the management of the facility's long-range fiscal program as well as the day-to-day fiscal operations of the facility.

1.05.6 "Aftercare Service" is an organized program of follow-up care designed to assist the patient in his re-entry into the community and his adjustment thereafter, including backup services, if needed.

1.05.7 "Alcoholism Information Center" is a liaison agency functioning between the Alcoholic Treatment Units and the community. It is responsible for continuity of services for the person recovering from his illness.

1.05.8 "Alcoholic Treatment Unit" is a service usually located on the grounds of a State Mental Health facility, providing short-term intensive therapy for the alcoholic patient, using a therapeutic community approach.

1.05.9 "Alcoholic Treatment Unit Team" should consist of a physician, social worker, psychologist, nurse, psychiatric aide, and an Alcoholism Information Center counselor.

1.05.10 "Ambulatory Patient" is any patient who, without assistance in an emergency, would be physically and

mentally capable of traveling to safety.

1.05.11 "Applicant" as referred to in these regulations shall mean the organization or agency which submits an application for a license, or a renewal of license to operate a psychiatric hospital, center, institution, related facility and/or service or part thereof, to provide psychiatric or other mental health services.

1.05.12 "Audit" as referred to in these regulations shall mean an accurate accounting of all receipts and disbursements in the construction, administration, or operation of a mental health facility or service and/or part thereof, in a form consistent with acceptable accounting practices, and shall be performed by an independent accounting firm, or a certified, or public, accountant.

1.05.13 "Autopsy, Psychological", explores in detail the motivation and behavioral clues that might have led to different management of the patient to prevent suicide.

1.05.14 "Business Manager" is a person responsible to the "executive director" (See 1.05.27) for the execution of the day-to-day fiscal management of a facility and/or comptroller, dependent upon his qualifications, experience and demonstrated ability.

1.05.15 "Catchment Area" as referred to in these regulations shall mean a geographic medical service area with

a population of not less than 75,000 and not greater than 200,000 established in accordance with recommendations of, and subject to the approval of the West Virginia Department of Health and the West Virginia Department of Mental Health, and the National Institute of Mental Health, to provide mental health services to the population of the geographic area. Catchment areas are annually reviewed and delineated in detail in the West Virginia State Plan for Construction of Community Health facilities to determine priority for funding of center applications (subject to annual approval by the United States Department of Health, Education and Welfare).

1.05.16 "Chronic Psychiatric Patient" is an individual with a diagnosis of mental illness which is deemed to be irreversible as opposed to the "acute psychiatric patient" (See 1.05.4) whose condition is reversible.

For purposes of these Regulations, such illness shall have caused the individual to be disabled for a period of twelve months or more.

1.05.17 "Clinical Director" as referred to in these regulations shall mean a physician responsible to the "executive director" (See 1.05.27) or "superintendent" (See 1.05.61) of a given facility for management of the facility's clinical services. He is responsible for the

management of patients by his staff and the coordination of their efforts. He is also responsible for detailing and executing the facility's clinical programs as defined by the "governing body" (See 1.05.32). He shall also be responsible for conducting the facility's clinical programs as developed by the governing body and organized by the executive director. In an inpatient facility the Clinical Director may be called the "chief of service". In the absence of an executive director, the Clinical Director may be the superintendent responsible directly to the governing body, dependent upon his training, experience and/or demonstrated ability.

1.05.18 "Comprehensive Center For The Emotionally Disturbed" is any public or private non-profit center that provides comprehensive services which include child psychiatry, child care, special education, recreational therapy, prevocational therapy, psychological and social work services, social group work, music therapy, speech and audiology, together with a great number of neurological, pediatric, and other disciplines of the complete range of clinical, diagnostic and laboratory services.

1.05.19 "Comprehensive Center for the Mentally Retarded" is any public or private non-profit center that provides for the mentally retarded, individual services which cannot

be obtained in the community. These services include elements of supervision, protection and intensive diagnostic, research, evaluative treatment and training activities which in turn require specialized manpower, equipment and facilities.

1.05.20 Comprehensive Community Mental Health Center" is any public or private non-profit center established under Public Law 88-164, as amended by Public Law 89-105, Public Law 91-211, Public Law 91-513, to provide the five essential elements of mental health services (i. e., inpatient, out patient, partial hospitalization, consultation and education, and emergency services) as required by the Federal National Institute of Mental Health, United States Department of Health, Education, and Welfare.

1.05.21 "Comptroller" is the chief accounting officer of a facility responsible directly to the executive director (See 1.05.27) for the fiscal management of the facility's long range fiscal program as well as being responsible for the day-to-day fiscal management by his staff. He is responsible for maintaining a current interpretation of the fiscal status and reporting immediately any variation which would affect the adherence to any budget limitation.

1.05.22 "Consultant", in quotation, when used in these regulations shall refer to a psychiatrist, psychologist,

a psychiatric social worker, mental health nurse, or other community mental health facility professional or a community worker who has had special mental health training representing the community mental health facility Consultation and Education Program.

1.05.23 "Consultee", in quotation, when used in these regulations shall refer to any community agency or individual seeking help for individuals needing assistance in the prevention of, or care and treatment for, a mental disorder, representing the community mental health facility Consultation and Education Program.

1.05.24 "Day Care Center For The Mentally Retarded" shall mean any child care facility including facilities commonly called "Child Care Centers", "Day Nurseries", Nursery Schools", "Kindergartens", "Play Groups", "Group Homes", "Foster Homes", "Halfway Houses", (excepting bona fide kindergartens or nursery schools operated by public or private elementary or secondary level school systems, or those facilities operated in connection with a shopping center or service where transient children are received while parents are on the premises) which has for its primary purpose the care and protection of children with or without stated educational purposes during part or all of the day, between

6 A.M. and 9 P.M. accepting for care educable, trainable, including severely and profoundly mentally retarded children.

1.05.25 "Department" when referred to in these regulations shall mean the West Virginia Department of Mental Health.

1.05.26 "Director" when referred to in these regulations shall mean the Director of the West Virginia Department of Mental Health.

1.05.27 "Executive Director" when referred to in these regulations shall mean the individual responsible for the coordination of all program activities and in whom is vested the prime authority for the operation and maintenance of the mental health program.

1.05.28 "Fiscal Record" shall mean all documents related to the receipts, disbursements, accounts receivable, accounts payable, or any other specific record maintained in the financial management of any mental health/mental retardation facility or service subject to these regulations.

1.05.29 "Foster Grandparent" is a person age sixty (60) or over with low income, physically able to serve and willing to accept supervision. A high school education is not required but the Foster Grandparent must be able to read, write, and communicate with children. The Foster Grandparent must care about children and want to help them.

1.05.30 "Foster Grandparent Program" is designed to provide training and employment for low income elderly persons to serve in a one to one relationship with mentally retarded, and/or emotionally disturbed children in facilities approved by the West Virginia Department of Mental Health for license.

1.05.31 "Goals" when referred to in these regulations shall mean well defined goals which can be measured, which have an estimated time limit stated, and for which the cost factors to reach the stated goals have been, or could be, estimated in a proposed budget.

1.05.32 "Governing Body" when referred to in these regulations shall mean the legal entity having supreme authority and total responsibility for the operation of a mental health facility and/or service. It may be a governmental unit or board of trustees.

1.05.33 "Hospital" is any building, structure, agency, institution or other facility of five or more beds for the reception, accommodation, board, care and treatment of the sick or injured.

1.05.34 "Hospital, Psychiatric" is any building, structure, agency, institution or other facility for the reception, accommodation, board, care and treatment of the mentally ill/mentally retarded providing inpatient 24-hour hospitalization or part of a 24-hour period of hospitalization.

1.05.35 Inebriate is defined by law, as follows:

"An 'inebriate' person is anyone over the age of eighteen years who is incapable or unfit to properly conduct himself or herself, or his or her affairs, or is dangerous to himself or herself or others, by reason of periodical, frequent or constant drunkenness, induced either by the use of alcoholic or other liquors, or of opium, morphine, or other narcotic or intoxicating or stupefying substance." Chapter 27, Article 1, Section 4, Code of West Virginia, 1931, as amended.

1.05.36 "Information and Referral Service" is a service to provide the most basic of outpatient services; those of information and referral. It assists individuals in the community in taking advantage of existing resources, helps in the hospitalization and post-hospitalization process, conducts public information sessions and similar functions for the community.

1.05.37 "Inpatient Service" as used in these regulations shall mean 24-hour care provided by any hospital or residential facility to those who are mentally ill or mentally retarded.

1.05.38 "License" is the legal document issued by the Director of the West Virginia Department of Mental Health granting authority to operate a hospital, center, or

institution or part thereof to provide inpatient, outpatient, or other services to contribute to the care and treatment of mentally ill, or mentally retarded persons, or prevention of such disorders.

1.05.39 "Mentally Ill" is defined by law as follows:

"A 'mentally ill' person is one having a psychiatric or other disease which substantially impairs his mental health."

Chapter 27, Article 1, Section 2, Code of West Virginia, 1931, as amended.

Interpretation: Mentally ill shall mean any individual with a psychiatric or other illness as defined in the Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association.

1.05.40 "Mentally Retarded" is defined by law, as follows: "A 'mentally retarded' person is one having inadequately developed or impaired intellect, and who because thereof is significantly disabled in his ability to learn and to adapt to the demands of society." Chapter 27, Article 1, Section 3, Code of West Virginia, 1931, as amended.

Interpretation: Mentally retarded shall mean an individual with a condition in which there is subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in

adaptive behavior or ability to learn, as further defined in A Manual on Program Development in Mental Retardation, American Association on Mental Deficiency, Vol. 66, No. 4, January, 1962, page 15.

1.05.41 "Nursing Service" as used in these regulations shall refer to the total organized nursing staff required to provide an accredited standard of nursing care in a hospital, center, or institution or part thereof, providing inpatient, outpatient, or other service to contribute to the care and treatment of the mentally ill or mentally retarded.

1.05.42 "Outpatient Service" as referred to in these regulations is the outpatient service provided as part of a mental health program whether that program is located in a public hospital, private hospital, or one of the many types of mental health centers. It must:

- (1) Be capable of providing the services of a psychiatrist, psychologist, social worker, nurse, or any one of the other multi-disciplines as needed in the care of the mentally ill or mentally retarded;
- (2) Contribute to the care and treatment of mentally ill or mentally retarded or prevention of such disorders.

1.05.43 "Patient/Client" when used in these regulations shall mean any individual receiving diagnostic, intake, or treatment services from any of the types of facilities included under these regulations, or formally enrolled in a training program which is under the surveillance of a licensing program, or a student in a mental health facility, or receiving training in a program providing services for the mentally ill/mentally retarded. For statistical purposes patient, client, and student shall be considered synonymous if the individual is the recipient of the service of a facility subject to these regulations.

1.05.44 "Pharmacy" shall mean all elements of services required to provide medication needs of patients, control, and accountability of all drug products throughout any facility or service operating within the scope of these regulations.

1.05.45 "Physician" is defined by law, as follows:
"A 'physician' is a person licensed under the laws of this state to practice medicine or a medical officer of the government of the United States while in this State in the performance of his official duties." Chapter 27, Article 1, Section 5, Code of West Virginia, 1931, as amended.

1.05.46 "Prevention" as used in these regulations shall

mean the orderly process designed to inhibit, hinder, thwart, obstruct, or stop from happening the onset or progression of mental illness or mental retardation, including intervention methods, skills, and techniques utilized before, during and after treatment for mental illness or mental retardation is initiated.

1.05.47 "Private Mental Hospital" shall mean any building, structure, agency, institution, or other facility or part thereof, for the reception, accommodation, board care and treatment of patients or individuals with a diagnosis of mental illness, not supported by tax funds.

1.05.48 "Psychiatric Emergency" as used in these regulations shall refer to suicidal, agitated, inebriated/intoxicated (including alcoholic or drug detoxification phase), or aggressive persons, and family tolerance situations needing immediate treatment.

1.05.49 "Psychiatric Service" as used in these regulations shall mean the receiving, management, and disposition of psychiatric patients as an organized service under the supervision of a qualified psychiatrist with appropriate allied personnel trained in the management of psychiatric patients.

1.05.50 "Psychiatric Unit or Service in A General Hospital"

shall mean that area designated within a general hospital for the reception, accommodation, board, care and treatment of patients or individuals with a diagnosis of mental illness or mental retardation.

1.05.51 "Psychology Service" shall mean a professional psychology service within a given psychiatric or related facility. It shall constitute an integral part of the overall professional services, including but not limited to direct services to patients, assistance in the diagnostic process, and assessment of treatment results under the supervision of qualified psychologists licensed by the appropriate body to practice the profession of psychology with consultants, technicians, and supporting personnel adequate in number and qualifications sufficient to achieve the functions and goals of the facility.

1.05.52 "Public Information Service" shall mean a service established to better acquaint the general public with the goals of the mental health/mental retardation program and the progress toward the attainment of these goals. It shall be under the supervision of a fully qualified public information specialist.

1.05.53 "Recreation Program" shall mean a formal program of recreational activities which comprise a part of the total

treatment process. It shall be under the supervision of a fully qualified professional Recreation Specialist.

1.05.54 "Rehabilitation Service" shall mean a service established for the primary purpose of providing the total evaluation of persons needing rehabilitation by medical, psychiatric, psychologic and social services; and providing the multi-disciplines of rehabilitation services necessary to enable such individuals to reach their maximum potential functions of living, including vocational rehabilitation to reach maximum gainful employment.

1.05.55 "Resident" is defined by law, as follows:

"A 'resident of the State' is any person who has had an established residence in this State for at least one year, and a 'resident of the county' is any person who has had an established residency in a county for at least sixty days." Chapter 27, Article 1, Section 8, Code of West Virginia, 1931, as amended.

1.05.56 "Social Work Service" shall mean that service established within a given psychiatric or related facility for the purpose of, but not limited to , assisting individual patients and their families with their specific needs, assisting in the development of community resources, and participating with other mental health professionals in assessing

the factors that affect the social functioning of patients and their families, under the supervision of a qualified Social Worker, with additional social workers, case aides, psychiatric aides, and supporting personnel adequate in number and qualifications to achieve the functions and goals of the service.

1.05.57 "Special Care Room" shall mean a patient room from which immediate exit is impeded by a lock, latch, bar, hook, or other device which cannot be operated by the patient.

1.05.58 "Special Education Program" for the purpose of these regulations shall mean a special education program to meet the needs of exceptional children and for the mentally ill or mentally retarded to overcome their learning disabilities under the direction of a fully qualified special educator.

1.05.59 "State Hospital" is defined by law, as follows:
"A 'State hospital' refers to any hospital, center or institution, or part thereof, established, maintained, and operated by the State or by the State in conjunction with a political subdivision of the State to provide inpatient care and treatment for the mentally ill, or mentally retarded, or both." Chapter 27, Article 1, Section 7, Code

of West Virginia, 1931, as amended.

Interpretation: State (Public Mental) Hospital shall mean any hospital or institution established by the West Virginia Code for the reception, accommodation, board, care and treatment of patients or individuals with a diagnosis of mental illness or mental retardation, and which is supported primarily by tax funds.

1.05.60 "Student" is synonymous with patient/client. (See 1.05.43)

1.05.61 "Superintendent" is defined by law as follows:

"A 'superintendent' is the physician having administrative responsibility for the State Hospital." Chapter 27, Article 1, Section 7, Code of West Virginia, 1931, as amended.

Interpretation: A superintendent is a physician whose responsibilities may include all those of an executive director or a hospital administrator as well as those related to the professional care and treatment of patients, dependent upon his training, experience, and/or demonstrated ability.

1.05.62 "Survey" shall mean the examination and evaluation of any and/or all elements of services subject to these regulations provided by a hospital, center, or institution or part thereof for purpose of determining eligibility for license, or renewal of license, to operate.

1.05.63 "Treatment" shall mean the processes provided by a psychiatric or related facility designed to reduce or eliminate the symptoms or severity of an illness or disorder.

1.06. Procedures Governing Adoption, Amendment and Re-cision of These Regulations

1.06.1 The West Virginia Department of Mental Health shall have the power to make, enforce, modify, amend, or rescind rules and regulations governing the operation and conduct of psychiatric hospitals, centers, institutions, and other related facilities and/or services or parts thereof, specified in Chapter 27, Section 1, Article 9, Section 1, Code of West Virginia, 1931, as amended.

1.06.2 Public Hearing - Notice of a public hearing shall be announced via mass media thirty (30) days prior to the hearing by the Director of the West Virginia Department of Mental Health, and a public hearing shall be conducted on these regulations prior to the adoption and implementation, amendments, or recisions of these regulations, at which time

representatives of programs covered under these regulations and any other interested persons shall have an opportunity to express opinions, raise questions, and/or voice objections to these regulations, as specified in Chapter 1-A, Article 3-2, Code of West Virginia, 1931, as amended.

1.07 Regulations By Cross-Reference - The requirements within these regulations for specific facilities and programs to comply with other specific Federal, State, and local regulations and laws, including cross reference requirements within these regulations, does not exempt a facility or program from compliance with other Federal, State and local regulations and laws including all sections of these Regulations, if the type and scope of the facility, or program, to be licensed, extends beyond specific references.

1.08 Information and Referral Service Required - No hospital, center, institution, or other related facility or program providing any of the elements of care and treatment of the mentally ill/mentally retarded, or prevention of such disorders, shall operate without properly implementing such services by providing, or establishing on a contractual basis, an effective Information and Referral Service.

Section 2. License

2.01 Programs To Be Licensed - A license is required of all places that are conducted as hospitals, centers, institutions and other related facilities and/or services or parts thereof, to provide inpatient, outpatient, or other services to contribute to the care and treatment of mentally ill or mentally retarded, or prevention of such disorders within the meaning of the terms as defined in Section 1.05 of these regulations and in Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended.

2.02 Institutions And Services Exempted From These Regulations -

- (a) Hospitals operated by the Federal Government.
- (b) Institutions licensed by the West Virginia Department of Welfare such as day nurseries, child care institutions and child care centers, except where primary care is for the mentally retarded or emotionally disturbed.
- (c) Nursing and convalescent homes or institutions regularly licensed by the West Virginia Nursing Home Licensing Board, except those institutions having dual functions one of which is clearly subject to licensure under these regulations.
- (d) Special education classes for exceptional children

under the jurisdiction of County Boards of Education.

(e) First-Aid Stations and/or emergency care facilities not providing accommodations for hospitalizations such as emergency facilities of drug councils.

2.03. Application For License

2.03.1 Applicants for license shall file applications with the West Virginia Department of Mental Health upon forms requiring a statement of the goals and objectives of the proposed facility in addition to such other data requested by the Director. An accepted architectural standard drawing of the facility shall be attached to the license application and made a part of the permanent licensing record, and all subsequent changes, additions, or new construction shall be subject to the approval of the Director of the Department of Mental Health.

2.03.2 The Articles of Incorporation of a corporation owner of any mental health facility subject to these regulations shall be consistent and in compliance with these regulations.

2.03.3 The executive officer of the hospital, center, institution, or service responsible for all elements of the mental health program to be licensed, shall submit the application for license, and a non-transferable license,

if any when issued, shall be issued in his or her name, and that individual shall hereinafter be referred to in these regulations as the licensee.

2.03.4 At least two letters of reference, from reputable citizens with whom an incumbent executive officer is personally acquainted and who certify to his character and qualifications, shall accompany each application for license of a mental health facility or service. The issuance, or reissuance, of license shall be subject to the approval of the Director's approval of the executive officer. Upon request of the Director, therefore, an incumbent executive officer shall submit additional references and/or other evidence of demonstrated ability to assume the responsibility of the overall management functions of a mental health facility or program.

2.03.5 Each application for license shall specify the maximum number of beds, if any, to be licensed by the Department of Mental Health as the institution's legal bed capacity, and shall indicate the utilization of beds to be licensed as to 24-hour inpatient, 24-hour partial hospitalization, day care, or a combination.

2.03.6 Each applicant for psychiatric hospital, center, related institution, or related facility and/or service or part thereof, or program, shall be specifically identified

as such by an appropriate name which shall be used in applying for a license. It shall not be changed without the approval of the West Virginia Department of Mental Health (Section 207.9 of these Regulations).

2.03.7 There shall be full disclosure of the names and addresses of all owners, governing body members, or if a corporation, the names and addresses of all officers, directors, and persons who are principle stockholders, either beneficial or of record.

2.04. Issuance of License Certificate

2.04.1 The license will be issued on a certificate prescribed by the Director of the West Virginia Department of Mental Health and shall set forth the name, location, services to be rendered, and number of beds, if any, for which the psychiatric hospital, center, related institution, or other related facility and/or service, or part thereof, is licensed.

2.04.2 Two classes of licenses will be issued as follows:

CLASS I: Full approval of all services for which license is applied for shall be issued for a twelve month period.

CLASS II: Provisional approval contingent upon removal of deficiencies within one or more services for which license is applied for. Deficiencies shall be noted on the face of the license

certificate for disclosure to patients, clients and/or students and their families.

2.04.3 The CLASS I and CLASS II license certificates shall be posted in a conspicuous place on the licensed premises.

2.04.4 The license shall be non-transferable and non-assignable. The Department of Mental Health shall be immediately notified of any change relative to the ownership, location or operation of the institution, and an application form for a new license shall be requested for filing with the Department.

2.05. Surveys For License Or Renewal Of License

2.05.1 Duly authorized representatives of the Department of Mental Health shall have the right to enter upon or into the premises of any hospital, center, institution, or other related facility and/or part thereof in order to survey all elements of operations in accordance with the licensing authority vested in the Department.

2.05.2 A survey team for each catchment area shall be annually appointed by the Director of the Department of Mental Health in the following manner:

1 Psychiatrist for qualitative review of diagnosis and treatment, as needed.

1 Community Mental Health Center Administrator, for
Organization and Management Review

1 Auditor

1 Sanitarian, Local Department of Health designee.

1 Fire Inspector, State Fire Marshall designee

The Department of Mental Health Director of Licensing Bureau
or designee

The Department of Mental Health Community Services

Director or designee, as needed

The Department of Mental Health Professional Services

Director or designee, as needed

1 Architect, as needed

1 Engineer, as needed

1 Attorney, as needed

PROVIDED however, that no Surveyor shall participate in the
survey of his own facility.

2.05.3 All surveyors of the survey team appointed by
the Director of Mental Health shall carry official identifying
credentials indicating his or her authority to make a qualita-
tive survey of the facility.

2.05.4 Surveyors, prior to leaving the premises after
a survey shall submit either an oral or written report of
his, or her, findings with the superintendent or executive

officer, or their duly authorized representative.

2.05.5 Surveys shall be made prior to the initial issuance of a license, renewal of a license, or at any time during the licensing period in order to assure continuing conformity with the standards contained in these rules and regulations.

2.05.6 Non-compliance of a regulation, or regulations, noted by the surveyors may constitute sufficient cause for revocation of the license, at the discretion of the Director of the West Virginia Department of Mental Health.

2.05.7 All mental health facilities required to be licensed under the provisions of these regulations shall comply with and conform to all rules and regulations which provide minimum standards for the prevention of fire and for the protection of life and property against loss or damage by fire or panic. A certificate of approval shall be obtained from the State Fire Marshal by any institution required to be licensed. Written approval of the institution shall be filed with the State Department of Mental Health and a copy of such certificate shall be posted in a conspicuous place on the premises of the licensee.

2.06. Expiration And Renewal Of License

2.06.1 All licenses issued by the Department of Mental Health shall expire on the thirty-first (31st) day of

December following issuance provided that any such license in effect on the thirty-first (31st) day of December of any year, for which application for renewal has been made to the Department of Mental Health in conformance with these regulations and prior to the expiration date of such license, shall continue in effect until

- (a) the thirty-first (31st) day of December next following the expiration date of such license;
- (b) the date of revocation or suspension of such license; or
- (c) the date of issuance of a new license whichever date first occurs.

2.06.2 Applications for the renewal of licenses will be mailed to each hospital, center, institution, related facility and/or service or part thereof before September 30th, which shall be completed and returned to the Department of Mental Health before the thirty-first (31st) day of December every year following issuance of the license.

2.06.3 The renewal of a license shall be contingent upon evidence of compliance with the licensing law and all minimum standards and regulations herein set forth.

2.06.4 Each applicant will be duly notified of any non-compliance and shall comply with the provision of the

law, rules and regulations herein set forth before the reissuance of a license to operate.

2.07. Revocation And Reissuance Of License

2.07.1 After an opportunity for a hearing, the Department of Mental Health may revoke the license of any institution found in non-compliance with the licensing law or the rules and regulations issued pursuant thereto, after an opportunity for a hearing before a multi-disciplinary review committee appointed by the Director.

2.07.2 The Director of the Department of Mental Health shall appoint multi-disciplinary review committee members for a term of three (3) years after the initial appointments to provide a rotation of membership on the committee.

2.07.3 The multi-disciplinary review committee shall be representative of the West Virginia Health Education and Welfare State Agencies and such other professional associations representative of facilities and programs for the mentally ill and/or mentally retarded to ensure a fair and unbiased review of the deficiencies cited as reason for revocation of license of operate. The Director of the Bureau of Licensing shall be an ex officio member of the multi-disciplinary review committee.

2.07.4 The multi-disciplinary review committee shall

meet on call, as needed. Thirty (30) day notices shall be given of meetings.

2.07.5 Transcript of hearing before the multi-disciplinary committee shall be forwarded to the Secretary of Health Education and Welfare, Washington, D. C., as specified in Public Law 88-164, as amended, by Public Law 90-31, Section 204, (a) (7), and Federal funding shall cease on date of expiration of license or date of revocation of license, whichever is sooner.

2.07.6 Transcript of hearing before the multi-disciplinary committee shall be forwarded to the Attorney General of the State of West Virginia for issuance of Notice to cease operation of mental health facility or program in accordance with West Virginia due process of law, and State funding shall cease on date of expiration of license or date of revocation of license, whichever is sooner.

2.07.7 The hearing before the multi-disciplinary review committee shall be scheduled within ninety (90) days or at the next called meeting of the review committee, whichever is sooner.

2.07.8 The decision of the multi-disciplinary review committee shall be final.

2.07.9 Each license shall be returned by the licensee

to the Department of Mental Health immediately upon its revocation, or when the institution voluntarily ceases operation, or if license is technically voided because of transfer of ownership, change of licensee, or change of name.

Section 3. Community Mental Health Centers

3.01. General

3.01.1 A community mental health center shall provide within the center or on a written contractual basis, the following essential elements of care:

- (1) Inpatient;
- (2) Outpatient;
- (3) Partial hospitalization, including day care, evening and night care, and weekend care as dictated by patient needs;
- (4) Consultation and Education for professional providers of care and treatment of mental disorders; and
- (5) Emergency care to provide clinical diagnosis and treatment;

Unless however, temporary waiver not to exceed eighteen (18) months has been granted to community mental centers serving areas designated as urban or rural poverty areas by the Secretary of Health Education and Welfare, in which case the community mental health center shall:

- (1) be able to provide at least three of the five essential services;
- (2) be able to initiate the waived services within

eighteen months from the date that the application was signed by the authorized representative;

- (3) make satisfactory arrangements for residents of the catchment area to obtain the essential elements of service not provided during the waiver period.

3.01.2 The Comprehensive Mental Health Center may provide within the center or on written contractual basis, in addition to the five (5) essential elements of care set forth in Section 3.01.1 of these regulations, the following services:

- (6) Rehabilitation;
- (7) Inservice Training and Education;
- (8) Pre-Care and After-care Services;
- (9) Research and Evaluation;
- (10) Administrative Services;

3.01.3 There shall be an agreement, in writing, for the community mental health center services provided on a contractual basis fully executed by both parties, setting forth the scope of the services provided and the specific procedures which will ensure smooth continuity of care as patients move between elements of service freely as his needs dictate.

3.01.4 A community mental health center should recognize the importance of providing rehabilitation counseling within the essential elements of care set forth in Section 3.01.1 utilizing the multi-disciplines of rehabilitation services necessary to enable individuals to reach their maximum potential functions of living in the community, including vocational rehabilitation to reach maximum gainful employment when indicated.

3.01.5 A continuing program of in-service training and education shall be established to emphasize the therapeutic roles of all personnel, whether they deal directly with patients or indirectly while working in patient zones.

3.01.6 There shall be controls established so that data on what takes place in the treatment programs can be readily available for constant scrutiny and evaluation, for research and development.

3.01.7 The community mental health center shall develop indices and reliable statistical data to identify the population at risk for drug dependency, alcoholism, aging, delinquency, mental retardation, and any other special problems among the mental disorders or suspected disorders within its catchment area.

3.01.8 There shall be evidence of competent administration

in the constant evaluation of program direction and efficient utilization of manpower.

3.01.9 The community mental health center shall participate in public education to promote mental health research to increase the body of knowledge about mental illness and the effectiveness of services utilized, home care and follow-up, nursing home care, vocational rehabilitation, guidance for families of emotionally disturbed persons and other wise contribute to maintaining the optimal functioning of individuals with residual sequelae or complications of mental disorders.

3.01.10 Community mental health centers shall ensure its services to be physically accessible and responsive to the needs of the catchment area it serves by:

(a) Locating convenient to transportation; providing adequate parking;

(b) Clearly visible signs, telephone listings, newspaper articles, an effective information and referral service, and other media to reach total catchment area it serves;

(c) Developing administrative procedures which will enable individuals needing help to receive the Center services avoiding unnecessary admitting delays, waiting past time of appointments, and time consuming referral procedures between

elements of service;

(d) Making the services available to all individuals in the catchment area without regard to ability to pay.

3.01.11 The community mental health center shall provide programs to help various social systems of the community to function in ways that develop and sustain effectiveness of individuals within these systems.

3.01.12 The services of a community mental health center shall show in addition to evidence of treatment of patient/clients, an extension of services to the family of the patient/clients when indicated.

3.01.13 The community mental health center shall endeavor to devote a percentage of its professional time, based upon community need, toward preventive types of mental health programs:

(a) Community education aimed at prevention or development of mental problems, especially in children;

(b) Consultation and education shall be made available to schools, churches, health and welfare agencies, law enforcement and other public and private agencies and individuals;

(c) Treatment and rehabilitation activities utilizing the multi-disciplines available as services of the

mental health center as well as those available in the community on a contractual basis.

3.01.14 The community mental health center shall make annual reports on forms provided by the State Department of Mental Health, and provide such other information as requested.

3.01.15 The State Department of Mental Health data collection forms shall be completed and submitted promptly.

3.01.16 The community mental health program shall include procedures for the coordination and integration of mental health service programs with other State and local service agency programs.

3.01.17 The community mental health centers should cooperate with colleges, universities, and adult education programs in the training of professional personnel.

3.01.18 Every community mental health center should develop or affiliate with research programs which will contribute both to the solution of specific problems of program development within the center and to general knowledge.

3.02. Organization And Management

3.02.1 There shall be an organized governing body which has full authority and legal responsibility for the conduct of the center, the quality of the professional

services rendered, and for the maintenance of a safe functional physical facility. The governing body may be a governmental unit or a board of trustees.

3.02.2 The governing body shall include a broad representation of the catchment area served and be representative of persons of all walks of life. Its members should be selected for their ability to participate effectively in fulfilling the governing body's responsibilities and to satisfy legal requirements; provided however, that specific board membership shall be representative of the area it serves regardless of affluence and higher education. If the catchment area served includes more than one county, the governing body membership shall be pro rated for each county served. It should be representative of all minority groups within the area served.

3.02.3 In the absence of adequate representation or ineffective programs and services in terms of community needs, a consumers advisory board shall be formed.

3.02.4 No person shall be appointed or elected to serve as a member of the governing body who is an employee of the center; however, the chief executive officer and/or clinical director should be ex officio member(s) of the governing body.

3.02.5 The governing body shall adopt bylaws in accordance with legal requirements and community responsibility, identifying the purposes of the community mental health center and the means of fulfilling them. They should include, but not be limited to:

(a) Definition of powers and duties of governing body officers and committees. Committees of the governing body should include, but not be limited to executive; finance; recruitment and personnel; planning; professional staff liaison; and community involvement.

(b) Statement that no assignment, referral, or delegation of authority by the governing body shall preclude the governing body from its authority to meet its responsibility for the conduct of the center. The governing body shall retain the right to rescind any such delegation.

(c) Provision for flexibility of the organization to meet changing and current needs of the community.

(d) Provision for development of community support in center financing.

(e) Review of sources of income developing a system for regularly updating information on sources of financial support including but not limited to grant moneys, tax funds, fees, and private endowments.

(f) Provision for development of recruitment methods to provide adequate qualified professional and non-professional personnel to carry out community mental health services, avoiding under and over staffing.

(g) Provision for insurance protection of property and personnel and patients.

(h) Provision for the approval of bylaws that delineate the purposes and functions of auxiliary organizations established within the framework of the community mental health center.

(i) Provision for periodic review of bylaws and revisions as necessary.

3.02.6 There shall be a rotation of membership in the governing body structure. A newly organized governing body shall establish initial terms of membership for one, two, but not more than three years to create a membership rotation in the governing body structure.

3.02.7 The community mental health center governing body shall meet regularly, at least monthly.

3.02.8 (a) Minutes of all meetings of the governing body and of all committees shall be kept.

(b) Minutes of all governing body and committees shall be signed promptly upon adoption.

(c) Minutes of all governing body and committees

shall include a roster of attendance.

3.02.9 An agenda, in writing, shall be prepared for all governing body meetings, including at least the following:

Regular Meetings:

Call to order;

Minutes of previous meetings, regular and special;

Financial report;

Unfinished business;

Communications;

New business;

Reports of officers and committees;

Discussion of items relating to orientation of

new members, education, improvement of mental

health facility or services;

Adjournment

Special Meetings:

Reading of the notice calling the meeting;

Transaction of the business stated in the notice;

Adjournment

3.02.10 Special governing body meetings devoted to long range planning shall be held periodically, at least quarterly, and as needed, to integrate the community mental health services provided with other State and local mental

health services; to develop new services as needed, and eliminate services in keeping with the changing needs of the community; and integrate fiscal structures with other mental health affiliates, State and local, to strengthen total community mental health/mental retardation fiscal structures and avoid duplication of services and personnel costs.

3.02.11 The governing body shall appoint a full time executive officer to carry out its policies and responsibilities. His duties and responsibilities shall be defined in the governing body bylaws, which should include, but not be limited to, the following:

(a) Delegation of authority and responsibility in carrying out the policies of the governing body in the administration of the Center.

(b) Prepare and submit to the governing body for approval an organizational plan of personnel and staff to provide a functional operation of the community mental health center at as high a standard as possible, but at least the minimum standards of these regulations; consideration should be given to adequate clerical, medical records, business office, dietary, housekeeping, and maintenance staff to permit the treatment team to carry on its primary responsibility.

(c) Provide a manual, in writing, of policies and procedures for the operation of the community mental health center relating to all elements of the mental health care programs and administrative responsibilities;

(d) Establish a system of constant evaluation of the efficiency and effectiveness of the center programs, what kinds of patients are being treated, deficiencies in the patient's total care program, and appropriateness of the programs, making use of the community's total resources to treat as many patients as possible in a therapeutic setting.

(e) Prepare a budget annually forecasting funding and other receipts, expenditures, with projections and control statistics pertinent to the current operation and long range planning.

(f) Establish and maintain an accrual system of accounting providing for a monthly closing of accounts to provide the governing body with an accurate and realistic cost of doing business.

(g) Develop cost accounting and auditing procedures for all elements of the center.

(h) Establish fee schedules based upon ability to pay and actual cost of service.

(i) Select, employ, control, and discharge personnel,

subject to the budget allocations and limitations approved by the governing body;

(j) Maintain an environment reflecting an atmosphere of mutual understanding, respect, and cooperative relationships between members of the staff, the administrator, and the governing body.

(k) Provide for compliance of all laws and regulations pertinent to the admissions and release of patients.

(l) Attend all governing body meetings, committee and staff meetings as an ex officio member in order to coordinate the combined efforts in the program.

(m) Participate in community organizations and activities to further community education in the care, treatment, and prevention of mental disorders.

(n) Provide written personnel policies and practices that adequately support sound patient care.

3.02.12 The governing body shall provide for continuing programs of staff training and development to ensure effective center programming.

3.03. Professional Staff

3.03.1 The executive officer of the community mental health center shall be a qualified psychiatrist, psychologist, social worker, mental health nurse, or other qualified professional

individual with demonstrated ability, who shall be appointed by the governing body of the center subject to the approval of the Director of the Department of Mental Health of that individual as licensee of the Center.

3.03.2 The mental health center should have the services available as needed of a qualified psychiatrist, licensed to practice medicine and currently limiting practice to psychiatry or neuro-psychiatry.

3.03.3 If a qualified neurologist is not on the staff of the community mental health center, contractual arrangements should be made for scheduled services, as needed.

3.03.4 Professional staff responsible for patient care within one element, when not clinically contraindicated, should be permitted to continue to care for that patient within any other elements, if practicable.

3.03.5 A qualified psychiatrist shall be responsible for the clinical care of patients, and medical responsibility for every patient shall be vested in a physician.

3.03.6 General practitioners and other non-psychiatric physicians shall be allowed, when qualified, to follow and assist in the care of their patients; provided however, they are working under the supervision of a member of the psychiatric staff of the Center.

3.03.7 The mental health center should have supporting staff qualified in medicine, clinical psychology, psychiatric social work, psychiatric nursing as well as other allied personnel representing the multi-disciplines in providing services, as needed.

3.03.8 The professional staff shall participate in the maintenance of high professional standards by representation on committees concerned with patient care. Whether the patient care functions are activated by organization of the following separate committees; executive, credentials, medical records, asepsis, and utilization review; or by a committee of the whole, there shall be recorded documentation of these activities.

3.03.9 The professional staff of the community mental health center shall be organized to function as an effective mental health care team in answering the needs of patients, participating actively in the formulation of policy, and purposes of the Center by means of a joint conference committee which should meet at least four times annually.

3.03.10 The professional staff shall establish accepted professional standards of recording care and treatment of patients which will provide pertinent information accurately and promptly for patient transfer between elements of service

as dictated by patient needs without unnecessary evaluation, and administrative statistics and feed back information required by the Department of Mental Health reflecting self evaluation of services rendered.

3.03.11 Each individual on the professional mental health center team shall be familiar with all elements of services available in the center and on a contractual or affiliate basis to ensure a smooth continuity of care in transfer of patients between elements of service, as needed.

3.03.12 All medications to patients shall be given only on written, dated, and signed order of a physician under the supervision of a registered nurse currently licensed in the State of West Virginia.

3.03.13 In isolated areas including camps which are part of a mental health facility program licensed in the State of West Virginia, medications may be administered under the supervision of a Registered nurse currently licensed in the State of West Virginia, by prescription ordered by the patient's physician; provided however, that the medication shall be packaged, sealed, and delivered to the registered nurse direct, and the label on the prescription container is in compliance with West Virginia Board of Pharmacy

Regulations, as amended, and the Uniform Controlled Substances Act, Chapter 60-A, Code of West Virginia, 1971.

304. Admission Policies And Procedures

3.04.1 Each community mental health center shall establish, in writing, its admission policies and procedures, the range of diagnostic and treatment services it offers, and the manner in which these are routinely accomplished, including, but not limited to the following:

(a) Full compliance with Sec. 8 of these regulations, where applicable, which relate to the Humanities in the care and treatment of the mentally ill/mentally retarded.

(b) Admission procedures shall be established and conducted in a manner to foster a feeling of trust and friendship with patient and family.

(c) Any individual eligible for treatment within one service shall also be eligible for treatment within any other element of service;

(d) Provision for transfer of patients from one element of service to another promptly without unnecessary evaluations when such transfer is indicated by patients' clinical needs;

(e) Services of Center not to be denied to any person residing in the area served by the Center on the ground

that such person does not meet a requirement for a minimum period of residence in such area;

(f) Legal requirements for admission and release of patients;

(g) Role of the family, its rights and responsibilities;

(h) Provide method for channeling information relative to gaps or inadequacies in service to the attention of the body having responsibility for overall planning, for supervision, protection, recreation, and employment of patient and counseling of their families.

(i) Transportation data when such service is affiliated with, or provided by, the Center; and

(j) Adequate identification data as prescribed by the Department of Mental Health.

3.04.2 The intake worker shall be a psychiatrist, psychologist, psychiatric nurse, psychiatric social worker, supervised aide, or a full triage team, dependent upon patient's needs.

3.05. Diagnosis And Treatment

3.05.1 An admitting psychiatric and physical evaluation, including a neurological examination, when indicated shall be completed and recorded in patient's record upon admission to the Center.

3.05.2 Social and psychological evaluations shall be

an integral part of the diagnostic process and shall be completed as soon as possible after patient is admitted.

3.05.3 Provisional diagnoses shall be made at least every three (3) months and such additional informative observations as to patient's condition shall be recorded in his medical record.

3.05.4 Final diagnosis shall be set forth clearly in the medical record which shall be completed upon discharge to be promptly available as needed in aftercare treatment programs.

3.05.5 All diagnoses shall be rendered in standard nomenclature as provided in the American Psychiatric Association's latest edition of the Diagnostic and Statistical Manual of Mental Disorders and the latest edition of the International Classification of Diseases.

3.05.6 The diagnostic process should be recorded in a manner which shall enable a development of information to provide future guidelines to intelligent Information and Referral services important to each patient's after care needs.

3.05.7 There shall be, in writing, a workable method to provide appropriate coordination, communication, and collaboration among all staff members contributing to

the evaluation, treatment planning and treatment effort, utilizing the Information and Referral services as needed.

3.05.8 There shall be a plan of treatment and/or training program for each patient based on an evaluation of his condition, his treatment, or training needs, his potential for rehabilitation and the resources of the Center to meet patient needs and follow-up after care. (See Section 5.05.14)

3.05.9 There shall be frequent reviews and revisions of the patient care plan as patient's needs for care change.

3.05.10 (a) Positive criteria shall be established to determine need for drug therapy, electroconvulsive therapy and other somatic treatment modalities which shall be given only upon the written specific order of a physician after an evaluation of the positive criteria determining need by the total patient care team, the psychiatrist, psychologist, registered nurse, and medical social worker. (See Section 5.05.15)

(b) Patients shall have the right to refuse somatic treatment which is not a reasonable and customary part of his treatment. (See Section 8.02.9)

3.05.11 Emergency drugs, equipment and supplies shall be assembled and available for immediate use, reviewed

periodically to ensure they are current and in keeping with general accepted standards of practice.

3.05.12 Investigational drugs properly labeled shall be used only under the direct supervision of the principle investigator and should be approved by an appropriate medical staff committee. Nurses may administer these drugs only after they have been given basic pharmacological information about the drug. A central unit should be established where essential information on investigational drugs is maintained. (For further guidance in the use of Investigational Drugs in Hospitals, refer to Statement of Principles Involved in the use of Investigational Drugs in Hospitals, approved by the American Hospital Association and the American Society of Hospital Pharmacists.*)

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3.05.13 Uses of Methadone shall be in compliance with Uniform Controlled Substances Act, Chapter 60-A, Code of West Virginia, 1971 and Federal Food and Drug Administration Regulations. (For further guidance, write to Food and Drug Administration, Bureau of Drugs (BD-22), 5600 Fishers Lane Rockville, Maryland, 20852.)

3.06. Inpatient Services

3.06.1 The type and scope of the services and responsibilities of the inpatient service shall be clearly defined

in writing.

3.06.2 Inpatient services within a community mental health center shall meet the requirements where applicable in Section 4 and/or Section 5 for psychiatric hospital inpatient services in these Regulations, including Vocational Rehabilitation services as needed.

3.06.3 There shall be, in writing, specific procedures to be taken in providing or securing any of the disciplines of treatment needed by an individual.

3.06.4 The inpatient services should be provided within the community mental health center program as an integral and important service to the psychiatric patient whose care and treatment extends beyond the backup services provided by an emergency service and/or a partial hospitalization facility.

3.06.5 Inpatient services in a community mental health program may be established on a contractual basis with a community general hospital, nursing and convalescent homes, or facilities licensed by the West Virginia Nursing Home Board, having a licensed psychiatric service department or service, which shall be subject to compliance with Section 4 and Section 5 of these regulations, where applicable.

4.06.6 The inpatient service of a community mental health center should provide 24-hour therapeutic milieu

for patients needing full time care.

3.06.7 Intensive therapy for duration of treatment shall be provided promptly in the inpatient service.

3.06.8 There shall be 24-hour nursing and other professional staff coverage including medical services, as needed, provided for the inpatient service units.

3.06.9 Inpatient service shall be provided adequate space to accommodate the inpatient service and personnel needs.

3.06.10 The design, use of space, and decor should establish a warm, informal, inviting atmosphere in keeping with the services and treatment provided in the facility.

3.07. Outpatient Services

3.07.1 The type and scope of services and responsibilities of the outpatient service shall be clearly defined in writing.

3.07.2 The total services of the community mental health center shall be made available to all individuals living within the center's service area, through the outpatient department.

3.07.3 There shall be, in writing, specific procedures to be taken in providing or securing any of the disciplines of treatment needed by an individual seeking help, whether

it is inpatient, partial hospitalization, 24-hour emergency treatment, or any one of the services provided or contracted by the center.

3.07.4 The outpatient service shall be designed to carry out an active treatment program with provisions for pre-care, after-care, and backup services, as needed, to ensure the continuity of care important to patient's effective treatment.

3.07.5 The outpatient service shall be responsible for maintaining records to provide data relating to the changing environments and symptoms of group problems relating to the changing environments in the area served.

3.07.6 The community mental health center should provide evening hours at least one day per week and, if patient cannot reach the center, it should be possible to arrange for a meeting at home or at some other accessible location.

3.07.7 The staffing of the outpatient service should be clearly defined, in writing, and adequate as to qualified staff and personnel to provide the services defined; provided however, the mental health team -the psychiatrist, psychologist, psychiatric social worker, and psychiatric nurse and

other disciplines of professional staff-- shall be available as needed.

3.07.8 The outpatient services should include, but not be limited to, individual and group therapy, drug therapy, psychodrama, children's play therapy.

3.07.9 All treatments should be goal directed and time limited.

3.07.10 In the treatment of young patients, family participation should be stressed.

3.07.11 The outpatient services shall include programs designed for aftercare and follow-up of patients who have been hospitalized.

3.07.12 The outpatient service shall develop policies and procedures geared toward the waiting list for patients waiting intake, and for schedules for treatment.

3.07.13 The outpatient service should include programs, or sponsoring of programs, for elderly, provide for visiting psychiatric nurse, or consultation services for visiting public health nurses.

3.07.14 There shall be a central record keeping system, evaluation, and feedback to assure efficient and effective operation and the most productive use of professional and non-professional personnel.

3.07.15 The outpatient service may be established around an existing service other than the mental health center, such as the outpatient clinic or psychiatric service of a general hospital; provided however, that its services are easily accessible and its hours are convenient for its patients, and its services are available as an integral part of the community mental health center program.

3.08. Partial Hospitalization Services

3.08.1 The type and scope of services and responsibilities of the partial hospitalization service shall be clearly defined in writing.

3.08.2 Partial hospitalization facilities in a community mental health center shall meet all the requirements applicable in Section 4 and/or Section 5 for psychiatric inpatient services in these regulations, including special rehabilitation services, as needed.

3.08.3 The design, use of space, and decor should establish a warm, informal, inviting atmosphere in keeping with the services and treatment provided in the facility.

3.08.4 Partial hospitalization services should be well coordinated with other community mental health center services to ensure continuity of care and treatment to patients through period of partial hospitalization.

3.08.5 A complete medical record shall be kept for all patients during the partial hospitalization which will meet the standards applicable in Section 5.16 of these Regulations.

3.08.6 The partial hospitalization service shall provide a psychiatric day/night program of milieu therapy and other treatment modalities in accordance with needs of individuals needing partial hospitalization.

3.08.7 Partial hospitalization service should establish out-reach programs through training volunteers to conduct community mental health programs in churches or other community organization facilities.

3.08.8 The partial hospital program shall provide after-care, backup, emergency and inpatient services as needed.

3.08.9 The partial hospital program should fit the interests of the patients it serves and provide recreational, social, and vocational activities as well as treatment.

3.08.10 A psychiatrist shall be present on a regularly scheduled basis to assume medical responsibility for all patients, or act as consultant to the staff on a regular basis; provided at least one of the following assumes professional responsibility for the program under the direct supervision of a physician --a psychologist, a psychiatric nurse, or a

psychiatric social worker, or other health professional dependent upon the type and needs of patients hospitalized.

3.08.11 Day Care -

(a) The day care hospital program shall be defined in a written plan for each patient promoting the patient's responsibility for his own well-being and concern for others.

(b) The day care service should be designed as a therapeutic community.

(c) There shall be a periodic review of the patient's care plan by the professional staff required for care and treatment of each patient in accordance with such patient's partial hospitalization care.

3.08.12 Evening and Night Care -

(a) The evening hospital program enabling patients to work and live at home while receiving sustaining help, should be available, as needed.

(b) The hospital care program shall be defined in writing for each patient promoting the patient's responsibility for his own well-being and concern for others.

(c) The night hospital program should be planned for patients who can handle jobs during the day, but are unable to deal with family or home situations at night.

(d) The night hospital program should fill the spe-

cific need for an intermediate after-care residence service between the time when patients leave a 24-hour hospital care program and time of the final diagnosis as able to become re-established in an independent life.

(e) The night hospital program should be planned as a temporary residence for the patient with no family support, as an after-care temporary residence service for the patient who hopes to become independent of his family, or an overnight service for psychiatric emergency cases.

3.08.13 Weekend Care -

(a) The weekend hospital care program should be provided for patients devoting week days to their accustomed pursuits, and obtain intensive treatment on Saturdays and Sundays.

(b) The weekend care hospital program shall be defined in a written plan for each patient promoting the patient's responsibility for his own well-being and concern for others.

(c) The weekend hospital care program should be available for patients needing hospital day care therapy, but who live too far away from the facility to receive day care.

(d) Weekend hospital care programs admitting patients for partial hospitalization because they live too far away

to participate in the day care program, shall provide intensive treatment adequate to justify the hospitalization.

3.08.14 Partial hospitalization programs should provide treatment for mentally ill or emotionally disturbed children in the community in the absence of centers for the emotionally disturbed, or as a pre-care and after-care facility for the emotionally disturbed children waiting for, or returning to the community from a comprehensive center for the emotionally disturbed.

3.09. Emergency Services -

3.09.1 A community mental health center should have a well defined plan, in writing, for providing 24-hour psychiatric emergency care, backup or aftercare, based upon community need; 24-hour telephone service; home visits; and a service for suicide prevention. Its functions and goals shall be reviewed periodically and revised as necessary.

3.09.2 There shall be adequate telephone service to ensure immediate emergency response to psychiatric emergencies of all types, including but not limited to need for medical management of withdrawal periods when necessary for alcoholics and drug addicts, and suicide intervention.

3.09.3 A community mental health center may develop emergency services in conjunction with a local general hospi-

tal provided such arrangement is on a written contractual basis and available round-the-clock.

3.09.4 There shall be an organizational plan, in writing, identifying the emergency service, its role in the community planning, and its relationship to other community emergency services, and providing adequate staff for round-the-clock professional coverage.

3.09.5 A roster shall be posted in the emergency service area listing professional staff and consultants on first and second call to insure a patient will be seen and treated within a reasonable length of time.

3.09.6 There shall be written policies specifying the extent of treatment to be carried out in the emergency service. Such policies shall be approved by the professional staff and reviewed periodically, and revised as necessary showing dates of reviews and revisions.

3.09.7 There shall be written procedures including, but not limited to the following:

(a) Specification of staff coverage, and consultants on call;

(b) Instructions relative to identification of patient's personal physician and the transmission of relevant reports;

(c) For communication with the nearest poison control

center, and with police, and local help authorities relative to accident victims and to individuals in other reporting situations such as being victims of suspected criminal acts;

(d) Instructions relative to handling of persons who are emotionally ill, under the influence of drugs or alcohol, victims of suspected criminal acts, including but not limited to, the anxious person, the aggressive patient, known mental patients, and persons involved in the family tolerance emergency.

(e) Clarification of the levels of professional responsibility.

(f) Circumstances under which definitive care should not be provided and procedures which should be followed in referring an individual to a more appropriate facility.

(g) Procedures for prompt transfer of the individual to special treatment facilities for additional or more intensive care.

3.09.8 A medical record shall be kept on every individual receiving emergency service and shall become an official mental health center record. The record shall include but not be limited to the following:

(a) Identification data including the patient's legal status, and background data relating to environment pertinent to the mental disorder;

(b) The time of arrival, and the time of discharge;

(c) By what means patient was transported to the emergency service;

(d) Pertinent history including emergency care given prior to the arrival at the mental health center;

(e) A description of significant clinical data;

(f) The treatment given in the emergency room, indicating whether it was initial, backup, or aftercare treatment;

(g) The condition of the individual on transfer or discharge;

(h) The final disposition including instruction given to the individual relative to necessary follow-up care;

(i) The records shall be signed by the professional staff member rendering the care and responsible for its clinical accuracy;

(j) Instructions given to patients upon discharge from the emergency service shall be given in writing, dated and signed, and a copy of such instructions shall be made a part of the patient's emergency medical record.

3.09.9 The individual's emergency record shall be incorporated in his previous mental health record, if he

has one, and a copy shall be sent to his personal physician promptly.

3.09.10 A selection of emergency medical records shall be made for monthly review by the professional staff including all death cases.

3.10. Consultation and Education Services

3.10.1 The type and scope of the consultation and education services shall be clearly defined in writing.

3.10.2 There shall be a Consultation and Education service program available for community agencies and professionals.

3.10.3 There shall be a well defined system, in writing, which shall include, but not limited to, the following:

(1) The training program for the mental health specialists qualified for responsibilities of the "consultant", or help-giver, and the areas for which he is qualified to function.

Interpretation: Any member of the staff, personnel, volunteer services individuals, with training, may become "consultants" if they have the capabilities for such services with training.

The areas assigned for each "consultant" should be

commensurate with his aptitudes, background, and training. For example: the well trained "consultant" volunteer mother with limited educational accomplishments would not be assigned as "consultant" to a highly educated qualified professional individual, or groups of individuals. She might be effective in church or neighborhood groups with whom she has established a good rapport.

(2) A well defined program for public education as to the availability of the purposes and services of the program, to create interest in the role of the "consultee".

(3) A well defined program of training for "consultees" in the identification of clients needing help.

3.10.4 A percentage of professional staff time shall be devoted to indirect services to patients through the Consultation and Education services.

3.10.5 Records should be developed to provide measurement tools to evaluate the effectiveness of these indirect services in relation to the direct services.

3.11. Medical-Legal Cases -

3.11.1 Community mental health centers shall offer whatever evaluation, consultation and treatment, or referral services needed and feasible for the criminal charges and juvenile court cases, coordinating their efforts with

local courts.

3.11.2 Arrangements for evaluation and treatment of patients with criminal charges who are in need of maximum security, if they cannot be evaluated locally, or if upon evaluation it is found inpatient treatment is necessary in a type facility County Court cannot provide locally, arrangements for such evaluations and/or treatment shall be made through the Director (Telephone: 1-348-3211).

3.12. Information and Referral Service

3.12.1 The Information and Referral Service and Public Information Program should be under the direction of a fully qualified public information specialist in the field of Public Health, Social Work, or related fields; however, qualified individuals having a degree in communications, or journalism with experience in public health, social work, or related fields; or a degree in public health, social work, or related fields with experience in communications with regular consultation services of a fully qualified information specialist may be eligible. Exceptional persons with demonstrated ability in the handling of Information and Referral service cases, but who have no formal background and education in the fields aforementioned, may conduct an Information and Referral service under appropriate supervision.

3.12.2 The Information and Referral Service shall set up mechanisms for regular contact with other local and State service agencies, including but not limited to Health, Family Service, Educational and Law Enforcement groups.

3.13.3 The Information and Referral Service should strive to develop local alternatives to inpatient hospitalization under the direction of the patient's physician, or Center team.

3.12.4 The Information and Referral Service should assist in the transfer of patients from one element of service to another efficiently and humanely.

3.12.5 The Information and Referral Service shall be responsible for continuing contact and application of all existing resources to the needs of patients.

3.12.6 The Information and Referral Service should assist in arranging services for patients who have been in a psychiatric treatment program and are in need of aftercare, provide extensions of the therapeutic community and social group activities; follow-up nursing home care, and consultation with public health nurses and others assisting former patients.

3.13 Alcohol and Drug Abuse Treatment Facilities

3.13.1 General

(a) All facilities and/or services or parts thereof, providing care and treatment for, or prevention of, alcoholism and/or drug abuse shall be subject to these regulations, where applicable; and the laws of the State Department of Health for Licensing hospitals, as amended, where applicable, and in full compliance with Uniform Controlled Substances Act, Chapter 60-A, Code of West Virginia, 1971.

(b) All facilities and/or services or parts thereof, providing care and treatment for, or prevention of, alcoholism and/or drug abuse shall carry out educational programs designed to prevent and deter misuse and abuse of controlled substances; and shall participate in, or affiliate with, research programs on misuse and abuse of controlled substances in compliance with Uniform Controlled Substances Act, Chapter 60-A, Code of West Virginia, 1971.

(c) Policies and procedures for the operation of the facility shall be in writing, and should include, but not be limited to:

- Admission, release and transfer procedures;
- Staffing patterns including after-care counselors;
- Procurement of emergency, first aid, or any medical services not provided in the facility or program;

Procurement of Information and Referral Services;
Clinical Records;
Food Service;
Personnel Policies;
Personnel Records;
Financial Records;
Procurement of Supplies;
Fee Schedules;
Housekeeping and laundry;
Maintenance;
Safety

(d) All medications shall be given only upon the written order of a physician and under the supervision of a registered nurse currently licensed in West Virginia.

(e) All facilities and/or services or parts thereof, providing care and treatment for, or prevention of, alcoholism and/or drug abuse maintaining pharmacy services of any type or scope, including the management of first aid supplies and prescription medications, shall be subject to Section 3.16 of these regulations.

(f) A medical record shall be maintained for each patient in compliance with Section 3.17 of these regulations, where applicable.

(g) There shall be written procedures to ensure a smooth continuity of care for alcohol and drug abuse patients in transferring patients between services, as needed.

3.13.2 Inpatient Medical Management Facilities For Alcohol and/or Drug Abuse Patients

(a) Medical management facilities, commonly known as detoxification centers, shall provide inpatient care for medical management of acute withdrawal from alcohol and other drugs for a limited period of time, from five to ten days.

(b) A medical management facility may be located within a general hospital or may be a free standing facility, but it should be affiliated with licensed community facilities and programs providing elements of care for mental disorders.

(c) Medical management facilities shall be under the supervision of a physician licensed to practice medicine in the State of West Virginia, and staffed with a competent administrator, adequate professional, and non-professional personnel to provide accepted standards of safe patient care.

(d) Nursing services shall be under the direction, or supervision, or a registered nurse currently licensed in the State of West Virginia.

(e) A patient care plan shall be developed for patients admitted to medical management facilities coordinating the medical, nursing, and after-care elements of planned treatment.

(f) Medical management facilities shall provide staff to cover twenty-four hour supervision and care for patients.

(g) The medical management facility shall provide counseling services to patients by counselors with training and demonstrated ability in aiding patients to recognize the nature of their illness and the importance of a continuing program of the after-care, treatment, and rehabilitation indicated.

(h) Contractual arrangements with a general hospital shall be made for emergency services, as needed, for medical management facilities not located within a general hospital.

3.13.3 Extended Care Treatment Facilities for Alcohol and/or Drug Abuse Patients

(a) Extended care treatment facilities for alcohol and/or drug abuse patients shall provide residential intensive treatment programs for a period of five weeks, or longer, as determined by patient need.

(b) An extended care facility for alcohol and drug abuse patients may be located on the grounds of a licensed

mental health facility, psychiatric hospital, or other hospital, or may be licensed as a free standing facility.

(c) The extended care facility for alcohol and/or drug abuse patients shall provide intensive treatment, as needed, by a treatment team consisting of at least a physician, social worker, psychologist, and a nurse.

(d) All medical treatment shall be under the supervision of a licensed physician.

(e) Nursing services shall be under the direction, or supervision of a registered nurse currently licensed in the State of West Virginia.

(f) A patient care plan shall be developed for patients admitted to the alcohol and drug abuse extended care facility including, but not limited to:

1. Medical and nursing services, as needed;
2. Therapy through utilization of counseling, group and individual psychotherapy, if indicated;
3. Psychology services providing testing, consultation, and psychological evaluations, as needed;
4. Social services relating to intake social history, discharge planning, and coordinating helping services.

(g) A psychiatrist's services shall be available, as needed, on a written contractual basis.

(h) A psychologist's services shall be available, as needed, on a written contractual basis.

(i) Social work services shall be supervised by an individual possessing a professional degree in social work of the Master's level from an accredited school of social work.

3.13.4 Domiciliary Facilities for Alcohol and/or Drug Abuse Patients -

(a) Domiciliary facilities for alcohol and/or drug abuse patients shall include those facilities commonly referred to as Fellowship Homes, or Halfway Houses.

(b) The domiciliary facility shall provide a comprehensive program for the rehabilitation of the individual in a homelike atmosphere which shall include, but not be limited to:

Residential care;

Guidance;

Supervision;and

Personal Services;

relating to those areas of individual adjustment which enable the person to move to independent living in normal surroundings.

(c) The facility should be centrally located in a pleasant neighborhood convenient to community transportation.

The exterior of the facility should conform with other homes in the area.

(d) The facility shall provide a community residential accommodation in a group setting for alcoholics and/or other drug dependent persons.

(e) The facility should have a bed complement of at least eight (8) and not exceed twenty (20) residents.

(f) There shall be space set aside for meetings, television, and reading, as well as office space.

(g) The facility shall have staff to provide twenty-four (24) hour supervision, under the direction of a manager, or director with background, education, experience and demonstrated ability commensurate with responsibilities of the position.

3.13.5 Alcohol and Drug Abuse Information Centers -

(a) The alcohol and drug abuse information center may be a part of the community mental health center; however, it shall be a separate unit which provides special functions as the liaison agency between the Alcohol and Drug Abuse Treatment Unit and the community to be responsible for continuity of after-care services for the person recovering from his illness.

(b) The Alcohol and Drug Abuse information center

must provide counseling, information, public education, inter-agency referrals, and coordination of services for the individual and his family.

(c) The Alcohol and Drug Abuse information center must provide guidelines, technical assistance, and training for other agencies and community organizations who are developing programs for the prevention, treatment, and rehabilitation of alcoholics and drug abusers.

3.14 Laboratory -

(a) Laboratory facilities provided in a community mental health service shall meet the requirements applicable as set forth in Section 5.11 of these regulations.

(b) If the laboratory services are not available in the community mental health center, regular scheduled contractual services should be arranged by written contract with a nearby laboratory which meets the minimum requirements of the Joint Commission on Accreditation of Hospital Laboratories.

3.15. Radiology -

(a) X-Ray services provided in a community mental health center shall meet the requirements, where applicable, as set forth in Section 5.12 of these regulations.

(b) If the Radiology services are not available in the community mental health center, regular scheduled contractual services should be arranged by contract with a nearby radiology service which meets the minimum requirements of the Joint Commission on Accreditation of Hospitals.

3.16. Pharmacy -

(a) Community Mental Health Centers maintaining pharmacy services of any type or scope shall meet the requirements applicable as set forth in Part VI, Section A, West Virginia Regulations and Law for Licensing Hospitals, promulgated by the West Virginia State Department of Health, and the Pharmacy Laws and Regulations of the West Virginia Board of Pharmacy, as amended.

(b) The community mental health center pharmacy services shall be under the supervision, full or part time, as needed, by a professionally competent and legally qualified pharmacist and shall be staffed in accordance with his professional recommendations.

(c) The community mental health center medical staff with the advice and counsel of the pharmacist should establish a formulary of drugs to be used in the Center; how-

ever, the existence of the formulary shall not preclude the use of drugs not included in the formulary.

(d) There shall be equipment and supplies provided for the professional and administrative functions of the pharmaceutical service, as required by the Center to ensure patient safety through the proper storage and dispensing of drugs.

(e) The scope of the pharmaceutical service shall be consistent with the medication needs of the patients and shall include a program for the control and accountability of drug products throughout the Center.

(f) Written policies and procedures that pertain to the intracenter drug distribution system shall be developed by the medical staff in cooperation with the pharmacist consultant and representatives of other disciplines, as necessary.

(g) Medication errors shall be reviewed with the pharmacist and procedures revised, if indicated, to prevent reoccurrence.

(h) Written policies and procedures that govern the safe administration of drugs shall be developed by the medical staff in cooperation with the pharmacist with representatives of other disciplines, as necessary.

(i) No drug shall be administered to a patient/client except upon written, dated, and signed order of a physician licensed to practice in the State of West Virginia.

3.17. Medical Records -

3.17.1 The medical record library should be under the supervision of a medical record librarian who is a graduate of an approved school of medical record librarians and should be registered by the American Association of Medical Record Librarians. If such a person is not available, the person in charge of the medical record service shall utilize the consultation services of a registered medical record librarian.

3.17.2 There shall be a medical record maintained for every patient/client/trainee admitted to the community mental health center for treatment or emergency services.

3.17.3 The patient medical record shall contain sufficient information to identify the individual clearly, to justify the diagnosis and treatment, and to document accurately the results. Each patient record should contain as a minimum:

(a) Identification data including the patient's legal

status;

(b) Basic descriptive data concerning the patient;

(c) A summary of the evaluation process, including diagnosis, treatment recommendations, prognosis, and outcome;

(d) A record of any physical examinations done;

(e) A record of any psychological testing;

(f) Patient Care Plan; (See Section 5.05.14)

(g) A brief summary of the treatment process, and a termination note;

(h) If medication is administered, there should be a record of the dosage, duration of the administration, and results of the treatment.

(i) At point of termination, there should be a concise statement concerning the future prognosis of the patient and the responsibilities for future care which the community mental health center should assume.

(j) All communications from, or with, family members, or caregiving persons in the community should be included in the patient's medical chart;

(k) Copy of all consultation reports.

3.17.4 A brief resume of the patient's case should always be sent to the referral individual and to the agency responsible for the subsequent care of the patient.

3.17.5 There should be a periodical review of the clinical records by a committee of the professional staff of the center.

3.17.6 Medical records shall be confidential, current, and accurate.

3.17.7 The medical record is the property of the community mental health center and is maintained for the benefit of the patient, the professional staff of the Center.

3.17.8 Written consent of the patient or legal guardian of the patient shall be required for release of medical record information to persons not otherwise authorized to receive the information.

3.17.9 Medical records may not be removed from the mental health center's jurisdiction without consent except in response to a Court Order.

3.17.10 There shall be a system of identification and filing of medical records to ensure rapid location of patient's record. The unit system is recommended.

3.17.11 Medical records shall be indexed according to illness and physician responsible.

3.17.12 When portions of the medical records are

filed in a separate locked file to safeguard confidentiality of the information, there shall be a system of identification and filing for these records the same as the other portion of patient's medical chart.

3.17.13 There shall be a system of recording data on what takes place in the patient's treatment program which can be readily available for constant scrutiny and evaluation.

3.18. Orientation and Education -

3.18.1 There shall be a program for inservice training and orientation and continuing education of all personnel.

3.18.2 Orientation programs and classes shall be planned, in writing, which will ensure a thorough orientation for each new employee, including but not limited to: First aid; disaster plan; fire drills; use of fire-fighting equipment, and evacuation.

3.18.3 All new employees shall be made aware of the policies goals, directives and procedures of the community mental health center.

3.18.4 All new employees shall be provided job descriptions, outlining their duties and work areas.

3.18.5 Methods for evaluating the educational programs and student assimilation should be developed and utilized.

3.18.6 All personnel working in patient zone centers, whether contact with patients is direct or indirect, such as housekeeping, janitor, laundry, or dietary personnel, shall receive continuing programs of education to emphasize their therapeutic role.

3.19. Activity Facilities and Service -

3.19.1 Activity services should be provided to enable fulfillment of the indicated daily program for each patient/client.

3.19.2 The type and scope of services of the activity facility or service program shall be clearly defined in writing.

3.19.3 Qualified therapists, consultants, professional and non-professional volunteers, assistants and aides shall be adequate in number and by qualification to conduct the activities program.

3.19.4 The activities program shall be an integral part of the patient's total milieu.

3.19.5 The activities program shall be related to

patient/client needs for improvement of economic and social skills and encourage his re-integration and rapid return to the community; and should assist in evaluation and comprehensive treatment planning.

3.19.6 The activities services available should include but not be limited to programs of Occupational Therapy, Industrial Therapy, Education, Vocational Training, Recreation, Rehabilitation, Music Therapy, and other activities as dictated by patient needs.

3.19.7 The activities services should be concerned specifically with the development or redevelopment of relational and task skills through activity processes and object interaction.

3.19.8 The activity services should utilize individual as well as group approaches to treatment and rehabilitation problems.

3.19.9 Activity services may be included in a community mental health facility or may function separately as a free standing activity center facility.

3.19.10 Activity Centers For The Emotionally Disturbed And/or Mentally Ill -

(a) Activity centers for the emotionally disturbed and/or mentally ill should be operated in conjunction with

or affiliated with a community mental health center in order to coordinate its services with those available in the community.

(b) The activity center for the emotionally disturbed and/or mentally ill should be directed by a psychiatrist who is specialized in physical medicine and rehabilitation, or by a registered occupational therapist, or by a properly trained specialist from one of the other fields of activities and rehabilitation.

(c) The minimum services of the activity center for the emotionally disturbed and/or mentally ill shall be to provide therapeutic activities and recreational programs to assist these individuals in the area of resocialization, utilizing special community programs such as foster grandparent services, when applicable (See Section 6.02.24,25)

(d) Activity center facilities shall comply with Federal, State, and local codes for construction, and be in full compliance with these Regulations, where applicable, including reference regulations.

3.19.11 Activity Centers For The Mentally Retarded -

(a) Activity centers for the mentally retarded should be operated in conjunction with, or affiliated with, a community mental health center in order to coordinate

its services with those available in the community mental health center, as needed. (See Section 1.05.3)

(b) Activity centers for the mentally retarded shall provide therapeutic activities and recreational activities and utilize special community programs available such as foster grandparent services, when applicable. (See Sections 6.02.24 and 6.02.25)

(c) Activity Center facilities for the mentally retarded shall comply with Federal State, and local codes for construction, and be in full compliance with these regulations, where applicable, including reference regulations, and the standards set forth in the regulations for grants for constructing facilities for the mentally retarded, Section 54.119 Appendix A, adopted by the West Virginia Department of Health (West Virginia State Plan for Mental Retardation Facilities Construction Program, 1970).

3.20. Physical Facilities and Safety -

3.20.1 The mental health facility shall be no more than two hours driving time from all individuals within the catchment area.

3.20.2 The physical facility shall be a functional facility in which flexibility in the organization of care and treatment is possible.

3.20.3 The design and construction of the mental health facility shall be planned to:

(a) Provide, economically, the functions defined in the type and scope of the programs for which the facility is to be used;

(b) Ensure the maintaining of the dignity of individuals;

(c) Ensure appropriate space for the staffing and organizational pattern of the facility;

(d) Provide for separation of patients with respect to age, type of care which may be needed, and services needed by individuals under treatment; and

(e) Be architecturally appropriate to the local geography and style.

3.20.4 Construction standards shall be in compliance with minimum standards, where applicable, for construction and equipment set forth in West Virginia State Plan for Construction of Community Mental Health Centers (Title II, Public Law 88-164, adopted by the West Virginia Department of Health, including revisions).

3.20.5 Mental health facilities for the mentally retarded shall construct new facilities in compliance with Standards set forth in the Regulations for Grants for con-

structing Facilities for the Mentally Retarded, Section 54.119, Appendix A, adopted by the West Virginia Department of Health (West Virginia State Plan for Mental Retardation Facilities Construction Program, 1970).

3.20.6 All mental health facilities shall meet the requirements, where applicable, of Parts IV, V, and VII, West Virginia Regulations and Law for Licensing Hospitals, as amended, promulgated by the West Virginia State Department of Health.

3.20.7 Office space shall be provided all staff, and located for most effective communication and functional use in the dynamics of type of care and treatment of mentally disordered individuals.

3.20.8 Conference rooms, treatment rooms, group and individual interviewing, and therapy rooms, shall be designed to ensure functional and economical use.

3.20.9 Day rooms, recreational areas, solarium, visitors' room, a gymnasium or exercise areas shall be designed to ensure versatile utilization. Facilities up to 100 beds shall provide a minimum of thirty (30) square feet per bed for combined dining and activity areas. Facilities over 100 beds, shall provide a minimum of twenty-five (25) square feet per bed for combined

dining and activity areas.

3.20.10 Sleeping units for inpatients shall be designed to ensure privacy and promote comfort and dignity.

(a) Single rooms shall be a minimum of 100 square feet of floor space, and multiple patient rooms, 80 square feet of floor space per person to accommodate bed, nightstand, and chair, with additional square footage appropriate to additional equipment needed for the care of the patient;

(b) Multiple patient rooms should be designed to accommodate no more than four (4) patients;

(c) Appropriate provisions shall be made to ensure privacy in toilet and bathing areas for each sex. The following are minimum standards for these accommodations:

1. One lavatory for each four (4) patients;
2. One toilet for each four (4) patients;
3. One male, and one female, tub, or shower, with hand rails, for each ten (10) patients;
4. At least one male, and one female, toilet unit in each nursing unit shall be provided to permit movement of wheelchairs, and handrails shall be provided on both sides for handicapped individuals.

3.20.11 At least one drinking fountain on each nursing unit and/or activity area shall be provided.

3.20.12 Nursing units in inpatient facilities shall be centrally located to permit full view of recreation areas, and have immediate access to patient and treatment areas.

3.20.13 Residential facilities shall meet all State and local codes for buildings housing individuals for domiciliary care, commensurate with the type and scope of the program carried out in the facility:

(a) Residential facilities shall be completely furnished providing a homelike atmosphere for individuals in residence for care, treatment, or rehabilitation.

(b) Residential facilities shall provide a laundry room equipped with washer, dryer, and ironing equipment which meet United Laboratories safety standards.

(c) Residents shall be provided day rooms, recreational areas, solaria, visitors' room, a gymnasium or exercise areas designed to ensure versatile utilization.

3.20.14 Safety - There shall be strict compliance with local and State fire regulations and periodic official inspections shall be observed. Compliance with recommendations by fire inspection authorities is mandatory.

(a) The community mental health center facilities shall be equipped, operated and maintained so as to sus-

tain its safe characteristics and to minimize all health hazards in the facility for the protection of both patients and employees:

1. Responsibility for the control of infection within the mental health center facilities and the evaluation of the infection potential of the related environment, shall be the responsibility of a multi-disciplinary committee of the professional staff and medical director, or the medical consultant, as needed. Meetings shall be held, as needed.

2. Isolation room, or rooms, shall be provided which may be used for control of infection, or for privacy, as needed, for emotionally disturbed individuals. Appropriate safety measures shall be incorporated into the physical design of some units, or wards, as appropriate to type of services housed.

(b) The community mental health center facilities shall have written plans for the proper and timely care of casualties arising from both external and internal disasters, or civil disorder, and shall periodically rehearse such plans, at least twice annually. The disaster plan shall include alternate sources of all utilities, including water, and methods of emergency communication.

3.20.15 Sanitation - The community mental health center facilities shall be operated so as to sustain its sanitary characteristics:

(a) Housekeeping, laundry, and maintenance service functions shall be effectively organized, directed and staffed by qualified personnel.

(b) Services of an exterminator to keep the facility free of vermin, roaches, and any like infestation, shall be provided.

(c) The dietary facilities shall comply with Section 5.19 of these regulations, where applicable, and shall be subject to routine inspections by the West Virginia Department of Health.

3.20.16 The local and State legal requirements and Regulations for heating, lighting, ventilation, and water supply shall be met and in compliance with West Virginia Regulations and Law for Licensing Hospitals, promulgated by the State Department of Health, where applicable (See Section 3.20.6).

3.20.17 Emergency lighting systems shall be provided in accordance with West Virginia Regulations and Law for Licensing Hospitals, where applicable. Alternate source of lighting may be provided by battery lamps, or flash-

lights which are regularly inspected and kept in condition at all times.

Section 4. Psychiatric Service In A General Hospital

4.01. General - All general hospitals should have a well defined plan for receiving, management, and disposition of psychiatric patients. The feasibility of establishing a psychiatric service in a general hospital should depend upon:

- (a) Local need for the service in the general hospital;
- (b) Availability of other facilities;
- (c) Availability of staff; and
- (d) Orientation of the medical staff profession in the hospital and community.

4.02. Psychiatric service as a department of a general hospital to contribute to the care and treatment of mentally ill or mentally retarded, or prevention of such disorders is required to be licensed by the Department of Mental Health by virtue of authority of the Legislature of West Virginia, Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended.

4.03. Only applicant hospitals licensed by the West Virginia Department of Health may file applications for license by the West Virginia Department of Mental Health in accordance with instructions contained in Section 2.03

of these regulations.

4.04. Dated and signed consent of the attending physician of a non-psychiatric patient shall be written in a non-psychiatric patient's medical record prior to the admission of a psychiatric patient to a multi-patient room with a non-psychiatric patient.

4.05. The psychiatric service in a general hospital shall comply with the standards set forth in these regulations which are included in the type and scope of service defined in the mental health service for which application is made to the Department of Mental Health for license.

4.06 The elements of care provided in the psychiatric service of a general hospital should be an integral part of the community mental health center program, providing services as needed on a contractual basis for inpatient, partial hospital, and medical management services for emergencies related to detoxification of alcoholics and drug addicts.

4.07. The psychiatric unit of the general hospital shall provide all elements of services as needed by the mentally ill/mentally retarded patient during hospitalization.

4.08 The psychiatric service in a general hospital shall comply with Section 5 of these regulations, where

applicable.

4.09. Organization and Management -

4.09.1 There shall be a qualified psychiatrist in charge of the psychiatric service in a general hospital.

4.09.2 The general hospital policies and procedures shall include the psychiatric department the same as to any other department of the hospital, unless special deviations are required in the admissions, care and treatment of the psychiatric patients admitted to the unit, in which cases the exceptions shall be provided, in writing, adopted as part of the general hospital policies and procedures, and approved by the governing body.

4.09.3 Policies and procedures for the admission of patients to the general hospital shall include special provisions for the admission of psychiatric patients.

(See Section 5.04)

4.09.4 There shall be qualified nursing and allied personnel trained in the management of psychiatric patients adequate in number to provide a quality psychiatric service to patients, as defined in the hospital program.

4.09.5 There shall be written policies and procedures for the care and treatment of patients admitted to the psychiatric service. Any limitations on admissions imposed

by the physical construction of the unit, limitations in the training and experience of its staff shall be clearly stated in the hospital program submitted for licensure.

4.10. Medical Staff

4.10.1 The Psychiatric Service shall be organized as a department of the medical staff of the hospital. One member of the psychiatric staff shall be appointed on a fixed or rotating basis to serve as chief of service or chairman of the department. He shall assume the responsibility for ensuring that high standards of patient care are carried out by appropriate procedures.

4.10.2 The medical staff bylaws, rules and regulations shall include the department of psychiatry the same as any other medical service of the hospital.

4.10.3 The chief of the psychiatric service shall assume the responsibility for ensuring that the special needs of the psychiatric patients are met through close liaison with appropriate hospital administrative officers and other departments of the hospital.

4.10.4 The psychiatric staff shall provide consultation services to other services of the hospital upon request, and in return obtain consultation from other hospital specialists upon request.

4.11. Nursing Service

4.11.1 The nursing service of the psychiatric unit or department shall be supervised by a qualified registered nurse who has had training in the management of psychiatric patients.

4.11.2 The nursing service personnel in the psychiatric unit shall be adequately oriented as to their responsibilities in the service before assignment to the service is made.

4.11.3 There shall be an efficient system of clinical and administrative nursing records and reports, and up-to-date nursing policy and procedure manuals. The standards for Organized Nursing Services as enunciated by the American Nursing Association serve as useful guidelines for organizing and evaluating nursing service in psychiatric services.

4.12. Social Service

4.12.1 When social work services of the hospital are not maintained specifically for the psychiatric unit, the Social workers shall be trained to meet the special needs of the psychiatric patients.

4.12.2 If the hospital does not maintain a social work service, provision shall be made for this service as needed.

4.13. Psychology Services

4.13.1 When psychology services of the hospital are not maintained specifically for the psychiatric department, the psychologists shall be trained to provide the special services needed in the care and treatment of psychiatric patients.

4.13.2 The psychology services of the psychiatric department shall be supervised by a qualified psychologist possessing at least a doctoral degree in psychology from an American Psychological Association approved program in clinical psychology or its adjudged equivalent; and shall be licensed or certified by the West Virginia State Board of Examiners for Professional Psychologists.

4.13.3 The psychological services shall constitute an integral part of the overall professional services. They include direct service to patients, assistance in diagnostic process and assessment of treatment results.

4.14 Medical Records

4.14.1 Medical records for patients admitted to the psychiatric service of the hospital shall conform to medical record requirements, Section 5.16 of these regulations.

4.14.2 Written procedures for the extraordinary means in protecting especially confidential portions of some psychiatric patients' records which may be justified.

(See Section 5.15.30)

4.15. Physical Facilities

4.15.1 The physical facilities for the psychiatric unit for existing facilities shall be in conformance with West Virginia Regulations and Law for Licensing Hospitals, 1969, Part IV, promulgated by the West Virginia State Department of Health.

4.15.2 For construction of new hospital units, and as reference for improvement of the psychiatric service facility in the general hospital, Appendix "A" of the Public Health Service Regulations, Part 53, as amended shall be used.

4.15.3 If the general hospital does not have written and periodic practiced plans for the proper and timely care of casualties arising from both external and internal disasters including civil disorder, the psychiatric service shall include in their department written procedures and plans for care of such casualties and an orderly plan of evacuation of patients in case of necessity.

Section 5. Psychiatric Hospitals --General, 5.01.

5.01.1 The primary functions of the psychiatric hospital to diagnose, treat, and restore mentally disordered persons to optimal level of functioning and return to the community should, whether State or privately owned, include programs to:

(a) Provide general psychiatric inpatient, outpatient, partial hospitalization, emergency services for psychiatric emergencies and medical management for detoxification of alcoholics and drug addicted persons, and consultation and education in conjunction with community mental health centers and community facilities and organizations contributing to the care and treatment of mentally ill or mentally retarded, or prevention of such disorders;

(b) Provide specialized services in the care and treatment of the mentally ill and mentally retarded individuals including, but not limited to:

1. Adolescent Program;
2. Adult Mentally Ill;
3. Alcohol and Drug Abuse Treatment Unit;
4. Chronically Mentally Ill;
5. Criminally Mentally Ill;
6. Emotionally Disturbed Patients

7. Geriatric Mentally Ill;
8. Rehabilitation Services;
9. Totally disabled retarded.

(c) Provide public education in the prevention of mental illness;

(d) Provide data and facilities and/or programs for self evaluation, research, and development in the care, treatment and prevention of mental illnesses.

5.01.2 The psychiatric hospital shall comply with the standards set forth in these regulations which are included in the type and scope of service defined in hospital programs for which application is made to the Department of Mental Health for license.

5.01.3 Psychiatric hospitals should make their services available on a regularly scheduled contractual basis as needed by the mentally ill or mentally retarded in programs of treatment in licensed mental health facilities in the community.

5.01.4 All hospitals required to be licensed under the provisions of these regulations shall comply with and conform to all laws of the State of West Virginia, West Virginia Regulations and Law for Licensing Hospitals adopted and promulgated by the State Department of Health, and all rules and regulations which provide minimum standards for the

prevention of fire and for the protection of life and property against loss or damage by fire or panic. A certificate of approval shall be obtained from the State Fire Marshal by any institution required to be licensed. Written approval of the institution shall be filed with the State Department of Mental Health and a copy of such certificate shall be posted in a conspicuous place on the premises of the licensed facility.

5.01.5 All psychiatric hospitals shall be maintained in a safe and sanitary manner.

5.01.6 Each psychiatric hospital shall have a written disaster plan to facilitate the administration of proper and timely care of casualties arising from disasters, both internal, external and from civil disorder, including a plan of evacuation of patients in case of necessity.

5.01.7 Each psychiatric hospital licensed by Department of Mental Health shall be approved for admission of medicaid and/or medicare patients.

5.01.8 The State of West Virginia Department of Mental Health shall supervise and control the State Hospitals (Public Psychiatric Hospitals). Chapter 27, Article 1A, Section 2, Code of West Virginia, 1931, as amended.

5.02. Organization and Management

5.02.1 There shall be an effective governing body

legally responsible for the conduct of the psychiatric hospital for the care and treatment of mentally ill/mentally retarded individuals. The governing body may be a governmental unit or a board of trustees.

5.02.2 The governing body shall adopt bylaws in accordance with legal requirements and with its community responsibility, identifying the purposes of the psychiatric hospital and the means of fulfilling them, keeping in mind the primary functions of a psychiatric hospital -- to diagnose, to treat, and to restore mentally disordered persons to an optimal level of functioning and return to the community.

5.02.3 The governing body bylaws are essential to govern and maintain control of the hospital. They should include, but not be limited to the following:

(a) Definition of powers and duties of the governing body officers, its committees and the executive officer of the hospital.

(b) Qualifications for membership, type of membership, method of selecting members, and terms of appointment or election.

(c) Method for periodic selection of new members reflecting a broad representation of the community.

(d) Provision for indoctrination, orientation

and continuing education of governing body members.

(e) Definition of the authority and responsibility delegated to the executive officer of the hospital and the medical staff.

(f) Provide for periodic review of the bylaws;

(g) Provide for review periodically of each department of the hospital, to evaluate its efficiency in providing quality services;

(h) Provision for approval of bylaws of auxiliary organizations;

(i) Provision for rotation of membership;

5.02.4 The governing body shall adopt a schedule of meeting attendance requirements and methods of recording minutes of proceedings.

5.02.5 The governing body shall hold special board meetings devoted to annual budget projections to provide the highest possible standard of care.

5.02.6 Special governing body meetings devoted to long range planning to provide future consumer needs based upon professional analysis of reliable data shall be held periodically, at least quarterly, and as needed.

5.02.7 The governing body shall appoint an executive officer whose qualifications, authority and duties shall be defined in a written statement adopted by the governing

body. Inasmuch as a sound administrative program is important to the care of patients with mental disorders, a physician who has had training in psychiatry and in administration may serve as the superintendent.

5.02.8 The Clinical Director should be certified by the American Board of Psychiatry and Neurology, or should be Board eligible. In the event the psychiatrist in charge is Board eligible, there should be evidence of consultation given to the clinical program on a continuing contractual basis from a psychiatrist certified by the American Board of Psychiatry and Neurology.

5.02.9 The governing body shall provide professional staff with the number of qualified professional, technical, and supporting personnel and consultants required to carry out an intensive and comprehensive treatment program that includes evaluation of individual needs, establishment of treatment and rehabilitation goals and implementation directly or by contractual arrangement of a broad range therapeutic program including at least:

Professional psychiatric

Medical;

Surgical;

Nursing:

Social Work;

Psychological; and

other disciplines of care and activity therapies as required to carry out an individual treatment plan for each patient (See Section 5.05.14 of these Regulations).

5.02.10 The governing body, through the executive officer, shall provide appropriate physical resources required to meet the needs of the patients, and shall participate in planning to meet the health needs of the community.

5.02.11 The governing body, through its executive officer shall provide for an organizational plan of personnel with special consideration for adequate clerical, medical records, business office, and other personnel to permit the professional treatment teams to carry on their primary responsibilities.

5.02.12 The governing body, through its executive officer, shall provide written personnel policies and practices that adequately support sound patient care.

5.02.13 The governing body, through its executive officer, shall take all reasonable steps to conform to all applicable federal, state, and local laws and regulations including those relating to licensure, fire inspection and other safety measures.

5.02.14 The governing body, through its executive officer shall provide for the control and use of the physical and financial resources of the hospital.

5.02.15 The governing body shall delegate to the medical staff the authority to evaluate the professional competence of staff members and applicants for staff privileges; it shall hold the medical staff responsible for making recommendations to the governing body concerning initial staff appointments, reappointments, and the assignment or curtailment of privileges.

5.02.16 The medical staff bylaws, rules and regulations shall be subject to governing body approval, which shall not be unreasonably withheld. These shall include an effective formal means for the medical staff to participate in the development of hospital policy relative to both hospital management and patient care.

5.02.17 The governing body shall require that the medical staff establish controls that are designed to ensure the achievement and maintenance of high standards of professional ethical practices.

5.02.18 The governing body shall require, through its executive officer, a written plan of organization of the hospital which includes all departments functioning

in the hospital, and which indicates all categories of personnel employed in the hospital and the lines of communication. The organizational plan shall be periodically reviewed and revised as needed, showing dates of reviews and revisions.

5.02.19 The governing body, through its executive officer, shall require that the section of the organizational plan and job descriptions pertaining to each department of the hospital shall be placed in the supervisor's office of the department to which it relates and job descriptions shall be furnished to all employees.

5.02.20 The organizational plan, under the supervision of the executive officer, should be the product of the combined efforts of the total professional and technical department heads of the hospital, subject to the governing body approval.

5.02.21 The governing body shall require, through its executive officer, a master manual of policies and procedures for each department of the hospital. The manual of policies and procedures shall be periodically reviewed and revised as needed, showing dates of reviews and revisions.

5.02.22 The governing body, through its executive officer, shall require that the section of the manual of policies and procedures pertinent to each department of the hospital shall be placed in the supervisor's office of the department to which it relates, and shall be available to all personnel in that department upon request.

5.02.23 The governing body, through its executive officer, shall provide for continuing programs of in-service education for the development and maintenance of a high standard of performance of non-professional duties to implement and carry out programs of care developed by the professional staff.

5.02.24 The governing body, through its executive officer, shall require an active multi-disciplinary hospital committee responsible for the evaluation of environmental services and infection control.

5.02.25 The governing body, through its executive officer shall provide for isolation of infectious patients. See Part VII, Section H, Paragraph 708.1 page 31, West Virginia Regulations and Law for Licensing Hospitals, 1969, as amended, promulgated by the West Virginia Department of Health.

5.02.26 The governing body, through its executive

officer, shall provide for designation of multidisciplinary committees, including, but not limited to the following:

- (a) pharmacy and therapeutic;
- (b) medical care evaluation;
- (c) disaster control;
- (d) patient care procedures;
- (e) utilization review;
- (f) joint conference;
- (g) library service

5.03. Medical Staff

5.03.1 The medical staff shall be organized to accomplish its required functions; it shall provide for the election or appointment of its officers, executive committee, department heads and/or service chiefs.

5.03.2 The medical staff shall develop and adopt bylaws rules and regulations to establish a framework for self-government and a means of accountability to the governing body.

5.03.3 There shall be adequate medical staff to carry out an active program of treatment for individuals admitted to the psychiatric hospital.

5.03.4 The medical staff shall participate in the maintenance of high professional standards by representa-

tion on committees concerned with patient care whether the patient care functions are activated by organization of the following separate committees: executive, credentials, medical records, asepsis, and utilization review; or by a committee of the whole, there shall be recorded documentation of these activities.

5.03.5 There shall be a formal and official means of liaison among the medical staff, the governing body, and the chief executive director to provide a channel for medico-administrative advice through a joint conference committee which should meet at least four times annually.

5.03.6 Each member of the medical staff shall be qualified for membership, and for the exercise of the clinical privileges granted to him.

5.03.7 In facilities where the chief administrative officer or executive officer is not a psychiatrist, there shall be a clinical director certified by the American Board of Psychiatry and Neurology, or should be Board eligible (See Section 5.02.8 of these Regulations).

5.03.8 If a qualified neurologist is not on the staff of the hospital, contractual arrangements should be made for scheduled services, as needed.

5.03.9 The medical staff organization shall provide for flexibility of organization on every treatment unit of the hospital to meet changing methods of treatment indicated by erratic symptoms as they appear.

5.04. Admission Policies and Procedures -

5.04.1 All admissions and discharges to psychiatric hospitals, located in areas served by licensed community mental health centers, should be coordinated with the Centers through triage upon admission, and through Information and Referral Service upon discharge.

5.04.2 Each psychiatric hospital shall establish, in writing, its admission policies and procedures, the range of diagnostic and treatment services it offers, and the manner in which these are routinely accomplished, including, but not limited to the following:

(a) A basic definition setting forth the area of competence: What the mental hospital provides and for whom.

(b) A detailed statement of the goals the facility has set in accomplishing its tasks and the identification of its limitations.

(c) A statement of the range of diagnostic and evaluation procedures the mental hospital is prepared to

render and the range of treatment services offered within the facility, or by an affiliate, specifying each affiliate and its services.

5.04.3 The admission procedures shall set forth, in writing, description as to the manner in which the preservation of the dignity of the patient is to be maintained, and the methods of communication routes between the patient's family and other persons significant in patient's life to be maintained.

5.04.4 Assurances shall be given to each patient being admitted that proper attention will be given to his comfort and ease, to establish a positive relationship to overcome fears, anxieties and resentments of the patient, his family, and friends.

5.04.5 Provision shall be made for conformance with State and Local regulations for admission of patients to a psychiatric hospital which are current, and provision for change of admission policies as existing State and Local statutes are amended or new ones adopted.

5.04.6 Registrar's Manual, Procedures and forms for admitting patients to State Hospitals revised and published September, 1970, together with West Virginia Mental Health Laws, are inserted and made a part of these Regulations for

State Hospitals.

5.04.7 Recognizing the importance of effective types of early treatment in a community environment, all psychiatric hospitals should provide triage station procedure to ensure a patient's admission to the preferred site and type of service for the specific and best possible care indicated by his total admission evaluation, keeping in mind the community mental health center elements of service available in patient's home community.

5.04.8 A psychiatric and physical evaluation, including a neurological examination, when indicated, shall be completed and recorded within twenty-four (24) hours of admission.

5.04.9 All patients shall be required to have an Admitting diagnosis to justify hospital admission in the initial diagnostic process which continues throughout the course of treatment as additional information and observations of the patient's condition appear.

5.04.10 All patients shall be admitted through the triage station. Those patients known to be, or possibility of being, of danger to themselves, or others, shall be kept in the most secure place and supervised until a determina-

tion has been made as to the diagnosis and treatment needed.

5.04.11 Full compliance with Section 8 of these regulations, where applicable, which relate to the Humanities in the care and treatment of the mentally ill/mentally retarded is mandatory.

5.04.12 The services of the hospital shall not be denied to any person residing in the area served by the hospital on the ground that such person does not meet a requirement of residence in such area.

5.05 Diagnosis and Treatment -

5.05.1 Admitting psychiatric and physical evaluations, including a neurological examination, when indicated, shall be completed and recorded within 24 hours of admission.

5.05.2 Social and psychological evaluations shall be an integral part of the diagnostic process and shall be completed as soon as possible after patient's admission.

5.05.3 Provisional diagnoses shall be made at least every three (3) months and such additional informative observations as to patient's condition shall be recorded in patient's medical record.

5.05.4 The final diagnosis shall be set forth clearly

in the medical record which shall be completed upon discharge to be promptly available as needed in after-care treatment programs.

505.5 All diagnoses shall be rendered in standard nomenclature as provided in the American Psychiatric Association's latest edition of the Diagnostic and Statistical Manual of Mental Disorders and the latest edition of the International Classification of Diseases.

5.05.6 The diagnostic process should be recorded in a manner which shall enable a development of information to provide future guidelines to intelligent Information and Referral Services important to each patient's after care needs.

5.05.7 There shall be, in writing, a workable method to provide appropriate coordination, communication, and collaboration among all staff members contributing to the evaluation, treatment planning and treatment effort, utilizing the Information and Referral Services, as needed.

5.05.8 Prompt diagnosis and effective treatment of medical and surgical contingencies that may occur may be needed by patients hospitalized for mental disorders; therefore, there shall be the same range of services available for treatment of a non-psychiatric illness and maintenance of their general welfare as would be available to

them in an accredited general hospital whether they are available within the psychiatric facility or by contractual arrangement in a nearby community hospital.

5.05.9 Oxygen therapy when needed, shall be ordered by a physician, in writing, dated, and signed, in the medical record, showing specific dosages of medication or mixtures of gasses, and given by a licensed oxygen therapist or a Registered Nurse certified by the medical staff as to adequate training to administer oxygen therapy.

5.05.10 Medical and surgical services provided within the psychiatric hospital shall be subject to these regulations and the West Virginia Regulations and Law for Licensing Hospitals and all its references, promulgated by the West Virginia Department of Health.

5.05.11 Psychiatric hospitals providing long-term treatment shall provide emergency dental care and prophylactic examinations and hygiene to each patient periodically, at least every six months and the services of a podiatrist, as needed.

5.05.12 A qualified neurologist should be included on the staff of a psychiatric hospital as well as additional staff of technicians and diagnostic tools and equipment including an electroencephalograph to provide an accredited

neurological service. In the absence of this service, there shall be written arrangements with a nearby department to carry out these tests when they are indicated.

5.05.13 In hospitals where treatment programs are organized into separate units within which patients are admitted, and treated, for total length of stay, the unit staff and personnel shall be supervised by a psychiatrist with a flexible organization to meet the changing methods of treatment indicated by erratic symptoms as they appear.

5.05.14 There shall be a plan of treatment and/or training in writing, for each patient based on an evaluation of his condition, his treatment, or training needs, his potential for rehabilitation and the resources of the facility to meet these needs. The treatment and/or training plan shall include but not be limited to the following:

- (a) A statement of the nature of the problems and needs of the patient;
- (b) A definition of the psychodynamics;
- (c) A statement of the rationale and plan of treatment, training, and management, including goals;
- (d) A description of the staff's involvement with the patient in order to attain the treatment goals.

(e) The plan shall specify the use of specific modalities, psychotherapy, drug therapy, and other measures to be incorporated into the total plan.

(f) The plan shall include projections of anticipated aftercare to ensure continuity of care patient will need.

(g) There shall be frequent reviews and revisions of the patient care plan as patient's needs for the care change.

5.05.15 (a) Positive criteria shall be established to determine need for drug therapy, electroconvulsive therapy and other somatic treatment modalities shall be given only upon the written specific order of a physician after evaluation of the positive criteria determining need by the total patient care team, the psychiatrist, psychologist, registered nurse, and medical social worker.

(b) Standard routines shall be established in writing and followed for preparation of patient for such somatic treatments and the immediate post-treatment recovery phase.

(c) Routines for these treatments shall be reviewed periodically to ensure they are current and in keeping with generally accepted standards of practice.

(d) Adverse reactions, sensitivities to specific drugs and other pertinent information shall be recorded in the patients' medical record immediately.

(e) Patients shall have right to refuse somatic treatment which is not a reasonable and customary part of his treatment (See Section 802.9 of these Regulations).

505.16 Emergency drugs, equipment and supplies shall be assembled and available for immediate use, reviewed periodically to ensure they are current and in keeping with general accepted standards of practice.

505.17 Investigational drugs properly labeled shall be used only under the direct supervision of the principle investigator and should be approved by an appropriate medical staff committee. Nurses may administer these drugs only after they have been given basic pharmacological information about the drug. A central unit should be established where essential information on investigational drugs is maintained. (For further guidance, refer to Statement of Principles Involved in the Use of Investigational Drugs in Hospitals, approved by the American Hospital Association and the American Society of Hospital Pharmacists.)*

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5.05.18 Uses of Methadone shall be in compliance with Uniform Controlled Substances Act, Chapter 60-A, Code of West Virginia, 1971 and Federal Food and Drug Administration Regulations. (For further guidance, write to Food and Drug Administration, Bureau of Drugs (BD-22), 5600 Fishers Lane, Rockville, Maryland 20852.

5.06. Emergency Services

5.06.1 A psychiatric hospital shall have a well defined plan in writing, for providing 24-hour psychiatric emergency care based upon community need.

5.06.2 A psychiatric hospital emergency service should make every effort to work in conjunction with community mental health agencies and other community and law enforcement agencies to provide the continuing back-up intensive care needed for the psychiatric emergency in the absence of a State Hospital for psychiatric patients in the area.

5.06.3 The psychiatric hospital shall provide an emergency service organizational plan, in writing, identifying the emergency service, its role in the community planning, and its relationship to other community emergency services, and providing adequate staff for round the clock professional coverage.

5.06.4 A roster shall be posted in the emergency service area listing professional staff and consultants on first and second call to insure a patient will be seen and treated within a reasonable time.

5.06.5 There shall be written policies specifying the extent of treatment to be carried out in the emergency service. Such policies shall be approved by the professional staff and reviewed periodically, and revised as necessary showing dates of reviews and revisions.

5.06.6 There shall be written procedures including, but not limited to the following:

(a) Specification of staff coverage, and consultants on call.

(b) Instructions relative to identification of patients personal physician and the transmission of relevant reports.

(c) Plans for communication with the nearest poison control center, and with police, and local help authorities relative to accident victims and to individuals in other reporting situations such as being victims of suspected criminal acts.

(d) Procedures for prompt treatment of the following types of emergencies: suicidal; anxious per-

sons showing panic confusion or byzarre behavior; intoxicated persons as the result of alcohol or drugs; the aggressively mental ill individuals; the return of the known mentally ill individual; and the reception of the mentally ill to relieve a family tolerance problem.

5.06.7 A medical record shall be kept on every individual receiving emergency service and shall become a permanent record of the psychiatric hospital. The record shall include but not be limited to the following:

(a) Identification data including the patient's legal status.

(b) The time of arrival, and the time of discharge.

(c) By what means patient was transported to the emergency room.

(d) Pertinent history including emergency care given prior to the arrival of the patient at the psychiatric hospital emergency room;

(e) A description of significant clinical data.

(f) The treatment given in the emergency room.

(g) The condition of the individual on transfer to inpatient service or discharge.

(h) The final disposition of patients discharge

including instructions given to the patient in writing.

(i) The records shall be signed by the professional staff member rendering the care and responsible for its clinical accuracy.

5.06.8 Instructions given to patients upon discharge from the emergency room shall be given in writing, dated, and signed, and a copy of such instructions shall be made a part of the patients' emergency medical record.

5.06.9 The patient's emergency room record shall be incorporated in his previous medical records, if he has one; made a part of his inpatient medical record if he is admitted to the hospital, and upon discharge retained in the hospital medical record room.

5.06.10 A selection of emergency medical records shall be made for periodical review by the appropriate medical staff record review committee.

5.07. Nursing Service

5.07.1 Nursing service in the psychiatric hospital shall be provided under the direction of a fully qualified licensed professional nurse.

5.07.2 The Director of Nursing Service in a psychiatric hospital shall be graduated from a school of professional nursing, currently licensed to practice professional nursing

by the State of West Virginia, a masters degree in nursing, preferably with a major or minor in administration, and adequate experience demonstrating ability to assume the responsibilities of directing the nursing service in the management of mentally ill/mentally retarded patients.

5.07.3 Staff nursing personnel shall be currently licensed in the State of West Virginia with experience demonstrating ability to assume the responsibilities of the nurse member of the professional nursing staff of the hospital; to participate in the formulation, implementation and evaluation of the total therapeutic plan for each patient's care and treatment.

5.07.4 There shall be a sufficient number of duly registered nurses currently licensed by the State of West Virginia on duty at all times to plan, assign, supervise and evaluate nursing care and give direct nursing care to patients whose conditions require the judgment and specialized care of a registered nurse.

5.07.5 The nursing service shall have a current written organizational plan that delineates:

(a) The lines of communication within nursing service;

(b) The relationships of nursing staff in the participation and evaluation of the total therapeutic plan for patient care;

(c) The coordination of nursing service activities with those of other staffs;

(d) The individual differences and influences of emotional, physical, economic, cultural, and socio-environmental forces in the care of the psychiatric patient.

5.07.6 The registered nurse shall be responsible for determining nursing care needs, the professional skill and judgment required, and the assignment and supervision of nursing tasks that can be safely performed by other nursing personnel.

5.07.7 Licensed practical nurses and psychiatric aides shall give patient care in simple situations and function as assistants to the registered nurses.

5.07.8 There shall be a qualified registered nurse licensed in the State of West Virginia with a Master's degree in clinical psychiatric nursing. The clinical psychiatric nurse may assume responsibilities in areas of clinical practice, nursing administration, clinical supervision, consultant, or director of education.

5.07.9 There should be a formal continuing program of nursing education to provide:

- (a) Orientation for new nursing personnel;
- (b) In-service education for training psychiatric aides and other nursing service personnel;
- (c) Retraining programs of education for personnel showing deficiencies in their nursing service;
- (d) Up-to-date and new expanding nursing service care programs in the psychiatric hospital, new techniques, equipment, facilities and concepts of care on a continuing basis.

5.07.10 Educational programs shall be planned in advance, including at least a written outline for each subject, a written record of each class presented and a roster of personnel attending; and methods for evaluation of the educational programs presented and personnel assimilation should be developed and utilized.

5.07.11 A written manual of nursing care and administrative policies and procedures shall be developed to provide the nursing staff with acceptable methods of meeting its responsibilities including at least, but not limited to, the following:

- (a) Noting diagnostic and therapeutic orders;

- (b) Assigning nursing care of patients;
- (c) Medication Administration including re-
porting of medication errors;
- (d) Charting by nursing personnel;
- (e) Infection control, including policies and pro-
cedures for sending specimens, or cultures, to laboratory; and
- (f) Patient safety.

5.07.12 The nursing care manual shall be available to the nursing staff in every nursing care unit and service area.

5.07.13 The nursing care manual shall be periodically reviewed and revised as necessary in cooperation with representatives of the medical staff and other professional disciplines in the care of psychiatric patients.

5.07.14 There shall be a written nursing care plan for each patient which is coordinated and integrated with the medical and other multi-disciplines of therapy the patient is receiving.

5.08. Social Work Service

5.08.1 There shall be a social work service provided under the direction and supervision of a fully qualified psychiatric social worker. (See Section 105.56)

5.08.2 The social work staff shall be adequate in number and by qualification to plan and carry out assigned

responsibilities needed by the type and scope of the hospital program.

5.09. Psychology Service

5.09.1 There shall be a psychology service under the direction of a qualified psychologist, certified by the appropriate certification agency where certification is indicated. (See 105.51)

5.09.2 The psychology staff, including consultants shall be adequate in number and by qualification to plan and carry out assigned responsibilities needed by the type and scope of the hospital program.

5.10. Religious Services

5.10.1 The religious needs of hospitalized patients should be met through services of worship, opportunity to observe sacramental occasions, observance of holy days and days of obligation, individual pastoral contacts between patients and chaplain and whatever other means may be available.

5.10.2 Chapels or rooms should be set aside in the hospital for religious purposes.

5.10.3 Properly equipped consultation areas should be provided for chaplains' consultations.

5.10.4 Psychiatric hospital chaplains, whether full-

time or part time should be fully ordained clergy with approved college and seminary training and pastoral experience, as well as ecclesiastical endorsement of their denomination.

5.10.5 The psychiatric hospital chaplain should have specialized training and experience in psychiatric hospital ministry, preferably clinical experience under guidance.

5.11. Laboratory Service

5.11.1 There shall be a clinical laboratory in the psychiatric hospital, or an arrangement with a nearby laboratory to provide essential testing services.

5.11.2 There shall be a written plan for the provision of the laboratory services when laboratory facilities are not available within the mental hospital.

5.11.3 The laboratory, whether maintained within the psychiatric hospital, or whether such services are contracted with an outside facility, must meet the minimum requirements of the Joint Commission on Accreditation of Hospital laboratories:

(a) The services of a qualified pathologist shall be available on a scheduled basis;

(b) Regular calibration of the laboratory equipment shall be made and recorded;

(c) Periodic checks of the accuracy of the work performed shall be made and recorded.

5.11.4 The Chief technician of the laboratory should be a medical technologist who has been certified by the Board of Registry of Medical Technologists of the American Society of Clinical Pathologists.

5.11.5 The number of technicians needed shall be adequate to carry out the volume and type of procedures and examinations, the number and kind of autopsy and surgical tissues examined, the spacing of demands for laboratory examinations, and other pertinent factors.

5.11.6 The chief technician and/or pathologist shall attend all asepsis committee meetings as needed; the clinical laboratory services shall include those of a bacteriologist for hospital infection control as well as for patient examinations for diagnostic purposes.

5.11.7 Laboratory and Blood Supply Service shall meet the West Virginia Regulations and Law for Licensing Hospitals standards. Blood storage refrigerators must maintain temperature uniformly between 2° and 6° C, monitored and verified by a recording thermometer, and meet other standards of the Joint Commission on Accreditation of Hospital Laboratories.

5.12. Radiology Service

5.12.1 There shall be an X-Ray department or a written plan reflecting a contractual agreement with a nearby facility to provide radiological services needed.

5.12.2 The X-Ray services, whether maintained within the mental hospital or obtained by outside arrangement should be provided by a department that meets the minimum standards of the Joint Commission on Accreditation of Hospitals for the department of radiology:

(a) The services of a qualified radiologist shall be available on a scheduled basis;

(b) He shall interpret films that require specialized knowledge;

(c) There shall be at least one technician registered or eligible for registration by the American Registry of Radiologic Technologists; and

(d) There shall be observance of the proper safety precautions in the use of all equipment;

5.13. Pharmacy

5.13.1 The pharmaceutical service shall be directed by a professionally competent and legally qualified pharmacist and shall be staffed by a sufficient number of competent personnel in keeping with the size and scope of ser-

vices of the psychiatric hospital.

5.13.2 Psychiatric hospitals, operating a pharmacy or maintaining only a drug storage and administration service, shall meet all the requirements set forth in Part VI, Section A, West Virginia Regulations and Law for Licensing Hospitals and the Pharmacy Laws and Regulations of the West Virginia Board of Pharmacy, as amended.

5.13.3 There shall be equipment and supplies provided for the professional and administrative functions of the pharmaceutical service, as required to ensure patient safety through the proper storage and dispensing of drugs.

5.13.4 The scope of the pharmaceutical service shall be consistent with the medication needs of the patients and shall include a program for the control and accountability of drug products throughout the hospital.

5.13.5 Written policies and procedures that pertain to the intrahospital drug distribution system shall be developed by the medical staff in cooperation with the pharmacist and representatives of other disciplines as necessary.

5.13.6 The hospital staff with the advice and counsel of the pharmacist should establish a formulary of drugs to be used in the hospital; however, the existence of the for-

mulary shall not preclude the use of drugs not included in the formulary.

5.13.7 Written policies and procedures that govern the safe administration of drugs shall be developed by the medical staff in cooperation with the pharmacist with representatives of other disciplines, as necessary.

5.13.8 Medication errors shall be reviewed with the pharmacist and procedures revised, if indicated, to prevent reoccurrence.

5.13.9 Investigational drugs properly labeled shall be used only under the direct supervision of the principle investigator and should be approved by an appropriate medical staff committee. Nurses may administer these drugs only after they have been given basic pharmacologic information about the drug. A central unit should be established where essential information on investigational drugs is maintained. (For further guidance, refer to Statement of Principles Involved in the Use of Investigational Drugs in Hospitals, approved by the American Hospital Association and the American Society of Hospital Pharmacists, Washington, D. C.,: The Society, 1957)*

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5.13.10 The use of Methadone in short term withdrawal treatment of narcotic dependence shall be in compliance with Federal Food, Drug, and Cosmetic Act, Sections 130.34 and 130.44 of Title 21, of the Code of Federal Regulations.

5.13.11 A periodic spot check shall be made by the executive officer or his designee of the accuracy of established controls in the handling of narcotics and controlled substances.

5.14. Psychiatric Hospital Services

5.14.1 As a first step in psychiatric hospital care and treatment, all psychiatric hospitals should establish the following services, or affiliate with a licensed mental health facility providing such services:

- (a) Acute Inpatient Services;
- (b) Partial Hospitalization Services;
- (c) Outpatient Services;
- (d) Emergency Services to include, but not limited to, the medical management of detoxification and round-the-clock services needed for the psychiatric emergency;

(e) Consultation and Education;
keeping in mind the utilization of domiciliary facilities,

nursing home services, home nursing care services through a licensed community mental health center program, if it is available.

5.14.2 Adolescent Program

(a) A program for the care and treatment of adolescents should be under the direction of a fully qualified psychiatrist with special training in care and treatment of mental disorders of the adolescent, or a demonstrated ability and special interest in the restoration of the mentally disordered adolescent to an optimal level of functioning and return to his home community.

(b) The adolescent program unit should be provided with a full staff of medical, nursing, social work, psychology service, and activity therapy personnel, remedial and/or supportive educational personnel, with special interests in the care and treatment of adolescents.

(c) The adolescent program in a psychiatric hospital should be carried out in a special unit divided, if possible, into two sections; the early adolescents (13-15 years of age), and late adolescents (16-18 years of age).

(d) The full range of the psychiatric hospital services and standards as required by these regulations shall be available to these special patients the same as

other patients admitted to the hospital.

(e) The rights and human dignity of these patients shall be respected at all times, in accordance with Section 8 of these regulations, where applicable.

5.14.3 Adult Mentally Ill

(a) The hospital program for the care of the adult mentally ill shall be under the direct supervision of a fully qualified psychiatrist.

(b) Provision shall be made for full compliance with Section 8 of these regulations.

(c) Adult mentally ill patients admitted involuntarily shall be provided the full range of psychiatric hospital services the same as voluntary admissions, with special services focused towards acceptance of care and treatment needed.

(d) The adult mentally ill patient care program should be organized and carried out in special units, if possible, divided into sections conducive to providing the type of care and treatment needed.

5.14.4 Alcohol and Drug Abuse Treatment Units

(a) The Alcohol and Drug Abuse Treatment Units shall be subject to these regulations, where applicable, and the laws of the State Department of Health for licensing hospitals,

as amended, where applicable, and in full compliance with Uniform Controlled Substances Act, Chapter 60-A, Code of West Virginia, 1971.

(b) The Alcohol and Drug Treatment Units shall participate in, or affiliate with research programs on misuse and abuse of controlled substances in compliance with Uniform Controlled Substances Act, Chapter 60-A, Code of West Virginia, 1971.

(c) The full range of the psychiatric hospital services and standards as required by these regulations shall be available to these special patients the same as other patients admitted to the hospital.

(d) There shall be written procedures to ensure a smooth continuity of care for alcohol and drug abuse patients in transferring patients between elements of services, as needed.

(e) The psychiatric hospital providing medical management, commonly known as detoxification, care during the acute withdrawal from alcohol and other drugs shall establish written procedures defining the scope of the service and methods of patient's acute care, usually from five to ten days.

(f) Written procedures shall be developed for

the medical management of the acute withdrawal period, including recommendations and counseling for after-care treatment.

(g) Extended care treatment for the alcohol or drug abuse patients should be provided on a contractual basis in a licensed extended care facility if available, in patient's home community.

(h) An extended care treatment unit in, or affiliated with, the psychiatric hospital should be in compliance with Section 3.13 of these regulations, where applicable.

(i) Domiciliary care for the alcoholic or drug abuse patients should be provided on a contractual basis in a licensed domiciliary facility, if available, in patient's home community.

(j) Domiciliary care treatment facilities, commonly referred to as Halfway Homes, operated as a part of, or affiliated with the psychiatric hospital should be in compliance with Section 3.13 of these regulations, where applicable.

(k) Alcohol and drug abuse information centers located in, or affiliated with the psychiatric hospital shall be in compliance with section 3.13 of these regulations, where applicable.

5.14.5 Chronically Mentally Ill

(a) The hospital program for the chronically mentally ill shall be under the direct supervision of a fully qualified psychiatrist.

(b) The chronically mentally ill patient shall be provided the full range of psychiatric services the same as other patients hospitalized.

(c) Provision shall be made for full compliance with Section 8 of these regulations.

(d) The chronically ill patient care program should be organized to ensure flexibility in care as indicated by needs of each patient with special focus at time of periodic review on evaluation of treatment.

(e) The chronically ill patient shall receive all disciplines of care and treatment indicated by the orders reflected in his patient care plan which shall be reviewed and revised the same as other patients hospitalized.

5.14.6 Criminally Mentally Ill

(a) The hospital program for the criminally mentally ill shall be under the direct supervision of a fully qualified psychiatrist.

(b) The criminally mentally ill patient shall

be provided the full range of psychiatric services the same as other patients hospitalized.

(c) For his own protection, and the protection of others, the criminally mentally ill patient shall be admitted directly to the most secure unit in the hospital until a determination has been made as to his needs for, and degree of restraint required, as indicated by his condition, in full compliance with Sec. 8 of these regulations.

(d) The criminally ill patient shall be provided full and complete medical and psychiatric evaluation by the total medical and psychiatric treatment team including a neurological examination, if indicated.

(e) The criminally mentally ill patient care plan shall be promptly and carefully planned providing a professionally supervised program of treatment, to preclude the use of unnecessary restraints as soon as possible after admission.

(f) The criminally mentally ill patient after-care program shall be carefully developed to include the establishment of controls to ensure humane, but prompt, back up procedures, if indicated, for the protection of the patient and the general public.

5.14.7 Emotionally Disturbed Children -

(a) The hospital program for the care and treatment of the emotionally disturbed child shall be under the direct supervision of a fully qualified psychiatrist.

(b) Provision shall be made for full compliance with Section 8 of these regulations.

(c) The emotionally disturbed child shall be provided the full range of psychiatric hospital services the same as other patients.

(d) The emotionally disturbed child care program should be organized and carried out in special units, if possible, providing private rooms when necessary, and separation of patients as to age and type of care and treatment indicated.

5.14.8 Geriatric Mentally Ill -

(a) The geriatric mentally ill patient program shall be under the direct supervision of a fully qualified psychiatrist.

(b) Provision shall be made for full compliance with Section 8 of these regulations.

(c) The geriatric mentally ill patients shall be provided the full range of psychiatric hospital services the same as other patients.

(d) The geriatric mentally ill patient care program should be organized and carried out in a special section of the hospital approved for the admission of Medicare patients.

5.14.9 Totally Disabled Retarded

(a) The hospital program for the care and treatment of the totally disabled retarded patient shall be under the direct supervision of a fully qualified psychiatrist.

(b) Provision shall be made for full compliance with Section 8 of these regulations.

(c) The totally disabled retarded patient shall be provided the full range of psychiatric hospital services the same as other patients.

(d) The totally disabled retarded patient care program shall be organized and carried out to provide humane care and treatment indicated by patient need at all times.

5.14.10 Rehabilitation Services

(a) There shall be a written organization plan which identifies the rehabilitation services and its place in the overall hospital organizational plan, defines the responsibility, authority and relationship of all positions

within the service and which is periodically reviewed and revised.

(b) The rehabilitation service shall be under the direction of a psychiatrist, a physician who is an active member of the medical staff and who, on basis of training and experience, is competent in rehabilitation medicine; or a medical staff committee composed of physicians knowledgeable in the needs of the local patient population and the ability of the psychiatric hospital to meet these needs.

(c) All disciplines of therapy provided must be by or under the supervision of licensed or registered personnel in accordance with State laws and regulations.

(d) The staffing requirements of a rehabilitation service will depend upon the scope and volume of services offered and utilized. An adequate staffing pattern should provide professional, supportive and clerical personnel in numbers sufficient to achieve the goals and objectives of the hospital program.

(e) The staff of the rehabilitation service should include the services of a qualified vocational rehabilitation counselor whose involvement with patient should begin at time patient is admitted to the hospital.

(f) The rehabilitation service in the psychiatric hospital should provide, but not be limited to, the following disciplines:

1. Physical Therapy;
2. Occupational therapy;
3. Speech and Hearing;
4. Testing, fitting, or training in the use of prosthetic and orthotic devices.
5. Prevocational conditioning
6. Recreational therapy;
7. Vocational training (in combination with other rehabilitation services);
8. Personal and work adjustment services;
9. Extended employment for the severely handicapped who cannot be readily absorbed in the competitive labor markets;
10. Dental services;
11. Podiatric services;

(g) The rehabilitation service policies and procedures shall be in writing, and shall include but not be limited to:

1. Scope of service;
2. Responsibility for patient transporta-

tion to and from the service;

3. Method by which the medical and treatment orders and information shall be transferred to and from the service;

4. Responsibilities for recording all treatments in the patient's medical record.

(h) The rehabilitation process provided by the service shall start with the patient's admission to the hospital.

(i) All therapy treatments shall be given only on the written, dated, and signed order of a physician, and a record of each treatment shall be written in the patient's medical record, dated, and signed.

(j) All patients receiving rehabilitation services shall receive total evaluation by the total rehabilitation team, (the physician, psychologist, nurse, social worker, vocational rehabilitation counselor, and representatives of other therapeutic disciplines needed by the patient) at least monthly unless an extended time is recommended by the patient's physician in writing in the patient's medical record.

(k) All treatments shall be only on the order of a physician and recorded in the patient's medical record.

(l) Patients requiring rehabilitation services and who are transferred from general or special hospitals should be accompanied by their medical chart showing level of rehabilitation accomplished before admission to the psychiatric hospital rehabilitation service.

(m) The rehabilitation service shall be easily accessible by any means of transportation ordinarily available to the various patients needing such service.

(n) There shall be adequate space and equipment for the reception, examination and treatment of patients, for the related clerical work and for conference or teaching sessions.

(o) The equipment should be adequate and of a type, quantity, and quality to provide safe and effective patient care.

(p) All equipment should be calibrated according to manufacturer's directions and should be periodically serviced as part of a preventive maintenance program.

5.15. Medical Records

5.15.1 There shall be a medical record maintained for every patient admitted to treatment or emergency service.

5.15.2 Medical records shall contain sufficient information to identify clearly the patient, including the patient's

legal status.

5.15.3 The complaint of the patient as well as the complaint of others regarding the patient shall be included in the medical record.

5.15.4 The patient's medical record shall show a provisional or admitting diagnosis at time of admission and shall include the diagnoses of intercurrent diseases as well as the psychiatric diagnoses.

5.15.5 The psychiatric evaluation, including a medical history, shall contain a record of the mental status of the patient and notes the onset of illness, the circumstances leading to admission, attitudes, behavior, estimate of intellectual functioning, memory functioning, orientation and an inventory of the patient's assets in descriptive, not interpretative fashion.

5.15.6 A complete neurological examination shall be recorded at the time of the admission physical examination when indicated.

5.15.7 The social service records, including reports of interviews with patients, family members and others, provide an assessment of home plans and family attitudes, and community resource contacts as well as a social history, and shall be made a part of the patient's medical record.

5.15.8 Specific interagency mental health services available in patient's home community shall be recorded in patient's medical records as soon as possible after admission.

5.15.9 The medical record shall include reports of consultation, psychological evaluations, reports of electroencephalograms, dental records and reports of special studies made.

5.15.10 The individual comprehensive treatment plan shall be recorded, based on an inventory of the patient's strengths as well as his disabilities, and shall include a substantiated diagnosis in the terminology of the American Psychiatric Association's Diagnostic and Statistical Manual, short-term and long-range goals, and the specific treatment modalities utilized as well as the responsibilities of such member of the treatment team in such a manner that it provides adequate justification and documentation for the diagnoses and for the treatment and rehabilitation activities carried out.

5.15.11 The treatment received by the patient shall be documented in such a manner and with such frequency as to assure that all active therapeutic efforts such as indivi-

dual and group psychotherapy, drug therapy, milieu therapy, occupational therapy, recreational therapy, industrial or work therapy, nursing care and other therapeutic interventions are included.

5.15.12 Progress notes shall be recorded by the physician, nurse, social worker and, when appropriate, others significantly involved in active treatment modalities. Their frequency is determined by the condition of the patient, but should be recorded at least weekly for the first two months and at least once a month thereafter, and should contain recommendations for revisions in the treatment plan as indicated as well as precise assessment of the patient's progress in accordance with the original or revised treatment plan.

5.15.13 The discharge summary shall include a recapitulation of the patient's hospitalization and recommendations from appropriate services concerning follow-up or aftercare as well as a brief summary of the patient's condition on discharge.

5.15.14 The psychiatric diagnoses contained in the final diagnosis shall be written in the terminology of The American Psychiatric Association's Diagnostic and Statistical Manual.

5.15.15 History, physical examination, and psychiatric evaluation should provide sufficient detail to enable another physician to assume the care of the patient, a consultant to give a satisfactory opinion after his examination, or the physician who made the entries to determine, at any future date, just what the condition of the patient was and what procedures were performed.

5.15.16 All entries should be signed and dated. Physical examination, psychiatric evaluations, resumes, diagnostic formulations, or opinions requiring medical judgment must be signed by the physician responsible.

5.15.17 Consultation reports shall be made only after consultant has examined the patient and his medical record. It shall be dated and signed by the consultant.

5.15.18 All clinical laboratory reports shall be included in the medical record.

5.15.19 All X-Ray reports shall be included in the medical record; the original signed radiological report shall be placed in the patient's medical record, and the duplicates shall be filed in the X-ray department.

5.15.20 All tissues removed in surgery shall be sent to the laboratory, and the patient's record shall include an acknowledgment that the tissue has been received and

a gross description. Microscopic examinations should include a description of the findings.

5.15.21 Treatment procedures ordered by the physician shall be carried out. Nurses must indicate by signature that treatment orders have been carried out. Periodic reports shall be included about group and individual psychotherapy, occupational therapy, recreation and other therapeutic activities.

5.15.22 The patient shall receive a complete diagnostic work-up before surgery, except in cases of grave emergency.

5.15.23 Operative notes shall be dictated immediately after surgery and contain both a description of the findings and a detailed account of the techniques used and the tissues removed.

5.15.24 Final diagnosis shall be definitive and based upon the terms specified in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders and the International Classification of Diseases.

5.15.25 Autopsy findings, when an autopsy is performed shall include a complete protocol of findings. In case of suicide, a psychological autopsy report shall be included.

5.15.26 Medical records of patients seen on an out-patient basis and in the emergency department shall be made

a part of and filed with the patient's total medical record in the medical record room of the hospital.

5.15.27 Medical record department shall maintain statistical data relating to patient's inpatient care to ensure a prompt interchange of such data as patients' transfer from hospital to after-care agencies, maintaining strict confidentiality as to patient information.

5.15.28 The medical record is the property of the hospital maintained for the benefit of the patient, the physician, and the hospital.

5.15.29 Medical record shall be in full compliance, where, applicable, with Part VI, Section C, of West Virginia Regulations and Law for Licensing Hospitals promulgated by the State Department of Health.

5.15.30 Certain portions of the medical record of the psychiatric patient are so confidential that extraordinary means should be taken to preserve their privacy. In such cases, these portions may be stored separately. For review purpose of the medical record committee of the medical staff, the complete record shall be available.

5.16. Educational Program

(a) Psychiatric hospitals where children and

adolescents are hospitalized shall have an educational program for patients.

(b) The educational program shall be developed and maintained in response to the hospital's patient needs.

(c) The educational programs shall be under the direction of and presented by teachers licensed by the West Virginia Board of Education.

(d) Arrangements shall be made with the West Virginia State Department of Education for students to receive recognition or credit for courses or grades successfully completed while hospitalized.

5.17. Information and Referral

(a) Every psychiatric hospital should have an effective Information and Referral service with the responsibility for continuing contact and application of all existing resources to the client/patient to guarantee effective planning needed for after-care measures with the patient and significant persons in his personal life and social environment for effecting a smooth transition to the community.

(b) Information and Referral Service shall be utilized promptly to determine availability of community

services when patient has reached a level of improvement for which care and treatment can be continued by partial hospitalization, or outpatient services combined with rehabilitation services available in the community.

(c) There shall be adequate space, facilities and equipment to fulfill the professional, education, evaluation and administrative needs of the services.

5.18. Dietary Department

5.18.1 The food service shall be in full compliance with the West Virginia Regulations and Law for Licensing Hospitals, where applicable, effective January 1, 1969.

5.18.2 The dietary department should be directed by a full-time person who is knowledgeable in administrative and organizational aspects of dietary management and food service administration.

5.18.3 At least one therapeutic dietitian, preferably one who has met the American Dietetic Association Standards for qualifications, should serve the facility on a full-time or part-time basis. A part-time dietitian should maintain a written record of his/her services rendered on each visit to the hospital.

5.18.4 The director of the Dietary Department shall be currently informed as to the Federal, State, and

Local Regulations pertinent to the operation and management of a dietary department of a hospital and current standards of the American Psychiatric Association and the Joint Commission on Accreditation of Hospitals.

5.18.5 Long and short-term goals of the department shall be established, in writing, to include the meeting of Standards set forth in Section 5.18.4 as soon as possible, with measurements established for review of degree of accomplishment.

5.18.6 There shall be a written plan of organization of the dietary department indicating routes of intra-departmental communication.

Interpretation: The organization plan should include personnel classifications and responsibilities of persons in the department. Job descriptions, in writing, which clearly set forth duties and responsibilities of each employee should be developed as part of the organizational plan of the dietary service.

5.18.7 The organization plan and job descriptions should be available to all personnel in the department.

5.18.8 The organization plan should be reviewed periodically to reflect current needs. The job description changes should be made to conform with changes in

the organization plan.

5.18.9 There shall be written policies and procedures for the dietary department to guide all dietetic personnel in the performance of their duties. The policies and procedures should be developed in cooperation with personnel from appropriate departments or services including, when appropriate, representatives from the medical staff. There should be periodic review and revision of policies and procedures.

Interpretation: Written policies should include provision for physicians' dietetic orders to be recorded in patients' charts by a physician before a diet is served to any patient; and the method for communication of orders from the physician to the dietary department, and from the dietary department to the physician when requested by the physician, or when significant to patient's welfare shall be clearly delineated. Procedures for evaluating the nutritional adequacy of patient diets, and for ordering diet supplements by joint consideration of representatives of the medical staff, dietetic staff and nursing service, utilizing the current "Recommended Dietary Allowances" of the Food and Nutrition Board, National Research Council. The system for providing and recording

preventive maintenance service to facilities and equipment shall be included as well as other policies and procedures to meet goals of the dietary department.

5.18.10 Food shall be served in a relaxed atmosphere, at hours which are realistic to welfare of patients.

5.18.11 Food acceptance studies shall be conducted regularly.

5.18.12 All dietary needs of inpatients shall be met by an accredited method of preparation of tasty food, adequate in nutritious and caloric content and attractively served.

5.18.13 Quality food supplies shall be maintained at all times.

5.18.14 The Dietary Department shall be appropriately located and the floor plan of the department and type, size, and placement of equipment should permit efficient food preparation and distribution, effective sanitation, and safety.

5.18.15 Well maintained equipment shall be kept in sanitary condition at all times.

5.18.16 Refrigerators should be equipped with thermometers and high temperature alarms.

5.18.17 Working surfaces should be cleaned and sani-

tized after each use.

5.18.18 Separate cutting boards should be used for red meats, poultry, and salads; prepared foods should not be cut on same boards as raw foods preparation.

5.18.19 Plastic ware and china which has lost its glaze or is chipped should be destroyed and replaced.

5.18.20 Condensation and growth of molds on walls, ceilings, and foods, or other surfaces, should be prevented.

5.18.21 Dishwashing equipment and techniques should assure sanitized service ware and prevent recontamination.

5.18.22 Disposable containers and utensils should not be reused.

5.18.23 Regular sanitary inspections shall be made to guarantee proper methods of food handling, distribution and dishwashing are observed.

5.18.24 An educational program shall be provided for all dietetic employees which should include at least the following:

Orientation to the hospital;

Food inspection;

Food handling techniques;

Proper cleaning of foods;

Safe operation of dietary equipment.

5.18.25 A dietary reference library including an up-to-date diet manual approved by the medical staff and dietetic service shall be conveniently located and used.

5.19. Physical Facilities

5.19.1 The hospital shall be structurally constituted in a manner that protects the lives and ensures the physical safety of its patients, its personnel and its visitors.

5.19.2 The Regulations and Law for Licensing Hospitals of the State Department of Health, 1969, where applicable, shall be met for licensure of mental hospitals.

5.19.3 The hospital shall be equipped, operated and maintained so as to sustain its safe and sanitary characteristics and to minimize all health hazards in the hospital for the protection of both patients and employees.

5.19.4 Housekeeping, laundry, maintenance and central service functions shall be effectively organized, directed, and staffed by qualified personnel.

5.19.5 Responsibility for the control of infection within the hospital, and for the evaluation of the infection potential of the related environment, shall be vested

in a multi-disciplinary committee of the medical staff
(Asepsis Committee - Section 5.03.4).

5.19.6 The hospital shall have written plans for
the proper and timely care of casualties arising from
both external, internal disasters, and civil disorders,
and shall periodically rehearse these plans.

5.19.7 There should be space provided for separa-
tion of patients with respect to age, type of care needed,
and services required to provide a functional facility
in which flexibility in the organization of care and
treatment is possible.

Section 6. Facilities For The Mentally Retarded

6.01. Comprehensive Centers For The Mentally Retarded -

6.01.1 The Comprehensive Center for the Mentally Retarded shall define the type and scope of each of its services, in writing.

6.01.2 The Comprehensive Center for the Mentally Retarded shall provide within the Center, or on a written contractual basis, the elements of services set forth in Section 3 of these regulations where applicable, including residential care.

6.01.3 If a Community Mental Health Center program provides services within the same catchment area defined in the West Virginia State Plan for Construction of Community Mental Health Centers and/or Mentally Retarded Facilities, the Comprehensive Center for the Mentally Retarded shall contract for services needed in preference to duplicating services in the Community Mental Health Center.

6.01.4 The Comprehensive Center for the Mentally Retarded shall be in full compliance with Section 3 of these regulations, where applicable.

6.01.5 The Comprehensive Center for the Mentally Retarded shall be in full compliance with Section 8 of

these regulations, where applicable.

6.01.6 The Comprehensive Center for the Mentally Retarded shall be in full compliance with Section 10 of these regulations, where applicable.

6.01.7 There shall be evidence of compliance with Section 11 of these regulations, where applicable.

6.01.8 There shall be an organized governing body which has full authority and legal responsibility for the conduct of the Comprehensive Center for the Mentally Retarded. The governing body may be a governmental unit or a board of trustees.

6.01.9 The governing body of the Comprehensive Center for the Mentally Retarded shall be subject to Section 3.02 of these regulations, where applicable.

6.01.10 The governing body shall appoint an executive officer of the Comprehensive Center for the Mentally Retarded whose qualifications, background, training and demonstrated ability are commensurate with his duties and responsibilities of administering the Center.

6.01.11 Each Comprehensive Center for the Mentally Retarded shall have a master plan of organization which includes all functions of the organization of the Center

and which indicates all categories of personnel employed and the lines of communication. The organization plan shall be in writing, and periodically reviewed and revised, as needed, showing dates of reviews and revisions.

6.01.12 Each Comprehensive Center for the Mentally Retarded shall have a manual of policies and procedures for each function of the Center and the systems established for an orderly and safe operation of the Center. The manual of policies and procedures shall be in writing and periodically reviewed and revised as needed, showing dates of reviews and revisions.

6.01.13 The manual of policies and procedures shall include, but not limited, to the following:

Admission procedures;

Staffing patterns;

Resident and medical records;

Food Service

Personnel Policies;

Personnel Records;

Financial Records;

Fee Schedules;

Procurement of Supplies;

Procurement of medical services, if needed;
Procurement of Community Mental Health Center services;
Information and Referral Services, if needed;
Contracted Services;
Nursing and/or First Aid Station;
Vocational Education and Training;
Provision for Vocational Rehabilitation, when indicated;
Recreational activities;
Residential facilities --operation and management;
Transportation;
Housekeeping;
Maintenance of buildings and grounds;
Safety, including Disaster Plan and drills in case of
internal, external, and civil disorders; in-
cluding control of infection and provision for
isolation, if indicated.

6.01.14 The Comprehensive Center for the Mentally Retarded shall maintain its facilities in good repair and operating condition.

6.01.15 Comprehensive Centers for the Mentally Retarded shall be subject to periodic inspections by authorized representatives of the Department of Mental Health.

6.01.16 A Comprehensive Center for the Mentally Retarded serving food as a part of its program will be subject to Section 5.18 of these regulations, where applicable.

6.01.17 The State and local legal requirements for heating, lighting, and ventilation shall be met.

6.01.18 The Comprehensive Center for the Mentally Retarded shall be subject to Section 3.19.11(c) and Section 3.20, where applicable.

6.02. Day Care Centers for Mentally Retarded Children

6.02.1 The Day Care Center for the Mentally Retarded shall:

(a) Provide a developmental program for the child while he is at the Center which will assist him in reaching his maximum capabilities.

(b) Delay or provide an alternate to the need for institutionalizing a child, preserving the basic philosophy that the child should remain in the home and community as long as these provide a better basis for development than that which can be provided in an institution.

(c) Provide counseling services for the parents;

(d) Provide relief for the parents a portion of the

day, allowing the mother and other members of the family an opportunity for other activities.

6.02.2 The day care center providing care for the mentally retarded shall define the type and scope of each of its services which should include, but not be limited to training programs for:

- (a) Self care;
- (b) Socialization;
- (c) Maturation; and
- (d) Self-expression.

6.02.3 The day care center for the mentally retarded shall provide a program of parent education which shall provide a program of parent education which shall include, but not be limited to:

- (a) Enlightenment regarding the nature, causes, and consequences of mental retardation;
- (b) The basic goals of the program which are especially important to their child; and
- (c) Home activities to complement the day care program.

6.02.4 Day care centers subject to Standards and Licensing Requirements of the West Virginia Department of

Welfare providing care primarily for severely and profoundly mentally retarded children shall be subject to these regulations requiring license by the West Virginia Department of Mental Health.

6.02.5 Child care centers, day nurseries, nursery schools, kindergartens, play groups, group homes, foster homes, and half-way houses, (excepting bona fide kindergartens or nursery schools operated by public or private elementary or secondary level school systems, or those facilities operated in connection with shopping centers or services where transient children are received while parents are on the premises) providing care for educable, trainable, and/or severely and profoundly mentally retarded children subject, or not subject, to licensure by the West Virginia Department of Welfare, shall be subject to these regulations within the meaning of the terms as defined in Section 1.05 of these regulations and in Chapter 27, Article 9, Section 1, Code of West Virginia, as amended.

602.6 There shall be an organized governing body which has full authority and legal responsibility for the conduct of the day care center for the mentally retarded. The governing body may be a governmental unit or a board

of trustees.

6.02.7 The governing body of the day care center for the mentally retarded shall be subject to Section 3.02 of these regulations, where applicable.

6.02.8 The day care center for the mentally retarded shall have a parents' council to insure community support and involvement.

6.02.9 The membership of the governing body shall consist of representatives of community agencies who serve the retarded and their families and other professional people whose knowledge about children will aid in determining sound programming for the day care center for the Mentally retarded.

6.02.10 A representative of the parents' council shall be appointed as an ex officio member of the governing body to ensure continuing communication between the governing body and the parents' council.

6.02.11 The executive officer of the day care center shall attend all governing body meetings as an ex officio member.

6.02.12 Parents' Council -

(a) The purpose of the parents' council shall be to function as a supportive group to the day care center

for the mentally retarded and actively represent the concerns of parents to both the executive officer of the center and the president of the governing body. It shall also assist the center and the community in planning and initiating comprehensive programs to meet the needs of the retarded children in the community.

(b) The parents' council shall be incorporated as a non-profit organization in order to receive and disburse gifts made to the Center.

(c) The parents' council shall be organized and adopt bylaws rules, and regulations in order to conduct the business of the council in an orderly and legal manner, including but not limited to provisions for regular meetings, recording of minutes, fiscal records, audits, which shall be subject to Section 3.02 of these regulations, where applicable.

(d) The bylaws, rules and regulations of the council shall be approved by the Department of Mental Health.

(e) The membership of the parents' council shall include all parents of children being served by the Center, and may, at the option of the council, include parents whose children are eligible for and awaiting admission to the Center.

6.02.13 Each Day Care Center for the Mentally Retarded shall have a master plan of organization which includes all functions of the Center and which indicates all categories of personnel employed and the lines of communication. The organizational plan shall be in writing and periodically reviewed and revised, as needed, showing dates of reviews and revisions.

6.02.14 Each day care center for the mentally retarded shall have a manual of policies and procedures for each function of the center and the systems established for an orderly and safe operation of the day care center for the mentally retarded. The manual of policies and procedures shall be in writing and periodically reviewed and revised as needed, showing dates of reviews and revisions.

6.02.15 The manual of policies and procedures shall include, but not be limited to, the following:

Admission procedures;

Staffing Patterns;

Clinical Records;

Food Service;

Personnel Policies;

Personnel Records;

Financial Records;
Fee Schedules;
Maintenance of facility;
Safety;
Procurement of First Aid or Medical Service
if needed;
Procurement of Supplies;
Information and Referral Services, if needed;
Housekeeping and Laundry;
Transportation

6.02.16 The organization plan, job descriptions, and manual of policies and procedures shall be available to all personnel.

6.02.17 The governing body of the day care center shall appoint a qualified practitioner to carry out the type of program for which the facility was constructed, and provide adequate numbers of non-professional personnel to assist in the operation of the facility.

6.02.18 The Day care center for the mentally retarded shall be maintained in good repair and operating condition.

6.02.19 Day care facilities for the mentally retarded including day care centers for the mentally retarded

shall be subject to periodic inspections by authorized representatives of the Department of Mental Health.

6.02.20 Day care centers for the mentally retarded serving food as part of their program will be subject to Section 5.18 of these regulations, where applicable.

6.02.21 The state and local legal requirements for heating, lighting, and ventilation shall be met.

6.02.22 The state and local regulations for water supply, sewage disposal, plumbing, and screening shall be met.

6.02.23 The day care centers for the mentally retarded shall be subject to Section 3.19.11 (c) and Section 3.20 of these regulations, where applicable.

6.02.24 When the services of foster grandparents are utilized in the day care center for the mentally retarded, all applications shall be approved by the Director, Foster Grandparent Program, 1800 Washington Street, East, Charleston, W. Va.

6.02.25 Orientation, inservice training, and continuing education of foster grandparents employed in day care centers for the mentally retarded shall be under the supervision of the Project Director, Foster Grandparent Program on the premises of the Center.

Section 7. Rehabilitation Centers

7.01 General

7.01.1 A psychiatric service provided in a Rehabilitation Center contributing to the rehabilitation, care and treatment of the mentally ill/mentally retarded is required to be licensed by the Department of Mental Health by virtue of authority of the Legislature of West Virginia, Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended.

7.01.2 Rehabilitation Centers shall have a well defined plan for receiving, management, and disposition of psychiatric patients.

7.01.3 The Rehabilitation Center providing rehabilitation services for mentally ill/mentally retarded individuals shall comply with standards set forth in these regulations, where applicable, relating to the type and scope of services defined in the Rehabilitation programs for which application is made for license to the Department of Mental Health.

7.02. Organization and Management

7.02.1 There shall be an effective governing body legally responsible for the conduct of the Rehabilitation

Center. The governing body may be a governmental unit or a board of trustees.

7.02.2 The governing body shall adopt bylaws in accordance with legal requirements and with its community responsibility, identifying the purposes of the Rehabilitation Center and the means of fulfilling them.

7.02.3 The governing body, through its chief executive officer, shall take all reasonable steps to conform to all applicable Federal, State, and local laws and regulations including those relating to licensure under these regulations and the West Virginia Regulations and Law for Licensing Hospitals adopted and promulgated by the State Department of Health, where applicable, and Federal, State, and local fire and safety regulations.

7.02.4 The governing body shall require that the professional staff establish controls that are designed to ensure the achievement and maintenance of high standards of professional ethical practice.

7.02.5 The governing body, through its chief executive officer, shall provide library services to its professional and technical staff.

7.03. Professional Staff

7.03.1 There shall be a competent professional staff of physicians, psychologists, social workers, registered nurses, and vocational rehabilitation counselors with training and experience in the development and management of rehabilitation plans of services in which the disabled, mentally ill/mentally retarded individual is viewed as a whole, as well as other qualified professional personnel representing the multi-disciplines needed in the rehabilitation process as dictated by patient needs.

7.03.2 Rehabilitation centers contributing to the treatment of mentally ill/mentally retarded individuals shall provide the services of a psychiatrist on a contractual basis, as needed.

7.03.3 Each member of the professional staff of the Rehabilitation Center shall be registered, licensed, or certified currently by the appropriate licensing agency or registry of the State of West Virginia.

7.03.4 The professional staff of the rehabilitation center shall be organized to accomplish its required functions in the rehabilitation of the mentally ill/mentally retarded individuals.

7.03.5 There shall be regular professional staff

conferences established for the evaluation and review of rehabilitation progress of each patient, and review of plans of services as needed. These conferences shall be attended by a representative of each discipline of treatment provided.

7.03.7 The professional staff organization shall strive to create and maintain an optimal level of professional performances in pooling information, interpretations, and opinions for the development of rehabilitation plans of services.

7.03.8 There shall be a continuing program of professional education, or maintenance of a record to show the participation of professional staff in such programs.

7.04. Rehabilitation Services

7.04.1 Medical Service - Medical services in a rehabilitation center not operated in connection with a hospital shall provide medical supervision, availability by agreement of medical consultants, and evaluation and services suitable to the needs of the disabled persons to be served. A qualified psychiatrist shall be available for mentally ill/mentally retarded individuals, as needed.

7.04.2 Social Service - The Social Service shall provide evaluation and services by a qualified social worker in the amounts and variety appropriate to the rehabilitation needs of the disabled individuals to be served. Social workers shall possess a professional degree in social work at the Master's level from an accredited school of social work.

7.04.3 Psychology Service - Psychology services shall be provided by qualified professional psychologists possessing at least a Master's degree in psychology from an American Psychological Association approved program in Clinical Psychology or its adjudged equivalent; and shall be licensed or certified by the West Virginia State Board of Examiners for Professional Psychologists. It shall constitute an integral part of the overall professional service, including but not limited to direct services to patients, assistance in the diagnostic process, and assessment of treatment results, with supporting personnel adequate in number and qualifications sufficient to achieve the functions and goals of the facility.

7.04.4 Nursing Service - Nursing Service shall be provided in accordance and in compliance with Section 5.07 as applicable to the type and scope of the services of the

facility.

7.04.5 Clinical Laboratory - Clinical laboratory services shall be provided as applicable to the type and scope of the services provided by the rehabilitation center in accordance with Section 5.11 of these regulations

7.04.6 Pharmacy Service - If the rehabilitation center program requires pharmaceutical services and/or the administration of drugs, the pharmacy or drug room shall comply with Section 5.13 of these regulations, where applicable.

7.04.7 Radiology Service - If the rehabilitation center requires radiology services, these services shall be in compliance with Section 5.12 of these regulations where applicable.

7.04.8 Dietary Service - The Dietary service of the rehabilitation center shall comply with Section 5.18 of these regulations, where applicable.

7.04.9 Additional disciplines of services shall be dictated by the type and scope of the program provided by the rehabilitation center, the needs of the individuals being serviced, and shall include, but not be limited to the availability of the following:

- (a) Physical Therapy;
- (b) Occupational Therapy;
- (c) Speech and Hearing;
- (d) Prevocational conditioning;
- (e) Recreational Therapy;
- (f) Vocational Training (in combination with other rehabilitation services);
- (g) Personal and work adjustment services;
- (h) Extended employment for the severely handicapped who cannot be readily absorbed in the competitive labor markets;
- (i) Testing, fitting, or training in the use of prosthetic and orthotic devices;
- (j) Optical Aids Evaluation;
- (k) Dental services;
- (l) Podiatric services.

7.04.10 There shall be continuing evaluation and control of each individual's special disabilities in relation to his varying levels of functioning.

7.04.11 All medical and related treatments and services shall be ordered by a physician, in writing, dated and signed in the medical chart of each disabled

individual under treatment.

7.05 Medical Records

(a) There shall be a medical record maintained for each patient admitted for rehabilitation services to the rehabilitation center.

(b) The medical records shall be maintained in compliance with Section 5.15 of these Regulations, where applicable.

(c) The evaluations and revisions of patients' plans of treatment by the professional staff conference shall be recorded in each patient's medical record, dated, and signed by the patient's physician.

7.06. Physical Facility and Safety

7.06.1 The Regulations and Law for Licensing Hospitals of the State Department of Health, 1969, where applicable, shall be met for licensure of Rehabilitation Centers.

7.06.2 The Rehabilitation facility shall be structurally constituted in a manner that protects the lives and ensures the physical safety of disabled individuals admitted for treatment, its personnel, and its visitors.

7.06.3 The Rehabilitation facility shall be equipped, operated and maintained so as to sustain its safe and

and sanitary characteristics and to minimize all health hazards in the facility for the protection of inpatients, residents, visitors, and employees.

7.06.4 Housekeeping, laundry, and maintenance and central service functions shall be effectively organized directed and staffed by qualified personnel.

7.06.5 Responsibility for the control of infection within the rehabilitation facility, and for the evaluation of the infection potential of the related environment, shall be vested in a multi-disciplinary committee of the rehabilitation center and professional staff.

7.06.6 The rehabilitation facility shall have written plans for the proper and timely care of casualties arising from both external and internal disasters, and shall periodically rehearse these plans.

Section 8. Humanities

8.01. Discrimination -

8.01.1 All facilities subject to these Standards, Regulations and Licensing Law shall make available all services to persons in need without discrimination on account of race, creed, color, sex, national origin, or duration of residence.

8.01.2 No qualified person shall be discriminated against on account of race, creed, color, sex, age, or national origin with respect to the privilege of employment in a facility.

8.02. Rights of Patients -

8.02.1 Patient Entitled to Humane Care - Every patient in any facility operated or licensed to operate by the Department of Mental Health shall be entitled to humane care and treatment and to consideration consistent with recognition of his human dignity. To the extent that facilities, equipment and personnel are available, each patient is entitled to medical care and treatment in accordance with the standards accepted in medical practice.

8.02.2 Patient Entitled To Unrestricted Communication - Every patient in any facility operated or licensed to operate by the Department of Mental Health shall be:

(a) Entitled to communicate by sealed mail or otherwise with persons including official agencies inside or outside the hospital. This right may not be denied, restricted, or infringed in any manner; except that, in instances in which recipients of correspondence specifically request, in writing, that the patient be enjoined from contacting them, the Superintendent, or other responsible hospital authority shall arrange for review of sealed correspondence from the said patient, and to return such sealed correspondence to patient by his attending physician. Such restriction shall apply only in relation to the individual correspondent requesting such action, and in no instance shall any patient be enjoined from corresponding with any general group or class of correspondents.

(b) Notwithstanding any limitations authorized by this section, every patient shall have the right to communicate by sealed mail with his attorney and with the Court or mental hygiene commission and with the Department of Mental Health, Office of the Director, at the expense of the Department if the patient is unable to provide postage for himself.

(c) No patient shall be denied the right to receive, or refuse, visitors in accordance with hospital policy and regulations unless his mental condition is such that in the judgment of his physician such visits would be detrimental. In all such instances, a complete report relative to the restriction of visitation privileges and the reasons therefor, shall be made a part of the patient's medical record and counter-signed by the superintendent or his designee. No such restriction may be imposed for longer than fourteen (14) consecutive days unless reviewed by the same procedure as specified for an original restriction on visitation. Under no circumstances may the patient be denied right to receive visits from his attorney, or religious advisor.

(d) Every patient shall be entitled to the possession and wearing of his own personal clothing, dentures, eyeglasses, hearing aids, orthopedic appliances, and such other personal effects as are requested, unless the patient's attending physician justifies, in writing, in patient's medical record, such justification to be dated, signed, and periodically reviewed, showing dates and signature of such reviews, that possession of such personal items, or personal

effects, is harmful to himself/herself, or others. Policies and procedures for the maintenance of personal wearing apparel shall be established, in writing, and shall be the combined responsibility of nursing service, laundry service, business manager, and the Superintendent of the hospital.

8.02.3 patient Entitled to Treatment By Private Physician -

(a) Notwithstanding any other provision of statute or of these regulations, every patient in any facility operated or licensed to operate by the Department of Mental Health shall be entitled to receive treatment by any licensed physician in good standing of his choice, provided that such physician is a member in good standing of a licensed hospital in the State of West Virginia and is approved by the Director of the Department of Mental Health as having met minimum standards of training and practice. However, no physician who is a regular member of the hospital staff may accept a private arrangement with such patient.

(b) Any approved physician who agrees to accept responsibility for the hospital treatment of such patient shall be afforded full courtesy staff privileges within

the hospital and shall be entitled to prescribe medication, investigational drugs excepted, and other forms of treatment, to grant or withhold privileges in any manner not inconsistent with department standards or hospital policies, or the medical staff rules and regulations, and shall have the right, with the concurrence of the hospital superintendent or his designee, to discharge the patient from the hospital when the condition of the patient so warrants, in his medical judgment.

(c) Costs of services rendered by physicians who are not regular members of the hospital staff shall be borne by the patient or his committee or responsible relative, and it shall be the responsibility of the patient, committee or responsible relative to arrange for such services. If a patient's personal physician chooses to prescribe medications or other treatments not regularly available within the hospital, the costs of such medications or treatment shall be borne by the patient, committee, or responsible relative.

8.02.4 Mechanical Restraints, Use, and Records - Mechanical restraints shall not be applied to a patient unless it is determined by an authorized staff physician or by the patient's own physician to be required by the

medical needs of the patient. Every use of any mechanical restraint and the reasons therefor shall be made a part of the clinical record of the patient and shall be signed by the physician who ordered such restraint. For purpose of this section, seclusion, defined as isolating a patient by placing him alone in a locked room, shall be considered as a mechanical restraint. No order for the use of mechanical restraint shall be considered valid for more than twenty-four (24) hours without renewal by the same procedure as specified above.

8.02.5 Retention of Civil Rights - Every patient in any facility operated or licensed to operate by the Department of Mental Health shall be permitted to exercise all of his civil rights, including but not limited to the right to acquire and to dispose of property, execute instruments, enter into contractual relationships and to vote, unless he has been adjudicated incompetent and has not been restored to legal capacity. It shall be the responsibility of the hospital superintendent to inform each patient of his rights and to make all necessary arrangements, consistent with hospital policy and procedures and with the patient's medical and psychiatric status, to allow the exercise of his rights.

8.02.6 Right To Payment For Labor - The right to be paid for work performed is inherent, and no patient in any facility operated or licensed to operate by the Department of Mental Health may be denied this right. At the same time it is recognized that work, and the ability to perform effectively in a work situation is therapeutic in and of itself if utilized in combination with other therapies. A patient may, therefore, be assigned to perform real work for no more than three hours daily as Industrial Therapy, without pay. If, however, he works for more than three hours, he must be paid at the minimum wage required by State and Federal labor standards for all hours of work, less the cost of room and board.

8.02.7 Right To Adequate Treatment - When a person is denied liberty through commitment to a mental institution, he shall be entitled to be treated for his illness, not simply be confined. The right to adequate treatment should be protected by providing at least, but not limited to, the following:

- (1) There should be professional staff in each mental facility sufficient in numbers and competence to administer treatment;

(2) There should be a written treatment plan for each patient, tailored to his individual needs made a part of the patient's medical record.

(3) There should be evidence in the patient's medical record that the patient's treatment plan is being carried out.

(4) There should be an evaluation at least every six months to determine the need for continued hospitalization; and

(5) There should be evidence that some of the recognized procedures applicable to treatment of mental illness have been administered to the patient, including but not limited to individual psychotherapy, group therapy, family therapy, planned occupational therapy, and recreational therapy, and chemotherapy.

8.02.8 Right To Protection From Unnecessary Treatment - Any patient in any facility operated or licensed to operate by the Department of Mental Health shall be entitled to evaluation of positive criteria established to determine need for drug therapy, electroconvulsive therapy, or other somatic treatment modalities by the total Patient Care Team, the psychiatrist, psychologist, registered nurse, and medical social worker.

8.02.9 Every patient shall have the right to refuse a form of therapy which is not a reasonable and customary part of his treatment.

8.02.10 No patient, adult, adolescent, or child shall be removed from a therapeutic program except when such removal is dictated by clear psychiatric considerations, or when the patient so loses his ability to control his behavior that participation constitutes a danger to the program and/or to other patients. When a patient's behavior deteriorates to this degree, increased attention shall be devoted to his psychiatric needs avoiding a disciplinary regime consisting of rejection and/or denial maneuvers.

8.02.11 Rights Relating To Confidentiality of Privileged Information in Patients' Medical Records -

(a) Every patient shall have the right to maintenance of confidentiality of all information contained in his medical record. This right shall be guaranteed to every patient and shall be guarded by the medical and professional staff, and all other personnel within each mental health facility, program, and the Department of Mental Health system.

(b) Members of governing bodies, whether operating or advisory, shall not be entitled to privileged information relative to patients. It shall be the responsibility of the staff to use discretion in discussing policies and procedures relating to governing body responsibilities, not to violate the confidentiality of specific patients.

8.03. Rights With Respect To Disciplining Children

8.03.1 Discipline, child care, and child guidance shall be handled with kindness and understanding with a program planned to minimize need for punishment or severe discipline.

8.03.2 No child shall be subjected to cruel, harsh, humiliating, petty, severe, or provocative treatment, or corporal punishment inflicted in any manner upon the body.

8.03.3 No child shall be subjected to verbal abuse, threat or derogatory remarks about him, or his family.

8.03.4 No child shall be deprived of meals as punishment.

8.03.5 Disciplinary measures shall be designed and administered in such ways as to help the individual and to assume responsibility for his own acts.

8.03.6 The facility shall establish simple and understandable rules for both children and staff that set the limits of behavior required for the protection of the group and individuals within the groups.

8.03.7 The facility shall designate only highly responsible adults, usually the staff person most directly responsible for the personal care of the child, to handle discipline matters, never delegating discipline to persons who are "strangers" to the child, or to a child's peer, or peers.

8.03.8 The facility shall require that matters of personal discipline be pertinent and relevant to the particular problem and the child involved.

8.03.9 The facility shall require that discipline be maintained with discretion without bias, and without prolonged delay on the part of the adult involved.

8.03.10 No child shall be withdrawn from any therapy program as a disciplinary measure (Section 8.03.10).

Section 9. Psychiatric Services Within A County School
District

9.01. Type and scope of the psychiatric service within a West Virginia County School System shall be clearly defined in writing.

9.02 There shall be full compliance with Section 8 of these regulations.

9.03 The policies and procedures for the utilization of psychiatric services shall be in writing, and shall include, but not be limited to, the following:

(a) Procedures for referral of pupils to the psychiatric service;

(b) Consultation and Education services provided the teachers within the County School system by the Psychiatrist;

(c) Utilization of essential elements of care and treatment provided by the local community mental health center in the catchment area in which the School System is located;

(d) Consultation and Education services provided family of pupils under treatment;

(e) Clinical records;

(f) Fee schedules, if any.

9.04 The psychiatric services in the County School Systems shall be provided by a fully qualified psychiatrist, currently licensed in the State of West Virginia.

9.05. There shall be evidence of evaluation of the psychiatric services program within a county school system in compliance with Section 11 of these regulations, where applicable.

9.06. Annual reports shall be made to the Department of Mental Health on forms provided by the Director.

9.07. The Department of Mental Health data collection forms shall be completed and submitted promptly.

Section 10. Transportation

10.01. Transportation of Children

10.01.1 Mental health facilities, or programs owning vehicles to provide transportation of children shall comply with West Virginia School Transportation Laws, Rules, and Regulations, where applicable.

10.01.2 Drivers of any type vehicle to transport sick, crippled, mentally ill/mentally retarded children shall meet West Virginia Civil Service minimum requirement for Ambulance Driver, or equal.

10.01.3 The driver of a vehicle transporting children shall be at least twenty-one years of age and not over sixty-five years of age at the time of employment, and shall meet the personnel and health qualifications required for school bus drivers.

10.01.4 The driver shall hold an appropriate license, depending upon the type of vehicle used in transporting children.

10.01.5 West Virginia School Transportation Laws, Rules and Regulations pertaining to insurance shall be followed.

10.01.6 An attendant shall be assigned to enforce safety regulations in the vehicle at any time children

are being transferred.

10.01.7 The attendant shall see that:

(a) Each child boards or leaves the vehicle from the curb side of the street and a responsible person is present to take charge of a child when delivered to his home or other facility.

(b) Good order is maintained on the bus;

(c) The vehicle is not overcrowded.

10.01.8 The driver shall be responsible for keeping the vehicle clean, polished, and in perfect operating condition at all times.

10.01.9 Vehicle maintenance problems not correctable by the driver shall be reported, in writing, to driver's immediate supervisor with copy to the executive officer of the facility or program.

10.01.10 The vehicle shall be thoroughly inspected and maintained at least every six months, or sooner if indicated, for mechanical flaws, which if found, shall be corrected immediately.

10.01.11 The vehicle shall be equipped with:

(a) Safety locking devices on doors;

(b) A mounted tire, ready for service, and jack;

(c) "Stop" and "Children's Medi-Bus" written on back of vehicle;

(d) A first aid kit;

(e) Blinkers.

10.02 Ambulance Service -

10.02.1 Ambulance service provided by mental health facilities shall be in full compliance with West Virginia Motor Vehicle Laws relating to emergency transportation.

10.02.2 Drivers of automobiles, trucks, ambulance, or other types of vehicles to transport sick and/or mentally ill/mentally retarded individuals shall meet West Virginia Civil Service minimum employment requirements, or equal.

10.02.3 Ambulance rigs shall be well maintained at all times.

10.02.4 Ambulance drivers shall start ambulance daily, or oftener if indicated, to ensure its readiness for service, if needed.

10.02.5 Tires shall be inspected each time an ambulance is serviced for signs of need for replacement, balancing, or alignment. When tread becomes worn on ambulance tires, they shall be replaced immediately.

10.02.6 Ambulance rigs shall be thoroughly inspected

and maintained at least every six months, or every 1,000 miles, or sooner if indicated, for mechanical flaws, which if found, shall be corrected immediately.

10.02.7 Ambulance maintenance problems not correctable by the driver shall be reported, in writing, to driver's immediate supervisor with copy to the executive officer of the facility, or program.

10.02.8 Ambulances shall be provided with at least a driver plus one attendant.

10.02.9 Ambulance drivers and attendants shall be trained in first aid and rescue procedures.

10.02.10 Ambulance attendants shall be selected in accordance with type and condition of individual to be transferred.

10.02.11 Ambulances shall be equipped with:

- (a) Safety locking devices on doors;
- (b) Mounted tire, ready for service, and necessary tools for tire changing;
- (c) Flashing lights and siren warning device in accordance with State emergency transportation regulations;
- (d) Stretcher equipped with safety belt;
- (e) Linen;

- (f) Travel pack;
- (g) Bedpan, urinal; and emesis basin;
- (h) Portable oxygen;
- (i) Leather cuffs;
- (k) Suction equipment.

Section 11. Evaluation and Research

11.01 General

11.01.1 If the Comprehensive Mental Health Plan for the State of West Virginia is to be effectively implemented, a data system capable of program monitoring evaluation, development, and research should be developed to embrace all hospitals, centers, institutions or parts thereof, providing inpatient, outpatient, or other services to contribute to the care and treatment of mentally ill or mentally retarded, or prevention of such disorders.

11.01.2 Administrative statistics should be goal-related and include data describing the characteristics of facilities, patients serviced, and whether the services are meeting the needs of the population of the catchment area.

11.01.3 A cost accounting system should be integrated into the overall data system used to implement the comprehensive mental health plan for West Virginia.

11.01.4 The regulations contained in Section 11 of these regulations shall be considered as a spear-head toward the development of goals and objectives and measurements to determine whether each facility and program in

each catchment area is achieving through mental health services what the area needs. They should be considered as educational with respect to the accomplishments of the total Department of Mental Health of which each licensed facility and program is an integral part. They are designed as guidelines in the development of a data system which will produce valuable data which will contribute to needed research and development programs in the field of Mental Health.

11.02. Identification of Goals

11.02.1 Each mental health facility should prepare a statement of goals indicating for each goal the observable correlates, concomitant events and areas of impact which will likely be in evidence as progress is made toward the goal.

11.02.2 Each mental health facility should determine methods for measurements of goals stated.

11.02.3 A budget should be estimated and/or applied to the activities related to the accomplishment of stated goals.

11.03 Areas of Evaluation

11.03.1 In order to ensure statewide congruence of

goal direction to provide specific criteria which will define measurable areas of evaluation, each facility should review the special needs of patients, special interests of patients, professional and business staff, as well as patients' families, publics in which the families are dwelling and the publics existing (conforming and non-conforming) in the catchment area.

11.03.2 Outcome studies anticipated planned by the Department of Mental Health should be provided with data from each licensed facility or program relating to:

- (a) Goals for individual patients;
- (b) Goals for facility or programs; and
- (c) Goals for local mental health agencies.

11.03.3 The following list of indices should be considered for measures of goal accomplishment:

- (a) Index of subsystem interaction and collaboration among community and state agencies providing mental health professionals;
- (b) Index of treatment of mentally disordered within their home community;
- (c) Index of investment in mental health;
- (d) Index of role diversification of mental health

professionals;

(e) Index of alcoholism, drug abuse, children with problems, and other high risk target group treatment provisions;

(f) Index of early intervention efforts;

(g) Index of equitable services;

(h) Index of accessibility of services;

(i) Index of treatment scheduling;

(j) Index of use of improvement criteria in treatment decisions;

(k) Index of time limited therapy referrals;

(l) Index of long-term therapy referrals;

(m) Index of therapy "dropouts";

(n) Index of staff hours per patient served;

(o) Index of staff hours per "consultee" served;

(p) Index of staff hours per unit of service;

(q) Index of units of services per patient served;

(r) Index of paperwork delay (chart completeness);

(s) Index of knowledge of available services;

(t) Index of receptivity to treatment;

(u) Index of screening effectiveness;

(v) Index of high risk group prevention efforts;

- (w) Index of community social disruption, dis-organization;
- (x) Index of public resources used by high risk groups;
- (y) Index of data use;
- (z) Index of service utilization;
- (aa) Index of inappropriate referrals;
- (bb) Index of referral completeness (Continuity of Care, including aftercare);
- (cc) Index of goal-directed therapy.

11.04. Evidence of Evaluation

11.04.1 Each mental health facility, or program subject to these regulations, shall show evidence of developing a psychiatric utilization review and evaluation project to establish techniques for utilization review and patient care evaluation.

11.04.2 The psychiatric utilization review and evaluation project shall give consideration, for heuristic purposes, to review of structure, of outcome, and process.

Interpretation:

(a) Review of Structure - In review of structure attention is directed to adequacy of facilities, services,

and manpower.

(b) Review of Outcome - An appraisal of whether or not that which is desired is achieved. For example, have drug addicts stopped using drugs after treatment Are the schizophrenics out of the hospital and asymptomatic?

(c) Review of Process

1. Which patients come to the facility, and a comparison of this population to total population served?

2. What priorities are assigned to various patients once in the facility? For example, do certain subgroups, on the basis of socio-demographic factors, receive differing types of treatment? What are the patterns of care?

3. What services are actually being provided? Are services adequate? What is the quality of care?

4. What is the outcome of treatment as related to the efficacy of the services provided?