

**STATE OF VERMONT  
AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND  
INDEPENDENT LIVING**

**THERAPEUTIC COMMUNITY RESIDENCES  
LICENSING REGULATIONS**

**AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING  
103 SOUTH MAIN STREET, LADD HALL  
WATERBURY, VERMONT 05671-2306  
TELEPHONE: (802) 241-2345**

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AGENCY OF HUMAN SERVICES  
DEPARTMENT OF REHABILITATION AND AGING  
THERAPEUTIC COMMUNITY RESIDENCES

**I. SCOPE AND PURPOSE**

The concept of the therapeutic community residence has evolved from a consensus that people are best helped and cared for within an environment that resembles the best aspects of life in the broader community. The emergence of an increasing number of therapeutic community residences has made the establishment of standards a matter of critical importance, to insure that the needs of people being served are met and that quality of treatment is maintained.

Therapeutic community residences tend to be small and characterized by a sharing of a common life. Their programs are based on the expectation that troubled people can be given help that will lead to their being able to sustain themselves within the broader community. This intent to provide transitional, growth-enhancing care, rather than permanent or long term maintenance, is reflected in a dynamic approach to programming.

Therapeutic community residences should seek to be flexible and sensitive to changing needs if they hope to influence the growth and change of individuals whom they serve. Generally, they are used by people who are experiencing problems in coping with such difficulties as substance abuse, emotional disorders, retardation, family dysfunctions, and delinquency.

The complexity of these problems suggests the need for a variety of treatment approaches. For this reason, these rules, while suggesting a specific program model based on prevailing practices within therapeutic community residences, allow for alternative program standards that might better meet the needs of a given group of residents. Such proposed alternative standards would be expected to ensure a comparable level of quality and accountability. Specific guidelines for proposing alternative treatment standards are set forth in Section V.

**II. STATUTORY AUTHORITY**

These rules are adopted pursuant to 18 VSA, Chapter 45 §2003, 2014.

**III. DEFINITIONS**

A. Therapeutic Community Residence

A transitional facility (hereinafter called residence providing individualized treatment to three or more residents in need of a supportive living arrangement to assist them in their efforts to overcome a major life adjustment problem, such as alcoholism, drug abuse, mental illness, and delinquency.

1. Transitional Facility

A temporary domicile designed to meet special treatment needs, as opposed to a long term or permanent residential facility such as a community care home.

2. Individualized

Oriented toward problem solving and personal growth appropriate to the needs of each resident.

3. Treatment

A process of dynamic and planned intervention designed to correct dysfunctions and improve life adjustment, using such methods as counseling, group work, peer or family-oriented therapy, and psychiatric care.

4. Supportive Living Arrangements

An environment providing an atmosphere of warmth and community concern and improve life adjustment, using such methods as counseling, group work, peer or family-oriented therapy, and psychiatric care.

5. Life Adjustment Problem

An obstacle to successful functioning or coping with stress encountered in the home, at work, in school, or in other interpersonal situations.

B. Resident

An individual who is entitled to receive the full services of the residence and for whom a treatment plan has been or is being developed.

**IV. BASIC REQUIRED STANDARDS**

All therapeutic community residences will comply with all provisions set forth in this section.

A. Resident Care and Supervision

1. General

The Director shall provide every resident with the personal care and supervision appropriate to his/her individual needs.

2. Medication

The Director shall assure that all medications and drugs are:

- a. used only as prescribed by the resident's physician
- b. properly labeled and kept in a locked cabinet at all times or when a program of self-medication is in effect otherwise safely secured.

3. Nutrition

- a. Meals shall be attractively served, family style wherever possible, and shall be appropriate to individual needs as determined by age, activity, physical condition, and personal preference.
- b. Each day's meals shall be nutritionally balanced by providing foods from the following groups:

Milk group	Two or more eight ounce cups (cheese and ice cream supply part of this need)
Meat group	Two or more servings (includes meat, fish, poultry, eggs, cooked dried beans, and peanut butter)
Fruit & Vegetables	Four servings (including a serving of citrus fruit or tomatoes and a dark green or yellow vegetable)
Bread & Cereal	Four or more servings of whole or enriched kinds

4. Emergency

The Director shall arrange appropriate medical or psychiatric care for residents in emergency situations.

5. Transportation

- a. The Director shall provide or arrange transportation to medical services as needed.

- b. The Director shall provide or arrange transportation to a reasonable number of appropriate community functions.
- c. Adequate liability insurance shall be maintained by the facility to cover vehicles transporting clients.

6. Laundry

- a. The Director shall make certain that laundered bed linens are provided at least once a week.
- b. Adequate opportunity shall be provided to residents to do their laundry.
- c. If a resident is incapable of doing his/her personal laundry, alternate arrangements will be made by the Director.

7. Medical Care

Physical examinations must be provided for all residents whose residency exceeds 45 days unless resident has available the report of a physical examination completed within 90 days prior to admission. Arrangements shall be made to treat and follow up medical problems identified in the physical examination.

B. Physical Environment

1. General

- a. The residence must meet all appropriate provisions of local building codes and zoning ordinances and regulations of the Vermont State Fire Code.
- b. The residence shall provide a comfortable, sanitary, and safe environment for residents.

2. Comfort

a. Sleeping Areas

- 1. Rooms shall be kept in an appropriate state of cleanliness and shall be large enough to provide space for possessions and equipment commensurate with the interests and needs of the resident.
- 2. Bedrooms shall provide a minimum of 70 square feet per bed.
- 3. Bedrooms shall be arranged so that it will not be necessary for a resident of one sex to pass through a bedroom occupied by a resident of the opposite sex to reach a bedroom, bathroom, dining room, day room, or similar area. In residences licensed after the adoption of these rules, such inner rooms will not be permitted to be used as bedrooms.
- 4. Only a room designed for use as a bedroom shall be used as such. Halls, storerooms, or unfinished attic rooms shall not be used as bedrooms, except in emergency situations on a temporary basis, not to exceed 72 hours.
- 5. Each bedroom shall have a full size door.
- 6. Beds must be at least 36 inches wide, substantially constructed, in good repair and equipped with a comfortable mattress. Roll-away type beds, cots, and folding beds shall not be used except in emergency circumstances.
- 7. Each resident shall have at least two bureau drawers for clothing and other personal belongings and adequate closet space.

8. No room without a window shall be used as a bedroom.

b. Toilet and Bathing Facilities

1. There shall be at least one flush toilet for every eight residents of the home.
2. There shall be at least one lavatory with hot and cold running water for every eight occupants of the residence.
3. There shall be at least one bathtub or shower with hot and cold running water for every eight occupants of the residence.

c. Dining Area

There shall be a family dining area(s) large enough to accommodate all residents of the facility.

d. Living Area

1. There shall be a living room(s) or recreational area(s) large enough to accommodate the needs of the residents of the residence.
2. The living area shall provide comfortable chairs, tables, and lamps.
3. The living area should provide a television or radio, books, magazines, newspapers, cards, and other forms of recreation.

e. General

The heating system must be capable of maintaining *68 degree* temperature at all times in resident areas of the residence.

3. Sanitation

- a. The residence and premises shall be maintained in a sanitary condition.
- b. All garbage, trash, and other waste materials shall be removed from the premises and disposed of in an acceptable manner at least once per week, preferably daily.
- c. The water supply must be free of contamination and must have sufficient pressure to meet the sanitary needs of the residence at all times. If water is furnished privately by spring or shallow well, it shall be tested and approved yearly by the Vermont Health Department.

In no case shall water from lead pipes be used for drinking or cooking.

- d. The sewage system shall provide sufficient capacity to meet the needs of the residence at all times.
- e. The residence shall provide good ventilation for comfort and safety.
- f. The residence shall meet health and sanitation regulations of the Vermont Department of Health.

4. Safety

In accordance with the Scope and Purpose of Therapeutic Community Residences as described in Section I of these Rules, residents shall be persons for whom a transitional program is appropriate, meaning growth-enhancing rather than custodial. Toward that end, it is expected that typical residents shall be ambulatory, capable of following daily instructions, and able to leave buildings when directed to do so and when emergency circumstances require that action.

1. Assurance that typical residents are ambulatory, capable of following daily instructions, and able to evacuate themselves from buildings shall be conveyed by a letter from the Director or the Residence to the licensing agency and/or by statements to the same effect made in the Residence's program descriptions, by-laws, referral and intake criteria, or other documents which serve as guidelines for the admission of residents.
  - a. In exceptional cases, non-ambulatory residents may be accepted on an individual basis if approved by the licensing agency. Criteria to be considered would include:
    - i. a determination that the program of the Residence is appropriate for the person and that there does not exist at the time another readily accessible more appropriate facility.
    - ii. A determination that the physical characteristics of the facility in regards to living, sleeping, eating, and other social activities, and particularly in regards to the person's access to exits, do not constitute, in the opinion of the licensing and inspecting agencies, a distinct hazard to the person's safety or health, nor prevent the resident from participating fully in the activities of the treatment program.
  - b. In order to ensure maximum protection and assistance for approved non-ambulatory residents, the Residence shall develop a written plan based on the specific needs of such residents, identifying responsibility, procedures, and actions to be undertaken to assure an orderly, quick and safe evacuation. This plan is subject to the approval of the licensing agency.
2. The Director shall ensure that adequate staff are available at all times to assist residents to evacuate in an emergency situation.
3. The Director shall ensure that fire drills are held periodically and shall cause residents to leave building(s) by alternate routes from time to time to familiarize them with each of means of egress. An emergency fire evacuation plan shall be developed and posted for each residence and shall be approved by the local or state fire prevention authorities.

#### C. Resident's Rights

1. Each resident shall be entitled to receive humane care and treatment and to exercise all civil rights.
2. Each resident shall have help in assuming as much responsibility for himself/herself and others as possible, and in participating in residence activities.
3. No resident shall be subjected to cruel or unusual punishment.
4. The resident shall have explained to him the reasons and risks associated with the use of any prescribed medication he is taking.
5. Each resident shall enjoy privacy of person.
6. No resident shall be prevented from maintaining family ties wherever possible and desirable.
7. Each resident shall be free to terminate his/her relationship to the residence.
8. Each resident shall have the right to present grievances on behalf of himself/herself or others to residence staff or others, without fear of reprisal. A grievance procedure shall be in place in each facility.

## **V. ADDITIONAL REQUIRED PROGRAM COMPONENTS**

All therapeutic community residences shall either:

- A. Comply with the common model program standards set forth in Section VI; or
- B. Subject to initial licensure approval (refer to Section VII B.2.), comply with alternative proposed program standards relating to the following components:

1. Structural Components

- a. Governing Authority
- b. Direction or Supervision
- c. Staff
- d. Fiscal Management

2. Treatment Components

- a. Philosophy
- b. Process
  1. Intake
  2. Identification of Problems and Areas of Successful Life Function
  3. Treatment Plan
  4. Progress Notes
  5. Supervision and Review
  6. Resident Records
  7. Resident Services
  8. Discharge and Aftercare

## **VI. COMMON MODEL PROGRAM STANDARDS**

1. Structural Components

- A. Governing Authority

1. Every residence shall have a governing body that has the ultimate authority for the overall operation of the program.
2. The governing body shall adopt written bylaws and policies that define the powers and duties of the governing body, its committees, the director or supervisor, and, where one exists, advisory group.
  - a. The bylaws and policies shall identify the residence's goals, describe the residence's organizational structure, and define the major lines of authority and areas of responsibility within the residence.
  - b. The bylaws and policies shall define:
    - The qualifications for governing body membership;
    - The types of membership;
    - The method of selecting members;
    - The terms of appointment or election of members, officers and chairpersons of

governing body committees; and

- The frequency of governing body meetings and attendance requirements.
- c. The duties of the governing body shall include, but not necessarily be limited to the following:
- Appointment of a qualified director or supervisor as the official representative of the governing body, along with a delineation of the responsibilities and authority of this individual;
  - Adoption, review, and revision of the program's bylaw and policies;
  - Establishment of effective controls that are designed to achieve and maintain maximum standards of service delivery and quality review.
  - Review and approval of an annual budget to carry out the objectives of the residence; and
  - Establishment of a policy on confidentiality including a delineation of circumstances when records can be reviewed by duly authorized individuals for purposes of quality assurance.

B. Direction or Supervision

1. The governing body shall appoint a director and/or supervisor whose qualifications, authority, and duties are appropriate to the administrative requirements of the residence.
2. The director and/or supervisor shall, in accordance with established policy, be responsible to the governing body for the overall operation of the residence, including the control, utilization, and conservation of the physical and financial assets of the program, and the recruitment and direction of staff.
3. The director and/or supervisor shall assist the governing body in formulating policy.
4. The director and/or supervisor shall organize the administrative functions of the program, delegate duties, and establish a formal means of accountability on the part of subordinates.
5. The director and/or supervisor shall assure that the number and type of staff is adequate to meet the treatment and management goals of the residence.

C. Staff

1. The residence shall have written policies and procedures for the recruitment, selection, and termination of staff members.
2. The residence shall have written job descriptions for all positions, setting forth the qualifications, reporting supervisor, positions supervised, and duties.
3. Qualifications for all positions shall be non discriminatory.
4. The staff shall be selected on the basis of capability of meeting the treatment goals of the residents. This capability shall be demonstrated by written documentation of experience, training, and the like.
5. The residence shall provide training opportunities for each staff member which might include in service and formal training.
6. The residence shall have a plan of supervision of all staff members.

7. The residence shall have written standards for the evaluation of staff performance.
8. The residence shall have regular staff meetings.
9. All staff members shall meet all applicable federal, local, or state requirements for their positions.

D. Fiscal Management

1. The residence shall have a financial audit performed by an independent public accountant at least annually.
2. The residence shall have each year a written budget setting forth expected revenues and expenses.

2. Treatment Components

A. Philosophy

The residence shall set forth in writing its treatment goals, approach, orientation, and methods for achieving goals.

B. Process

1. Intake

- a. The residence shall have clearly stated written criteria for determining the eligibility of individuals for admission.
- b. The intake process shall include a comprehensive assessment focusing on the following:
  1. Early history in brief summary,
  2. Review and written summary of current adjustment in major areas of life function personal, social, familial, educational, and vocational with an identification of major dysfunctions leading to the need for residential treatment.
  3. As recent a medical report as possible to include orders for medications, cautions on adverse reactions and symptoms to watch for.
  4. Review of specific substance abuse if applicable.
  5. Appropriate abstracts from agencies, institutions and programs previously utilized by the individual.
  6. A written summary of the basic data shall be retained for the record.
- c. When an applicant is found to be ineligible for admission, the reason shall be recorded in writing and referral to an appropriate agency or organization shall be attempted. Such referral shall, if possible, be made in conjunction with the agency or organization originally referring applicant to residence.
- d. Each accepted resident shall be assigned to a primary counselor.

2. Identification of Problems and Areas of Successful Life Function

- a. Sufficient information shall be gathered during the intake process to permit the identification of specific areas of dysfunction such as unemployment, marital discord, or economic crisis as possible collateral elements contributing to the presenting problem of substance abuse or mental illness.

- b. Sufficient information shall be gathered during the intake process to permit the identification of specific areas of successful life function and achievement.
- c. The identified problems and achievements shall be used as a basis for the development of a treatment plan and goals for each resident.

### 3. Treatment Plan

- a. The treatment plan shall reflect steps to be taken to solve identified problems, either by direct service at the residence or indirectly by referral to a community resource.
- b. The treatment plan shall contain clear and concise statements of at least the short-term goals the resident will be attempting to achieve, along with a realistic time schedule for their fulfillment or reassessment.
- c. Treatment goals should be set by the resident with the participation and guidance of appropriate staff members.

### 4. Progress Notes

- a. A resident's progress and current status in meeting the goals set by the treatment plan, as well as efforts by staff members to help the resident achieve these stated goals, shall be made a part of the resident record.
- b. All entries that involve subjective interpretation of a resident's progress should be supplemented with a description of actual behavioral observations supporting the interpretation.
- c. If a resident is receiving services at an outside resource, the residence shall attempt to secure a written copy of progress notes and resident records from that resource. These shall be attached to the resident record.
- d. Summary progress reports are encouraged regularly and made a part of the resident record.
- e. Whenever possible residents should be encouraged to contribute to their own progress notes.

### 5. Supervision and Review

- a. The director or supervisor shall seek to ensure that ongoing and formal supervision of counseling staff/resident interaction and record keeping take place to provide optimal objectivity.
- b. A resident's progress and treatment plan shall be reviewed regularly by appropriate staff and where indicated, by the resident(s) concerned.
- c. Major conference conclusions shall be entered in the resident record.
- d. The director or supervisor shall be responsible for coordinating all treatment both in outside residence.

### 6. Resident Records

- a. The residence shall ensure:
  - 1. its responsibility for safeguarding and protecting the resident record against loss, tampering, or unauthorized disclosure of information;
  - 2. content and format of resident records are kept uniform;

3. entries in resident records are signed and dated.
- b. Resident records shall include the following:
  1. intake assessment summary
  2. identification of problems and areas of successful life function
  3. data from other agencies
  4. treatment plans and goals
  5. regular progress notes
  6. supervisory and review conclusions
  7. aftercare plan and discharge summary
  8. appropriate medical information
  9. client information release form

7. Resident Services

The residence shall have the capability for the provision either on site or by referral of the following services whenever they are identified in the treatment plan as needed:

- a. Family counseling services
- b. Educational services
- c. Legal services
- d. Employment services
- e. Vocational rehabilitation services
- f. Medical and/or psychiatric services

8. Discharge and Aftercare

- a. Where a residence provides aftercare services, a written plan shall be developed in partnership with the resident. The aftercare plan shall include:
  - the resident's goal for a reasonable period following discharge;
  - a description of the services to be provided by the residence and outside services during the aftercare period;
  - the procedure the resident is to follow in maintaining contact with the residence in times of crisis;
  - and the frequency with which the residence will attempt to contact the resident for purposes of follow-up.
- b. Care shall be taken to provide appropriate support services to help the resident to maintain optimal level of functioning after leaving.
- c. A summary of the resident's stay at the facility shall be added to the resident record within one week of his/her leaving. This shall include reason for leaving, areas in which progress, no progress or regression was observed, and medication at the time of leaving.
- d. There shall be explicit written grounds for involuntary expulsion from the residence.

## **VII. LICENSURE APPLICATION PROCEDURE**

A. Applications shall be submitted to the Secretary of the Agency of Human Services.

B. Applications shall include either:

1. A statement of intent or comply with Section VI of the regulations, or
2. A statement of specific alternative standards relating to each of the program components set forth in Section V.

C. Provisional License:

If a Residence does not meet all of the standards set by these Rules at the time of application for licensure, the licensing agency may issue a provisional license. A provisional license shall be issued only if, following program, fire safety, and sanitation inspection, the responsible state agencies determine that the particular areas of non-compliance do not constitute an immediate and distinct hazard to the health, safety, or well-being of the residents. A provisional license shall be issued for a length of time to be determined by the responsible state agencies, and issuance shall be contingent upon the Residence's efforts to achieve full compliance with the standards as established by these Rules. A provisional license shall note the standard(s) not fully met by the Residence, and the dates established for achieving compliance, either directly on the license or on an accompanying attachment. This attachment shall be displayed with the license.

D. Variance:

A residence may request a variance from a specific Rule, and the licensing agency may grant such a variance provided that:

1. the request is based on extreme necessity rather than convenience, and any hardship alleged to be suffered by imposition of a Rule from which a variance is sought shall not be self-created.
2. the variance does not conflict with other legal requirements;
3. the variance does not adversely affect the programmatic needs of residents;
4. the variance, in the opinion of the licensing and inspecting agencies, does not present a clear and distinct hazard to residents' safety, health, or well-being.

6/10/77