

# SUBSTANCE ABUSE SERVICES GUIDELINES

These standards are meant to implement the provisions of Vermont Rule 14P025. This material is available in other accessible formats.

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<http://www.healthvermont.gov/adap>

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## **Introduction**

The Vermont Department of Health (VDH), Division of Alcohol and Drug Abuse Programs (ADAP) in partnership with state and community based public and private organizations aims to create an accountable, comprehensive system of services and supports that empowers Vermonters to embrace resiliency, wellness, and recovery by becoming active participants in the management of their treatment and recovery. This system includes the entire range of services from prevention, early intervention, and treatment through recovery and will be composed of a continuum of timely, interconnected and coordinated components with multiple entry points.

This revision places greater attention on recovery oriented programming, co-occurring capacity, and the impact of health care reform efforts on integration and collaboration across primary and specialty health care providers.

These guidelines are subject to change. The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs will institute a formal process moving forward to send out notice of changes to these guidelines through written documentation to all certified providers' Executive and Clinical Directors of the specific changes being instituted into the Substance Abuse Service Guidelines and the date in which the changes are to take effect. Notification of these changes will also be posted to the ADAP website for the period of one year.

## II. Definitions

**ADMISSION CRITERIA:** Written specifications, which guide the need for, and placement of, persons served within a continuum of treatment services.

**AFTERCARE:** Services supportive of therapeutic gains to person's served who have completed a level of treatment.

**ASSESSMENT:** A process of evaluating and documenting an individual(s) social, mental and physical past history and current status to determine if the person(s) has a diagnosable condition and is in need of treatment services.

**BUDGET:** An itemized listing of expected expenses and revenues for a given period of time.

**CONTINUING CARE:** Care that is on-going through different phases of treatment.

**COUNSELING:** The interaction between a counselor and a person served intended to result in a positive change in a person's served social, mental and/or physical status.

**COUNSELOR:** An individual who is deemed qualified by the hiring organization to provide counseling services.

**COUNSELOR APPROVAL REGULATIONS:** The administrative rules V.S.A. Title 3, Chapter 8 that define the standards and criteria for licensed alcohol and drug treatment counselors.

**DIAGNOSIS:** The process of identifying the specific nature and type of disease and/or problems of an individual(s) based on an assessment of the person's social, mental, and physical past history and current status, and of documenting the opinion using the criteria and format of the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM).

**DOCUMENTATION:** A written record acceptable as evidence to demonstrate compliance with these standards.

**EMERGENCY CARE:** The provision of immediate diagnosis and care, as well as appropriate referral, to persons having acute substance abuse related problems.

**EVALUATION:** A systematic process by which treatment or program outcomes are assessed in light of identified goals and objectives.

**FOLLOW-UP:** A contact with a person served after discharge for the purposes of determining the person's served post-treatment adjustment and assessing the impact of programming.

**HUMAN SUBJECT RESEARCH:** Scholarly or scientific investigation that involves the use of person's served as subjects.

**INFORMED CONSENT:** The agreement to participate in treatment based upon an understanding of the rules, expectations and procedures involved in treatment.

**INTERPRETIVE SUMMARY:** Central theme of the person that incorporates interrelationships between sets of findings including the person's needs, strengths, and limitations. It should include clinical

judgments regarding the course of treatment, the recommended treatments, and level of care, length, and intensity of treatment.

**INTENSIVE OUTPATIENT PROGRAM (IOP):** ASAM Level 2.1 states that intensive outpatient programs are 9- 18 hours (6 or more hours for adolescents) of structured programming per week, consisting primarily of individual, group, and family counseling, medication management, and education about substance-related and mental health problems. The patient's needs for psychiatric and medical services are addressed through consultation and referral arrangements if the patient is stable and requires only maintenance monitoring. (Services provided outside the primary program must be tightly coordinated.)

**INTERIM SERVICES:** Interim services include counseling and education about tuberculosis (TB), the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that TB transmission does not occur, as well as referral for TB treatment services, if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.

**LONG-TERM RESIDENTIAL:** A residential program whose length of stay is intended to exceed ninety (90) days.

**MEDICATION ASSISTED THERAPY HUB:** A regional addiction treatment center providing comprehensive addiction treatment, Health Home, and rehabilitation services for individuals receiving methadone maintenance therapy and dispensed buprenorphine to clinically complex patients.

**MEDICATION ASSISTED THERAPY SPOKE:** A team of health care professionals providing ongoing care for patients receiving buprenorphine that is comprised of a Designated Provider who is the prescribing OBOT physician and the team of collaborating health and addictions professionals who monitor adherence to treatment, coordinate access to recovery supports, and provide counseling, contingency management, and case management services.

**OUTPATIENT PROGRAM:** ASAM Level 1 states that an organized nonresidential treatment service or an office practice with designated addiction professionals and clinicians providing professionally directed alcohol and other drug treatment that is co-occurring capable and are tailored to the individual's severity and function. This treatment occurs in regularly scheduled sessions usually totaling fewer than 9 contact hours per week (6 hours for adolescents).

**OUTREACH:** The development and implementation of a plan to interact with a community or geographic area and its organizations for the purpose of identifying persons in need of services, alerting individuals and organizations to the availability and location of services, encouraging and assisting persons to accept and enter treatment services, and developing organizational affiliations to facilitate the referral of persons served when necessary.

**PERSON SERVED:** An individual who is receiving services that are governed by these standards.

**POLICY:** A written and dated statement or course of action designed to determine and govern the decisions, activities, procedures and/or operations of an organization and its employees and representatives.

**PROCEDURE:** A series of activities designed to implement organizational goals or policy.

**PROGRAM:** An organizational entity, which provides treatment services to persons with substance abuse problems. A program may be an identified administrative unit within a larger organization; it may also consist of more than one component.

**PROGRAM DIRECTOR:** The person responsible for the technical and programmatic aspects of the program. This person should provide direct supervision of the day-to-day aspects of program operation.

**PROGRAM EVALUATION:** A written system designed and implemented to measure both the process and outcome of a treatment program.

**REFERRAL:** The process by which a person served is directed to needed services not provided by the organization.

**RESIDENTIAL PROGRAMS:** An organized service in alignment with ASAM Criteria 3<sup>rd</sup> edition 3.1 to 3.7 level of care that is provided by trained staff with 24-hour supervision, observation, and support to ensure the provision of treatment services to a person served who reside on the premises during the course of treatment.

**RESIDENTIAL WITHDRAWAL MANAGEMENT SERVICES:** ASAM Level 3.7 -WM: Medically Monitored Inpatient Withdrawal Management is an organized service delivered by medical and nursing professionals, which provides for 24-hour evaluation and withdrawal management in a permanent facility with inpatient beds. Services are delivered under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols. These programs must comply with the requirements of ASAM, Third Edition.

**RISK MANAGEMENT PLAN:** A document prepared to foresee risks, to estimate the impacts, and to create response plans to mitigate them.

**SCHEDULE OF FEES:** Maximum rate charged for specific services.

**SCREENING:** A simple test performed to identify those who are likely to have a specified disease and required further assessment.

**SHORT-TERM RESIDENTIAL:** A residential program whose initial length of stay is not intended to exceed thirty (30) days.

**SPECIAL POPULATION:** A target group characterized by specific demographic, clinical and/or other unique features.

**INTERN:** An individual who, as part of a matriculation toward a formal academic degree, has negotiated to work in an approved program for a specific period of time.

**SUPERVISION:** Supervision is defined as a formal, systematic process that focuses on job skill development and integration of knowledge.

**TREATMENT:** Planned and continuing services extended to the person served.

**TREATMENT PLAN:** A written document created to guide the course of treatment that is developed with the participation of the person served, which is appropriate to meet the person's needs, and which specifies goals, activities, and services determined through the process of assessment.

**UTILIZATION REVIEW:** A process for monitoring the use, delivery, and cost-effectiveness of services.

**VOLUNTEER:** A non-paid employee.

**WITHDRAWAL MANAGEMENT SERVICES:** the provision of medical and/or social services in a facility staffed 24 hours per day to persons served who are experiencing or are at risk for experiencing physical withdrawal from alcohol or other drugs. Social setting withdrawal management services take place in a non-medical facility, a unit of which has been specifically structured and staffed to provide the above services. Medical withdrawal management services are delivered by medical and nursing professionals and the symptoms of the person served are severe enough to 24-hour inpatient care.

### III. General Program Standards

All organizations seeking certification must be in compliance with the General Program Standards (Sections 1-20).

#### 1.0 Certification Procedure and Review

- 1.1 All requirements associated with the certification and application process can be found on the Division of Alcohol and Drug Abuse Program's website through the following link: [Substance Abuse Treatment Certification Rule](#).
- 1.2 A site visit of each service location shall be conducted by representatives of ADAP before a certificate is issued. The site will be evaluated for its appropriateness to provide the services planned.

#### 2.0 Leadership

- 2.1 The organization has a leadership structure.
  - 2.1.1 The organization identifies those responsible for governance.
- 2.2 Governance is ultimately responsible for the safety and quality of care, treatment, or services.
  - 2.2.1 Governance defines in writing its responsibilities.
  - 2.2.2 Governance works with organization leaders to annually evaluate the organization's performance in relation to its mission, vision and goals.
- 2.3 The governance meets at least quarterly as documented by written and dated meeting minutes that are publicly available.
- 2.4 The organization has an organizational chart that reflects current staffing.
  - 2.4.1 The organizational chart is made available to all staff and members of the governing body.

#### 3.0 Planning

- 3.1 The mission, vision and goals of the organization support the safety and quality of care, treatment, or services.
  - 3.1.1 The organization's mission, vision, values and goals are defined.
  - 3.1.2 The organization develops strategic, operational, and program related plans and written policies to carry out the vision and to achieve the mission.
- 3.2 There is a written and dated organizational strategic plan.
  - 3.2.1 The written strategic plan is developed with input from persons served, personnel, and other stakeholders.
  - 3.2.2 The strategic plan will at minimum:
    - 3.2.2.1 Sets goals and priorities.
      - 3.2.2.1.1 Include an evaluation process to measure all identified goals and objectives.
      - 3.2.2.2 Will include the program's ongoing analysis and understanding of the substance abuse treatment needs of the population within the geographic area that the organization serves and will be publicly available.
      - 3.2.2.3 Be reviewed and updated (as necessary).



## 5.0 Human Resources

- 5.1 The organization has written and dated policies that require staff responsible (as per their job descriptions) for substance abuse counseling to:
  - 5.1.1 Be licensed in Vermont to provide substance abuse treatment unless:
    - 5.1.1.1 The organization is hiring a non-licensed staff into a position which provides billable substance abuse treatment services. The non-licensed staff must:
      - 5.1.1.1.1 Have or acquire an Addiction Apprentice Professional certificate or a Certified Alcohol and Drug Professional through Office of Professional Regulation within 180 days of hire or up to the date of the second exam offered following hire, or
      - 5.1.1.1.2 Possess a Master's degree, be rostered with the Vermont Office of Professional Regulation, and be actively fulfilling the required number of hours of supervised work experience providing alcohol/drug counseling commensurate with their degree, as outlined by the Vermont Office of Professional Regulation.
      - 5.1.1.1.3 If the non-licensed staff does not meet the above requirement, they will no longer be allowed to provide direct services.
- 5.2 The organization will have written policies and procedures for conducting background checks on personnel that is in compliance with all state and federal law.
- 5.3 The organization shall have and make available to all employees a personnel policy and procedures manual.
  - 5.3.1 The personnel policies and procedures manual shall include, at a minimum, information on:
    - 5.3.1.1 Employee recruitment, benefits, and promotion;
    - 5.3.1.2 Employee training and staff development;
    - 5.3.1.3 Employee safety and health;
    - 5.3.1.4 Employee assistance policies;
    - 5.3.1.5 Disciplinary systems and practices;
    - 5.3.1.6 Staff grievance mechanisms;
    - 5.3.1.7 Wages, hours, and salary administration;
    - 5.3.1.8 Rules of conduct;
    - 5.3.1.9 Performance appraisals;
    - 5.3.1.10 Equal employment opportunity (EEO) and affirmative action policies;
    - 5.3.1.11 Hiring practices;
    - 5.3.1.12 Confidentiality;
    - 5.3.1.13 The methods and procedures for the supervision of all personnel;
    - 5.3.1.14 The documentation procedures of supervision of all clinical staff.
  - 5.3.2 There is written and dated documentation in the personnel record that the staff person has reviewed the personnel policies and procedures.
  - 5.3.3 There is written and dated documentation that the personnel policies and procedures are reviewed and updated (as necessary).
  - 5.3.4 There is a mechanism for notifying all employees of changes in personnel policies and procedures, which is documented.
- 5.4 Each employee shall be oriented to all policies and procedures pertinent to his/her job description.

- 5.4.1 There is written and dated documentation signed by the employee, in the personnel file, that he/she has received this orientation.
- 5.4.2 The orientation must include receipt of and discussion about federal confidentiality regulations, 42 CFR Part 2 and as amended.
- 5.4.3 There is written and dated documentation signed by the employee that he/she agrees to abide by the federal confidentiality regulations, 42 CFR Part 2 and as amended.
- 5.5 The organization has a written job description for each staff position.
  - 5.5.1 The written job descriptions contain information on the:
    - 5.5.1.1 Credentials and/or licensure required to employment in the position;
    - 5.5.1.2 Duties and responsibilities of the position;
    - 5.5.1.3 Minimum levels of education and training required for the position;
    - 5.5.1.4 Related work experience required for the position;
    - 5.5.1.5 Reporting and supervisory responsibilities of the position;
    - 5.5.1.6 Salary range of the position in the organization.
  - 5.5.2 Changes in the duties and responsibilities of positions in the organization are reflected in revisions and updates of job descriptions.
  - 5.5.3 There is written and dated documentation in the personnel file, signed by the employee, that a copy of the current job description has been provided to him/her.
- 5.6 A personnel record is maintained for each member of the staff.
  - 5.6.1 The personnel record contains documentation of the employees' credentialing documents.
  - 5.6.2 The personnel record contains signed and dated documentation of the employees' performance appraisals.
  - 5.6.3 Employees may access their own personnel records for review and comment.
  - 5.6.4 Personnel records are stored, maintained, and utilized in such a way as to protect employee confidentiality.
  - 5.6.5 There is a written and dated staff development plan for each employee which addresses training and continuing education needs.
- 5.7 Personnel performance appraisal procedures are developed and documented for each position.
  - 5.7.1 Performance appraisals are conducted using pre-established performance criteria based on the specific responsibilities of the position as stated in the job description.
  - 5.7.2 Performance objectives established in the previous period will be evaluated.
  - 5.7.3 Dated performance appraisals are conducted for each organization staff person at least annually.
  - 5.7.4 There is written and dated documentation, in the personnel record, the organization staff have reviewed, signed, and discussed their performance appraisals with their supervisor.
  - 5.7.5 All employees will participate in an employee development plan for the coming period.
    - 5.7.5.1 An employee development plan should address strengths, weaknesses, and agreed upon goals for the coming period. At a minimum, performance appraisals will document deficient performance and establish a plan to address the deficiencies.
- 5.8 The organization has written policies and procedures for the supervision of all individuals providing direct services.

- 5.8.1** The policies and procedures will require supervision of any staff that provides billable substance abuse services by a Licensed Alcohol and Drug Counselor (LADC) or American Board of Addiction Medicine (ABAM) certified physician at a minimum of twice a month.
- 5.9** Ongoing supervision of clinical or direct service personnel is documented.
- 5.10** The organization has a written and dated policy and procedure for employees who have problems that interfere with acceptable job performance.
- 5.11** Students, interns, or volunteers are to be held to the standards outlined by Section 5.0.
- 5.12** All appropriate staff will receive training in documentation as outline in Section 15.
  - 5.12.1** The personnel records shall contain a signed and dated acknowledgement by the staff member that training on documentation policies and procedures was received.
- 5.13** There is a written and dated staff development plan for each employee which addresses training and continuing education needs.
  - 5.13.1** The staff development plan identifies objectives for staff development and credentialing activities.
- 5.14** The program makes continuing education in substance abuse treatment and prevention services available to employees who provide the services.

## **6.0 Utilization Management**

- 6.1** The organization has a written annual report of the utilization management activities.

## **7.0 Risk Management**

- 7.1** The organization will implement a risk management plan.

## **8.0 Accessibility**

- 8.1** The organization will make accommodations for clients with language barriers or with special needs per American Disability Act (ADA) Federal guidelines.

## **9.0 Health and Safety**

- 9.1** The organization maintains healthy, safe, and clean environments to support quality services and minimize risk as evidenced by written procedures to promote the safety of:
  - 9.1.1** Persons served.
  - 9.1.2** Personnel.
- 9.2** The organization has and implements written and dated infection control policy which is in compliance with OSHA/VOSHA and Vermont Department of Health regulations.
- 9.3** The organization has written procedures for addressing critical incidents that include:
  - 9.3.1** Reporting.
  - 9.3.2** Remedial action.
  - 9.3.3** Timely debriefings.
  - 9.3.4** The following incidents:
    - 9.3.4.1** Serious Illness.
    - 9.3.4.2** Injuries.
    - 9.3.4.3** Deaths.
    - 9.3.4.4** Alleged or confirmed abuse or neglect.
    - 9.3.4.5** Medical errors.

- 9.3.4.6** Use of seclusion and/or restraint.
  - 9.3.4.7** Communicable diseases.
  - 9.3.4.8** Infection control.
  - 9.3.4.9** Aggression or violence.
  - 9.3.4.10** Use and unauthorized possession of a weapon.
  - 9.3.4.11** Vehicular accidents.
  - 9.3.4.12** Bio-hazardous accidents.
  - 9.3.4.13** Suicide or attempted suicide.
  - 9.3.4.14** Unauthorized use and possession of legal or illegal substances of abuse.
  - 9.3.4.15** Sexual abuse/assault.
  - 9.3.4.16** Abduction.
  - 9.3.4.17** Other sentinel events.
- 9.4** Each organization will define sentinel events for its own purposes and will communicate this definition throughout the organization.
- 9.5** The following critical incidents will be reported using the form (<http://healthvermont.gov/adap/grantees/documents/CriticalIncidentForm.pdf>) to ADAP Clinical Services Director within 24 hours.
- 9.5.1** Serious illness and/or injuries resulting in medical care as a result of services delivered or on the premises.
  - 9.5.2** Death.
  - 9.5.3** Alleged or confirmed assault, including sexual assault by staff or by other.
  - 9.5.4** Medical errors.
  - 9.5.5** Unlawful activity perpetrated on property by staff or by other.
  - 9.5.6** Any incident, marked by seriousness or severity, that is likely to result in attracting negative public attention, or lead to claims or legal action against the State or the reporting entity.
- 9.6** The organization's policies and procedures for addressing at a minimum for the ADAP reportable critical incidents will include:
- 9.6.1** Conducting timely, thorough, and credible root cause analysis.
  - 9.6.2** Development of an action plan designed to implement improvements to reduce risks.
  - 9.6.3** Implement improvements and monitor the effectiveness of those improvements.
- 9.7** There are policies and procedures for the handling of both licit and illicit drugs brought into the organization by both persons served and personnel.
- 9.8** The program makes available the following tuberculosis services to each individual receiving treatment for substance abuse:
- 9.8.1** Counseling individuals with respect to tuberculosis.
  - 9.8.2** Testing to determine whether the individual has been infected with mycobacteria tuberculosis to determine the appropriate form of treatment for the individual.
  - 9.8.3** Appropriate medical evaluation and treatment for individuals infected with mycobacteria tuberculosis.
- 9.9** For clients denied admission to the program on the basis of lack of capacity, the program refers such clients to other providers of tuberculosis services.
- 9.10** The program has implemented infection control procedures that are consistent with those established by Vermont Department of Health to prevent the transmission of tuberculosis and that address the following:
- 9.10.1** Screening patients and identifying those individuals who are at risk of becoming infected.

- 9.10.2** Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including 42 CFR Part 2.
- 9.10.3** Case management activities to ensure that individuals receive such services.
- 9.11** The program reports all individuals with active tuberculosis to Vermont Department of Health as required by State law and in accordance with Federal and State confidentiality requirements, including 42 CFR Part 2.
- 9.12** In the event that the preferred provider must cancel their services and cease operations, it will ensure that:
  - 9.12.1** All services, including the administration of programs and activities provided hereunder will be maintained during such ninety (90) calendar day period.
  - 9.12.2** ADAP will be notified upon the start of the 90 calendar day period.

## **10.0 Quality Assurance and Performance Improvement**

The purpose of this section is to assure that the agency is actively engaged in quality improvement and demonstrates the ability to use outcomes from all levels of agency operations (consumer care, program effectiveness, and overall agency administration) to inform decision-making and improve service delivery. This includes the use of data from management and other IT reports to guide decision-making and inform managers related to daily operations as well as longer term program planning.

- 10.1** The organization has clear methods to collect data on all persons served and will be generated, compiled, and reported upon at least annually.
- 10.2** At a minimum, data about the persons served will be collected:
  - 10.2.1.1** At intake.
  - 10.2.1.2** At discharge.
  - 10.2.1.3** Ninety days post discharge (This includes non-completed treatment episodes).
- 10.2.2** The data will be used to inform and link to:
- 10.2.3** The organizational strategic plan.
- 10.2.4** The organizational quality improvement plan.
- 10.3** The organization maintains and implements a quality improvement plan and documents actions toward the areas shown to need improvement.
- 10.4** The quality improvement plan:
  - 10.4.1** Defines the quality improvement structure and procedures
  - 10.4.2** Includes an analysis of community needs.
  - 10.4.3** Aligns with organizational goals and objectives.
  - 10.4.4** Assigns responsibility to appropriate individuals or team for maintaining service quality should be in place
  - 10.4.5** Is informed by data and outcomes.
  - 10.4.6** Incorporates measurable goals and objectives.
  - 10.4.7** Incorporates performance indicators measure program:
    - 10.4.7.1** How much did we do?
      - 10.4.7.1.1** Service access.
    - 10.4.7.2** How well did we do it?
      - 10.4.7.2.1** Effectiveness.
      - 10.4.7.2.2** Efficiency.
    - 10.4.7.3** Is anyone better off?
      - 10.4.7.3.1** Satisfaction and feedback from:
        - 10.4.7.3.1.1 The persons served.

10.4.7.3.1.2 Other stakeholders.

- 10.5** Evidence of continuous quality improvements should be available and may include:
- 10.5.1** Evidence that the quality improvement plan was reviewed by multiple stakeholders within the organization (board, managers, staff, team leaders, etc.).
  - 10.5.2** Evidence of current of past decisions made as a result of improvement information or data trends identified either through the quality improvement plan review or by other teams and activities within the quality improvement structure.
  - 10.5.3** Evidence of recommendations made or actions taken based on agency and or key stakeholder review and input of the quality improvement plan or other relevant data.

**11.0 Rights of the Person Served**

- 11.1** Rights of the person served must be communicated to the person served:
- 11.1.1** In a manner the person served understands.
  - 11.1.2** Prior to the beginning of service delivery or at the initiation of service delivery.
  - 11.1.3** When informed consent is not possible due to the inability of the person served to understand his/her rights in the treatment process, documentation of this factor appears in the medical record.
- 11.2** The organizational policies promote the following rights of the persons served:
- 11.2.1** Confidentiality of information.
  - 11.2.2** Privacy.
  - 11.2.3** Freedom from:
    - 11.2.3.1** Abuse.
    - 11.2.3.2** Financial or other exploitation.
    - 11.2.3.3** Retaliation.
    - 11.2.3.4** Humiliation.
    - 11.2.3.5** Neglect.
  - 11.2.4** Access to:
    - 11.2.4.1** Information pertinent to person served in a timely manner in order to facilitate their decision-making.
    - 11.2.4.2** Their records.
    - 11.2.4.3** An individualized treatment plan.
    - 11.2.4.4** Participate in developing their individualized treatment plan.
  - 11.2.5** Informed consent or refusal of choice regarding:
    - 11.2.5.1** Service delivery
    - 11.2.5.2** Release of information
    - 11.2.5.3** Concurrent services
    - 11.2.5.4** Involvement in human subject research projects, if applicable.
  - 11.2.6** Access or referral to:
    - 11.2.6.1** Legal entities for representation
    - 11.2.6.2** Self-help support services
    - 11.2.6.3** Advocacy support services
  - 11.2.7** Adherence to human subject research guidelines and ethics when persons served are involved, if applicable.
  - 11.2.8** Investigation and resolution of alleged infringement of rights.
  - 11.2.9** Other legal rights.
- 11.3** The organization demonstrates:
- 11.3.1** Knowledge of legal status of the persons served.

**11.3.2** When applicable, the provision of information to the persons served regarding resources related to legal status.

**11.4** The organization:

**11.4.1** Will implement a written policy and procedure by which the persons served may file a formal grievance that specifies:

**11.4.1.1** That the action will not result in retaliation or barrier to services.

**11.4.1.2** How efforts will be made to resolve the grievance.

**11.4.1.3** Levels of review, which include availability of external review.

**11.4.1.4** Time frames that are prompt for consideration and result in timely decisions for the person served.

**11.4.1.5** Procedures for written notification regarding the actions to be taken to address the grievance.

**11.4.1.6** The rights of each party.

**11.4.1.7** The responsibilities of each party.

**11.4.1.8** The availability of advocates or other assistance.

**11.4.1.9** The provisions for secondary review of a disputed grievance.

**11.4.1.10** Compliance with state requirements for reporting allegations of abuse and neglect.

**11.4.2** Makes grievance procedures understandable and readily available to the person served.

**11.4.3** Will maintain documentation of the formal grievance, the results of the investigation and the final resolution.

**11.4.4** Will conduct annual reviews of the formal complaints/grievances to determine:

**11.4.4.1** Trends

**11.4.4.2** Areas in need of improvement

**11.4.4.3** Actions to be taken on noted trends and need for improvement.

**11.5** The organization has written policies and procedures allowing persons served to review their medical record.

**11.6** The organization has written and dated policies and procedures regarding the use of person served labor that ensure:

**11.6.1** The labor is directly related to treatment goals and incorporated within the treatment plan.

**11.6.2** The work is performed voluntarily.

**11.6.3** All persons served sign a statement during their admission process that all personal work requirements within the context of their treatment program have been explained to them.

**11.6.4** Include guidelines for the employment of people served.

**11.6.5** Employment must be in accordance with local, state, and federal laws and regulations.

**11.6.6** Employment at prevailing fair market rates.

**12.0 Program Structure and Staffing**

**12.1** The organization will be authorized to provide only the specific modalities of care and associated services, at specific sites, defined within an ADAP application form and approved and certified by ADAP. Authorization shall be considered for the following levels/modalities of care:

**12.1.1** Withdrawal management (non-medical),

- 12.1.2 Outpatient care,
- 12.1.3 Intensive outpatient care,
- 12.1.4 Residential care,
- 12.1.5 Medication Assisted Therapy (MAT), and
- 12.1.6 Case management.
- 12.2 For each program, there is a written and dated description of the program made available to the public that includes:
  - 12.2.1 A description of the program and its philosophy that includes the organization's belief(s) regarding people's potential for recovery.
  - 12.2.2 Program goals.
  - 12.2.3 Description of the service delivery modalities used to achieve program objectives.
  - 12.2.4 Identification of ADAP priority populations and mechanisms to address their needs.
  - 12.2.5 There is written documentation that the description is reviewed and updated as necessary.
- 12.3 Each program/services:
  - 12.3.1 Documents the following parameters regarding its scope of services:
    - 12.3.1.1 Populations served.
    - 12.3.1.2 Settings.
    - 12.3.1.3 Hours and days of services.
    - 12.3.1.4 Frequency of services.
    - 12.3.1.5 Payer sources.
    - 12.3.1.6 Fees.
    - 12.3.1.7 Referral sources.
    - 12.3.1.8 Specific services offered.
    - 12.3.1.9 Entry criteria.
    - 12.3.1.10 Transition criteria.
    - 12.3.1.11 Exit criteria.
  - 12.3.2 Parameters regarding the scope of services are publicly available.
  - 12.3.3 Reviews the scope of services and updates as needed.
- 12.4 Service delivery models and strategies are based on accepted practice in the field and incorporate current research, evidence based practice, peer-reviewed publications, clinical practice guidelines, and/or expert professional consensus.
- 12.5 Services must be designed and implemented to:
  - 12.5.1 Support the recovery, health, and well-being of the persons or family served.
  - 12.5.2 Enhance the quality of life of the persons served.
  - 12.5.3 Reduce symptoms and needs, and build resilience.
  - 12.5.4 Restore and/or improve functioning.
  - 12.5.5 Support the integration of persons served in the community.
- 12.6 Staff delivering services should have the specialized knowledge necessary for the treatment of the populations.
- 12.7 The program offers, either in-house or through referral of available local support, one or more of the following:
  - 12.7.1 Peer support.
  - 12.7.2 Local advocacy groups.
  - 12.7.3 Self-help groups.
- 12.8 As appropriate, families are:
  - 12.8.1 Encouraged to participate in educational programs offered by the organization.

- 12.8.2** Invited to participate in clinical programs or services with the person served, with consent or legal right.
- 12.9** In response to the needs of the persons served, the provider will:
  - 12.9.1** Empower each person served to actively participate with the team to promote recovery, progress, or wellbeing.
  - 12.9.2** Provide services that are consistent with the needs of each person served.
  - 12.9.3** Be culturally and linguistically competent.
  - 12.9.4** Meet as often as needed to carry out decision-making responsibilities.
- 12.10** The organization implements policies and procedures that address:
  - 12.10.1** The handling of items brought into the program by personnel and persons served that include:
    - 12.10.1.1** Illegal drugs.
    - 12.10.1.2** Legal drugs.
    - 12.10.1.3** Prescription medication.
    - 12.10.1.4** Weapons.
  - 12.10.2** The prohibition of the use of tobacco products on the facility grounds and in vehicles owned and operated by non-residential organizations.
- 12.11** The organization has written information available identifying other human service providers who offer related or ancillary services that supplement the principal services of the organization.
  - 12.11.1** Collaborate with community elder care providers, e.g. area agencies on aging, SASH programs, home health agencies, etc., in improving mental health and substance abuse services for the elderly.
- 12.12** Organizations providing child and adolescent substance abuse treatment should make the necessary steps to ensure care is:
  - 12.12.1** Coordinated with family, school, community, behavioral health and physical health, and is: developmentally, cognitively, and culturally appropriate; and with a workforce knowledgeable about child and adolescent substance abuse treatment.
  - 12.12.2** Developmentally appropriate substance abuse treatment services that address child and adolescent treatment in order to most effectively engage and treat these groups, and evidence based or emerging practice when possible.
- 12.13** Drug Court Programs must:
  - 12.13.1** Document the person served has been oriented to program's policies and procedures related to all aspects of legal and clinical services.
  - 12.13.2** Ensure persons served receive clinically appropriate treatment services of sufficient frequency and intensity, as determined by the present ASAM Criteria.
  - 12.13.3** Ensure that persons served are not excluded from any clinically appropriate and reasonably available treatment modalities.
- 12.14** Public Inebriate Programs must ensure:
  - 12.14.1** That persons served are screened to determine safety of self and others with appropriate interventions and referrals to medical care as needed.
  - 12.14.2** Persons served are offered information and/or referral for care upon discharge.
  - 12.14.3** Persons served are appropriately screened for sensorium to determine incapacitation eligibility for admissions.

## **13.0 Documentation**

- 13.1** The organization has written and dated policies and procedures that define the format and content of records for persons served.
  - 13.1.1** The record must contain:
    - 13.1.1.1** Information collected at admission that includes name, address, date of birth, and gender of the person served.
    - 13.1.1.2** Name and contact information for the persons served, family, and any legal authorized representative.
    - 13.1.1.3** The preferred language and any special communication needs of the individual served.
    - 13.1.1.4** The reason(s) for admission for care.
    - 13.1.1.5** Assessment and reassessments.
    - 13.1.1.6** Any allergies.
    - 13.1.1.7** Any diagnosis established during treatment.
    - 13.1.1.8** Any consultant reports.
    - 13.1.1.9** Any observations relevant to care.
    - 13.1.1.10** The response to care.
    - 13.1.1.11** Any progress notes.
    - 13.1.1.12** Any medications ordered or prescribed.
    - 13.1.1.13** Any medication administered, including dose, strength, and route.
    - 13.1.1.14** Any adverse drug reactions.
    - 13.1.1.15** Person served centered treatment plan and revisions.
    - 13.1.1.16** All orders for tests and their results.
    - 13.1.1.17** Advanced directives (including when appropriate for youth).
    - 13.1.1.18** Any informed consent.
    - 13.1.1.19** Any documentation of consent by the person served, guardian, or legal authority as applicable for admission, treatment, continuing care, or research.
    - 13.1.1.20** Discharge summary.
    - 13.1.1.21** Aftercare plan.
    - 13.1.1.22** Sign-offs by the person served that is mandated by these standards.
- 13.2** The program has in effect a system to protect patient records from inappropriate disclosure, and the system:
  - 13.2.1** Complies with all applicable State and Federal laws and regulations, including 42 CFR Part 2.
  - 13.2.2** Includes provisions for employee education on confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosure.
- 13.3** The organization is in compliance with data and documentation requirements outlined in any grant award from ADAP.
- 13.4** The organization has a written and dated policy and procedure for closing, storing, and destroying person served identifying information.
- 13.5** Documentation of services provided must be legible, of sufficient clarity, and sufficient clinical content (minimum required content is specified for each service) to ensure eligibility for payment.
- 13.6** All clinical and support notes must include:
  - 13.2.1** Identification of the individual served such as name, identification number, date of birth
  - 13.2.2** The date the service was rendered
  - 13.2.3** The specific title or code of the service rendered

- 13.2.4** Location in which the service occurred
- 13.2.5** The amount of time it took to deliver the service
- 13.2.6** Reference to the treatment goal for the service
- 13.2.7** Summary of the service rendered with appropriate clinical content
- 13.2.8** Specific plan for ongoing treatment
- 13.2.9** Name, title and qualification of the service provider(s). If not required by the agency, qualifications, degrees and titles must be on file at the provider and provided during audit.
- 13.2.10** Signature of the person who rendered the service. If co-therapists are involved in treatment, the billing therapist must sign the progress note.
- 13.7** Each reimbursed service must be documented in the individual's case record.
- 13.8** The use of cross-outs to alter information that has been entered into the clinical record is the only acceptable method of changing information. Information to be altered should have a single line through the information and must be accompanied by the initials of the staff making the alterations, date and time. For electronic records, all documentation should be locked when complete. If a change is needed after an electronic note has been locked, the agency should assure compliance with its policies regarding this and be able to identify change, time of change, and signature of person making the change.
- 13.9** Checklists by themselves are not acceptable as clinical or support notes. Additional narrative is required to explain the information that has been "checked off".
- 13.10** Billing matched to Time Record or EMR Equivalent
  - 13.10.1** A time record serves as the source document for Medicaid billing. The information must match billing and the individual's clinical record data. The time record must include:
    - 13.10.1.1** Identification of the individual
    - 13.10.1.2** Staff member identification
    - 13.10.1.3** Signature of staff member (electronic accepted)
    - 13.10.1.4** Program and cost center
    - 13.10.1.5** Service (Medicaid modality)
    - 13.10.1.6** Duration
    - 13.10.1.7** Date
    - 13.10.1.8** Number of individuals receiving service present
    - 13.10.1.9** Location
    - 13.10.1.10** If other staff is present (time records may need to be reviewed during an audit).
- 13.11** Agencies requesting and demonstrating appropriate safeguards for use of computer-generated signatures may use electronic signature technology. Policies should be in compliance with Federal law 42 CFR Part 2. Credentials must be included with the signature.

## **14.0 Screening and Access**

- 14.1** The organization implements screening/eligibility policies and written procedures that:
  - 14.1.1** Define:
    - 14.1.1.1** How screening is conducted.
    - 14.1.1.2** Eligibility for services.
    - 14.1.1.3** How admissions are prioritized and conducted.
    - 14.1.1.4** Exclusionary or ineligibility criteria.
  - 14.1.2** Address acceptance and refusal of referrals from outside agencies.

- 14.1.3** Outline treatment of pregnant women through:
  - 14.1.3.1** Must be in compliance with a forty-eight (48) hour time limit within which screening and eligibility determination for pregnant woman is identified and shared with those seeking services and/or the referring agency as clinically appropriate.
  - 14.1.3.2** Referral to ADAP when the program has insufficient capacity to provide services to any pregnant women who seek the services of the program.
- 14.2** When screening is conducted the organization will:
  - 14.2.1** Utilize evidence-based tools as clinically appropriate.
  - 14.2.2** Document review of each person's eligibility.
  - 14.2.3** Identify potential alternative treatment sources when services cannot be provided.
  - 14.2.4** Include an interview with the person to be served or referral source.
  - 14.2.5** Ensure that screening tools used are uniformly administered and personnel are trained to use the tools prior to administration.
  - 14.2.6** The provider will collaborate with community screeners to identify high-risk populations especially individuals involved with child welfare and triage appropriately.
- 14.3** Programs that serve a population that include people who inject drug, the program gives preference to treatment in the following order:
  - 14.3.1** Pregnant injecting drug users
  - 14.3.2** Other pregnant substance abusers
  - 14.3.3** Other injecting drug users
  - 14.3.4** All others
- 14.4** When appropriate, the program offers interim services that include, at a minimum, the following:
  - 14.4.1** Counseling and education about HIV and tuberculosis, the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and tuberculosis does not occur.
  - 14.4.2** Referral for HIV or tuberculosis treatment services, if necessary.
  - 14.4.3** Counseling pregnant women on the effects of alcohol and other drug use on the fetus and referrals for prenatal care for pregnant women.
- 14.5** If a crisis assessment is conducted:
  - 14.5.1** It is documented.
  - 14.5.2** The following are addressed:
    - 14.5.2.1** Suicide risk.
    - 14.5.2.2** Danger to self or others.
    - 14.5.2.3** Urgent or critical medical condition(s).
    - 14.5.2.4** Immediate threats.
- 14.6** A waiting list will be maintained assuring services to ADAP priority populations.
  - 14.6.1** Outpatient and IOP need to send in monthly waitlist access form. Residential needs to submit the form along with assessed population.
- 14.7** Any program refusing services to a pregnant woman due to insufficient capacity must refer those people to ADAP's Clinical Services Director within forty-eight (48) hours.
- 14.8** The organization utilizes written and standardized criteria for admission to each level of care offered within the organization.
  - 14.8.1** The admission criteria are available to person served, staff, and community.

- 14.8.2** The procedure includes criteria for determining that the level of care is appropriate to the needs of the person served.
- 14.8.3** The procedure addresses acceptance and refusal of referrals from outside agencies.
- 14.9** All people served receive an orientation.
  - 14.9.1** There is written and dated documentation signed by the person served that the orientation occurred.
  - 14.9.2** The orientation includes an explanation of the organizations' policies relating to treatment of the client:
    - 14.9.2.1** Philosophy and goals.
    - 14.9.2.2** Confidentiality policies including 42 CFR Part 2 limitations and requirements.
    - 14.9.2.3** Intent to treat persons served
    - 14.9.2.4** Consent to treatment.
    - 14.9.2.5** Rules governing person served conduct.
    - 14.9.2.6** Transitions between levels of care criteria and procedures.
    - 14.9.2.7** Hours of services and access to after-hour services, as appropriate.
    - 14.9.2.8** Costs, fees and payment responsibility.
    - 14.9.2.9** Mandated reporting laws.
  - 14.9.3** The orientation includes an explanation of:
    - 14.9.3.1** Rights and responsibilities of the persons served.
    - 14.9.3.2** Grievance procedures.
    - 14.9.3.3** The programs health and safety policies regarding:
      - 14.9.3.3.1** Use of tobacco products.
      - 14.9.3.3.2** Legal or illegal substances brought into the program.
      - 14.9.3.3.3** Prescription medication brought into the program.
      - 14.9.3.3.4** Weapons brought into the program.
    - 14.9.3.4** The program rules and expectations of the persons served, which identifies the following:
      - 14.9.3.4.1** Any restrictions the program may place on the person served.
      - 14.9.3.4.2** Event, behaviors, or attitudes and their likely consequences.
      - 14.9.3.4.3** Means by which the person served may regain rights or privileges that have been restricted.
    - 14.9.3.5** Identification of the purpose and process of the assessment.
    - 14.9.3.6** A description of:
      - 14.9.3.6.1** How the person-centered plan will be developed.
      - 14.9.3.6.2** The person's participation in goal development and achievement.
      - 14.9.3.6.3** Expectations for legally required appointments, sanction, or court notification.

## **15.0 Assessment**

- 15.1** The organization has written and dated policies and procedures for obtaining a person served assessment and the establishment of a diagnosis.
  - 15.1.1** The policy and procedure requires that a written assessment:
    - 15.1.1.1** Be completed by qualified personnel trained in the applicable tools, tests, instruments prior to administrations and signed off by a licensed professional.
    - 15.1.1.2** Document the risk ratings across all six dimensions in the ASAM Criteria to determine the appropriate level of care.
    - 15.1.1.3** Document use of appropriate assessment measurement tools as it applies to presenting diagnosis.

- 15.1.1.4** Be completed, verified by dated signature, within the following time frames:
  - 15.1.1.4.1** For outpatient and intensive outpatient served programs, by the end of the third clinical visit.
  - 15.1.1.4.2** For short-term residential or withdrawal management programs, by the end of the fourth day.
  - 15.1.1.4.3** For long-term residential, by the end of the fifteenth day.
- 15.1.1.5** The assessment will be conducted in a manner that is sensitive to a history of possible sexual abuse or domestic violence and should not lead to retraumatization.
  - 15.1.1.5.1** Unless contraindicated, the assessment should include trauma sequelae.
  - 15.1.1.6** Family functioning and strengths will be assessed.
  - 15.1.1.7** Barriers to treatment participation and necessary accommodations for pregnant women will be assessed.
- 15.2** The assessment includes an evaluation of the following areas:
  - 15.2.1** Presenting problem(s)
  - 15.2.2** Mental Status including:
    - 15.2.2.1** Suicide risk.
    - 15.2.2.2** Personal Safety.
    - 15.2.2.3** Risk to others.
  - 15.2.3** The relationship between criminal activity and substance abuse.
  - 15.2.4** Substance use history including tobacco or tobacco-derived products.
  - 15.2.5** Use of an evidence-based screening tool for pathological gambling.
  - 15.2.6** Previous behavioral health services including diagnostic and treatment histories.
  - 15.2.7** Physical health information including:
    - 15.2.7.1** Health history and current health needs.
    - 15.2.7.2** Medication history and current use profile.
    - 15.2.7.3** Known allergies.
    - 15.2.7.4** Advance directives.
  - 15.2.8** Family/Interpersonal history.
    - 15.2.8.1** Staff routinely follow up on questions such as ‘do you have children’ by asking about, and recording the names and ages of any children;
    - 15.2.8.2** Who children are living with and who has custody;
    - 15.2.8.3** Parent’s current contact with children, including current visitation plan, if any; and
    - 15.2.8.4** Parent’s desired contact with children if contact is limited.
    - 15.2.8.5** If parent is involved with the Department for Children and Families (DCF), staff should make every effort to obtain name and phone number of the DCF social worker and explain the importance of establishing productive, ongoing partnerships with DCF, including sharing information about parental treatment, and developing shared treatment and service plans.
  - 15.2.9** Spiritual beliefs.
  - 15.2.10** Educational/Employment history.
  - 15.2.11** Legal history and current involvement with criminal justice system.
  - 15.2.12** History of trauma that is experienced and/or witnessed.
  - 15.2.13** Current level of behavioral, cognitive, and emotional functioning.
  - 15.2.14** Person’s strengths, needs, abilities, and preferences.

- 15.3** Assessments for each child and adolescent must be age, gender, developmentally and culturally specific, and include information on:
  - 15.3.1** Developmental history, including developmental age factors, motor development, and functioning.
  - 15.3.2** Medical history and physical health history.
  - 15.3.3** Treatment history.
  - 15.3.4** School history, including information on a special education services provided.
  - 15.3.5** Intellectual functioning.
  - 15.3.6** Family relations.
  - 15.3.7** Social functioning/interactions with peers.
  - 15.3.8** Environmental surroundings (home and community).
  - 15.3.9** Prenatal exposure to alcohol, tobacco and other drugs, and prenatal exposure to disease.
  - 15.3.10** Alcohol and drug abuse history.
  - 15.3.11** Criminal justice involvement.
  - 15.3.12** Parental/guardian custodial status when applicable.
  - 15.3.13** When applicable, parents'/guardians':
    - 15.3.13.1** Ability/willingness to participate in services.
    - 15.3.13.2** Strengths.
    - 15.3.13.3** Preferences.
- 15.4** The assessment process results in a written and dated document that includes:
  - 15.4.1** Written interpretive summary.
  - 15.4.2** DSM-5 Diagnosis or ICD-10 diagnostic code.
  - 15.4.3** Identification of any co-occurring disorders, including eating disorders.
  - 15.4.4** Documentation of the risk ratings across all six dimensions in the ASAM Criteria.
  - 15.4.5** Treatment recommendations.
- 15.5** If the person served has received an assessment from a preferred provider in the last six months the receiving agency is encouraged to do an addendum, if appropriate. The addendum should include:
  - 15.5.1** Documentation of the risk ratings across all six dimensions in the ASAM Criteria.
  - 15.5.2** A mental status exam.
  - 15.5.3** DSM-5 diagnosis or ICD-10 diagnosis.
  - 15.5.4** Documentation of changes to any section 15.2 listed above since the last assessment.
  - 15.5.5** A copy of assessment completed in the last six months from the provider or program in the medical record.
  - 15.5.6** Signature of qualified professional and dated by staff completing addendum assessment and signed off of by licensed professional.
  - 15.5.7** Updates to treatment recommendations.
- 15.6** The organization will have a written policy and associated procedures stating:
  - 15.6.1** How the organization regularly screens, assesses, and treats using clinical practice guidelines for tobacco cessation including:
    - 15.6.1.1** Counseling.
    - 15.6.1.2** Utilization of FDA-approved nicotine replacement products.
  - 15.6.2** How the organization promotes no cost state resources through <http://802quits.org/> including 1-800-QUIT NOW.

## **16.0 Case Management**

**16.1** All organizations will provide case management services that provide goal-oriented and individualized support focused on improving self-sufficiency for the person served through assessment, planning, linkage, advocacy, coordination, and monitoring. Case management will be flexible and will be driven by the unique needs of the client.

**16.1.1** Based on the needs of the persons served, case management includes:

**16.1.1.1** Outreach to encourage participation of the persons served.

**16.1.1.2** Coordination of, or assistance with, crisis intervention, as appropriate.

**16.1.1.3** Optimizing resources and opportunities through community linkages.

**16.1.1.4** Assistance with:

**16.1.1.4.1** Accessing transportation.

**16.1.1.4.2** Securing housing.

**16.1.1.4.3** Exploring employment or meaningful activities.

**16.1.1.4.4** Securing childcare.

**16.1.1.4.5** Health insurance and maintaining insurance coverage

**16.1.1.4.6** Life skills education.

**16.1.1.5** Coordinated case management will be carried out through a multidisciplinary team approach. The team composition will depend on the client's needs and input but will include representatives from the various systems with whom the client has involvement. The goal will be to assist the client in accessing and understanding services. Linkage with:

**16.1.1.5.1** Skill development services.

**16.1.1.5.2** Social Services.

**16.1.1.5.3** Child Welfare System.

**16.1.1.5.4** Schools.

**16.1.1.5.5** Caregiver (including foster care or kin), if children are not in their birth parent's custody.

**16.1.1.5.6** Financial services.

**16.1.1.5.7** Legal services.

**16.1.1.5.8** Criminal justice system staff.

**16.1.1.5.9** Medical services.

**16.1.1.6** Care coordination with primary care provider to ensure effective planning and communication.

**16.1.2** It is the expectation that the organization will attempt to secure and document a 42 CFR Part 2 Compliant Release of Information from the person served in order to coordinate care.

**16.1.3** When a Release of Information exists, communication is documented.

**16.2** Based on the needs of the children or adolescents served, the program will include services to support the development of:

**16.2.1** Community living skills.

**16.2.2** Social skills.

**16.2.3** Social supports.

**16.2.4** Vocational skills.

## **17.0 Person-Centered Plan**

- 17.1** There is written and dated documentation that each person served receives a person-centered treatment plan that is:
  - 17.1.1** Developed with the person served and with the involvement of family or legal guardian of the person served, when applicable and permitted.
  - 17.1.2** Based in the persons' strengths, needs, abilities, and preferences.
- 17.2** For those served who will remain in treatment with the program beyond the fourth visit for outpatient and intensive outpatient programs or the fifth working day for all residential programs, the plan will be completed, dated, and signed by:
  - 17.2.1** The end of the fourth visit (for outpatient served and IOP programs).
  - 17.2.2** The end of the fifth day (for all residential and withdrawal management programs).
- 17.3** The Plan includes the following components:
  - 17.3.1** The identification of the needs /desires of the person served through goals that are expressed in the words of the person served and are reflective of the informed choice of the person served that are accompanied with clinical interpretation.
  - 17.3.2** For each goal, there are specific treatment objectives that are:
    - 17.3.2.1** Measurable.
    - 17.3.2.2** Achievable.
    - 17.3.2.3** Time specific and time limited.
  - 17.3.3** Treatment objectives will identify the specific interventions, modalities, or services including:
    - 17.3.3.1** Frequency of the intervention.
    - 17.3.3.2** The staff responsible for helping to accomplish the objective.
- 17.4** The person served will sign and date a statement, included in the treatment plan, indicating that he/she has reviewed, participated in the development of, and understands the treatment plan.
- 17.5** The counselor shall sign and date the treatment plan upon its completion.
- 17.6** Person centered treatment plans are reviewed and updated by the counselor and the person served as verified by a signed and dated plan no less frequently than:
  - 17.6.1** When there are significant changes in a person's life.
  - 17.6.2** When there are changes to the treatment modality, frequency and/or amount of treatment services.
  - 17.6.3** When there is a transition between levels of care.
- 17.7** If the clinician signing the treatment plan is a non-licensed clinician, AAP, or CADC, the treatment plan must be cosigned by a licensed substance abuse counselor (LADC).
- 17.8** After each billable service there must be documentation supporting continued need for services based on clinical necessity, including the following:
  - 17.8.1** Dated progress notes that link to the treatment plan;
  - 17.8.2** Updates or modifications to treatment plan;
  - 17.8.3** Interventions provided and client's response;
  - 17.8.4** Printed staff name and signature or electronic equivalent.
- 17.9** Clients will be provided a copy of their treatment plan and each update thereof.

## **18.0 Transition/Discharge**

- 18.1** The organization has written and dated policies and procedures on persons served who are transitioning or are discharged from the program.

- 18.1.1 The policy states that persons served will participate in the development of their aftercare plans as early as possible in the person-centered planning and service delivery process.
- 18.2 There will be entered into the person served record a discharge summary within seven days following discharge signed and dated by the counselor, which includes:
  - 18.2.1 The date of admission and discharge.
  - 18.2.2 The presenting condition.
  - 18.2.3 A description of the services provided.
  - 18.2.4 A description of progress toward treatment goals and objectives.
  - 18.2.5 The reason for discharge/ transition.
  - 18.2.6 Identification of unmet needs and recommended aftercare services and supports.
  - 18.2.7 Any medications prescribed by the organization during the episode of care.
  - 18.2.8 Final diagnosis.
  - 18.2.9 Dated signature of the staff completing the discharge summary.
- 18.3 The written aftercare plan is developed and:
  - 18.3.1 Is prepared to ensure seamless transition when a person served is transferred to another level of care or prepares for a planned discharge.
  - 18.3.2 Identifies the person's need for a recovery support system or other types of service that will assist in continuing the recovery and community integration.
  - 18.3.3 Includes referral information made for additional services such as appointment dates, times, contact name, telephone number, and location.
  - 18.3.4 Includes recommendations for self-help and contact information for local peer recovery support services.
  - 18.3.5 Will include the signature of the person served and/or their legal guardian as applicable.
- 18.4 For transitions between levels of care and/or providers:
  - 18.4.1 Counselors ensure successful transition between clinically appropriate levels of care.
  - 18.4.2 Referring agencies must provide the receiving agency the most recent assessment upon receipt of a signed release of information.
- 18.5 Upon discharge, when person served has given documented consent, the organization, when prescribing medications, will document coordination of care with the Primary Care Provider and/or external prescribing professional regarding at a minimum what medications are being prescribed and for what diagnoses.

**19.0 Medication Monitoring and Management**

- 19.1 All medications are administered in accordance with accepted and statutory clinical practice under the authority of a prescribing professional.
- 19.2 A list of clinical staff members authorized by the program and by law to administer or dispense medications is maintained and updated as needed.
- 19.3 Self-administration of medication is permitted only when specifically ordered by the responsible prescribing professional.
- 19.4 Drugs and prescriptions brought into the program for the person served are neither administered nor made available for self-administration unless they are identified by the program and approved by the responsible prescribing professional.
- 19.5 Medication errors and adverse drug reactions are documented in the person served record and reported to the responsible physician upon discovery.

- 19.6** The organization has written and dated policies and procedures regarding pharmaceutical practices.
- 19.6.1** Providers will offer a pregnancy test before implementation of medication-assisted treatment.
  - 19.6.2** Treatment for pregnant women receiving methadone or other approved controlled substances from a treatment agency licensed to provide opioid replacement treatment will be based on up-to-date research. Women will not be detoxified during pregnancy without consideration by the doctor of the impact it would have on the mother and her fetus. In addition, all pregnant women on prescribed medications will be medically evaluated to determine the appropriateness of detoxification.
  - 19.6.3** Disulfiram, naltrexone and other medications that may be contraindicated for pregnant women will not be administered without an assessment by licensed medical professionals.

**20.0 Crisis Management**

- 20.1** The organization has written guidelines for mental health crisis/emergency management.

**IV Population and Core Specialty Program Standards:**

All applicants for certification that provide services to a specific population of persons served and/or a core specialty program listed below must be compliant with those standards in addition to the General Program Standards.

**21.0 Medication Assisted Treatment for Opiate Dependence**

All organizations seeking program approval in Medication Assisted Treatment must also conform to current Vermont Department of Health Opiate Addiction Treatment Rules established under the authority of 18 VSA Chapter 92.

**22.0 Residential Withdrawal Management Services**

Programs or components that do not provide withdrawal management services and hubs are exempt from these standards. This section applies to all residential withdrawal management services except opioid maintenance programs. For opioid treatment refer to [Medication Assisted Treatment Rules](#). At a minimum all withdrawal management services must meet the following standards.

- 22.1** Detoxification services will be provided in a trauma-informed, gender-responsive environment that is safe, calm, welcoming and friendly
  - 22.1.1** If a parent or guardian is in need of detoxification services, programs will ensure that his or her children have appropriate care and supervision. Appropriate communication about the parent or guardian's well-being shall be provided to children.
  - 22.1.2** A pregnancy test will be offered before initiation of pharmacological intervention.
- 22.2** The program shall have established written admission, continuing care, and discharge criteria.
- 22.3** The program must have availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive problems.
- 22.4** The program must have the ability to arrange for appropriate and laboratory tests.

- 22.5** The person served must have a physician or physician extender conduct a physical exam:
- 22.5.1** Within twenty-four hours of admission or within twenty-four hours prior to admission.
  - 22.5.2** If the physical is conducted prior to admission a copy of the results and any medical orders shall be maintained in the medical record.
- 22.6** The physical examination must include a toxicology screen for drugs of abuse.
- 22.7** Each program shall have a designated medical director who is licensed to practice medicine in Vermont and who has the responsibility for supervising all medical services.
- 22.8** Protocols, under the direction and with the approval of the medical director, that shall include, but not limited to, the following:
- 22.8.1** Written withdrawal management protocols shall be established for each substance for which the program provides withdrawal management services.
  - 22.8.2** All medication shall be prescribed, administered and/or dispensed according to individualized treatment plans and medical records.
- 22.9** The person served shall be assigned a primary clinician who will follow the person's served progress during withdrawal management. Such assignment shall be documented in the treatment record.
- 22.10** The program shall ensure availability of training and education for clinical and support staff. The training shall include, but not be limited to, the following:
- 22.10.1** Appropriate screening protocols and procedures.
  - 22.10.2** Use of ASAM Criteria to determine placement and treatment criteria.
  - 22.10.3** Medical aspects of substance use, abuse, and withdrawal.
  - 22.10.4** Pharmacology in the withdrawal management program setting.
  - 22.10.5** Early interventions for individuals at high risk during intoxication and withdrawal.
  - 22.10.6** Non-violent crisis intervention.
  - 22.10.7** Management of the individual with suicidal ideation.
  - 22.10.8** Discharge planning.
- 22.11** There shall be a written policy to address individuals leaving withdrawal management treatment against the advice of the staff. The policy shall include:
- 22.11.1** The person served shall be informed (and documented) of the risks of leaving treatment prematurely.
  - 22.11.2** The individual shall be provided a list of possible withdrawal danger signs particular to his or her withdrawal management protocol.
  - 22.11.3** The person shall sign an "Against Medical Advice Form".
  - 22.11.4** The signature shall be witnessed by a staff member.
  - 22.11.5** If the person served refuses to sign the "Against Medical Advice Form" the organization staff shall document this on the aforementioned form and sign the form.
- 22.12** Staffing shall provide twenty-four (24) hour awake on-site care and the program shall be open seven days a week. Adequate staffing levels shall be maintained to admit, treat, and discharge individuals.
- 22.13** Medical specialty, psychological, psychiatric, laboratory, and toxicology services shall be available within the program through consultation or referral.
- 22.14** The program shall have on staff a supervising physician who has responsibility for oversight of all medical and pharmaceutical procedures.

- 22.15** An organization that manages medication for persons served has written procedures regarding medications that provide for:
  - 22.15.1** Compliance with all applicable laws and regulations pertaining to medications and controlled substances.
  - 22.15.2** Documentation or confirmation of informed consent for each medication prescribed, when possible.
  - 22.15.3** Integrating any prescribed medications into a person’s overall plan, including, if applicable special dietary restrictions or needs associated with medication use.
  - 22.15.4** Identification, documentation, and required reporting, including to the prescribing professional:
    - 22.15.4.1** Of any medication reactions experienced by the person served.
    - 22.15.4.2** Of medication errors, as appropriate.
  - 22.15.5** Policies and procedures regarding medication errors and drug reactions as part of the quality monitoring and improvement system.
  - 22.15.6** Actions to follow in case of emergencies related to the use of medication, including ready access to the telephone number of a poison control center by the program personnel.
  - 22.15.7** Availability of the medical resources for the consultation during hours of program operation.
- 22.16** Coordination as needed with the physician providing primary care needs.
- 22.17** The following standards are required for programs providing withdrawal management services who wish to provide an enhanced level of treatment services.
  - 22.17.1** The person served shall remain in a medical withdrawal management program for the period of time determined and documented as medically necessary by the programs physician.
  - 22.17.2** A complete medical history shall be performed or reviewed and documented within twenty-four (24) hours of admission.
  - 22.17.3** Staff shall provide a planned regimen of twenty-four (24) hour professionally directed evaluation, care, and treatment services, to include the administration of prescribed medications by medical staff.
  - 22.17.4** Physicians and or mid-level medical practitioners are available twenty-four hours a day via telephone.
  - 22.17.5** The program shall have a designate registered nurse, with experience in substance abuse treatment, who shall be responsible for the general supervision of the nursing staff.
  - 22.17.6** There shall be no less than one (1) licensed nurse per twenty-five (25) individuals being treated in a withdrawal management program. One (1) registered nurse shall be on-site in the program at all times.
  - 22.17.7** All nurses shall receive annual training in the medical management and supervision of withdrawal management from alcohol and other drugs. Documentation of such training shall be retained on file and be available for review.

**23.0 Intensive Outpatient Treatment (IOP)**

- 23.1** In IOP treatment the person served and/or family members are provided at least nine but not more than 19 direct contact hours a week.
- 23.2** IOP’s will provide two or more of the following services per week:
  - 23.2.1** Individual counseling.

**23.2.2** Group counseling.

**23.2.3** Family counseling.

**23.3** IOP's will offer education on wellness and recovery.

**23.4** The IOP coordinates treatment with other services when consent of the person served is documented.

**23.5** IOP's will have the capacity to secure psychiatric and/or medical consultation by telephone within 24 hours and within 72 hours in person.

**23.6** Clinical appropriateness for admission to an intensive outpatient served treatment program is determined utilizing assessment protocols identified in of these standards and can be justified based upon ASAM Criteria for level 2.1.

**23.7** The organization has a written description of the mission, policies, and procedures of its IOP.

## **24.0 Residential Treatment**

**24.1** The organization has a written policies and procedures of its residential treatment services to address the following:

**24.1.1** There is made available to the person served a description of the treatment services, including treatment services provided evenings and weekends.

**24.1.2** There is a written policy and procedure made known to the person served that details the programs practices concerning leaving against the advice of staff.

**24.1.3** There is a written policy and procedure that is made known to the person served that details the consequences of the use of alcohol and other drugs by the individual served while in the residential program.

**24.2** There are policies and procedures allowing for the persons served to have:

**24.2.1** Visitation in a space that allows for private conversation.

**24.2.2** The right to send and receive mail

**24.2.3** Reasonable access to electronic mail.

**24.2.4** Telephone access with the right and capacity to conduct private telephone conversation.

**24.3** There are policies and procedures governing the organization and delivery of nutritional services.

**24.3.1** The policies and procedures include provision for accommodating persons served that have specific dietary needs.

**24.4** Services are to be provided by a coordinated team that includes, at a minimum, the following professionals:

**24.4.1** An assigned residential staff or plan coordinator.

**24.4.2** A licensed behavioral health professional.

**24.4.3** Providers of appropriate medical support services.

**24.5** The program will provide treatment at least four hours a day, seven days a week.

**24.6** The program provides face-to-face program support 24 hours a day, seven days a week.

**24.7** The program has telephone or in-person consultation with a prescribing health care provider and emergency services available 24 hours a day, seven days a week.

**24.8** The program ensures the provisions of both medical and pharmaceutical services.

**24.9** The program has at least one staff member on duty immediately available at all times trained in first aid and CPR.

**24.10** Clinical staff show competence as evidenced by professional licensure and/or specialized training in:

**24.10.1** Behavior management techniques.

**24.10.2** Biological and psychological dimension of addiction and mental health disorders and their treatment.

**24.10.3** Signs and symptoms of acute psychiatric conditions and their de-compensation.

**24.11** The program provides the following community living components:

**24.11.1** A written daily schedule of activities.

**24.11.2** Daily meetings between the persons served and the program staff.

**24.11.3** Adequate personal space for privacy.

**24.11.4** Security of property.

**24.11.5** Daily access to nutritious meals and snacks.

**24.11.6** Separate sleeping areas for the persons served based on gender, age, and needs.

**24.11.7** There is up to date documentation in the person served record of all medications, prescriptions, and non-prescriptions, used by the person that includes:

**24.11.7.1** Name of the medication.

**24.11.7.2** Dosage, including strength or concentration.

**24.11.7.3** The frequency.

**24.11.7.4** Instructions for use, including administration route.

**24.11.7.5** For prescription medications:

**24.11.7.5.1** The prescribing professional and phone number.

**24.11.7.5.2** Dispensing pharmacy and contact information.

**24.11.7.5.3** There are written and dated policies and procedures that address:

**24.11.7.5.3.1** Storage, including handling of medication requiring refrigeration or protection from light.

**24.11.7.5.3.2** Safe handling.

**24.11.7.5.3.3** Packaging or labeling.

**24.11.7.5.3.4** Safe disposal.

**24.11.7.5.3.5** Maintenance of an adequate supply of the medication for the persons served.

**24.11.7.5.3.6** Documentation of medication use.

**24.12** Qualified staff receives and records verbal orders for medication, laboratory test, dietary, restraint and seclusion.

**24.12.1** The organization must identify in policy and procedures the staff that is authorized to receive and record verbal orders in accordance with law and regulation.

**24.12.2** Documentation of verbal orders includes the date and the names of staff, who gave, received, recorded, and implemented the orders.

**24.12.3** Verbal orders must be authenticated within the time frame of seven (7) days.

**24.13** The program is encouraged to maintain tobacco-free campus status, if already established, or work toward reducing smoking on campus through:

**24.13.1** Reducing smoke breaks.

**24.13.2** Discouraging patients, family members and other visitors from bringing tobacco products, substitutes (e-cigarettes and other vaping devices), and paraphernalia to the facility

**24.13.3** Supporting staff to quit or reduce tobacco use.

## **25.0 Children and Adolescents**

**25.1.1** Staff will be on site 24 hours a day and 7 days a week in residential programs.

**25.1.2** Services provided reflect the ages, cognitive levels, interests, concerns and cultural and developmental needs of children or adolescents served.

- 25.1.3** Rooms will be available for the person served according to age, gender, and developmental needs in residential programs.
- 25.1.4** If residential services are provided, the program provides opportunities for visits, when appropriate and in compliance with applicable laws and court orders, with:
  - 25.1.4.1** Family members and significant others.
  - 25.1.4.2** Peers.
- 25.1.5** The program does not exclude children or adolescents from services solely on the basis of their juvenile justice involvement. Although specific behaviors may be identified by a program as exclusionary admission criteria, children and adolescents cannot be excluded from services solely because they are involved in the juvenile justice system.