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IDAPA 16
TITLE 07
CHAPTER 20

16.07.20 - ALCOHOL AND SUBSTANCE USE DISORDERS TREATMENT AND RECOVERY SUPPORT SERVICES FACILITIES AND PROGRAMS

000. LEGAL AUTHORITY.

Under Title 39, Chapter 3, Idaho Code, the Board of Health and Welfare is authorized to adopt rules that set standards for the approval of alcohol and substance use disorders treatment and recovery support services facilities and programs in the state of Idaho. Under Sections 56-1003, 56-1004, 56-1004A, 56-1007, and 56-1009 Idaho Code, the Director of the Department is authorized to supervise and administer services dealing with the problems of alcoholism including the care and rehabilitation of persons suffering from alcoholism. (5-1-10)

001. TITLE, SCOPE, AND PURPOSE.

01. **Title**. The title of these rules is IDAPA 16.07.20, "Alcohol and Substance Use Disorders Treatment and Recovery Support Services Facilities and Programs." (5-1-10)

02. **Scope**. These rules set minimum standards for approved public and private alcohol and substance use disorders treatment or recovery support services facilities and programs in the state of Idaho. These programs treat or provide services to persons who use or are substance dependent on alcohol or drugs, including prescription drugs, to the extent that their health is impaired or endangered, or their social or economic functioning is disrupted. (5-1-10)

03. **Purpose**. The purpose of these rules is to: (5-1-10)

a. Establish requirements for the approval, denial, suspension, or revocation of certificates of approval for approved public and private alcohol and substance use disorders treatment and recovery support services facilities and programs in Idaho; (5-1-10)

b. Set fees to be charged by the Department for inspections of approved public and private alcohol and substance use disorders treatment and recovery support services facilities and programs in Idaho; (5-1-10)

c. Establish criteria for the admission and discharge of persons by approved public and private alcohol and substance use disorders treatment and recovery support services facilities and programs in Idaho; and (5-1-10)

d. Establish requirements for health, safety, and quality of treatment, care, and services provided by approved public and private alcohol and substance use disorders treatment and recovery support services facilities and programs in Idaho. (5-1-10)

002. WRITTEN INTERPRETATIONS.

In accordance with Section 67-5201(19)(b)(iv), Idaho Code, the Department has a Minimum Case Management Standards Manual which contains forms, policies, procedures, and interpretations of these rules for the development and provision of case management services, or to the documentation of compliance with the rules of this chapter. These documents are available for public inspection as described in Sections 005 of these rules. The standards are also available by accessing the Department's website at http://healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/RecoverySupportServices/tabid/381/Default.aspx, and clicking on the links under "RSS Case Management." (5-1-10)

003. ADMINISTRATIVE APPEALS.

Administrative appeals are governed by provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (5-1-10)

004. INCORPORATION BY REFERENCE.

The documents listed in Subsection 004.01 through 004.08 of these rules, are incorporated by reference as provided by Section 67-5229 (a), Idaho Code. (5-1-10)

01. Americans with Disabilities Act Accessibility Guidelines. 28 CFR Part 36, Appendix A. This code is available online at http://www.ada.gov/publicat.htm. Contact phone number is 1-800-514-0301. (5-1-10)

02. ASAM PPC-2R. American Society of Addiction Medicine (ASAM) Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition - Revised (ASAM PPC-2R). A copy of this manual is available by mail at the American Society of Addiction Medicine, 4601 North Park Ave., Suite 101, Chevy Chase, MD 20815; by telephone and fax, (301) 656-3920 and (301) 656-3815 (fax); or on the internet at http://www.asam.org. (5-1-10)

03. DSM-IV-TR. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) Washington, DC, American Psychiatric Association, 2000. Copies of the manual are available from the American Psychiatric Association, 1400 K Street, N.W., Washington, DC, 20005. A copy of the manual is also available for public review at the Department of Health and Welfare, 450 West State Street, Boise, Idaho, 83702. (5-1-10)

04. Guidelines for the Accreditation of Opioid Treatment Programs (OTP). Substance Abuse and Mental Health Services Administration, Office of Pharmacologic and Alternative Therapies, Attention: OTP Certification Program, Room 2-1086, 1 Choke Cherry Road, Rockville, MD 20857; or on the internet at http://www.dpt.samhsa.gov/regulations/certification.aspx for an overview of certification regulations, and http://www.dpt.samhsa.gov/pdf/OTPAccredGuidelines-2007.pdf for the specific guidelines dated July 20, 2007. A copy of the manual is also available for public review at the Department of Health and Welfare, 450 West State Street, Boise, Idaho, 83702. (5-1-10)

05. International Building Code. Edition 2003. This code is available from the International Code Council, 4051 West Flossmoor Rd., Country Club Hills, IL 60478-5795, phone: 1-888-422-7233 and online at http://www.iccsafe.org. (5-1-10)

06. The Joint Commission's 2009 Comprehensive Accreditation Manual for Behavioral Health CARE (CAMBHC). The standards for conducting "Research" are available from The Joint Commission, 2009 CAMBHC, 1 Renaissance Blvd., Oakbrook Terrence, IL 60181-4294, phone: 1-877-223-6866, and online at http://www.jcrinc.com/Accreditation-Manuals/2009-CAMBHC/1260/. (5-1-10)

07. National Fire Protection Association (NFPA) Documents. The NFPA documents referenced in this chapter of rules as the Uniform Fire Code are available from the National Fire Protection Association, 11 Tracy Drive, Avon, MA 02322-9908, phone: 1-800-344-3555, and online at http://www.nfpa.org. (5-1-10)

08. Treatment Improvement Protocol (TIP) 42. "Substance Abuse Treatment for Persons with Co-occurring Disorders." This publication is available from the Substance Abuse Mental Health Service Administration's (SAMHSA's) Health Information Network, P.O. Box 2345, Rockville, MD 20847-2345, phone: 1-877-SAMHSA-7 (1-877-726-4727), TTY: 1-800-487-4889, Fax: 1-240-221-4292, Email: SHIN@samhsa.hhs.gov, Web Site: http://www.samhsa.gov/shin. (5-1-10)

005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE -- INTERNET WEBSITE.

01. Office Hours. Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the state of Idaho. (5-1-10)

02. Mailing Address. The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. (5-1-10)

03. Street Address. The business office of the Idaho Department of Health and Welfare is located at 450 West State St., Boise, Idaho 83702. (5-1-10)

04. Telephone. The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. (5-1-10)

05. Internet Website. The Department's internet website is found at http://www.healthandwelfare.idaho.gov. (5-1-10)

06. Substance Use Disorders Services Website. The Substance Use Disorders Services internet website is found at http://www.substanceabuse.idaho.gov. (5-1-10)

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUEST.

01. Public Records. The use or disclosure of Department records must comply with IDAPA 16.05.01, "Use and Disclosure of Department Records." Unless otherwise exempted by state or federal law, all public records in the custody of the Department are subject to disclosure. (5-1-10)

02. Public Availability of Licensure or Deficiencies. In compliance with Section 9-340C(9), Idaho Code, and IDAPA 16.05.01.100.02, "Use and Disclosure of Department Records," records relating to alcohol and substance use disorders treatment and recovery support services programs will be released to the public upon written request if they are part of an inquiry into an individual's or organization's fitness to be granted or retain a license, certificate, permit, privilege, commission or position. These records will otherwise be provided in redacted form as required by law or rule. (5-1-10)

007. -- 008. (RESERVED).

009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

01. Criminal History and Background Check. All owners, operators, employees, transfers, reinstated former employees, student interns, contractors and volunteers hired or contracted with after May 1, 2010, who provide direct care or service or have direct client access, must comply with the provisions of IDAPA 16.05.06 "Criminal History and Background Checks." (5-1-10)

02. Availability to Work. An individual listed in Subsection 009.01 of these rules is available to work on a provisional basis at the discretion of the employer or agency once the individual has submitted his criminal history and background check application, it has been signed and notarized, reviewed by the employer or agency, and no disqualifying crimes or relevant records are disclosed on the application. An individual must be fingerprinted within twenty-one (21) days of submitting his criminal history and background check application. An individual is allowed to work or have access to clients only under supervision until the criminal history and background check is completed. (5-1-10)

010. DEFINITIONS - A THROUGH C.
For the purposes of these rules, the following terms are used. (5-1-10)

01. Access. A client's ability to obtain alcohol or substance use disorder treatment or services that he is seeking. (5-1-10)

02. Active Client. A client who receives services from an approved alcohol and substance use disorders treatment or recovery support services program, who has had face-to-face contact with a program's qualified substance use disorders professional within the immediately preceding thirty (30) calendar days. (5-1-10)

03. Adolescent. An individual between the ages of fourteen (14) and eighteen (18). (5-1-10)

04. Admission. The point in an applicant's relationship with a state-approved substance use disorders treatment program or recovery support services program when the screening and assessment process has been completed and the applicant has been found eligible by the Department to receive the services of the program. (5-1-10)

05. Adult. An individual eighteen (18) years of age or older. (5-1-10)

06. Adjunct Services. Those clinical and non-clinical services provided outside of an approved

alcohol and substance use disorders treatment or recovery support services program that support client recovery. Adjunct services may include: Women, Infant and Children (WIC), welfare, mental health services, and medical services. (5-1-10)

07. **Advocacy**. The act of pleading for, supporting, or recommending services, supports, treatment, or opportunities for a client. For example, a case manager advocates for the unmet needs of the client and encourages independence. Advocacy, as part of case management, can be done with or for a client. (5-1-10)

08. **Alcohol and Drug Testing**. The collection and initial screening of urine, hair, or oral fluid samples for screening and detecting alcohol and substance use. (5-1-10)

09. **Applicant**. A person, firm, partnership, association, corporation, agency, or organization which has filed an application with the Department to become an approved alcohol and substance use disorders treatment or recovery support services program under these rules. (5-1-10)

10. **Appropriate**. A term used to indicate that a particular procedure, treatment, test, or service is suitable or compatible in quantity, and provided in the best setting to meet the client's needs. (5-1-10)

11. **Approved Private Treatment Facility**. An alcohol and substance use disorders treatment program or recovery support services program meeting the standards prescribed in Section 39-305(1), Idaho Code, and approved under the provisions of Section 39-305(3), Idaho Code, and these rules. The term “facility” is synonymous with the term “program.” (5-1-10)

12. **Approved Public Treatment Facility**. An alcohol and substance use disorders treatment program or recovery support services program operating under the Alcoholism and Intoxication Treatment Act (Title 39, Chapter 3, Idaho Code) through a contract with the Department and meeting the standards prescribed in Section 39-305(1), Idaho Code, and approved pursuant to Section 39-305(3), Idaho Code and these rules. The term “facility” is synonymous with the term “program.” (5-1-10)

13. **ASAM PPC-2R**. Refers to the manual containing the patient placement criteria for the treatment of substance-related disorders, published by the American Society of Addiction Medicine (ASAM) as incorporated by reference in Section 004 of these rules. (5-1-10)

14. **Assessment and Referral Services**. A substance use disorders program provides these services in order to treat, provide services, or refer individuals. An assessment is designed to gather and analyze information regarding a client's current substance use disorder behavioral, social, medical, and treatment history. The purpose of the assessment is to provide sufficient information for problem identification and, if appropriate, substance abuse related treatment or referral. (5-1-10)

15. **Behavioral Health Services**. Services offered by the Department to treat behavioral health issues or alcohol and substance use disorders. (5-1-10)

16. **Biopsychosocial Assessment**. Those procedures by which a qualified substance use disorders professional evaluates an individual's strengths, weaknesses, problems, needs, and determines priorities so that a treatment plan can be developed. (5-1-10)

17. **CARF**. The Commission on Accreditation of Rehabilitation Facilities. (5-1-10)

18. **Case Management**. The administration and evaluation of an array of services that may include assessment of client and client family needs, service planning, linkage to other services, client advocacy, monitoring service provision, and coordination of services. (5-1-10)

19. **Case Management Planning**. The planning process where the case manager and client, parent, guardian, spouse, or significant other, as applicable, define goals, strategies to achieve these goals, responsibilities for action, and time frames for action. It also includes community reintegration planning, and discharge planning to terminate case management services when case management is no longer required by the client, goals have been met, the client no longer wishes to participate in case management, or the client is no longer eligible for services. (5-1-10)

20. Case Management Supervision. Case management supervision includes planning, directing, monitoring, and evaluating the work of a case manager by an individual who meets the qualifications of a case manager supervisor. A clinical supervisor of a treatment agency may fulfill this role and may incorporate case management supervision into clinical supervision activities. (5-1-10)

21. Case Management Supervisor. The program staff member responsible for oversight of all case management aspects of the case management services provided. A clinical supervisor of a treatment agency may also fulfill this role. (5-1-10)

22. Certificate of Approval. A certificate issued by the Department under Section 145 of these rules to an alcohol and substance use disorders treatment or recovery support services program which the Department deems to be in compliance with these rules. (5-1-10)

23. Certified Home Inspection. An inspection of a residential dwelling conducted by a registered, licensed, or certified home inspector to determine the quality, safety, and overall condition of the dwelling. (5-1-10)

24. Child. An individual under the age of fourteen (14). (5-1-10)

25. Client. A person receiving treatment for an alcohol or a substance use disorder or receiving recovery support services. The term “client” is synonymous with the terms “patient,” “resident,” “consumer,” “participant,” or “recipient of treatment.” (5-1-10)

26. Client Record. All documentation of individual client treatment and related services. (5-1-10)

27. Clinical Case Management. Clinical case management is a service that integrates mental health and substance use disorders clinical expertise with case management skills to implement comprehensive interventions that address the overall maintenance of the client's physical and social environment. Clinical case management includes: engagement of the client, assessment, planning, treatment, linkage with resources, consultation with families, collaboration with psychiatrists, client education, and crisis intervention. (5-1-10)

28. Clinical Judgment. Refers to observations and perceptions based upon education, experience, and clinical assessment. This may include psychometric, behavioral, and clinical interview assessments that are structured, integrated, and then used to reach decisions, individually or collectively, about an individual's functional, mental, and behavioral attributes and alcohol and substance use disorders service needs. (5-1-10)

29. Clinical Supervision. Clinical supervision includes planning, directing, monitoring, and evaluating the clinical work of another staff person by a Department-qualified clinical supervisor. (5-1-10)

30. Clinical Supervisor. The program staff member responsible for oversight of all clinical aspects of the treatment services provided. (5-1-10)

31. Clinically Managed High-Intensity Residential Treatment. A program that offers intensive residential treatment services, staffed twenty-four (24) hours per day, seven (7) days a week, which is designed to treat persons who have significant social and psychological problems. Individuals who are appropriate for this level of care typically have multiple deficits, which may include criminal activity, psychological problems, impaired functioning, and disaffiliation from mainstream values. This level of care is also known as long-term residential care or a Therapeutic Community. (5-1-10)

32. Clinically Managed Low-Intensity Residential Treatment. A program that offers at least five (5) hours per week of outpatient or intensive outpatient treatment services along with a structured residential recovery environment, staffed twenty-four (24) hours per day, seven (7) days a week, which provides sufficient stability to prevent or minimize relapse or continued use. This level of care is also known as a Halfway House. (5-1-10)

33. Clinically Managed Medium-Intensity Residential Treatment. A program that offers structured residential treatment services, staffed twenty-four (24) hours per day, seven (7) days a week, which provides intensive residential program for clients who require treatment services in a highly-structured setting. This type of program is

appropriate for clients who need concentrated, therapeutic services prior to community residence. Community reintegration of residents in this level of care requires case management activities directed toward networking clients into community-based recovery support services such as housing, vocational services, or transportation assistance so that the client is able to attend mutual self-help meetings or vocational activities after discharge. This level of care is also known as residential care. (5-1-10)

34. College of Professional Psychology. Professional certification entity of the American Psychological Association Practice Organization. (5-1-10)

35. Competencies. Competencies are the knowledge, skills, and attitudes required for the members of the alcohol and substance use disorders clinical staff as a prerequisite to proficiency in the professional treatment of alcohol and substance use disorders. The model of competencies is determined by the Department. (5-1-10)

36. Compliance. Demonstration that these rules, policies and procedures, and applicable federal and state statutes and regulations are observed. Compliance is determined by the Department. (5-1-10)

37. Comprehensive Case Management Service Plan. A written comprehensive service plan based on a current assessment as described in Section 370 of these rules, that addresses the medical, psychosocial, legal, educational, and financial needs of the client. The comprehensive service plan provides for the coordination of services across multiple need dimensions. (5-1-10)

38. Continuing Care. Care that supports a client's progress, monitors his condition, and can respond to a return to substance use or a return of symptoms of mental disorder. It is both a process of post-treatment monitoring and a form of treatment itself. (5-1-10)

39. Contract. A formal agreement with any organization, agency, or individual specifying the services, personnel, products or space to be provided by, to, or on behalf of the program and the consideration to be expended in exchange. (5-1-10)

40. Contractor. A person or company that performs work, provides supplies, or delivers services for another under a written agreement. (5-1-10)

41. Contracted Intermediary. A third party contractor of the Department who handles direct contracting with network providers for alcohol and substance use disorders treatment and recovery support services. Direct services may include network management, claims payment, data gathering per federal and state requirements, and census management. (5-1-10)

42. Co-Occurring Capable. The ability of a treatment provider to recognize the signs and symptoms of a co-occurring disorder and make a referral to an appropriate mental health facility. (5-1-10)

43. Co-Occurring Disorders (COD). The co-occurring diagnoses of mental health and substance use disorders. (5-1-10)

44. Criminogenic Need. A client attribute shown by research to be correlated with criminal behavior and to be an appropriate target for treatment intervention. (5-1-10)

011. DEFINITIONS - D THROUGH H.

For the purposes of these rules, the following terms are used. (5-1-10)

01. Department. The Idaho Department of Health and Welfare. (5-1-10)

02. Detoxification Services. Services necessary to monitor individuals who are undergoing the systematic reduction of a toxic agent from the body during withdrawal. (5-1-10)

03. Direct Client Access. Direct client access means an employee, contractor, or volunteer who has accessibility to a client. (5-1-10)

04. **Director**. The Director of the Department of Health and Welfare or his designee. (5-1-10)

05. **Discharge**. The point at which the client's active involvement in treatment or recovery support services is terminated and the program no longer maintains active responsibility for the care of the client. (5-1-10)

06. **Discharge Plan**. The plan developed jointly by the qualified substance use disorders professional and the client that provides the client with the resources needed to support his recovery. (5-1-10)

07. **Discharge Summary**. A document written by the client's provider upon discharge from treatment and contains a summary of the following: (5-1-10)

a. Assessment of client problems at admission; (5-1-10)

b. Expected treatment outcomes; (5-1-10)

c. Treatment plans and strategies; (5-1-10)

d. Client status at discharge; (5-1-10)

e. Treatment progress; (5-1-10)

f. Summaries of continuing care plans; and (5-1-10)

g. Referrals for further treatment. (5-1-10)

08. **Drug Court Outpatient Treatment Program**. A Department-approved program for the treatment of alcohol and substance use disorders for individuals under the jurisdiction of a local drug court. (5-1-10)

09. **Drug Court Team**. Individuals who collectively plan and evaluate services for drug court participants and determine participant compliance, progress, sanctions, movement from one (1) treatment phase to another, and continuation or termination of drug court treatment. (5-1-10)

10. **Early Intervention Services**. Services that are designed to explore and address problems that appear to be related to substance use. (5-1-10)

11. **Education**. Strategies that teach people critical information about alcohol and other drugs and the physical, emotional, and social consequences of their use. (5-1-10)

12. **Executive Director**. The individual who is responsible for the overall management of the program or facility. The executive director is appointed by the governing body to act on its behalf. The term “executive director” is synonymous with the terms “administrator,” “director,” “superintendent,” “president,” “vice-president,” and “executive vice-president.” (5-1-10)

13. **Facility/location**. The individual building or buildings, including furnishings and fixtures, or locations where persons with alcohol or substance use disorders receive services. The term “facility” is synonymous with office, clinic, or physical plant. (5-1-10)

14. **Governing Body**. The individual or individuals, board of directors, group, or agency that has ultimate authority and responsibility for the overall operation of an alcohol and substance use disorders treatment or recovery support services facility or program and for full compliance with these rules and minimum standards. (5-1-10)

15. **Group Counseling**. The application of formal counseling techniques involving interaction among members of a group of clients. (5-1-10)

16. **Guardian**. (5-1-10)

a. Under Title 15, Chapter 5, Part 2, Idaho Code, an individual who has been appointed by a court of law to have and exercise the powers and responsibilities of a parent who has not been deprived of custody of his minor and unemancipated child; (5-1-10)

b. Under Title 66, Chapter 3 and 4, Idaho Code, an individual who has been appointed by a court of law to have and exercise the powers and responsibilities of a guardian for a person who is mentally ill or with a developmental disability; or (5-1-10)

c. Under Title 15, Chapter 5, Part 3, Idaho Code, an individual who has been appointed by a court of law to assist any incapacitated person to the extent that he lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his person. (5-1-10)

012. DEFINITIONS - I THROUGH P.
For the purposes of these rules, the following terms are used. (5-1-10)

01. Idaho Board of Alcohol/Drug Counselor Certification, Inc. (IBADCC). A board affiliated with the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC). The IBADCC is the certifying entity that oversees credentialing of Idaho Student of Addiction Studies (ISAS), Certified Alcohol/Drug Counselors (CADC), Advanced Certified Alcohol/Drug Counselors (ACADC), Certified Clinical Supervisors (CCS), and Certified Prevention Specialists (CPS) in the state of Idaho. The IBADCC may be contacted at: 270 N. 27th Street, Suite B, Boise, ID 83702; phone: (208) 395-1078; http://ibadcc.org/. (5-1-10)

02. Idaho Student of Addiction Studies (ISAS). An entry-level certification for substance use disorder treatment granted by the IBADCC. (5-1-10)

03. Immediate Danger. Exposure to imminent, substantial injury, pain, harm, or loss. (5-1-10)

04. Individualized Treatment Plan. A written action plan, based on an intake eligibility screening and full clinical assessment, that identifies the applicant's clinical needs, the strategy for providing services to meet those needs, treatment goals and objectives, and the criteria for terminating the specified interventions. (5-1-10)

05. Informal Networks. Informal networks are the web of relationships that people use to exchange resources and services. The content of their exchanges can be work-related, personal, or social. Informal networks are distinct from formal networks in that they are not officially recognized or mandated by organizations. (5-1-10)

06. Intake Eligibility Screening. The collection of data, analysis, and review, which the Department or its designee, uses to screen and determine whether an applicant is eligible for adult or adolescent alcohol or substance use disorders services available through the Department. (5-1-10)

07. Intern. An individual who has a written agreement with an educational institution that requires a student practicum in a behavioral health care setting. An intern may be referred to as a “Practicum Student,” “Student,” or an “Idaho Student of Addiction Studies.” (5-1-10)

08. Intensive Outpatient Services. An organized service delivered by addiction professionals or addiction-credentialed clinicians, which provides a planned regimen of treatment consisting of regularly scheduled sessions within a structured program, for a minimum of nine (9) hours of treatment per week for adults and six (6) hours of treatment per week for adolescents. (5-1-10)

09. Inventory of Treatments. The various program activities intended to cause or support the reduction or elimination of alcohol or substance use. These activities may include: education, individual, group, or family counseling, vocational rehabilitation services, medical and psychological services, and self-help groups. These services may include activities provided by the program through contractual arrangement with an outside organization. (5-1-10)

10. Level of Service Inventory -- Revised (LSI-R). An assessment tool used to assess criminal offenders for their risk to commit further offenses and their service needs. The LSI-R is available at this web site: http://www.assessments.com/default.asp. (5-1-10)

11. Licensed Clinical Professional Counselor. An individual licensed in Idaho by the Idaho State Licensing Board of Professional Counselors and Marriage and Family Therapists under Title 54, Chapter 34, Idaho Code. (5-1-10)

12. Licensed Clinical Social Worker. An individual who has a master's decree or doctorate in social work and two (2) years of postgraduate supervised clinical experience licensed in Idaho by the State Board of Social Work Examiners under Title 54, Chapter 32, Idaho Code. (5-1-10)

13. Licensed Marriage and Family Therapist, Associate Marriage and Family Therapist, or Registered Marriage and Family Therapist Intern. An individual licensed in Idaho by the Idaho State Licensing Board of Professional Counselors and Marriage and Family Therapists under Title 54, Chapter 34, Idaho Code. (5-1-10)

14. Licensed Masters Social Worker. An individual who has a doctorate or master's degree in social work from a college or university licensed in Idaho by the State Board of Social Work Examiners under Title 54, Chapter 32, Idaho Code. (5-1-10)

15. Licensed Professional Counselor. An individual licensed in Idaho by the Idaho State Licensing Board of Professional Counselors and Marriage and Family Therapists under Title 54, Chapter 34, Idaho Code. (5-1-10)

16. Licensed Social Worker. An individual licensed in Idaho by the State Board of Social Work Examiners under Title 54, Chapter 32, Idaho Code. (5-1-10)

17. Management Service Contractor (MSC). An independent contractor with whom the Department contracts to manage a statewide network of Department approved facilities and programs to deliver substance use disorders treatment and recovery support services. (5-1-10)

18. Medical Consultant. A medical consultant provides medical advice in an advisory capacity. For the purpose of this rule a medical consultant is someone who is knowledgeable about medical detoxification procedures. A medical consultant may have worked previously as a nurse, doctor, or other healthcare specialist. (5-1-10)

19. Medical Screening. An examination performed by a licensed professional nurse, nurse practitioner, physician's assistant, or a licensed physician. (5-1-10)

20. Mental Health Services. A variety of services for treating mental health disorders that include: emergency services, medication management, assessment, clinical treatment services, case management, family support, and consumer advocacy. (5-1-10)

21. NFPA. The National Fire Protection Association. (5-1-10)

22. Network Provider. A treatment or recovery support services provider who has been approved by the Department and is contracted with the Department's Management Service Contractor. A list of network providers can be found at the Department's website given in Section 005 of these rules. (5-1-10)

23. Nurse. A professional nurse (Registered Nurse or RN) or nurse practitioner licensed in Idaho by the State Board of Nursing under Title 54, Chapter 14, Idaho Code. (5-1-10)

24. Northwest Indian Alcohol/Drug Specialist Certification Board. A board that represents the Native American Chemical Dependency programs in the state of Washington, Oregon, and Idaho and offers certification for chemical dependency counselors. Information regarding certification standards may be obtained at the following website: http://www.nwiadcb.com/NWIADCB/index.html. (5-1-10)

25. On-Site Testing. Using a device or kit at a treatment or recovery support service facility to test for alcohol or substance use. (5-1-10)

26. Opioid Replacement Outpatient Services. This service is specifically offered to a client who has opioids as his substance use disorder. Services are offered under the guidelines of an accredited program incorporated by reference in Section 004 of these rules. (5-1-10)

27. Outpatient Services. An organized non-residential service, delivered in a variety of settings, in which addiction treatment personnel provide professionally directed evaluation and treatment for alcohol and substance use disorders. (5-1-10)

28. Physician. An individual who holds a license issued by the Idaho State Board of Medicine under Title 54, Chapter 18, Idaho Code, and IDAPA 22.01.01, "Rules of the Board of Medicine for the Licensure to Practice Medicine and Surgery and Osteopathic Medicine and Surgery in Idaho." (5-1-10)

29. Program. Refers to the organization offering substance use disorders treatment or recovery support services, or both. It includes the organization's facilities, management, staffing pattern, treatment, and related activities. The term "program" is synonymous with the term "facility." (5-1-10)

30. Program Approval. Refers to the certification under Section 145 of these rules to formally recognize the facility, program, or service as having met the requirements of these rules that pertain to specific substance use disorder treatment services. (5-1-10)

31. Program Evaluation. Processes primarily used by the program's administration to assess and monitor, on a regular or continuous basis, program operation, service delivery, quality assurance, and client outcome. (5-1-10)

32. Provisional Approval. A temporary certificate of approval issued under Section 145 of these rules to an alcohol and substance use disorders treatment or recovery support services program in operation at the time of promulgation of new rules, in order to afford reasonable time to comply with the new rules and to obtain approval, or which, while not in full compliance with rules, has no deficiencies which would endanger the health, safety and welfare of clients and is in the process of making the necessary changes to comply fully. (5-1-10)

013. DEFINITIONS - Q THROUGH Z.
For the purposes of these rules, the following terms are used. (5-1-10)

01. Qualified Substance Use Disorders Professional. A professional qualified to provide substance use disorders services under Section 218 these rules. (5-1-10)

02. Quality Assurance. An ongoing process of evaluation that ensures compliance with minimum standards and provides for continuous improvements in the quality of services. (5-1-10)

03. Recovery Support Services. Non-clinical services that may include: adult safe and sober housing that is staffed, transportation, child care, family education, life skills education, marriage education, drug testing, peer-to- peer mentoring, and case management. (5-1-10)

04. Referral. The process of linking clients to appropriate treatment and recovery support services. (5-1-10)

05. Release of Information. A signed client authorization to exchange specific treatment information with a specified person or agency. (5-1-10)

06. Residential Treatment Facility. A setting for the treatment of alcohol and substance use disorders that provides twenty-four (24) hour per day, seven (7) days a week, living accommodations for clients. (5-1-10)

07. Screening. A brief process used to determine if an individual meets the program's admission criteria. The screening process is conducted prior to admission to an approved treatment program. (5-1-10)

08. Service. The activities of a treatment or recovery support services program grouped according to a

common goal or purpose. Examples of services are Treatment Services, Food Services, Social Services, Nursing Services, Vocational Rehabilitation Services, and services provided to treat an alcohol or substance use disorder. (5-1-10)

09. **Staff Member**. A person who is directly employed by, or assigned to, a program on either a full or part-time basis. This includes volunteers, contractors, and students of a program. (5-1-10)

10. **Student Practice**. A formal education or training program for a student involved in the treatment of alcohol or substance use disorders. (5-1-10)

11. **Substance Dependence**. Substance dependence is marked by a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues to use alcohol or other substances despite significant related problems. The cluster of symptoms can include: (5-1-10)

a. Tolerance; (5-1-10)

b. Withdrawal or use of a substance in larger amounts or over a longer period of time than intended; (5-1-10)

c. Persistent desire or unsuccessful efforts to cut down or control effects; (5-1-10)

d. Relinquishing important social, occupational or recreational activities because of substance use; and (5-1-10)

e. Continuing alcohol or drug use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by such use as defined in the DSM-IV-TR. (5-1-10)

12. **Substance-Related Disorders**. Substance-related disorders include disorders related to the taking of alcohol or another substance of abuse, to the side effects of a medication, and to toxin exposures. They are divided into two (2) groups: the Substance Use Disorders and the Substance-Induced Disorders as defined in the DSM-IV-TR. (5-1-10)

13. **Substance Use Disorder**. Includes Substance Dependence and Substance Abuse, according to the DSM-IV-TR. Substance Use Disorders are one (1) of two (2) subgroups of the broader diagnostic category of Substance-Related Disorders. (5-1-10)

14. **Supports**. Formal and informal services and activities that are not paid for by the Department and that enable an individual to reside safely in the setting of his choice. (5-1-10)

15. **Trainee**. An individual who is acquiring the required one thousand forty (1,040) hours of clinical supervised experience in accordance with Section 223 of these rules. (5-1-10)

16. **Transitional Treatment Facility**. A clinically supervised, peer-supported therapeutic environment with clinical involvement that provides twenty-four (24) hours per day, seven (7) days a week, living accommodations for clients. (5-1-10)

17. **Treatment(s)**. The provision of individual therapy, group therapy, assessment, education, and other services to eliminate or reduce alcohol and substance use and arrest, reverse or retard problems associated with alcohol or substance abuse, or both. (5-1-10)

18. **Treatment Plan Review**. Documented examination of treatment plans at regular intervals throughout the course of treatment to assess client progress in relation to planned treatment outcomes and make treatment plan adjustments as necessary. (5-1-10)

19. **Treatment Supervisor**. The person responsible for the overall management of all aspects of the provision of a treatment service or multiple treatment services. (5-1-10)

20. Uniform Fire Code. Refers to the latest edition of the Uniform Fire Code, according to Section 41-253(1), Idaho Code, as minimum standards for the protection of life and property from fire and explosions. (5-1-10)

014. -- 099. (RESERVED).

GENERAL REQUIREMENTS FOR ALL ALCOHOL AND SUBSTANCE USE DISORDERS TREATMENT OR RECOVERY SUPPORT SERVICES FACILITIES AND PROGRAMS (Sections 100 through 129)

100. CERTIFICATE OF APPROVAL REQUIRED.

01. Certificate of Approval for Public Treatment Facilities. Under Sections 39-302(4), and 39-305(1), Idaho Code, a certificate of approval is required for each facility/location of a program in order to operate, establish, manage, conduct, or maintain, directly or indirectly, an approved public treatment facility. (5-1-10)

02. Certificate of Approval for Private Treatment Facilities Voluntarily Approved. Under Sections 39-302(3) and 39- 305(1), Idaho Code, a certificate of approval is required for each facility/location of a program in order to operate, establish, manage, conduct, or maintain, directly or indirectly, an approved private treatment facility voluntarily approved. (5-1-10)

03. List of Approved Facilities. The Department will maintain a list of approved public and private treatment facilities in accordance with Section 39-305(3), Idaho Code. The issuance of a certificate of approval does not guarantee adequacy of individual care, treatment, personal safety, fire safety, or the well-being of any client employee, contractor, or volunteer or occupant of a facility. (5-1-10)

04. Referral and Reimbursement. In order to receive referrals from the Department or any law enforcement officer, or receive any kind of state or federal reimbursement from the Department, a facility must be on the Department's list of approved treatment facilities and also be an approved contractor in good standing with the Department's MSC. (5-1-10)

05. Injunction. Notwithstanding the existence or pursuit of any other remedy, in accordance with Section 39-305(6), Idaho Code, the Department may in the manner provided by law maintain an action in the name of the State for injunctive relief or other process against any person or entity in violation of these rules or the Alcoholism and Intoxication Treatment Act (Title 39, Chapter 3, Idaho Code). (5-1-10)

101. APPROVAL FOR A PROGRAM WITH MULTIPLE FACILITIES.

An alcohol and substance use disorders treatment or recovery support services program may have more than one (1) facility or location. Each facility/location of the program must comply with all of the requirements and minimum standards in these rules in order to operate, establish, manage, conduct, or maintain, directly or indirectly, an approved public treatment facility. (5-1-10)

01. Approval for Multiple Facilities Attached to One Program. A program with more than one (1) facility or location must submit an application for each location under Section 130 of these rules. (5-1-10)

02. Certificate of Approval for Each Location. Each facility/location of the program must receive a certificate of approval issued by the Department in order for it to operate, establish, manage, conduct, or maintain, directly or indirectly, an approved public or private treatment facility. (5-1-10)

03. Failure to Receive Approval for Multiple Facilities Attached to One Program. If a program has made application for certificates of approval for multiple locations or facilities, the denial of a certificate of approval for a facility/location will not affect any of the program's other applications for certificates of approval for facilities/locations that have not been denied. (5-1-10)

102. OUT-OF-STATE PROGRAMS AND FACILITIES UTILIZED BY IDAHO RESIDENTS.

The Department may, in its discretion, accept the approval and certification by the state in which a treatment program

and facility is located, if the out-of-state program and facilities are utilized by clients who are residents of the state of Idaho. A program or facility licensed or certified by another state that is located, maintained, or operated within the state of Idaho, irrespective of the program headquarters, must comply with these rules and minimum standards and receive a certificate of approval issued by the Department in order to operate, establish, manage, conduct, or maintain, directly or indirectly, an approved public or private treatment facility in the state of Idaho. (5-1-10)

103. SERVICES FOR CO-OCCURRING DISORDERS (COD).
The objectives of integrated COD treatment services are to keep the client engaged in treatment, improve client outcomes, coordinate mental health and substance use disorders treatment services, and maintain the least restrictive level of care required for successful client outcomes. All approved treatment facilities and programs must be co-occurring capable as defined in Section 010 of these rules. In addition to meeting all the rules and minimum standards contained in Sections 000 through 499 of these rules, each alcohol and substance use disorders treatment services program must meet the following requirements: (5-1-10)

01. Co-Occurring Capable. All alcohol and substance use disorders treatment programs must be co-occurring capable as defined in Section 010 of these rules. (5-1-10)

02. Co-Occurring Disorders. For clients with co-occurring disorders, coordinated services for these disorders must be provided or arranged, directly or indirectly. (5-1-10)

a. Each client must have access to a full range of services provided by qualified, trained staff. (5-1-10)

b. Each client must receive services necessary to fully address his treatment needs. The treatment program must: (5-1-10)

i. Directly provide all necessary services in accordance with the program's capabilities and certification; and (5-1-10)

ii. Provide those services within its capability and promptly arrange additional services from another program as necessary. (5-1-10)

c. Services must be continuously coordinated between programs, where applicable. Programs must: (5-1-10)

i. Ensure that services are not redundant or conflicting; and (5-1-10)

ii. Maintain communication regarding the individual's treatment plan and progress. (5-1-10)

03. Duplication of Services. Integrated COD treatment services must not duplicate services currently provided by or under any other state-funded program. (5-1-10)

04. COD Competency. All alcohol and substance use disorders treatment staff must demonstrate basic COD competencies as listed in Treatment Improvement Protocol (TIP) 42 - “Substance Abuse Treatment for Persons with Co-Occurring Disorders” incorporated by reference in Section 004 of these rules. (5-1-10)

05. Written Agreements. Alcohol and substance use treatment or recovery support services programs that do not provide COD treatment services must maintain written agreements with other approved programs that will be providing these services. This collaboration must be documented in the client's record. (5-1-10)

104. -- 129. (RESERVED).

APPLICATION FOR APPROVAL AND RENEWAL OF AN ALCOHOL AND SUBSTANCE USE DISORDERS TREATMENT OR RECOVERY SUPPORT SERVICES PROGRAM
(Sections 130 through 159)

130. INITIAL APPLICATION FOR APPROVAL OF AN ALCOHOL AND SUBSTANCE USE DISORDERS TREATMENT OR RECOVERY SUPPORT SERVICES PROGRAM.
Application for approval of a program must be made to the Department at least ninety (90) days prior to the planned opening date. (5-1-10)

01. Initial Application for Approval. Initial application for approval forms are available upon written request or online at the Department of Health and Welfare website identified in Section 005 of these rules. The applicant must provide the following items with the application for approval: (5-1-10)

a. A completed and signed Department application form. (5-1-10)

b. A non-refundable application fee for each facility being applied for as follows: (5-1-10)

i. Treatment facility - one hundred dollars ($100); (5-1-10)

ii. Treatment and Recovery Support Services facility - one hundred dollars ($100); and (5-1-10)

iii. Recovery Support Services facility only - fifty dollars ($50). (5-1-10)

c. A written statement that discloses the following with respect to the applicant, owner, or person proposed as executive director: (5-1-10)

i. Any revocation of a license, certification, or approval that is held or previously held in Idaho or any other state or jurisdiction; or (5-1-10)

ii. Other disciplinary action taken, or in the process of being taken in Idaho or any other state or jurisdiction. This includes on-going fraud, waste, and abuse investigations. (5-1-10)

d. A written statement that discloses any issues involving the Internal Revenue Service or Idaho State Tax Commission for the past five (5) years. (5-1-10)

e. A copy of the "Certificate of Assumed Business Name" from the Idaho Secretary of State. (5-1-10)

f. A detailed floor plan of the facility, including measurements of all rooms, or a copy of architectural drawings. (5-1-10)

g. Disclosure of ownership as required in Section 160 of these rules. (5-1-10)

h. Copies of current and valid certificates, permits, or licenses as appropriate which may include: (5-1-10)

i. Certificate of occupancy from the local building authority utilizing the latest edition of the Uniform Building Code according to Section 39-4109, Idaho Code, with a determination of either a Group R-1, Congregate Residence of more than ten (10) persons or a Group R-3, Congregate Residence of ten (10) persons or less for each facility site. (5-1-10)

ii. Certificate of fire inspection in accordance with the Uniform Fire Code as adopted by the state fire marshal, with authority delegated to the local fire chief. If an inspection cannot be provided by the local fire department, it is the responsibility of the program to arrange for and, if necessary, to pay for the inspection. (5-1-10)

iii. Food service permit from the district health department, if food is prepared and served at the facility. (5-1-10)

iv. Joint Commission or CARF certificate, if accredited. (5-1-10)

i. Documentation that the menus have been reviewed and approved by a registered dietician within the preceding twelve (12) months if food is prepared and served at the facility. (5-1-10)

j. The written plan for an inventory of treatments as defined in Section 012 of these rules. This plan must include at a minimum: (5-1-10)

i. A statement establishing the geographic area for which the applicant intends to provide services, the proposed location of all offices and facilities; (5-1-10)

ii. A full and complete description of all services the applicant proposes to provide; (5-1-10)

iii. Specific goals and objectives; (5-1-10)

iv. The program's plans to secure additional funding; (5-1-10)

v. A description of the fiscal and information management systems the applicant plans to use; and (5-1-10)

vi. The applicant's plan for measuring and reporting outcomes and results. (5-1-10)

k. A written statement that the applicant, owner, or person proposed as executive director have thoroughly read and reviewed the Alcoholism and Intoxication Treatment Act and these rules and are prepared to comply with all of their respective provisions. (5-1-10)

l. Other information that may be requested by the Department for the proper administration and enforcement of these rules. (5-1-10)

02. Proof of Insurance. The minimum insurance required for all programs is professional liability, commercial general liability, and comprehensive liability for all program vehicles. All facilities must maintain professional liability insurance in the amount of at least five-hundred thousand dollars to one million dollars ($500,000/$1,000,000) and general liability and automobile insurance in the amount of at least one million dollars to 3 million dollars ($1,000,000/$3,000,000). Copies of the declarations face-sheet for all policies must be provided to the Department prior to final approval and before any clients are admitted for services. (5-1-10)

03. Electronic Version of Agency Operating Policies and Procedures. A complete electronic version of the program's operating policies and procedures based on these rules must be provided with the application. (5-1-10)

04. Identification of the Executive Director, Clinical Supervisor, and Treatment Supervisor. In addition to documentation that demonstrates compliance with Sections 215, 216, 217, and 218 of these rules, the applicant must provide to the Department prior to final approval the following information for the staff identified as Executive Director, Clinical Supervisor, and Treatment Supervisor: (5-1-10)

a. Current resume that includes a detailed work history with start and end dates, job descriptions, and contact information for references. (5-1-10)

b. Copies of applicable licenses and certifications. (5-1-10)

05. Copy of the Lease. A copy of the lease must be provided prior to final approval, if the real property in which the program is located is leased. (5-1-10)

131. FAILURE TO COMPLETE APPLICATION PROCESS.
Failure of the applicant to cooperate with the Department or complete the application process within six (6) months of the original date of application will result in a denial of the application. If the application is denied, the applicant is barred from submitting, seeking, or obtaining another application for a certificate of approval for a period of one (1) year from the date of the original application. (5-1-10)

132. -- 134. (RESERVED).

135. RENEWAL OF APPROVAL OF AN ALCOHOL AND SUBSTANCE USE DISORDERS TREATMENT OR RECOVERY SUPPORT SERVICES PROGRAM.
Application for renewal of approval of a program must be made to the Department at least ninety (90) days prior to the expiration date on the current certificate of approval and must include the following: (5-1-10)

01. Application for Renewal. To renew a certificate of approval, the applicant must provide the following items: (5-1-10)

a. A completed and signed Department renewal application form. Application for renewal forms are available upon written request or online at the Department of Health and Welfare website identified in Section 005 of these rules. (5-1-10)

b. A non-refundable renewal application fee for each facility. The renewal application fees are as follows: (5-1-10)

i. Treatment facility is one hundred dollars ($100); (5-1-10)

ii. Treatment and recovery support services facility is one hundred dollars ($100); and (5-1-10)

iii. Recovery support services facility is fifty dollars ($50). (5-1-10)

c. A written statement that discloses the following with respect to the applicant, owner, or person proposed as executive director: (5-1-10)

i. Any revocation of a license, certification, or approval that is held or previously held by in Idaho or any other state or jurisdiction; or (5-1-10)

ii. Other disciplinary action taken or in the process of being taken in Idaho or any other state or jurisdiction. This includes on-going investigations and Medicaid investigations. (5-1-10)

d. A written statement that discloses any present or previous issues, since the previous renewal of approval, involving the Internal Revenue Service or State of Idaho Tax Commission. (5-1-10)

e. Disclosure of any changes in ownership, governing body, or administration not previously made known to the Department as required in Section 160 of these rules. (5-1-10)

f. Copies of current, valid certificates, permits, licenses, or documentation listed in Subsection 130.01 of these rules. (5-1-10)

g. The written plan for an inventory of treatments and annual review as described in Section 130.01 of these rules. (5-1-10)

h. A copy of the lease if the real property in which the program is located is leased. (5-1-10)

02. Proof of Insurance. The minimum insurance required for all programs is professional liability, commercial general liability, and comprehensive liability for all program vehicles. All facilities must maintain professional liability insurance in the amount of at least five hundred thousand dollars to one million dollars ($500,000/$1,000,000) and general liability and automobile insurance in the amount of at least one million dollars to three million dollars ($1,000,000/$3,000,000). Copies of the declarations face-sheet for all policies must be included with the application. (5-1-10)

03. Electronic Version of Agency Operating Policies and Procedures. A complete electronic version of the program's operating policies and procedures based on these rules. (5-1-10)

04. Identification of the Executive Director, Clinical Supervisor, and Treatment Supervisor. In addition to documentation that demonstrates compliance with Sections 215, 216, 217, and 218 of these rules, the applicant must provide the following information for the staff identified as Executive Director, Clinical Supervisor,

and Treatment Supervisor. (5-1-10)

a. Current resume which includes a detailed work history with start and end dates, job descriptions, and contact information for references. (5-1-10)

b. Copies of applicable licenses and certifications. (5-1-10)

136. -- 137. (RESERVED).

138. JOINT COMMISSION OR CARF ACCREDITATION.
The Department may approve programs or renew a program's certificate of approval based upon Joint Commission or CARF accreditation under the following conditions: (5-1-10)

01. Organization Chart Verifying Staffing Credentials. Organization chart with verification that staff meet minimum credential or certification standards; (5-1-10)

02. Criminal History and Background Checks. Satisfactory evidence that the owner, applicant, person proposed as executive director and all employees, transfers, reinstated former employees, student interns, contractors, volunteers, and any other persons hired or contracted with after May 1, 2010, who provide care or services or have access to clients have successfully passed a criminal history and background check as described in Section 009 of these rules; (5-1-10)

03. Tuberculosis Testing. The personnel policies and procedures must establish tuberculosis testing requirements. All staff members, volunteers, and student practice/ISAS interns, must have upon employment, or engagement, and annually thereafter, a tuberculin skin test by the Mantoux method. Staff members, volunteers, and student practice/ISAS interns who are known to be a positive reactor may have a chest x-ray examination in lieu of a required tuberculin skin test. Personnel who have active tuberculosis must be restricted from employment and attendance at the facility until it is determined by laboratory evaluation that the tuberculosis is non-infectious. Results of the testing must be documented in personnel record; and (5-1-10)

04. Application Fee. Payment of non-refundable application or renewal fee as described in Sections 130 and 135 of these rules. (5-1-10)

139. (RESERVED).

140. REVIEW OF APPLICATION AND INSPECTION PROCESS.

01. Departmental Review of Application for Approval or Renewal. Upon receipt of the completed application for approval or renewal of a program, the Department will review and advise the applicant within sixty (60) days if the application meets the requirements of Section 130 or Section 135 of these rules, whichever is appropriate. (5-1-10)

a. If the Department determines the application meets the requirements in Sections 130 or 135 of these rules, the Department will schedule an inspection of the program's facility site(s). The Department will make reasonable efforts to schedule an inspection within thirty (30) days of its determination. (5-1-10)

b. If the Department determines the application does not meet the requirements in Section 130 or 135 of these rules, it will be returned to the applicant, with written recommendations for correction and completion of the recommendations. Failure to meet the application requirements within six (6) months of the original date of application may result in a denial of the application. If the application is denied, the applicant may reapply no sooner than one (1) year from the date of the denial. (5-1-10)

02. Program Facility Inspection. The inspection of the program's facility site(s) will be conducted by a person or persons appointed by the Department. The Department may use the services of any qualified person or organization, either public or private, to examine, survey, or inspect any entity requesting or holding a certificate of program approval. (5-1-10)

a. The applicant's program facility site(s) will be open to Departmental inspection at any reasonable time necessary to determine compliance with these rules and with the "Alcoholism and Intoxication Treatment Act," Sections 39-301, et seq., Idaho Code. Inspections may be made without prior notice to the applicant. (5-1-10)

b. The applicant must, in compliance with federal and state confidentiality requirements, provide for review of the following: (5-1-10)

i. Any and all client records; (5-1-10)

ii. Administrative records; (5-1-10)

iii. Financial statements; (5-1-10)

iv. Other state and local inspection reports; and (5-1-10)

v. Other such documents required by the Department to make its determination, including any information that might have changed since the time the application was submitted. (5-1-10)

c. The applicant must arrange for Departmental inspection of the premises of any of its contractors to determine compliance with applicable requirements of these rules and with the "Alcoholism and Intoxication Treatment Act," Sections 39-301, et seq., Idaho Code. (5-1-10)

03. Responsibility of the Department. Within sixty (60) days of the date of the inspection, the Department must submit a written report of findings to the applicant. Upon completion of the application and inspection process, the Department may take any of the following actions: (5-1-10)

a. Issue a certificate of approval for a period of two (2) years if a facility is in compliance with the pertinent score in each category and overall weighted score for that length of time as set forth in Subsection 145 of these rules and minimum standards; (5-1-10)

b. Issue a certificate of approval for a period of one (1) year if a facility is in compliance with the pertinent score in each category and overall weighted score for that length of time as set forth in Subsection 145 of these rules and minimum standards; (5-1-10)

c. Issue a provisional certificate of approval for a period of six (6) months contingent on an approved plan to correct all deficiencies prior to the expiration of the provisional certificate if a facility is in compliance with the pertinent score in each category and overall weighted score for that length of time as set forth in Subsection 145 of these rules and minimum standards. A facility will not be issued more than one (1) provisional certificate of approval in any two (2) year period; or (5-1-10)

d. Deny a certificate of approval or renewal. (5-1-10)

141. -- 144. (RESERVED).

145. CERTIFICATE OF APPROVAL.

01. Issuance of a Certificate of Approval. If the Department is persuaded by a preponderance of the evidence that the application and inspection demonstrates that the facility, program, or service is in substantial compliance with these rules and minimum standards, the Department will issue a certificate of approval based upon the following scoring:

TABLE 145.01 - CERTIFICATE OF APPROVAL SCORING		
Duration of Certificate of Approval	**Score in Each Category**	**Overall Weighted Score**
24 months	80% - 100%	90% - 100%
12 months	75% - 79%	75% - 89%
6 months (provisional)	65% - 74%	65% - 74%

(5-1-10)

02. Limitations. A certificate of approval is issued in the name of the persons, firm, partnership, association, corporation, or governmental units identified on the application and only to the address of the facility stated in the application for the period and services specified. A certificate of approval is not transferable or assignable from one (1) individual to another, from one (1) business entity or governmental unit to another or from one (1) location to another. When a change of ownership, operator, or location occurs, the program must follow the procedures set forth in Subsection 160 of these rules. (5-1-10)

03. One Provisional Certificate of Approval Per Twenty-Four Month Period. Only one (1) provisional certificate of approval per facility will be issued to a program within a twenty-four (24) month period. (5-1-10)

a. The facility being issued the provisional certificate of approval must be clearly specified. (5-1-10)

b. The issuance of a provisional certificate of approval for a facility, will not affect the standing of any of the program's other certificates of approval that have not been issued provisionally. (5-1-10)

04. Posting of the Certificate of Approval. The certificate of approval or provisional certificate of approval must be posted in a conspicuous place at each of the program's facilities. (5-1-10)

05. Expiration. A certificate of approval issued to an alcohol and substance use disorders treatment or recovery support services program will, unless sooner suspended or revoked, expire on the date designated on the certificate of approval. (5-1-10)

06. Responsibility. The individual or governing board of the entity named on the certificate of approval is responsible for the operation of the alcohol and substance use disorders treatment or recovery support services program and compliance with these rules and minimum standards. (5-1-10)

146. -- 149. (RESERVED).

150. DENIAL, SUSPENSION, AND REVOCATION OF CERTIFICATE OF APPROVAL.

01. Denial of a Certificate of Approval or Renewal. The Department will deny a certificate of approval or renewal when a program or facility receives a score of sixty-four percent (64%) or below in any category, or an overall weighted score of sixty-four percent (64%) or below, or both. Additional causes for denial of a certificate of approval or renewal include any of the following: (5-1-10)

a. The applicant, owner, or person proposed as executive director: (5-1-10)

i. Has violated any conditions of a certificate of approval; (5-1-10)

ii. Has willfully misrepresented or omitted material information on the application or other documents pertaining to obtaining or renewing any certificate of approval; (5-1-10)

iii. Has been found guilty of fraud, gross negligence, abuse assault, battery, or exploitation of children

or vulnerable adults. (5-1-10)

iv. Has been denied or has had revoked any license or certificate issued by the Department or under Title 54, Idaho Code; (5-1-10)

v. Has been convicted of operating any facility without a license; (5-1-10)

vi. Has been enjoined from operating any facility; (5-1-10)

vii. Has been convicted of a felony or misdemeanor drug or alcohol offense within the past five (5) years, other than a minor traffic violation or infraction; or (5-1-10)

viii. Is directly under the control or influence of any person who is described in Subsections 150.01.a.i. through 150.01.a.vii. of these rules; or (5-1-10)

b. Any act or omission adversely affecting the welfare of any client, employee, contractor, or volunteer is being permitted, aided, performed, or abetted by the facility, applicant, owner, executive director. Such acts or omissions may include: neglect, physical abuse, mental abuse, emotional abuse, violation of civil rights, or exploitation of children or vulnerable adults. (5-1-10)

02. Immediate Revocation, Suspension and Transfer of Clients without Notice. The Department will, without prior notice, revoke or suspend a certificate of approval of any facility, program, or service and immediately transfer clients, when persuaded by a preponderance of the evidence that such conditions exist as to endanger the health or safety of any client, employee, contractor, or volunteer. (5-1-10)

03. Revocation, Suspension, or Terminate/Limit on Admissions with Written Notice. The Department will suspend, or revoke a certificate of approval, or terminate or limit admissions, by giving fifteen (15) days' written notice prior to the effective date, to any alcohol and substance use disorders treatment and recovery support services program or facility when persuaded by a preponderance of the evidence that: (5-1-10)

a. One (1) or more of a program facilities are not in compliance with applicable provisions of the Idaho Code, or these rules and minimum standards. (5-1-10)

b. The owner, applicant, or the person proposed as the Executive Director as defined in Section 011 of these rules: (5-1-10)

i. Without good cause, fails to furnish any data, statistics, records or information requested by the Department, or files fraudulent returns thereof; (5-1-10)

ii. Has been found guilty of fraud, deceit, misrepresentation or dishonesty associated with the operation of a program, regardless of the population the program serves or the services the agency provides; (5-1-10)

iii. Has been found guilty of the commission of any felony; (5-1-10)

iv. Has failed to exercise fiscal accountability toward a client or the Department regarding payment for services, regardless of the population the program serves or the services the agency provides; (5-1-10)

v. Has knowingly permitted, aided, or abetted the commission of any illegal act on the premises of an alcohol and substance use disorders treatment or recovery support services program; (5-1-10)

vi. Has been found guilty of federal or state tax violations; or (5-1-10)

vii. Has willfully misrepresented or omitted information on the application or other documents pertinent to obtaining a program approval. (5-1-10)

c. The program changed location from the building identified in the application. Any change in location from the building requires the program to notify the Department and submit required documentation, ninety

(90) days prior to the move, so the Department can inspect the new facility. Failure to do so renders the certificate of approval null and void, and the Department will suspend it, pending submission of a new application and approval of the new facility. (5-1-10)

d. Any act adversely affecting the welfare of clients is being permitted, aided, performed, or abetted such as: neglect, physical abuse, mental abuse, emotional abuse, violation of civil rights, criminal activity, or exploitation. (5-1-10)

e. The program demonstrated or exhibited a lack of sound judgment that is essential to the operation and management of an alcohol and substance use disorders treatment or recovery support services program. (5-1-10)

f. The program is not in compliance with any of the conditions of a provisional certificate of approval. (5-1-10)

g. The program lacks personnel, as required by these rules or as directed by the Department, to properly treat or serve the number of clients in the program. (5-1-10)

h. A program, facility, or service has not complied with a facility or program requirement within thirty (30) days from the date the Department accepted their plan of correction. (5-1-10)

i. A program, facility, or service has made little or no progress in correcting deficiencies within thirty (30) days from the date the Department accepted their plan of correction. (5-1-10)

j. The Department makes a determination of repeated noncompliance with respect to a program, facility, or service. (5-1-10)

04. Return of the Certificate of Approval. The certificate of approval issued to a facility, program, or service is the property of the state of Idaho and must be immediately returned to the Department under the following circumstances: (5-1-10)

a. Upon the suspension or revocation of the certificate of approval; (5-1-10)

b. If the facility, program, or service is discontinued by the voluntary action of the facility, program, or service; or (5-1-10)

c. Upon expiration of the certificate of approval. (5-1-10)

05. Multiple Certificates of Approval. When a facility, program, or service holds multiple certificates of approval: (5-1-10)

a. The facility, program, or service having the certificate of approval denied, suspended or revoked must be clearly specified. (5-1-10)

b. If a facility, program, or service holds multiple certificates of approval, the denial, suspension or revocation of a certificate of approval will not affect the standing of any of the program's other certificates of approval that have not been denied, revoked, or suspended. (5-1-10)

151. SIX-MONTH PROVISIONAL APPROVAL.

01. Issuance of Six-Month Provisional Certificate of Approval for New Programs. Each applicant for initial approval that does not have deficiencies that would impair the health, safety, and welfare of any client, employee, contractor, or volunteer and that receives a score of sixty-five percent (65%) to seventy-five percent (75%) in every category, and an overall weighted score of sixty-five percent (65%) to seventy-five percent (75%) will be issued a six-month provisional certificate of approval. (5-1-10)

02. Issuance of Six-Month Provisional Certificate of Approval for Deficiencies. The Department may revoke a certificate of approval and issue a provisional certificate of approval for a period not to exceed six (6)

months to the entire program or to one (1) of its facilities at any time if the program had been approved at its last application, but has subsequently been found by the Department to be deficient in relation to the requirements of these rules and minimum standards. (5-1-10)

03. Provisional Certificate of Approval Written Plan of Compliance. Within thirty (30) days of the issue date of the provisional certificate of approval, the program must prepare and submit a written plan of correction acceptable to the Department which sets forth the program's plan for achieving compliance with all requirements of these rules by the expiration of the provisional certificate. (5-1-10)

04. One Provisional Certificate of Approval Per Twelve Twenty-Four Month Period. Only one (1) provisional certificate of approval per facility will be issued to a program within a twenty-four (24) month period. (5-1-10)

a. The facility being issued the provisional certificate of approval must be clearly specified. (5-1-10)

b. If a facility, program, or service holds multiple certificates of approval, the issuance of a provisional certificate of approval for a facility, will not affect the standing of any of the program's other certificates of approval that have not been issued provisionally. (5-1-10)

05. Expiration of Provisional Certificate of Approval. If a facility, program, or service fails to achieve compliance within the six (6) month provisional period, the provisional certificate of approval will automatically expire at the end of the six (6) month provisional period, without further notice or Department action. The facility, program, or service cannot reapply for approval for two years (2) year after the expiration date of the provisional certificate of approval. (5-1-10)

152. NOTICE OF DENIAL, SUSPENSION, OR REVOCATION.

01. Written Notice of Determination. With the exception of any action taken under Subsection 150.02 of these rules, in the event an application or certificate of approval is denied, suspended, or revoked, the Department will, within fifteen (15) business days of making its decision, notify the applicant or the owner's designated representative, in writing, by certified mail, return receipt requested, of its determination. The written notice must include the following: (5-1-10)

a. The applicant's or owner's name and identifying information; (5-1-10)

b. A statement of the decision; (5-1-10)

c. A concise statement of the reasons for the decision; and (5-1-10)

d. The process for pursuing an administrative appeal. (5-1-10)

02. Effect of Previous Denial or Revocation. (5-1-10)

a. Denial. The Department will not accept or consider an application for a certificate of approval from any applicant, owner, executive director, related person, or entity who has had a certificate of approval denied until after two (2) years have elapsed from the date of the denial. (5-1-10)

b. Revocation. The Department will not accept or consider an application for a certificate of approval from any applicant, owner, executive director, related person, or entity who has had a certificate of approval revoked until after five (5) years have elapsed from the date of the revocation. (5-1-10)

153. CUMULATIVE ENFORCEMENT POWERS.
If the Department determines that a facility, program, or recovery support service does not meet these rules and minimum standards, it may take any of the enforcement actions described in these rules or impose any remedy, independently or in conjunction with any others authorized by law or these rules. (5-1-10)

154. -- 159. (RESERVED).

FACILITY PROGRAM REQUIREMENTS
(Sections 160 through 449)

160. DISCLOSURE OF OWNERSHIP, ADMINISTRATION, GOVERNING BODY.

01. Disclosure of Ownership. Each alcohol and substance use disorders treatment or recovery support services program must maintain a report available to the public which fully discloses ownership. The report must disclose: (5-1-10)

a. The names and addresses of all persons having an ownership interest in the facility, program, or service and whether they are individuals, partnerships, corporations, or subdivisions of other bodies, such as public agencies or religious, fraternal, or other charitable organizations; and (5-1-10)

b. In the case of corporations, the names and addresses of all officers, directors, and principal stockholders who hold ten percent (10%) or more interest in the corporation, either beneficial or of record. (5-1-10)

02. Non-Transfer of Certificate of Approval. A program's certificate of approval is not transferable from one (1) individual to another, from one (1) business entity to another, or from one (1) location to another. When a change of ownership, lease or location occurs, the facility must be re-approved using the application procedures set forth in Section 130 of these rules and obtain a certificate of approval before commencing operations as an alcohol or substance use disorders treatment or recovery support services facility. For residential programs serving clients who are children or adolescents, a license granted to the program under Title 39, Chapter 12, Idaho Code and IDAPA 16.06.02, "Rules Governing Standards for Child Care Licensing," is not transferable. (5-1-10)

03. Change in Ownership or Lease of Real Property. The program must notify the Department in writing within ten (10) days of any change in ownership or any amended lease of the real property in which the treatment activities or recovery support services are provided. (5-1-10)

04. Changes in Administration. The program must notify the Department of any change in administration. The Department may request a hearing to determine if a new application is required when the Department determines that any change in administration may result in deviation from the intent of the application for approval, renewal application, or plan for an inventory of treatments, as submitted by the program. (5-1-10)

05. Change of Ownership for a Facility In Litigation. An application for change of ownership of a facility from a person who is in litigation for failure to meet certification standards, or who has had a certification revoked, must include evidence that there is a bonafide arm's-length agreement and relationship between the two (2) parties. An entity purchasing a facility with an enforcement action acquires the enforcement action. (5-1-10)

06. Change in Name of Program. The program must notify the Department in writing at a minimum of thirty (30) days prior to the change in name of business. The notification must include the effective date of change and reason for the change. (5-1-10)

161. NOTIFICATION OF PROGRAM CLOSURE.

01. Notification of Anticipated Closure. A program must notify the Department in writing within a minimum of thirty (30) days prior to an anticipated closure of any of its programs. (5-1-10)

02. Contents of Notification of Closure. The notification of closure must include: (5-1-10)

a. Location(s) of closure; (5-1-10)

b. Location(s) of where client records will be maintained; (5-1-10)

c. Explanation of the closure; (5-1-10)

d. Procedure for client care during transition; and (5-1-10)

c. Procedures to assist clients with continuation of services through another service provider. (5-1-10)

162. -- 164. (RESERVED).

165. GOVERNING BODY OF AN ALCOHOL AND SUBSTANCE USE DISORDERS TREATMENT OR RECOVERY SUPPORT SERVICES PROGRAM.
Each alcohol and substance use disorders treatment and recovery support services program must have a governing body that meets the following standards: (5-1-10)

01. Governing Body Has Overall Responsibility. The facility, program, or services must have a governing body which has overall responsibility for the operation of the program and compliance with these rules and minimum standards. (5-1-10)

a. The governing body for a program operated by a government entity must have: (5-1-10)

i. A written description of the administrative organization of the government entity within which it operates; and (5-1-10)

ii. A written description of how the lines of authority within the government entity relate to the governing body of the program. (5-1-10)

b. The governing body for a program operated by a non-governmental person or entity must have a charter or constitution, bylaws or administrative policies. (5-1-10)

02. Mission Statement, Goals and Objectives. The governing body must develop a written mission statement, goals and objectives that establish the program's philosophy and direction for treatment or recovery support services. (5-1-10)

03. Bylaws or Administrative Policies. The governing body must establish bylaws or administrative policies to guide relationships between itself and the responsible administrative and professional staffs and the community. Current copies of the bylaws or administrative policies are readily available to all members of the governing body, the Department and other persons in accordance with their responsibilities or involvement in implementing the policies of the program. (5-1-10)

166. -- 169. (RESERVED).

170. EXECUTIVE DIRECTOR.
All alcohol and substance use disorders treatment or recovery support services programs serving adults, children, and adolescents must have provisions for an executive director as follows: (5-1-10)

01. Appointment and Hiring Procedure. The governing body must appoint or hire an executive director for the facility, program, or services. When more than one person in a program has executive authority from, and responsibility to, the governing body, those persons must comply with all standards that relate to the executive director. (5-1-10)

02. Qualifications for the Executive Director. The qualifications of the executive director must be stated in the governing body bylaws or administrative procedures and include the following: (5-1-10)

a. The executive director must be a qualified substance use disorders professional with previous responsibility relevant to administration of an alcohol and substance use disorders treatment program; or (5-1-10)

b. Experience may be substituted for requirements of a qualified substance use disorders professional, if carefully evaluated, justified and documented by the governing body. (5-1-10)

03. Authority of the Executive Director. The governing body bylaws or administrative policies must

state the executive director's responsibility to the governing body for the overall operation of the program, including the control, utilization and management of its physical and financial assets and the recruitment and direction of staff. (5-1-10)

04. Responsibilities of the Executive Director. The governing body bylaws or administrative policies must state the executive director's responsibilities in assisting the governing body in formulating policy by preparing, presenting, and reviewing with them: (5-1-10)

a. A current table of organization which sets forth lines of staff authority, responsibility and communication in accordance with policies established by the governing body. (5-1-10)

b. Policies and procedures to guide the administration and operation of the program. (5-1-10)

c. Long-term and short-terms plans for the program, including the plan for an inventory of treatments as outlined in Section 130 of these rules. (5-1-10)

d. Reports on the nature and extent of funding and other available resources. (5-1-10)

e. Reports describing the program's operations. (5-1-10)

f. Reports evaluating the efficiency and effectiveness of program activity. (5-1-10)

g. Budgets and financial statements. (5-1-10)

h. Any data, information, reports and records requested by the Department. (5-1-10)

05. Guardianship and the Executive Director. The executive director must not act as, or become guardian of, any client of the alcohol and substance use disorders treatment or recovery support services program. (5-1-10)

171. -- 174. (RESERVED).

175. FISCAL MANAGEMENT.
Alcohol and substance use disorders treatment or recovery support services programs must have a fiscal management system that meets the requirements in this section of rule. (5-1-10)

01. Fiscal Responsibility. The executive director must maintain responsibility for a fiscal system which follows generally accepted accounting principles. (5-1-10)

02. Annual Budget. All alcohol and substance use disorders treatment or recovery support services programs must prepare a written annual budget, which includes a statement of expected revenues and expenses. (5-1-10)

03. Fee Schedule. The fiscal management system of alcohol and substance use disorders treatment or recovery support services programs must include a fee schedule. (5-1-10)

04. Reporting Mechanism. The fiscal management system must include a reporting mechanism that maintains information on the program's fiscal performance. (5-1-10)

05. Policies and Procedures for Fiscal Management System. The program must maintain current, written policies and procedures for the operation of the fiscal management system. (5-1-10)

06. Safekeeping of Clients' Valuables. Any alcohol and substance use disorders treatment or recovery support services program safekeeping clients' funds or other valuables must maintain an inventory of such valuables. (5-1-10)

a. A proper accounting of clients' funds or other valuables deposited with the program for safekeeping

or expenditure must be kept and made available to authorized individuals for review. Such authorized individuals include the client or his immediate family or guardian. (5-1-10)

b. At the time of depositing client funds or other valuables with the program for safekeeping, the client must sign a receipt for all such funds or valuables with one (1) copy going to the client and one (1) copy being retained by the program. (5-1-10)

176. -- 179. (RESERVED).

180. MANAGEMENT INFORMATION SYSTEM.
Alcohol and substance use disorders treatment or recovery support services programs must maintain a management information system that allows for the efficient retrieval of data needed to measure the program's performance. Specific requirements of the management information system are as follows: (5-1-10)

01. Automated or Manual System Management Information System. The system may be an automated or manual system and must delineate the provision of the alcohol and substance use disorder treatment services as outlined in the program's plan for an inventory of treatments. (5-1-10)

02. Demonstration of Provided Services. The system must be capable of demonstrating that services are being provided to persons in need of alcohol and substance use disorders treatment in the program's plan for an inventory of treatments and recovery support services. (5-1-10)

181. -- 199. (RESERVED).

200. DESCRIPTION OF SERVICES.
All alcohol and substance use disorders treatment or recovery support services programs must prepare a written plan for the provision of services that meets the requirements in this section of rule. (5-1-10)

01. Content of Written Plan for Provision of Services. The plan must contain: (5-1-10)

a. The mission statement, goals, and objectives developed by the governing body under Section 165 of these rules. (5-1-10)

b. Goals and objectives that identify the annual and the long-range needs of the program: (5-1-10)

i. Goals and objectives that are specified for each facility; and (5-1-10)

ii. The objectives are written so that performance can be measured. (5-1-10)

c. A description of the process for developing, adopting and implementing goals and objectives. (5-1-10)

d. The client population served, including age groups and other relevant characteristics. (5-1-10)

e. The hours and days the program provides services. (5-1-10)

f. Inventory of treatment services provided. (5-1-10)

g. Description of recovery support services provided. (5-1-10)

h. Annual evaluation of the need for the services in the area, description of unmet needs, and goals for improving the unmet need. (5-1-10)

i. Annual evaluation of collaboration with other substance use disorders treatment or recovery support service providers in the achievement of a comprehensive system of care in the service area. (5-1-10)

j. The intake or admission process, including how the initial contact is made with the client and the

family or significant others. (5-1-10)

k. The client assessment and evaluation procedures used by the program. (5-1-10)

02. Distribution of Written Plan for Provision of Services. The written plan for provision of services must be made known and made available to all program staff and to the executive director. (5-1-10)

03. Annual Review of Written Plan for Provision of Services. The written plan for provision of services must be reviewed at least annually, and revised as necessary, in accordance with the changing needs of clients and the community and with the overall objectives and goals of the program. The written plan must be signed and dated by the governing body when reviewed or revised. Revisions to the plan must include: (5-1-10)

a. Notation of any changes in relation to the requirements of Subsection 200.01 of these rules. (5-1-10)

b. Relevant findings from the program evaluation process, including assessment of progress toward the goals and objectives set forth in the plan and reasons for non-attainment of any objectives. (5-1-10)

c. Relevant findings from the program's quality assurance program for the purpose of improving client treatment and resolving problems in client treatment. (5-1-10)

201. -- 209. (RESERVED).

210. PERSONNEL POLICIES AND PROCEDURES.
All alcohol and substance use disorders treatment or recovery support services programs must have and adhere to personnel policies and procedures that meet the following standards: (5-1-10)

01. Required Personnel Policies and Procedures. Personnel policies and procedures must be developed, adopted and maintained to promote the objectives of the program and provide for a sufficient number of qualified substance use disorders professionals, treatment and support staff to render the services of the program and provide quality care during all hours of operation. (5-1-10)

a. All personnel policies must be written, reviewed on an annual basis by the executive director and governing body, and signed and dated when reviewed or revised. (5-1-10)

b. The personnel policies must include procedures for recruiting, selecting, promoting and terminating staff. (5-1-10)

c. The personnel policies and procedures must apply to all employees, but may differ with respect to job classifications. (5-1-10)

d. The personnel policies and procedures must include information on the following: (5-1-10)

i. Employee benefits; (5-1-10)

ii. Recruitment and promotion; (5-1-10)

iii. Orientation; (5-1-10)

iv. Training and staff development; (5-1-10)

v. Employee grievances; (5-1-10)

vi. Safety and employee injuries; (5-1-10)

vii. Relationships with employee organizations; (5-1-10)

viii. Disciplinary systems; (5-1-10)

ix. Suspension and termination mechanisms; (5-1-10)

x. Wages, hours and salary administration; (5-1-10)

xi. Rules of conduct; (5-1-10)

xii. Lines of authority; and (5-1-10)

xiii. Performance appraisals and evaluation schedule. (5-1-10)

e. The personnel policies and procedures must include a mechanism for determining that all personnel are capable of performing assigned tasks. (5-1-10)

f. The personnel policies and procedures must ensure that personnel who have a communicable disease, infectious wound or other transmittable condition and who provide care or services to clients or have access to clients are required to implement protective infection control techniques in accordance with these rules. If protective infection control techniques are not implemented, personnel who have a communicable disease, infectious wound or other transmittable condition must not work until the infectious state is corrected and non-infectious; or be reassigned to other areas where contact with others is not expected and the likelihood of transmission of infection is absent; or seek other remedies that will avoid spreading the infection. (5-1-10)

g. The personnel policies and procedures must describe methods and procedures for supervising all personnel, including volunteers and students. (5-1-10)

h. The personnel policies and procedures must assure confidentiality of personnel records and specify who has access to personnel information. (5-1-10)

i. There must be documentation to verify that the policies and procedures are made available to and discussed with each employee at the time of hire and are made available to others upon request. (5-1-10)

j. A mechanism must be established for notifying employees of changes in the policies and procedures. (5-1-10)

k. The personnel policies and procedures must establish tuberculosis testing requirements for all staff members. Each employee must have upon employment, and annually thereafter, a tuberculin skin test by the Mantoux method. An employee who is known to be a positive reactor may have a chest x-ray examination in lieu of a required tuberculin skin test. Personnel who have active tuberculosis must be restricted from employment and attendance at the facility until it is determined by laboratory evaluation that the tuberculosis is non-infectious. Results of the testing must be documented in personnel record. (5-1-10)

l. The personnel policies and procedures must establish the requirement for CPR training and basic first aid training. A minimum of one (1) CPR and First Aid trained staff must be onsite during business hours. Staff responsible for client care must complete this training within ninety (90) days of employment. Additionally, the policies and procedures must establish the methods for renewal of CPR and first aid certification so that they remain current at all times. (5-1-10)

m. The personnel policies and procedures must establish the provision for criminal history background checks for all employees as described in Section 009 of these rules. (5-1-10)

n. The personnel policies and procedures must establish the provision of clinical supervision. (5-1-10)

o. Policy and procedures must be written that establish a drug free workplace. (5-1-10)

02. Hiring Practices. Hiring practices must be specified in the written policies and procedures and must be consistent with the needs of the program and its services. (5-1-10)

a. The selection of personnel must be based on criteria that are demonstrably related to the job under consideration. (5-1-10)

b. Qualified substance use disorders professional staff must participate in determining what training, experience, and demonstrated competence will be required for assuming specific clinical service responsibility. (5-1-10)

c. There must be documentation to verify that qualified substance use disorders professionals meet all federal, state and local requirements for licensure, registration or certification. (5-1-10)

03. Equal Employment Opportunity. No alcohol and substance use disorders treatment or recovery support services program approved under these rules will discriminate on the basis of race, creed, color, religion, age, gender, national origin, veteran, or disability, except in those instances where bona fide occupational qualifications exist. (5-1-10)

04. Responsible Staff Member to Implement Personnel Policies and Procedures. The executive director must appoint a staff member to implement and coordinate personnel policies and procedures to accomplish the following tasks: (5-1-10)

a. Develop a written organizational plan for personnel services; (5-1-10)

b. Maintain personnel records; (5-1-10)

c. Disseminate employment information to staff; (5-1-10)

d. Develop staff orientation programs; (5-1-10)

e. Implement procedures designed to assure compliance with federal, state and local laws related to employment practices; and (5-1-10)

f. Supervise the processing of employment-related forms. (5-1-10)

05. Contents of Personnel Record for Each Staff Member. A personnel record must be kept on each staff member and must contain the following items: (5-1-10)

a. Application for employment including a record of the employee's education or training and work experience. This may be supplemented by a resume; (5-1-10)

b. A written record of all findings from verbal contacts with references, and letters of recommendation; (5-1-10)

c. Verification of licensure, certification, registration or renewals; (5-1-10)

d. A signed and dated commitment to a code of ethics appropriate for alcohol and substance use disorders treatment staff; (5-1-10)

e. Number of hours per pay period, wage and salary information, including all adjustments; (5-1-10)

f. Performance appraisals; (5-1-10)

g. Counseling actions; (5-1-10)

h. Disciplinary actions; (5-1-10)

i. Commendations; (5-1-10)

j. Employee incident reports; (5-1-10)

k. A Department criminal history check; (5-1-10)

l. Results of tuberculosis testing; (5-1-10)

m. Verification of employee and emergency orientation procedures; and (5-1-10)

n. Verification of current cardiopulmonary resuscitation (CPR) training and basic first aid training. For employees in direct care at Residential Social Detoxification Settings, verification of additional training specific to detoxification prior to being charged with the responsibility of client care. (5-1-10)

06. Job Description for a Position in the Program. For each position in the program, there must be a written job description that specifies the duties and responsibilities of the position and the minimum level of education, training or related work experience required or needed to fulfill it. (5-1-10)

a. Each job description must specify the following: (5-1-10)

i. The position title; (5-1-10)

ii. The program, department, service, or unit; (5-1-10)

iii. Direct supervisor's title; (5-1-10)

iv. Positions supervised, if any; (5-1-10)

v. Clear descriptions of job functions; and (5-1-10)

vi. Clinical, administrative, and procedural responsibility and authority. (5-1-10)

b. Each job description must accurately reflect the job and must be revised whenever a change in qualifications, duties, supervision, or any other major job-related factor is made. (5-1-10)

c. Each job description must be comprehensive enough to enable a new employee to understand the position, job functions, responsibility, chain-of-command, and authority. (5-1-10)

d. Each job description must be sufficiently detailed to serve as a basis for performance appraisals. (5-1-10)

07. Performance Appraisals. Performance appraisals must be conducted and must be related to the job description and job performance. (5-1-10)

a. The criteria used to evaluate job performance must be measurable and relate to the skills, knowledge and attitudes that the job requires. (5-1-10)

b. Performance appraisals must be conducted, at a minimum, annually. (5-1-10)

c. Performance appraisals must be in writing. (5-1-10)

d. There must be documentation to verify that the employee has reviewed the evaluation and has had an opportunity to comment on it. The employee must sign the appraisal after review and comments are completed. (5-1-10)

e. The program must develop policies and procedures to follow when there is a serious discrepancy between the staff member's actual job performance and the criteria for an acceptable level of job performance. (5-1-10)

211. -- 214. (RESERVED).

215. SUPERVISORY STAFF COMPOSITION.
All alcohol and substance use disorders treatment programs must meet required staff to client ratios. Unless otherwise specified, facilities providing treatment services must provide for the following supervisory staff: (5-1-10)

01. Treatment Supervisor. The facility will provide for a Treatment Supervisor. The individual may supervise more than one (1) treatment activity. This position can also be the Clinical Supervisor. In those instances where these positions are combined, all standards must be met for all positions. (5-1-10)

02. Clinical Supervisor. The facility must provide for a Clinical Supervisor who can be the Treatment Supervisor. In those instances where these positions are combined, all standards must be met for all positions. (5-1-10)

03. Services Provided at a Satellite Location. If the treatment supervisor is not available to oversee the treatment activities at a satellite location on a full-time basis, the agency must: (5-1-10)

a. Employ a substance use disorder treatment professional who has been appointed a substance use disorder treatment professional for a minimum of two (2) years; (5-1-10)

b. Ensure the employee receives clinical supervision as required in Section 217 of these rules; (5-1-10)

c. Develop a written plan that includes an emergency contact for the treatment professional in the event of an emergency; and (5-1-10)

d. The treatment supervisor must conduct an on-site review and assessment of the services provided at the satellite location a minimum of one (1) time per month. (5-1-10)

216. SUPERVISORY STAFF QUALIFICATIONS.
Qualifications of the supervisory staff must be verified through written documentation of work experience, education, and classroom instruction. The supervisory staff must meet the requirements in Section 218 of these rules and the following requirements: (5-1-10)

01. Treatment Supervisor. The Treatment Supervisor must meet the requirements in Section 218 of this rule and have a combination of education and experience as follows: (5-1-10)

a. Equivalent of five (5) years full-time paid professional experience providing alcohol and substance use disorders treatment with at least two (2) of the five (5) years providing direct treatment in a state, federal, Joint Commission, or CARF-approved program. State approval includes other states that are approved, licensed, or certified to provide substance use disorders treatment services through their Single State Authority. This experience must be relevant for child and adolescent treatment if supervising treatment in a child and adolescent treatment program; or (5-1-10)

b. Bachelor's Degree in relevant field and four (4) years paid full-time professional experience with two (2) years in direct treatment in a state, federal, Joint Commission, or CARF-approved program. State approval includes other states that are approved, licensed, or certified to provide substance use disorders treatment services through their Single State Authority; or (5-1-10)

c. Master's Degree and three (3) years paid full-time professional experiences with two (2) years in direct treatment in a state, federal, Joint Commission, or CARF-approved program. State approval includes other states that are approved, licensed, or certified to provide substance use disorders treatment services through their Single State Authority; and (5-1-10)

d. Equivalent of one (1) year paid full-time supervision experience of alcohol and substance use disorders treatment services in a state, federal, Joint Commission, or CARF-approved program. State approval includes other states that are approved, licensed, or certified to provide substance use disorders treatment services

through their Single State Authority or have a Clinical Supervisor designation from the Idaho Bureau of Occupational Licenses; and (5-1-10)

e. Knowledge and experience in providing alcohol and substance use disorders treatment including client evaluation, counseling techniques, relapse prevention, case management, and family therapy. (5-1-10)

02. Clinical Supervisor. The Clinical Supervisor must meet the requirements in Section 218 of this rule and have a combination of education and experience as follows: (5-1-10)

a. Master's Degree from an accredited, approved, and recognized college or university in health and human services and the equivalent of four (4) years paid full-time professional experience with three (3) years providing direct substance use disorders treatment and one (1) year paid full-time supervision experience in a substance use disorders treatment services state, federal, Joint Commission, or CARF-approved program. State approval includes other states that are approved, licensed, or certified to provide substance use disorders treatment services through their Single State Authority or have a Clinical Supervisor designation from the Idaho Board of Occupational Licensure. This experience must be relevant for child and adolescent treatment if supervising treatment in child and adolescent treatment programs; or (5-1-10)

b. IBADCC Certified Clinical Supervisor; (5-1-10)

c. Knowledge and experience demonstrating competence in alcohol and substance use disorders treatment including client evaluation, counseling techniques, relapse prevention, case management, and family therapy; and (5-1-10)

d. For outpatient programs providing services to children and adolescents, the clinical supervisor must have two (2) years of experience working with families or children in an alcohol and substance use disorders treatment services setting in a state, federal, Joint Commission, or CARF-approved program. State approval includes other states that are approved, licensed, or certified to provide substance use disorders treatment services through their Single State Authority. Working knowledge of child and adolescent growth and development, and the effects of alcohol and drugs on a child's growth and development. (5-1-10)

e. A clinical supervisor must have completed the Clinical Supervision training model as identified by the Department. The Clinical Supervision training must be completed within one hundred eighty (180) days of date of hire or date of designation as clinical supervisor. (5-1-10)

f. A Clinical Supervisor for Co-Occurring Disorders Enhanced Programs must meet all requirements in Subsection 216.02.b. of this rule, have a Master's Degree from an accredited, approved, and recognized college or university in health and human services, and possess a current Idaho state license to provide behavioral health clinical services. (5-1-10)

217. CLINICAL SUPERVISION.
The alcohol and substance use disorders treatment program must provide for supervision of all clinical activities by qualified substance use disorders professionals including: (5-1-10)

01. Inventory of Treatments Written Plan. A written plan for an inventory of treatments providing and defining the procedure for the supervision of all clinical activities by qualified substance use disorders professionals; (5-1-10)

02. Specific Treatment Responsibilities. All members of the treatment team who have been assigned specific treatment responsibilities must be qualified by training or experience and demonstrated competence; (5-1-10)

03. Supervision by a Clinical Supervisor. All members of the treatment team must be supervised by a clinical supervisor as defined in Section 010 of these rules; (5-1-10)

04. Evaluation of Competencies. Clinical supervision must include a documented evaluation of the competencies of the members of the clinical staff, and a plan of activities which bring those competencies to

proficiency. The evaluation will be conducted within one (1) month of initial hire and annually thereafter. Documentation of the evaluation and a record of improvement activities must be present in each Clinical Supervision record. The clinical supervision record must contain at a minimum: (5-1-10)

a. Demographic information including name, date of hire, credential, and position; (5-1-10)

b. Learning plan(s); (5-1-10)

c. Observation documentation; (5-1-10)

d. Competency rating forms; (5-1-10)

e. Intensive supervision plan, if required; (5-1-10)

f. Current resume; and (5-1-10)

g. Documentation of clinical supervision activities which include date of clinical supervision, type of clinical supervision activity, length of time spent performing the clinical supervision activity. (5-1-10)

218. QUALIFIED SUBSTANCE USE DISORDERS PROFESSIONAL PERSONNEL REQUIRED. The alcohol and substance use disorders program must employ the number and variety of staff to provide the services and treatments offered by the program as a multidisciplinary team. The program must employ at least one (1) qualified substance use disorders professional for each facility. (5-1-10)

01. Qualified Substance Use Disorders Professional. A qualified substance use disorders professional includes the following: (5-1-10)

a. IBADCC Certified Alcohol/Drug Counselor; (5-1-10)

b. IBADCC Advanced Certified Alcohol/Drug Counselor; (5-1-10)

c. Native American Certified Alcohol and Drug Abuse Counselor (NACADC); (5-1-10)

d. Northwest Indian Alcohol/Drug Specialist Certification - Counselor II or Counselor III; (5-1-10)

e. National Board for Certified Counselors (NBCC) - Master Addictions Counselor (MAC); (5-1-10)

f. "Licensed Clinical Social Worker" (LCSW) or a "Licensed Masters Social Worker" (LMSW) licensed under Title 54, Chapter 32, Idaho Code, who holds one (1) of the certifications under Subsections 218.01.a. through 218.01.e. of this rule or has one thousand forty (1,040) hours of supervised experience providing substance use disorder treatment, in an alcohol and substance use disorders treatment services setting in a state, federal, Joint Commission, or CARF-approved program. State approval includes other states that are approved, licensed, or certified to provide substance use disorders treatment services through their Single State Authority; (5-1-10)

g. "Marriage and Family Therapist," "Registered Marriage and Family Therapist Intern," or "Associate Marriage and Family Therapist" licensed under Title 54, Chapter 34, Idaho Code, who holds one (1) of the certifications under Subsections 218.01.a. through 218.01.e. of this rule or has one thousand forty (1,040) hours of supervised experience providing substance use disorder treatment, in an alcohol and substance use disorders treatment services setting in a state, federal, Joint Commission, or CARF-approved program. State approval includes other states that are approved, licensed, or certified to provide substance use disorders treatment services through their Single State Authority; (5-1-10)

h. "Nurse Practitioner" licensed under Title 54, Chapter 14, Idaho Code, may provide substance use disorder services. A nurse practitioner must have one thousand forty (1,040) hours of supervised experience providing substance use disorder treatment, in an alcohol and substance use disorders treatment services setting in a state, federal, Joint Commission, or CARF-approved program. State approval includes other states that are approved, licensed, or certified to provide substance use disorders treatment services through their Single State Authority;

(5-1-10)

i. "Clinical Nurse Specialist" licensed under Title 54, Chapter 14, Idaho Code, may provide substance use disorder services. A clinical nurse specialist must have one thousand forty (1,040) hours of supervised experience providing substance use disorder treatment in an alcohol and substance use disorders treatment services setting in a state, federal, Joint Commission, or CARF-approved program. State approval includes other states that are approved, licensed, or certified to provide substance use disorders treatment services through their Single State Authority; (5-1-10)

j. "Physician Assistant" licensed under Title 54, Chapter 18, Idaho Code, and IDAPA 22.01.03, "Rules for the Licensure of Physician Assistants" may provide substance use disorder services. A physician assistant must have one thousand forty (1,040) hours of supervised experience providing substance use disorder treatment in an alcohol and substance use disorders treatment services setting in a state, federal, Joint Commission, or CARF-approved program. State approval includes other states that are approved, licensed, or certified to provide substance use disorders treatment services through their Single State Authority; (5-1-10)

k. "Licensed Professional Counselor" (LPC) or a "Licensed Clinical Professional Counselor" (LCPC) licensed under Title 54, Chapter 34, Idaho Code, who holds one (1) of the certifications under Subsections 218.01.a. through 218.01.e. of this rule or has one thousand forty (1,040) hours of supervised experience providing substance use disorder treatment, in an alcohol and substance use disorders treatment services setting in a state, federal, Joint Commission, or CARF-approved program. State approval includes other states that are approved, licensed, or certified to provide substance use disorders treatment services through their Single State Authority; (5-1-10)

l. "Psychologist," or a "Psychologist Extender" licensed under Title 54, Chapter 23, Idaho Code with a Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders as issued by the College of Professional Psychology, or who holds one (1) of the certifications under Subsections 218.01.a. through 218.01.e. of this rule or has one thousand forty (1,040) hours of supervised experience providing substance use disorder treatment, in an alcohol and substance use disorders treatment services setting in a state, federal, Joint Commission, or CARF-approved program. State approval includes other states that are approved, licensed, or certified to provide substance use disorders treatment services through their Single State Authority; (5-1-10)

m. "Physician" licensed under Title 54, Chapter 18, Idaho Code, may provide substance use disorder services. A licensed physician must have one thousand forty (1,040) hours of supervised experience providing substance use disorder treatment; (5-1-10)

n. "Professional Nurse" RN licensed under Title 54, Chapter 14, Idaho Code, may provide substance use disorder services. An RN must have one thousand forty (1,040) hours of supervised experience providing substance use disorder treatment in an alcohol and substance use disorders treatment services setting in a state, federal, Joint Commission, or CARF-approved program. State approval includes other states that are approved, licensed, or certified to provide substance use disorders treatment services through their Single State Authority. (5-1-10)

02. Qualified Substance Use Disorders Professional Status Granted Prior to May 1, 2010. Subsections 218.01 and 218.02 of this section are applicable to all new applications for appointment as a qualified Substance Use Disorders Professional submitted to the Department after May 1, 2010. If an individual was granted an appointment prior to May 1, 2010, and met the requirements at that time, he may continue to have his appointment recognized. The appointment of this status will be given by the Department after the Department has received documentation affirming the qualified substance use disorder professional's education and experience meets standards in place prior to May 1, 2010. (5-1-10)

03. Arrangement for Provision of Counseling Services. If the program arranges for the provision of counseling services, it must maintain a valid written agreement or contract with a qualified substance use disorders professional as defined in Subsection 218.01 of this section. (5-1-10)

219. -- 220. (RESERVED).

221. VOLUNTEERS.

Alcohol and substance use disorders treatment or recovery support services programs that utilize volunteers must meet the following requirements. (5-1-10)

01. Objectives and Scope of Volunteer Services. In programs where volunteers are utilized, the objectives and scope of the volunteer services must be clearly stated in writing. The statement must be reviewed at least annually and signed and dated by the executive director or his designee. (5-1-10)

02. Orientation of Volunteers to Program Goals, Objectives, and Services. An orientation must be conducted to familiarize volunteers with the program's goals, objectives and services and to provide clinical orientation regarding the program's clients. At a minimum, the orientation must address at least the following: (5-1-10)

a. The individual responsible for supervising the volunteer; (5-1-10)

b. The requirements of maintaining confidentiality and protecting client's rights; (5-1-10)

c. The emergency policies and procedures; and (5-1-10)

d. The program's channels of communication and the distinctions between administrative and clinical authority and responsibility. (5-1-10)

03. Supervision of Volunteers. Volunteers must be under the direct supervision of the staff of the program, service or unit utilizing their services and must receive general direction and guidance. (5-1-10)

a. When volunteers are used as members of treatment teams, they must supplement the total treatment program only under the direct supervision of qualified substance use disorders professionals and after consideration of client's needs. (5-1-10)

b. Qualified substance use disorders professionals must be available to help volunteers establish the most effective relationship with clients. (5-1-10)

c. Procedures must be established to assure that the observations of a volunteer are reported to the qualified substance use disorders professional staff member responsible for the client. These observations may be recorded in the client's record. (5-1-10)

04. Volunteer Activity Records. Volunteer activity records and reports must contain information that can be used to evaluate the effectiveness of the volunteers, based on effectiveness criteria identified by the program. (5-1-10)

05. Criminal History Check for Volunteers. Volunteers hired or contracted with after May 1, 2010, must submit to a criminal history and background check under Section 009 of these rules. (5-1-10)

06. Tuberculosis Testing Requirements. Under Section 210 of these rules, the personnel policies and procedures must establish tuberculosis testing requirements for all volunteers. (5-1-10)

222. (RESERVED).

223. STUDENT/ISAS/TRAINEE PRACTICE.
Each student/ISAS/trainee practicing in an alcohol and substance use disorders treatment program must meet the requirements in these rules. (5-1-10)

01. Written Agreement Required for Students. When the participant is involved with an educational institution to obtain their practicum, the program must have a written agreement with the educational institution that defines the nature and scope of student activities within the program. (5-1-10)

02. Supervision of Student/ISAS/Trainee. Each student/ISAS/trainee practicing in the alcohol and substance use disorders treatment program must be supervised by a qualified substance use disorders professional.

There must be a qualified substance use disorders professional on duty at all times providing appropriate oversight. (5-1-10)

03. Informed of Student/ISAS/Trainee Providing Treatment. All staff, clients, their families or guardians must be informed when a student/ISAS/trainee is providing client treatment. (5-1-10)

04. Student/ISAS/Trainee Criminal History Check. A student/ISAS/trainee hired or contracted with after May 1, 2010, must submit to a criminal history check in accordance with the provisions of Section 009 of these rules. (5-1-10)

05. Student/ISAS/Trainee Job Description. Student/ISAS/trainee status must be indicated by their job description and title presented to the public and clients. The job description must include the responsibilities of receiving supervision and maintaining documentation of the supervision plan. (5-1-10)

06. Student/ISAS/Trainee Length of Appointment Status. Student/ISAS/trainee status is restricted to no more than three calendar (3) years from appointment to student/ISAS/trainee status. A student/ISAS/trainee who has not achieved counselor status must show an increased scope of work, with increased proficiency, as documented in the clinical supervision record. (5-1-10)

07. Orientation of Student/ISAS/Trainee. An orientation must be conducted to familiarize individuals with the program's goals, objectives, and services and to provide clinical orientation regarding the program's clients. At a minimum, the orientation must address at least the following: (5-1-10)

a. Person responsible to supervise student/ISAS/trainee. (5-1-10)

b. The requirements of maintaining confidentiality and protecting client's rights; (5-1-10)

c. The emergency policies and procedures; and (5-1-10)

d. The program's channels of communication and the distinctions between administrative and clinical authority and responsibility. (5-1-10)

08. Work Qualifications for Students. Clinical staff designated as a student/ISAS/trainee and who with intensive supervision would be allowed to gradually add the tasks of a qualified substance use disorders professional, must have one of the following levels of qualification to begin work: (5-1-10)

a. Idaho Student in Addiction Studies (ISAS); (5-1-10)

b. Formal designation from the ICRC of trainee status; (5-1-10)

c. Formal documentation as a Native American Certified Alcohol and Drug Abuse Counselor Intern; (5-1-10)

d. Formal documentation as a Northwest Indian Alcohol/Drug Specialist Counselor Intern; (5-1-10)

e. “Licensed Clinical Social Worker” (LCSW) or a “Licensed Masters Social Worker” (LMSW) licensed under Title 54, Chapter 32, Idaho Code, with documentation that he is currently engaged in obtaining one thousand forty (1,040) hours of supervised experience providing substance use disorder treatment; (5-1-10)

f. “Marriage and Family Therapist,” “Registered Marriage and Family Therapist Intern,” or “Associate Marriage and Family Therapist” licensed under Title 54, Chapter 34, Idaho Code, with documentation that he is currently engaged in obtaining one thousand forty (1,040) hours of supervised experience providing substance use disorder treatment; (5-1-10)

g. “Nurse Practitioner” licensed under Title 54, Chapter 14, Idaho Code, with documentation that he is currently engaged in obtaining one thousand forty (1,040) hours of supervised experience providing substance use disorder treatment; (5-1-10)

h. "Clinical Nurse Specialist" licensed under Title 54, Chapter 14, Idaho Code, with documentation that he is currently engaged in obtaining one thousand forty (1,040) hours of supervised experience providing substance use disorder treatment; (5-1-10)

i. "Physician Assistant" licensed under Title 54, Chapter 18, Idaho Code, and IDAPA 22.01.03, "Rules for the Licensure of Physician Assistants" may provide substance use disorder services., with documentation that he is currently engaged in obtaining one thousand forty (1,040) hours of supervised experience providing substance use disorder treatment; (5-1-10)

j. "Licensed Professional Counselor" (LPC) or a "Licensed Clinical Professional Counselor" (LCPC) licensed under Title 54, Chapter 34, Idaho Code, with documentation that he is currently engaged in obtaining one thousand forty (1,040) hours of supervised experience providing substance use disorder treatment; (5-1-10)

k. "Psychologist" or a "Psychologist Extender" licensed under Title 54, Chapter 23, Idaho Code, with documentation that he is currently engaged in obtaining one thousand forty (1,040) hours of supervised experience providing substance use disorder treatment; (5-1-10)

l. "Physician" licensed under Title 54, Chapter 18, Idaho Code, with documentation that he is currently engaged in obtaining one thousand forty (1,040) hours of supervised experience providing substance use disorder treatment; or (5-1-10)

m. "Professional Nurse" RN licensed under Title 54, Title 14, Idaho Code, with documentation that he is currently engaged in obtaining one thousand forty (1,040) hours of supervised experience providing substance use disorder treatment. (5-1-10)

n. Individuals listed in Subsection 223.08.a. through 223.08.m. of this Section, working with children and adolescents, must document coursework specific to human development and child and adolescent behavior. (5-1-10)

09. Tuberculosis Testing Requirements for Students. Under Section 210 of these rules, the personnel policies and procedures must establish tuberculosis testing requirements for all students/ISAS/trainees. (5-1-10)

224. PLAN FOR ACTIVITIES OF QUALIFIED SUBSTANCE USE DISORDERS PROFESSIONALS.
Each facility of the alcohol and substance use disorders treatment program must have a written plan for activities of qualified substance use disorders professionals that meets the requirements in these rules. (5-1-10)

01. Activities Plan. The list of treatment activities must include: (5-1-10)

a. A description of each activity; (5-1-10)

b. The measurable objectives of each activity; and (5-1-10)

c. The qualified substance use disorders professional(s) who will provide or supervise each activity. (5-1-10)

02. Activities Schedules. All treatment activities offered by the alcohol and substance use disorders treatment program must be provided and scheduled to meet the needs of clients and their families. (5-1-10)

a. Treatment activity schedules must be made known to participating clients and staff. (5-1-10)

b. There is documentation that the treatment activities of the approved program are regularly reviewed and revised to meet the changing needs of clients. (5-1-10)

225. STAFF DEVELOPMENT.
All alcohol and substance use disorders treatment programs must have a staff development program that meets the requirements in these rules. (5-1-10)

01. Staff Development Plans and Procedures. The alcohol and substance use disorders treatment program must provide staff development opportunities for administrative, professional, and support personnel. The plan must be approved by the administrator and reviewed annually. (5-1-10)

02. Employee, Contractor, and Volunteer Orientation. The alcohol and substance use disorders treatment program must provide orientation and training plans for all employees. The program must document that each new employee, contractor, and volunteer participates in an orientation that includes the information described as follows: (5-1-10)

a. Orientation must be completed during the first thirty (30) days of employment after an employee's, contractor's, or volunteer's start date. (5-1-10)

b. Orientation for new employees must include training in emergency policies and procedures and familiarize each employee with existing staff backup and support systems. (5-1-10)

c. The purpose of the program. (5-1-10)

d. The policies and procedures of the program as they relate to his job function. (5-1-10)

e. The employee's, contractor's, or volunteer's role and responsibilities. (5-1-10)

f. The requirement to report suspected incidents of child abuse, neglect, and abandonment. (5-1-10)

03. Administrative and Service Changes. Staff development plans must be provided to reflect all administrative and service changes in the program and to prepare personnel for promotions, added responsibility, and emergency situations. (5-1-10)

a. The staff development plans must include educational opportunities such as workshops, institutes, seminars, and formal continuing education courses. (5-1-10)

b. The staff development plan must provide for the participation of staff when appropriate in clinical and administrative committees and conferences. (5-1-10)

c. All program staff must receive training and must demonstrate competence in emergencies. (5-1-10)

04. Continuous Professional Education Plan. A continuous professional education plan must be provided to keep the professional staff informed of significant clinical and administrative developments and to improve skills. (5-1-10)

a. The professional staff development plan must include in-service activities. (5-1-10)

b. In-service activities must be planned, scheduled in advance and conducted on a continuing basis. (5-1-10)

05. Quality Assurance Activities. The staff development plan must address the results of quality assurance activities, including client care evaluations. (5-1-10)

a. Staff development activities must be designed to meet needs identified in the quality assurance program. (5-1-10)

b. Written documentation must demonstrate that staff development activities are influenced by the findings of the quality assurance program. (5-1-10)

06. Annual Evaluation of Plans. Staff education and in-service training plans must be evaluated at least annually and signed and dated by the reviewer. (5-1-10)

226. -- 329. (RESERVED).

330. QUALITY ASSURANCE.
All alcohol and substance use disorders treatment or recovery support services programs must have a written plan for their ongoing quality assurance program. This plan must include: (5-1-10)

01. Review Schedule. The plan must describe how clinical practices focusing on client health, safety, risk and treatment outcomes. (5-1-10)

02. Procedures to Address Deficiencies. The plan must describe the procedures to be followed in the event a practice or procedure is deficient and does not meet the program's standard of quality. (5-1-10)

03. Client Outcome Assessment. The plan must include procedures for assessing client outcome as a result of participation in the treatment program. (5-1-10)

331. -- 339. (RESERVED).

340. RESEARCH CONDUCTED WITHIN ALCOHOL AND SUBSTANCE USE DISORDERS PROGRAMS AND FACILITIES.
When an alcohol and substance use disorders treatment or recovery support services program conducts or participates in research with clients, it must be conducted in accordance with the standards set forth in the “Research” chapter of the most current edition of the Joint Commission’s Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC), as incorporated by reference in Section 004 of these rules. (5-1-10)

341. -- 349. (RESERVED).

350. CLIENT RIGHTS.
All alcohol and substance use disorders treatment or recovery support services programs must have written policies and procedures to protect the fundamental human, civil, constitutional, and statutory rights of each client. (5-1-10)

01. General Rights. The client rights policies and procedures must address the following: (5-1-10)

a. The right to impartial access to treatment and services, regardless of race, creed, color, religion, gender, national origin, age, or disability; (5-1-10)

b. Respect for personal dignity in the provision of all care and treatment; (5-1-10)

c. The right to humane services, regardless of the source of financial support; (5-1-10)

d. The right to receive services within the least restrictive environment possible; (5-1-10)

e. The right to an individualized treatment plan, based on assessment of current needs; (5-1-10)

f. The right of the client to participate in planning for treatment and recovery support services; and (5-1-10)

g. The right of the client to request Department staff review the treatment plan or the services provided. (5-1-10)

02. Personal Privacy. Each client's personal privacy must be assured and protected within the constraints of the individual treatment plan. (5-1-10)

a. The client's family and significant others, regardless of their age, must be allowed to visit the client, during regular hours of visitation, unless such visits are clinically contraindicated. (5-1-10)

b. Suitable areas must be provided for clients to visit in private, unless such visits are clinically contraindicated. (5-1-10)

c. Clients in residential settings must be allowed to send and receive mail without hindrance, unless clinically contraindicated. (5-1-10)

d. Clients in residential settings must be allowed to conduct private telephone conversations with family and friends, unless clinically contraindicated. (5-1-10)

e. If individual therapeutic indications in residential settings necessitate restrictions on visitors, telephone calls or other communications, those restrictions must be evaluated for therapeutic effectiveness by a qualified substance use disorders professional at least every three (3) days. (5-1-10)

f. Any restrictions on visitors, telephone calls or other communications must be fully explained to the client and the client's family. (5-1-10)

03. Visitation. There must be written procedures designed to protect clients' rights and privacy with respect to visitors in outpatient and residential programs. (5-1-10)

a. The client must be informed in advance of educational or other individual or group visitations available through the alcohol and substance use disorders treatment program. (5-1-10)

b. Visitations to the alcohol and substance use disorders treatment program's facility must be conducted so as to limit disruption of the client's usual activities and treatment processes. (5-1-10)

04. Individualized Treatment Plan Review. Each client will have the right to request the opinion of a consultant at his own expense or to request an in-house review of the individualized treatment plan, as provided in specific procedures of the program. (5-1-10)

05. Client to Be Informed of Rights. Each client must be informed of his rights. (5-1-10)

a. Each client must be given a written statement of client rights, which includes who the client may contact with questions, concerns or complaints regarding services provided. (5-1-10)

b. Copies of the program's client rights statement must be posted in conspicuous places at all sites. (5-1-10)

06. Client and Family to Be Informed Regarding Care and Treatment. The client and, where there is a valid release of information, the client's family must be fully informed regarding: (5-1-10)

a. Client's rights; (5-1-10)

b. The name, professional status and position of staff members responsible for the client's care; (5-1-10)

c. The nature of care, treatment and procedures that the client will receive; (5-1-10)

d. The current and future use and disposition of products of special observation and audiovisual techniques, such as one-way mirrors, tape recorders, video recorders, television, movies or photographs; (5-1-10)

e. Specific risk, benefit, or side effects of clinical care associated with their treatment plan. This informed consent will address common risk or benefits associated with treatment and is not meant to be all-inclusive to every risk, benefit, or side effect; (5-1-10)

f. Alternative treatment procedures that are available; (5-1-10)

g. The right to refuse to participate in any research project without compromising his access to program services; (5-1-10)

h. The right to refuse specific treatment procedures; (5-1-10)

i. As appropriate, the cost, itemized when possible, of services rendered; (5-1-10)

j. The source of the program's reimbursement and any limitations placed on duration of services as it relates to each client's financial circumstance; (5-1-10)

k. The reasons for any proposed change in the professional staff responsible for the client or for any transfer of the client within or outside of the program; (5-1-10)

l. The rules and policies of the program applicable to client conduct; (5-1-10)

m. The right to initiate a complaint or grievance procedure and the means to request a hearing or review of the complaint. (5-1-10)

n. The discharge plan; and (5-1-10)

o. The plans for recovery support activities following discharge. (5-1-10)

07. Informed Consent. In accordance with the requirements of any applicable law or any applicable standard contained in these rules, a written, dated, and signed informed consent form must be obtained from the client, the client's family or the client's guardian, as appropriate, for participation in any research project or other procedures or activities where informed consent is required by law. (5-1-10)

08. Client Abuse and Neglect. Every alcohol and substance use disorders treatment or recovery support services program must have written policies and procedures for handling cases of client abuse and neglect. (5-1-10)

a. The policies and procedures on client abuse and neglect must be given to all personnel and must be made available to others upon request. (5-1-10)

b. The policies and procedures must ensure the reporting within twenty-four (24) hours to the proper law enforcement agency or to the Department of any allegations of client abuse and neglect under the following: (5-1-10)

i. "Idaho Child Protective Act," Section 16-1619, Idaho Code, for minors; and (5-1-10)

ii. "Adult Abuse, Exploitation, and Abandonment Act," Section 39-5303, Idaho Code, for adults. (5-1-10)

c. Any and all alleged violations of the policies and procedures must be investigated. (5-1-10)

d. There must be documentation that the results of such investigation must be reviewed and approved by the executive director and reported to the governing body. (5-1-10)

351. -- 359. (RESERVED).

360. ADMISSION POLICIES AND PROCEDURES.
All alcohol and substance use disorders treatment or recovery support services programs must have policies and procedures governing the admission process. These must be available to clients and their families and to the general public. (5-1-10)

01. Admission Policies. The admission policies and procedures must be in writing and must specify the following: (5-1-10)

a. Criteria for determining the eligibility of individuals for admission in accordance with ASAM placement criteria; (5-1-10)

b. The information to be obtained on all applicants or referrals for admission; (5-1-10)

c. The procedures for accepting referrals from outside agencies and organizations; (5-1-10)

d. The records to be kept on all applicants; (5-1-10)

e. The statistical data, as determined by the Department's MSC, to be kept on the admission process; and (5-1-10)

f. The procedures to be followed, including alternative referrals, when an applicant is found ineligible for admission. (5-1-10)

02. **Screening**. Screening must be based on the needs of clients as identified as follows: (5-1-10)

a. The screening is conducted prior to admission to treatment to determine if the client meets the admission criteria; (5-1-10)

b. The screening must be interpreted by a qualified substance use disorders professional; and (5-1-10)

c. The results of the screening must be clearly explained to the client, and family when appropriate. (5-1-10)

03. **Acceptance for Treatment**. Acceptance of a client for treatment must be based on an admission procedure that assures the following: (5-1-10)

a. The care provided by the program at that facility site is appropriate for the client and must be based on admission, continued stay, and discharge criteria approved by the Department; (5-1-10)

b. Assessment data is collected to develop a preliminary treatment plan; (5-1-10)

c. If the potential client is a minor or an incompetent person, a parent, guardian, or other legal representative may make application for voluntary admission to treatment; and (5-1-10)

d. No otherwise qualified individual is denied access to treatment services on the basis of race, creed, color, religion, gender, national origin, age, or disability. (5-1-10)

e. Acceptance for treatment is based on the program's scope of practice, capability, and capacity. (5-1-10)

04. **Provisions for Persons Requiring Protective Custody**. For persons coming voluntarily or being brought by a law enforcement officer to an alcohol and substance use disorders treatment program for protective custody, the program must comply with the provisions of Section 39-307A, Idaho Code. (5-1-10)

05. **Assure Applicants Understand Rights and Responsibilities**. During the admission process, every effort must be made to assure that applicants understand the following: (5-1-10)

a. The nature and goals of the treatment program; (5-1-10)

b. The hours during which services are available; (5-1-10)

c. The treatment costs, if any, to be borne by the client; and (5-1-10)

d. The rights and responsibilities of clients, including the rules governing client conduct and the types of infractions that can result in disciplinary action or discharge from the program. (5-1-10)

06. **Reasonable Precautions in All Admissions**. Reasonable precautions must be taken in all

admissions to ensure the safety of the client, other clients, staff of the program, and members of the community. Reasonable precautions are those that are fair, proper, or moderate under the circumstances. (5-1-10)

361. -- 369. (RESERVED).

370. ASSESSMENT.
All alcohol and substance use disorders treatment or recovery support services program must have an assessment process that meets the requirements in these rules. (5-1-10)

01. Assessment Tool. All approved programs must utilize an assessment tool approved by the Department. (5-1-10)

02. Assessment Required. A qualified substance use disorders professional must develop a written assessment of each client to identify the effects of alcohol or substance use on the client's life. The qualified substance use disorders professional may be on staff or arranged for by the program. (5-1-10)

03. Content of Assessment. The assessment must consist of evaluation of the client's use of alcohol and drugs, the signs and symptoms of alcohol and drug use and the consequences of alcohol and drug use in life areas such as, physical and mental health, social situation, family issues, legal issues, and the work and school situation. (5-1-10)

04. Clinical Consideration of Client Needs. Clinical consideration of each client's needs must include a determination of the type and extent of special clinical examinations, tests and evaluations necessary for a complete assessment. (5-1-10)

05. Physical Examination. In all programs, there must be policies and procedures establishing when a medical examination must be performed. (5-1-10)

371. ASSESSMENT AND REFERRAL SERVICES.
In addition to the requirements in Section 370 of these rules, all alcohol and substance use disorders treatment or recovery support services program must have an assessment and referral process that meets the requirements in these rules. (5-1-10)

01. Established Policy and Procedure. Policies and procedures to address processes for referrals must be established. (5-1-10)

02. Screening and Assessment Determines Problem Severity and Service Needs. Screening and assessment must be sufficient to determine the problem severity and service needs. (5-1-10)

03. Services Provided by a Qualified Substance Use Disorders Professional. Services must be provided by a qualified substance use disorders professional under Section 218 of these rules. (5-1-10)

04. Oversight by a Clinical Supervisor. A Clinical Supervisor must oversee services as required under Section 215 of these rules. (5-1-10)

372. -- 374. (RESERVED).

375. CLIENT RECORDS REQUIREMENTS.
Each alcohol and substance use disorders treatment or recovery support services program must meet the client records requirements set forth in these rules. (5-1-10)

01. Written Client Record Required. The alcohol and substance use disorders treatment or recovery support services program must maintain a written client record on each client. All entries in the client record must be signed and dated. Symbols and abbreviations may be used. An abbreviations legend must be available for the Department to review. The abbreviations legend must be located in the client record for reference. (5-1-10)

02. Content of Client Record. The client record must describe the client's situation at the time of

admission and include the services provided, all progress notes, and the client's status at the time of discharge. At a minimum the record must contain: (5-1-10)

a. Identifying data including the client's name, home address, home telephone number, date of birth, gender, marital status, race or ethnic origin, next of kin or person to contact, educational level, type and place of employment, date of initial contact or admission to the program, source of any referral, legal status including relevant legal documents, name of personal physician, record of any known drug reactions or allergies, and other identifying data as indicated. (5-1-10)

b. The identifying data as described in Subsection 375.02.a. of these rules must be dated with the date the information was gathered and signed by the staff member gathering the information. (5-1-10)

03. Assessments Completed With the Client. All assessments completed with the client must be dated, signed by the person providing the assessment, and give a full accounting of the findings of such assessments. (5-1-10)

04. Progress Notes. Notes for each treatment session charting the client's progress must include: (5-1-10)

a. Date of session; (5-1-10)

b. Beginning and ending time of session; (5-1-10)

c. Description of the session; (5-1-10)

d. Signature of person conducting the session; (5-1-10)

e. All staffing notes pertaining to the client; (5-1-10)

f. All medical records regarding the client. These may include documentation of a medical examination, results of any medical tests, including drug and alcohol screening tests performed by the program, and results of any medical tests reported to the program which were performed outside the program; and (5-1-10)

g. Documentation that justifies the client meets criteria for admission, continued stay, and discharge. The documentation must be based on admission, continued stay and discharge criteria approved by the Department. (5-1-10)

05. Unusual Occurrences. The client record must contain information on any unusual occurrences, such as: (5-1-10)

a. Treatment complications; (5-1-10)

b. Accidents or injuries to the client; (5-1-10)

c. Serious illness; (5-1-10)

d. Death of the client. In the event of a client's death, the person must be pronounced dead in accordance with the provisions of Idaho law and a summation statement must be entered in the record in the form of a discharge summary. (5-1-10)

06. Telephone Calls. The client record must contain correspondence concerning the client's treatment and signed and dated notations of telephone calls concerning the client's treatment. (5-1-10)

07. Discharge Plan. The client record must contain a plan for discharge. (5-1-10)

08. Discharge Summary. A discharge summary must be entered in the client record within a reasonable period of time not to exceed fifteen (15) days following discharge, as determined by the professional staff

and policies or standards. (5-1-10)

376. MAINTENANCE OF CLIENT RECORDS.
Every alcohol and substance use disorders treatment or recovery support services program must maintain, control and supervise client records and is responsible for maintaining their quality in accordance with the requirements set forth in these rules. (5-1-10)

01. Active Client Records Kept at the Facility Site. The active client's records must be kept at the facility site where the client is being treated. (5-1-10)

02. Compilation, Storage, Dissemination, and Accessibility of Client Records. The program must have written policies and procedures governing the compilation, storage, dissemination, and accessibility of client records. The policies and procedures must be designed to ensure: (5-1-10)

a. The program fulfills its responsibility to safeguard and protect client records against loss, unauthorized alteration or disclosure of information; (5-1-10)

b. In the event of unauthorized release client identifying information such as theft, the Department is notified immediately; (5-1-10)

c. In the event of closure of program how and where records will be stored; (5-1-10)

d. Each client record contains all required information; (5-1-10)

e. Uniformity in the format and forms is used in client records; (5-1-10)

03. Entries in Client Records Are Dated and Signed. The policies and procedures must require entries in client records to be dated and signed. (5-1-10)

04. Storage Facilities. The program must provide facilities for the storage, processing and handling of client records, including locked and secured rooms and files. (5-1-10)

05. Electronic Storage of Client Data. When a program stores client data in electronic or other types of automated information systems, they must have security measures to prevent inadvertent or unauthorized access to such data. (5-1-10)

06. Length of Maintenance of Client Records. Client records must be maintained for a minimum of five (5) years from the date they are officially closed. (5-1-10)

07. Disposal of Client Records. The program must have a written policy governing the disposal of client records. Methods of disposal must be designed to assure the confidentiality of client information. (5-1-10)

08. Confidentiality and Disclosure of Information. The program must have written policies and procedures that protect the confidentiality of client records and govern the disclosure of information in the records under Section 006 of these rules. (5-1-10)

377. -- 379. (RESERVED).

380. INDIVIDUALIZED TREATMENT PLAN.

01. Individualized Treatment Plan. A state-approved alcohol and substance use disorder treatment program must prepare for each client an individualized treatment plan that addresses the alcohol or substance use and co-occurring mental health disorders health affects on the client's major life areas. The development of a treatment plan must be a collaborative process involving the client, family members, and other support and service systems. (5-1-10)

02. Treatment Plan Based on a Biopsychosocial Assessment. The treatment plan must be based on a

Department-approved biopsychosocial assessment of the client's alcohol or substance use disorders treatment needs, and contributions provided by the informal support system. (5-1-10)

03. Development and Implementation of the Treatment Plan. The assigned qualified substance use disorders professional staff member within a state approved program has overall responsibility for the development and implementation of the treatment plan. (5-1-10)

04. Timeline for Development of the Treatment Plan. A treatment plan must be developed within seventy-two (72) hours following admission to an inpatient or residential facility. A treatment plan must be developed within thirty (30) days of the completion of a state approved assessment in an outpatient setting. The treatment plan must be updated at least every seven (7) days in a residential setting and at least every ninety (90) days in an outpatient setting. (5-1-10)

05. Content of the Treatment Plan. The individualized treatment plan must include the following: (5-1-10)

a. The services deemed clinically necessary to facilitate the client's alcohol and substance use disorders recovery; (5-1-10)

b. Referrals for needed adjunct services that the alcohol and substance use disorders treatment program does not provide. (5-1-10)

c. Referrals for recovery support services that support treatment as defined in Subsection 012.03 of these rules; (5-1-10)

d. Goals that the client must complete to reduce or eliminate alcohol or substance use and support recovery; (5-1-10)

e. Objectives that relate to the goals, written in measurable terms, with targeted expected achievement dates; (5-1-10)

f. Service frequency; (5-1-10)

g. Criteria to be met for discharge from treatment; and (5-1-10)

h. A plan for including the family or other social supports. (5-1-10)

06. Integrated COD Treatment Plan Development. In addition to the information in Section 380.05 of this section, the individualized treatment plan for a client with a co-occurring disorder must address the COD treatment and recovery support service needs of the client as identified in the current assessment. These additional items include the following: (5-1-10)

a. A list of COD problems and needs identified during the assessment; (5-1-10)

b. Overall goals to be achieved consistent with the client's treatment and recovery support services needs and assessment; (5-1-10)

c. Reference to all services and contributions provided by the informal support system; (5-1-10)

d. Documentation of who participated in the selection of services; (5-1-10)

e. Documentation of unmet needs and service gaps; (5-1-10)

f. References to any formal services arranged including specific providers; (5-1-10)

g. Time frames for achievement of the treatment plan goals and objectives. (5-1-10)

381. -- 384. (RESERVED).

385. REFERRALS OF CLIENTS.
All alcohol and substance use disorders treatment or recovery support services programs must have policies and procedures to facilitate the referral of clients and the provision of consultation among the program's services and between the program and other service providers in the community. (5-1-10)

386. DISCHARGE REQUIREMENTS.
All alcohol and substance use disorders treatment programs must meet the discharge standards in these rules. (5-1-10)

01. Discharge Plan. A discharge plan must be jointly developed by the qualified substance use disorders professional and the client. This discharge plan includes the resources needed to support their recovery. (5-1-10)

a. The discharge plan must be initiated within forty-eight (48) hours of admission to a residential program and completed prior to the conclusion of substance use disorders treatment and recovery support services. (5-1-10)

b. The discharge plan must be initiated within thirty (30) days of admission to an outpatient program and completed prior to the conclusion of substance use disorders treatment and recovery support services. (5-1-10)

c. A hard copy of the discharge plan must be given to the client at the time of discharge from treatment. (5-1-10)

d. The discharge plan must include: (5-1-10)

i. The recovery support services and adjunct services to be continued after discharge including the location and contact information of existing appointments; (5-1-10)

ii. Information about accessing resources to maintain gains achieved while in treatment; (5-1-10)

iii. Identification of stressors that may led to a return to the use of alcohol or drugs and methods to address the stressors; and (5-1-10)

iv. Identification of person(s) to contact if additional services are needed. (5-1-10)

02. Discharge Summary. A discharge summary must be entered in the client record within fifteen (15) days following discharge. (5-1-10)

a. The discharge summary must include the results of the initial assessment and diagnosis. (5-1-10)

b. The discharge summary must include a clinical summary of the following: (5-1-10)

i. The course and progress of the client with regard to each identified clinical problem; (5-1-10)

ii. The clinical course of the client's treatment; (5-1-10)

iii. The final assessment, including the general observations and understanding of the client's condition initially, during treatment and at discharge; and (5-1-10)

iv. The recommendations and arrangements for further treatment as described in the discharge plan. (5-1-10)

387. -- 389. (RESERVED).

390. ENVIRONMENT REQUIREMENTS.

Each facility site of the program must have appropriate space, equipment and fixtures to meet the needs of clients. (5-1-10)

01. Fixtures and Equipment. Fixtures and equipment designated for each service must be constructed or modified in a manner that provides, insofar as possible, pleasant and functional areas that are accessible to all clients regardless of their disabilities. (5-1-10)

02. Office Space. Private space must be provided for personal consultation and counseling as well as family and group counseling sessions. All space for offices, storage, and supplies must be accessible. (5-1-10)

03. Equipment and Supplies. There must be equipment and supplies to meet the needs of the client at each facility. (5-1-10)

04. Safety, Fire, Health, and Sanitation Requirements. Space, equipment and facilities utilized by the program must meet federal, state and local requirements for safety, fire prevention, health and sanitation. (5-1-10)

05. Accessibility for Persons With Mobility and Sensory Impairments. For clients with mobility or sensory impairments, the facility must provide a physical environment which meets the needs of the person for independent mobility. New construction must meet the requirements of the American with Disabilities Act Accessibility Guidelines (ADAAG). Existing facilities must comply, to the maximum extent feasible, with 28 CFR Sections 36.304 and 36.305 regarding removal of barriers under the Americans with Disabilities Act, without creating an undue hardship or burden on the facility, and must provide as required, reasonable accommodations. The facility must provide the following: (5-1-10)

a. Ramps for clients who require assistance with ambulation must comply with the requirements of the ADAAG 4.8; (5-1-10)

b. Bathrooms and doors large enough to allow the easy passage of a wheelchair as provided for in the ADAAG 4.13; (5-1-10)

c. Grab bars in toilet and bathrooms in compliance with ADAAG 4.26; (5-1-10)

d. Toilet facilities in compliance with ADAAG 4.16 and 4.23; (5-1-10)

e. Non-retractable faucet handles in compliance with ADAAG 4.19, with the exception of self-closing valves under 4.19.5, and 4.27; and (5-1-10)

f. Suitable hand railing must be provided on both sides of all stairs leading into and out of a building for clients who require the use of crutches, walkers, or braces. (5-1-10)

391. EMERGENCY PREPAREDNESS PLAN.

All alcohol and substance use disorders treatment or recovery support services programs must establish and maintain an Emergency Preparedness Plan designed to manage the consequences of natural disasters or other emergencies that could disrupt the program's ability to provide care. (5-1-10)

01. External and Internal Disasters. The program must have written policies and procedures to enable them to effectively prepare for both external and internal disasters that can negatively affect its environment of care. The policies and procedures must include: (5-1-10)

a. Communication plan for business hours and after hours; (5-1-10)

b. Clear chain of command which includes how to contact supervisors at all times; and (5-1-10)

c. Disaster orientation for all workers; (5-1-10)

02. The Role as a Provider of Care to the Residents of Its Community. The program must have written policies and procedures describing how the program is ready to assist as needed in case of community

emergency, and as appropriate integrates its Emergency Preparedness Plan with community disaster plans to support the community's response to a disaster. (5-1-10)

03. Interruption of Utility Services. Policies and Procedures must be written describing what action to be taken in the event of interruption of utility services, such as lighting, in order that staff can perform essential functions, back up computer data, and obtain urgent medical data to provide to a primary care physician; and (5-1-10)

04. Disruption of Services. Policies and procedures must be written describing what action will be taken in the event of disruption of services and management of space, supplies, communications, and security. (5-1-10)

392. MEDICAL EMERGENCY SERVICES.

All alcohol and substance use disorders treatment or recovery support services programs must have a written plan describing the manner in which medical emergency services must be accessed. (5-1-10)

01. Medical Emergency Services Policies and Procedures. The program must have written policies and procedures describing the type of medical emergency services available and the arrangements for referring or transferring clients to a medical facility. The policies and procedures must clearly specify the following: (5-1-10)

a. The staff of the program who are available and authorized to provide necessary emergency evaluations. (5-1-10)

b. The staff of the program who are authorized to arrange for clients to be referred or transferred to a medical facility. (5-1-10)

c. The arrangements the program has made for exchanging records with the medical facility when it is necessary for the care of the client. (5-1-10)

d. The location of the medical facility and the medical facilities contact information. (5-1-10)

e. The method of communication between the program and medical facility. (5-1-10)

f. The arrangements the program has made for transporting clients, when necessary, from the medical facility providing emergency services. (5-1-10)

g. Policies concerning notification of the client's family of emergencies and of arrangements that have been made for referring or transferring the client to another program or facility. (5-1-10)

02. Staff Training for Emergency Services. All staff must be trained in the emergency policies and procedures. (5-1-10)

03. CPR and Basic First Aid Training. One (1) CPR/First Aid trained staff person must be onsite at all times. Staff responsible for CPR and First Aid must complete this training within ninety (90) days of employment. Additionally, the policies and procedures must establish the methods for renewal of CPR and first aid certification so that he remains current at all times. (5-1-10)

04. Annual Review and Revisions. There must be documentation that the policies and procedures are reviewed at least annually and revised as necessary. (5-1-10)

393. NOTIFICATION OF DEATH, SERIOUS INCIDENT, ACCIDENT, FIRE, OR LOSS OF RECORDS OR OTHER CLIENT IDENTIFYING INFORMATION.

01. Notification of Death. The program must notify the Department in writing within twenty-four (24) hours of a patient, client, or staff death where death occurs on site or in treatment-related circumstances. The program must notify the decedent's family or next of kin as soon as possible in accordance with confidentiality and HIPAA requirements. (5-1-10)

02. Notification of Serious Incident. The program must notify the Department in writing within twenty-four (24) hours of any serious incident occurring outside the normal course of treatment, involving a patient, client, or staff occurring on the premises related to the operation of the service, that requires the services of a doctor or hospital in accordance with confidentiality and HIPAA requirements. (5-1-10)

03. Notification of Fire, Accident, or Other Incident. The program must notify the Department in writing within twenty-four (24) hours of any fire, accident, or other incident resulting in significant damage to the service site in accordance with confidentiality and HIPAA requirements. (5-1-10)

04. Notification of Loss of Client Records or Other Identifying Information. The program must notify the Department in writing within twenty-four (24) hours of any situation resulting in the loss of client records or other identifying information in accordance with confidentiality and HIPAA requirements. (5-1-10)

05. Notification of Change in Executive Director. The program must notify the Department in writing within twenty-four (24) hours if there is a change of executive director. (5-1-10)

06. Notification of an Employee Investigation. The program must notify the Department in writing within twenty-four (24) hours if an employee is the subject of an investigation for client abuse or neglect. (5-1-10)

394. ADMINISTRATION OF MEDICATIONS.
Administration of medications in alcohol and substance use disorders treatment or recovery support services programs, except those located in licensed hospitals, must be by means of self-administration. (5-1-10)

01. Self-Administration of Medications. Self-administration of over-the-counter and prescription medication is permitted only under the supervision of staff. Prescription medication is permitted only when a client has a prescription from a physician, a nurse practitioner, or a physician assistant. Medication must be available to clients as prescribed. (5-1-10)

02. Storage. The program will provide secured central storage of prescribed and over-the-counter medication. (5-1-10)

03. Policies and Procedures for Storage of Medication. The program must have policies and procedures for storage and provide storage facilities for prescribed and over-the-counter medication. (5-1-10)

04. Administration of Medications in Child and Adolescent Residential Programs. State approved programs serving children and adolescents in residential programs must follow the requirements found in IDAPA 16.06.02, "Rules Governing Standards for Child Care Licensing," Subsections 752.02 through 752.06. (5-1-10)

395. FOOD SERVICE.
Alcohol and substance use disorders treatment or recovery support services programs providing services that include the preparation of meals must meet the requirements in these rules. (5-1-10)

01. Meals and Snacks. In general, wholesome and nutritionally balanced food must be provided. Three (3) meals must be served daily at regular times. Snacks of nourishing quality must be available to clients at all times. (5-1-10)

a. Menus. (5-1-10)

i. Menus must be planned in advance. (5-1-10)

ii. Menus must be reviewed and approved by a registered dietician annually. (5-1-10)

iii. Menus must be conspicuously posted in the dining room and must be dated. (5-1-10)

iv. When changes in the menu are necessary, substitutions must provide equal nutritional value. Records of menus and substitutions must be retained for at least six (6) months. (5-1-10)

b. Processed food not prepared on site must be obtained from sources inspected and approved by the Department and must be protected from contamination during transport and preparation. Home canned or home processed food must not be used or served. (5-1-10)

c. Approved refrigeration and cooking appliances must be installed and maintained in operating condition. (5-1-10)

d. Shelves, counters, and cabinets for preparation of food and storage of food, dishes, and cooking utensils must be maintained in a safe and sanitary manner. (5-1-10)

e. All sink and cabinet tops must have smooth, washable, non-absorbent finishes. (5-1-10)

f. Tables and chairs or equivalent must be provided for dining purposes. (5-1-10)

02. Food Sanitation. The acquisition, preparation, storage, and serving of all food and drink in a program's facilities must comply with Idaho Department of Health and Welfare Rules, IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments." (5-1-10)

396. RESIDENTIAL AND TRANSITIONAL TREATMENT FACILITY ENVIRONMENT.
All alcohol and substance use disorders treatment facilities providing twenty-four (24) hour per day care must establish an environment that enhances the positive self-image of clients and preserves their human dignity and that meets the minimum standards in these rules. (5-1-10)

01. Living Conditions. The facility must meet each of the following requirements regarding the client's therapeutic environment: (5-1-10)

a. Clients must be allowed to wear their own clothing. If clothing is provided by the program, it must be appropriate and not demeaning. (5-1-10)

b. Clients must be allowed to keep and display personal belongings, and to add personal touches to the decoration of their own room. (5-1-10)

c. The program must develop policies and procedures for storage, availability and use of personal possessions, personal hygiene items, and other client belongings. (5-1-10)

d. Clients must be encouraged to take responsibility for maintaining their own living quarters. (5-1-10)

e. Mirrors must be placed as an aid in grooming and to enhance the client's self-awareness. (5-1-10)

f. There must be ample closet and drawer space for the storage of personal property and property provided for the resident's use. (5-1-10)

02. Resident Sleeping Rooms. The facility must assure that: (5-1-10)

a. Resident sleeping rooms are not in attics, stairs, halls, or any other room commonly used for other than bedroom purposes; (5-1-10)

b. There must be sufficient window space for natural light and ventilation. Emergency egress or rescue windows must comply with the state-adopted Uniform Building Code. (5-1-10)

c. Square footage requirements for resident sleeping rooms must provide at least seventy (70) square feet, exclusive of closet space, in a single occupancy room. In a multiple occupancy room, there must be at least forty-five (45) square feet per occupant, exclusive of closet space. Existing multiple occupancy sleeping rooms, may be approved relative to square feet per occupant until the room is remodeled or the building is extensively remodeled. There must be a minimum of three (3) feet between the sides of beds and two (2) feet at the end of the beds. (5-1-10)

d. Window screens must be provided on operable windows; (5-1-10)

e. Ceiling heights in sleeping rooms must be at least seven (7) feet, six (6) inches. (5-1-10)

f. Doorways to sleeping areas must be provided with doors in order to provide privacy. (5-1-10)

g. Separate bedrooms and bathrooms must be provided for men and women. (5-1-10)

03. Contributions of Environment. The environment of the treatment facility must contribute to the development of therapeutic relationships in at least the following ways: (5-1-10)

a. Areas must be available for a full range of social activities for all clients, from two (2) person conversations to group activities. (5-1-10)

b. Furniture, furnishings and equipment must be available to accommodate all occupants. (5-1-10)

i. Furniture and furnishings must be comfortable and maintained in clean condition and good repair. (5-1-10)

ii. All equipment and appliances must be maintained in good operating order. (5-1-10)

c. To promote awareness of the time and season, clocks and calendars must be provided at least in the major use areas. (5-1-10)

397. HOUSEKEEPING SERVICES.
All alcohol and substance use disorders treatment or recovery support services facilities providing twenty-four (24) hour per day care must have written policies and procedures for maintaining a clean and safe environment to meet applicable standards in these rules. (5-1-10)

01. Personnel and Equipment. Housekeeping and maintenance personnel and equipment must be provided to maintain the interior and exterior of the program's facility site in a safe, clean, orderly, and attractive manner. (5-1-10)

a. After discharge of a client, the room must be thoroughly cleaned, including the bed, bedding and furnishings. (5-1-10)

b. Storage areas, attics, basements, and grounds must be kept free from refuse, litter, weeds and other items detrimental to the health, safety or welfare of the clients. (5-1-10)

02. Clients' Personal Articles. Clients' personal care and grooming supplies, clothing and shoes must not be allowed to accumulate on the floor, impeding proper housekeeping measures. (5-1-10)

03. Laundry Facilities. One (1) washing machine and clothes dryer must be provided unless other approved laundry facilities are available. If laundry is processed on site, the laundry equipment and processing must be located in an area separate from kitchen, dining, and living areas. (5-1-10)

04. Housekeeping Services and Equipment. Housekeeping, maintenance personnel, and equipment must be provided to maintain the interior and exterior of the facility in a clean, safe, and orderly manner. (5-1-10)

398. INFECTION CONTROL POLICIES AND PROCEDURES.
Each alcohol and substance use disorders treatment or recovery support services program must have infection control policies and procedures that meet the standards in these rules. (5-1-10)

01. Written Policies and Procedures for Infection Control. The program must have written policies and procedures pertaining to the operation of an infection control program. (5-1-10)

a. Effective measures must be developed to prevent, identify and control infections. (5-1-10)

b. A process for implementing procedures to control the spread or eliminate the cause(s) of the infection must be described in the policies and procedures. (5-1-10)

c. All new employees must be instructed in the importance of infection control and personal hygiene and in their responsibility in the infection control program. (5-1-10)

d. There must be documentation that on-going in-service education in infection prevention and control is provided to all employees. (5-1-10)

e. There must be documentation that the policies and procedures are reviewed at least annually and revised as necessary. (5-1-10)

02. Alcohol and Drug Testing. Urine samples will be collected in accordance with Section 740 of these rules. (5-1-10)

03. Universal Precautions. Universal precautions must be used in the care of clients to prevent transmission of infectious disease according to the Centers for Disease Control and Prevention (CDC) guidelines. These guidelines may be accessed on the CDC website at http://www.cdc.gov/ncidod/dhqp/bp_universal_precautions.html. (5-1-10)

399. PLANT TECHNOLOGY AND SAFETY MANAGEMENT.
Alcohol and substance use disorders treatment or recovery support services programs must meet applicable standards set forth in these rules. (5-1-10)

01. Buildings. Buildings on the premises in which services are delivered must be in compliance with the requirements of the local, state and federal codes concerning access, construction, fire and life safety that are applicable. (5-1-10)

a. Prior to initial occupancy and annually thereafter, the program's site(s) must be inspected for compliance with the Uniform Fire Code. Documentation of all findings, recommendations and corrective actions must be kept on file. (5-1-10)

b. Prior to initial occupancy and at the time of any structural change in a building, it must be inspected and found to be in compliance with local building codes. Written documentation of all findings, recommendations and corrective actions must be kept on file by the program. (5-1-10)

02. Grounds. The program grounds must be maintained in a manner that is designed to provide safe access in a safe environment for clients, personnel and visitors. (5-1-10)

a. The program must have specific plans and policies for the maintenance, supervision and safe use of all its grounds and equipment. (5-1-10)

b. The premises and all buildings must be kept free from the accumulation of weeds, trash and rubbish. (5-1-10)

03. General Safety. The program must have a plan that is designed to provide a safe environment for clients, personnel and visitors, and monitors that environment. (5-1-10)

a. There must be established procedures for the development, implementation and review of safety policies for all services. (5-1-10)

b. There must be a procedure for reporting, investigating and evaluating all accidents, injuries and safety hazards. The responses and follow-up actions are to be documented. (5-1-10)

c. Safety-related policies and procedures must be included in the orientation of all new employees and

in the continuing education of all employees. (5-1-10)

04. Emergency Preparedness. There must be a plan for the protection of all persons in the event of a fire or other emergency. (5-1-10)

a. Each facility must develop and implement an emergency preparedness plan to follow in the event of fire, explosion, flood, earthquake, high wind, or other emergency. (5-1-10)

b. The facility must have written procedures outlining steps to be taken in the event of an emergency including: (5-1-10)

i. The individual(s) who is to respond; (5-1-10)

ii. Each person's responsibilities; (5-1-10)

iii. Where and how clients are to be evacuated; and (5-1-10)

iv. Notification of emergency agencies. (5-1-10)

c. All clients and employees must be advised of the actions required under emergency conditions. Diagrams of the building showing emergency protection areas and evacuation routes and exits must be conspicuously posted throughout the building. An outline of emergency instructions must be posted with the diagram. (5-1-10)

d. There must be a minimum of one (1) 2-A-10BC type fire extinguisher per floor, and if there is a kitchen on the floor, fire extinguisher must be in or immediately adjacent to the kitchen. Each extinguisher must be inspected annually by a fire extinguisher service agency. (5-1-10)

e. All exits must be marked with a lighted exit sign. (5-1-10)

f. There is a fire plan that includes the use and function of fire alarm and detection systems, containment and the protection of lives. (5-1-10)

i. Each work shift must have personnel trained and responsible for implementing the fire plan and the activation of the non-automatic components of the fire safety systems. (5-1-10)

ii. A minimum of one (1) fire drill must be held at least every thirty (30) days at unexpected times and under varying conditions to simulate unusual circumstances encountered in case of a fire. A record of drills must be maintained which includes the date and time of the drill, response of the personnel and clients, problems encountered and recommendations for improvements. (5-1-10)

iii. The alarm and detection system and any sprinkler system must be under the direct supervision of a staff member who must cause proper tests to be made at specified intervals and must have general charge of all alterations and additions. (5-1-10)

g. Program employees and clients must be provided with training about emergency preparedness policies and procedures. (5-1-10)

h. The emergency preparedness policies and procedures must be evaluated annually and updated as needed. (5-1-10)

05. Report of Fire. A separate report of each fire incident occurring within the program's facility must be submitted to the Department within twenty-four (24) hours of the occurrence. The “Facility Fire Incident Report,” will be issued to the Department to report specific information concerning date, origin, extent of damage, method of extinguishment and injuries, if any. (5-1-10)

06. Electrically Powered Equipment. The program must have procedures to assure that electrically powered, line-operated equipment is electrically safe. (5-1-10)

a. There must be a policy that identifies types of equipment that may pose an electrical hazard during intended use and outlines conditions of safe use. (5-1-10)

b. Policies for the use and control of personal electrical equipment must be developed and implemented. (5-1-10)

i. Clients must be apprised of the policies and procedures regarding use of personal electrical equipment upon admission to the program's facility. (5-1-10)

ii. Employees must be apprised of the policies and procedures regarding use of personal electrical equipment upon employment. (5-1-10)

c. There must be a policy that outlines the action to be taken by staff to ensure client safety during a power outage. All staff must be trained in the procedure. (5-1-10)

07. Electrical Distribution. The program's facility must have an electrical distribution system that is designed, installed, operated, and maintained to provide electrical power for all required operations. (5-1-10)

a. There must be a schedule for preventive maintenance to assure that the electrical distribution system operates safely and reliably. (5-1-10)

b. Inspections and corrective actions must be documented. (5-1-10)

08. Heating, Ventilating and Air Conditioning. Where provided, the heating, ventilating, and air-conditioning (HVAC) system must be designed, installed, operated and maintained in a manner that provides a comfortable and safe environment for clients, personnel and visitors. (5-1-10)

09. Plumbing. The plumbing systems must be designed, installed, operated, and maintained in a manner that provides a safe supply of water for all required facility operations and facilitates the complete and safe removal of all storm water and waste water. The plumbing systems must comply with applicable local and state codes. (5-1-10)

10. Hazardous Materials and Wastes. The program must comply with applicable federal, state and local codes concerning hazardous materials and waste management. (5-1-10)

11. Boiler and Steam. Where provided, boiler systems must be installed, operated and maintained in a manner that is designed to provide a safe supply of steam or hot water for all required facility operations. (5-1-10)

12. Safety Devices and Practices. The program must have in place and maintain safety devices and operational practices to assure the safety of clients and personnel. (5-1-10)

a. Facility sites that do not have emergency medical care resources must have first aid kits. (5-1-10)

b. All staff must be familiar with the locations, contents, and use of the first aid kits. (5-1-10)

13. Smoking. Written regulations governing the use of smoking materials must be adopted, conspicuously posted and made known to all program clients, staff members and the public. The written regulations must include at least the requirements listed below. Nothing in this section requires that smoking be permitted by programs whose admission policies prohibit smoking. (5-1-10)

a. Designated areas must be assigned for client, staff and public smoking. (5-1-10)

b. Noncombustible ashtrays of a safe design must be provided in all areas where smoking is permitted. (5-1-10)

c. Metal containers with self-closing, tight-fitting lids or their equivalent must be provided in all areas

where smoking is permitted. Containers must be twenty (20) feet from the entrance of the building. (5-1-10)

d. Tobacco products must not be used by children, adolescents, staff, volunteers, or visitors in any building used to house children or adolescents, or in the presence of children or adolescents, or in vehicles used to transport children or adolescents. (5-1-10)

14. Structure, Maintenance, Equipment to Assure Safety. The facility must be structurally sound, maintained, and equipped to assure the safety of clients, personnel, and the public including: (5-1-10)

a. Furnishings, decorations, or other objects cannot be placed so as to obstruct exit access or exits. (5-1-10)

b. All ramps, open porches, sidewalks, and open stairs must be maintained free of snow and ice buildup. (5-1-10)

c. Wood stoves must have railings or other protection designed to prevent residents from coming into contact with the stove surfaces. (5-1-10)

d. All fireplaces must have heat tempered glass fireplace enclosures or its equivalent. (5-1-10)

e. Boilers, hot water heaters, and unfired pressure vessels must be equipped with automatic pressure relief valves. (5-1-10)

f. Portable heating devices of any kind are prohibited; portable electric space heaters and moveable fuel-fired heaters are considered portable comfort heating devices. Exceptions: Heated mattress pads, electric blankets and heating pads when ordered by an authorized provider, physician. (5-1-10)

g. Flammable and highly combustible materials cannot be stored in the facility unless the building is protected throughout by an approved automatic fire extinguishing system. (5-1-10)

400. -- 449. (RESERVED).

APPROVED FACILITY AND PROGRAM SERVICES
(Sections 450 through 454)

450. ADULT FACILITY AND PROGRAM SERVICES.
The following are adult facility and program services that may be approved by the Department: (5-1-10)

01. Assessment and Referral Services. (5-1-10)

02. Residential Social Detoxification Facility. (5-1-10)

03. Clinically Managed Medium-Intensity Residential Treatment. (5-1-10)

04. Clinically Managed Low-Intensity Residential Treatment (Halfway House). (5-1-10)

05. Level I - Outpatient, and Level II.1 - Intensive Outpatient Treatment. (5-1-10)

06. Opioid Treatment Program. (5-1-10)

07. Drug Court Outpatient Treatment Program. (5-1-10)

08. Recovery Support Services. (5-1-10)

09. Early Intervention Services. (5-1-10)

451. CHILD AND ADOLESCENT FACILITY AND PROGRAM SERVICES.
The following are child and adolescent facility and program services that may be approved by the Department: (5-1-10)

01. Clinically Managed Medium-Intensity Residential Treatment. (5-1-10)

02. Level I - Outpatient, and Level II.1 - Intensive Outpatient Treatment. (5-1-10)

03. Drug Court Outpatient Treatment Program. (5-1-10)

04. Transitional Residential Treatment Services. (5-1-10)

05. Recovery Support Services. (5-1-10)

06. Early Intervention Services. (5-1-10)

452. SERVICES FOR CHILDREN AND ADOLESCENTS.
In addition to meeting all the rules and minimum standards contained in Sections 000 through 499 of these rules, each alcohol and substance use treatment or recovery support services program seeking approval to provide services to children and adolescents must meet the requirements in Section 452 of these rules: (5-1-10)

01. Separate Services From Adults. Provide children and adolescent services separate from adult services except for "continued care" described in Subsection 452.03 of these rules. (5-1-10)

02. Residential Care as an Alternative to Parental Care. Any program which provides care, control, supervision, or maintenance of children or adolescents for twenty-four (24) hour per day as an alternative to parental care must meet the following criteria: (5-1-10)

a. Be licensed under the "Child Care Licensing Act," Title 39, Chapter 12, Idaho Code, according to IDAPA 16.06.02, "Rules Governing Standards for Child Care Licensing"; or (5-1-10)

b. Be certified by the Department of Juvenile Corrections according to IDAPA 05.01.02, "Rules and Standards for Secure Juvenile Detention Centers"; and (5-1-10)

c. Be approved under IDAPA 16.07.20, "Alcohol and Substance Use Disorders Treatment and Recovery Support Services Facilities and Programs." (5-1-10)

03. Continued Care of an Eighteen-Year-Old Adolescent. An adolescent in a state-approved outpatient or intensive outpatient treatment program who reaches the age of eighteen (18) years may remain in the program in continued care for up to ninety (90) days after his eighteenth birthday, or, until the close of the current school year for an individual attending school. Prior to accepting an individual into continued care, the following are required to be presented to the Department's MSC: (5-1-10)

a. A signed voluntary agreement to remain in the program or a copy of a court order authorizing continued placement after the individual's eighteenth birthday. (5-1-10)

b. A written assessment to assure that an individual in continued care does not jeopardize the health, safety, and well being of other children and adolescents in the program. (5-1-10)

c. Written documentation verifying the individual in continued care was in the care of the program prior to his eighteenth birthday. (5-1-10)

d. Written documentation verifying the individual needs to remain in continued care in order to complete treatment, education, or other similar needs. (5-1-10)

04. Licensed Hospital Facilities. Facilities licensed as hospitals under Title 39, Chapter 13, Idaho Code, are exempt from the requirements in Subsections 452.01 through 452.03 of these rules. (5-1-10)

453. SERVICES FOR WOMEN WITH DEPENDENT CHILDREN.
These services for women with dependent children including women who are attempting to regain custody of their children apply to all approved treatment facilities and programs seeking speciality status to provide services to women with dependent children. (5-1-10)

01. Services. In addition to meeting all the rules and minimum standards contained in Sections 000 through 499 of these rules, each alcohol and substance use disorders treatment or recovery support services program seeking approval to provide services to women with dependent children must provide the following services, either directly or indirectly: (5-1-10)

a. Primary Medical and Prenatal Care. Primary medical care, including prenatal care for women in treatment. (5-1-10)

b. Primary Pediatric Care. Primary pediatric care for the children of women in treatment, including immunizations. (5-1-10)

c. Gender Specific Treatment. Gender specific alcohol and substance use disorders treatment. (5-1-10)

d. Therapeutic Interventions for Women. Therapeutic interventions for women addressing issues such as relationships, sexual and physical abuse, and parenting. (5-1-10)

e. Therapeutic Interventions for Children. Therapeutic interventions for children in custody of women in treatment to address, among other things, developmental needs, sexual abuse, physical abuse, and neglect.(5-1-10)

f. Child Care. Child care while the women are receiving services. (5-1-10)

g. Treatment Provided as a Family Unit. Treating the family as a unit and therefore admit both women and their children into treatment, when appropriate. (5-1-10)

h. Case Management. Case management to assist in establishing eligibility for public assistance programs provided by Federal, State, or local governments, employment, and training programs. (5-1-10)

i. Education and Special Education Programs. Education and special education programs. (5-1-10)

j. Drug-free and Safe Housing. Drug-free and safe housing for women and their children. (5-1-10)

k. Childhood Programs. Therapeutic day care, Head Start, and other early childhood programs for children. (5-1-10)

l. Sexual Harassment Training. Curriculum that covers sexual harassment training for the clients. (5-1-10)

02. Written Agreements. Alcohol and substance use treatment or recovery support services programs that do not directly provide one (1) or more of the services described in Subsection 453.01 of these rules directly to women with dependent children must maintain written agreements with other approved programs that will be providing these services. A copy of the written agreements must be retained in the client's record. (5-1-10)

454. (RESERVED).

455. CLINICAL CASE MANAGEMENT SERVICES.
Clinical case management is the process in which a clinician is responsible for the direct care of a client and for coordinating other services needed by the client. In addition to meeting all the rules and minimum standards contained in Subsections 000 through 499 of these rules, each alcohol and substance use disorders treatment service program seeking approval as a clinical case management facility must meet the requirements in this rule. Clinical case management services include the following services. (5-1-10)

01. Clinical Case Management Services. (5-1-10)

a. Services must include a full biopsychosocial assessment, utilizing a Department-approved assessment tool, and a case-management assessment of the client and client family strength and needs, service planning, linkage to other services, client advocacy, and monitoring service provisions. (5-1-10)

b. The facility must have policies and procedures for ensuring that multiple services are delivered in a coordinated and therapeutic manner to meet the goals of treatment outcomes. (5-1-10)

c. Clinical case management services must not duplicate case management, substance use disorder treatment, or service coordination services currently being provided under any other state-funded program. (5-1-10)

d. Clinical case management services provided must not exceed the clinician's scope of practice as defined by the individual licensing boards. (5-1-10)

02. Eligibility Criteria. To be eligible for clinical case management, the client must meet the following criteria: (5-1-10)

a. Meet ASAM criteria for a substance use disorder and be unstable in two (2) or more of ASAM dimensions 1, 2, 5, or 6; (5-1-10)

b. Have a diagnosis of serious mental illness (SMI) as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders, Text Revision (DSM-IV-TR): schizophrenia; paranoia and other psychotic disorders; bipolar disorders (mixed, manic and depressive); major depressive disorders (single episode or recurrent); schizoaffective disorders; and obsessive-compulsive disorders; and (5-1-10)

c. Be at risk for institutionalization. (5-1-10)

03. Clinical Case Manager Qualifications. (5-1-10)

a. A clinical case manager must be a Masters-level licensed clinician and be a qualified substance use disorders professional as defined in Section 013 of these rules. (5-1-10)

b. A clinical case manager may not hold trainee status. (5-1-10)

04. Caseload. A clinical case manager's total caseload must not be so large that it cannot assure quality service delivery and client satisfaction. For clinical case managers who have other recovery support service or treatment caseloads, or both, the total caseload must not exceed thirty (30) clients at any given time. (5-1-10)

05. Clinical Supervision. The clinical case management program must provide and document at least one (1) hour of clinical supervision per month for each clinical case manager. (5-1-10)

06. Limitations on Reimbursement. (5-1-10)

a. Clinical case managers will not be reimbursed for more than one (1) contact during a single fifteen (15) minute time period. (5-1-10)

b. Clinical case managers may not bill the substance use disorders system for mental health services they provide. (5-1-10)

456. -- 499. (RESERVED).

ALCOHOL AND SUBSTANCE USE DISORDERS RESIDENTIAL TREATMENT COMPONENT SERVICES

(Sections 500 through 599)

500. RESIDENTIAL SOCIAL DETOXIFICATION FACILITY.
Each alcohol and substance use disorders treatment program seeking approval as a residential social detoxification facility must meet the requirements in Section 500 of these rules, in addition to all rules and minimum standards contained in Sections 000 through 499 of these rules. (5-1-10)

01. Detoxification Services in a Residential Social Detoxification Facility. (5-1-10)

a. Residential social detoxification facilities provide living accommodations in a structured environment for individuals who require twenty-four (24) hour per day, seven (7) days a week, supervised detoxification services. (5-1-10)

b. Detoxification services must be available continuously twenty-four (24) hours per day, seven (7) days per week. (5-1-10)

c. There must be clearly written policies and procedures for the detoxification of clients, which have been reviewed and approved by a medical consultant with specific knowledge of detoxification best practice. (5-1-10)

d. Counseling services must be provided to motivate clients to accept referral into the continuum of care for alcohol or drug abuse. (5-1-10)

e. The level of monitoring of the client or the physical restrictions of the environment must be adequate to prevent the client from causing serious harm to self or others. (5-1-10)

f. Clients must be under direct observation by trained personnel who meet training requirements established in this section. (5-1-10)

g. There must be provisions for any emergency care required. (5-1-10)

h. There must be clearly written policies and procedures for the transfer of clients from one (1) detoxification program to another, when necessary. (5-1-10)

i. There must be clearly written policies and procedures for dealing with clients who leave against professional advice. (5-1-10)

02. Supervision in a Residential Social Detoxification Facility. The program must provide supervisory staff as described in Section 215 of these rules. (5-1-10)

03. Staffing in a Residential Social Detoxification Facility. There must be twenty-four (24) hour per day, seven (7) days a week, trained personnel coverage. (5-1-10)

a. A minimum staff to client ratio of one (1) trained staff to six (6) clients must be maintained twenty-four (24) hours per day, seven (7) days a week. (5-1-10)

b. All staff members responsible for direct client care during the detoxification, must have completed CPR training, the basic first-aid training course, and additional training specific to detoxification prior to being charged with the responsibility of supervising clients. (5-1-10)

04. Transfer to an Outside Program From a Residential Social Detoxification Facility. Policies and procedures for transferring a client to another program must be established. The policies and procedures must clearly specify the following: (5-1-10)

a. The staff of the program who are authorized to arrange for clients to be referred or transferred when necessary. (5-1-10)

b. The arrangements the program has made for exchanging records with the outside program when it is necessary for the care of the client. (5-1-10)

c. The location of the outside program and the names of the appropriate personnel to contact.(5-1-10)

d. The method of communication between the programs. (5-1-10)

e. The arrangements the program has made for transporting clients, when necessary, from the facility site of detoxification services. (5-1-10)

f. The policy for transferring clients needing substance use disorders treatment after detoxification. (5-1-10)

g. Policies concerning notification of the client's family of emergencies and of arrangements that have been made for referring or transferring the client to another program. (5-1-10)

h. The policies and procedures must be known and available to all detoxification staff. (5-1-10)

501. -- 509. (RESERVED).

510. LEVEL IV - MEDICALLY MONITORED INPATIENT TREATMENT.
Each alcohol and substance use disorders treatment program seeking approval as a Level IV-Medically Monitored Inpatient Treatment Facility (Level IV) must meet the requirements in Section 510 of these rules, in addition to all rules contained in Sections 000 through 499 of these rules. (5-1-10)

01. Treatment Services for Level IV. Treatment services must be provided in a hospital licensed under Title 39, Chapter 13, Idaho Code. (5-1-10)

02. Hospital Services for Level IV. (5-1-10)

a. The program's facility must be licensed as a hospital under Title 39, Chapter 13, Idaho Code. A copy of the current license must be available for inspection. (5-1-10)

b. The full range of services offered by the hospital must be available to the client. (5-1-10)

511. -- 519. (RESERVED).

520. LEVEL III.5 - CLINICALLY MANAGED MEDIUM INTENSITY RESIDENTIAL TREATMENT FACILITY FOR CHILDREN AND ADOLESCENTS.
Each alcohol and substance use disorders treatment program seeking approval as a Level III.5 - Clinically Managed Medium Intensity Residential Treatment Facility (Level III.5) for children and adolescents, must meet the requirements in Section 520 of these rules, in addition to all rules and minimum standards contained in Sections 000 through 499 of these rules. Each treatment program must also be licensed annually under IDAPA 16.06.02, “Rules Governing Standards for Child Care Licensing.” (5-1-10)

01. Admission Criteria for Child and Adolescent Level III.5. A Level III.5 treatment facility will only admit children and adolescents with a primary diagnosis of alcohol, substance, or alcohol and substance abuse or dependency. (5-1-10)

02. Treatment Focus of Child and Adolescent Level III.5. A Level III.5 treatment facility must focus primarily on alcohol and substance use disorders diagnosed problems. A child or adolescent who is likely to have a withdrawal reaction will be admitted only after stabilization of withdrawal unless the Level III.5 treatment facility has a medically supervised program specifically designed for dealing with withdrawal. A Level III.5 treatment facility must provide individual and group counseling sessions, family treatment services, and alcohol and substance use disorders education sessions. Care must include at least twenty-one (21) hours a week of treatment program hours specific to alcohol and substance use disorders treatment by clinical staff, including planned and structured education, individual and group counseling, family counseling and motivational counseling. (5-1-10)

03. Required Staff Ratios in Child and Adolescent Level III.5. There must be written staff ratios for direct care staff to children and adolescents and service workers to children and adolescents. Unless otherwise specified in these rules, staff ratios must be: (5-1-10)

a. Supervisor to Staff Ratio. At least one (1) staff supervisor for every twenty (20) direct care staff or fraction thereof. (5-1-10)

b. Staff to Child or Adolescent Ratio-Daytime. At least one (1) direct care staff to every eight (8) children or adolescents when the children or adolescents are awake and present, unless the presenting problems of the children or adolescents in care are such that a ratio of one (1) to eight (8) is not sufficient to provide for the safety and treatment needs of the children or adolescents. In that case, the ratio of direct care staff to children or adolescents ratio must be increased to ensure the safety and treatment needs of the children are met. (5-1-10)

c. Staff to Children or Adolescents' Ratio-Sleeping Hours. At least one (1) awake direct care staff to twenty (20) children or adolescents or fraction thereof during the children or adolescent's normal sleeping hours in buildings housing children or adolescent's sleeping quarters. If the presenting problems of the children or adolescents in care are such that a ratio of one (1) to twenty (20) is not sufficient to provide for the safety and treatment needs of the children or adolescents, then the ratio of direct care staff to children or adolescents ratio must be increased to ensure the safety and treatment needs of the children or adolescents are met. (5-1-10)

d. Medical Emergency. At least two (2) staff persons on duty during working hours in a children or adolescent's residential care facility must be certified to provide cardiopulmonary resuscitation (CPR) and first aid for the age of the children or adolescents in care. During sleeping hours, only one (1) staff person on duty must be certified to provide CPR and first aid for the age of children or adolescents in care. (5-1-10)

e. Emergency Staff Access. When only one (1) direct care worker is on duty, an additional staff person must be available within ten (10) minutes or if assistance from law enforcement is available within ten (10) minutes an additional staff person must be available within thirty (30) minutes to assist with an emergency. (5-1-10)

f. Service Worker Ratios. Except for non-accredited children or adolescent's residential schools, at least one (1) service worker needs to be available for every twenty (20) children or adolescents in care or fraction thereof. (5-1-10)

04. Staff Training in Child and Adolescent Level III.5. Unless otherwise specified in these rules, an employee or volunteer whose primary job function requires interaction with children or adolescents and who works twenty-four (24) or more hours a week must receive at least twenty (20) hours of training annually. An employee or volunteer whose primary job function requires interaction with children or adolescents and who works less than twenty-four (24) hours a week must receive at least ten (10) hours of training annually. The training must include cultural sensitivity and diversity, behavior management, and child and adolescent development issues appropriate to the population served. Training for direct client care staff must also include instruction in administering cardiopulmonary resuscitation (CPR) and administering first aid appropriate to the age of the children or adolescents in care within ninety (90) days after employment. (5-1-10)

05. Care Provided to Children, Adolescents, and Adults in Level III.5. Level III.5 treatment facilities providing care to children, adolescents, and adults must ensure the separation of child and adolescent clients from adult clients. This includes not sharing the same wing, or the same floor for recreation, living, sleeping, and restroom facilities. Children and adolescents must not dine together with adult residents. Children and adolescents must not share treatment groups, recreation, counseling sessions, educational programs, or treatment programs with adults except through utilization of continued care in compliance with Subsections 16.06.02.530 through 532, "Rules Governing Standards for Child Care Licensing." (5-1-10)

06. After Care Plan for Child and Adolescent Level III.5. A children or adolescent's residential care facility that provides alcohol and substance use disorders treatment must develop a written plan of aftercare services for each child or adolescent that includes procedures for reintegrating the child or adolescent into the family and community as appropriate, and outpatient and other continued care services recommended. (5-1-10)

07. Alcohol-Drug Testing for Child and Adolescent Level III.5. A Level III.5 treatment facility must establish and follow written policies and procedures for drug testing of children and adolescents as described in Section 740 of these rules. (5-1-10)

521. -- 529. (RESERVED).

530. LEVEL III.5 - CLINICALLY MANAGED MEDIUM INTENSITY RESIDENTIAL TREATMENT FACILITY FOR ADULTS.
Each alcohol and substance use disorders treatment program seeking approval as a Level III.5 - Clinically Managed Medium Intensity Residential Treatment Facility (Level III.5) for adults must meet the requirements in Section 530 of these rules, in addition to all rules and minimum standards contained in Sections 000 through 499 of these rules. (5-1-10)

01. Treatment Services for Adults Level III.5. (5-1-10)

a. A Level III.5 treatment facility provides living accommodations in a structured environment for adults who require twenty-four (24) hour per day, seven (7) days a week, supervision. (5-1-10)

b. Services must include assessment, treatment, and referral components. (5-1-10)

c. At a minimum there must be thirty-six (36) hours of counseling and educational programming available to the clients each week. (5-1-10)

d. There must be policies and procedures for medical screening, care of clients requiring minor treatment or first aid, and handling of medical emergencies. These provisions must be approved by the staff and consulting physician. (5-1-10)

e. There must be written provisions for referral or transfer to a medical facility for any person who requires nursing or medical care. (5-1-10)

f. Recreational activities must be provided for the clients. (5-1-10)

i. Appropriate activities must be provided to all clients during the day, in the evening, and on the weekend. (5-1-10)

ii. The activities must be planned to provide a consistent and well-structured yet flexible framework for daily living. (5-1-10)

iii. The activities must make use of community resources. (5-1-10)

iv. Whenever possible, clients must participate in planning activities. (5-1-10)

02. Supervision of Adults Level III.5. A Level III.5 treatment facility must provide supervisory staff as described in Section 215 of these rules. (5-1-10)

03. Staffing Adult Level III.5. There must be qualified staff to maintain appropriate staff to client ratios. (5-1-10)

a. There must be one (1) qualified substance use disorders professional staff member for every ten (10) clients. (5-1-10)

b. There must be other staff sufficient to meet the ratio of one (1) staff person to twelve (12) clients continuously, twenty-four (24) hours per day. (5-1-10)

04. Care Provided to Children, Adolescents, and Adults in Level III.5. Level III.5 treatment facilities providing care to children, adolescents, and adults must ensure the separation of the child and adolescent clients from adult clients. This includes not sharing the same wing, or the same floor for recreation, living, sleeping,

and restroom facilities. Children and adolescents must not dine together with adult residents. Children and adolescents but must not share treatment groups, recreation, counseling sessions, educational programs, or treatment programs with adults unless there is a documented therapeutic reason. (5-1-10)

531. -- 539. (RESERVED).

540. LEVEL III.1 - CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL TREATMENT FACILITY FOR ADULTS (HALFWAY HOUSE).
Each alcohol and substance use disorders treatment program seeking approval as a Level III.1 - Clinically Managed Low Intensity Residential Treatment Facility (Level III.1) must meet the requirements in Section 540 of these rules, in addition to all rules and minimum standards contained in Sections 000 through 499. (5-1-10)

01. Treatment Services for Adults Level III.1. (5-1-10)

a. A Level III.1 treatment facility provides living accommodations in a structured environment that encourages each adult client to assume responsibility for their own rehabilitation. (5-1-10)

b. Treatment and adjunct services may be provided on-site or arranged for by the program. If the program chooses to provide treatment services on-site, it must also meet the requirements in Section 600 of these rules. (5-1-10)

c. A Level III.1 treatment facility must encourage use of community resources by persons recovering from alcohol and substance use disorders. (5-1-10)

d. There must be written provisions for medical screening, care of clients requiring minor treatment or first aid and handling of medical emergencies. (5-1-10)

02. Supervision for Adults Level III.1. A Level III.1 treatment facility must be supervised by a qualified substance use disorders professional. Section 215 of these rules does not apply to this level of care in this setting. (5-1-10)

03. Staffing for Adults Level III.1. A staff person must be available to residents twenty-four (24) hours per day, seven (7) days a week. The staff to client ratio must not exceed twelve (12) clients to one (1) staff person. The staff must be composed of: (5-1-10)

a. A house manager; and (5-1-10)

b. Other staff sufficient to meet the required staff to client ratio. (5-1-10)

541. -- 599. (RESERVED).

ALCOHOL AND SUBSTANCE USE DISORDERS OUTPATIENT TREATMENT COMPONENT SERVICES (Sections 600 through 699)

600. LEVEL I - OUTPATIENT, AND LEVEL II.1 - INTENSIVE OUTPATIENT TREATMENT FACILITIES FOR CHILDREN, ADOLESCENTS, AND ADULTS.
Each alcohol and substance use disorders treatment program seeking approval as a Level I - Outpatient Treatment Facility (Level I), or a Level II.1 - Intensive Outpatient Treatment Facility (Level II.1), must meet the requirements in Section 600 of these rules, in addition to all rules and minimum standards contained in Sections 000 through 499 of these rules. (5-1-10)

01. Treatment Services in Level I, and Level II.1. (5-1-10)

a. Services in outpatient facilities must be provided at specified times. (5-1-10)

b. Counseling services must be provided through the outpatient program on an individual, family, or group basis. (5-1-10)

c. The services must include educational instruction and written materials on the nature and effects of alcohol and substance use disorders and the recovery process. (5-1-10)

d. The program must provide adjunct services or refer the client to adjunct services as indicated by client need. (5-1-10)

02. Supervision in Level I, and Level II.1. The program must provide supervisory staff as described in Section 215 of these rules. (5-1-10)

03. Staffing in Level I, and Level II.1. There must be qualified staff to maintain appropriate staff to client ratios. (5-1-10)

a. Level I must employ at a minimum one (1) qualified substance use disorders professional staff person for every fifty (50) clients. Irrespective of whether the caseload is private or publicly funded, the maximum caseload for one (1) qualified substance use disorders professional is fifty (50) clients. (5-1-10)

b. Level II.I must employ at a minimum one (1) qualified substance use disorders professional staff person for every thirty (30) clients. Irrespective of whether the caseload is private or publicly funded, the maximum caseload for one (1) qualified substance use disorders professional is fifty (50) clients. (5-1-10)

04. Treatment Service Delivery Settings Offsite in Levels I and II.1. Provision of outpatient treatment services outside of an approved facility: (5-1-10)

a. Services must be provided by qualified substance use disorders professionals. (5-1-10)

b. Services must be provided in a state or federally approved institution or client's residence. (5-1-10)

c. Services must be provided in a safe setting. (5-1-10)

d. Confidentiality according to 42 CFR and HIPAA regulations must be adhered to. (5-1-10)

e. Client records must be maintained in accordance to Sections 375 and 376 of these rules. (5-1-10)

f. Individual client needs, as reflected in the treatment plan, indicate the need or appropriateness of providing treatment outside the approved facility. (5-1-10)

g. The Department has final authority over the decision of whether a site meets Subsections 600.04.a. through 600.04.f. of these rules. (5-1-10)

601. -- 609. (RESERVED).

610. OPIOID TREATMENT PROGRAM.
An Opioid Treatment Program (OTP) will be approved by the Department only if all requirements are met under 42 CFR, Section 8.12, Federal Opioid Treatment Standards. These standards have been incorporated by reference and information to access the standards is found in Section 004 of these rules. The OTP must provide documentation to the Department of their current certification under the federal standards. Any changes to the OTP certification status must be reported immediately to the Department. In addition to the above referenced requirements, all sections of these rules apply. (5-1-10)

611. -- 619. (RESERVED).

620. DRUG COURT OUTPATIENT TREATMENT PROGRAM.
Each alcohol and substance use disorders treatment program seeking approval as a drug court outpatient treatment program must meet the requirements in Sections 620 through 622 of these rules, in addition to all rules and minimum

standards contained in Sections 000 through 499 of these rules. (5-1-10)

01. Governing Body for a Drug Court Outpatient Treatment Program. A drug court outpatient treatment program must have a governing body, which can be the local Drug Court Board. (5-1-10)

a. The governing body must develop a written mission statement, goals, and objectives that establish the drug court outpatient treatment program's philosophy and direction for treatment services. (5-1-10)

b. The governing body must establish bylaws and administrative policies to guide relationships between itself and the responsible administrative and professional staffs and the community. Current copies of the bylaws and administrative policies must be readily available to all members of the governing body, the Department, and other persons in accordance with their responsibilities or involvement in implementing the policies of the drug court outpatient treatment program. (5-1-10)

02. Assessment and Participation Policies and Procedures for a Drug Court Outpatient Treatment Program. The local Drug Court Board and State Drug Court Coordinating Committee are responsible for developing policies and procedures for assessment and participation in a drug court outpatient treatment program. (5-1-10)

03. Admissions and Discharge Policies and Procedures for a Drug Court Outpatient Treatment Program. The local Drug Court Board is responsible for developing policies and procedures governing the treatment admissions process which must include use of eligibility guidelines, the LSI-R, substance use disorder assessments, program capacity, acceptance, and appropriateness for treatment. The Board is also responsible for developing policies and procedures governing the treatment discharge process. (5-1-10)

621. DRUG COURT OUTPATIENT TREATMENT PROGRAM REQUIREMENTS.

01. Staff Composition in a Drug Court Outpatient Treatment Program. The drug court outpatient treatment program must have a sufficient number of treatment staff, qualified substance use disorders professionals, and administrative and support staff to provide for the care and treatment of clients. (5-1-10)

a. Unless otherwise specified, programs providing treatment services must provide for the following supervisory staff: (5-1-10)

i. The program must provide for a Program Administrator who is responsible for oversight of all services provided by the program. (5-1-10)

ii. The program must provide for a Treatment Supervisor to provide on-site supervision at the treatment facility. The individual may supervise more than one (1) treatment activity. This position can also be the Clinical Supervisor, Program Administrator, or both. In those instances where these positions are combined, requirements must be met for all positions. (5-1-10)

iii. The program must provide for a Clinical Supervisor who can be the same individual or position as the Program Administrator, Treatment Supervisor, or both. In those instances where these positions are combined, all requirements must be met for all positions. The Clinical Supervisor can be a single individual who will provide for statewide oversight of clinical activities but need not provide direct clinical supervision of staff. (5-1-10)

b. Supervisory staff, which includes the Program Administrator, Treatment Supervisor, and Clinical Supervisor, must meet the qualifications listed in Section 215 of these rules. (5-1-10)

c. The drug court treatment program must provide supervision as follows: (5-1-10)

i. Qualified substance use disorders professionals must supervise all treatment activities. (5-1-10)

ii. Procedures for supervision of all clinical activities must be established which specify frequency and type of supervisory contact, and periodic client file reviews. (5-1-10)

d. There must be qualified staff to maintain appropriate staff to client ratios as set by the State Drug Court Coordinating Committee, and staff to provide necessary support to the professional staff. (5-1-10)

e. The program must employ at least one (1) qualified substance use disorders professional for each facility; or (5-1-10)

i. If the program arranges for the provision of counseling services, it must maintain a valid written agreement or contract with a qualified substance use disorders professional. (5-1-10)

ii. When a qualified substance use disorders professional is not available or needed on a full-time basis, arrangements must be made to obtain a qualified substance use disorders professional on an attending, continuing consultative, or part-time basis. (5-1-10)

02. Policies and Procedures for Drug Court Client Expectations. Drug court outpatient treatment programs must have written policies and procedures that specify client expectations of drug court outpatient treatment program including: (5-1-10)

a. Impartial access to treatment regardless of race, creed, color, religion, age, gender, national origin, veteran, or disability that does not preclude participation in the alcohol and substance use disorders treatment program; (5-1-10)

b. Respect for personal dignity in the provision of all care and treatment; (5-1-10)

c. Humane services, regardless of the source of financial support; (5-1-10)

d. An individualized treatment plan, based on assessment of current needs; (5-1-10)

e. Client access to their treatment plan; and (5-1-10)

f. What information will be shared and the nature of communications with members of the local drug court team. (5-1-10)

03. Client to be Informed of Expectations in a Drug Court Outpatient Treatment Program. The drug court outpatient treatment program must inform each client of the drug court client expectations. The client must sign a written statement of drug court client expectations that includes who the client may contact with questions, concerns, or complaints regarding services provided. (5-1-10)

622. DRUG COURT OUTPATIENT TREATMENT PLAN AND SERVICES.

01. Individualized Treatment Plan in a Drug Court Outpatient Treatment Program. The drug court outpatient treatment program must have a written, individualized treatment plan for each client that addresses the alcohol and substance use disorders affects on the major life areas and is based on assessment of the client's clinical and criminogenic needs. (5-1-10)

a. Overall responsibility for development and implementation of the treatment plan must be assigned to a qualified substance use disorders professional staff member. (5-1-10)

b. Beginning with the completion of the assessment process, and within time frames set by the local Drug Court Board, a detailed individualized treatment plan must be developed which meets the following requirements: (5-1-10)

i. Specifies the services necessary to meet the client's needs; (5-1-10)

ii. Includes referrals for needed services that the program does not provide; (5-1-10)

iii. Contains specific goals that the client must achieve to reduce or eliminate alcohol or drug use; (5-1-10)

iv. Contains specific objectives that relate to the goals, are written in measurable terms and includes expected achievement dates; and (5-1-10)

v. Specifies the frequency of treatments. (5-1-10)

c. When appropriate, the client must participate in the development of the treatment plan and such participation must be documented in the client's record. (5-1-10)

d. A specific plan for involving the family or significant others must be included when indicated. (5-1-10)

02. Treatment Services Provided in a Drug Court Outpatient Treatment Program. (5-1-10)

a. Services in outpatient facilities must be provided at specified times. (5-1-10)

b. Counseling services must be provided through the outpatient program on an individual, family, or group basis. (5-1-10)

c. The services must include educational instruction and written materials on the nature and effects of substance use disorders and the recovery process, as well as cognitive behavioral interventions to address the identified criminogenic needs. Assessments must include the use of the LSI-R. (5-1-10)

d. The program must provide adjunct services or refer the client to adjunct services as indicated by client need. (5-1-10)

e. Requirements for group treatment must be present for the effective delivery of education, skill training, and process groups, and must specify the maximum number of participants allowed for each type of group. (5-1-10)

623. -- 629. (RESERVED).

630. CHILD AND ADOLESCENT TRANSITIONAL RESIDENTIAL TREATMENT FACILITY. Each alcohol and substance use disorders treatment program seeking approval as a Child and Adolescent Transitional Residential Treatment Facility must meet the requirements in Section 630 of these rules, in addition to all rules and minimum standards contained in Sections 000 through 499 of these rules. (5-1-10)

01. Licensing of a Child and Adolescent Residential Transitional Facility. A Child and Adolescent Residential Transitional Facility must meet the requirements in IDAPA 16.06.02, “Rules Governing Standards for Child Care Licensing,” and be licensed annually as a Children's Residential Care Facility. (5-1-10)

02. Treatment Services in a Child and Adolescent Residential Transitional Facility. (5-1-10)

a. Child and Adolescent Transitional Residential Treatment will be provided as a Level III.1 - Clinically Managed Low-Intensity Residential Service, which may include outpatient for clients who have completed Level III.5, Section 520, and lack supportive recovery environments. (5-1-10)

c. A Level III.1 facility provides living accommodations in a structured environment that encourages each child and adolescent client to assume responsibility for their own rehabilitation. (5-1-10)

d. Treatment and adjunct services must not be provided but can be arranged for by the program. (5-1-10)

e. A Level III.1 treatment facility must encourage use of community resources by persons recovering from alcohol and substance use disorders. (5-1-10)

f. Treatment under Level III.1 is directed toward applying recovery skills, preventing relapse,

improving social functioning and ability for self-care, promoting personal responsibility, developing a social network supportive of recovery, and reintegrating the individual into the worlds of school, work and family life. (5-1-10)

03. Case Management in a Child and Adolescent Residential Transitional Facility. Every Child and Adolescent Transitional Residential Treatment Facility must provide case management and meet the requirements set forth in Section 745 of these rules. (5-1-10)

631. -- 639. (RESERVED).

640. LEVEL .5 - EARLY INTERVENTION SERVICES FOR CHILDREN AND ADOLESCENTS.
Early intervention is a brief intensive service that is delivered in an approved treatment facility. (5-1-10)

01. Services in Child and Adolescent Level .5. Services must be provided by a qualified substance use disorders professional. (5-1-10)

02. Case Management in Child and Adolescent Level .5. Case Management may be provided as set forth in Section 745 of these rules. (5-1-10)

03. Individualized Intervention Plan in Child and Adolescent Level .5. The intervention program must prepare for each client an intervention plan that addresses the service needs of the client as identified in the current assessment. To the maximum extent possible, the development of the intervention plan must be a collaborative process involving the client, family members, and other support/service systems. A written intervention plan must be developed and implemented within fifteen (15) days of initiation of services. The intervention plan must be updated at least every ninety (90) days. The individualized intervention plan must contain at least the following: (5-1-10)

a. A list of problems describing areas of concern, and needs identified during the assessment; (5-1-10)

b. Overall goals, describing desired results to be achieved, consistent with the client's service needs and assessment; (5-1-10)

c. Identification of the nature, amount, frequency, and duration of the intervention services required by the client; (5-1-10)

d. Selection of the nature, amount, type, frequency, and duration of services will be determined with the participation of the client, the client's informal support network, and providers of services; (5-1-10)

e. Documentation of who participated in the selection of services; (5-1-10)

f. Documentation of unmet needs and service gaps; (5-1-10)

g. Concrete measurable goals, objectives, and interventions; and (5-1-10)

h. Time frames for achievement of the case management goals and objectives. (5-1-10)

04. Education in Child and Adolescent Level .5. All providers must utilize an evidence based education program from the Department's list of approved programs. (5-1-10)

05. Counseling in Child and Adolescent Level .5. Each program will provide individual and group counseling to support client's abstinence. (5-1-10)

06. Discharge from Child and Adolescent Level .5. Discharge is upon successful completion of the intervention plan or therapeutic discharge. (5-1-10)

07. Discharge Plan in Child and Adolescent Level .5. Each client must participate in the development of a discharge plan as described in Section 386 of these rules. (5-1-10)

08. Client Intervention Services in Child and Adolescent Level .5. Clients in intervention services are to be served separately from clients in other levels of care. (5-1-10)

641. -- 649. (RESERVED).

650. LEVEL .5 - EARLY INTERVENTION SERVICES FOR ADULTS.
Early intervention is a brief intensive service that is delivered in an approved treatment facility. (5-1-10)

01. Case Management in Adult Level .5. Case Management may be provided as set forth in Section 745 of these rules. (5-1-10)

02. Individualized Intervention Plan in Adult Level .5. The intervention program must prepare for each client an intervention plan that addresses the service needs of the client as identified in the current assessment. To the maximum extent possible, the development of the intervention plan must be a collaborative process involving the client, family members, and other support/service systems. A written intervention plan must be developed and implemented within fifteen (15) days of initiation of services. The intervention plan must be updated at least every ninety (90) days. The individualized intervention plan must contain at least the following: (5-1-10)

a. A list of problems describing areas of concern, and needs identified during the assessment; (5-1-10)

b. Overall goals, describing desired results to be achieved, consistent with the client's service needs and assessment; (5-1-10)

c. Identification of the nature, amount, frequency, and duration of the intervention services required by the client; (5-1-10)

d. Selection of the nature, amount, type, frequency, and duration of services will be determined with the participation of the client, the client's informal support network, and providers of services; (5-1-10)

e. Documentation of who participated in the selection of services; (5-1-10)

f. Documentation of unmet needs and service gaps; (5-1-10)

g. Concrete measurable goals, objectives, and interventions; and (5-1-10)

h. Time frames for achievement of the case management goals and objectives. (5-1-10)

03. Education in Adult Level .5. All providers must utilize an evidence based education program from the Department's list of approved programs. (5-1-10)

04. Counseling in Adult Level .5. Each program will provide individual and group counseling to support client's abstinence. (5-1-10)

05. Discharge in Adult Level .5. Discharge is upon successful completion of the intervention plan or therapeutic discharge. (5-1-10)

06. Clients in Intervention Services in Adult Level .5. Clients in intervention services are to be served separately from clients in other levels of care. (5-1-10)

07. Discharge Plan in Adult Level .5. Each client must participate in the development of a discharge plan as described in Section 386 of these rules. (5-1-10)

651. -- 699. (RESERVED).

RECOVERY SUPPORT COMPONENT SERVICES
(Sections 700 through 799)

700. ADULT STAFFED SAFE AND SOBER HOUSING FACILITY.

Each alcohol and substance use disorders treatment or recovery support services program seeking approval as an Adult Staffed Safe and Sober Housing facility must meet the requirements in Section 700 of these rules, in addition to Sections 000 through 499 of these rules, unless otherwise specified in this section. (5-1-10)

01. Services in an Adult Staffed Safe and Sober Housing Facility. (5-1-10)

a. Adult Staffed Safe and Sober Housing facilities provide a safe, clean, and sober environment for clients who are transitioning back into the community. (5-1-10)

b. There must be written policies and procedures that establish house rules and requirements and include procedures for monitoring client compliance and consequences for violating house rules and requirements. (5-1-10)

c. Adult Staffed Safe and Sober Housing programs must allow clients to participate in daily living activities, physical activities, and leisure time activities. Section 224 of these rules does not apply to this level of care in this setting. (5-1-10)

d. Adult Staffed Safe and Sober housing facilities must encourage use of community resources by persons recovering from alcohol and substance use disorders. Sections 370 and 380 of these rules do not apply to this level of care in this setting. (5-1-10)

02. Program Fees for Expenses in an Adult Staffed Safe and Sober Housing Facility. (5-1-10)

a. An Adult Staffed Safe and Sober Housing facility must not bill rent to clients receiving state substance use disorders funding for housing but may impose a “program fee” to cover the following expenses: (5-1-10)

i. Basic utilities-electricity, gas, water, sewer, trash, etc.; (5-1-10)

ii Telephone service; (5-1-10)

iii Cable or satellite television; (5-1-10)

iv. Internet services, if available to client; (5-1-10)

v. Amenities fund covers wear and tear on home living items such as furniture, bedding, curtains, washer and dryer, cookware, dishes, appliances, etc.; (5-1-10)

vi. Cleaning supplies, if supplied by provider; (5-1-10)

b. Program fees must not exceed one hundred dollars ($100) per month. (5-1-10)

c. Program fees must be imposed equally on residents receiving state funding for housing and non-state funded residents. (5-1-10)

d. Adult Staffed Safe and Sober Housing facilities must assure that clients fully understand the purpose of an imposed program fee and what it includes. (5-1-10)

e. Adult Staffed Safe and Sober Housing facilities must disclose to the Department any program fees imposed and what is included in the fee. Changes to program fees must be reported to the Department prior to being imposed. (5-1-10)

f. The client, client's guardian, or conservator must be notified in writing of an increase in the

program fee at least thirty (30) calendar days prior to such a raise taking effect. (5-1-10)

03. Termination of Housing from an Adult Staffed Safe and Sober Housing Facility. Section 386 of these rules does not apply to this subsection. The housing provider may discharge a client who violates house rules and requirements in accordance with the following: (5-1-10)

a. Client is informed verbally and in writing of reasons for discharge; (5-1-10)

b. A process is in place that recognizes the rights of the client to due process and allows the client to request a formal review of the decision; (5-1-10)

c. The reasons for discharge and any actions following are clearly documented in the client's file. (5-1-10)

04. Staffing in an Adult Staffed Safe and Sober Housing Facility. A staff person must be available to residents twenty-four (24) hours per day, seven (7) days a week, and conduct daily site visits. Sections 215 through 218 of these rules does not apply to this level of care in this setting. At a minimum, the staff must include: (5-1-10)

a. A house manager who is on-site a minimum of twenty (20) hours a week; or (5-1-10)

b. A housing coordinator who is off-site, but monitors house activities on a daily basis. (5-1-10)

05. Staff Qualifications for an Adult Staffed Safe and Sober Housing Facility. A house manager and housing coordinator must have at least one (1) year of experience or training working with the substance use disorders clients. (5-1-10)

06. Certified Home Inspection in an Adult Staffed Safe and Sober Housing Facility. An Adult Staffed Safe and Sober Housing program must provide a certified home inspection in addition to the required fire inspection documentation. There must be documentation that any major health and safety issues identified in the certified home inspection have been corrected. (5-1-10)

07. Living Environment in an Adult Staffed Safe and Sober Housing Facility. Adult Staffed Safe and Sober Housing facilities must meet the requirements set forth in Section 396 of these rules. (5-1-10)

08. Facility Inspection of an Adult Staffed Safe and Sober Housing Facility. Adult Staffed Safe and Sober Housing facilities must be inspected by staff a minimum of three (3) times a week to determine if hazards or potential safety issues exist. A record of the inspection must be maintained that includes the date and time of the inspection, problems encountered, and recommendation for improvement. (5-1-10)

09. Fire Inspection of an Adult Staffed Safe and Sober Housing Facility. An Adult Staffed Safe and Sober Housing facility must provide documentation of a fire safety inspection conducted annually by the State Fire Marshall or designee. (5-1-10)

701. -- 709. (RESERVED).

710. CHILD CARE.

Each alcohol and substance use disorders treatment or recovery support services program seeking approval as a Child Care provider must meet the requirements in Section 710 of these rules, in addition to Sections 000 through 499 of these rules, unless otherwise specified in this section. (5-1-10)

01. Services in a Child Care Program. Child Care programs provide substitute care and supervision to a client's child or children while the client is participating in clinical treatment, recovery support services, or both. Sections 224, 370, 380, and 386 of these rules do not apply to this setting. (5-1-10)

a. Child Care providers must: (5-1-10)

i. Provide documentation of a current license under IDAPA 16.06.02, “Rules Governing Standards

for Child Care Licensing"; or (5-1-10)

ii. Request a waiver for child care licensing. (5-1-10)

b. Child Care programs will be expected to: (5-1-10)

i. Provide services at a time and location that is suitable for the client to attend clinical treatment or recovery support services; and (5-1-10)

ii. Provide a setting that promotes and ensures the health, well-being, and safety of the child or children in care. (5-1-10)

c. There must be policies and procedures in place that address the following: (5-1-10)

i. Behavior management and discipline methods; (5-1-10)

ii. Current certification in pediatric rescue breathing and first aid; (5-1-10)

iii. Health and safety standards for hand washing are practiced before and after child care routines including: diapering, assisting children in the bathroom, wiping noses, administering first aid, preparing food, and eating meals; (5-1-10)

iv. Foods given to children are kept at proper temperatures and not subject to contamination; (5-1-10)

v. Medicines, cleaning products, and other dangerous substances and articles are kept away from children at all times; and (5-1-10)

vi. A telephone or other means of communication is working at all times and made available in the event of an emergency. (5-1-10)

02. Child Care Program Request for Waiver. (5-1-10)

a. Child Care programs may request a waiver of the child care licensing requirement in accordance with the following: (5-1-10)

i. The request for waiver must be in writing; and (5-1-10)

ii. Care is exclusively for a child or children of parent(s) who are on site. (5-1-10)

b. Child Care programs requesting a waiver must submit a written statement that the program will comply with the standards for health and safety established by the Department under IDAPA 16.06.02, "Rules Governing Standards for Child Care Licensing." (5-1-10)

03. Supervision in a Child Care Program. The program must adopt and implement lines of authority that ensure the proper and effective supervision and monitoring of employees and volunteers. Sections 215 through 218 of these rules do not apply to this setting. (5-1-10)

04. Staffing in a Child Care Program. There must be staff to provide for the needs, safety, protection, and supervision of children served. (5-1-10)

a. The minimum age for child care providers is eighteen (18) years. (5-1-10)

b. No one living in the place where child care is provided or employed in the child care program has any physical or mental condition that poses a health risk to a child receiving care. (5-1-10)

05. Child Care Program Permanent Register. The program must maintain a permanent register of all children receiving services. The permanent register must include each child's full name, gender, date of birth, parents

or guardian, the date and time of services, and name of individual(s) providing care. (5-1-10)

711. -- 719. (RESERVED).

720. LIFE SKILLS.
Each alcohol and substance use disorders treatment or recovery support services program seeking approval as Life Skills provider must meet the requirements in Section 720 of these rules, in addition to Sections 000 through 499 of these rules, unless otherwise specified in these rules. (5-1-10)

01. Services in a Life Skills Program. Life Skills programs are non-clinical services designed to enhance personal and family skills for work and home, reduce marriage and family conflict, and develop attitudes and capabilities that support the adoption of healthy, recovery-oriented behaviors and healthy re-engagement with the community. (5-1-10)

a. Services may be provided on an individual basis or in a group setting and can include activities that are culturally, spiritually, or gender-specific. Sections 370, 380, and 386 of these rules do not apply to this setting. (5-1-10)

b. Life Skills programs must have a written plan. This written plan must include the curriculum used. Section 224 of these rules does not apply to this setting. The list of activities must include: (5-1-10)

i. A description of each activity; (5-1-10)

ii. The measurable goals of each activity; and (5-1-10)

iii. The staff person responsible for providing or supervising each activity. (5-1-10)

c. Life Skills may be approved for clinical treatment providers on a case-by-case basis under the following conditions: (5-1-10)

i. The service is billable only as a recovery support service; and (5-1-10)

ii. The service is distinguishable from treatment services. (5-1-10)

iii. Clients receiving individual services from a qualified substance use disorders professional must be included in the staff-to-client ratio counts required for treatment services. (5-1-10)

02. Supervision in a Life Skills Program. The program must provide staff with supervision to ensure that services are provided effectively and appropriately. Sections 215 through 218 of these rules do not apply to this setting. (5-1-10)

03. Staffing in a Life Skills Program. Each Life Skills program must ensure services are provided by qualified staff who meet the following requirements: (5-1-10)

a. Each staff person has completed training to deliver the service or has a record of performance in the provision of service of at least one (1) year; (5-1-10)

b. Personnel file must contain documentation that each staff person is qualified; (5-1-10)

c. There must be one (1) qualified staff person for every thirty (30) clients in a group setting; and (5-1-10)

d. The total client caseload of any qualified staff person must not exceed forty-five (45) clients. (5-1-10)

721. -- 729. (RESERVED).

730. TRANSPORTATION SERVICES.
Each alcohol and substance use disorders treatment or recovery support services program seeking approval as a transportation provider must meet the requirements in Section 730 of these rules, in addition to Sections 000 through 499 of these rules, unless otherwise specified in this section. (5-1-10)

01. Transportation Services. Transportation services are provided to clients who are engaged in alcohol and substance use disorders treatment or recovery support services, or both, and who have no other means of obtaining transportation. Reimbursement is not available for transportation services to and from employment. Sections 215, 216, 217, 218, 224, 370, 380, and 386 of these rules do not apply to this setting. Transportation services include any of the following types of transportation: (5-1-10)

a. Public Transportation. Any entity in the business of transportation that is organized to provide and actually provides transportation to the general public. (5-1-10)

b. Individual Transportation. Individual transportation is any individual providing transportation who does not meet the definition of public or Agency Transportation and provides only transportation services to an eligible client. Only individual transportation providers who are approved by the Bureau of Substance Use Disorders can be reimbursed. (5-1-10)

c. Agency Transportation. Agency transportation is an entity whose employees or agents provide transportation services in addition to one (1) or more other services to the same eligible client. (5-1-10)

02. Programs Seeking Approval for Transportation Services. Programs seeking approval for transportation services must meet the following requirements: (5-1-10)

a. Agencies must maintain documentation of a valid driver's license for each employee who transports clients; (5-1-10)

b. The program must adhere to all laws, rules, and regulations applicable to drivers and type of vehicles used; (5-1-10)

c. The minimum insurance required for all programs is professional liability, commercial general liability, and comprehensive liability for all program vehicles. All facilities must maintain professional liability insurance in the amount of at least five hundred-thousand to one million dollars ($500,000/$1,000,000) and general liability and automobile insurance in the amount of at least one million to three million dollars ($1,000,000/ $3,000,000). Copies of the declarations face-sheet for all policies must be included with the application. Individual providers must carry at least the minimum insurance required by Idaho law. If an agency permits employees to transport clients in employee's personal vehicles, the agency must ensure that insurance coverage is carried to cover those circumstances. (5-1-10)

d. The program must document that the person for whom services are billed was actually transported for all the distance billed. (5-1-10)

e. Transportation is paid on a reimbursement basis only. (5-1-10)

f. Only the least expensive, most appropriate means of transportation will be authorized. (5-1-10)

g. Transportation providers must provide the following services and perform the following tasks: (5-1-10)

i. Provide services to transport clients to and from alcohol and substance use disorders treatment or recovery support services; (5-1-10)

ii. Provide services at a time and location that is suitable for the client to attend alcohol and substance use disorders treatment or recovery support services; and (5-1-10)

i. The program must provide transportation by the most direct route practical. (5-1-10)

j. Each transportation program must ensure the safety and well-being of all clients transported. This includes maintaining and operating vehicles in a manner that ensures protection of the health and safety of the clients transported. The transportation program must meet the following requirements: (5-1-10)

i. The driver is prohibited from using a cell phone while transporting a client; (5-1-10)

ii. No smoking in the vehicle; (5-1-10)

iii. All vehicles must be equipped with a first aid kit and fire extinguisher; and (5-1-10)

iv. The vehicle must be equipped with appropriate restraints. (5-1-10)

03. Staffing for Transportation Services. The operator of a motor vehicle transporting clients must be, at a minimum, eighteen (18) years of age. (5-1-10)

731. -- 739. (RESERVED).

740. ALCOHOL AND DRUG TESTING SERVICES.
Each alcohol and substance use disorders treatment or recovery support services program seeking approval as an Alcohol and Drug Testing provider must meet the requirements in Section 740 of these rules, in addition to Sections 000 through 499 of these rules, unless otherwise specified in this section. Alcohol and drug testing is defined in Section 010 of these rules. (5-1-10)

01. Alcohol and Drug Testing Services. (5-1-10)

a. Alcohol and Drug Testing providers must have policies and procedures regarding the collection, handling, testing, and reporting of drug-testing specimens. Sections 224, 370, 380, and 386 of these rules do not apply to this setting. (5-1-10)

b. Alcohol and Drug Testing providers performing on-site testing must use alcohol and drug screening tests that are approved by the U.S. Food and Drug Administration. (5-1-10)

c. Laboratories used for lab-based confirmation or lab-based testing must meet the requirements in IDAPA 16.02.06, “Rules Governing Quality Assurance for Idaho Clinical Laboratories.” (5-1-10)

d. Testing is performed at the provider level and may be administered randomly or at scheduled intervals. Frequency of testing will vary depending on the client's progress. (5-1-10)

e. The scope of testing must be sufficiently broad to detect the client's primary drug of choice as well as other drugs of abuse. (5-1-10)

f. Elements contributing to the reliability and validity of a testing process must include: (5-1-10)

i. Direct observation of specimen collection; (5-1-10)

ii. Verification temperature and measurement of creatinine levels in urine samples to determine the extent of water loading; (5-1-10)

iii. Specific, detailed, written procedures regarding all aspects of specimen collection, specimen evaluation, and result reporting; (5-1-10)

iv. A documented chain of custody for each specimen collected; (5-1-10)

v. Quality control and quality assurance procedures for ensuring the integrity of the process; and (5-1-10)

vi. Procedures for verifying accuracy when drug test results are contested. (5-1-10)

g. Each employee responsible for collection and testing of specimens must be instructed in the precautions to take when handling specimens. (5-1-10)

h. Employees responsible for collection and testing of specimens must be provided with, and wear, gloves when collecting or handling specimens. (5-1-10)

i. There must e procedures in place for storage and disposal of specimens and chemicals used for testing. (5-1-10)

j. There must be a designated staff member who has responsibility for developing these policies and procedures and for documenting their implementation. (5-1-10)

02. Supervision of an Alcohol and Drug Testing Service. The program must adopt and implement lines of responsibility that ensure the proper and effective supervision and monitoring of employees and volunteers. Sections 215 through 218 of these rules do not apply in this setting. (5-1-10)

03. Staffing of an Alcohol and Drug Testing Service. Staff must be trained to administer alcohol and drug testing utilizing elements contributing to the reliability and validity of such testing. (5-1-10)

741. -- 744. (RESERVED).

745. BASIC AND INTENSIVE CASE MANAGEMENT SERVICES.
In addition to meeting all the rules and minimum standards contained in Sections 000 through 499 of these rules, each alcohol and substance use disorders treatment or recovery support services program seeking approval as a Basic or Intensive case management facility must meet the requirements in Section 745 of these rules. Basic and Intensive case management services include: (5-1-10)

01. Basic and Intensive Case Management Services. (5-1-10)

a. Services must include a case management assessment of the client and client family strength and needs, service planning, linkage to other services, client advocacy and monitoring service provisions. (5-1-10)

b. There must be policies and procedures for ensuring that multiple services are delivered in a coordinated and therapeutic manner to meet the goals of treatment outcomes. (5-1-10)

c. Case management services must not duplicate case management services currently provided under any other state-funded program. (5-1-10)

02. Comprehensive Service Plan Development. The case manager must prepare for each client a comprehensive service plan that addresses the service needs of the client as identified in the current assessment. To the maximum extent possible, the development of the comprehensive service plan must be a collaborative process involving the client, family members, and other support and service systems. A written comprehensive service plan must be developed and implemented within thirty (30) days after the date the agency first sees the client. The comprehensive service plan must be updated at least every ninety (90) days. Sections 370 and 380 of these rules do not apply in this setting. The individual's comprehensive service plan is based on the Department’s Minimum Case Management Standards referenced under Section 002 of these rules. (5-1-10)

03. Case Manager Contact and Availability. (5-1-10)

a. Basic Case Management. The case manager must have a face-to-face contact with each client, at least every month. Contact may be made more often depending upon the level of case management. (5-1-10)

b. Intensive Case Management. At least every thirty (30) days, depending upon the level of case management provided, case managers must have additional contact with the client, guardian, or provider who can verify the client's well being and whether services are being provided according to the written plan. The frequency,

mode of contact, and person being contacted must be identified in the plan and must meet the needs of the client. (5-1-10)

04. Case Manager Qualifications. A case manager must have completed training in the essentials of case management as identified by the Department. A case manager providing basic or intensive case management must: (5-1-10)

a. Be a qualified substance use disorders professional as defined in Section 013 of these rules, an ISAS as defined in Section 012 of these rules, or a trainee as defined in Section 013 of these rules. An ISAS or trainee may provide case management services only under direct intensive clinical supervision and a learning plan. (5-1-10)

b. Have a bachelor's degree in a human services field from a nationally-accredited university or college and at least six (6) months, or one thousand forty (1,040) hours, of supervised experience working with the substance use disorders population; and (5-1-10)

c. Have a case management certificate issued by the Department after training is completed within six (6) months of hire. (5-1-10)

05. Case Manager Status Granted Prior to May 1, 2010. Subsections 218.01 and 218.02 of these rules are applicable to all new applications for appointment as a case manager submitted to the Department after May 1, 2010. If an individual was granted an appointment prior to May 1, 2010, and met the requirements at that time, he may continue to have his appointment recognized. The appointment of this status will be given by the Department after the Department has received documentation affirming the qualified substance use disorder professional's education and experience meets standards in place prior to May 1, 2010. (5-1-10)

06. Staffing. A case manager’s total caseload must not be so large that it cannot assure quality service delivery and client satisfaction. (5-1-10)

07. Supervision. The case management program must provide and document at least one (1) hour of case management supervision per month for each case manager. (5-1-10)

a. Case management supervisors must: (5-1-10)

i. Be a qualified substance use disorders professional with a Master's degree in a human services field; or (5-1-10)

ii. Have a Master's degree in a human services field and one (1) year treatment experience with at least six (6) months, or one thousand forty (1,040) hours being supervised while working with the substance use disorders population. (5-1-10)

b. Case management supervision must be documented and include the following: the date supervision is provided, the times the supervision begins and ends, the topics discussed, the duration of each session, whether the supervision was to an individual or group, and the signatures and credentials of both the individual conducting the supervision and the individual(s) receiving supervision. (5-1-10)

08. Client Records For Case Management Program. Department-approved case management forms must be used and can be found on the Department’s website as described in Sections 002 and 005 of these rules. The case management program must maintain a written client record and documentation of services on each client utilizing the forms and procedures described in the Minimum Case Management Standards referenced in Section 002 of these rules. All entries in the client record must be signed and dated. Symbols and abbreviations may be used only if they have been approved by professional staff and only when there is an explanatory legend. Sections 375 and 386 of these rules do not apply in this setting. (5-1-10)

746. -- 999. (RESERVED).

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