

**ALCOHOL AND/OR OTHER DRUG PROGRAM
CERTIFICATION STANDARDS**

Department of Health Care Services

Health and Human Services Agency

State of California

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CERTIFICATION STANDARDS**

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These Program Certification Standards (“Standards”) replace the Alcohol and/or Other Drug Program Certification Standards (Revised March 15, 2004) and are adopted pursuant to California Health and Safety Code section 11830.01.

The problems associated with alcohol and/or other drugs are as varied as the people involved. These Program Certification Standards accommodate divergent philosophies within a consistent system of accountability. We hope that the essence of these standards can be incorporated within all programs, regardless of size and will contribute to success in providing effective substance use disorder treatment and recovery services.

These standards have three primary purposes:

1. To ensure quality services are being provided to program clients;
2. To encourage a variety of financial resources for quality alcohol and/or other drug services; and
3. To contribute to the development of quality alcohol and/or other drug programs.

Alcohol and/or other drug programs provide a wide range of services and all programs seeking departmental certification are required to meet these standards.

The Department of Health Care Services shall conduct certification reviews, at least once every two years, to assess compliance with these standards.

Send suggestions for revisions to these standards to the Department of Health Care Services’ Substance Use Disorder Compliance Division, Licensing and Certification Section.

Admission - When the program determines that the client meets the admission criteria and the client signs a consent to recovery or treatment form in addition to completing the required intake procedure.

Adult Alcoholism or Drug Abuse Recovery or Treatment services - Substance use disorder services that are provided to residents at a program which is maintained and operated to provide 24-hour, residential, nonmedical, substance use disorder recovery or treatment services. Services are provided in an alcohol and drug free environment and support recovery or treatment for substance use disorder related problems. Services may include the following: detoxification, recovery or treatment planning, educational sessions, social/recreational activities, individual and group sessions, family education and parenting, case management, client file review, relapse prevention, and information about and assistance in obtaining health, social, vocational, and other community services.

Alcohol and drug free - The absence of alcohol and/or illicit drugs.

Alcohol and drug free environment - An environment that is free of the use of alcohol and/or the illicit use of drugs.

Alcohol and/or other drug program- Residential or nonresidential alcohol and/or other drug services that are coordinated to achieve specified objectives.

Alcohol and/or other drug service - A service that is specifically and uniquely designed to alleviate or preclude substance use disorder in the individual, his or her family, or the community.

Assessment - An in-depth review and evaluation of a client in order to determine the appropriate level of care and client strengths and needs including, but not limited to, alcohol and/or other drug use, medical, employment, legal, social, psychological, family, environment and special needs.

Client: An individual who receives residential substance use disorder treatment services, nonresidential substance use disorder treatment services, or detoxification services from a certified substance use disorder treatment program.

Client file - The file that contains the information required by these standards that is established for each client upon admission to a program.

Constructive abandonment - Failure to provide substance use disorder services to clients due to insolvency, eviction, or seizure of assets or equipment.

Counseling - A process based on direct communication between client, a counselor and clients(s), in an individual or group setting, for the purpose(s) of identifying the client(s) problems and needs, setting goals, determining appropriate interventions, and practicing new behaviors, evaluating progress, continuing recovery, and discharge planning

Counselor - An individual who provides substance use disorder counseling. Only those individuals registered, certified, or licensed pursuant to California Code of Regulations, Title 9, Division 4, Chapter 8 may be designated as counselors.

Department - The Department of Health Care Services.

Detoxification services - A service designed to support and to assist an individual in the substance use withdrawal process and explore plans for continued service. These services may be provided in a medical or nonmedical residential or nonresidential setting.

Effectiveness - The extent to which pre-established program objectives are attained as a result of program activities.

Facility Administrator - The individual responsible for the overall management of an alcoholism or drug abuse recovery or treatment facility.

Grievance procedure - A written procedure by which a client may protest an alleged violation of rights.

Group counseling session –Group counseling means an interaction in which one or more counselors treat two or more clients at the same time, focusing on the client’s treatment or recovery needs. .

Individual counseling session - Means a treatment or recovery service consisting of a private interaction with a counselor and client that focuses on the client’s treatment or recovery needs.

Intake - The process by which the program obtains information about an individual seeking admission for alcohol and/or other drug services.

Intensive Outpatient - A nonresidential alcohol and/or other drug service that is provided to clients at least nine hours per week. Intensive outpatient treatment is designed to provide an alcohol and drug free service to enhance a client’s ability to move toward long-term recovery. Services can be provided by a licensed professional or a certified counselor in any appropriate setting in the community. Services can be provided in-person, by telephone or by telehealth.

May - Permissive.

Medication assisted treatment program – The use of Federal Drug Administration approved medications in combination with behavioral therapies to provide a whole client approach to treating substance use disorders.

Nonresidential alcohol and/or other drug services - Alcohol and/or other drug services, provided in an alcohol and drug free environment, which support recovery or treatment for

individuals and/or family members affected by substance use problems. Services may include the following: detoxification, recovery planning or treatment planning, educational sessions, social/recreational activities, individual and group sessions, family education and parenting, case management, client file review, relapse prevention and information about and assistance in obtaining, health, social, vocational and other community services. In addition, a nonresidential alcohol and/or other drug program may provide services of a medical or psychotherapeutic nature, offered by personnel licensed to conduct therapy. Intensive outpatient services are included in this category.

Outpatient service - A nonresidential substance use disorder treatment and recovery service in which a client is provided a minimum of two counseling sessions per 30-day period. Outpatient services are designed to provide an alcohol and drug free environment with structure and supervision to further a client's ability to improve his/her level of functioning.

Program - An alcohol and/or other drug program.

Recovery continuum – The progression or timeline of recovering from a substance use disorder.

Recovery Plan- A resident-developed set of goals and objectives to improve health, wellness, and rehabilitation from a resident's substance use disorder under the guidance of a counselor.

Recovery Service - any assistance provided to a client to maintain the client's abstinence from the use alcohol or drugs, maintain sobriety, or maintain any goal or objective that a client achieved during treatment for the client's substance use disorder. Recovery Services include the following: Case Management, Medication Management, Structured Living, and development of a Recovery Plan.

Shall - Mandatory.

Structured living - A treatment or recovery service where the program requires clients to participate in some or all daily activities scheduled by the program as a condition of residency.

Structured therapeutic activities - Organized program activities that are designed to meet treatment goals and objectives for increased social responsibility, self-motivation, and integration into the larger community. Such activities would include participation in the social structure of the residential or outpatient program and the client's progression, with increasing levels of responsibility and independence.

Substance use disorder - The problems of individuals, families and the community which are related to inappropriate alcohol and/or other drug use and include conditions usually associated with the terms "alcoholism, addiction, alcohol abuse and illicit use of drugs."

Treatment Plan- A written plan that establishes a client-specific goal and a continuum of recovery or treatment objectives to improve the health, wellness, and recovery from alcohol or drug problems.

Treatment Service- Any assistance provided to a resident to assist the resident with the achievement of abstinence from the use of alcohol or drugs, achievement of sobriety, or

achievement of any goal or objective determined by the resident or the facility to relieve the resident's substance use disorder. Treatment Services include the following: Assessment, Case Management, Counseling Services, Individual Counseling, Group Counseling, Educational Sessions, Medication Management, Structured Living, and development of a Treatment and recovery Plan.

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APPLICATION FOR CERTIFICATION

3010

Who May Apply for Program Certification

Any adult, firm, partnership, association, corporation, county, city, public agency, or other governmental entity may apply for certification regardless of ethnic group identification, religion, age, gender, sexual orientation, or disability.

3015

Licensure

- a. In order for a residential program to obtain certification, it shall be licensed in accordance with all applicable state licensing statutes and regulations and shall remain in compliance with such licensure regulations.
- b. Certified programs may provide structured living, treatment services, or recovery services through admissions agreements or any other contract. However, certified programs must use facilities licensed pursuant to California Code of Regulations Section 10501 et seq. to provide these structured living, treatment services, or recovery services.

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How to Obtain Application Information

Application information may be obtained by contacting the Department of Health Care Services, Substance Use Disorder Compliance Division.

3030

Contents of Initial Application

- a. The application and supporting documents shall contain the following:
 1. The name or proposed name, address, and telephone number of the program;
 2. The name, mailing address, and telephone number of the applicant;
 - A. If the applicant is a partnership, the name and principal business address of each partner and a copy of the partnership agreement as filed with the county or state, as applicable;
 - B. If the applicant is a corporation or association, the name and address of the principal place of business of the corporation or association; the name and title of the officer or employee who acts on behalf of the corporation or association; bylaws, and a copy of the articles of incorporation signed and dated by the Secretary of State.

3. The name of the program director;
 4. Type of service(s) to be provided; and
 5. A plan of operation as specified in Section 3035 a.
- b. The applicant shall sign the application.
1. If the applicant is a partnership, each partner shall sign the application.
 2. If the applicant is a firm, association, corporation, county, city, public agency or other governmental entity, the chief executive officer or the individual legally responsible for representing the firm, association, corporation, county, city, public agency, or other governmental entity shall sign the application. The application shall include the resolution or board minutes authorizing the individual to sign.

3035

Documentation to be Submitted with Initial Application

As a condition of certification, each applicant shall submit to the Department the following documents with the application for certification:

- a. The Director's resume which must demonstrate that the Director has no less than 2 years of experience in the field of substance use disorder treatment and recovery.
- b. A plan of operation that includes:
 1. Annual line item budget;
 2. Program mission and philosophy statement(s);
 3. Program description;
 4. A statement of program objectives;
 5. Program evaluation plan;
 6. Continuous quality management plan;
 7. An outline of activities and services to be provided by the program;
 8. A statement of the admission, readmission and intake criteria;
 9. A statement of nondiscrimination in the employment practices and provision of benefits and services on the basis of ethnic group identification, religion, sex, color, or disability pursuant to Title VI of the Civil Rights Act of 1964 (Section 2000d, Title 42, United States Code); the Rehabilitation Act of 1973 (Section 794, Title 29, United States Code); the Americans with Disabilities Act of 1990

(Section 12132, Title 42, United States Code); Section 11135 of the California Government Code; and Chapter 6 (commencing with Section 10800), Division 4, Title 9 of the California Code of Regulations;

10. A copy of the program's client admission agreement;
 11. A table of the administrative organization showing the lines of authority of all paid and volunteer staff including the board of directors and the community advisory board, if applicable. Public organizations shall provide an organization chart that reflects the program's placement within a government agency. Private organizations shall provide documentation of the legal authority for the formation of the agency; and
 12. A staffing plan, job descriptions and minimum staff qualifications.
 13. A statement affirming that the certified program will not own or contract with homes providing residential treatment or structured living services without a license.
- b. A valid fire clearance issued from the fire authority having jurisdiction for the area in which the program is located.
- c. Approval from the local agency authorized to provide a building use permit. A local use permit satisfies this requirement. If the local agency authorized to provide a building use permit does not require a use permit, the applicant shall submit a letter from the local agency identifying the location and attesting to the circumstances. A residential program that has a licensed treatment capacity of six beds or less is exempt from this subsection unless the program is seeking certification for nonresidential services.

3040 Where to Submit Completed Applications

Applicants shall submit completed applications for certification to the Department of Health Care Services, Substance Use Disorder Compliance Division.

As used in these standards, "completed application," means an application for certification that includes all of the information and documentation required in Sections 3030 and 3035.

3045 Departmental Review of Application

- a. Initial Application Review
 1. The Department shall review the application for certification and attached documentation, to determine completeness and compliance with Sections 3030 and 3035.

2. Within 45 working days of receipt of the application, the Department shall notify the applicant whether the application is complete or incomplete.
3. If the application is incomplete, the Department shall specify the information or documentation that is missing and the applicant shall be given up to 60 working days from the date of the notification to provide the missing information or documentation. If the missing information or documentation is not received within the 60 working days, as determined by postmark date, the review of application shall be terminated and the applicant notified of the termination. Termination of the application review process shall not constitute denial of certification. However, after termination, an applicant must submit a new application to be considered for certification.
4. If the application has been determined to be complete, the Department shall schedule an on-site compliance review at the program to determine if the program is in compliance with the Alcohol and/or Other Drug Program Certification Standards.

3050

Content of Renewal Application

- a. The contents of the application shall contain the following:
 1. Provider identification number assigned by the Residential and Outpatient Programs Compliance Branch;
 2. Name, address, and telephone number of the program;
 3. Name, mailing, and telephone number address of the applicant;
 4. Annual line item budget;
 5. Name of the program director; and
 6. Type of program service(s) to be provided.
- b. The following shall be submitted when there has been a change from the documents previously submitted for initial certification or extension of the existing certification period:
 1. Program mission and philosophy statement(s);
 2. Program description;
 3. Statement of program objectives;
 4. Program evaluation plan;
 5. Continuous quality management plan;

6. Outline of activities and services to be provided by the program;
 7. Statement of the admission, readmission and intake criteria;
 8. Copy of the program's client admission agreement;
 9. Table of the administrative organization showing the lines of authority of all paid and volunteer staff including the board of directors and the community advisory board. Public organizations shall provide an organization chart that reflects the program's placement within a government agency. Private organizations shall provide documentation of the legal authority for the formation of the agency; and
 10. Staffing plan, job descriptions and minimum staff qualifications.
- c. A valid fire clearance issued from the fire authority having jurisdiction for the area in which the program is located shall be submitted when the provider is requesting modifications to the building or when a provider is requesting an increase in its residential capacity.

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Withdrawal of Initial Application

The applicant may withdraw an application for certification by submitting a written request to the Licensing and Certification Section.

3060

Issuance of Initial Certification

The Department shall issue a certificate to the applicant by mail if it determines that the applicant is in compliance with the provisions of these standards, based on the Department's review of the application for certification pursuant to Section 3045 and upon completion of an on-site compliance review and correction by the applicant of any cited deficiencies.

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DENIAL OF INITIAL CERTIFICATION

- a. The Department may deny the issuance of initial certification for any of the following reasons:
1. Review of the application indicates that the applicant is not in compliance with these standards;
 2. On site compliance review indicates the applicant is not in compliance with these standards.
 3. The applicant fails to remedy each deficiency identified pursuant to Section 5000 of these standards.

4. The applicant has a previous revocation(s) of a certification and/or residential license.
 5. Applicant has shown the inability to comply with these standards and/or other DHCS statutes and/or regulations.
- b. If the Department denies an application for certification, the Department shall send a written notice of denial to the applicant by mail. The notice shall document the reasons for denial.

5000

CERTIFICATION COMPLIANCE REVIEWS

- a. Initial Compliance Reviews
1. Prior to granting initial certification, the Department shall conduct an on-site review of each program to determine compliance with these standards.
 2. If deficiencies are noted and not corrected prior to the conclusion of the compliance review, a certification report shall be left with the applicant or mailed postmarked within 10 working days after the review.
 3. The applicant shall correct the deficiencies identified in the certification report prior to certification in accordance with Section 6000 of these standards. If the applicant fails to correct the deficiencies identified in the certification report, the issuance of certification shall be denied. After the denial of the initial certification, an applicant that wishes to pursue the certification process shall start the process from the beginning by submitting a new application.
 4. The Department shall issue a certificate or written notification of denial to the applicant. The notification shall be postmarked within 180 days from the receipt of the completed initial application.
- b. Extension of Certification Period
1. The Department shall renew the certification of a substance use disorder treatment program every two years provided the program remains in compliance with these standards, corrects deficiencies in accordance with Section 6000 and does not have its certification suspended, terminated, or revoked.
 2. At least 120 working days prior to the expiration date shown on the certificate, the Department shall send a notice and a renewal application to the program which shall (1) inform the program of the date when the current period of certification will expire; and (2) inform the program that the period of certification will be extended if the program updates the information contained in the program's application for certification.

3. Upon receipt of the application, the Department shall review it for completeness and compliance with the Alcohol and/or Other Drug Certification Standards.
4. If application is incomplete, Department shall issue a Notice of Deficiency. The program shall have 30 calendar days to submit the missing document. Failure to submit the documentation will result in the suspension of the certification. Failure to correct the deficiencies within 90 calendar days from the Notice of deficiency shall result in revocation of the certification.
5. If the program does not submit an application postmarked on or before the expiration date shown on the certificate, the certification shall automatically expire as of the date specified on the certificate. The program may reapply as an initial applicant.

c. Extension Compliance Reviews

1. The Department shall conduct an on-site review of each certified program to determine compliance with these standards at least once during the two-year period of certification.
2. Any authorized employee or agent of the Department may enter and inspect any alcohol and/or other drug program at any time, upon presentation of proper identification to determine compliance with the provisions of these standards. Advance notice is not required for conducting an investigation of a complaint or an on-site review at a certified program.
3. The Department may interview clients and/or program staff in private and inspect relevant program records without the prior consent of the program.
4. At the completion of the compliance review, the reviewer may conduct a face-to-face exit interview with the program director or his/her designee if the program director or his/her designee is on site and available to discuss any deficiencies noted.
5. The reviewer shall prepare a written certification report that shall specify:
 - A. The section number and title of each standard that the applicant has failed to comply with;
 - B. The manner in which the program failed to comply with a specified standard; and
 - C. The date by which each deficiency shall be corrected.
6. The reviewer shall provide the written certification report to the program director or his/her designee:
 - A. In person before leaving the program; or

- B. By mail, postmarked within ten working days of the completion of the certification compliance review.
7. The certification report shall require the program to correct deficiencies within 30 calendar days of the date of the certification report unless the reviewer determines, based on the review, that the deficiency jeopardizes the health or safety of program clients and requires correction within a shorter period of time. In that event, the report shall explain how the deficiency jeopardizes the health or safety of program clients.

6000

WRITTEN VERIFICATION OF CORRECTION OF DEFICIENCIES

- a. The program shall submit written verification of correction for each deficiency identified in the certification report to the reviewer at the Department of Health Care Services, Licensing and Certification Section . Written verification shall be sent by certified mail. The written verification shall provide evidence that the deficiency has been corrected and specify the date when the deficiency was corrected. The written verification shall be postmarked no later than 30 calendar days of the date of the Department's certification report.
- b. If the program fails to correct the deficiencies and notify the Department within 30 calendar days of the date of the Department's certification report, the certification shall be suspended. The beginning date of the suspension shall be the 31st day following the date of the Department's certification report. To end the term of suspension, the program shall correct and provide the Department with written verification that all deficiencies have been corrected. The reinstatement date of the certification shall be the date the written verification of correction is accepted by the Department. Once reinstated, the certification shall remain in effect through the remainder of the two-year certification period.
- c. The Department shall revoke the program certification if the program fails to correct the deficiencies and notify the Department within 90 calendar days of the date of Department's certification report. The revocation shall be effective on the 91st day following the date of Department's certification report. To become recertified, the program must apply as an applicant for initial certification and demonstrate that it meets all of the requirements of these standards.
- d. Within ten calendar days of receipt by the Department of the written verification, the Department shall notify the program, in writing by first class mail, whether the written verification has been approved.

7000

CERTIFICATION

A certification shall automatically terminate, prior to the expiration date stated on the certificate, whenever the program:

- a. Changes ownership, including sales or transfers of ownership of the program, unless the transfer of ownership applies to the transfer of stock when the program is owned by and certified as a corporation and when the transfer of stock does not constitute a majority change in ownership;
- b. Voluntarily surrenders certification;
- c. Moves operation of the program from the location identified on the certificate to another location and does not complying with requirements of Section 7005;
- d. Owner dies;
- e. Is actually or constructively abandoned.
- f. Is found to be providing services requiring a license pursuant to Section 10505 of Title 9 of the California Code of Regulations without having obtained the required license

7005

Change In Location

- a. To prevent a lapse in certification in the event that operation of the program is moved to a new location, at least 45 working days prior to the move, the program shall submit a supplemental application and fees to the Department consisting of the following:
 - 1.–A valid fire clearance for the new facility issued from the fire authority having jurisdiction for the area in which the program is located. The fire clearance shall have been conducted no more than 12 months prior to the date that the Department receives the notification of the move.
 - 2. Approval from the local agency authorized to provide a building use permit. A local use permit satisfies this requirement. If the local agency authorized to provide a building use permit does not require a use permit, the provider shall submit a letter from the local agency identifying the location and attesting to the circumstances. A residential program that has a licensed treatment capacity of six beds or less is exempt from this subsection unless the program is seeking certification for nonresidential services.
- b. To prevent a lapse in certification in the event that the program moves operation of the program to a new location due to emergency (e.g., earthquake, fire, flood, etc.), within 60 calendar days after the date of the move, the program shall submit to the Department written notification and documentation that includes at least the following:
 - 1. Supplemental application and fees.
 - 2. A description of the emergency necessitating the move;

3. A valid fire clearance for the new facility issued from the fire authority having jurisdiction for the area in which the program is located; and
 4. Approval from the local agency authorized to provide a building use permit. A local use permit satisfies this requirement. If the local agency authorized to provide a building use permit does not require a use permit, the provider shall submit a letter from the local agency identifying the location and attesting to the circumstances. A residential program that has a licensed treatment capacity of six beds or less is exempt from this subsection unless the program is seeking certification for nonresidential services.
- c. If the program fails to comply with the requirements of subsection a. of this section, the certification shall terminate as of the date that operation of the program is moved (except as specified in subsection b. of this section).
 - d. If the program fails to comply with the requirements of subsection b. of this section, the certification shall terminate as of the 61st day after the date of the move.
 - e. The Department may conduct an on-site compliance review in conjunction with the move to determine compliance with these standards.
 - f. The program may appeal the Department's denial of a request to change locations pursuant to Section 7020 of these Standards.

7010

Suspension and Revocation

- a. The Department shall suspend certification when the program fails to correct the deficiencies and notify the Department within 30 calendar days of the date of receipt of the Department's certification report.
- b. The Department may revoke certification when:
 1. The program fails to comply with any statutory requirement, regulation, or standard of the Department;
 2. The program fails to correct the deficiencies and notify the Department within 90 calendar days of receipt of the Department's certification report; or
 3. The program is issued a certification report for any action, which has resulted in a substantiated death, serious physical harm, or imminent danger to a client.
 4. The Program is convicted of fraud or when other crimes relating to the operation of the Program occur.
 5. The conviction of current owners, shareholders, board members, any other person, sole proprietorship, corporation, or other legal entity with an ownership interest or affiliation in the organization.

6. It is found the that Program has falsified documentation provided to DHCS.
 7. Fails to obtain a license for residential treatment for structured living homes owned and/or operated by the program.
 8. Program refers and/or enters into a contractual agreement to have clients housed at a residence that provides structured living and does not possess a valid license issued by the department.
 9. The department revokes the DHCS issued license of a program with ownership interest or affiliation in the certified program.
- c. The Department shall notify the provider by certified mail of the suspension or revocation. The notice shall:
1. Inform the provider that the program's certification is being suspended or revoked and the effective date of the action;
 2. Explain the reason(s) for the action; and
 3. Explain the provider's right to appeal in accordance with Section 7020.

7020

Appeal of Certification Decision

- a. Denial, suspension, or revocation of certification may be appealed by the program to the Department. Appeals shall be submitted in writing within 30 working days of the date of receipt of the Department's written notification to the program of the denial, suspension, or revocation. All appeals shall be directed to the Manager, Substance Use Disorder Compliance Division, Department of Health Care Services.
- b. Appeals shall clearly identify the certification action being appealed, the reason for appeal and relief sought. The Department shall have the sole authority for rendering a determination on the appeal. The Department shall respond in writing to an appeal request within 15 working days of the date that the Department receives the written request for appeal. The Department shall have the sole authority for rendering a determination on the appeal.
- c. Failure to submit the written request for appeal, pursuant to Subsection a. of this section, shall be deemed a waiver of administrative review.
- d. Within thirty (30) working days of receipt of the request for appeal, the Director or the Director's designee shall schedule and hold an informal conference with the program, unless the Director or the Director's designee and the program agree to settle the matter based upon the information submitted with the request for appeal.

- e. Failure to hold the informal conference within thirty (30) working days of the receipt of the request shall be deemed a waiver of the appeal by the Department unless the program:
 - 1. Fails to attend the conference as scheduled,
 - 2. Waives the 30 working day requirement, or
 - 3. Waives his/her right to the informal conference.
- f. The program shall have the following rights at the informal conference:
 - 1. The right to be represented by legal counsel.
 - 2. The right to present oral and written evidence.
 - 3. The right to explain any mitigating circumstances.
- g. The representatives of the Department who issued the Denial, suspension, or revocation of certification shall
 - 1. Attend the informal conference and
 - 2. Present evidence and information, oral or written, in substantiation of the alleged violation.
- h. The conference shall be conducted as an informal proceeding, and shall not be conducted in the manner of a judicial hearing under the Administrative Procedure Act (Chapter 5 (commencing with Section 11500), Part 1, Division 3, Title 2 of the Government Code), and need not be conducted according to the technical rules relating to evidence and witnesses.
- i. Neither the program nor the Department shall have the right to subpoena any witness to attend the informal conference. However, both the program and the Department may present any witness to present evidence and information on its behalf at the conference.
- j. The proceedings at the informal conference may be recorded by either party on audio tape.
- k. The decision to affirm, modify, or dismiss the Denial, suspension, or revocation of certification shall be mailed by the Director or the Director's designee to the program postmarked no later than ten (10) working days from the date of the informal conference. The decision shall state with particularity the reason for affirming, modifying, or dismissing the Denial, suspension, or revocation of certification. A copy of the decision shall be transmitted to each party to the appeal.

12000

ADMISSION, READMISSION AND INTAKE

12010

Admission and Readmission Criteria and Procedures

A client must have a substance use disorder in order to be admitted to a certified program.

A SUD shall be the primary criterion for admission to the program.

- a. The program shall have written admission and readmission criteria for determining the applicant's eligibility and suitability for treatment and services, which shall be available to applicant and the general public. An initial interview shall determine whether or not an applicant meets the admission criteria. All clients admitted shall meet the admission criteria and this shall be documented in the client's file. The admission criteria shall include:

1. Identification of alcohol and/or illicit drug(s) used;
2. Documentation of social, psychological, physical and/or behavioral problems related to substance use; and
3. A statement of nondiscrimination requiring that admission shall not be denied on the basis of ethnic group identification, religion, age, sex, color, disability, or sexual orientation. The above shall not preclude alcohol and/or other drug programs from emphasizing services for specific populations.

- b. Programs shall address the needs of special populations, taking into consideration the disabilities, cultural, racial, linguistic and sexual differences among such populations. Programs shall ensure that their policies, procedures, practices and rules and regulations do not discriminate against the above special populations. Whenever the needs of any applicant cannot be reasonably accommodated, efforts shall be made to make referral to appropriate programs. All clients shall be physically and mentally able to comply with the program rules and regulations.

No individual shall be admitted who, on the basis of staff evaluation:

1. Exhibits behavior dangerous to staff, self, or others; or
 2. Requires an immediate medical evaluation, or higher level of care. Programs must immediately refer an individual that needs a higher level of care to an appropriate facility..
- c. As part of the admission process to residential programs, the client shall relinquish potentially harmful articles. Each admitted client shall be given the opportunity to have possessions of value stored in a safe place. All stored possessions shall be inventoried. A copy of the inventory shall be given to the client, and the program shall retain a copy.

12015

Intake

- a. If a client is-admitted to the program, the following information shall be gathered:

1. Social, economic and family history;
 2. Education;
 3. Employment history;
 4. Criminal history, legal status;
 5. Medical history;
 6. Alcohol and/or other drug history; and
 7. Previous treatment.
- b. Upon completion of the intake process, the client shall sign and date the admission agreement. A copy shall be provided to the client and the original shall be placed in the client's file.
 - c. Upon admission, the program shall provide a written, annotated list of community resources available to clients.
 - d. Within 72 hours after admission, each client shall attend an orientation which shall describe the functions and requirements of the program.

12020

Health Questionnaire

The health questionnaire shall be completed for all clients admitted for residential or nonresidential substance use disorder treatment and recovery services. Programs may use form DHCS 5103 for the health questionnaire or may develop their own health questionnaire provided it contains, at a minimum, the information requested in DHCS 5103. The health questionnaire is a client's self-assessment of their current health status. The health questionnaire shall be completed and signed prior to the client's admission to the program and filed in the client's file.

Program staff shall review each completed health questionnaire. When appropriate, the client shall be referred to licensed medical professionals for physical, psychiatric, and laboratory examinations. A medical clearance or release shall be obtained prior to admission whenever a client is referred to licensed medical professionals.

The referral and clearance shall be documented in the client's file.

12030

Communicable Diseases

All programs shall have a policy that requires clients who show signs of any communicable disease, or through medical disclosure during the intake process, admit to a health related problem that would put others at risk, to be cleared medically before services are provided by the program.

12040

Medications

- a. All alcohol and/or other drug programs shall have a written policy regarding the use of prescribed medications by clients.
- b. Prescription medications which are not removed by the client upon termination of services shall be destroyed by the facility administrator or a designated substitute, and one other adult who is not a client. Both shall sign a record, to be retained for at least one year which lists the following:
 - 1. Name of the client.
 - 2. The prescription number and the name of the pharmacy.
 - 3. The drug name, strength, and quantity destroyed.
 - 4. The date of destruction.
- c. In all alcohol and/or other drug programs program staff shall be trained to adequately monitor patients for signs and symptoms of their possible misuse of prescribed medications, adverse medication reactions and related medical complications.

12045

Medication-Assisted Treatment (MAT)

Programs shall develop a Medication Assistant Treatment policy, which includes how the program educates patients and staff about medication assisted treatment options, and steps the program takes to implement or refer patients interested in medication assisted treatment if appropriate.

For programs that are certified by the Department to provide MAT, staff shall be trained in the area of Medication Assisted Treatment protocols to include all portions of these standards pertaining to monitoring of persons undergoing detoxification.

12050

Drug Screening

All programs shall have a written policy statement regarding drug screening. For situations where substance use screening is deemed appropriate and necessary by the program, the program shall:

- a. Establish procedures that protect against the falsification and/or contamination of any specimen sample collected for drug screening; and
- b. Document results of the drug screening in the client's files.

12055 Referral For Medical or Psychiatric Evaluation and Emergency Services

The program shall have written procedures for obtaining medical or psychiatric evaluation and emergency services.

All program staff having direct contact with clients shall, within the first six months of employment, be trained in infectious disease recognition, crisis intervention referrals, and to recognize physical and psychiatric symptoms that require appropriate referrals to other agencies.

For purposes of this section, program staff shall include counselors, program director, program supervisor and anyone providing alcohol and/or other drugs services to clients.

The program shall have readily available the name, address, and telephone number of the fire department, a crisis center, local law enforcement, and a paramedical unit or ambulance service.

12060 Referral Arrangements

If during the course of recovery or treatment services, the client is assessed and determined to be in need of additional services, the program shall provide the client with a referral to the appropriate services.

The program shall maintain and make available to clients a current list of resources within the community that offer services that are not provided within the program. At a minimum, the list of resources shall include medical, dental, mental health, public health, social services and where to apply for the determination of eligibility for State, federal, or county entitlement programs.

Programs shall not refer clients to a residence providing structured living that does not possess a valid license issued by the Department.

Program policies and procedures shall identify the conditions under which referrals are made. The details of the referral and any follow-up services shall be documented in the client's file.

12065 Alcohol and/or Drug Free Environment

Substance use disorder treatment programs shall provide an alcohol and illicit drug free environment. A program shall have written policies regarding service delivery after a relapse episode. These policies shall be supportive of and consistent with the alcohol and illicit drug free environment of the program.

The program shall provide services to ensure that treatment plans and recovery plans are developed for all clients. All services provided under recovery treatment plan shall be considered “recovery services.”

- a. The treatment plan and the recovery plan shall include the following:
 1. Statement of problems experienced by the client to be addressed;
 2. Statement of objectives to be reached that address each problem;
 3. Actions that will be taken by program and/or client to accomplish the identified objectives; and
 4. Target date(s) for accomplishment of actions and objectives.
- b. The process for creating client treatment plans and recovery plans shall be the following:
 1. Each client shall have an individual written treatment plan and recovery plan that is based upon the information given in the intake and assessment processes.
 2. The treatment plan and the recovery plan shall be goal and action oriented.
 3. The treatment plan and the recovery plan and any update shall be signed and dated by the client and counselor at the time the treatment plan and the recovery plan is developed or updated.
- c. The client shall develop the treatment plan with guidance from a counselor in accordance with the timeframe specified below:
 1. For residential programs, the treatment plan shall be developed within 10 days from the date of the client’s admission.
 2. For nonresidential programs the treatment plan shall be developed within 30 days from the date of the client’s admission. For nonresidential programs the client’s progress shall be reviewed and documented within 30 days after signing the treatment plan and not later than every 30 days thereafter.
- d. A counselor shall ensure and document that the client reviews and revises, as necessary, the treatment plan when a change in problem identification or focus of treatment occurs, or no later than 90 days after signing the treatment plan and no later than every 90 days thereafter, whichever comes first.
- e. A counselor shall develop the recovery plan with input from the client in accordance with the timeframe below:

1. For residential programs, the recovery plan shall be developed within 10 days from the date of the client's admission.
 2. For nonresidential programs the recovery plan shall be developed within 30 days from the date of the client's admission.
- f. Staff shall review and document the client's progress in achieving the objectives of the recovery plan in accordance with the timeframe specified below:
1. For residential programs the staff shall review the client's recovery plan and document progress within 10 days after signing the treatment plan and not later than every 10 days thereafter.
 2. For nonresidential programs the staff shall review the client's recovery plan and document progress within 30 days after signing the recovery plan and no later than every 30 days thereafter.
- g. The counselor and the client shall review and update the recovery plan when a change in problem identification or focus of recovery or treatment occurs, or no later than 90 days after signing the treatment plan and no later than every 90 days thereafter, whichever comes first.

12080

Continuing Recovery or Discharge Plan

Before active program participation is concluded and prior to program approved discharge, a counselor shall meet with each client to develop a recovery plan that includes individual strategies to assist the client in maintaining a continued alcohol and drug free lifestyle. The continuing recovery or treatment exit planning process shall be inclusive of the goals identified in the treatment plan and the previous recovery plan and shall include referrals to appropriate resources.

12085

Discharge Summary

Each program shall have written procedures regarding client discharge. These procedures shall contain the following:

- a. Written criteria for discharge defining:
 1. Successful completion of program;
 2. Unsuccessful discharge;
 3. Involuntary discharge; and
 4. Transfers and referrals.
- b. A discharge summary that includes:

1. Description of treatment episodes or recovery services;
2. Current alcohol and/or other drug usage;
3. Vocational and educational achievements;
4. Legal status;
5. Reason for discharge and whether the discharge was involuntary or a successful completion;
6. Client's continuing recovery or treatment exit plan;
7. Transfers and referrals; and
8. Client's comments.

13000

INDIVIDUAL AND GROUP SESSIONS

- a. The program shall provide individual and group sessions for clients. The program may provide individual and group sessions that are specifically intended for clients plus family members and other persons who are significant in the client's recovery and treatment. Individual and group sessions shall be directed toward concepts of withdrawal, recovery, an alcohol and drug free lifestyle, relapse prevention and familiarization with related community recovery resources. Emphasis shall be placed on the recovery continuum appropriate to clients' needs.
- b. A private interaction between a client and counselor which focuses on identification and resolution of substance use related problems, to examine their personal attitudes and behavior and other barriers to long-term recovery.
- c. Group sessions a group interaction that encourages residents to identify and resolve alcohol and/or drug-related problems, to examine personal attitudes and behavior, and provide support for positive changes in life style and recovery from alcoholism and/or drug abuse.
- d. The following documentation of attendance at each individual session and group session shall be placed in the client's file:
 1. Date of each session attended;
 2. Type of session (i.e., individual or group);
 3. Signature of counselor who conducted the session; and

4. Notes describing progress toward achieving the client's recovery plan or treatment plan goals;
 - A. Programs shall document each client's progress for each individual or group session attended.
 - B. Residential programs shall document each client's progress on a weekly basis.
 - C. The progress notes shall include one or more of the following:
 - (1) Client's progress towards one or more goals in the client's recovery plan or treatment plan;
 - (2) New issues or problems that affect the client's recovery plan or treatment plan; or
 - (3) Types of support provided by the program or other appropriate health care providers.

e. Frequency of Service

1. Residential. A minimum of 20 hours per week of individual and/or group sessions and/or structured therapeutic activities shall be provided for each client. Structured activities shall be designed to meet treatment goals and objectives for increased social responsibility, self-motivation, and integration into the larger community. Such activities may include work, school, or volunteer hours outside the facility which are required as part of the residential program.
2. Nonresidential
 - A. Outpatient. Counseling services are provided to clients (up to nine hours per week) in accordance with an individualized client plan. Services can be provided by a professional or a certified counselor in any appropriate setting in the community. Services can be provided in-person, by telephone or by telehealth.
 - B. Intensive Outpatient Counseling services are provided to clients (minimum of nine hours with a maximum of 19 hours per week) in accordance with an individualized client plan. Services can be provided by a professional or a certified counselor in any appropriate setting in the community. Services can be provided in-person, by telephone or by telehealth
3. Exceptions to the above frequency of services may be made for individual clients where it is determined by a counselor that fewer contacts are appropriate and that progress toward recovery or treatment goals is being maintained. Such exceptions shall be noted in the client's file.

f. Type of Services

1. The need for the following minimum services shall be assessed and, when needed, shall be provided directly or by referral to an ancillary service. These services include, but are not limited to:
 - A. Education opportunities;
 - B. Vocational counseling and training;
 - C. Job referral and placement;
 - D. Legal services;
 - E. Medical services, mental health services, or dental services;
 - F. Social/recreational services; and
 - G. Individual and group sessions for clients, spouses, parents and other significant people.
2. Referrals to ancillary services shall be documented in client files.

14000

ALUMNI INVOLVEMENT

If an alcohol and/or other drug program include activities for alumni, the program shall encourage former clients to make return visits and to serve as volunteers.

15000

RECREATIONAL ACTIVITIES

Residential programs shall provide the opportunity for clients to participate in planned recreational activities.

16000

DETOXIFICATION SERVICES

- a. “Detoxification Services is a service designed to support and to assist an individual in the alcohol and/or drug withdrawal process and to explore plans for continued service
- b. Detoxification services may be provided in either a residential or nonresidential setting.
- c. Programs providing detoxification services in a residential setting shall be licensed by the Department.
- d. Nonresidential services shall be provided in predetermined regularly scheduled sessions.

- e. All detoxification protocols shall be documented in the policies and procedures manual.
- f. All detoxification services shall be documented in the client file.

16010

Referral Plans

Detoxification services shall support a smooth transition for individuals from detoxification to recovery support services. Detoxification programs shall develop and document a referral plan appropriate for each client.

16015

Levels of Detoxification Services

Each program shall establish policies and procedures to identify clients who are in need of medical services beyond the capacity of the program and to refer or transfer such clients to more appropriate levels of service. All referrals to another level of service shall be documented in the client's file. The level of detoxification service is contingent upon the severity of use, characteristics of the substance used, current physical health status of the client, current level of functioning of the client, and the availability of support services. Detoxification services shall be provided or the client shall be referred to another level of service in accordance with the criteria for the following levels of detoxification services:

- a. Nonresidential detoxification

Organized outpatient service which may be delivered in an office setting, a healthcare or addiction treatment facility by trained clinicians who provide medically supervised evaluation, withdrawal management, and referral service according to a predetermined schedule. Services are provided to clients in regularly scheduled sessions and should be delivered under a defined set of policies and procedures or medical protocols.

- b. Monitored residential detoxification

Monitored residential detoxification services are appropriate for clients assessed as not requiring medication for the management of withdrawal, but require this level of service to complete detoxification and enter into continued treatment or self-help recovery because of inadequate home supervision or support structure. This level is characterized by its emphasis on peer and social support.

- c. Medically-managed residential detoxification

Medically-managed residential detoxification services are appropriate for clients whose level of physiological dependence upon alcohol and/or other drugs requires prescribed medication for the management of withdrawal, but whose withdrawal signs and symptoms do not require the full resources of a medically-monitored inpatient detoxification facility. Residential programs must have the DHCS issued incidental medical services approval prior to providing services. Medications for the management of withdrawal shall only be provided under the direction of a licensed physician or other

person authorized to prescribe drugs, pursuant to Section 4036, Chapter 9, Division 2 of the Business and Professions Code. No client shall be given medication unless a physician or his/her licensed medical staff has personally examined the client.

16020

Residential Detoxification Practices

- a. The licensee shall closely observe and physically check each resident receiving detoxification services at least every 30 minutes during the first 72 hours following admission.
- b. Close observations and physical checks may be discontinued or reduced based upon a determination by a staff member trained in providing detoxification services. Documentation of the information that supports a decrease in close observation and physical checks shall be recorded in the client's file.
- c. The licensee shall have program staff, who have been trained to provide detoxification services.
- d. Close observations and physical checks required by subsection (a) shall be completed by a face-to-face physical observation and recording of vital signs by a staff member trained to provide detoxification services.
- e. At least one staff member shall be assigned to the observation of detoxification clients at all times.
- g. Documentation of observations and physical checks shall be recorded in an organized and consistent manner.

16025

Detoxification Staffing

Staff or volunteers providing detoxification services shall be trained to provide evaluation, detoxification, and referral services. Copies of detoxification training records shall be kept in personnel files.

16030

Residential Detoxification Staffing

During the provision of detoxification services, the minimum staffing or volunteer ratios and health-related requirements shall be as follows:

- a. In a program with 15 or fewer residents who are receiving detoxification services, there shall be at least one staff member or volunteer on duty and awake at all times with a current cardiopulmonary resuscitation certificate and current first aid training.

- b. In a program with more than 15 residents who are receiving detoxification services, there shall be at least two staff or volunteers on duty and awake at all times, one of whom shall have a current cardiopulmonary resuscitation certificate and current first aid training.
- c. Residents shall not be used to fulfill the requirements of this Section.

17000

PROGRAM ADMINISTRATION

17005

Program Management

Each program shall comply with all applicable local, state and federal laws and regulations. The program shall develop written procedures to ensure that the program is maintained in a clean, safe, sanitary, and alcohol and drug-free environment.

17010

Program Policies

All program policies and procedures shall be contained in an operation manual that is located at each certified site and that shall be available to staff and volunteers. The policies and procedures manual shall contain but not be limited to the following:

- a. Program mission and philosophy statement(s);
- b. Program description;
- c. Program objectives;
- d. Program evaluation plan; and
- e. Policies and procedures for:
 - 1. Admission and readmission;
 - 2. Intake;
 - 3. Discharge;
 - 4. Individual and group sessions;
 - 5. Alumni involvement;
 - 6. Use of volunteers;
 - 7. Recreational activities;
 - 8. Detoxification services, if applicable;
 - 9. Program administration;

10. Personnel practices;
11. Client grievances/complaints;
12. Fiscal practices;
13. Continuous quality management;
14. Client rights;
15. Nondiscrimination in provision of employment and services;
16. Confidentiality;
17. Community relations;
18. Maintenance of program in a clean, safe and sanitary physical environment;
19. Use of prescribed medications by clients;
20. Maintenance and disposal of client files;
21. Drug screening; and
22. Code of conduct.
23. Structured Living/Client living arrangements.

17015

Client Files

- a. A separate, complete, and current record shall be maintained in the facility for each client. Programs shall develop any necessary forms. All client files shall contain demographic information sufficient to identify the client and to satisfy data collection needs of the program and funding agencies.
- b. At a minimum, each client file shall contain the following:
 1. Demographic and Identifying Data
 - A. Client identifier (i.e., name, number, etc.);
 - B. Date of birth;
 - C. Sex;
 - D. Race/ethnic backgrounds;

- E. Address;
- F. Telephone number; and
- G. Next of kin or emergency contact (include phone number and consent of client to notify contact).
- H. Date of admission;
- I. A signed copy of the admission agreement specified in Section 21000;
- J. Health Questionnaire as specified in Section 12020;
- K. Record of any illness or injury requiring treatment by a physician or dentist and for which the facility provided assistance or referral for the resident in meeting necessary medical needs.
- L. Record of any permitted current medication including the name of the person who prescribed the medication and instructions for its use.

2. Admission and Intake Data

All data gathered during admission and intake including:

- A. Information gathered to determine if the client is appropriate for admission;
- B. Date and type of admission (e.g., new, readmission, etc.);
- C. Referral source and reason for referral;
- D. A signed copy of the admission agreement specified in Section 21000;
- E. Health questionnaire;
- F. Authorization to release information; and
- G. Client rights document.

3. Other Data

- A. Medical referrals and clearances;
- B. Referrals for additional services including the procedure for making and following-up the referral and the agency to which the referral was made;
- C. Individual recovery or treatment plans;

- D. Documentation by the counselor of the services provided by the program including the date, type and summary of the session or service and notations that state the achieved steps of the client toward reaching the goals described in his/her recovery or treatment plan;
 - E. Exceptions to the frequency of services specified in Section 13000.e.;
 - F. Correspondence with or regarding the client;
 - G. Discussions and action taken against the client for not complying with program rules and requirements;
 - H. Drug screening results
 - I. Consent to follow-up.
 - J. Client living arrangements while participating in the program.
4. Closed File Data
- A. Continuing recovery or treatment exit plans written prior to discharge;
 - B. Discharge summary including the date and reason for discharge; and
 - C. Consent to follow-up.
- c. All client files shall be maintained and information released in accordance with Title 42, Code of Federal Regulations, Part 2.
- d. Other requirements
- 1. Resident records shall be updated as necessary to ensure current accuracy.
 - 2. The documents contained in the client file shall be written legibly in ink or typewritten. If program files are electronic, they shall be accessible to the Department's staff for review.
 - 3. All entries shall be signed and dated.
 - 4. All significant information pertaining to a client shall be included in the client file. A standard format shall be used for all client files. These files shall be easily accessible to staff providing services to the clients.

e. Disposal and Maintenance of Client files

1. Closed programs - In the case of a program closing, client files shall be stored as follows:
 - A. Client files of county funded clients shall be stored in an appropriate confidential manner by the County Alcohol and Drug Program Administrator for not less than three years.
 - B. Client files of all non-county funded clients shall be stored for not less than three years in an appropriate confidential manner by the entity that was certified to operate the program.
2. Closed cases - There shall be a written policy in all programs regarding the maintenance and disposal of client files. All client files shall be stored in an appropriate confidential manner for not less than three years from the date they are officially closed.
3. Client files shall be destroyed in a manner that ensures the confidentiality of clients.

17020

Continuous Quality Management

Each program shall maintain written policies and procedures for continuous quality management and shall document compliance with the procedures in client files. The procedures shall include the following:

a. Continuity of Activities

Program staff shall monitor and assure that the following activities take place:

1. A recovery or treatment plan is developed within the timeframe specified in Section 12070 b.3.A. or Section 12070 b.4.A. of these Standards;
2. The services required are provided and documented in the client's file;
3. If a client fails to keep a scheduled appointment, the program shall document the discussion with the client and any action taken.
4. Progress in achieving the objectives identified in the recovery or treatment plan is assessed and documented within the timeframe specified in Section 12070 b. 3.B. or Section 12070 b.4.B. of these Standards;
5. The recovery or treatment plan is reviewed by the counselor and the client and updated as necessary at least every 90 days;
6. The client's file contains all required documents identified in Section 17015; and

7. If possible, the program shall follow-up with the client after the completion of program services.

b. Client File Review

At minimum, program staff shall review client files at intake, when recovery or treatment plan revision is appropriate, and at discharge. The purpose of the documented client file review is to ensure that:

1. The recovery or treatment plan is relevant to the stated problem(s);
2. The services provided are relevant to the recovery or treatment plan; and
3. Record keeping is in accordance with these standards.

c. Recovery or Treatment Plan Review

The recovery or treatment plan review shall occur as specified in Section 12070.b. and shall:

1. Assess progress to date;
2. Reassess needs and services; and
3. Identify additional problem areas and formulate new goals, when appropriate.

19000

PERSONNEL PRACTICES

19005

Program Director

- a. All programs shall have a program director. The program director shall be designated by the entity to act on its behalf in the overall management and operation of the program. The program director shall have knowledge of alcohol and/or other drug related problems and the recovery and treatment process and shall have sufficient administrative and personnel skills to direct the program. The program director shall be responsible for implementing budgetary and policy decisions.
- b. The program director shall have no less than two years of work in the field of substance use disorder treatment and recovery or other related fields.

19010

Personnel Policies

- a. The program shall establish and maintain personnel policies that:

1. Are written and revised as needed and are approved by the governing body;
 2. Are applicable to all employees and are available to and reviewed with new employees;
 3. Comply with applicable local, state, and federal employment practice laws; and
 4. Contain information about the following:
 - A. Recruitment, hiring process, evaluation, promotion, disciplinary action, and termination;
 - B. Equal employment opportunity, nondiscrimination, and sexual harassment policies as applicable;
 - C. Employee benefits (vacation, sick leave, etc.), training and development, and grievance procedures;
 - D. Salary schedules, merit adjustments, severance pay, and employee rules of conduct;
 - E. Employee safety and injuries; and
 - F. Physical health status including a health screening report or health questionnaire, and tuberculosis test results.
- b. The program shall maintain personnel files on all employees. Each personnel file shall contain:
1. Application for employment and resume;
 2. Employment confirmation statement;
 3. Job description and duty statement
 4. Salary schedule and salary adjustment information;
 5. Employee evaluations;
 6. Health records including a health screening report or health questionnaire, and tuberculosis test results as required; and
 7. Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries).
- c. If a program utilizes the services of volunteers, it shall develop and implement written policies and procedures, which shall be available for, and reviewed with all volunteers. The policies and procedures shall address the following:

1. Recruitment;
 2. Screening;
 3. Selection;
 4. Training and orientation;
 5. Duties and assignments;
 6. Supervision;
 7. For those volunteers whose functions require or necessitate contact with participants or food preparation, health screening report or health questionnaire, and tuberculosis test results;
 8. Protection of client confidentiality; and
 9. Code of conduct.
- d. The program shall maintain personnel files on all volunteers. Each personnel file shall contain:
1. Health records including a health screening report or health questionnaire, and tuberculosis test result records as required;
 2. Code of conduct statement;
 3. Protection of confidentiality statement; and
 4. Job description including lines of supervision;
- e. The program shall develop and establish written procedures for access to and confidentiality of personnel records.
- f. The program shall develop and revise, as needed, job descriptions for each employee and volunteer. The governing body or designee shall approve the job descriptions. The job descriptions shall include:
1. Position title and classification;
 2. Duties and responsibilities;
 3. Lines of supervision; and
 4. Education, training, work experience and other qualifications for the position.

19015

Code of Conduct

- a. The program shall have a written code of conduct that pertains to and is known about by staff, paid employees, volunteers, and the governing body and community advisory board members.
- b. The code of conduct shall include the program policies regarding at a minimum the following:
 - 1. Use of alcohol and/or other drugs on the premises and when off the premises;
 - 2. Personal or business relationships with clients;
 - 3. Prohibition of sexual contact with clients;
 - 4. Sexual harassment;
 - 5. Unlawful discrimination;
 - 6. Conflict of interest; and
 - 7. Confidentiality.
 - 8. Verbal, emotional, and physical abuse.
- c. The program shall post the written code of conduct in a public area that is available to clients.
- d. Each staff, paid employee, and volunteer shall sign a copy of the code of conduct, and the program shall place the signed copy in the personnel file of the individual.
- e. The governing body and community advisory board members shall annually review and revise, if needed, the code of conduct and document the review and/or revision in the board minutes.
- f. All staff shall be instructed to report observation or evidence of violations of personal rights as specified in Section 22000 of this document.

19020

Health Screening and Tuberculosis Requirements

- a. All staff and volunteers whose functions require or necessitate contact with clients or food preparation shall complete a health screening report or a health questionnaire.
 - 1. If the program uses a health screening report, it shall be signed by the health professional performing the screening and shall indicate the following:
 - A. The staff's or volunteer's physical ability to perform assigned duties; and

- B. The presence of any health condition that would create a hazard to clients or other staff and volunteers.
2. If the program uses a health questionnaire, the questionnaire shall contain, at a minimum, the information requested in DHCS 5103. The health questionnaire shall be completed, signed, and placed in the staff or volunteer file.
- b. All staff and volunteers whose functions require or necessitate contact with clients or food preparation shall be tested for tuberculosis.
1. The tuberculosis test shall be conducted under licensed medical supervision not more than sixty days prior to or seven days after employment and renewed annually from the date of the last tuberculosis test.
 2. Staff and volunteers with a known record of tuberculosis or record of positive testing shall not be required to obtain a tuberculosis skin test. Unless there is documentation that the staff or volunteer completed at least six months of preventive therapy, the staff or volunteer shall be required to obtain, within 45 days of employment, a chest x-ray result and a physician's statement that he/she does not have communicable tuberculosis and has been under regular care and monitoring for tuberculosis. A chest x-ray within the prior six months is acceptable. The physician's statement shall be renewed annually.
 3. At all times, regardless of any tuberculosis skin test, any staff or volunteer with tuberculosis symptoms or an abnormal chest x-ray consistent with tuberculosis shall be referred immediately for medical evaluation to rule out communicable tuberculosis. The symptoms of tuberculosis may include a cough lasting more than three weeks accompanied by one or more of the following: recent unintentional weight loss of five pounds or more, fever of more than 100 degrees Fahrenheit, night sweats, or recent fatigue.
 4. Any staff or volunteer who has the symptoms of tuberculosis or an abnormal chest x-ray consistent with tuberculosis shall be temporarily barred from contact with clients and other program staff until a written physician's clearance is obtained.
 5. At the discretion of the program director, tuberculosis testing need not be required for support or ancillary staff whose functions do not necessitate contact with clients or food preparation and who are not headquartered at the program.

19025

Staff Training

The program shall foster and encourage the continuing development of staff expertise and staff attendance at appropriate training programs.

- a. The program shall have a written plan that is annually updated, for the training needs of staff. All staff training events shall be documented and maintained as part of the training plan.
- b. Staff seminars and programs shall be held to discuss new developments in the field and to provide a forum for sharing individual experiences. All events shall be documented.
- c. Professional journals and other pertinent publications shall be available to the staff.

19000

FISCAL PRACTICES

- a. All programs shall have a written policy for the assessment and collection of fees.
- b. Programs that are funded through the county shall have a method for assessing fees with documented approval by the county.
- c. Each program shall:
 - 1. Maintain written policies and procedures that govern the fiscal management system (e.g., purchasing authority, accounts receivable, cash, billings, and cost allocation);
 - 2. Have a written procedure for assessing and assuring the integrity of the financial records at least once every three years;
 - 3. Have a uniform, consistent and reasonable procedure for determining costs of services provided;
 - 4. Develop a reporting mechanism that indicates the relation of the budget to actual income and expenses to date;
 - 5. Have an accounting system, based on accepted accounting principles;
 - 6. Have a refund policy that is provided to clients when admitted to program services;
 - 7. Prepare a projection of revenues and expenditures (a line-item budget) for each fiscal year that correlates with quarterly and annual written operation reports and, if the provider is a nonprofit corporation, is approved by the board of directors. The projection of revenues and expenditures shall be reviewed by the community advisory board, which may consist of the same people who constitute a program's board of directors in accordance with Section 18015.
- d. All programs shall have liability insurance coverage or be bonded. Documentation of the liability insurance coverage or bond shall be placed in the administration file.

The program shall have a written admission agreement that shall be signed and dated by the client and program staff upon admission. The program shall place the original signed admission agreement in the client's file and a copy shall be given to the client. The admission agreement shall inform the clients of the following:

- a. Services to be provided
- b. Payment provisions
 - 1. Amount assessed
 - 2. Payment scheduled
 - 3. Refund policy
- c. Those actions, circumstances or conditions which may result in resident eviction from the facility.
- d. The consequences when a client relapses and consumes alcohol and/or non-health sustaining drugs.
- e. Conditions under which the agreement may be terminated

- a. Each client shall have rights that include, but are not limited to, the following:
 - 1. The right to confidentiality as provided for in Title 42, Code of Federal Regulations, Part 2.
 - 2. To be accorded dignity in contact with staff, volunteers, board members and other persons.
 - 3. To be accorded safe, healthful and comfortable accommodations to meet his or her needs.
 - 4. To be free from verbal, emotional, physical abuse and/or inappropriate sexual behavior.
 - 5. To be informed by the program of the procedures to file a grievance or appeal discharge.
 - 6. To be free from discrimination based on ethnic group identification, religion, age, sex, color, or disability.

7. To be accorded access to his or her file.
- b. Each client shall review, sign, and be provided at admission, a copy of the client rights specified in a.1. through 7. above. The program shall place the original signed client rights document in the client's file.
- c. The provider shall post a copy of the client rights in a location visible to all clients and the general public.
- d. The follow-up after discharge cannot occur without a written consent from the client.
- e. Any program conducting research using clients as subjects shall comply with all standards of the California Research Advisory Panel and the federal regulations for protection of human subjects (Title 45, Code of Federal Regulations, 46).

22000

NONDISCRIMINATION IN PROVISION OF SERVICES

Programs shall not discriminate in the provision of services on the basis of ethnic group identification, religion, age, sex, color, or disability, pursuant to Title VI of the Civil Rights Act of 1964 (Section 2000d, Title 42, United States Code), the Rehabilitation Act of 1973 (Section 794, Title 29, United States Code); the Americans with Disabilities Act of 1990 (Section 12132, Title 42, United States Code); Section 11135 of the California Government Code; and Chapter 6 (commencing with Section 10800), Division 4, Title 9 of the California Code of Regulations.

23000

CONFIDENTIALITY

Programs shall assure confidentiality of the client and the client's files and information in accordance with Title 42, Code of Federal Regulations, Part 2 and, when state funds are used, Health and Safety Code, Sections 11812(c) and 11977. A copy of the federal regulations shall be available at each program. The federal regulations can be obtained from:

Superintendent of Documents
U. S. Government Printing Office
Washington, D.C. 20402

A written statement regarding confidentiality when answering the telephone and confidentiality regarding files shall be included in the program's operations manual. Client files shall be accessible only to authorized personnel.

24000

COMMUNITY RELATIONS

A written description of the program's services and admission criteria and procedures shall be provided to the applicants, to the general public, and to cooperating referral sources that may include emergency room personnel, law enforcement agencies, and self-help groups such as Alcoholics Anonymous. Continuing efforts shall be made to guarantee coordination and

cooperation with other service providers and enhance relations with neighbors through a good neighbor policy.

25000

PHYSICAL ENVIRONMENT

25010

Health and Safety

- a. Programs shall be clean, safe, sanitary, and in good repair at all times for the safety and wellbeing of clients, employees, and visitors.
 1. The program shall be free from:
 - A. Broken glass, filth, litter, or debris;
 - B. Flies, insects, or other vermin;
 - C. Toxic chemicals or noxious fumes and odors;
 - D. Exposed electrical wiring;
 - E. Peeling paint or broken plaster; and
 - F. Other health or safety hazards.
 2. The program shall ensure that all carpets and floors are free from filth, holes, cracks, tears, broken tiles, or other safety hazards.
 3. The program shall safely dispose of contaminated water and chemicals used for cleaning purposes.
 4. The program shall have a written policy that prohibits individuals from possessing guns, knives (other than kitchen utensils), or other weapons (except for law enforcement officers or security guards acting in the line of duty) at the program site.
- b. All clients shall be protected against hazards within the program through provision of protective devices including but not limited to nonslip material on rugs.
- c. All outdoor and indoor passageways, stairways, inclines, ramps, open porches and other areas of potential hazard shall be kept free of obstruction and lighted for the visibility and safety of all clients.
- d. Program equipment and supplies shall be stored in an appropriate space and shall not be stored in a space designated for other activities.

25015

Fire Safety

The program shall maintain a valid fire clearance.

25020

Hours of Operation

Each program shall post the hours of operation to inform the general public and clients. When not open, the program shall provide information concerning the availability of short-term emergency counseling or referral services, including, but not limited to, emergency telephone services.

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