

ALCOHOL AND/OR OTHER DRUG PROGRAM CERTIFICATION STANDARDS



Department of Health Care Services
Health and Human Services Agency
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Admission - When the program determines that the client meets the admission and medical necessity criteria and the client signs a consent to treatment or recovery 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 in an alcohol and drug-free environment and support recovery or treatment for substance use disorder related problems. Services may include the following: detoxification, treatment or recovery planning, educational sessions, individual and group sessions, social or recreational activities, family education and parenting, case management, client file review, relapse prevention, incidental medical services, services of a psychotherapeutic nature when offered by personnel licensed to conduct those services, and information about and assistance in obtaining health, social, vocational, and/or 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 outpatient 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 and/or his or her family.

Applicant - Any person or entity that submits an application pursuant to these Standards. Any adult, firm, partnership, association, corporation, county, city, public agency, or other governmental entity operating an alcohol and/or other drug program may apply for certification under these Standards.

Assessment - An in-depth review 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, physical and mental health, employment, legal, social, family, environment and ancillary needs.

Case Management - A collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet a client's needs. Communication and available resources are used to promote quality and cost-effective outcomes.

Client - An individual who receives alcohol and/or other drug services.

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 - The failure of a program to provide substance use disorder services to clients due to the program's insolvency, eviction, or seizure of assets or equipment.

Counseling Services - Any of the following activities:

- a. Evaluating a client's Alcohol and Other Drug (AOD) treatment and/or recovery needs, including screening prior to admission, intake, and assessment of need for services at the time of admission;
- b. Developing and updating of a treatment and/or recovery plan;
- c. Implementing the treatment and/or recovery plan;
- d. Continuing assessment and treatment planning;
- e. Conducting individual counseling sessions, group counseling sessions, face-to-face interviews, interventions, or counseling for families, couples, and other individuals significant in the life of the participants, patients, or residents; and
- f. Documenting counseling activities, assessment, treatment or recovery planning, clinical reports related to treatment provided, progress notes, and discharge summaries.

Counselor - An individual who provides counseling services. Only those individuals registered or certified pursuant to California Code of Regulations, Title 9, Division 4, Chapter 8, or licensed professionals acting within their scope of practice may provide counseling services.

Deficiency - The noncompliance of a program or applicant with a specific provision of these Standards.

Department - The Department of Health Care Services.

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

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

Group Counseling Session - 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.

Incidental Medical Services - Optional services, approved by the Department to be provided at a licensed adult alcoholism or drug use treatment or recovery facility by or under the supervision of a health care practitioner that address medical issues associated with either detoxification or substance use.

Individual Counseling Session - A treatment and/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 - An organized non-residential service that is provided to clients at least nine hours per week which provides a planned regimen of treatment. 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 in-person, by telephone, or by telehealth.

May - Permissive.

Medication Assisted Treatment Services - The use of Federal Drug Administration approved medications in combination with behavioral therapies to provide a whole client approach to treating substance use disorders.

Outpatient Service - An organized non-residential service delivered in a variety of settings in which staff provide professionally directed evaluation in treatment of substance related, addictive, and co-occurring disorders. Services may include the following: detoxification, treatment planning or recovery planning, educational sessions, social/recreational activities, individual and group counseling sessions, family education and parenting, case management, client file review, relapse prevention and information about and assistance in obtaining, health services, social services, vocational services and other community services.

Program - An alcohol and/or other drug treatment program.

Program Director - The individual responsible for the overall management of an alcoholism or drug abuse treatment or recovery program. The program Director must meet the requirements of section 13000 of these Standards and must otherwise fulfill the responsibilities set forth in these Standards on behalf of the AOD program.

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

Recovery Service - Services 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 any service designed to initiate, support and enhance recovery.

Shall - Mandatory.

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. It also includes the client's progression, with increasing levels of responsibility and independence.

Substance Use Disorder - The continued use of alcohol and/or other drugs despite significant problems related to cognitive, behavioral, and physiological symptoms.

Treatment Plan - A plan written by a counselor that establishes client-specific goals and a continuum of recovery and/or treatment objectives to improve the health, wellness, and recovery from alcohol or drugs.

Treatment Service - Services provided to a client to assist the client with the achievement of abstinence from the use of alcohol or drugs, achievement of long-term recovery, or achievement of any goal or objective determined by the client or the program to relieve the client's substance use disorder. Treatment services include the following: assessment, counseling services, individual counseling sessions, group counseling sessions, educational sessions, medication management, and development of a treatment plan.

Working Days - The period of 9 a.m. to 5 p.m., Monday through Friday, excluding State holidays.

2000

APPLICATION FOR INITIAL CERTIFICATION

Application information may be obtained by contacting the Department of Health Care Services, Behavioral Health Licensing and Certification Division.

2010

Certification of Adult Residential Program

- a. In order for an adult residential program to obtain certification under these Standards, it shall be licensed in accordance with all applicable state licensing statutes and regulations as an adult alcoholism or drug abuse recovery or treatment facility in accordance with Division 10.5, Part 2, Chapter 7.5 of the Health and Safety Code and shall remain in compliance with all applicable state licensing such statutes and regulations.
- b. Certification under these Standards of a licensed adult alcoholism or drug abuse recovery or treatment facility shall automatically terminate upon the suspension or revocation of the license.

2020

Contents of Initial Application

- a. Applicants for initial certification shall complete an Initial Treatment Provider Form DHCS Form 6002 (Rev. 06/16) including all requested supporting documents.
- 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.
- c. Non-residential facilities shall submit 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 the local code showing that a permit is not required.

2030

Where to Submit Application

Applicants shall submit completed applications for certification to the Department of Health Care Services, Behavioral Health Licensing and Certification Division.

2040

Departmental Review of Application

Initial Application Review

1. The Department shall review the application for certification and attached documentation to determine completeness.
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 45 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 45 working days, as determined by postmark date, the review of the application shall be terminated and the applicant notified of the termination. Termination of the application review process shall not constitute denial of certification. If the review of an application has been terminated, the 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 pursuant to section 4000 to determine if the program is in compliance with these Standards.

2050

Withdrawal of Initial Application

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

2060

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 2040 and upon completion of an on-site compliance review and correction by the applicant of any cited deficiencies.

2070

Denial of Initial Certification

- a. The Department may deny the issuance of initial certification for any of the following reasons.
 1. 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 4000 of these Standards.
4. The applicant has had a certification or residential license revoked within five years of the date of the application.
5. The applicant has shown the inability to comply with these Standards and/or Division 10.5 of the Health and Safety Code and/or Division 4 of Title 9 of the California Code of Regulations.
6. The applicant is on the Medi-Cal Suspended and Ineligible Provider List.
7. The Department finds that the applicant, any partner, officer, director, ten (10) percent or greater shareholder, or person proposed to be employed by the applicant:
 - A. Committed any act involving fraud, dishonesty, or deceit, with the intent to substantially benefit himself or herself or another or substantially injure another, and the act is substantially related to the qualification, functions, or duties of, or relating to, a certified program.
 - B. Was convicted of any crime substantially related to the qualifications, functions, or duties of, or relating to, a certified program.
 - C. Has not complied with all applicable local, state and federal laws and regulations and/or violated Division 10.5 of the Health and Safety Code and/or Division 4 of Title 9 of the California Code of 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.

3000 APPLICATION FOR RENEWAL OF CERTIFICATION

- a. An alcohol and/or other drug program is eligible to renew its certification every two years provided the program remains in compliance with these Standards, corrects deficiencies in accordance with section 5000 and does not have its certification suspended, terminated, or revoked.
- b. At least 120 days prior to the expiration date shown on the certificate, the program shall submit the Request for License and/or Certification Extension DHCS Form 5999 (12/18), all required supporting documentation, and renewal fees to the Department.
- c. Upon receipt of the application, the Department shall review it for completeness and compliance with these Standards.

- d. If the application is incomplete, the Department shall notify the program in writing. The program shall have 20 working days from the date of the notice to supply any necessary documentation to complete the application. If the program does not submit documentation necessary to complete the application, the application for renewal of the certification shall be denied and the certification shall automatically expire as of the date specified on the certificate. If the Department denies an application for certification renewal, the Department shall send a written notice of denial to the program by mail.
- e. The certification shall expire on the date specified on the current certification if:
 - 1. The program fails to comply with subsection b. or;
 - 2. The Department determines that the program is not in compliance with all laws, regulations and standards.

3010

Contents of Renewal Application

- a. The certification renewal application shall consist of a completed Request for License and/or Certification Extension DHCS Form 5999 (12/18) and any necessary supporting documentation.

4000

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, the Department shall provide the applicant with a written certification report that shall be left with the applicant or mailed to the applicant, postmarked within 10 working days after the review. The written certification report shall specify:
 - A. The section number and title of each Standard that the applicant has failed to comply with; and
 - B. The manner in which the applicant failed to comply with a specified Standard.
 - 3. The certification report shall require the applicant to correct deficiencies within 20 working days of the date of the certification report. The applicant shall correct the deficiencies identified in the certification report prior to certification in accordance with section 5000(a) of these Standards.

4. If the applicant fails to correct the deficiencies identified in the certification report, or if the Department determines that the written verification of correction is deficient, the application for certification shall be denied. If the application is denied, the Department shall issue a written notification of denial to the applicant.
- b. 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 conclusion of the compliance review, the Department 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 Department 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 Department 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 10 working days of the completion of the certification compliance review.
 7. The certification report shall require the program to correct deficiencies

within 20 working days of the date of the certification report unless the Department determines, based on the review, that the deficiency jeopardizes the health or safety of 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 clients.

4010

Complaint Investigations

- a. Any person may file a complaint concerning a certified program by contacting the Department in person, by telephone, or in writing, or by any other automated or electronic means.
- b. The Department shall not disclose the identity of the complainant unless authorized in writing by the complainant.
- c. When investigating a complaint, the Department may:
 1. Interview clients and/or staff in private, and inspect relevant program records without the prior consent of the program; and
 2. Conduct an on-site review without advance notice.
- d. At the conclusion of the complaint investigation, the Department shall issue a certification report that specifies:
 1. The section number and title of each Standard that the program has failed to comply with;
 2. The manner in which the program failed to comply with a specified Standard; and
 3. The date by which program shall correct the deficiencies.

5000

WRITTEN VERIFICATION OF CORRECTION OF DEFICIENCIES

- a. The program shall submit to the Department written verification of correction for each deficiency identified in the certification report. 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 20 working days of the date of the Department's certification report.
- b. If the program fails to correct the deficiencies and submit written verification to the Department within 20 working days of the date of the Department's certification report, the certification shall be suspended. The beginning date of the suspension shall be the 21st working day following the date of the Department's certification report. To end the term of suspension, the program shall correct all deficiencies and provide the Department with written verification that all deficiencies have been corrected.

- c. The Department shall revoke the program certification if the program fails to correct the deficiencies and submit written verification of correction to the Department within **65 working days** of the date of Department's certification report. The revocation shall be effective on the **66th working day** following the date of the Department's certification report. To become re-certified, the program must apply as an applicant for initial certification and demonstrate that it meets all of the requirements of these Standards.
- d. Within 10 working 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.

6000 CERTIFICATION NON-TRANSFERABILITY AND TERMINATION

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

- a. The program transfers, sells, leases, or sublets a certification issued pursuant to these Standards.
- b. The program voluntarily surrenders certification.
- c. The program moves operation from the location identified on the certificate to another location and does not comply with requirements of section 6010 of these Standards.
- d. The owner of the program dies and the Department is not notified of a replacement. The program has **10 working days** following the death of the owner to submit a supplemental application.
- e. The program is actually or constructively abandoned.

6010 Change in Location

- a. To prevent the termination of the certification in the event that the program moves operation of the program to a new location, at least **30 working days** prior to the move, the program shall submit the following:
 - 1. Supplemental Application Request for Additional Services DHCS Form 5255 (9/16) and fees; and
 - 2. **Non-residential facilities shall submit 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 program shall submit the local code showing that a permit is not required.
- 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, 20 working days or less notice of loss of lease), within 45 working 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 Request for Additional Services DHCS Form 5255 (9/16) and fees; and
 2. A description of the emergency necessitating the move.
 3. Non-residential facilities shall submit 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 program shall submit the local code showing that a permit is not required.
- 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 46th working day after the date of the move.
- e. Following program relocation, the Department may conduct an on-site compliance review to determine compliance with these Standards.
- f. The program may appeal the Department's denial of a request to change locations pursuant to section 6030 of these Standards.

6020

Suspension and Revocation

- a. The Department shall suspend or revoke a program's certification in accordance with section 5000 of these Standards.
- b. The Department may suspend or revoke certification when:
 1. The program fails to comply with any statutory requirement, regulation, or standard of the Department.
 2. The program is issued a certification report for any action that has resulted in death, serious physical harm, or imminent danger to a client.
 3. The program, its agents or employees acting on its behalf are convicted of fraud or other crimes relating to the operation of the program.
 4. Current program owners, shareholders, board members, sole proprietors, corporation, or other legal entity with an ownership interest in the

organization are convicted of crimes related to the operation of program.

5. The program misrepresents a material fact to the Department during the application process or during any subsequent certification review or complaint investigation.
 6. The program's license to operate an adult residential alcoholism or drug abuse recovery or treatment facility is revoked.
 7. The program operated, established, managed, conducted, or maintained a residential alcoholism or drug abuse recovery or treatment facility to provide recovery, treatment, or detoxification services within this state without first obtaining a license in violation of California Health and Safety Code section 11834.30.
- c. The Department shall notify the program by mail of the suspension or revocation. The notice shall:
1. Inform the program 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 program's right to appeal in accordance with Section 6030 of these Standards.

6030

Appeal of Certification Decision

- a. An applicant or program may appeal the Department's denial of an application, denial of a request to relocate, suspension or revocation of certification. Appeals shall be submitted in writing within **20 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 **Department of Health Care Services, Behavioral Health Licensing and Certification Division.**
- 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.
- c. Failure to submit the written request for appeal shall be deemed a waiver of administrative review.
- d. Within 30 working days of receipt of the request for appeal, the Department shall schedule and hold an informal conference with the applicant or program, unless the Department and the applicant or program agree to settle the matter based upon the information submitted with the request for appeal.

- e. The applicant or 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.
- f. Representatives of the Department shall:
 - 1. Attend the informal conference.
 - 2. Present evidence and information, oral or written, in substantiation of the alleged violation.
- g. 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.
- h. Neither the applicant or program nor the Department shall have the right to subpoena any witness to attend the informal conference. However, the applicant, program and the Department may present any witness to present evidence and information on its behalf at the conference.
- i. The proceedings at the informal conference may be audio recorded by either party.
- j. The Department shall have the sole authority for rendering a determination on the appeal. 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 applicant or program postmarked no later than 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.

7000

ADMISSION, READMISSION AND INTAKE

A client must have a substance use disorder in order to be admitted to a certified program. A substance use disorder shall be the primary criterion for admission to the program.

- a. The program shall have written admission and readmission criteria for determining the individual's eligibility and suitability for treatment and services, which shall be available to the individual and the general public. An initial interview shall determine whether or not the individual meets the admission

criteria. All clients admitted shall meet the admission criteria and this shall be documented in the client's file and signed by client and counselor. The admission criteria shall include:

1. Identification of alcohol and/or illicit drug(s) used;
 2. Documentation of social, mental health, 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, gender, race, disability, or sexual orientation. The above shall not preclude programs from emphasizing services for specific populations.
- b. Programs shall address the needs of special populations, taking into consideration the disabilities, cultural, linguistic and sexual orientation 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 the client 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:

1. Exhibits behavior dangerous to staff, self, or others; or
 2. Requires an immediate medical evaluation, or higher level of physical or mental health care. Programs shall immediately refer an individual that needs a higher level of care to an appropriate facility.
- c. Each program shall have a policy on client possessions.

7010

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 and legal status.
 5. Physical and mental health history.
 6. Alcohol and/or other drug history.

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.

7020

Health Questionnaire

The health questionnaire shall be completed for all clients. Programs may use DHCS Form 5103 (6/16) for the health questionnaire or may develop their own health questionnaire provided it contains, at a minimum, the information requested in DHCS Form 5103 (6/16). The health questionnaire is a client's self-assessment of their current health status. The health questionnaire shall be completed and signed within 24 hours of 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 re-admission whenever a client is referred to licensed medical professionals.

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

7030

Medications

- a. All programs shall have a written policy regarding the use of prescribed medications by clients.
- b. Prescription and over the counter medications which expire and other bio-hazardous pharmaceuticals including used syringes or medications which are not removed by the client upon termination of services shall be disposed of by the program director 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. There shall be at least one program staff on duty at all times trained to adequately monitor clients for signs and symptoms of their possible misuse of prescribed medications, adverse medication reactions and related medical complications.

7040

Medication Assisted Treatment (MAT)

Programs shall not deny admission to an individual, or discharge clients, based solely on the individual/client having a valid prescription from a licensed health care professional for a medication approved by the United States Food and Drug Administration (FDA) for the purpose of MAT. Programs shall submit policies and procedures that specify client access to MAT either within the program or through care coordination with opioid treatment programs, community health centers, or other MAT access points. Programs that choose to provide MAT shall develop a policy, which includes how the program informs clients and educates staff about the MAT available at the program. The policy shall also include the assessment of a client's MAT needs, administration and storage of medications, and training of staff.

Staff shall be trained in the area of MAT protocols to include all portions of these Standards pertaining to monitoring of persons undergoing detoxification. Residential programs must obtain approval from the Department to provide incidental medical services (IMS). IMS approval is not required for facilities to allow clients to take prescribed MAT medications at the facility, or seek MAT services outside the facility.

7050

Drug Screening

Programs shall have a written policy regarding drug screening. For situations where drug 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.

7060

Referral for Physical Health, Mental Health and Emergency Services

Programs shall have written policies and procedures for obtaining physical health, mental health and emergency services.

Within the first six months of employment, all program staff having direct contact with clients shall 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, licensed clinical staff, program director, program supervisor and anyone providing alcohol and/or other

drugs services to clients.

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

7070 Referral Arrangements

If 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.

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

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.

7080 Alcohol and/or Drug-Free Environment

Programs shall provide an alcohol and drug-free environment. The use of medications for the treatment of mental illness, substance use disorders, or physical conditions, shall be allowed and controlled as specified by the program's written policies and procedures. Programs shall have written policies regarding service delivery after a relapse episode. These policies shall be supportive of and consistent with the alcohol and drug-free environment of the program.

7090 Treatment Planning

Programs shall develop treatment plans for all clients.

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

7100

Recovery Planning

- a. If a program develops a recovery plan, it shall include the following:
1. A statement of challenges the client expects to encounter during recovery.
 2. A statement detailing methods of handling the challenges of recovery.
 3. A statement of actions that will be taken by the program and/or client to prepare for the challenges of recovery.
- b. Clients shall develop the recovery plan with input from the counselor in accordance with the timeframe below:
1. For residential programs, the recovery plan shall be developed within 10 calendar days from the date of the client's admission.
 2. For outpatient programs, the recovery plan shall be developed within 30 calendar days from the date of the client's admission.
- c. 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 calendar days after signing the recovery plan and not later than every 10 calendar days thereafter.
 2. For outpatient programs, the staff shall review the client's recovery plan and document progress within 30 calendar days after signing the recovery plan and not later than every 30 calendar days thereafter.
- d. 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 calendar days after signing the recovery plan and no later than every 90 calendar days thereafter, whichever comes first.

7110

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 continuing recovery plan that includes individual strategies to assist the client in sustaining long-term recovery. The continuing recovery or discharge 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.

7120

Discharge Summary

Programs shall have written **policies and 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. Reason for discharge, including whether the discharge was voluntary or involuntary and whether the client successfully completed the program;
 2. Description of treatment episodes;
 3. Description of recovery services completed;
 4. Current alcohol and/or other drug usage;

5. Vocational and educational achievements;
6. Client's continuing recovery or discharge plan signed by counselor and client;
7. Transfers and referrals; and
8. Client's comments.

8000 INDIVIDUAL AND GROUP COUNSELING SESSIONS

- a. The program shall provide individual and group counseling sessions for clients. Family members and other persons who are significant in the client's treatment and recovery may also be included in sessions. Individual and group counseling 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. Counseling services may only be provided by individuals registered or certified pursuant to California Code of Regulations, Title 9, Division 4, Chapter 8 or by a licensed professional acting within their scope of practice.
- c. The following documentation of attendance at each individual counseling session and group counseling 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 treatment plan or recovery plan goals;
 - A. The progress notes shall include one or more of the following:
 - i. Client's progress towards one or more goals in the client's treatment plan or recovery plan;
 - ii. Client's attitude towards change;
 - iii. New issues or problems that affect the client's treatment or recovery plan;
 - iv. Types of support or interventions provided by the program or other appropriate health care providers; and/or
 - v. A plan for upcoming session.

B. Programs shall document each client's progress for each individual or group counseling session attended.

C. Residential programs shall document each client's progress on a weekly basis.

d. Frequency of Service

1. Residential - A minimum of 20 hours per week of individual and/or group counseling sessions and/or structured therapeutic activities shall be provided for each client in accordance with the client's treatment plan or recovery plan.

2. Outpatient - A maximum of nine (9) hours per week of counseling services shall be provided for each client in accordance with the client's treatment plan or recovery plan. Services may be provided by a counselor in-person, by telephone or telehealth, or in any appropriate setting in the community.

3. Intensive Outpatient - A minimum of nine (9) hours per week of counseling services shall be provided to each client in accordance with the client's treatment plan or recovery plan. Services may be provided by a counselor in-person, by telephone or telehealth, or in any appropriate setting in the community.

4. 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 treatment or recovery goals is being maintained. Such exceptions shall be noted in the client's file.

e. Types 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. Physical health, mental health, or dental services;

F. Social/recreational services; and

- G. Individual and group counseling sessions for clients, spouses, parents and other significant people.

- 2. Referrals to ancillary services shall be documented in the client's file.

9000

ALUMNI INVOLVEMENT

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

10000

RECREATIONAL ACTIVITIES

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

11000

DETOXIFICATION SERVICES

- a. Detoxification services are optional services that may be provided in either a residential or outpatient setting.
- b. Detoxification protocols shall be documented in the policies and procedures manual.
- c. All detoxification services shall be documented. The documentation shall be signed by program staff and placed in the client's file.

11010

Referral Plans

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

11020

Levels of Detoxification Services

Each program shall establish policies and procedures to identify clients who are in need of physical health 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. Outpatient detoxification

Outpatient detoxification services shall be provided to clients in regularly scheduled sessions and shall be delivered under a defined set of policies and procedures or medical protocols. Organized outpatient detoxification services may be delivered in an office setting by trained clinicians who provide medically supervised evaluations, withdrawal management, and referral services according to a predetermined schedule.

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 obtain approval from the Department to provide incidental medical services.

11030

Residential Detoxification Practices

a. The program shall closely observe and physically check each client receiving detoxification services at least every 30 minutes during the first 72 hours following admission. Physical checks must be face-to-face.

b. At least one staff member trained to provide detoxification services shall be assigned to the observation of detoxification clients at all times.

c. After 24 hours, 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.

d. Documentation of observations and physical checks shall be recorded and signed by program staff.

e. Only program staff that have been trained in the provisions of detoxification services may conduct observations and physical checks of clients receiving detoxification services. Training shall include information on detoxification medications, and signs and symptoms that require referral to a higher level of care. Training shall also include first aid and cardiopulmonary resuscitation.

Copies of detoxification training records shall be kept in personnel files.

11040

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 clients 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 clients who are receiving detoxification services, there shall be at least two staff members or volunteers, per every 15 clients, on duty and awake at all times, one of whom shall have a current cardiopulmonary resuscitation certificate and current first aid training.
- c. Clients shall not be used to fulfill the requirements of this section.

12000

PROGRAM ADMINISTRATION

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.

12010

Program Policies

All program policies and procedures shall be contained in a manual that is located at each certified site and that shall be available to staff and volunteers. **The 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.
- 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 improvement;
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;
22. Staff code of conduct as specified in section 13020 of these Standards;
and
23. Client code of conduct.

12020

Client Files

- a. A separate, complete, and current record shall be maintained at the program 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. Gender;
- D. Race/ethnic backgrounds;
- E. Address;
- F. Telephone number;
- G. Next of kin or emergency contact (include phone number and consent of client to notify contact);
- H. A signed copy of the admission agreement specified in section 15000 of these Standards;
- I. Health Questionnaire as specified in section 7020 of these Standards;
- J. Record of any illness or injury requiring treatment by a physician or dentist and for which the program provided assistance or referral for the client in meeting necessary medical needs;
- K. Record of any permitted current medication including the name of the person who prescribed the medication and instructions for its use; and
- L. Documentation of client living arrangements while attending the program.

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 (i.e. new, readmission, etc.);
- C. Referral source and reason for referral;
- D. Authorization to release information; and

E. A signed copy of client's rights as specified in section 16000 of these Standards.

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; and

C. Individual treatment or recovery plans with supporting documentation;

D. Exceptions to the frequency of services specified in section 8000 of these Standards;

E. Correspondence with or regarding the client;

F. Discussions and action taken against the client for not complying with program rules and requirements; and

G. Drug screening results.

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. Written consent from the client to follow-up.

c. All client files shall be maintained and information released in accordance with HIPAA and Title 42, Code of Federal Regulations, Part 2.

d. Other Requirements

1. Client records shall be updated as necessary to ensure current accuracy.

2. The documents contained in the client's file shall be written legibly in ink or typewritten. All client files 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's 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.

12030

Continuous Quality Improvement

Each program shall maintain written policies and procedures for continuous quality improvement 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 treatment or recovery plan is developed within the timeframe specified in section 7090 or section 7100 of these Standards.
2. The services required as part of the client's treatment or recovery plan are provided and documented in the client's file.
3. If a client fails to keep a scheduled appointment, the program shall discuss the missed appointment with the client and shall document the discussion and any action taken in the client's file.
4. Progress in achieving the objectives identified in the treatment or recovery plan is assessed and documented within the timeframe specified in section 7090 or section 7100 of these Standards.

5. The treatment or recovery plan is reviewed by the counselor and the client and updated as necessary at least every 90 calendar days.
6. The client's file contains all required documents identified in section 12020 of these Standards.
7. When 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 treatment or recovery plan revision is appropriate, and at discharge. The purpose of the documented client file review is to ensure that:

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

c. Treatment Plan or Recovery Plan Review

The treatment or recovery plan review shall occur as specified in section 7090 and section 7100 of these Standards and shall:

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

13000

PERSONNEL PRACTICES

13005

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 treatment and recovery 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.

- a. The program shall establish and maintain personnel policies that:
 - 1. Are written and revised as needed.
 - 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.
 - 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. Salary schedules, merit adjustments, severance pay, and employee rules of conduct.
 - D. Employee safety and injuries.
 - E. 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 all of the following:
 - 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 performance evaluations.
 - 6. Health records including a health screening report or health questionnaire, and tuberculosis test results as required. Programs may use DHCS Form 5105 (7/13) for the health questionnaire.
 - 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 all of the following:

1. Recruitment;
 2. Screening;
 3. Selection;
 4. Training and orientation;
 5. Duties and assignments;
 6. Supervision;
 7. Protection of client confidentiality; and
 8. 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. Program 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 job descriptions shall include all of the following:
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.

13020

Program Code of Conduct

- a. The program shall have a written code of conduct that pertains to and is signed by staff, paid employees, and volunteers.
- 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;
 - 7. Confidentiality; and
 - 8. Verbal, emotional, and physical abuse.
- c. The program shall post the written program 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 program code of conduct, and the program shall place the signed copy in the personnel file of the individual.
- e. Each staff, paid employee, and volunteer shall be instructed to report any observation or evidence of violations of client rights specified in section 16000 of these Standards.

13030

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 the **Staff Health Questionnaire DHCS Form 5105 (7/13)**. 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 45 working days prior to or **5 working 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 6 months of preventive therapy, the staff or volunteer shall be required to obtain, within **30 working 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 6 months is acceptable. The physician's statement shall be renewed annually.
 - 3. 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.
 - 4. 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.

13040

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, updated annually, for the training needs of staff. All staff training events shall be documented and maintained as part of the training plan. Training may be conducted in-person or web-based.
- b. Staff seminars, webinars, educational classes, 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, web based research, and other pertinent publications shall be available to the staff.
- d. Programs shall incorporate educational topics including ethics and boundaries and communicable diseases in the training plan.
- e. Staff shall be trained in medication management and the fundamentals of MAT, including how medications work to treat addiction, information about addiction as a chronic disease, and the importance of removing stigma from the use of medications in an SUD treatment plan.

14000

FISCAL PRACTICES

- a. All programs shall have a written policy for establishing and collecting fees.
- b. Programs 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 (i.e. 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 upon admission to the program. The policy must contain a procedure on refunding fees if the facility is suspended or revoked.
 - 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.
- 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.

15000

ADMISSION AGREEMENT

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 all of the following:

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

16000

CLIENT RIGHTS

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

6. The right to be free from discrimination based on ethnic group identification, religion, age, gender, race, sexual orientation, or disability.
 7. The right to be accorded access to his or her file.
 8. The right to take medications prescribed by a licensed medical professional for medical, mental health, or substance use disorders.
- b. Each client shall review, sign, and be provided at admission, a copy of the client rights specified in subsection a (1) through a (8) above. The program shall place the original signed client rights document in the client's file.
 - c. The program 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 (Part 46 of Title 45 of the Code of Federal Regulations).

17000 NONDISCRIMINATION IN PROVISION OF SERVICES

Programs shall not discriminate in the provision of services on the basis of ethnic group identification, religion, age, gender, race, sexual orientation, 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.

18000 CONFIDENTIALITY

Programs shall assure confidentiality of the client and the client's files and information in accordance with HIPAA and Part 2 of Title 42 of the Code of Federal Regulations, 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 operation manual. Client files shall be accessible only to authorized personnel.

19000

COMMUNITY RELATIONS

A written description of the program's services and admission criteria and procedures shall be provided to the clients, 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.

20000

PHYSICAL ENVIRONMENT

- a. Programs shall be clean, safe, sanitary, and in good repair at all times for the safety and well-being of clients, employees, and visitors.
 1. The program shall be free from all of the following:
 - 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. 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.
 5. All clients shall be protected against hazards within the program through provision of protective devices including, but not limited to, nonslip material on rugs, smoke alarms, and fire extinguishers.
 6. 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.
 7. Program equipment and supplies shall be stored in an appropriate space and shall not be stored in a space designated for other activities.

20010

Fire Safety

The program shall maintain a valid fire clearance.

20020

Hours of Operation

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

21000

PROHIBITION OF REMUNERATION

a. The program and following persons shall not give or receive remuneration or anything of value for the referral of a person who is seeking alcoholism or drug abuse recovery or treatment services;

1. Owner
2. Partner
3. Officer
4. Director
5. Shareholder who holds an interest of at least 10 percent in the program
6. A person employed by, or working for the program.