ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
ALCOHOL AND DRUG ABUSE PREVENTION

LICENSURE STANDARDS FOR ALCOHOL AND/OR OTHER DRUG ABUSE TREATMENT PROGRAMS

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LICENSURE STANDARDS
FOR
ALCOHOL AND/OR OTHER DRUG ABUSE TREATMENT PROGAMS

AUTHORITY

The Department of Human Services, Division of Behavioral Health, Alcohol and Drug Abuse Prevention (ADAP) is vested by A.C.A. 20-64-901 et seq. with the authority and duty to establish and promulgate rules for licensure of alcohol and/or other drug abuse treatment programs in Arkansas. All persons, partnerships, associations, or corporations establishing, conducting, managing or operating and holding themselves out to the public as an alcohol and/or other drug abuse treatment program must be licensed by Alcohol and Drug Abuse Prevention, unless expressly exempted from these requirements. Programs administered by the Department of Defense and/or the Veterans Administration are not required to be licensed by ADAP, but may voluntarily seek licensure.

Alcohol and Drug Abuse Prevention is designated as the State Methadone Authority (SMA) governing opioid treatment in Arkansas. Opioid Treatment Programs (OTPs) providing opioid treatment services shall comply with the applicable Licensure Standards for Alcohol and/or Other Drug Abuse Treatment Programs, as well as applicable federal, state and local laws, including specific standards for opioid treatment developed by ADAP. The authority for these rules is A.C.A. 20-64-602, 20-64-704 and 20-64-903.

The treatment program providing opioid treatment services shall comply with applicable federal, state and local laws and regulations including those under the jurisdiction of the Substance Abuse Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), the Drug Enforcement Administration (DEA) and the State Methadone Authority (SMA).

HISTORY

Act 644 of 1977 created the Arkansas Office on Alcohol and Drug Abuse Prevention and charged the office with the responsibility for developing and promulgating standards, rules and regulations for accrediting alcohol and/or other drug abuse prevention and treatment programs/facilities within the state. Accreditation standards for alcohol and/or other drug abuse treatment programs were implemented in response to state and federal legislation, as well as the changing needs of the alcohol and drug abuse treatment programs. The first accreditation standards were adopted and implemented on January 1, 1983. Act 597 of 1989 delegated ADAP as the sole agency responsible for accrediting all alcohol and/or other drug abuse treatment programs. Revisions to the Accreditation Manual were promulgated on September 1, 1989. Act 173 of 1995 changed the Accreditation process to a licensure process. With the advent of the 1995 legislation, the Standards were promulgated and implemented as a Licensure Manual on July 1, 1995. The first Methadone Treatment Program Standards were developed and promulgated by Alcohol and Drug Abuse Prevention on October 1, 1993. The Methadone/LAAM Treatment Program Standards were revised to include LAAM treatment on July 1, 1997.

ABSTRACT

The *Licensure Standards for Alcohol and/or Other Drug Abuse Treatment Programs Manual* is to be used as a guide to the licensure process. The Manual includes:

(1) Procedures for Licensure

(2) Licensure Types

(3) Alcohol and Drug Treatment Standards

(4) Application for Licensure

The Procedures for Licensure explains the licensure process for treatment programs, the Standards Review Team and other issues regarding licensure.

A Licensure Standards Review Checklist will be used as the measurement tool to determine compliance with the *Licensure Standards for Alcohol and/or other Drug Abuse Treatment Programs.*

The Application for Licensure is to be completed by all programs seeking licensure as an alcohol and/or other drug abuse treatment program in Arkansas prior to the on-site initial review.

All standards that are applicable to the program shall be in compliance.

Questions concerning the licensure of alcohol and/or other drug abuse treatment programs in Arkansas may be directed to:

Department of Human Services
Division of Behavioral Health
Alcohol and Drug Abuse Prevention
Director, Program Compliance and Outcome Monitoring
4313 West Markham
Third Floor Administration
Little Rock, Arkansas 72205
Phone: 501-686-9866
Fax: 501-686-9035

PROCEDURES FOR LICENSURE

Licensure is required of any individual, partnership, association or corporation operating or seeking to operate an alcohol and/or other drug abuse treatment program in the state of Arkansas. Upon implementation of the standards, ADAP will provide to each of the programs known to be operating within Arkansas, a *Licensure Standards for Alcohol and/or Other Drug Abuse Treatment Programs Manual*.

A schedule for the entire licensure process will be developed by ADAP in cooperation with each program. The entire licensure process for a program is shown below, with explanatory comments following.

Step 1
a) Programs currently licensed shall be notified by ADAP of the upcoming licensure review.

b) First time applicants seeking licensure shall submit a completed application for licensure to ADAP.

c) Unlicensed alcohol and/or other drug abuse treatment programs will be notified by ADAP of the need to make application for licensure.

Step 2 Receipt by ADAP of the program's completed application for licensure. First time applicants shall submit a non-refundable $75.00 application fee. Currently licensed programs are billed annually by ADAP for a $75.00 renewal fee.

Step 3 ADAP staff shall develop the schedule and requirements for the review of the program.

Step 4 Written confirmation and notification by ADAP to include:

(a) Timetable developed in Step 1 – 3 above

(b) Members of the Standards Review Team for that program (see Standards Review Team Member selection process)

(c) Costs (e.g., fees) to the program for the licensure survey process (when applicable)

Step 5 Formal on-site review by the ADAP Standards Review Team

Step 6 Submission to ADAP, by the program, of a $1,500 non-refundable licensure review fee (*for first time applicants only*) due after the review

Step 7 Report by the ADAP Standards Review Team, and recommendations to the Director of Program Compliance and Outcome Monitoring, Alcohol and Drug Abuse Prevention

Step 8 Formal report to the program including findings and recommendations of the ADAP Standards Review Team with the type of license awarded

Step 9 When applicable, responses to the program's appeal and/or scheduling of a follow-up Licensure Review

APPLICATION PROCESS FOR OPIOID TREATMENT PROGRAMS

The program shall not operate in the state of Arkansas as an OTP prior to completion of the application process. The application process is divided into two (2) parts.

A. Completion of application for:

1) Opioid Treatment Program

2) Licensure as an Alcohol and/or Other Drug Abuse Treatment Program; and

B. An Opioid Treatment Program (OTP) must receive approval by the State Methadone Authority (SMA), Center for Substance Abuse Treatment (CSAT), and the Drug Enforcement Administration (DEA).

STANDARDS REVIEW TEAM

The members of the Standards Review Team (SRT) for each program will consist of members who participate in the formal on-site review. ADAP reserves the right to adjust the size of the SRT as appropriate to conform to the size and complexity of the program under review. The SRT ordinarily will be composed of representatives from:

Number of SRT Members		**Organization**
1	(a)	One team member from ADAP. If more than one member, one member will be designated as "team leader."
1	(b)	At least one team member from another treatment program, as selected by ADAP. Representative(s) from other organizations or agencies may be selected as deemed appropriate by ADAP.

The program to be reviewed will be notified prior to the licensure review as to the composition of the SRT. If, for a valid reason, the program objects to a particular team member from another treatment program, ADAP may select a different member.

The minimum requirements for a SRT Member from another treatment program are:

(a) A minimum of three (3) years experience in program administration and/or substance abuse treatment.

(b) Not be a former employee or client of the program to be reviewed.

(c) Currently hold a license or certification that would allow the signing of comprehensive treatment plans as specified in the standards.

(d) Peer Reviewer information will be forwarded for background check thirty (30) day's prior to a review at the Department of Corrections.

Note: A SRT member reviewing only administrative functions is not required to hold the credentials specified in item "c" above.

OTHER ISSUES REGARDING LICENSURE

Adolescent Treatment Programs

When programs request approval for adolescent treatment services, they shall comply with the standards set forth in the *Licensure Standards for Alcohol and/or Other Drug Treatment Programs Manual*. In addition, the program seeking licensure shall also comply with regulations mandated by the Department of Human Services, Division of Children and Family Services (DCFS).

New Programs Commencing Operation

Programs seeking licensure, and/or required to receive a licensure review, will complete all steps specified in the application process. ADAP shall review standards applicable to programs that have not yet provided substance abuse treatment. If the program meets the required level of compliance that is applicable at the time of the initial review, ADAP may issue a six (6) month operational permit. No later than six (6) months after the according of the permit, a follow-up review, with a SRT will be performed to determine the program's level of compliance with all applicable standards. If the program under review meets the necessary level of compliance, then the SRT may recommend a one (1) year license.

Licensure Under Previous Standards

All programs currently licensed by ADAP prior to the implementation of these licensure standards shall be considered as licensed. The scheduling of a program's licensure review shall not change. The standards set forth in this manual shall apply to all currently licensed programs upon the effective date of the revision.

Licensure Review

At least one (1) ADAP staff member and one (1) representative of another treatment program shall make a formal on-site review. Minimally, ADAP shall inspect the facilities prior to the expiration of the program's license. ADAP may extend a program's license for no longer than six (6) months due to licensure scheduling. The licensure review will include examination of program documents and records, client case records, fiscal audits, interviews with staff and clients (in accordance with confidentiality laws) and interviews with various community agencies/individuals. Other sources may be used to determine compliance as applicable. ADAP reserves the right to contact former clients of the program under review to determine compliance with applicable standards.

Prior to the exit interview, there will be a meeting of the SRT members. During the meeting, each member will present his/her findings and recommendations on the area(s) assigned to him/her. All areas in terms of strengths, weaknesses or deficiencies, as well as, the decision of compliance on each applicable standard will be discussed.

Following the presentation by all of the team members and the discussion of the findings, a composite checklist will be completed which will reflect the final decision for each item of the checklist. If the team members cannot reach a consensus, the team leader will make the final decision on a given item.

Exit Interview
Following the SRT meeting, the SRT will meet (exit interview) with the Chief Executive Officer, Program Director or Clinical Director, and at least one (1) member of the Governing Board. During this meeting, the team members will present the review findings. The purpose of this meeting will be to discuss and clarify the findings and recommendations noted by the team members.

Compliance Reviews
In addition to the licensure review, ADAP will, at least annually, conduct one announced or unannounced compliance review. A compliance review will primarily consist of a case record review, but could include the review of any or all of the standards. Programs licensed to dispense methadone/LAAM will receive an unannounced review at least quarterly. The primary purpose of the unannounced reviews at the Opioid Treatment Programs is to determine the program's ongoing compliance with opioid treatment specific standards.

Licensure Revocation
ADAP reserves the right to revoke the operational permit or license of any program found not to be in compliance with the standards. ADAP also reserves the right to revoke the operational permit or license of any program found in violation of applicable laws or regulations.

Licensure Report
Following the on-site review, within fifteen (15) working days of the last day of the on-site review, a formal written report will be completed by the team leader and forwarded to the program. Based upon this report Alcohol and Drug Abuse Prevention shall award the program the appropriate type of license.

ADAP reserves the right to contact the clients of licensed programs to aid in the determination of compliance with specific standards. ADAP reserves the right to conduct a full licensure review prior to the expiration of the program's current license. In addition, ADAP reserves the right to use peer reviewers, as it deems appropriate, to assist in audits, client record reviews, investigations or other monitoring/compliance processes.

TYPES OF ALCOHOL AND/OR OTHER DRUG ABUSE TREATMENT PROGRAM LICENSES

Six-Month Operational Permit - If the program seeking licensure is not currently licensed, ADAP staff, along with any appropriate outside agencies, shall perform an initial licensure review of those standards applicable to programs not currently licensed. If the program under review meets the required level of compliance as determined by ADAP staff at the time of initial review, then ADAP may issue a six (6) month operational permit. No later than six (6) months after the according of the permit, a follow-up review with a SRT will be performed to determine the program's level of compliance with all applicable standards. A **one-time** six (6) month extension of the operational permit will be considered for extenuating circumstances.

One-Year License - A one-year license will be accorded to a program that previously held a six-month operational permit. Any licensed program that must have a follow-up licensure review performed, even if the follow-up review determines that all applicable standards are now in compliance, shall receive no greater than a one-year license. **All applicable standards must be in compliance.**

Three-Year License – A three-year license will be accorded when a program has been operating under a one-year or three-year license, and at the time of the licensure review, is in compliance with all applicable standards. A three-year license shall not be accorded to a program that receives a follow-up review, even if the follow-up review determines that all applicable standards are now in compliance. **All applicable standards must be in compliance.**

Probationary License - At ADAP's discretion, a six-month probationary license may be accorded to currently licensed programs that are not in compliance with applicable standards after a follow-up licensure review, or during the licensed period. The probationary license is provided to allow the program time to bring those failed standards into compliance, so that they may be accorded a one-year license, or to continue to operate. A review will be performed at the end of the probationary license period, and if the program fails to meet the level of compliance that would allow a one-year license, then the program will become non-licensed (see below). The program may request that the review be performed prior to the end of the probationary license. **Programs with a probationary license shall not receive an extension.**

The probationary license shall not exceed six months from the date of its issue. Any program issued a probationary license shall submit a corrective action plan to the Director of Program Compliance and Outcome Monitoring within thirty (30) calendar days from receipt of the probationary license. Any program receiving a probationary license must bring all applicable failed standards into compliance prior to the end of the six-month period.

Non-Licensed - Programs failing to comply with all applicable licensure standards after the expiration of a six-month operational permit, a follow-up review, or a probationary license, shall receive a non-licensed status. Programs receiving a non-licensed status shall not be allowed to operate as an alcohol and/or other drug abuse treatment program in the state of Arkansas. Programs receiving a non-licensed status shall wait a minimum of six (6) months before they can apply for a six-month operational permit.

CARF, JCAHO AND COA ACCREDITED PROGRAMS - Programs meeting the alcohol and/or drug abuse treatment standards of the Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on the Accreditation of Health Care Organizations (JCAHO), or the Council on Accreditation (COA) shall automatically receive a concurrent license, if the CARF, JCAHO or COA award specifically notes that the alcohol and/or other drug treatment component has been accredited and upon presentation of the award to ADAP.

APPEAL PROCESS

If, for any reason, a program does not agree with the licensure decision, the program may appeal as follows: Written notification must be received by the Chairperson of the Arkansas Alcohol and Drug Abuse Coordinating Council, no later than thirty (30) working days after the program's receipt of the licensure decision.

The appeal must contain:

1. The reason the licensure applicant believes the action was incorrect.

2. The specific outcome requested.

When the written appeal is received, the Chairperson of the Alcohol and Drug Abuse Coordinating Council will initiate the appeal process.

LICENSURE STANDARDS FOR ALCOHOL AND/OR OTHER DRUG ABUSE TREATMENT PROGRAMS

1.00 ADMINISTRATIVE OPERATIONS

This section applies to all programs seeking licensure and must be in compliance before new programs may receive a six (6) month operational permit.

1.01 GOVERNING BOARD

1.01.01 There shall be a governing board which has the ultimate authority for the overall operation of a program, which is one of the following:

a. A public, non-profit organization; or

b. A private, non-profit organization; or

c. A private, for-profit organization.

1.01.02 Written documentation includes the means by which the governing board provides for all of the following:

a. The election or appointment of its officers and members;

b. The orientation of new board members and any subsequent board training;

c. The appointment of committees necessary to effect the discharge of its responsibilities;

d. The scheduling of meetings;

e. Determination of quorum requirements; and,

f. Keeping minutes of all meetings.

1.01.03 The governing board shall hold meetings and keep minutes that include:

a. Date(s);

b. Names of the members attending;

c. Summary of discussion;

d. Actions taken;

e. Target dates for implementation and recommendations;

f. The governing board's minutes shall be available to staff, persons served and the general public upon request (applies to non-profit organizations only); and

g. The board secretary shall sign the minutes.

1.01.04 The governing board for the organization shall:

a. Delegate a Chief Executive Officer who is not a member of the governing board (applies to non-profit organizations only);

b. Delegate authority and responsibility to the Chief Executive Officer for the management of the program in accordance with established policy;

c. Perform an employment evaluation of the Chief Executive Officer at least annually.

1.01.05 The governing board has:

a. Authorized compilation and distribution of a policy and procedures manual that describes the regulations, principles, and guidelines that determine the alcohol and/or other drug abuse treatment program operations;

b. Reviewed and updated the policy and procedures manual as needed, but at least annually (as verified in Board Minutes);

c. Made available this policy and procedures manual to all alcohol and/or other drug abuse treatment staff (as verified by signed receipt or route slip); and,

d. Made available this policy and procedures manual to the public upon request. (this applies to non-profit organizations only)

1.01.06 At least one member of the program's governing board is present during the exit interview process, as described in the Licensure Procedures.

1.02 PROGRAM PLANNING/EVALUATION

1.02.01 An annual program plan is developed and approved by the governing board which includes:

a. A written statement of the alcohol and/or other drug abuse treatment program goals and objectives; and

b. A written plan for implementation of the goals and objectives.

1.02.02 The program has developed a written evaluation plan based on the goals and objectives of the program. The evaluation plan includes operational definitions of criteria to be applied in determination of achievements of established goals, objectives and a mechanism for:

a. The periodic assessing of the progress toward the attainment of the program's goals and objectives;

b. Documentation of program achievements not related to original goals and objectives;

c. Assessing the effective utilization of staff and program resources toward the attainment of the program's goals and objectives;

d. The evaluation plan is reviewed and updated at least annually;

e. Documentation verifying the implementation of the evaluation plan; and

f. Identify the results of the evaluation process.

1.03 FISCAL MANAGEMENT

1.03.01 The program maintains a current written schedule of rate and charge policies which:

a. Has been reviewed and approved by the governing board at least annually; and

b. Is immediately accessible to all concerned program personnel and individuals served by the program.

1.03.02 The program has liability insurance that provides for the protection of the physical and financial resources of the program, coverage of the building and equipment, and coverage of its clients, staff and general public. If part of a governmental agency, in lieu of liability insurance, the program has other appropriate means of protection for the items specified.

1.04 EMPLOYMENT AND PERSONNEL PRACTICES

1.04.01 The program has written personnel policies and procedures which:

a. Include an Equal Employment Opportunity (EEO) Affirmative Action Plan;

b. Apply to individuals employed by the program and those working under the supervision of individuals employed by the program;

c. Include a Statement of Compliance with Title VI/Title VII of the 1964 Civil Rights Law and a description of the policies and procedures used to demonstrate compliance with the guidelines of the Equal Employment Opportunities Commission (EEOC) currently in force. This shall be prominently displayed within the physical plant and copies shall be made available upon request;

d. Include an employee grievance procedure which is reviewed, updated and approved annually by the governing board; and

e. Documentation of employee grievances shall be confidential and shall be stored separately from personnel records.

1.04.02 The program maintains written job descriptions for all staff, including volunteers, these include at least:

a. Qualifications;

b. Reporting supervisor;

c. Position(s) supervised; and

d. Duties and responsibilities.

1.04.03 All non-certified or non-licensed staff, including volunteers, providing counseling and treatment related services, shall be registered with the Arkansas Substance Abuse Certification Board (ASACB). Exception – those staff involved in an internship or practicum from another human services or behavioral discipline.

1.04.04 Each job description is reviewed and updated at least annually, or as needed for continuing appropriateness.

1.04.05 All personnel meet all of the local, state, or federal legal requirements for their positions (e.g. licensing and certification).

1.04.06 A policy has been developed which addresses alcohol and other drug use by program staff.

1.04.07 The written personnel policies and procedures include a mechanism for evaluation of personnel performance on at least an annual basis.

1.04.08 The mechanism for evaluation of personnel performance requires a written report and requires documentation that the evaluation is reviewed with the employee.

1.04.09 The written personnel policies and procedures includes a due process for suspension and dismissal of an employee for cause.

1.04.10 The program cannot employ an active client. Previous clients employed by the program shall not provide direct

treatment services for a period of six (6) months after their discharge from alcohol and drug treatment.

1.04.11 There is a personnel record kept on each employee containing at least:

a. Job description;

b. Application and/or resume;

c. License/certification, where applicable;

d. Annual employee evaluation;

e. Verification of academic records (when required by job descriptions); and

f. Verification of references or rationale as to why verification was not performed.

1.04.12 Employee records are stored in a secure and confidential place.

1.04.13 A policy has been developed which addresses an employee assistance program and/or provisions for referral to such services has been defined.

1.04.14 The program has established an appropriate staff development plan for all employees and volunteers. The plan is to include:

a. An orientation program for each staff person, which includes a documented review of the program's policies and procedures;

b. A training program based upon the identified needs of staff, volunteers (volunteers working less than ten hours monthly are exempt) and designated staff development representative. The needs are identified and documented at least annually. The plan must include staff signatures; and,

c. Documents staff development opportunities made available and staff participation in them.

1.04.15 The program shall not use volunteers, students, or interns to supplant services provided. All persons providing services

must have a job description as specified in these standards, and shall be directly supervised by a paid staff person.

1.04.16 The program shall not use clients to provide any treatment service. This standard also forbids the use of clients to monitor the program during off-hours.

1.04.17 A full-time program person, or a contractor, qualified to approve comprehensive treatment plans shall directly supervise each counseling staff.

1.04.18 Any person providing direct treatment services must receive at least one hour of individual supervision or ninety (90) minutes of group supervision weekly. Such supervision must be documented. Persons authorized to approve treatment plans, as specified in this manual, must perform this supervision.

1.04.19 The program has at least one staff person present at all times who maintains a valid certification in First Aid, CPR and Non-violent Crisis Intervention (CPI).

1.05 AMERICANS WITH DISABILITIES ACT (ADA)

1.05.01 The program shall designate an employee who will monitor the program's compliance with the ADA, and shall inform all staff.

1.05.02 The program shall post the ADA Public Notification in a manner that is conspicuous to staff, clients and visitors.

1.05.03 The program shall adopt a written ADA non-discrimination policy.

1.06 PHYSICAL PLANT

These standards shall apply to all sites operated by the program regardless of ownership.

1.06.01 The physical facilities of the program:

a. Provide evidence of current valid certifications, maintained on site, of applicable building, fire, safety and health, and any other applicable inspections of its facilities;

b. Fire extinguisher(s) shall be accessible and in working order; and

c. Provide sufficient privacy to maintain confidentiality of the communication between counselor and client.

1.06.02 If the program uses space provided by another organization, there is a written agreement specifying the terms of such usage.

1.06.03 There are written policies regarding the use of alcohol and/or drugs in the facility.

1.06.04 The program shall develop written policies and procedures for continued treatment of residential clients in the event of an emergency or natural disaster.

1.06.05 Firearms, or other dangerous weapons, shall not be allowed within the physical plant operated by the program. Persons with a "Concealed Handgun License" shall not be allowed to bring a firearm into the Program's physical plant. However, law enforcement or security personnel, in performance of their duties, may carry firearms within the program's physical plant. Conspicuous warning signs must be posted at all public entrances informing staff, volunteers, clients and visitors as to this requirement.

1.06.06 The program shall not allow smoking inside any physical plant containing Specialized Women's Services (SWS) clients or their dependents.

1.06.07 The program shall not allow smoking inside any physical plant containing adolescent clients.

1.06.08 Private residences shall not be used to provide treatment unless:

a. There is a separate entrance to the area in which services are rendered; and,

b. Services are provided in an area used exclusively for treatment.

1.06.09 Hours of operation are scheduled to make services accessible to clients and the general public. The hours are

posted. In addition, the program's telephone number shall also be conspicuously displayed.

1.06.10 The program shall not operate a new treatment site or make major programmatic changes at a present site without ADAP approval.

1.06.11 The program and any satellite facilities shall maintain a suitably stocked, as defined in the program's policies and procedures, first aid kit.

1.06.12 The program maintains a publicly listed telephone number.

1.07 PROGRAM SERVICES

These standards are applicable to all programs. The Clinical Procedures section must be in compliance for new programs before a six (6) month operational permit will be accorded.

1.07.01 CLINICAL PROCEDURES

1.07.01.01 The program has written policies and procedures that govern a standardized screening procedure that determines a treatment applicant's eligibility and appropriateness for treatment prior to admission.

1.07.01.02 The program has written policies and procedures governing a uniform intake process that defines:

a. The types of information to be gathered on all clients;

b. Procedures to be followed when accepting referrals from outside agencies or organizations; and

c. Procedures for the provision of emergency services (i.e. after hour admission, medical emergencies) and other special circumstances.

1.07.01.03 The program has written referral policies and procedures, which facilitate referrals between the program and other service providers in such a manner as to ensure continuity of care. These referral agreements are current (updated no later than every two years). The referral agreements shall document at least:

a. The services the resource agrees to provide;

b. The duration of the agreement;

c. The procedures to be followed in making referral; and,

d. A statement of conformity to federal, state, and program confidentiality requirements.

1.07.01.04 The program maintains a current (dated no longer than two (2) years prior to the licensure review) list of appropriate resources available within the service area which contains at least:

a. The name and location of the resources;

b. The type of services provided by the resource;

c. The eligibility criteria for the resource; and

d. The phone number(s) and name(s) of the contact person(s).

1.07.01.05 The program has policies and procedures delineating its responsibility for prompt reporting and handling of serious incidents/situations that may affect the health and safety of clients, employees, volunteers and visitors.

1.07.01.06 The program has policies and procedures delineating its responsibility for all individuals admitted under existing Arkansas commitment laws.

1.07.01.07 The program has policies and procedures that describe and govern outreach and referral activities necessary to educate judges, prosecuting attorneys, law enforcement personnel, community service providers, substance abuse treatment programs, and the public as to the operations of the program.

1.07.01.08 The program has procured an agreement with the local community mental health center (as recognized by the Division of Mental Health Services) and/or other appropriate agency or agencies, to provide consulting services for dually diagnosed treatment applicants or clients.

1.07.01.09 Services available provide a variety of diagnostic and primary alcohol and/or other drug abuse treatment services on both a scheduled and non-scheduled basis. Services provided by the program include, but are not necessarily limited to the following:

a. Case management;

b. Orienting clients to the program's operations and procedures;

c. Assessing applicants for alcohol and/or other drug abuse treatment services for referral and/or treatment purposes;

d. Conducting individual, group or family counseling sessions;

e. Informing applicants and clients of program and community resources;

f. Making referrals to appropriate outside agencies or individuals;

g. Crisis intervention; and

h. Interdisciplinary treatment services.

1.08 CLIENT RECORDS

The program shall maintain appropriate policies and procedures to ensure the following client record processes are performed. In addition, client records shall contain the following items:

1.08.01 Each client receives a financial evaluation that includes the amount of all sources of income, as per a specific period (i.e. weekly, every two weeks, bi-monthly, monthly). Sources must include all household income (i.e. public assistance, retirement, social security and VA). If specific amounts are unavailable, averages or reasonable estimates may be used. A client’s insurance coverage shall be documented.

1.08.02 Screening and Initial Assessment

a. Pre-admission screening to determine eligibility and appropriateness;

b. Assessment to determine severity and environment placement; and

c. Assessment to determine all immediate problems, immediate needs and actions taken to meet those needs (initial treatment plan).

1.08.03 Assessment and Client History

a. Confirmation of identity;

b. Name, address (street and number, town, county, state, zip), phone, current housing arrangements, guardianship (if applicable), photograph of client, social security number;

c. Client's date of birth, sex, race or ethnicity;

d. Name of referral source. Document if treatment was mandated by the referral source;

e. If treatment was mandated, the complete address and telephone number of the referral source. Documented conditions of referral and/or information needs of the referral source;

f. Types of problems experienced by the client that are in need of resolution;

g. Substance abuse history to include most recent use patterns (amount per type, route of administration) ages of first use per substance and age of regular and/or addictive patterns. Document any injection use;

h. Document the client's family history to include current marital status, effect of substance use on current and past relationships, history of family members' use, any family members "in recovery", names and ages of dependents and who has custody of dependents while the client is in treatment;

i. Client's highest grade completed, major (if applicable), effect of substance use on the client's educational process. The client's reading and writing levels must be evaluated when appropriate;

j. Current/most recent vocations, any trained skills, effects of substance use on employment, adequacy of current employment;

k. Legal history, which includes the dates and type of charges, arrests, convictions and sentences;

l. Medical and health history to include chronic medical problems, significant medical/ physical events, problems that could influence treatment, medical conditions that could prompt a crisis, special diet needs, current medications (does client have sufficient supply during treatment?), purpose of current medications, history of alcohol or other drug related conditions (i.e. blackouts, DT's, etc.), "at-risk" behaviors (multiple sex partners, unprotected sex), pregnancy status, allergies. Allergies and/or other serious conditions are "flagged" on the outside of the record;

m. Medication records for both prescriptions and over the counter medications. Drug type, dosage strength, how many, time/date of dispersion, who dispensed/witnessed dosing;

n. Psychological/psychiatric treatment history to include dates of any treatment, type of problem(s), who provided treatment, outcome of treatment, any current psychotropic medications;

o. Other relevant information to include military service (branch of service, dates of service, discharge status, highest rank, classifications, and any combat experience), copies of court or parole orders, and other information that will aid in assessing the client;

p. A completed Addiction Severity Index (ASI). When applicable, results of other tests or standardized assessment tools;

q. Re-admissions and transfers to another environment are clearly delineated;

r. Summary of client problems and corresponding needs, as based on client information;

s. Summary of the client's strengths and weaknesses, as based on the client information; and,

t. Based upon the assessment each client will be assigned a Diagnostic and Statistical Manual for Mental Disorders (DSM), substance abuse disorder diagnosis and code. Only staff authorized to approve comprehensive treatment plans as specified in this manual will assign the diagnosis code. Counseling personnel registered as Counselors in Training with the Arkansas Substance Abuse Certification Board may assign the diagnosis provided the diagnosis is approved, in writing, by personnel authorized to sign comprehensive treatment plans. The diagnosis and code will meet the current substance abuse disorder criteria as per Diagnostic and Statistical Manual of the American Psychological Association.

1.08.04 Treatment Plans

a. An initial treatment plan is developed and implemented within twenty-four (24) hours of the date of admission (based on the assessment that determines all immediate problems, needs and actions taken to meet those problems and needs).

b. The comprehensive treatment plan is developed and implemented no later than seven (7) days from admission to residential services and partial day treatment, and no later than twenty-one (21) days from admission to outpatient services;

c. The comprehensive treatment plan shall minimally include a clear and objective statement of the client's needs to be addressed;

d. The plan contains clearly stated and objective goals the client is capable of understanding;

e. The means of achieving each goal is documented;

f. The method and frequency of treatment per goal are documented;

g. The projected date of completion, per goal, is documented;

h. The staff person responsible for carrying out the treatment plan is specified;

i. All treatment plans are reviewed and approved by one of the following, as licensed or certified in Arkansas:
Licensed Physician,
Licensed Psychologist,
Licensed Professional Counselor,
Licensed Clinical Social Worker,
Licensed Master Social Worker,
Licensed Psychological Examiner,
Certified Alcohol and Drug Counselor,
Advanced Certified Alcohol and Drug Counselor,
Licensed Alcoholism and Drug Abuse Counselor,
Licensed Associate Alcoholism and Drug Abuse Counselor; and/or
Certified Corrections Substance Abuse Counselor*
(*valid in the Criminal Justice System);

j. The client's progress in meeting treatment plan goals is reviewed no later than every seven (7) days in the residential environments (unless clinically contraindicated) and every thirty (30) days in the outpatient environment. The review must be approved by an individual specified in "h" above; (Not Applicable to Criminal Justice System)

k. The client's progress in meeting treatment plan goals will be assessed at the time of discharge.

1.08.05 Aftercare Plan

a. Within one-week prior to discharge, and when appropriate, an aftercare plan is developed. The aftercare plan, implemented at discharge, shall minimally contain: a summary of client needs not treated; established goal(s) that address the

untreated needs; and the means by which the goals will be met;

b. The staff person responsible for the aftercare plan is documented;

c. There is evidence of the client's participation in, and understanding of, the treatment and aftercare planning process (client's signature);

d. Upon request by the client, the program shall provide a copy of the plans to the client; and,

e. The plans shall not contain slang, technical jargon, abstract terms or other documentation not clearly and objectively worded.

1.08.06 Progress Notes: this applies to both group and individual treatment sessions:

a. Outpatient treatment is documented per session and shall minimally document: the date of the session; the time the session started; the amount of time spent in session; the purpose of the session; topics discussed; client behavior during the session; significant events; the date of the next scheduled session; and the name, signature and title of the staff person conducting the session;

b. Intensive outpatient and partial day treatment notes contain information required by 1.08.05 (a), but may be compressed into a single note that addresses treatment provided on a per day basis;

c. Residential treatment shall be documented at least daily and shall minimally document: treatment provided during the day; the time frame the note covers; the client's response to the treatment provided; significant client events that occurred; and the name, signature and title of the staff person who wrote the note;

d. Progress notes shall be written in objective terms. The notes shall not use slang, technical jargon or abstract terms. Any subjective assessments shall be substantiated by the behavioral observation; and,

e. Significant client events that fall within the provisions of the "Incident Reporting Policy" shall be documented as soon as possible after the event. The administration of first aid to a client shall be documented as soon as possible. Any client behavior that could lead to a disciplinary action shall be documented as soon as possible. Any other event, that could effect the client's treatment, shall be documented as soon as possible.

1.08.07 Each new admission, readmission or transfer admission is interviewed and the interview is documented.

1.08.08 When a client refuses to divulge information and/or follow the recommended course of treatment, this refusal is noted in the case record.

1.08.09 The program shall have policies and procedures governing the compilation; access; storage; dissemination; retention; and the proper disposal of individual client case records.

1.08.10 The written policies and procedures ensure:

a. The program exercises its responsibility for safeguarding and protecting loss, tampering, or unauthorized disclosure of information, and the file cabinets are marked “CONFIDENTIAL;”

b. Content and format of client records are kept uniform;

c. Entries in the client record are signed and dated;

d. Client records are maintained in accordance with federal or state regulations, whichever time frame is longer;

e. Client records which are part of an unresolved audit, investigation or other legal process shall be maintained until the audit, investigation or other legal process is resolved; and

f. Forms in each client record are bound in such a manner to minimize accidental loss or misplacing.

1.08.11 The program provides adequate physical facilities for the storage, processing and handling of client case records by means of suitable locked, secured rooms or file cabinets.

1.08.12 Client case records are readily accessible to those individuals specifically authorized by program policy.

1.08.13 Client case records are marked "CONFIDENTIAL."

1.09 CONFIDENTIALITY AND CLIENT RIGHTS

1.09.01 A client's authorization shall be obtained before releasing information. A proper consent form must be in writing and contain the following items:

a. The name or general designation of the program(s) making the disclosure;

b. The name of the individual or organization that will receive the disclosure;

c. The name of the client who is the subject of the disclosure;

d. The purpose or need for the disclosure;

e. A description of how much and what kind of information will be disclosed;

f. The clients right to revoke the consent in writing, and the exceptions to the right to revoke or, if the exceptions are included in the program's notice, a reference to the notice;

g. The program's ability to condition treatment, payment, enrollment or eligibility of benefits on the client agreeing to sign the consent, by stating either that the program may not condition these services on the client signing the consent, or the consequences for the client refusing to sign the consent;

h. The date event or condition upon which the consent expires if not previously revoked;

i. The signature of the client (and/or other authorized person); and

j. The date on which the consent is signed.

1.09.02 A summary and explanation of the federal law governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 C.F.R. Part 2) and the new federal law, the Health Insurance Portability and Accountability Act (HIPAA) (45 C.F.R. Parts 160 and 164) is provided to the client at the time of admission or to the applicant at the time of assessment. A written receipt shall be in the client's record.

1.09.03 Every authorization for release of information becomes part of the client's permanent case record; and, according to HIPAA programs, must provide client with copies of all signed authorizations.

1.09.04 In a life-threatening situation or where an individual's condition or situation precludes the possibility of obtaining written consent, the program does allow for the release of pertinent medical information to the medical personnel responsible for the individual's care without a client or applicant's authorization, and without the authorization of the Chief Executive Officer or his or her designee, if obtaining such authorization would cause an excessive delay in delivering treatment to the individual.

1.09.05 When information has been released without the individual's authorization, the staff member responsible for the release of information enters into the individual's case record all details pertinent to the transaction, including at least: the date the information was released; persons to whom the information was released; the reason the information was released; the nature and details of the information given.

1.09.06 As soon as possible after the release of information, the client or applicant is informed that such information was released.

1.09.07 The program has written procedures for responding to requests for confidential client information when presented with telephone inquiries; written inquiries; subpoenas; court orders; search warrants; arrest warrants; and for reporting child abuse.

1.09.08 There are written policies and procedures for the protection of a client's privacy with regard to program visitors which require:

a. The clients are informed in advance of scheduled visitations.

b. Visitations are conducted when they will minimally interrupt the client's usual activities and therapeutic programs.

1.09.09 There are procedures to inform all clients of their legal and human rights; this is provided in the client record.

1.09.10 There are written policies and procedures for reviewing and responding to client grievances:

a. The grievance procedures establish specific steps that clients must complete within the program;

b. At the program level, once received, client grievances must be reviewed and a decision reached within accordance of the program’s policies and procedures;

c. There is a reasonable, specific deadline for completing the process; and,

d. Grievances to be reviewed by the governing board shall be heard no later than the board’s next scheduled meeting.

1.09.11 A client handbook is made available to all clients in outpatient and residential treatment. Receipt must be on record.

1.09.12 The client handbook shall include the following:

a. A written statement of the services provided by the program and a description of the kinds of problems and types of clients the program can or cannot serve;

b. A written statement describing admission procedures;

c. A written statement describing living conditions and standards of behavior expected of clients;

d. There is documentation that each client of the program has a handbook made available to them and has been familiarized with the contents of such handbook; and,

e. The organization's client grievance procedures.

1.09.13 There are written policies and procedures which allow clients access to legal representation. A private meeting area shall be provided for clients to meet with their legal representative.

1.09.14 The program shall have written policies and procedures that indicate active clients shall not be used for the solicitation of funds or other contributions.

1.09.15 There are written policies and procedures for communications with family and significant others outside the program which require:

a. Clients are allowed to conduct private telephone conversations with family and significant others, unless justified in the client's case record and explained to the client; and,

b. Clients are allowed to send and receive mail in uncensored condition. Mail may be inspected in the presence of a staff member.

1.09.16 There is an area provided in which clients can meet with outside community service providers who assist in fulfilling the goals and objectives of the client's individual treatment plan.

1.09.17 Written permission shall be obtained from clients when special monitoring equipment (i.e. two-way mirrors, cameras, etc.) is used. Clients that refuse permission to use such equipment may be denied admission.

1.09.18 The program shall have written policies and procedures which allow clients the right to access or amend their individual client record.

1.10 HIV/AIDS, SEXUALLY TRANSMITTED DISEASES, TUBERCULOSIS

1.10.01 The program shall provide services for HIV/AIDS, Sexually Transmitted Diseases (STDs) and Tuberculosis (TB) through the following mechanisms:

a. The provision of testing and treatment at the program or through an agreement with a medical entity qualified to provide such services;

b. Testing shall be available to all clients upon request;

c. All HIV/AIDS testing shall be voluntary;

d. All clients shall receive HIV/AIDS, STD, and TB education per admission; and

e. The program shall develop and implement policies and procedures that define the provision of, and compliance with items a through d above.

1.11 MEDICATION

1.11.01 The program shall adopt written policies and procedures describing the handling; administration; observation and self administration; disposal; inventory; and use of medication. This includes procedures for handling medication errors and adverse reactions.

1.11.02 Medications, syringes and needles shall be accessible only to staff who are authorized to provide medication.

1.11.03 The program shall keep all prescriptions and non-prescription medications, syringes and needles in locked storage unless a client is authorized to keep the medication in their possession. Used needles and syringes shall be placed in rigid, puncture proof containers.

1.11.04 The program shall store all medication under appropriate conditions. Drugs requiring refrigeration shall be stored in a locked compartment separate from food items supplied by the program. Urine or blood samples shall not be stored with food or medicines.

1.11.05 The program shall use an effective inventory system to track and account for all prescription medication.

1.12 FOOD AND NUTRITION

1.12.01 Meals in Outpatient Programs:

a. Programs shall allow a meal break after five consecutive hours of scheduled activities; and

b. If the program prepares meals in a centralized kitchen on site, it shall have a current food establishment health inspection as required by the Arkansas Department of Health.

1.12.02 Meals in Residential Programs:

a. If the program prepares meals in a centralized kitchen on site, it shall have a current food establishment health inspection as required by the Arkansas Department of Health.

b. The program shall provide modified diets to residents who medically require them as determined by a licensed dietitian or certified dietary manager. Special diets shall be prepared in consultation with a licensed dietitian or certified dietary manager;

c. All food shall be stored, prepared, and served in a safe, healthy manner;

d. The program shall provide at least three meals daily, with no more than fourteen (14) hours between any two meals;

e. A licensed dietitian or certified dietary manager shall approve menus and written guidelines for substitutions in advance:

(1) Approve a meal planning manual with sample menus and guidelines for substitutions;

(2) Approve menus prepared by new staff before they plan meals independently;

(3) Review a sample of menus served at least annually; and

(4) Provide staff training as needed.

1.12.03 Meals Prepared by Clients:

a. If menu planning and independent meal preparation are part of the client's treatment program, a licensed dietician or certified dietary manager shall provide training or approve a training program for staff who instruct and supervise clients in meal preparation; and

b. The program shall define duties in writing and have written instructions posted or easily accessible to clients.

1.12.04 Meals Provided by a Food Service - When meals are provided by a food service, a written contract shall require the food service to have a current food establishment health inspection as required by the Arkansas Department of Health.

1.13 SPECIALIZED SERVICES

Programs may choose to be licensed for any or all of the following services:

1.13.01 OUTPATIENT TREATMENT

1.13.01.01 The facilities are readily available to the public, and if possible, are located near public transportation.

1.13.01.02 At least one treatment staff member is present at all times when the outpatient program is operating.

1.14 RESIDENTIAL TREATMENT

1.14.01 There are residential services available, which provide services seven (7) days per week, 24 hours per day.

1.14.02 Residential treatment provides for a minimum of twenty-eight (28) hours of structured treatment weekly. A

minimum of five (5) hours daily (Monday through Friday) and a minimum of three (3) hours daily on Saturday and/or Sunday. (See the Definitions Section for an explanation of "structured treatment.")

1.14.03 The program has a written internal disaster plan which includes the training of staff in disaster and evacuation procedures and the monthly rehearsal of the procedure is documented.

1.14.04 There shall be no less than one (1) staff on duty at all times per twenty-five (25) clients, per physical plant. During scheduled treatment activities there shall be no less than one (1) treatment staff per twenty (20) clients.

1.14.05 There is documentation of planned programs, consistent with the needs of the clients, for social, educational, and recreational activities for all clients for daytime, evenings and weekends.

1.14.06 Sleeping areas shall have at least:

a. Fifty (50) usable square feet per person in single occupancy rooms;

b. Forty-eight (48) usable square feet per person in multiple occupancy rooms; and,

c. Individual storage for clothes and personal items.

1.14.07 All toilets, sinks and showers shall be clean and in operating order. There shall be at least one toilet, one sink, and one shower or tub per every eight (8) residential clients.

1.14.08 Residential facilities shall have separate bedroom areas and bathrooms for males and females. The facility shall have adequate barriers to divide the population.

1.15 DETOXIFICATION

1.15.01 The Regional Alcohol and Drug Detoxification Program will not admit any client under 18 years of age.

1.15.02 Observation detoxification, with or without medical supervision, will include:

a. Gender separate sleeping areas with:

1. One-level bed (no bunk beds) per client;

2. Individual storage for clothing items;

3. Window coverings to allow for privacy;

4. Sufficient clean linen supply with covered storage.

a. Storage will be at least 12 inches above the floor; and

b. Non-permeable container(s) to hold used linen.

b. Gender separate bathroom/shower areas with:

1. Sufficient lighting so as to avoid injury;

2. Plumbing in working condition so as to avoid any threat to health;

3. Sufficient clean linen supply with covered storage; and

a. That storage will be least 12 inches above the floor; and

b. Non-permeable container(s) to hold used linen.

c. Three meals a day, with no more than 14 hours between any two meals:

1. There will be documentation of meals offered, consumed and/or refused;

2. There will be documentation of reason for not offering nutrition. (e.g. client absent during meal time to see personal physician); and

3. There will be no preparation of meals by detoxification client(s).

d. Easily accessible oral fluids for clients; there will be documentation of amount offered, and amount consumed or refused, every two (2) hours.

e. Clients in detoxification services will have their vital signs taken upon admission and documented; and at least every two (2) hours thereafter, until within normal limits for 8 hours.

1. Exception: Blood pressure, temperature and pulse may be omitted one (1) time per twenty-four (24) hour period; observation will continue as evidenced by documentation of reason for vital sign omission, client behavior observed and respiration count. (e.g. Vital signs completed at 10:00 p.m., description of behavior client exhibiting at midnight and resume vital signs at 2:00 a.m.);

2. Once vital signs are within normal limits for eight (8) hours, they will be taken no less than every six (6) hours. There will be documentation in the client's case record verifying each vital sign taken during the client's stay in detoxification; and

3. A complete set of vital signs will include blood pressure reading (systolic and diastolic), temperature, pulse and respirations.

1.15.03 While a client is in an observation detoxification component (with or without medical supervision), qualified staff member(s) (registered and/or licensed practical nurse or Regional Detoxification Specialists) must be present and specifically assigned to monitor the client on a twenty-four (24) hour basis.

1.15.04 There will be documentation in personnel files, about which staff members assigned to any detoxification unit are knowledgeable about the taking of vital signs and the

implication of those vital signs. There is documentation of the following and current certification, as appropriate:

a. Cardiopulmonary Resuscitation (CPR);

b. First Aid;

c. Non-violent Crisis Intervention (CPI);

d. Signs and symptoms of withdrawal, and the implication of those signs and symptoms; and

e. Emergency procedures, as defined in facility policy and procedure manual:

aa. The program will have written policy and procedures for emergencies;

bb. Emergency policy and procedures will be readily available to all staff;

cc. Staff will acknowledge receipt of emergency policies and procedures in writing; and,

dd. If the program is not hospital based, the program will have policies and procedures for accessing services at a critical care facility.

1.15.05 A file will be maintained for each client, per admission; it will contain:

a. Proof of client identity;

b. A signed Voluntary Admission Agreement; or,

c. Involuntary Admission Agreement, as appropriate;

d. Consent to Treat Agreement must be signed prior to admission;

1. Must obtain signed, dated and timed consent, even if client is impaired by substance; and,

2. Must obtain another signed, dated and timed consent once said substance no longer impairs client.

e. The withdrawal risk assessment will be initiated on admission, completed and filed in the client record within four (4) hours of admission. If an emergency of the client's physical condition prevents documentation within four (4) hours, staff will explain the circumstances in the client record and obtain the information as soon as possible;

f. Qualified staff member(s) (physicians, registered and/or licensed practical nurses or Regional Detoxification Specialists) will perform withdrawal risk assessment; it will include:

1. Substance Use History;

2. Current Detoxification Level Determination;

3. Past psychiatric treatment;

4. Past chemical dependency treatment;

5. Significant medical history;

6. Current health status;

7. Current medications;

8. Known food allergies;

9. Known drug allergies;

10. Current living situation;

11. Current employment situation; and,

12. Current emotional state and behavioral functioning.

g. Completed and signed authorization(s) to release confidential information, as appropriate;

h. Medication records, as appropriate (In programs utilizing LPN, LPTN and/or RNs);

i. Personal Property Inventory, signed by staff or authorized agent, and client;

j. Confirmation of client receiving and understanding of handbook;

k. Confirmation of client receiving notice of Federal Confidentiality Regulations; to be signed when client is capable of rational communication;

l. A staff person, authorized by the program, will identify the client's short-term needs (based on the withdrawal risk assessment and medical history) and develop an appropriate detoxification plan (stabilization plan):

1. An RDS, LPN, LPTN, RN or MD will sign the plan;

2. The client will sign the detoxification plan, unless medically contraindicated; staff will explain the circumstances in the client record and obtain the signature as soon as possible;

3. The completed and signed detoxification plan will be filed in the client record within eight (8) hours of admission;

4. The program will review and, if necessary, revise the detoxification plan (stabilization plan) every twenty-four (24) hours or more often, should client need(s) change significantly;

5. The program will implement the detoxification plan (stabilization plan) and document the client's response to interventions in the progress notes.

1.15.06 Progress notes in detoxification will be documented every two (2) hours until stable for eight (8) hours (additional notes will be documented as appropriate) and will include:

a. The client's physical condition observed by staff (signs);

b. Client statements about the client's condition (symptoms);

c. Client statements about their needs;

d. The client's mood and behavior; and,

e. Information about the client's progress or lack of progress in relation to detoxification (stabilization) goals.

1.15.07 The program will have policies and procedures for accessing services at a critical care facility.

1.16 ADOLESCENT TREATMENT

(Applies to Residential and Out-Patient)

1.16.01 The program shall address the special needs (i.e., self-esteem, peer pressure, etc. classes) of adolescents and protect their rights.

1.16.02 Residential facilities shall have separate bedroom areas and bathrooms for adults and adolescents, and for males and females. The facility shall have adequate barriers to divide the population.

1.16.03 Adults and adolescents may be mixed for specific groups or activities when there are therapeutic benefits for both populations. The program shall also provide separate groups and activities for adults and adolescents.

1.16.04 The program shall obtain consent for admission and authorization to obtain medical treatment at the time of admission for all clients under 18 years of age, unless adjudicated as an emancipated minor.

1.16.05 Residential and day treatment programs shall have policies and procedures that govern access to client education as required by the Arkansas Department of Education.

1.16.06 The program's treatment services, lectures, and written material shall be age-appropriate and easily understood by clients.

1.16.07 The program shall allow regular communication between an adolescent client and the client's family and shall not arbitrarily restrict any communication without clear, written individualized clinical justification documented in the client record.

1.16.08 The program shall ensure that staff who plan, supervise, or provide chemical dependency education or counseling to adolescents shall have the following:

a. Qualified credentials for counselors; and

b. Direct care employees shall have documentation of continuing education in human adolescent development, family systems, adolescent psychopathology and chemical dependency and addiction in adolescents, and adolescent socialization issues. This may include in-service training.

1.16.09 Clients shall be under direct supervision at all times.

a. At the program site, staff shall conduct visual checks at least once every hour. Bed checks will be made every four (4) hours and logged. Incidents will be recorded and reported as appropriate; and,

b. In public places, clients shall be within eyesight at all times.

1.16.10 The program shall have policies and procedures that limit admissions to adolescents 13 through 17 years of age. The policies and procedures shall specify any exceptions to the requirement.

1.16.11 The treatment plan shall address adolescent specific needs and issues.

1.16.12 The program shall involve the adolescent's family or an alternate support system in the treatment process or document why this is not happening.

1.16.13 Staff shall not provide, distribute, or facilitate access to tobacco products.

1.16.14 Staff shall not use tobacco products in the presence of adolescent clients.

1.16.15 The program shall prohibit adolescent clients from using tobacco products.

1.17 SPECIALIZED WOMEN'S SERVICES (SWS)

The clients of the SWS program shall participate in treatment services throughout their stay in the program. For purposes of treatment planning, and for reporting purposes of the ADAP's Alcohol and Drug Management Information System (ADMIS), clients may be either "residential" or "outpatient" clients, and may change "environment" like any client reported on the ADMIS.

1.17.01 The program shall address the specialized needs of the parent and include services for children. These services shall be provided directly or indirectly:

a. Child Care:

1. For residents with small children, day care will be provided either on the program's premises or through a licensed day care center.

2. Childcare shall be arranged for services delivered in the evenings, such as, an AA meeting, or for an emergency.

b. Transportation:

1. Transportation shall be provided for medical care and childcare.

2. Transportation shall be provided for any other service provided under the grant.

c. Medical Treatment:

1. Regular medical care shall be assured for both the clients and the small children.

2. Regular medical care shall be provided especially for pre-natal and post-partum care.

3. The program shall not be held responsible for any medical costs incurred by the clients and their children.

4. The provider's responsibility is limited to arranging for the clients to access these services and providing transportation for them.

d. Housing:

1. The program will provide room, board and laundry services.

2. The program may assess any amount for rent not to exceed the actual cost per day.

e. Education/Job Skills:

1. The program shall assure that residents attend G.E.D. classes, receive job-training skills, or be employed.

2. These services may be provided on the premises or the clients may be transported to other locations.

3. At a minimum, all clients shall register at the Employment Security Division (ESD).

4. Other education to be provided will include, but not be limited to, the topics of HIV/AIDS, STDs, TB, family planning, nutrition, sexual abuse and spousal abuse.

f. Parenting Skills:

1. The program will assure all adult residents receive training in early child development, and other parenting skills.

2. These services may be provided on the premises or the clients may be transported to other locations.

3. This shall include accessing the Division of Developmental Disabilities Services (DDS) for their Early Intervention Program (EIP) when applicable.

g. Aftercare:

1. Upon discharge from the program, the client shall be encouraged to continue on an outpatient basis and/or be involved with support groups.

2. The program shall be responsible for establishing an aftercare plan and for follow-up contacts at monthly-intervals for one (1) year at a minimum.

h. Family Education and Support:

1. The program shall establish a family-counseling program for each client.

2. Family members shall receive basic drug abuse prevention information, and support skills, especially in relapse prevention, family dynamics and communication.

i. Case Management:

1. The program shall assure that all of the former services are provided to the clients. This shall be accomplished by employing a case manager.

2. A case manager's duties shall include the following:

a. Assessing each client's needs and developing an individualized comprehensive plan for each client;

b. Arranging and facilitating for the provision of all services;

c. Holding regular, and as needed, meetings with the client to monitor and reevaluate the individualized comprehensive plan;

d. Holding regular, and as needed, meetings with the program staff and others involved in the delivery of services to the client to monitor and evaluate progress;

e. Maintaining records of other documentation of all services delivered to the client;

f. Developing an aftercare plan with the client prior to discharge; and

g. Contacting the client at least monthly after discharge for one (1) year to monitor and reevaluate the aftercare plan.

1.17.02 The program shall have a procedure to regularly assess parent-child interactions. Any identified needs shall be addressed in treatment.

1.17.03 Program shall have policies and procedures that state staff shall not allow anyone except the legal guardian or a person authorized by the legal guardian to take a child away from the facility. If an individual shows documentation of legal custody, staff shall record the person's identification before releasing the child.

1.17.04 The program shall have a procedure to use if a parent abuses or neglects a child, including reporting, intervention and documentation.

1.17.05 The program must provide a safe and sanitary environment appropriate for children, to include at a minimum:

a. Heating equipment shall be cool to touch safely;

b. Heavy furniture and equipment shall be securely installed to prevent tipping or collapsing;

c. Electrical outlets accessible to children shall have child-proof covers or safety devices;

d. Air conditioners, fans, and heating units shall be mounted out of children's reach or have safety guards;

e. Grounds shall be kept free of standing water and sharp objects;

f. Tap water shall be no hotter than 110° Fahrenheit;

g. Items potentially dangerous for children shall be stored safely;

h. Areas that are more than two feet above ground level (such as stairs, porches, and platforms) shall have railings low enough for children to reach;

i. Outdoor play areas shall be enclosed by a fence at least four feet high if:

    1. The play area is located close to a road, pool, deep ditch, or other hazard; or

    2. There are more than six children in the group.

j. Tanks, ditches, sewer pipes, dangerous machinery, and other hazards shall be fenced;

k. Outdoor play equipment shall be in a safe location and securely anchored (unless portable by design);

l. Buildings, furniture, and equipment shall not have openings or angles that could trap or injure a child's head; and

m. Swing seats shall be durable, lightweight, and relatively pliable.

1.17.06 General Requirements:

a. The program shall ensure parents directly supervise children or qualified childcare providers supervise the children at all times. The program is always responsible for providing oversight and guidance to ensure children receive appropriate care, when they are supervised by clients;

b. The program shall have a written policy and a current schedule showing who is responsible for the children at all times;

c. The program shall provide a variety of age-appropriate equipment, toys, and learning materials;

d. Physical discipline by program staff is prohibited.

1.18 PARTIAL DAY TREATMENT

1.18.01 There are partial day treatment services available, which provide services at a minimum of four (4) hours per day and at least five (5) days per week.

1.18.02 A minimum of one (1) hot meal per day is provided to each client in this setting.

2.00 CRIMINAL JUSTICE SYSTEM STANDARDS

2.01 ADMINISTRATIVE OPERATIONS

This part applies to all programs seeking licensure, and must be in compliance before new programs can receive a six (6) month operational permit.

2.01.01 EMPLOYMENT AND PERSONNEL PRACTICES

2.01.01.01 The program has written personnel policies and procedures which:

a. Includes an Equal Employment Opportunity (EEO) Affirmative Action Plan;

b. Applies to individuals employed by the program and those working under the supervision of individuals employed by the program;

c. Includes a Statement of Compliance with Title VI/Title VII of the 1964 Civil Rights Law and a description of the policies and procedures used to demonstrate compliance with the guidelines of the Equal Employment Opportunities Commission (EEOC) currently in force. This shall be prominently displayed within the program and copies be made available upon request;

d. Includes an employee grievance procedure which is reviewed, updated and approved annually by the Agency Director; and

e. Documentation of employee grievances shall be confidential and shall be stored separately from personnel records.

2.01.01.02 The program maintains written job descriptions for all staff, including volunteers, which include at least:

a. Qualifications;

b. Reporting supervisor;

c. Position(s) supervised; and

d. Duties and responsibilities.

2.01.01.03 All non-certified or non-licensed staff, including volunteers, providing counseling and treatment related services, shall be registered with the Arkansas Substance Abuse Certification Board (ASCAB). Exception – staff involved in an internship or practicum from another human services or behavioral discipline.

2.01.01.04 Each job description is reviewed and updated at least annually, or as needed for continuing appropriateness.

2.01.01.05 All personnel meet all of the local, state, or federal legal requirements for their positions (e.g. licensing and certification).

2.01.01.06 A policy has been developed which addresses alcohol and other drug use by program staff.

2.01.01.07 The written personnel policies and procedures include a mechanism for evaluation of personnel performance on at least an annual basis.

2.01.01.08 The mechanism for evaluation of personnel performance requires a written report and requires documentation that the evaluation is reviewed with the employee.

2.01.01.09 The written personnel policies and procedures includes a due process for suspension and dismissal of an employee for cause.

2.01.01.10 There is a personnel record kept on each employee containing at least:

a. Job description;

b. Application and/or resume;

c. License/certification, where applicable;

d. Annual employee evaluation;

e. Verification of academic records (when required by job descriptions); and

f. Verification of references or rationale as to why verification was not performed.

2.01.01.11 Employee records are stored in a secure and confidential place.

2.01.01.12 An employee assistance policy has been developed and implemented by program staff.

2.01.01.13 The program has established an appropriate staff development plan for all employees and volunteers. The plan is to include:

a. An orientation program for each staff person, which includes a documented review of the program's policies and procedures;

b. A training program based upon the identified needs of staff, volunteers (volunteers working less than ten hours monthly are exempt) and designated staff development representative. The needs are identified and documented at least annually with staff signatures; and,

c. Documents staff development opportunities made available and staff participation in them.

2.01.01.14 A full-time program person or a contractor, qualified to approve comprehensive treatment plans shall directly supervise each counseling staff.

2.01.01.15 Any person providing direct treatment services must receive at least four (4) hours of individual supervision or six (6) hours of group supervision monthly. Such supervision must be documented. Persons authorized to approve treatment plans, as specified in this manual, must perform this supervision.

2.01.02 AMERICANS WITH DISABILITIES ACT (ADA)

2.01.02.01 The program shall designate an employee who will monitor the program's compliance with the ADA, and shall inform all staff.

2.01.02.02 The program shall post the ADA Public Notification in a manner conspicuous to staff, clients and visitors.

2.01.02.03 The program shall adopt a written ADA non-discrimination policy.

2.01.03 PHYSICAL PLANT - These standards shall apply to all sites operated by the program regardless of ownership.

2.01.03.01 The physical facilities of the program:

a. Provides evidence of current valid certifications, which are maintained on site, of applicable building, fire, safety and health, and any other applicable inspections of its facilities; and

b. Provides sufficient privacy to maintain confidentiality of the communication between counselor and client.

2.01.03.02 If the program uses space provided by another organization, there is a written agreement specifying the terms of such usage.

2.01.03.03 The program has a written internal disaster plan, including evacuation plan, which includes the training of staff in disaster and evacuation in compliance with agency policy.

2.01.03.04 Firearms, or other dangerous weapons, shall not be allowed within the physical plant operated by the program. Persons with a "Concealed Handgun License" shall not be allowed to bring a firearm into the Program's physical plant. However, law enforcement or security personnel, in performance of their duties, may carry firearms within the Program's physical plant. Conspicuous warning signs must be posted at all public entrances informing staff, volunteers, clients and visitors as to this requirement.

2.01.03.05 The program has at least one staff person present at all times who maintains a valid certification in First Aid, CPR and CPI.

2.01.03.06 The program shall not operate a new treatment site or make major programmatic changes at a present site without ADAP approval.

2.02 PROGRAM SERVICES

These standards are applicable to all programs, and the Clinical Procedures section must be in compliance for new programs before a six (6) month operational permit will be accorded.

2.02.01 CLINICAL PROCEDURES

2.02.01.01 Residential Treatment provides for a minimum of twenty (20) hours weekly (Sunday through Saturday) of structured treatment. (See Definition Section for an explanation of "structured treatment").

2.02.01.02 A counselors caseload shall not exceed the 25 to one (1) client/counselor ratio.

2.02.01.03 The program has written policies and procedures governing a standardized screening procedure that determines a treatment applicant's eligibility and appropriateness for treatment prior to admission.

2.02.01.04 The program has written policies and procedures governing a uniform intake process that defines:

a. The types of information to be gathered on all clients;

b. Procedures to be followed when accepting referrals from outside agencies or organizations; and

2.02.01.05 The program maintains a current [dated no longer than two (2) years prior to the licensure review] list of appropriate resources available within the service area which contains at least:

a. The name and location of the resources;

b. The type of services provided by the resource;

c. The eligibility criteria for the resource; and

d. The phone number(s) and name(s) of the contact person(s).

2.02.01.06 The program has policies and procedures delineating its responsibility for prompt reporting and handling of serious incidents and or situations that may affect the health and safety of clients, employees, volunteers and visitors.

2.02.01.07 The program has policies and procedures describing and governing outreach and referral activities necessary to educate judges, prosecuting attorneys, law enforcement

personnel, community service providers, substance abuse treatment programs, and the public as to the operations of the program.

2.02.01.08 Services available provide a variety of diagnostic and primary alcohol and/or other drug abuse treatment services on both a scheduled and non-scheduled basis. Services provided by the program include, but are not necessarily limited to the following:

a. Case management;

b. Orienting clients to the program's operations and procedures;

c. Assessing applicants for alcohol and/or other drug abuse treatment services for referral and/or treatment purposes;

d. Conducting individual, group or family counseling sessions (family counseling sessions are optional);

e. Informing applicants and clients of program and community resources;

f. Making referrals to appropriate outside agencies or individuals;

g. Crisis intervention; and

h. Interdisciplinary treatment services.

2.02.02 CLIENT RECORDS

The program shall maintain appropriate policies and procedures that ensure that the following client record processes are performed. In addition, client records shall contain the following items:

2.02.02.01 Screening and Initial Assessment

a. Pre-admission screening that determines eligibility and appropriateness;

b. Assessment that determines severity and environment placement; and

c. Assessment to determine all immediate problems, immediate needs and actions taken to meet those needs (initial treatment plan). The initial treatment plan is completed within seven (7) days of admission.

2.02.02.02 Assessment and Client History

a. Confirmation of identity;

b. Name, address (street and number, town, county, state, zip), phone, current housing arrangements, guardianship (if applicable), photograph of client, social security number;

c. Client's date of birth, sex, race or ethnicity;

d. Name of referral source. Document if treatment was mandated by the referral source;

e. If treatment was mandated, the complete address and telephone number of the referral source. Documented conditions of referral and/or information needs of the referral source;

f. Types of problems experienced by the client that are in need of resolution;

g. Substance abuse history to include most recent use patterns (amount per type, route of administration) ages of first use per substance and age of regular and/or addictive patterns. Document any injection use;

h. Document the client's family history to include current marital status, effect of substance use on current and past relationships, history of family members' use, any family members "in recovery", names and ages of dependents and who has custody of dependents while the client is in treatment;

i. Client's highest grade completed, major (if applicable), effect of substance use on the client's educational process. The client's reading and writing levels must be evaluated when appropriate;

j. Current/most recent vocations, any trained skills, effects of substance use on employment, adequacy of current employment;

k. Legal history, which includes the dates and type of charges, arrests, convictions and sentences;

l. Medical and health history to include chronic medical problems, significant medical/ physical events, problems that could influence treatment, medical conditions that could prompt a crisis, special diet needs, current medications (does client have sufficient supply during treatment?), purpose of current medications, history of alcohol or other drug related conditions (i.e. blackouts, DT's, etc.), "at-risk" behaviors (multiple sex partners, unprotected sex), pregnancy status, allergies. Allergies and/or other serious conditions are "flagged" on the outside of the record;

m. Medication records for both prescriptions and over the counter medications. Drug type, dosage, strength, how many, time/date of dispersion, who dispensed/witnessed dosing. This information may be located in the infirmary.

n. Psychological/psychiatric treatment history to include dates of any treatment, type of problem(s), who provided treatment, outcome of treatment, any current psychotropic medications;

o. Other relevant information to include military service (branch of service, dates of service, discharge status, highest rank, classifications, and any combat experience), copies of court or parole orders, and other information that will aid in assessing the client;

p. Results of standardized assessment tools.

q. Re-admissions and transfers to another environment are clearly delineated;

r. Summary of client problems and corresponding needs, as based on client information;

s. Summary of the client's strengths and weaknesses, as based on the client information; and,

t. Based upon the assessment each client will be assigned a Diagnostic and Statistical Manual for Mental Disorders (DSM), substance abuse disorder diagnosis and code. Only staff authorized to approve comprehensive treatment plans as specified in this manual will assign the diagnosis code. Counseling personnel that are registered as Counselor in Training (CIT) with the Arkansas Substance Abuse Certification Board (ASACB) may assign the diagnosis provided that the diagnosis is approved, in writing, by personnel authorized to sign comprehensive treatment plans. The diagnosis and code will meet the current substance abuse disorder criteria as per Diagnostic and Statistical Manual (DSM-IV) of the American Psychological Association (APA).

2.02.02.03 Initial Treatment Plan

a. The initial treatment plan is completed within seven (7) days of admission.

b. The plan is developed from the initial screening and assessment that determines all immediate problems, immediate needs and actions taken to meet those needs.

2.02.02.04 Comprehensive Treatment Plan

a. The comprehensive treatment plan is developed and implemented no later than twenty-one (21) days from admission to residential services, thirty days (30) to outpatient services (including drug courts), and within forty-five (45) days from admission to therapeutic community (TC) programs.

b. The plan shall minimally include a clear and objective statement of the client's needs to be addressed in the treatment plan;

c. The plan contains clearly stated and objective goals that the client is capable of understanding;

d. The method and frequency of treatment per goal are documented;

e. The projected date of completion, per goal, is documented;

f. The staff person responsible for carrying out the treatment plan is specified;

g. All treatment plans are reviewed and approved by one of the following, as licensed or certified in Arkansas:
Licensed Physician,
Licensed Psychologist,
Licensed Professional Counselor,
Licensed Clinical Social Worker,
Licensed Master Social Worker,
Licensed Psychological Examiner,
Certified Alcohol and Drug Counselor,
Advanced Certified Alcohol and Drug Counselor,
Licensed Alcoholism and Drug Abuse Counselor,
Licensed Associate Alcoholism and Drug Abuse Counselor; and/or
Certified Corrections Substance Abuse Counselor;

h. The client's progress in meeting treatment plan goals is reviewed no later than every thirty (30) days in residential and outpatient environments, including drug courts. An individual authorized to sign treatment plans must approve the review.

i. The client's progress in meeting treatment plan goals will be assessed at the time of discharge;

2.02.02.05 Aftercare Plan

a. Within one (1) week prior to discharge, and when appropriate, an aftercare plan is developed.

b. The aftercare plan, implemented at discharge, shall minimally contain: a summary of client needs that were not treated; established goal(s) that address the untreated needs; and the means by which the goals will be met;

c. The staff person responsible for the aftercare plan is documented;

d. There is evidence of the client's participation in, and understanding of, the treatment and aftercare planning process (client's signature);

e. Upon request by the client, the program shall provide a copy of the plans to the client; and,

f. The plans shall not contain slang, technical jargon, abstract terms or other documentation that is not clearly and objectively worded.

2.02.02.06 Progress Notes:
Applies to both group and individual treatment sessions:

a. Outpatient treatment is documented per session and shall minimally document: the date of the session; the time the session started; the amount of time spent in session; the purpose of the session; topics discussed; client behavior during the session; significant events; an assessment of the client's progress to date; topics for future sessions; the date of the next scheduled session; and the name, signature and title of the staff person conducting the session;

b. Residential treatment shall be documented at least weekly and shall minimally document: treatment provided during the week; the time frame that the note covers; the client's response to the treatment provided; significant client events that occurred; and the name, signature and title of the staff person who wrote the note. TC programs will meet this requirement using a monthly (every 30 days), treatment plan review.

c. Progress notes shall be written in objective terms. The notes shall not use slang, technical jargon or abstract terms. Any subjective assessments shall be substantiated by the behavioral observation; and,

2.02.02.07 Each new admission or transfer admission is interviewed and:

a. The interview is documented,

b. Each readmission shall have a progress note describing any changes.

2.02.02.08 When a client refuses to divulge information and/or follow the recommended course of treatment, this refusal is noted in the case record.

2.02.02.09 The program shall have policies and procedures governing the compilation, access, storage, dissemination, retention, and the proper disposal of individual client case records.

2.02.02.10 The written policies and procedures to ensure:

a. The program exercises its responsibility for safeguarding and protecting loss, tampering, or unauthorized disclosure of information, and that the file cabinets are marked “CONFIDENTIAL;”

b. Content and format of client records are kept uniform;

c. Entries in the client record are signed and dated;

d. Client records are maintained in accordance with federal or state regulations, whichever time frame is longer;

e. Client records that are part of an unresolved audit, investigation or other legal process shall be maintained until the audit, investigation or other legal process is resolved; and

f. Forms in each client record are bound in such a manner that it minimizes accidental loss or misplacing.

2.02.02.11 The program provides adequate physical facilities for the storage, processing and handling of client case records by means of suitable locked, secured rooms or file cabinets.

2.02.02.12 Client case records are readily accessible to those individuals specifically authorized by program policy.

2.02.02.13 Client case records are marked "CONFIDENTIAL."

2.02.03 CONFIDENTIALITY AND CLIENT RIGHTS

2.02.03.01 A client's authorization shall be obtained before releasing information. A proper consent form must be in writing and contain the following items:

a. The name or general designation of the program(s) making the disclosure;

b. The name of the individual or organization that will receive the disclosure;

c. The name of the client who is the subject of the disclosure;

d. The purpose or need for the disclosure;

e. A description of how much and what kind of information will be disclosed;

f. The clients right to revoke the consent in writing, and the exceptions to the right to revoke or, if the exceptions are included in the program's notice, a reference to the notice;

g. The program's ability to condition treatment, payment, enrollment or eligibility of benefits on the client agreeing to sign the consent, by stating either that the program may not condition these services on the client signing the consent, or the consequences for the client refusing to sign the consent;

h. The date event or condition upon which the consent expires if not previously revoked;

i. The signature of the client (and/or other authorized person); and

j. The date on which the consent is signed.

2.02.03.02 A summary and explanation of the federal law governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 C.F.R. Part 2) and the new federal law, the Health Insurance Portability and Accountability Act (HIPAA) (45 C.F.R. Parts 160 and 164) is provided to the client at the time of admission or to the applicant at the time of assessment. A written receipt shall be in the client's record.

2.02.03.03 When appropriate, a written notice of prohibition on re-disclosure accompanies or follows a disclosure with consent in accordance with the above standards and federal regulations (42 CFR part 2.)

2.02.03.04 A summary of the Federal Confidentiality Law is provided to the client at the time of admission or to the applicant at the time of assessment. A written receipt shall be in the client's record.

2.02.03.05 Every authorization for release of information becomes part of the client's permanent case record.

2.02.03.06 In a life-threatening situation, or where an individual's condition or situation precludes the possibility of obtaining written consent, the program does allow for the release of pertinent medical information to the medical personnel responsible for the individual's care without a client or applicant's authorization, and without the authorization of the Chief Executive Officer or his or her designee, if obtaining such authorization would cause an excessive delay in delivering treatment to the individual.

2.02.03.07 When information has been released without the individual's authorization, the staff member responsible for the release of information enters into the individual's case record all details pertinent to the transaction, including at least: the date the information was released; persons to whom the information was released; the reason the information was released; the nature and details of the information given.

2.02.03.08 As soon as possible after the release of information, the client or applicant is informed that such information was released.

2.02.03.09 The program has written procedures for responding to requests for confidential client information when presented

with telephone inquiries; written inquiries; subpoenas; court orders; search warrants; arrest warrants, and for reporting child abuse.

2.02.03.10 There are written policies and procedures for the protection of a client's privacy with regard to program visitors which requires:

a. The clients are informed in advance of scheduled visitations when possible; and,

b. Visitations are conducted when they will minimally interrupt the client's usual activities and therapeutic programs.

2.02.03.11 There are procedures to inform all clients of their legal and human rights and this is provided in the client record.

a. There are written policies and procedures for reviewing and responding to client’s grievances;

b. The grievance procedures establish specific steps that clients must complete within the program;

c. At the program level, once received, client grievances must be reviewed and a decision reached within accordance of the program’s policies and procedures;

d. There is a reasonable, specific deadline for completing the process; and,

e. Grievances will be reviewed in accordance with agency policy.

2.02.03.12 A client handbook is made available to all clients. A receipt must be on record.

2.02.03.13 The handbook includes the following:

a. Written statement of the services provided by the program and a description of the kinds of problems and types of clients the program can or cannot serve;

b. Written statement describing admission procedures;

c. Written statement describing living conditions and standards of behavior expected of clients;

d. There is documentation that each client of the program has a handbook made available to them and has been familiarized with the contents of such handbook; and,

e. The organization's client grievance procedures.

2.02.03.14 There are written policies and procedures that allow clients access to legal representation. A private meeting area shall be provided for clients to meet with their legal representative.

2.02.03.15 The program shall have written policies and procedures that indicate that active clients shall not be used for the solicitation of funds or other contributions.

2.02.03.16 There are written policies and procedures for communications with family and significant others outside the program which require:

a. Clients are allowed to conduct telephone conversations with family and significant others, as specified by the agency.

b. Clients are allowed to send and receive mail as specified by the agency.

2.02.04 HIV/AIDS, SEXUALLY TRANSMITTED DISEASES, TUBERCULOSIS

2.02.04.01 The program shall provide services for HIV/AIDS, Sexually Transmitted Diseases (STDs) and Tuberculosis (TB) through the following mechanisms:

a. The provision of testing and treatment at the program or through an agreement with a medical entity qualified to provide such services;

b. Testing shall be available to all clients upon request;

c. HIV/AIDS testing is mandatory the first time and all other testing shall be voluntary;

d. All clients shall receive HIV/AIDS, STDs, and TB education per admission; and

e. The program shall develop and implement policies and procedures that define the provision of, and compliance with items a through “d” above.

2.03 SPECIALIZED SERVICES

2.03.01 THERAPEUTIC COMMUNITIES

2.03.01.01 The program shall develop and implement a written mission and philosophy that addresses the beliefs, attitudes and purpose of the Therapeutic Community (TC).

2.03.01.02 The TC program operates within a distinct space separate from the main prison population.

2.03.01.03 The TC area is clean and well maintained.

2.03.01.04 The program shall provide a handbook or manual providing an explicit and comprehensive outline of the program, its mission, and its philosophy.

2.03.01.05 Then handbook will be given to each participant upon entering the program and each staff member upon onset of employment.

2.03.01.06 The handbook shall provide a comprehensive section on the TC perspective on the substance abuse disorder.

2.03.01.07 The program will ensure that confrontation and consequence tools used by the TC shall not infringe upon the clients rights as defined and posted.

2.03.01.08 The staff member facilitating the confrontation group shall closely monitor and provide appropriate supervision.

2.03.02 DRUG COURTS

Drug court treatment programs are encouraged to use the Ten Key Components (developed by the National Association of Drug Court Professionals through support of the Drug Courts Program Office, Office of Justice Programs, U. S. Department of Justice), when developing and providing services. They are as follows:

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.

2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

3. Eligible participants are identified early and promptly placed in the drug court programs.

4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

5. Abstinence is monitored by frequent alcohol and other drug testing.

6. A coordinated strategy governs drug court responses to participants' compliance.

7. Ongoing judicial interaction each drug court participant is essential.

8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

9. Continuing interdisciplinary education promotes effective drug use.

10. Forging partnerships among drug courts, public agencies and community-based organizations generates local support and enhances drug court program effectiveness.

2.04 GENERAL STANDARDS

2.04.01 The program has written referral policies and procedures, which facilitate referrals between the program and other service providers in such a manner as to ensure continuity of care. These referral agreements are current (updated no later than every two years). The referral agreements shall document at least:

a. The services the resource agrees to provide;

b. The duration of the agreement;

c. The procedures to be followed in making referrals;

d. A statement of conformity to federal, state, and program confidentiality requirements; and,

e. Residential detoxification services.

2.04.02 There is written documentation of requests for services and responses made to those requests, including, when appropriate, responses by a provider to who an individual has been referred. Documentation of such requests are confidentially and securely maintained in the same manner as client records.

2.04.03 The program has procured an agreement with the local community mental health center (as recognized by the Division of Mental Health Services) and/or other appropriate agency or agencies, to provide consulting services for dually diagnosed treatment applicants or clients.

2.04.04 If the person serviced is sanctioned to an external setting for thirty (30) days or more:

a. An updated transition plan is completed

b. Their status is tracked/monitored.

2.04.05 Frequent alcohol and other drug testing shall be used to monitor abstinence, in accordance with State and Federal Regulations.

2.04.06 The program communicates the need for ongoing judicial interaction to each drug court treatment participant.

2.04.07 Participation in drug court treatment program is not denied solely on the basis of inability to pay fees, fines, or restitution.

2.04.08 The drug court treatment provides, or assures the provision of the following outpatient services:

a. Individual Counseling;

b. Group Counseling;

c. Case Management; and

d. Education Groups.

2.04.09 Counseling Services shall be provided during hours that allow client working or enrolled in a skill /educational program access to services.

2.04.10 Any person providing direct treatment services must receive at minimum four (4) hours of individual and/or six (6) hours of group supervision per month. Such supervision must be documented. Only persons authorized to approve treatment plans, as specified in this manual shall perform this supervision.

2.04.11 The team works in partnership with the judge to:

a. Review treatment progress on an ongoing basis, and,

b. Respond to the progress and non-compliance of each person service.

2.04.12 The drug court treatment program works in conjunction with prosecutors, defense counsel, and other criminal justice representatives as appropriate to design screening, eligibility and case processing policies and procedures.

2.04.13 All team members are bound by confidentiality rules as specified in CFR 42 (Part 2).

3.00 OPIOID TREATMENT STANDARDS

The Department of Human Services (DHS), Division of Behavioral Health (DBHS), Alcohol and Drug Abuse Prevention (ADAP) has developed these standards specifically for the administration of Opioid Treatment Programs (OTPs) in Arkansas.

The goal of opioid treatment is total rehabilitation of the client. While eventual withdrawal from the use of drugs, including methadone/LAAM, may be an appropriate treatment goal, some clients may remain on opioid maintenance for relatively long periods of time. Periodic consideration of withdrawing from methadone/LAAM maintenance is appropriate only if it is in the individual client's interest. Such considerations are between the client and the treatment program.

The program shall be progressive in nature, addressing the client's individual need with methadone/LAAM as only one component of comprehensive treatment services.

3.01 CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE CLIENT INFORMATION

3.01.01 The Program shall comply with state and federal regulations governing confidentiality of alcohol and drug abuse client records and other client identifying information. Existing federal regulation (42 CFR, Part 2) provides for safeguarding files or other client identifying information from access by unauthorized individuals, and requires that records be maintained in a secure manner. ADAP shall review records for the purpose of monitoring execution of the standards.

3.01.02 The Program shall make records available to ADAP upon request. In addition, access by the CSAT and the Drug Enforcement Administration is also allowed for determination of compliance with CSAT or DEA regulations.

3.02 APPLICANT SCREENING

3.02.01 Applicant screening shall be extensive and thorough and shall form the basis for effective, long-term treatment planning. It shall include a staff assessment as to

appropriateness of treatment, that admission is voluntary, and the client understands the risks, benefits, and options.

3.02.02 Prescription methadone/LAAM is a highly addictive substance and entry into a Program is a critical decision for both the client and the Program. Before admitting an applicant to methadone/LAAM treatment, the Program shall satisfy itself that the applicant fully understands the reasons for and ramifications of administrative detoxification and that the applicant voluntarily enters the Program with that knowledge.

3.03 ADMISSION CRITERIA

3.03.01 The Program shall verify the applicant's name, address, date of birth and other critical identifying data.

3.03.02 The Program shall document a one (1) year history of addiction and current physiological dependence. A one (1) year history of addiction means a period of continuous or episodic addiction for the one (1) year period immediately prior to application for admission to the Program. Documentation may consist of the applicant's past treatment history, with presence of clinical signs of addiction, such as, old and fresh needle marks, constricted or dilated pupils, or an eroded or perforated nasal septum.

3.03.03 For applicants who are under the age of eighteen (18) the Program shall document two (2) unsuccessful attempts at drug-free treatment, prior to being considered for admission to a Program. Note: No person under the age of eighteen (18) years of age shall be admitted to maintenance treatment unless a parent, legal guardian, or responsible adult designated by the relevant state authority consents in writing to such treatment. No individual under age eighteen (18) is to receive LAAM.

3.03.04 The Program shall give admission priority to pregnant women.

3.03.05 At the time of admission, each client shall be informed of his or her rights in a language that he/she understands, including, as appropriate, American Sign Language, and shall receive a written copy of these rights, which shall include:

A. The right to be fully informed, as evidenced by a client's written acknowledgment, at the time of admission and during treatment, of the rights and responsibilities set forth herein and of all the rules and regulations governing client conduct and responsibilities;

B. The right to the receipt of adequate and humane services, regardless of sources of financial support;

C. The right to the receipt of services within the least restrictive environment possible;

D. The right to an individual treatment plan;

E. The right to participate in the planning of his/her treatment plan and to treatment based on same;

F. The right to periodic staff review of the client's treatment plan;

G. The right to an adequate number of competent, qualified and experienced professional clinical staff to implement and supervise the treatment plan;

H. The right to be informed of treatment alternatives or alternative modalities;

I. The right to be informed about potential adverse reactions to medication, including those reactions which might result from interactions with other prescribed or over-the-counter pharmacological agents, other medical procedures, and food;

J. The right to give written consent whenever special equipment, such as two-way mirrors or cameras, are to be used. However, clients that refuse to provide such consent may be denied admission into the Program;

K. The right to be encouraged and assisted throughout treatment to understand and exercise his/her rights as a client and a citizen, including:

1. The right to report any cases of suspected abuse, neglect, exploitation of clients being

served in the program, in accordance with applicable State law and abuse reporting procedures;

2. The right to a grievance and appeal process; and

3. The right to recommend changes in policies and services;

L. The right to be informed regarding the financial aspects of treatment, including the consequences of nonpayment of required fees;

M. The right to be informed of the extent to and limits of confidentiality, including the use of identifying information for central registry and/or program evaluation purposes;

N. The right to receive a copy of consent for a release of confidential information after the form is signed by the client; and

O. The right to give informed consent prior to being involved in research projects.

The Medical Director may refuse treatment with a narcotic drug to a particular client if, in the reasonable clinical judgment of the Medical Director, the client would not benefit from such treatment. Prior to such a decision, appropriate staff may be consulted, as determined by the Medical Director.

3.04 READMISSION CRITERIA

Readmission to a Program depends on whether a client who is seeking readmission previously withdrew from methadone/LAAM on a voluntary basis or as a result of an administrative decision due to the client's violation of Program policies.

3.04.01 A client, treated and later voluntarily detoxified from methadone/LAAM maintenance treatment, may be readmitted to the Program without evidence to support findings of current physiological dependence, up to two (2) years after discharge, if the Program attended is able to document prior methadone/LAAM maintenance treatment

of six (6) months or more, and the admitting physician, in his or her reasonable clinical judgment, finds readmission to methadone/LAAM maintenance treatment medically justified.

3.04.02 Clients seeking readmission to a Program after an administrative detoxification shall at a minimum wait thirty (30) days prior to applying for readmission. If a Program administratively detoxifies a client twice in a year then the client shall wait twelve (12) months to reapply for readmission.

3.05 EXCEPTIONS TO MINIMUM ADMISSION REQUIREMENTS:

3.05.01 An applicant who has been residing in a correctional institution for one (1) month or longer may enroll in a Program within fourteen (14) days before release or discharge or within six (6) months after release from such an institution without evidence of current physiological dependence on narcotics provided that prior to his or her institutionalization the client would have met the one (1) year admission criteria.

3.05.02 A program shall place a pregnant applicant on a maintenance regimen if the applicant has had a documented narcotic dependency in the past and may be in direct jeopardy of returning to narcotic dependency, with its attendant dangers during pregnancy. The applicant need not show evidence of current physiological dependence on narcotic drugs if a program physician certifies the pregnancy and, in his or her reasonable clinical judgment, justifies medical treatment.

3.06 SERVICES TO WOMEN

3.06.01 The Program shall test women of childbearing age for pregnancy at the time of admission unless medical personnel determine that the test is unnecessary.

3.06.02 In addition to federal laws and regulations regarding pregnant clients, the Program shall implement written policies and procedures to ensure the accessibility of services to pregnant women. The Program shall:

A. Give priority to pregnant women in its admission policy; and

B. Arrange for medical care during pregnancy by appropriate referral, and verify that the client receives medical care as planned.

3.07 TREATMENT STRUCTURE

3.07.01 The Program shall provide the client a full range of treatment and rehabilitative services.

3.07.02 The absence of the use of controlled substances, except as medically prescribed; social, emotional, behavioral and vocational status; and other individual client needs shall determine the frequency and extent of the services.

3.07.03 The assessment and treatment team shall consist of a Medical Director, medical staff and counselors who shall assess the client's needs and, with the client's input, develop a treatment plan.

3.07.04 The primary counselor shall sign the treatment plan.

3.07.05 As part of developing a treatment plan, the client shall have input in establishing or adjusting dosage levels.

3.07.06 The assessment and treatment team shall staff each case at least once each thirty (30) days during the first ninety (90) days of treatment and at least once each ninety (90) days thereafter.

3.07.07 The Medical Director shall sign off on the initial treatment plan when developed and the comprehensive treatment plan on an annual basis.

3.07.08 Services to each client shall include individual, group and family counseling at the following minimum levels:

Phase I
Phase I consists of a minimum of a ninety (90) day period in which the client attends the Program for observation daily or at least six (6) days a week. During the first ninety (90) days of treatment, the take-home supply is limited to a single dose each week. Phase I requires at least four (4)

hours of counseling per week. The counseling sessions at a minimum shall consist of two (2) hours of group therapy sessions, one (1) hour of individual counseling, and one (1) hour of twelve step/self help meeting per week. The assessment and treatment team and the client shall determine the client's assignment of group therapy attendance. The issues to be discussed in group therapy sessions shall consist of at least a minimum but not limited to the following:

(1) Family or Significant Others;
(2) Living Skills;
(3) Methadone Maintenance;
(4) Peer Confrontation;
(5) Positive Drug Screen;
(6) Educational Training;
(7) Vocational Training and/or Employment; and
(8) Acquired Immunodeficiency Syndrome (AIDS) Education as Related to Human Immunodeficiency Virus (HIV).

Prior to a client moving to Phase II, the client shall demonstrate a level of stability as evidenced by the following:

(1) Absence of recent (past thirty (30) days) abuse of drugs (opioid or nonnarcotic), including alcohol;
(2) Clinic attendance as required in phase I;
(3) Absence of serious behavioral problems at the clinic;
(4) Absence of known criminal activity within the last thirty (30) days, e.g., drug dealing;
(5) Stability of the client's home environment and social relationships;
(6) Length of time in comprehensive maintenance treatment;
(7) Assurance that take-home medication can be safely stored within the client's home; and
(8) Whether the rehabilitative benefit the client derived from decreasing the frequency of attendance outweighs the potential risks of diversion.

In addition, the client shall provide assurance to the Program regarding safe transportation and storage of take-home medication.

Phase II - Level 1
A client, admitted more than ninety (90) days and successfully completing Phase I, shall attend the Program no less than three (3) times weekly. The Program may issue no more than two (2) take-home doses at a time. A client must have continuous clean drug screens for the past thirty (30) days, while in Phase I, prior to advancement into Phase II Level 1. A client must spend a minimum of ninety (90) days in Phase II Level I.

Prior to a client moving to Phase II Level 2, the client shall demonstrate a level of stability as evidenced by the following:

(1) Absence of recent [past sixty (60) days] abuse of drugs (opioid or nonnarcotic), including alcohol;
(2) Clinic attendance as required in Phase II, Level I;
(3) Absence of serious behavioral problems at the clinic;
(4) Absence of known criminal activity within the last sixty (60) days, e.g., drug dealing;
(5) Stability of the client's home environment and social relationships;
(6) Length of time in comprehensive maintenance treatment;
(7) Assurance that take-home medication can be safely stored within the client's home; and
(8) Whether the rehabilitative benefit the client derived from decreasing the frequency of attendance outweighs the potential risks of diversion.

Phase II - Level 2
A client, admitted more than one hundred and eighty (180) days and successfully completing Phase II Level 1, shall attend the program no less than two (2) times per week. The Program may issue no more than three (3) take-home doses at a time. A client must spend a minimum of ninety (90) days in Phase II Level 2.

Prior to a client moving to Phase II Level 3, the client shall demonstrate a level of stability as evidenced by the following:

(1) Absence of recent [past ninety (90) days] abuse of drugs (opioid or nonnarcotic), including alcohol;

(2) Clinic attendance as required in Phase II, Level II;

(3) Absence of serious behavioral problems at the clinic;
(4) Absence of known criminal activity within the last ninety (90) days, (e.g., drug dealing);
(5) Stability of the client's home environment and social relationships;
(6) Length of time in comprehensive maintenance treatment;
(7) Assurance that take-home medication can be safely stored within the client's home; and
(8) Whether the rehabilitative benefit the client derived from decreasing the frequency of attendance outweighs the potential risks of diversion.

Phase II - Level 3
A client admitted more than two hundred and seventy (270) days and successfully completing Phase II Level 2, shall attend the program no less than one (1) time per week. The Program may issue no more than six (6) take-home doses at a time. A client must spend a minimum of ninety (90) days in Phase II Level 3.

During Phase II Level 1 a client shall attend at least two (2) hours of counseling (one of which shall be individual) and two (2) self-help group meetings per week. For the remainder of Phase II Levels 2 and 3 the client, primary counselor, medical director and other appropriate members of the treatment team shall determine a client's counseling and self-help activities provided that the minimum level of service delivery shall be one (1) hour of counseling per month and one (1) self-help group meeting per week.

Phase III
A client admitted more than one (1) year and successfully completing Phase II, shall attend the Program no less than one (1) time bi-weekly. (Not to exceed fifteen (15) calendar days). The Program may issue no more than fourteen (14) take home doses in fifteen (15) calendar days at a time. A client must have at least six (6) months of continuous clean screens, while in Phase II, prior to advancement into Phase III.

Phase III, the client, primary counselor, and medical director shall determine a client's counseling and self-help

activities provided that the minimum level of service delivery shall be one (1) hour of counseling per month and two (2) self-help group meeting per month. The one (1) hour counseling may be either individual counseling or group therapy, as determined by staff and client.

Phase IV

The Program may provide a twenty-eight (28) day supply of methadone if a client, admitted for two (2) years has successfully completed Phase III. A client must have at least twelve (12) months of continuous clean screens, while in Phase III, prior to advancement into Phase IV.

Phase IV requires at least one (1) hour counseling per month in addition to attendance at one (1) self-help group meetings per month as long as the client maintains a twenty-eight (28) day take-home medication status.

Phase V

During the above four (4) phases a client, in consultation with the assessment and treatment team, may elect to enter Phase V.

A. This phase implements the methadone/LAAM detoxification plan. The Program physician determines the take-home dosage schedule for the client. The primary counselor determines the number of counseling sessions provided during this phase based on the clinical judgment of the primary counselor with input from the client. At the onset of Phase V, the client may require an increased level of support services (i.e., increased levels of individual, group counseling, etc.). Prior to successful completion of Phase V the primary counselor and client shall develop a plan that shall integrate the client into a drug-free treatment regimen for ongoing support.

B. The client's use of controlled substances except as medically prescribed, deterioration of social, emotional, vocational or behavioral status; and or other individual needs shall result in increased frequency and extent of treatment and rehabilitation services.

C. The Program shall assess each client for referral, if appropriate, to Employment Security Division, vocational training and or enrollment in school. The Program shall conduct a follow-up at least every thirty (30) days.

3.07.09 The assessment and treatment team and the client shall negotiate a methadone/LAAM detoxification plan with potential target dates for implementation in Phase V. Such a plan may be short-term or long-term in nature based on the client's need and may include intermittent periods of methadone/LAAM maintenance between detoxification attempts.

3.08 SPECIAL STAFFING

3.08.01 The Program shall conduct a special staffing to determine an appropriate response whenever a client has two (2) or more drug screenings in a one (1) year period that are positive for drugs other than methadone/LAAM.

3.08.02 The Medical Director shall use test results as a guide to change treatment approaches and not as the sole criteria to force a client out of treatment.

3.08.03 When using test results, the Medical Director shall distinguish presumptive laboratory results from definitive laboratory results.

3.08.04 Clients in Phase II, Level III having a positive drug screen for other than methadone/LAAM will be placed in Phase II, Level II to be completed in its entirety prior to moving back to Phase II, Level III.

3.08.05 Clients in Phase III or IV having a positive drug screen for other than methadone/LAAM will be placed in Phase II, Level III to be completed in its entirety prior to moving back to Phase III.

3.09 PROGRAM RESPONSIBILITIES

Upon admission the Program shall:

3.09.01 Obtain the applicant's signature on a voluntary agreement admitting the applicant to the Program.

3.09.02 Verify the applicant's identification, including name, address, date of birth and other critical identifying data from a social security card, birth certificate, driver's license, etc. Copies of this identifying information shall include social security card and official photo identification and will become a part of the client's record.

3.09.03 Obtain a complete medical history from each client being admitted to treatment. The medical and laboratory examination of each client shall include:

(a) Investigation of the possibility of infectious disease and possible concurrent surgery problems;

(b) The complete blood count and differential;

(c) Serological tests for syphilis;

(d) Routine and microscopic urinalysis toxicology screening for drugs;

(e) Multiphase chemistry profile;

(f) Intradermal Tuberculin Purified Protein Derivative (PPD) administered and interpreted.

(g) A chest x-ray, Pap smear, biological test for pregnancy or screening for sickle cell disease if the examining medical personnel request these tests.

The Program shall not require a medical examination for a client transferring to a new Program who received a medical and laboratory examination within three (3) months prior to admission to the new Program. The Program physician may request a medical and laboratory examination for a transferring client. However, the new Program physician shall have, as part of the transfer summary, a medical summary and statement from the client's previous Program that indicates a significant medical problem. The transferred record shall include copies of the previous examination prior to admission.

3.09.04 Conduct and complete a counseling intake interview and develop a narrative psychosocial history within twenty-one (21) days of the client's admission date. This psychosocial narrative shall form the basis for preparing future treatment plans.

3.09.05 Develop a written statement, signed by the Medical Director, that the applicant is competent to sign the voluntary agreement admitting them to the Program.

3.09.06 Verify that the client is not currently enrolled in another methadone/LAAM treatment program.

Program Policies

3.09.07 The Program shall implement a written policy that states the Program shall not deny treatment to a person based on his or her actual or perceived sero status, HIV related condition or AIDS.

3.09.08 Program staff shall receive training on the subject of HIV infection and treatment of HIV infected clients.

3.09.09 The Program shall have written policies for infection control, which are in compliance with the Center for Disease Control and Prevention Guidelines.

3.09.10 The Program shall provide AIDS education to clients and shall provide or refer clients for HIV pre-test counseling and voluntary HIV testing. If the Program does test for AIDS, it shall be with the informed consent of the client. The Program shall assure the provision of pre and post-test counseling for the clients.

3.09.11 The Program shall provide medical evaluations to clients periodically and at least annually.

3.09.12 The Program shall provide or refer clients for tuberculosis and sexually transmitted disease (STD) testing upon admission and at least annually thereafter. However, Programs shall not require clients to receive HIV/AIDS testing.

3.09.13 The Program shall develop written policies and procedures for continued methadone/LAAM treatment in the event of an emergency or natural disaster.

3.09.14 The Program shall have hours, which provide for early morning and late evening services.

3.09.15 The Program shall implement written policies and procedures to ensure positive identification of the client before methadone/LAAM is administered.

3.09.16 The Program shall develop written policies regarding the recording of client medication intake and a daily methadone/LAAM inventory.

3.09.17 The Program shall require a six (6) day Program attendance when the client receives a daily dose greater than 100 milligrams of methadone.

3.09.18 The Program shall develop and implement written policies and procedures to contact other methadone/LAAM treatment programs within a two hundred (200) mile radius to prevent duplication of services to an individual. The policy shall be in accordance with Federal Confidentiality Regulations (42 CFR, Part 2).

3.09.19 The Program shall monitor a client's progress and shall satisfy itself that the client is continuing to benefit from treatment.

3.09.20 The Program shall not use incentives or rewards or unethical advertising practices to attract new clients. This shall not forbid the Program from rewarding clients that maintain exemplary compliance with program rules and their individualized treatment plans.

3.09.21 The Program has the right to randomly schedule telephone requests to clients who have take home privileges requiring them to report to the treatment facility and to bring their remaining take-home medication with them. At least twice annually the Program shall randomly select at least five per cent (5%) of these clients who have take home privilege for this purpose.

3.09.22 Programs shall be responsible for contacting the previous Programs of transferring clients regarding such issues as their stability in treatment and take home status, before initiating take home privileges for these clients.

3.09.23 To prevent relapse, programs shall place transferring clients with take-home privileges on an increased drug screening surveillance schedule for the first ninety (90) days after admission.

3.09.24 Client to counselor ratios shall not exceed 40:1.

3.09.25 Programs shall employ at least one full-time medical doctor, as licensed to practice medicine in the State of Arkansas, for every 300 clients.

3.09.26 Licensed health care practitioners employed by Programs, if not certified by a recognized addiction professional credentialing body, shall have experience in the treatment of addictions.

3.09.27 Periodic, direct observation shall be used in collecting urine specimens. Observation shall be conducted professionally, ethically and in a manner, which respects client's privacy and does not damage the client-clinic relationship.

3.09.28 Random, periodic testing, including Breathalyzer tests for alcohol, shall be done to ascertain use of other substances, for clients with a history of abusing these substances.

3.09.29 The ASI shall be used to determine other areas in which a client needs services, including treatment, educational, vocational or other services. Other tests may be administered as appropriate but not in lieu of the ASI.

3.09.30 When appropriate, family involvement shall be requested through a consent form to release information to family members.

3.09.31 Each client whose daily dose is above 100 milligrams is required to be under observation while ingesting the drug at least six (6) days per week irrespective of the length of time in treatment, unless the Program has received prior approval from the State Methadone Authority (SMA).

Exceptional Take Home

3.09.32 Take home medication exceptions must be approved in writing, by the State Methadone Authority (SMA) prior to dispensing. Exceptional take homes will not normally be granted to Phase I, Phase II, Phase III, and Phase IV clients.

Reasons for exceptional requests, may include, but are not limited to the following:

(a) A client is found to have a physical disability which interferes with his or her ability to conform to the applicable mandatory schedule, the client may be permitted a temporary or reduced schedule, provided the client is also responsible in handling narcotic drugs.

(b) A client, because of exceptional circumstances such as illness, personal or family crisis, travel, or other hardship, is unable to conform to the applicable mandatory schedule, provided the client is also responsible in handling narcotic drugs. The rationale for the exception shall be based on the reasonable clinical judgment of the program's physician. The client's record shall document the rationale. The rationale is endorsed via the physician's signature.

(c) If the program is not in operation due to the observance of an official state holiday, clients may be permitted one extra take home dose and one fewer program visit per week on the day in which the holiday occurs. An official state holiday is the day on which state agencies are closed and routine state government business is not conducted.

(d) In the event that a winter storm warning is issued by the National Weather Service, a three (3) day take home dose may be dispensed. Additional days shall require SMA approval. The SMA retains the right to reduce or revoke the take home dosing.

(e) Any client receiving l00mg or larger methadone dose shall not be allowed exceptional take-home privileges unless approved via the SMA.

All requests for methadone take-home medication exceptions must be submitted to the SMA in writing. Each request must document the following:

(1) The name of the client for whom the request is made;

(2) The address, phone number and Social Security number of the client;
(3) Date of admission
(4) Date of last request
(5) Program number
(6) The dates for the requested take-home;
(7) The rationale for the exceptions; and
(8) The current dosing amount;
(9) Date of last positive drug screen; and
(10) Current Phase

The requests can be mailed, hand delivered or faxed to:

Department of Human Services
Division of Behavioral Health
Alcohol and Drug Abuse Prevention
Director of Program Compliance and Outcome Monitoring
4313 West Markham, Third Floor Administration
Little Rock, Arkansas 72205
FAX: (501) 686-9035

Program Security

3.09.33 Programs are subject to Drug Enforcement Administration regulations concerning the Registration of Manufacturers, Distributors, and Dispensers of Controlled Substances (Chapter II Parts 1301 - 1307). Clients shall be physically separated from the narcotic storage and dispensing area.

3.09.34 The Program shall not allow clients to congregate or loiter on the grounds or around the building(s) wherein the Program operates.

Client Records

3.09.35 Client records shall contain at a minimum:

(1) Documents and test results as generated by activities on admission;
(2) Client progress in treatment case notes;
(3) Results of case staffing;
(4) Results of drug screening tests;
(5) Such treatment plan reviews as required by Standard 3.07.06 herein; and

(6) Any other client related material deemed appropriate by the Program.

Drug Screening

3.09.36 The Program shall complete an initial drug screening test or analysis for each client upon admission.

3.09.37 The Program shall conduct new client drug screening weekly for the first three (3) months in treatment. The Program may place a client who completes three (3) months of drug screening showing no indications of drug abuse on a monthly urine-testing schedule.

3.09.38 Programs shall implement procedures, including the random collection of samples, to effectively minimize the possibility of falsification of the sample.

3.09.39 The Program shall use testing as a clinical tool for the purposes of diagnosis and the development of treatment plans. After admission, the results of a single screening report shall not determine significant treatment decisions.

3.09.40 Clients on a monthly schedule for whom screening reports indicate positive results for drugs other than methadone/LAAM shall return to a weekly schedule for a period of time clinically indicated by the physician.

3.09.41 The Program shall analyze each sample for opiates; methadone; amphetamines; crack/cocaine; benzodiazepines; marijuana and other drugs as may be indicated by client's use patterns.

3.09.42 Laboratories that perform the testing required under this regulation shall be in compliance with applicable Federal proficiency testing and licensing standards and applicable state standards.

Dosage Reporting Requirements

3.09.43 The Medical Director may order methadone/LAAM dosages in excess of 100 milligrams but less than 120 milligrams only where medically indicated. The Medical

Director shall fully document the reasons for the dosage level and report such orders to the SMA.

3.09.44 The Medical Director shall obtain prior written approval from the SMA for methadone/LAAM dosage orders in excess of 120 milligrams.

Take-Home Medication

3.09.45 The requirement of time in treatment is a minimum reference point after which a client may be eligible for take-home medication privileges. The time reference does not mean that a client in treatment for a particular time has a specific right to take-home medication. Since the use of take-home privileges creates a danger of not only diversion, but also accidental poisoning, the Medical Director must make every attempt to ensure that take-home medication is given only to clients who will benefit from it and who have demonstrated responsibility in handling methadone. Thus, regardless of time in treatment, a Medical Director may, in his or her reasonable judgment, deny or rescind the take-home medication privileges of a client. Concurrently, the client shall provide assurance to the Program that take-home medication can be safely transported and stored by the client for the client's use only.

24-Hour Emergency Services

3.09.46 Clients shall have access to the Program in case of an off-hour emergency. The Program shall maintain a 24-hour Emergency Hot-Line with individuals designated as on-call to deal with client emergencies.

Transferring or Visiting Clients

3.09.47 When a client transfers from one Program to another, the transferring Program shall send copies of the transferring client's records to the licensed receiving Program prior to admission. Transferring clients shall enter Phase I for a minimum of two (2) weeks. With successful completion of Phase I, they enter the appropriate treatment phase.

3.09.48 Individuals visiting the State of Arkansas, who are part of a methadone/LAAM treatment program, shall have their home program provide information to a licensed Program prior to the individual's arrival in the state.

3.09.49 The Arkansas program shall provide qualified visiting clients up to twenty-eight (28) days of methadone/LAAM medication. However, take-home privileges shall not be greater than the privileges accorded by the home program, and in no case for longer than six (6) days. Take-home privileges are not allowed for individuals receiving LAAM.

Discharge Procedures

3.09.50 In order to remain in the Program and to successfully move through treatment, clients shall be in compliance with Program rules or risk administrative detoxification from methadone/LAAM. For the purpose of these standards, an infraction means threats of violence or actual bodily harm to staff or another client, disruptive behavior, community incidents (loitering, diversion of methadone/LAAM, sale or purchase of drugs), continued unexcused absences from counseling and other serious rule violations. Clients may also be discharged for failure to benefit from the Program. When a Program determines to discharge a client, the Program shall provide a written statement containing:

(1) The reason(s) for discharge; and

(2) Written notice of his or her right to request review of the decision by the Program Director or his or her designee; and

(3) A copy of the appeal procedures.

Community Liaison and Concerns

3.09.51 A Program shall instruct clients not to cause unnecessary disruption to the community by loitering in the vicinity of the Program, or engaging in disorderly conduct or harassment. The Program may discharge clients who cause such disruption to the community pursuant to the Standards.

3.09.52 Each Program shall provide the SMA with a specific plan to avoid disrupting the community and the actions it shall take to assure responsiveness to community needs. The SMA may require that such a plan include forming a committee of representative members of the community. Such committee shall meet on a regular basis.

3.09.53 Further actions to assure responsiveness may include, but are not limited to, the assignment of a staff member to act as community liaison, the establishment of a hot line between the community and the Program administration, the assignment of staff to patrol the Program vicinity, and the provision of educational material to the immediate community regarding methadone/LAAM treatment.

Staff Training

3.09.54 In an effort to maintain quality care, the program shall develop a training plan for personnel that foster consistency of care in accordance with rapidly evolving knowledge in the methadone/LAAM treatment field.

3.09.55 Treatment staff shall receive training necessary to become certified/licensed or to maintain certification/licensure as appropriate to their position. In addition, the program shall develop a method of rapidly disseminating information about pharmacological issues and other advances in the field.

3.10 RECORD KEEPING AND REPORTING REQUIREMENTS

3.10.01 The program shall report client admissions, environment changes and discharges to the program to the Arkansas Department of Human Services, Division of Behavioral Health Services, Alcohol and Drug Abuse Prevention using the Alcohol and Drug Management Information System (ADMIS). The program shall complete and submit reports by the 7th day of the following month.

3.10.02 The program shall keep such records and make such reports as required by the DEA as required by 1304.01 - 1304.38 of Chapter II - Drug Enforcement Administration, Department of Justice, part 1304 Records and Reports of Registrants.

3.10.03 The program shall adhere to record keeping and reporting requirements of the CSAT, HHS, 291.505 (d)(13). These records shall include but not be limited to (i) Client Care, (ii) Drug Dispensing, (iii) Client's Record.

3.10.04 The program shall provide other reports as required by the SMA with records as required by DEA and CSAT regulations.

3.10.05 The program shall provide other reports as required by the SMA.

3.10.06 The program shall maintain program records for at least five (5) years. The Program shall not destroy records that are part of an unresolved audit or investigation.

3.11 APPEAL PROCESS

Client Appeal Rights

3.11.01 Decisions regarding a client's treatment by staff are subject to appeal. The program shall develop appeal procedures that allow direct appeal to the SMA.

3.11.02 The SMA shall approve the procedures.

3.11.03 In addition, procedures shall include a provision that a central file of client appeals be maintained at the program site for review by the SMA staff.

3.11.04 The program shall post a list of client rights in a conspicuous place for the public.

Program Appeal Rights

3.11.05 An entity may appeal the disapproval of an application or Program closure by the SMA. Refer to Section 6.00 of Alcohol and Drug Abuse Prevention's Rules of Practice and Procedure for the Appeal Process for Adverse Action.

3.12 PROGRAM CLOSURE

3.12.01 Failure of the program to adhere to CSAT/DEA regulations or Standards of the SMA may result in revocation of program approval and/or licensure.

The SMA shall report Programs recommended for closure to the CSAT/DEA for revocation of the right to receive shipments of narcotic drugs in accordance with 21 CFR, 291.505(h).

3.13 PROGRAM STANDARDS SPECIFIC TO LAAM

Programs licensed by the SMA will also receive permission to administer Levomethadyl Acetate Hydrochloride (LAAM).

Standards specific to LAAM are:

3.13.01 No individual under age 18 may receive LAAM.

3.13.02 Pregnant individuals may not receive LAAM.

3.13.03 Monthly tests for pregnancy, except in those cases where conception is not medically possible, must be conducted on all female clients.

3.13.04 Clients prescribed LAAM can be given supplemental methadone doses to maintain treatment on days when the clinic is closed, or when exceptional circumstances (travel, illness, etc.) make it impractical for the client to attend the clinic for LAAM dosing.

3.13.05 There will be no “take home” privileges for individuals receiving LAAM.

3.13.06 Individuals receiving LAAM will adhere to the same “Phase System” required for individuals receiving methadone.

3.13.07 It is acceptable for LAAM clients in Phase I to be seen in treatment three times per week rather than six times per week, as is the case for methadone clients, since the client receiving LAAM needs less frequent dosing. As long as the clients are maintaining the level of counseling contacts required for Phase I, three (3) clinic visits weekly is allowed.

3.13.08 LAAM may be dosed at a three (3) times per week schedule.

DEFINITIONS

Relative to
Licensure Standards for
Alcohol and/or Other Drug Abuse Treatment Programs

Addiction Severity Index (ASI) - A semi-structured assessment instrument designed to be used with clients presenting for substance abuse treatment. It covers seven (7) important areas of a client's life: medical, employment/support, drug and alcohol use, legal, family/social, opinions about alcohol and drug use, and psychological. The instrument documents lifetime difficulties in these seven areas and focuses on difficulties in the thirty (30) days prior to assessment.

Administrative Detoxification - The gradual, medically controlled withdrawal of methadone/LAAM from a client for violation or infraction of a Program policy.

Admission - The point in an alcohol or drug abuser's relationship with the program at which the intake process has been completed and the individual is entitled to receive services.

Aftercare - The component of the treatment program which assures the provision of continued contact with the client following the termination of services from a primary care modality, designed to support and to increase the gains made to date in the treatment process. Aftercare plan development should start prior to discharge, but is not implemented until discharge.

Alcohol and Drug Management Information System (ADMIS) - Alcohol and Drug Management Information System (ADMIS) is the management information system for the collection and reporting of client related data prescribed by the State.

Alcohol and/or Drug Abuser/Addict - An abuser is a person who voluntarily uses alcohol or other drugs in such a way that his or her social or economic functioning is disrupted. An addict is a person who is physically and/or psychologically dependent on alcohol and/or other drugs and has little or no control over the amounts consumed, leading to substantial health endangerment, and/or social functioning disruption and/or economic functioning disruption.

Applicant - Any individual who has applied for admission to a program, but is not yet admitted to the program.

Applicant Screening - The act of determining eligibility for treatment.

Assessment - The process of collecting sufficient data to enable evaluation of an individual's strengths, weaknesses, problems and needs so that a treatment plan can be developed.

Chief Executive Officer - The individual appointed by the governing board to set in behalf of the overall daily management of the organization.

CPI - Crisis Prevention Institute training in Non-violent Crisis Intervention.

Client - An individual who has an alcohol and/or other drug abuse problem, for whom intake procedures have been completed, who is admitted to the program, and remains active in the treatment provided by the program, and has not been discharged.

Counselor - An individual who, by virtue of education, training or experience, provides treatment, which includes advice, opinion, or instruction to an individual or in a group setting to allow opportunity for a person to explore his or her problems related directly or indirectly to alcohol and/or other drug abuse or dependence:

A Certified Alcohol and Drug Counselor or Advanced Certified Alcohol and Drug Counselor as recognized by the Arkansas Substance Abuse Certification Board;

Licensed Associate Alcoholism and Drug Abuse Counselor or Licensed Alcoholism and Drug Abuse Counselor as recognized by the Arkansas State Board of Examiners of Alcoholism and Drug Abuse Counselors;

Any person licensed at a Masters Degree level or above in the behavioral health field licensed by the State of Arkansas, and who by virtue of education, training or experience, provides treatment, which includes advice, opinion, or instruction to an individual or in a group setting to allow opportunity for a person to explore his or her problems related directly or indirectly to alcohol and or other drug abuse or dependence;

An individual who has at least a Bachelor's Degree in a behavioral science, and who by virtue of education, training or experience, provides treatment, which includes advice, opinion, or instruction to an individual or in a group setting to allow opportunity for a person to explore his or her problems related directly or indirectly to alcohol and or other drug abuse or dependence.

Definitive Laboratory Results - Confirmatory tests conducted by a National Institute of Drug Abuse (NIDA) certified laboratory.

Detoxification - The withdrawal of a person from a physiologically addicting substance.

Detoxification Treatment for Opioid Dependence - The dispensing of a narcotic drug in decreasing doses to an individual to alleviate adverse physiological and psychological effects of withdrawal from the continuous or sustained use of a narcotic drug and as a method of bringing the individual to a narcotic drug-free state within such period.

Direct Care - Any person who provides chemical dependency education or counseling of treatment related activities.

Documentation - Provision of written, dated and authenticated evidence (signed by person's name and title) to substantiate compliance with standards (e.g., minutes of meetings, memoranda, schedules, notices, announcement).

Emergency Admission - An admission that does not meet the intake process due to the extreme nature of the circumstances involved.

Emergency Care - A network of services that provides all persons having acute problems related to alcohol and/or other drug use and abuse readily available diagnosis and care, as well as appropriate referral for continuing care after emergency treatment.

Family - Individuals as defined by law, or significant others that claim relationship to the client.

Fiscal Management System - Procedures that provide management control of the financial aspects of program operations. Such procedures include cost accounting, program budgeting, materials purchasing, and client billing standards.

Governing Board - That person or persons with the ultimate authority and responsibility for the overall operation of the program.

Intake - The process of collecting and assessing information to determine the appropriateness of admitting an individual in an alcohol and/or drug abuse treatment program.

Levomethadyl Acetate Hydrochloride (LAAM) - A μ-opioid agonist approved for the treatment of opioid dependence.

Licensure - The process by which the Alcohol and Drug Abuse Prevention determines if a person, partnership, association or corporation may operate an alcohol and/or drug abuse treatment program.

Licensure Standards for Alcohol and/or Other Drug Abuse Treatment Programs - The standards developed by Alcohol and Drug Abuse Prevention, which licensed treatment programs shall meet.

May - Term in the interpretation of a standard to reflect an acceptable method that is recognized, but not necessarily preferred.

Medical Director - A physician licensed to practice medicine in the State of Arkansas who assumes responsibility for the administration of medical services performed by the Program, ensuring that the Program is in compliance with federal, state and local laws and regulations. In an Opioid Treatment Program the Medical Director assumes the responsibility regarding the medical treatment of narcotic addiction with a narcotic drug.

Methadone Hydrochloride - An opioid (a synthetic opiate) that is primarily used for the treatment of narcotic addiction in detoxification or maintenance programs.

Narcotic Dependent - A narcotic dependent is an individual who physiologically needs opiate or a synthetic opiate to prevent the onset of signs of withdrawal.

Observation Detoxification - Includes monitoring on a 24-hours per day basis of a client who is undergoing mild withdrawal in a residential/live in setting. Monitoring will consist of taking the client's vital signs. Vital signs will be taken by a staff member trained and certified by ADAP, a Medical Doctor, Registered Nurse, Licensed Psychiatric Technical Nurse or Licensed Practical Nurse. The facility shall establish approved emergency medical procedures. These services shall be available should the client's condition deteriorate and emergency procedures be required.

Opioid Maintenance - The dispensing of methadone/LAAM for more than 180 days in the treatment of an individual for dependence on opiates.

Opioid Treatment Program - An entity that:

(1) Administers or dispenses an approved narcotic drug to a narcotic addict for maintenance or detoxification treatment;

(2) Provides a comprehensive range of medical and rehabilitative services;

(3) Is approved by the SMA and the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT);

(4) Is registered with the Drug Enforcement Administration to use a narcotic drug for the treatment of narcotic addiction; and

(5) Is open at least six (6) days a week.

Outpatient Program - A non live-in program offering treatment or rehabilitation services to alcohol or drug abusers on a scheduled or non-scheduled basis.

Outpatient Service - Family - Counseling provided in an outpatient environment to a substance abuse client and/or family members and/or significant other.

Outpatient Service - Group - Counseling provided in an outpatient environment to more than one substance abuse client.

Outpatient Service - Individual - Includes care provided to a substance abuse client in an outpatient environment.

Outreach Public Education and Information - The dissemination of relevant information specifically aimed at increasing the awareness, receptivity, and sensitivity of the community and stimulating social action to increase the services provided for people with problems associated with the use of alcohol and/or other drugs. It also includes the process of reaching into a community systematically for the purpose of identifying persons in need of services, informing

individuals and their families as to the availability of services, locating additional services, and enhancing the entry into the service delivery system.

Partial Day Treatment - Care provided to a substance abuse client who is not ill enough to need admission to medical detoxification or observation detoxification, but who has need of more intensive care in the therapeutic setting. This service shall include at a minimum intake, individual and group therapy, psychosocial education, case management and a minimum of one hot meal per day. Partial Day Treatment shall be a minimum of four (4) hours per day for five (5) days per week. In addition to the minimum services, treatment may include drug testing, medical care other than detoxification and other appropriate services.

Presumptive Laboratory Results - Screening test results that have not been confirmed by a National Institute of Drug Abuse (NIDA) certified laboratory.

Program - An individual, partnership, corporation, association, government subdivision or public or private organization that provides treatment services.

Program Component - A category into which a specific group of interrelated services can be classified (e.g., outpatient care).

Program Sponsor - A person (or representative of an organization) who is responsible for the operation of a Program and who assumes responsibility for its employees, including practitioners, agents or other persons providing services at the Program and is knowledgeable of substance abuse treatment issues.

Progress Note - That portion of the client's case which describes the progress of the client and his (her) current status in meeting the goals set in the treatment plan, as well as describing the efforts of staff members to help the client achieve those stated goals. Progress notes also include documentation of those events and activities related to the client's treatment.

Referral Agreement - A written document defining a relationship between the program and an outside resource for the provision of client services not available within the alcohol and/or other drug abuse treatment program.

Regional Alcohol And Drug Detoxification Services (RADD Services) - A process providing the client with up to three days detoxification services and aftercare plan.

Regional Detoxification Specialist - A person trained and certified by Alcohol and Drug Abuse Prevention. Training will provide competency, at a minimum, in the following areas:

1. Current RADD Program Policies and Procedures;

2. Taking of vital signs (temperature, pulse, respiration and blood pressure);

3. Evaluation of presenting symptoms and compiling an accurate substance abuse history;

4. Current certification in cardiopulmonary resuscitation (CPR);

5. Current certification in a first aid course;

6. Current Non-Violent Crisis Intervention certification (CPI) in defusing hostile situations; and,

7. Knowledge of alternate social, rehabilitation and emergency referral resources.

Rehabilitation - The restoration of a client to the fullest physical, mental, social, vocational and economic usefulness of which he or she is capable. Rehabilitation may include, but is not limited to, medical treatment, psychological therapy, occupational training, job counseling, social and domestic rehabilitation and education.

Residential Program - A twenty-four (24) hour, seven (7) days per week, non-medical, live-in facility offering treatment and rehabilitation services to facilitate the alcohol and/or other drug abuser's ability to live and work in the community. Includes care provided to a substance abuse client who is not ill enough to need admission to medical detoxification or observation detoxification, but who has need of more intensive care in the therapeutic setting with supportive living arrangements. This service shall include at a minimum, intake, individual and group therapy, case management and room and board. In addition to the minimum services, residential service may include drug testing, medical care other than detoxification, and other appropriate services.

Services - Services are program components rendered to clients which shall include, but are not limited to: (1) Medical evaluations; (2) Counseling; and (3) Rehabilitative and other social programs (e.g., vocational and educational guidance, employment placement) which shall support the client in becoming a productive member of society.

Shall - Term used to indicate a mandatory statement, the only acceptable method under the present standards.

Significant Other - An individual who has an intimate relationship with another, but who is not related by heredity or law.

Staff - Any individual who provides services to the program on a regular basis as a paid employee.

Standards - Specifications representing the minimal characteristics of an alcohol and/or other drug abuse treatment program, which are acceptable for the licensing of a program.

State Authority – The Director, or designee, of the Arkansas Department of Human Services, Division of Behavioral Health Services, Alcohol and Drug Abuse Prevention, or its successor.

State Methadone Authority (SMA) - The Director, or designee, of the Arkansas Department of Human Services, Division of Behavioral Health Services, Alcohol and Drug Abuse Prevention, or its successor.

Structured Treatment - An activity facilitated by a staff member, an appropriate volunteer, or a representative from an outside agency (client meditation and study groups are not structured treatment).

Substance Abuse Treatment - A process whereby services are provided to an individual with the intent of the cessation of harmful or addictive use of alcohol and/or other drugs. Treatment must include, but should not be limited to, counseling. Treatment promotes the ultimate goal of the individual reaching their fullest physical, mental, social, vocational and economic capabilities possible.

Take-Home Medication - Take-Home medications refer to those doses of methadone consumed by the client under conditions of no direct observation by a medical provider.

Treatment Plan - A written plan developed after assessment, which specifies the goals, activities and services appropriate to meet the objective needs of the client.

Treatment Program - Any program that delivers alcohol and/or other drug abuse treatment services to a defined client population.

Treatment Staff - The group of personnel of the alcohol and/or other drug abuse treatment program, which is directly involved in client care or treatment.

Update - A dated and signed review of a report, plan or program with or without revision.

Volunteer - Any person who of their own free will provides goods or service without any financial gain. Volunteers may not supplant paid staff.

Working Agreement - A written contract, letter of document, or other document that defines the relationship.

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
ALCOHOL AND DRUG ABUSE PREVENTION
4313 West Markham, Third Floor Administration
Little Rock, Arkansas 72205
(501) 686-9866 – FAX (501) 686-9035

APPLICATION FOR LICENSURE

First time applicants shall submit a $75.00 application fee

☐ NEW APPLICANT ☐ RENEWAL

☐ CHANGE IN STATUS (check ALL that apply): ☐ New Site ☐ New Address ☐ New Owner
☐ Adding a new level of service ☐ Increase in Bed Capacity ☐ Change in Client Population (adult or adolescent)

NAME OF FACILITY TO BE LICENSED (dba if used):

Legal Name of Facility

Mailing Address (Headquarters)

Physical Address (Headquarters)

City State Zip Code

Telephone County
( )

Facility Contact Person for Licensure (Name and Title)

Telephone FAX Number
( )

SERVICES NEEDING LICENSURE:

☐ Residential ☐ Outpatient ☐ Partial Day ☐ Drug Court
☐ SWS ☐ Adolescent Services ☐ Therapeutic Community
☐ Opioid ☐ Other (Specify) ☐ SATP

FACILITY CLASSIFICATION:
☐ Medical Facility ☐ Independent Facility
☐ Community Mental Health Facility
☐ Correctional Facility

LEGAL STATUS:
☐ Non-Profit
☐ For Profit
☐ Public

ACCREDITATION:
☐ JCAHO
☐ CARF
☐ COA

Projected Date to Open for New Facilities and Programs: / /

TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.

Typed Name of Chief Executive Officer

Signature of Chief Executive Officer Date