ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

OFFICE OF ALCOHOL AND DRUG ABUSE PREVENTION

LICENSURE STANDARDS FOR ALCOHOL AND OTHER DRUG ABUSE TREATMENT PROGRAMS

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LICENSURE STANDARDS
FOR
SUBSTANCE ABUSE TREATMENT PROGAMS

AUTHORITY

The Department of Human Services, Division of Behavioral Health Services, Office of Alcohol and Drug Abuse Prevention (OADAP) is vested by A.C.A.§ 20-64-901 *et seq.* with the authority and duty to establish and promulgate rules for licensure of substance 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 other drug abuse treatment program must be licensed by OADAP, unless expressly exempted from these requirements. Programs administered by the Department of Defense, the Veterans Administration, acute care hospital based alcohol and drug abuse treatment programs governed by § 20-9-201, § 20-10-213 and § 20-64-903, and persons exempted from licensure under Arkansas Code § 20-64-903 are not required to be licensed by OADAP, but may voluntarily seek licensure.

The OADAP is designated as the State Authority (SA) governing opioid treatment in Arkansas. Opioid Treatment Programs (OTPs) providing opioid treatment services shall comply with the applicable Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs including the specific standards for opioid treatment developed by OADAP. Opioid treatment services shall comply with all 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 Authority (SA).

As a condition of OADAP licensure approval, or funding, programs must comply with all laws and regulations regarding alcohol or drug treatment, programming, services, accreditation, or education.

HISTORY

Act 644 of 1977 created the Arkansas OADAP and charged the office with the responsibility for developing and promulgating standards, rules and regulations for accrediting alcohol and other drug abuse prevention and treatment programs/facilities within the state. Accreditation standards for alcohol and 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 OADAP as the sole agency responsible for accrediting all alcohol and 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 OADAP on October 1, 1993. The Methadone/LAAM Treatment Program Standards were revised to include LAAM treatment on July 1, 1997. Subsequently LAAM treatment has been discontinued as a practice. More recently Buprenorphine has been recognized for use as an Opioid treatment. Thus, per designation of OADAP, the State Methadone Authority (SMA) has given way to the current designation of OADAP as the State Opioid Treatment Authority (SOTA) governing opioid treatment in Arkansas.

ABSTRACT

The Licensure Standards for Substance Abuse Treatment Programs Manual are State issued rules and regulations governing the licensure process. The Manual includes:

(1) Procedures for Licensure
(2) Licensure Types
(3) Substance Abuse 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.

The Application for Licensure must 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.

An alcohol and other drug abuse treatment program must be in compliance with all applicable Standards in order for a program to obtain a one year or a three year license.

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

Department of Human Services
Division of Behavioral Health Services
The Office of Alcohol and Drug Abuse Prevention
Director, Program Compliance and Outcome Monitoring
305 South Palm Street, Administration
Little Rock, Arkansas 72205

Physical Address:
4800 West Seventh Street
Little Rock, AR 72205

Phone: 501-686-9866
Fax: 501-686-9396

http://www.arkansas.gov/dhhs/dmhs/

PROCEDURES FOR LICENSURE

Licensure is required of any individual, partnership, association or corporation operating or seeking to operate a substance abuse treatment program in the State of Arkansas. Upon promulgation of revisions to the standards, OADAP will provide to each of the programs known to be operating within Arkansas, a copy of the newly issued Licensure Standards for Alcohol and other Drug Abuse Treatment Programs manual.

A schedule for the licensure process for each treatment program with the participation of the program under review will be developed by OADAP. The entire licensure process for a program is shown below, with explanatory comments following.

Step 1
- a) Programs currently licensed shall be notified by OADAP of the upcoming licensure review.
- b) First time applicants seeking licensure shall submit a completed application for licensure to OADAP.
- c) Unlicensed alcohol and other drug abuse treatment programs will be notified by OADAP of the need to make application for licensure.

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

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

Step 4 OADAP will provide written confirmation and notification to the program 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) Notice of Requirement Form (form must be signed and returned to OADAP prior to the start of the licensure review)

Step 5 Formal on-site reviews by the OADAP Standards Review Team.

Step 6 Report by the OADAP Standards Review Team and recommendations to the Director of Program Compliance and Outcome Monitoring, Alcohol and Drug Abuse Prevention.

Step 7 Formal report to the program including findings and recommendations of the OADAP Standards Review Team with the type of license awarded.

Step 8 When applicable, responses to the program's appeal and/or scheduling of a follow-up Licensure Review.

Step 9 Submission to OADAP, by the program, of a $1,500.00 non-refundable licensure review fee (for first time applicants only) due after the review. **NOTE: The formal license will only be issued upon receipt of payment of the licensure review fee.**

APPLICATION PROCESS FOR OPIOID TREATMENT PROGRAMS (OTP)

An OTP shall not operate in the State of Arkansas prior to completion of the application process. The following criteria must be met:

a) Program has approval from the Drug Enforcement Administration (DEA) on file with OADAP; and,
b) Program has approval from the Center for Substance Abuse Treatment (CSAT).
c) The program has received licensure as an Alcohol and Other Drug Abuse Treatment Program;

NEW PROGRAMS COMMENCING OPERATION

Programs seeking licensure, or required to receive a licensure review, will complete all steps specified in the application process. OADAP shall review standards applicable to programs that have not yet provided substance abuse treatment. If the program has met the requirements outlined below, OADAP will issue a six (6) month operational permit.

1. Governing Board Authority and Procedures
2. Program Planning and Evaluation Processes
3. Employment and Personnel Practices
4. Program Services (to include applicable specialized services applied for)
5. Inspection of the Physical Plant
6. Articles of Incorporation/By Laws on file with the Arkansas Secretary of State
7. Board Minutes on file
8. Insurance Documentation
9. Evidence of current valid certifications of building, fire, safety and health inspections.
10. Policies and Procedures Manual
11. Client Handbook

Prior to expiration of the six (6) month operational permit, a formal review, with a Standards Review Team (SRT) will be performed to determine the program's level of compliance with all applicable standards. If the program under review is found to be in full compliance with all applicable standards, then the SRT shall recommend a one (1) year license.

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. OADAP 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:

a) At least one team member from OADAP. If more than one member, one member will be designated as "team leader".
b) At least one team member from another treatment program, as selected by OADAP. Representative(s) from other organizations or agencies may be selected as deemed appropriate by OADAP.

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, OADAP 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) The SRT member must not be a current or former employee or client of the program to be reviewed.
c) The SRT member must 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.

FORMAL LICENSURE REVIEW

The SRT shall make a formal on-site review. Minimally, OADAP shall inspect the facilities prior to the expiration of the program's license. OADAP may extend a program's license for no longer than six (6) months. 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. OADAP 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 and evaluated.

EXIT INTERVIEW

Following the SRT meeting, the SRT will meet with the Chief Executive Officer, Program Director or Clinical Director, and at least one (1) member of the Governing Board (if applicable). 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. The Director of the OADAP will make the final determination as to whether licensure will be granted.

LICENSURE DETERMINATION

Within fifteen (15) working days of the last day of the on-site review, a written report will be completed by the SRT team leader and forwarded to the Program Director. Based upon this report OADAP shall award the appropriate type of license.

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

LICENSURE REVOCATION

OADAP may at its discretion revoke the operational permit of any program applying for licensure unable to meet compliance with the Standards for licensure. OADAP shall also initiate action to revoke the license of any program found not to be in full compliance with the Standards.

COMPLIANCE REVIEW

In addition to the licensure review, OADAP will conduct, at least two (2) announced or unannounced compliance reviews. A compliance review will primarily consist of a case record review, but could include the review of any or all of the Standards. Opioid Treatment programs will receive unannounced reviews, at least quarterly, to determine the program's ongoing compliance with opioid treatment specific standards.

ADMIS COMPLIANCE

All alcohol and other drug abuse treatment programs in Arkansas are required to report client-related data in accordance with the requirements of the current ADMIS. For acute care, hospital based alcohol and drug abuse treatment programs, failure to report may result in notification to the Arkansas Department of Health, Division of Health Facility Services, of failure to comply with requirements of Act 25 of 1991. Licensure awarded automatically pursuant to Act 173 of 1995 shall not be affected by failure to report. For all other treatment programs, failure to report may result in the loss of OADAP required licensure.

TYPES OF LICENSES

Six-Month Operational Permit

If the program seeking licensure is not currently licensed, OADAP 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 is in substantial compliance with all applicable Standards, as determined by OADAP staff at the time of the review, then OADAP will issue a six (6) month operational permit. No later than six (6) months after the according of the permit, a formal 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

Following completion of a licensure review by an SRT, a one-year license will be accorded to a program that previously held a six-month operational permit, if all applicable Standards are found to be in full compliance.

Three-Year License

All applicable standards must be in compliance at the time of the formal licensure review to be accorded a three-year license. A program operating under a one-year or three-year license may be accorded a three-year license.

Probationary License

A license can be revoked at any time OADAP determines (by licensure or compliance reviews), that a program is not in compliance with the licensure standards. A six-month probationary license will be accorded to allow the program to bring the program into full compliance with the Standards. The probationary license shall not exceed six months from the date of its issue. Any programs 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. Once in compliance, they will be accorded a one-year license, and continue to operate.

If the program fails to fully comply with applicable standards, during the probationary period, and fails to bring standards into full compliance prior to the end of the six-month period and formal review, that would allow a one-year license, then the program will become non-licensed (see next page).

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.

Non-Licensed

Programs failing to comply with all applicable licensure Standards after the expiration of a six-month operational permit 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 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 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 OADAP licensure as licensed alcohol and drug abuse treatment programs provided they also met Licensure Standards for Alcohol and/or Other Drug Abuse Treatment Programs in the following areas:

(1) Treatment Plan development
(2) Progress Note development
(3) Treatment Plan reviews
(4) Clinical Supervision
(5) Health and Safety issues
(6) Physical Plant requirements

The license shall be awarded by the office upon presentation by the program of evidence of accreditation by JCAHCO, CARF, or COA and verification of compliance of the above listed areas by the office personnel. This subsection does not apply to methadone treatment programs operating in the State of Arkansas. All methadone treatments programs shall be licensed by the office.

APPEAL PROCESS

If, for any reason, a program does not agree with the licensure decision, the program may appeal the adverse decision in accordance with the provisions of section VII, 6.00, Appeal Process for adverse action, set out in the Rules of Practice and Procedure. Written

notification must be received by the Chairperson of the Arkansas Alcohol and Drug Abuse Coordinating Council, no later than thirty (30) calendar days after the program's receipt of the licensure decision.

The appeal must contain:

1. A statement of the specific action which is being appealed.
2. The reason the licensure applicant believes the adverse action was incorrect.
3. The specific outcome requested.

When the written appeal is received, the Chairperson of the Alcohol and Drug Abuse Coordinating Council will establish a date for the administrative hearing and notify the parties in writing. All hearings shall be conducted in accordance with the Arkansas Administrative Procedures Act codified at A.C.A. § 25-15-201 et seq.

Compliance required: As a condition of the Office of Alcohol and Drug Abuse Prevention, licensed programs must comply with all laws, rules and regulations regarding alcohol or drug treatment. Programs licensed under theses standards are not authorized to provide educational services to DUI/DWI offenders. In order to provide theses services, programs must be an OADAP contracted alcohol education program.

LICENSURE STANDARDS FOR ALCOHOL AND OTHER DRUG ABUSE TREATMENT PROGRAMS

GOVERNING BODY (GB) - The governing authority or legal owner of a program has the primary responsibility to create and maintain the organization's core values and mission via a well-defined and annually updated strategic plan which sets out authority over and responsibility for all programs. The authority shall ensure compliance with all applicable legal and regulatory requirements and supervise the recruiting of staff members that are competent and representative of the specific cultures and populations served. The governing body shall advocate for needed resources to carry out the mission of the organization and actively collaborate with the management staff to ensure the success of day to day operations.

GB1 There shall be a governing body which has the ultimate authority for the overall operation of a program, which is one of the following as verified by the program's articles of incorporation:

a. A public, non-profit organization; or
b. A private, non-profit organization; or
c. A private, for-profit organization; or
d. A foreign corporation authorized to do business in Arkansas

GB2 Each program shall have a governing body or other responsible person that is accountable for the development of policies and procedures to guide the daily operations. If a program is governed by a board of directors, minutes and records of the board of directors meetings shall document that the program administrator has reported to the governing body or its designated representative a minimum of four times per year.

GB3 Each program shall retain written documentation that describes the means by which the governing body shall maintain written documentation for all of the following:

a. The election or appointment of its officers and members;
b. The orientation of new governing body members and any subsequent training;
c. The appointment of committees as necessary to effectively discharge responsibilities;
d. The scheduling of meetings; and
e. Determination of quorum requirements; and, keeping minutes of all meetings;

GB4 The governing body 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 minutes shall be signed by a member, as designated by the governing body; and
g. The minutes shall be available to staff, persons served and the general public upon request (applies to non-profit organizations only).

GB5 The governing body for the organization shall:

a. Delegate a Chief Executive Officer for the program that is not a member of the governing body (applies to non-profit organizations only);
b. Prohibit any employee from being a voting member of the governing body;
c. Delegate authority and responsibility to the Chief Executive Officer for the management of the program in accordance with established policy; and
d. Perform an employment evaluation of the Chief Executive Officer at least annually.

GB6 The governing body shall:

a. Maintain an authorized policy and procedures manual that describes the regulations, principles, and guidelines that determine the substance abuse treatment program operations;
b. Review and update the policy and procedures manual as needed, but at least annually (as verified in the board minutes);
c. This policy and procedures manual shall be made available to the public upon request (applies to non-profit organizations only).

PROGRAM PLANNING/EVALUATION (PP&E)

PP&E 1 A program plan will be developed and approved by the governing body which addresses outcome measures and includes:

a. A written statement of the substance abuse treatment program goals and objectives;
b. A written plan for implementation of the goals and objectives; and,
c. An organizational chart that includes the structure including lines of authority, responsibility, communication and staff assignments.

PP&E2 The Governing Body will evaluate the plan annually based on the goals and objectives of the program. This includes operational definitions of the criteria to be applied in determining achievements of established goals, objectives and a mechanism for:

a. Assessment of the progress toward attainment of the goals;
b. Documentation of program achievements not related to original goals;
c. Assessing the effective utilization of staff and program resources;
d. Documentation verifying the implementation of the evaluation plan; and
e. Identify the results of the evaluation process.

FISCAL MANAGEMENT (FM) - The Governing Body shall oversee the management of a program which maintains a comprehensive written schedule of service fees and charges and which offers a reasonable payment plan that takes into account the clients' income, resources and dependents. This will be reviewed and approved annually by the governing body and shall be accessible to the public (applies to non-profit organizations only).

FM1 The Governing Body shall ensure that the program has liability insurance that provides for the protection of the physical and financial resources of the program:

a. To cover its clients, staff and general public;
b. To include coverage of the building, equipment, and vehicles; and
c. If part of a governmental agency, in lieu of liability insurance, the program has other proper means of protection for the items specified.

FINANCIAL EVALUATION (FE) - Each client shall receive a financial evaluation that includes all sources of income. The sources shall be verified and documented. 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.

ADMINISTRATIVE OPERATIONS (AO) - The program shall have written policy and procedures with supporting documentation for all the following:

AO1 Ownership Change. The program shall provide written notification to OADAP at least thirty (30) calendar days prior to any change of name, ownership, location, control of the facility, or make major programmatic changes using the OADAP form (see Addendum 1).

AO2 Access Policy. The program has a policy defining the program's areas that may be accessed by clients and visitors that includes medication areas, dispensing and food preparation areas.

AO3 Directory. The program shall maintain a log of all visitors to the program to protect client confidentiality in accordance with 42 CFR Part 2.

AO4 Tobacco Products. The program shall have a written policy and procedure prohibiting the use of any tobacco products within the facility in accordance with the Arkansas Clean Indoor Act of 2006. If the program provides a designated smoking area it shall be located a minimum of 25 feet from any entrance to the facility and shall not be in a common area that non-smoking individuals must transverse to gain access into the facility. In addition the program shall prohibit the use of alcohol, tobacco and illicit drugs by staff which includes:

a. Providing, distributing, or facilitating the access of tobacco products to clients;
b. Use of tobacco products in the presence of clients or visitors; and
c. Prohibits the public display of tobacco products by staff.

AO5 HIV/AIDS. 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.

AO6 Advertising. 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.

AO7 Privacy. The private counseling area used provides sufficient privacy to maintain confidentiality of the communication between counselor and client. A private meeting area shall be available for clients to meet with their legal representatives, service providers, family members or persons providing assistance in attaining treatment goals.

AO8 Emergency/Natural Disaster. The program shall develop written policies and procedures for continued safety and treatment of clients in the event of an emergency or natural disaster. Emergency policy and procedures are readily available to all staff; the program has a written internal disaster plan which includes the training of staff in disaster and evacuation procedures, a list of alternate resources and the monthly rehearsal of various disastrous scenarios of the procedure are documented.

AO9 Critical Care Referral. The program will have policies and procedures for referring clients for services needed at a critical care facility.

AO10 Workforce Safety. The program has implemented work practice controls and provided personal protective equipment to reduce exposure to bodily fluids through the normal performance of their duties.

AO11 Infection Control. The Program shall have written policies for infection control, which are in compliance with the Center for Disease Control and Prevention. Guidelines.

AO12 STD Control. The program shall have policies and procedures describing the programs services for HIV/AIDS, Sexually Transmitted Diseases (STDs), Tuberculosis (TB) and Hepatitis to include:

a. The provision of testing and treatment at the program or through a written referral agreement with a medical entity qualified to provide such services;
b. Testing shall be available to all clients upon request;
c. All testing shall be voluntary;
d. All clients shall receive HIV/AIDS, STD, Hepatitis and TB education per admission; and
e. There will be documentation of all above.

AO13 Client Handbook. The Client Handbook shall clearly state that the program shall not be held responsible for any medical costs incurred by clients or children occupying the program and transported to medical appointments. The provider's responsibility is limited to arranging for the clients to access these services and providing transportation for them.

AO14 Grievance Policy. The Program shall have a grievance policy which states that there is a reasonable, specific deadline for completing the grievance process. At the program level, once received, client grievances must be reviewed and a decision reached in accordance of the program's policies and procedures. Grievances to be reviewed by the governing board shall be heard no later than the board's next scheduled meeting.

AO15 The program will maintain a publicly listed or local telephone number.

AO16 Hours of operation are scheduled to make services accessible to clients and the general public.

AO17 There shall be no less than one (1) staff on duty at all times per twenty-five (25) clients, per physical site. (Not Applicable to Criminal Justice System).

AO18 There shall be no less than one (1) treatment staff per twenty (20) clients during scheduled treatment activities.

AO19 A counselor's caseload shall not exceed the 25 to one (1) client/counselor ratio in a residential setting.

AO20 The program has at least one staff person present during operating hours who maintains a valid certification in First Aid, Cardio-Pulmonary Resuscitation (CPR) and Non-violent Crisis Prevention and Intervention (NCPI). All Specialized Women Services programs will have at least one staff person who is certified in child and infant CPR. This documentation will be verified by the staff member's personnel record.

AO21 The program has procured an agreement with a mental health provider licensed or certified in the State of Arkansas to provide consulting services for dually diagnosed treatment applicants or clients. The agreement must be updated every two years.

AO22 The program maintains a comprehensive resource directory (updated every 2 years) of local community and government agencies 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).

AO23 Documenting 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.

AO24 The program will provide written referral to or coordinate introduction of available resources and services through community and government agencies that will assist with specialized needs to maintain a continuum of client care. These agreements shall include:

a. The services the resource agrees to provide;
b. The duration of the agreement;
c. The procedures to be followed in making referral;
d. A statement of conformity to federal, state, and program confidentiality requirements;
e. Date, time and signatures of both parties; and
f. The agreements must be updated every two years.

AO25 Services are available to provide a variety of diagnostic and primary substance abuse treatment 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. Orientation to the program's operations and procedures;
c. Screening of applicants for substance abuse treatment service for referral, or treatment purposes;
d. Individual, group and family counseling sessions;
e. Crisis intervention; and
f. Interdisciplinary treatment services.

AO26 Residential services are provided seven (7) days per week, 24 hours per day and provide;

a. A minimum of twenty-eight (28) hours of structured treatment weekly
b. A minimum of five (5) hours daily (Monday through Friday) and
c. A minimum of three (3) hours daily on Saturday and/or Sunday.

(See Definitions Section for an explanation of "structured treatment.")

AO27 Partial day treatment programs provide services at a minimum of four (4) hours per day and at least five (5) days per week.

AO28 Protocol for administrative discharge to include: threats of violence or actual bodily harm, disruptive behavior, sexual misconduct, loitering, sale, purchase or use of drugs or alcohol, continued unexcused absences from counseling.

AO29 When a program determines to administratively discharge a client, the program shall provide a written statement containing:

a. The reason(s) for discharge;
b. Written notice of his or her right to request review of the decision by the Program Director or his or her designee; and
c. A copy of the appeal procedures.

HUMAN RESOURCES (HR) - The Governing Body shall ensure that the program has written personnel policies and procedures that apply to employees and those working under the supervision of individuals employed by the program (i.e. contracted workers, interns, volunteers, visitors). These shall include but not be limited to the following:

HR1 Ensure compliance with all legal, ethical, and regulatory codes in accordance with Title VI/Title VII of the 1964 Civil Rights Law, Equal Employment Opportunities Commission (EEOC) (race, color, sex, religion, national origin, age or disability).

HR2 Prohibiting harassment of any nature including that of race, color, religion, age, sexual orientation, physical or mental disability and unwanted sexual advances.

HR3 The program shall designate an employee who will monitor the programs compliance with the Americans with Disability Act (ADA), and educate all staff.

HR4 Consequences for unethical conduct and violations of the harassment policy will include:

a. Steps for reporting violations;
b. Process for investigating allegations; and
c. Disciplinary process for violations.

HR5 Background investigations shall be required for all staff that have direct contact with clients or client records. Results will determine eligibility for employment in accordance with program policies.

HR6 A program cannot employ any person currently receiving substance abuse treatment services. This also prohibits the use of clients to monitor the program.

HR7 Former substance abuse clients shall not provide direct treatment services for 12 months after their discharge from substance abuse treatment.

HR8 An employee assistance program or provisions for referral to such services must be available.

HR9 Employee grievance protocol which is reviewed, updated and approved annually by the governing body. Documentation of employee grievances shall be confidential and shall be stored separately from personnel records.

HR10 Personnel shall meet all local, state, or federal legal requirements for their position. (e.g. licensing and certification)

HR11 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). An exception is granted for those staff involved in an internship or practicum from another human services or behavioral discipline.

HR12 Students or interns shall be supervised by a paid staff member and shall not be used to supplant direct treatment service employees.

HR13 A Counselor in Training (CIT) shall provide evidence that a minimum of thirty (30) clock hours of continuing education is obtained per year toward the certification process.

HR14 CITs providing direct treatment services must be receive at least one hour of individual supervision or ninety minutes of group supervision weekly. Such supervision must be documented and must be performed by persons authorized to approve treatment plans, as specified in this manual.

HR15 Policy includes a specific process for completion of a comprehensive evaluation of personnel performance on at least an annual basis for all staff.

HR16 The process for evaluation of personnel performance requires a written report and requires documentation that the evaluation is reviewed with the employee.

HR17 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. Employees signature.

HR18 Personnel records will be kept on all employees, volunteers and professionals contracted to provide direct treatment services that contain at least:

a. Job descriptions for all positions will be reviewed annually and include:

(1) Qualifications to include, education, experience, licensing and certifications relevant to the position;
(2) Reporting supervisor's position;
(3) Position(s) supervised; and

(4) Duties and responsibilities.

b. Application/resume;
c. License/certification, where applicable;
d. Proof of Professional liability insurance (if required by license/certification)
e. Verification of academic records (when required by job descriptions);
f. Results of criminal background checks, if required for the position;
g. A signed statement acknowledging receipt and compliance with the following:

(1) Confidentiality of Alcohol and Drug Abuse Patient Records (42 C.F.R. Part 2);
(2) Health Insurance Portability and Accountability Act (HIPPA) (45 C.F.R. Parts 160 and 164);
(3) Client Rights as listed in these standards;
(4) Program Policy and Procedure Manual;
(5) Employee assistance plan;
(6) Emergency Policies;
(7) Organizational chart;
(8) Job Description; and
(9) Annual employee evaluation.

HR19 Employee records are stored in a secure and confidential place.

CLINICAL PROCEDURES (CP) - The program will have written policy and procedure for the following:

CP1 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 include the Health Insurance Portability and Accountability Act and 42 CFR, Part 2. Both regulations provide for safeguarding files or other client identifying information from disclosure or access by unauthorized individuals, and require that records be maintained in a secure manner. OADAP shall review records for the purpose of monitoring execution of the policies and standards required by these regulations.

CP2 Documentation shall not contain slang, technical jargon, or abstract terms.

CP3 Errors in the treatment chart should never be corrected with "white-out" or Marker, by pasting paper over the error or by any other method, which would obliterate the original words. When an error is corrected, the original text must remain readable. A single line is to be drawn through the error, the correct information added with the date and initials of the person making the correction.

CP4 No documentation shall be signed and dated prior to completion;

CP5 The program's treatment services, lectures, and written material shall be appropriate to the clients served, age-appropriate and easily understood by clients.

CP6 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.

CP7 The program shall retain all documentation for at least six (6) years and shall ensure that all individual client records are disposed of in a secure manner. The written policies and procedures shall ensure:

a. The program exercises its responsibility for safeguarding and protecting loss, tampering, or unauthorized disclosure of information, and the file cabinets and files are marked "CONFIDENTIAL;"
b. Client case records are readily accessible to those individuals specifically authorized by program policy.
c. Content and format of client records are kept uniform;
d. Entries in the client record are signed, dated and time noted;
e. Client records which are part of an unresolved audit, investigation or other legal process shall be maintained for a minimum of six years or at least until the audit, investigation or other legal process is resolved;

f. Forms in each client record are bound in such a manner to minimize accidental loss;
g. Allergies and/or other serious conditions are "flagged" on the outside of the record;
h. The Program shall make records available to OADAP upon request; and
i. Each new admission, readmission or transfer admission is interviewed and the interview is documented in the client record.

CP8 The program has standardized screening protocol to determine applicants eligibility and appropriateness for admission to treatment.

CP9 The program has a uniform intake process and documentation shall include:

a. The types of information to be gathered on all clients;
b. Procedures to be followed when accepting referrals;
c. Offering case management, withdrawal risk assessment, outpatient services, education, and referral to another licensed program when the program is at full capacity; and
c. Procedures for the provision of emergency services (i.e. after hour admission, medical emergencies) and other special circumstances.

CP10 A client handbook is made available to all clients and a receipt must be in the client record. 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 serve;
b. A written statement describing admission and discharge procedures;
c. A written statement describing living conditions and standards of behavior expected;
d. The organization's client grievance process.

CP11 Personal Property Inventory shall be taken upon admission to a residential environment. Items of value shall be securely stored by the program at the request of the client. The inventory list will include the stored items, date received and returned, and signatures of staff and client.

CP12 The program shall provide a specialized plan for treatment by assessment and then addressing the specialized needs of each client of the program.

CASE MANAGEMENT (CM) - The program shall assure that the following services are provided to the clients:

CM1 Arranging and facilitating for the provision of all services as documented in the treatment plan.

CM2 Holding regular, and as needed, meetings with the client to monitor and reevaluate the individualized comprehensive plan.

CM3 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.

CM4 Maintaining records of other documentation of all services delivered to the client.

CM5 Developing an aftercare plan with the client prior to discharge.

SCREENING AND INITIAL ASSESSMENT (SA)

SA1 A pre-admission screening shall be used to determine a client's eligibility and appropriateness. It is to include:

a. Substance Use History;
b. Current detoxification level determination;
c. Past psychiatric treatment;
d. Past chemical dependency treatment;
e. Significant medical history;
f. Current health status;
g. Current medications;
h. Known food allergies;
i. Known drug allergies; and
j. Current emotional state and behavioral functioning.

SA2 Documentation of client information and history is to include:

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 and ethnicity;
d. Name of referral source. Document if treatment was mandated by the referral source;
d. 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, which 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.
u. Only staff authorized to approve comprehensive treatment plans as specified in this manual will assign the diagnosis code.
v. 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 Mental Disorders.

SA3 An assessment to determine severity and environment placement to include a completed Addiction Severity Index (ASI) for adults or an equivalent assessment tool for adolescents is to be completed within 72 hours of admission. When applicable, results of other tests or standardized assessments, including the ASAM patient placement criteria or other nationally recognized placement tool must also to be included.

INITIAL TREATMENT PLAN - The initial treatment plan is to be developed and implemented within twenty-four (24) hours, based on assessments that determined all immediate problems and needs such as; medical condition, nutrition, clothing, personal hygiene, legal issues and emergency contacts and the actions taken to meet those needs.

COMPREHENSIVE (MASTER) TREATMENT PLAN (CTP)

CTP1 The comprehensive treatment plan is to be 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 and is to include:

a. A clear and objective statement of the client's needs to be addressed;
b. Clearly stated and goals and objectives that the client is capable of understanding;
c. The means of achieving each goal is documented;
d. The method and frequency of treatment per goal or objective 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; and
g. The CTP is signed and dated by both the counselor and client

CTP2 All comprehensive treatment plans are reviewed and approved by one of the following, as licensed or certified in the State of Arkansas:

a. Advanced Certified Alcohol and Drug Counselor,
b. Certified Alcohol and Drug Counselor,
c. Certified Clinical Supervisor
d. Licensed Marriage and Family Therapist,
e. Licensed Clinical Social Worker;
f. Licensed Master Social Worker;
g. Licensed Physician;
h. Licensed Psychologist;
i. Licensed Professional Counselor;
j. Licensed Psychological Examiner;
k. Licensed Alcoholism and Drug Abuse Counselor;
l. Licensed Associate Alcoholism and Drug Abuse Counselor;
m. Certified Criminal Justice Professional (applies to ADC and DCC only);
n. Certified Co-Occurring Disorder Professional – Diplomat; and
o. Certified Co-Occurring Disorder Professional – Bachelor

CTP3 The client's progress in meeting treatment plan goals is reviewed no later than every seven (7) days in the residential environment (unless clinically contra-indicated) and every ninety (90) days in an outpatient environment. The

review must be approved by an individual specified in “CTP2” above; (Not Applicable to Criminal Justice System).

CTP4 The client’s progress in meeting treatment plan goals will be assessed at the time of discharge.

PROGRESS NOTES (PN)

PN1 Progress notes shall contain: the date and time the session ended: the purpose of the session; topics discussed; client behavior and response to the treatment provided during the session; significant events; and the name, signature and title of the staff person conducting the session.

PN2 Group and individual treatment sessions progress shall be documented per session.

PN3 Outpatient treatment is documented per session.

PN4 Partial day treatment notes contain information required by but may be compressed into a single note that addresses treatment provided on a per day basis.

PN5 Residential treatment shall be documented at least daily.

PN6 The client's progress in meeting treatment plan goals will be assessed at the time of discharge.

PN7 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.

PN8 When a client refuses to divulge information and/or follow the recommended course of treatment, this refusal is noted in the case client record.

PN9 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.

AFTERCARE PLAN (AP)

AP1 The aftercare plan will be written one-week prior to target date of completion. 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;

a. The staff person responsible for the aftercare plan is documented;
b. There is evidence of the client's participation in, and understanding of the treatment and aftercare planning process (client's signature);
c. Upon request by the client, the program shall provide a copy of the plans to the client.

AP2 Discharge Summary shall include but not be limited to the date, time, conditions of discharge, environmental change, client's perception of treatment offered, referrals made, date and signature, and credentials of staff.

AP3 The program shall have written policy and procedure denoting protocol for discharging clients abruptly to ensure the safety and welfare of clients during discharge. Documentation for such discharges shall include:

a. Reason for discharge;
b. Staff present at time of discharge;
c. All actions taken by program to remedy the situation to avoid discharge;
d. Notification of persons listed on emergency contact list;
e. Signed statement that personal property and medications has been returned to client upon discharge;
f. The transportation arrangement assistance offered, available and the method ultimately taken.

AP4 In the case where a client is discharged against medical advice, for non-compliance or in abstentia the program shall document that the Aftercare Plan has not been developed for these specific reasons.

CLIENT CONFIDENTIALITY (CC)

CC1 There are written policies and procedures for the protection of client's privacy with regard to program visitors which require:

a. The clients are informed in advance of scheduled visitations; and
b. Visitations are conducted when they will minimally interrupt the client's usual activities and therapeutic programs.

CC2 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;
e. 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.

CC3 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.

CC4 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.

CC5 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.

CC6 In the event 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.

CC7 The client or applicant is informed that the confidential information was released as soon as possible after the incident occurs.

CLIENT RIGHTS (CR)

CR1 There are policies and procedures to inform all clients of their legal and human rights. At the time of admission, each client shall be informed of his or her rights in a language that he/she understands, and shall receive a written copy of these rights, which shall include:

a. To be fully informed, as evidenced by a client's written acknowledgment, of the rights, responsibilities, rules and regulations that apply to the client's conduct and the consequences of non-compliance;
b. To the receipt of adequate and humane services, regardless of sources of financial support;
c. To the receipt of services within the least restrictive environment possible;
d. To receive an assessment that is used to develop an individual comprehensive treatment plan;
e. To participate in the planning of his/her treatment plan and to treatment based on same;
f. To a periodic staff review of the client's treatment plan;
g. The right to access or amend their individual client record in accordance with the HIPAA laws.
h. To an adequate number of competent, qualified and experienced professional clinical staff to implement and supervise the treatment plan;
i. To be informed of treatment alternatives or alternative modalities;
j. 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;
    (3) The right to recommend changes in policies and services;

k. To be informed regarding the financial aspects of treatment, including the consequences of nonpayment of required fees;
l. 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;
m. To receive a copy of consent for a release of confidential information after the form is signed by the client.
n. To give informed consent prior to being involved in research projects.
o. To not be used for the solicitation of funds or other contributions by the program.
p. To communicate with family and significant others outside the program including:

(1) To conduct private telephone conversations with family and significant others, unless otherwise justified in the client's case record and explained to the client; and,

(2) To send and receive mail in uncensored condition. Mail may be inspected in the presence of a staff member.

q. To be informed if visitors are expected at the program;

r. Appeal treatment decisions made by staff in accordance with the programs grievance policy.

PHYSICAL ENVIRONMENT (PE) - The program will apply these standards to all sites operated by the program regardless of ownership. The primary concern of the program should always be the safety and well being of the clients and staff.

PE1 Programs are to ensure compliance with all local, state and federal laws and regulations regarding the condition and maintenance of its facility.

PE2 Provide evidence of current valid certifications, which are maintained on site of all applicable buildings, fire and safety, health, and all other applicable inspections. All items of concern noted in these inspections shall immediately be addressed/corrected.

PE3 Private residences shall not be used to provide treatment unless:

a. There is a separate entrance to areas in which services are rendered; and
b. Services are provided in an area used exclusively for treatment.

PE4 Provides adequate physical facilities for the storage, processing and handling of client records by means of suitable locked, secured rooms or file cabinets;

PE5 Maintain a suitably stocked first aid kit(s), with contents as defined in the program's policies and procedures at all sites.

PE6 Maintain fire extinguisher(s) that are accessible, in working order and have attached documentation of annual inspection;

PE7 Evacuation routes are prominently posted throughout all facilities;

PE8 All exits must be clearly marked.

PE9 The programs telephone number(s) and actual hours of operation will be posted at all public entrances.

PE10 Conspicuous warning signs must be posted at all public entrances informing staff, volunteers, clients and visitors as to the following requirements:

a. No alcohol or illicit drugs are allowed in the facilities;
b. No firearms, or other dangerous weapons, are allowed in the facilities with the exception of law enforcement while in the performance of their duties; and
c. The use of tobacco is not allowed in the facilities.

PE11 A copy of compliance with law Title VI/Title VII of the 1964 Civil Rights Law shall be prominently displayed for the viewing public.

PE12 Programs must provide a safe and sanitary environment.

PE13 Residential facilities shall:

a. Provide separate bedroom areas for males and females; adults and adolescents; (13 through 17 years of age)
b. Provide separate bathroom facilities for males and females; adults and adolescents; (13 through 17 years of age)
c. Provide adequate barriers to divide the population; as determined by the OADAP
d. Window coverings to allow for privacy;
e. Sufficient lighting so as to avoid injury;
f. Provide sufficient clean linens with covered storage; and
g. Sleeping areas shall have at least:

(1) Fifty (50) usable square feet per person in single occupancy rooms;
(2) Forty-eight (48) usable square feet per person in multiple occupancy rooms;
(3) Individual storage for clothes and personal items; and,
(4) Bedrooms used for detoxification must have single beds (no bunk beds allowed).

PE14 Adult clients shall remain separated from adolescent population during all times with the exception of mixed therapy sessions.

PE15 Programs will maintain this separation by any means necessary including a structural separation, continuous monitoring or any combination of efforts required to assure compliance with this standard.

PE16 Plumbing must be:

a. In working condition and to avoid any health threat; and
b. All toilets, sinks and showers shall be clean and in working order.

PE17 There shall be at least one toilet, one sink, and one shower or tub per every eight (8) residential clients.

PE17 Laundry facilities shall be available in the facility or on a contractual basis. When provided at the facility laundry rooms shall be kept separate from bedrooms, living areas, dining areas and kitchen.

PE19 Storage will be least twelve (12) inches above the floor.

PE20 A secure locked storage is available for client valuables when requested.

PE21 Separate storage areas are provided and designated for:

a. Food, kitchen, and eating utensils;
b. Clean linens;
c. Soiled linens and soiled cleaning equipment; and
d. Cleaning supplies and equipment.

PE22 When handling soiled linen or other potentially infectious material Universal Precautions are to be followed.

PE23 Hazardous and regulated waste is disposed of in accordance with federal requirements.

PE24 Poisons, toxic materials and other potentially dangerous items shall be stored in a secured location.

MEDICATION (MD) - If the program maintains, administers, or dispenses medications, the medication distribution services shall be in conformance with all appropriate state and federal pharmacy laws and shall adopt written policies and procedures for the following:

MD1 The documentation of handling; administration; observation and self administration; witnessed disposal process; medication errors, adverse reactions and use of medication. Chain of custody will be maintained at all times.

MD2 Medication Errors and Adverse reactions are to be reported to OADAP following the Incident Reporting Policy. OADAP will receive follow-up reports throughout the programs process of investigation and bringing the incident to a close.

MD3 A list of prescription medications and over the counter (OTC) medications to be kept in stock on units that dispense medication shall be developed.

MD4 Both lists will be developed in conjunction with the program's physician who shall sign and date denoting his approval. Any future additions/deletions must follow the same procedure.

MD5 The medication list shall be reviewed at least annually.

MD6 Programs who do not employ or contract with a Medical Doctor shall not maintain stocked prescription medications.

MD7 The program shall use an effective inventory system to track and account for all prescription medications.

MD8 A system is in place to monitor and to dispose of all outdated medication in compliance according to the program's disposal policy.

MD9 Medication orders may be given by telephone to licensed or registered nurse. The orders must then be signed by the authorizing physician ordering the medication within 72 hours.

MD10 Medications shall be stored at appropriate temperatures based on the manufacturer’s product inserts.

MD11 Medications requiring refrigeration shall be stored in a locked compartment separate from food.

MD12 External use medications in liquid, tablet, capsule or powder form shall be stored separately from medications for internal use.

MD13 Urine or blood samples shall not be stored with food or medicines.

MD14 The program shall keep all prescriptions and non-prescription medications, syringes and needles in locked storage.

MD15 Medications, syringes and needles shall be accessible only to staff who are authorized to provide medication

MD16 Used needles and syringes shall be placed in secure, rigid, puncture proof containers and disposed of according to OSHA's Hazardous Waste Standards.

FOOD AND NUTRITION (FN)

FN1 If the program prepares meals on site, the program shall have a current food establishment health inspection as required by the Arkansas Department of Health.

FN2 When meals are provided by a food service, a written contract shall be maintained and shall require the food service to have a current food establishment health inspection as required by the Arkansas Department of Health.

FN3 A licensed dietitian or certified dietary manager shall approve menus and written guidelines for substitutions in advance.

a. Approve a meal planning manual with sample menus and guidelines for substitutions;
b. Approve age appropriate menus and healthy food choices for children residing in SWS facilities;
c. Approve menus prepared by new staff before they plan meals independently;
d Review a sample of menus served at least annually; and
e. Provide kitchen staff training as needed.

FN4 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.

FN5 The program shall provide at least three meals daily, with no more than fourteen (14) hours between any two meals.

FN6 Clients in a Partial Day Treatment setting shall be offered a minimum of one meal per day provided by the program.

FN7 Outpatient programs shall allow a meal break after five consecutive hours of scheduled activities.

FN8 All food shall be stored, prepared, and served in a safe, healthy manner;

FN9 Non-perishable items shall not be used that contain a sell by date that has expired by more than two years.

FN10 Perishable items shall not be used once they exceed their sell by date.

FN11 Documentation of a Negative TB test (with one year) will be required for all persons working in the kitchen or meal preparation environment.

FN12 All persons working in the kitchen or meal preparation environment shall wear hairnets and gloves.

FN13 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

FN14 The program shall define duties in writing and have written instructions posted or easily accessible to clients.

FN15 Clients in detoxification treatment shall not prepare meals.

DETOXIFICATION SERVICES (DS) - Programs funded by OADAP to provide Detoxifications Services shall in addition to the General Standards meet the requirements of the standards listed in Detoxification Services.

DS1 The Regional Alcohol and Drug Detoxification Program will not admit any client under 18 years of age.

DS2 While a client is in observation detoxification (with or without medical supervision), Medical Doctor(s), registered or licensed practical nurse or Regional Detoxification Specialists (RDS), must be present and specifically assigned to monitor the client on a twenty-four (24) hour basis.

DS3 Clients in detoxification services will receive three (3) meals per day, with no more than fourteen (14) hours between any two (2) meals. Their meals will be served separately from other residential clients. If eating in a common area, they will receive their meal prior to or after other clients have vacated the area.

DS4 Only an RDS, Medical Doctor, registered or licensed nurse are authorized to document progress notes, vital signs, fluid/food intake, withdrawal risk assessments and stabilization plans. All documentation is to include the authorized persons' signature and credentials.

DS5 An RDS must hold current certifications in the following;

a. Cardiopulmonary Resuscitation (CPR);
b. First Aid;
c. Nonviolent Physical Crisis Intervention (NPCI); and
d. Regional Alcohol and Drug Detoxification (RADD Training)

DS6 All staff assigned to monitor detoxification clients shall know the signs and symptoms of withdrawal, the implication of those signs and symptoms; and emergency procedures, as defined in facility policy and procedure manual.

DS7 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 eight (8) consecutive hours.

Exception: Once vital signs are within normal limits for eight (8) consecutive hours, they will be taken no less than every six hours. At this time, 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.);

DS8 Observation detoxification, with or without medical supervision, will include:

a. Gender separate sleeping areas with:

(1) One-level bed (no bunk beds);
(2) Individual storage for clothing and personal items;
(3) Window coverings to allow for privacy; and
(4) Sufficient clean 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; and
(3) Sufficient clean linen supply

DS9 A complete set of vital signs will include blood pressure reading (systolic and diastolic), temperature, pulse and respirations.

DS10 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.

DS11 Oral fluids and food shall be easily accessible to clients.

DS12 There will be documentation of meals offered, consumed and/or refused; and the amount consumed or refused, every two (2) hours.

DS13 There will be documentation of consumption of oral fluids indicating amount offered, consumed, or refused, every (2) hours.

DS14 There will be documentation of reason for not offering nutrition. (e.g. client absent during meal time to see personal physician).

DS15 Medication that is prescribed to an individual for withdrawal must be documented in the withdrawal risk assessment, stabilization plan and progress notes.

DS16 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 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 MD's, LPN, LPTN and/or RNs); Clients must provide all previously prescribed prescription medications during admission. All previously prescribed prescription medications must be documented in client file including: type of medication, amount/dosage, route in which medication is administered, how often medication is taken, medical condition for prescription, prescribing physician and count of medication provided at admission.
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.

m. 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:

(1) The client's physical condition observed by staff (signs);
(2) Client statements about the client's condition (symptoms);
(3) Client statements about their needs;
(4) The client's mood and behavior;
(5) Any medications that have been prescribed by the program's Medical Director (for programs utilizing medical staff), and
(6) Information about the client's progress or lack of progress in relation to detoxification (stabilization) goals.

ADOLESCENT TREATMENT (AT) - Applies to Residential and Out-Patient

AT1 The program shall limit admissions to adolescents 13 through 17 years of age. The policies and procedures shall specify any exceptions to this requirement, and OADAP must be notified and a waiver obtained prior to admission.

AT2 The program shall address the special needs (i.e., self-esteem, peer pressure, etc. classes) of adolescents and protect their rights.

AT3 The program shall provide separate groups and activities for adolescents.

AT4 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.

AT5 Residential and day treatment programs shall have policies and procedures that govern access to client education as required by the Arkansas Department of Education.

AT6 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.

AT7 Program staff that 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.

AT8 Clients shall be under direct supervision at all times.

AT9 In public places, clients shall be within eyesight at all times.

AT10 Staff shall conduct visual checks at least once every hour. Bed checks will be made and documented every four (4) hours.

AT11 All Incidents will be recorded and reported as appropriate.

AT12 The treatment plan shall address adolescent specific needs and issues.

AT13 The program shall involve the adolescent's family or an alternate support system in the treatment process or document why this is not happening.

AT14 The program shall prohibit adolescent clients from using tobacco products.

AT15 The program shall prohibit tobacco products within the confines of any program housing adolescents.

AT16 Staff employed with adolescent programs will have training specific to the clients served, such as: impact of substance abuse on children; identifying domestic violence; abuse; neglect; empowering the client and families to restore family functioning; development and age appropriate behaviors; parenting skills; self-esteem; peer pressure; and bullying.

SPECIALIZED WOMEN'S SERVICES (SWS) - Programs authorized by OADAP to provide Specialized Women's Services shall in addition to the General Standards meet the requirements of the standards listed in Specialized Women's Services sections. The program shall address the specialized needs of the parent and include services for children. These services may be provided on the premises or through written service agreements with other providers.

SWS1 Treatment shall include intensive primary treatment and clients must participate in at least thirty (30) hours of therapeutic services per week, including substance abuse group counseling, education, parenting, family reunification, and child development services.

SWS2 Job Skills:

a. The program shall assure that residents attend G.E.D. classes, receive job-training skills, or be employed.
b. At a minimum, all clients shall register at the Employment Security Division (ESD)
c. At a minimum, all women shall register at the Arkansas Department of Workforce Services. If employed the client shall receive a minimum of 15 hours per week of therapeutic services as determined by the client's treatment plan.

SWS3 Parenting Skills:

a. The program will assure all adult residents receive training in early child development and other parenting skills.
b. These services may be provided on the premises or the clients may be transported to other locations.

SWS4 Children in the facility shall receive age appropriate therapy as needed.

SWS5 All clients with children will attend and participate in parent/child interactive education either individual or group (1 hour minimum) per week.

SWS6 The program shall assess and document parent-child interaction weekly and any identified needs shall be addressed in treatment.

SWS7 Residential programs shall not accept dependents over the age of six (6), unless the program has prior written approval from OADAP.

SWS8 The program shall inform and educate pregnant clients of the Child Abuse Prevention and Treatment Act in accordance with state and federal laws.

SWS9 Programs will provide training specific to the clients served, such as: substance abuse impact on children; identifying domestic violence; abuse; neglect;

empowering the client and families to restore family functioning; child development and age appropriate behaviors; parenting skills; self-esteem; peer pressure; and bullying.

SWS10 The program shall inform and educate pregnant clients of the dangers and effects that alcohol and illicit drug use has on the fetus.

SWS11 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.

SWS12 Family Education and Support:

a. The program shall establish a family-counseling program for each client.
b. Family members shall receive basic drug abuse prevention information, and support skills, especially in relapse prevention, family dynamics and communication.

SWS13 Aftercare: Prior to discharge the program shall be responsible for establishing an aftercare plan and will encourage the client to participate in support activities.

SWS14 The program will provide access and referral to the fullest possible range of medical care for clients and children to include but not be limited to: Pre-natal and post-partum health care; emergency health care; health screening; dental; well-child health care; screening in speech/language; hearing and vision; and verification of immunization records.

SWS15 Childcare: The program shall ensure parents or qualified childcare providers directly 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.

SWS16 Child Care for residents with small children/day care will be provided either on the program's premises (by an authorized child care provider), or through a licensed day care center.

SWS17 Childcare shall be arranged for services delivered in the evenings, such as, an AA meeting, or for an emergency. (Clients cannot provide this service).

SWS18 The program shall have a current schedule showing who is responsible for the children at all times;

SWS 19 Physical discipline by program staff is strictly prohibited.

SWS20 The program shall provide a variety of age-appropriate equipment, toys, and learning materials;

SWS21 Transportation shall be provided for any other services necessary to meet treatment goals.

SWS22 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.

SWS23 The program will provide room, board and laundry services.

SWS24 Pregnant women; women with children and, children will be fed apart from other clients. If being fed in a common area they will receive their meals prior to or after other clients have vacated the area.

SWS25 The program may assess any amount for rent not to exceed the actual cost per day.

SWS26 The program staff are mandatory reporters, and program shall have a procedure to use if a parent abuses or neglects a child, including reporting, intervention and documentation.

SWS27 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. There shall be no cords or strings hanging within reach of a child's.
e. Cupboards, cabinets, closets and refrigerators shall be secured to prevent trapping a child inside.
f. Air conditioners, fans, and heating units shall be mounted out of children's reach or have safety guards;
g. Grounds shall be kept free of standing water and sharp objects;
h. Tap water shall be no hotter than 110° Fahrenheit;
i. Items potentially dangerous for children (i.e. poison's bleach, etc.) shall be stored in a secure, locked environment.
j. 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;

k. Outdoor play areas shall be enclosed by a fence at least four feet high and shall not be viewable by the general public or anyone not associated with the SWS program;
l. Tanks, ditches, sewer pipes, dangerous machinery, and other hazards on the grounds shall be fenced;
n. Outdoor play equipment shall be in a safe location and securely anchored (unless portable by design);
o. Buildings, furniture, and equipment shall not have openings or angles that could trap or injure a child or any part of the child's body; and
p. Swing seats shall be durable, lightweight, and relatively pliable.

SWS28 Neither staff nor clients will use tobacco products within twenty-five feet of any program housing children.

CRIMINAL JUSTICE SYSTEM (CJS) - Programs requesting licensure to provide alcohol and drug treatment within the Criminal Justice System that may include Therapeutic Community (TC) or Drug Court shall in addition to the General Standards meet the requirements of the appropriate standards as it relates to their program found in the Criminal Justice System section.

CJS1 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.

CJS2 Provides sufficient privacy to maintain confidentiality of the communication between counselor and client.

CJS3 If the program uses space provided by another organization, there is a written agreement specifying the terms of such usage.

CJS4 The program has at least one staff person present at all times who maintains a valid certification in First Aid, CPR and NCI.

CJS5 The program shall not operate a new treatment site or make major programmatic changes at a present site without OADAP approval.

CJS6 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").

CJS7 A counselor's caseload shall not exceed the 25 to one (1) client/counselor ratio.

CJS8 The initial treatment plan is completed within seven (7) days of admission.

CJS9 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.

CJS10 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.

Additionally, TC units will adhere to the following standards:

CJS11 Develop and implement a written mission and philosophy that addresses the beliefs, attitudes and purpose of the Therapeutic Community (TC).

CJS12 The TC program operates within a distinct space separate from the main prison population.

CJS13 The TC shall provide a handbook or manual providing an explicit and comprehensive outline of the program, its mission, and its philosophy.

CJS14 The handbook will be given to each participant upon entering the program and each staff member upon onset of employment.

CJS15 The handbook shall provide a comprehensive section on the TC perspective on the substance abuse disorder.

CJS16 The program will ensure that confrontation and consequence tools used by the TC shall not infringe upon the clients rights as defined and posted.

CJS17 The staff member facilitating the confrontation group shall closely monitor and provide appropriate supervision

OPIOID TREATMENT (OP) - Programs seeking licensure as an Opioid Treatment program shall in addition to the General Standards meet the requirements of the standards listed in the Opioid Treatment section.

The Department of Human Services (DHS), Division of Behavioral Health Services (DBHS), Office of Alcohol and Drug Abuse Prevention (OADAP) have 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/buprenorphine, 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/buprenorphine 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/buprenorphine as only one component of comprehensive treatment services.

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

APPLICANT SCREENING

OP1 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.

OP2 Prescription methadone 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 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.

ADMISSION CRITERIA

OP3 The Program shall verify the applicant's name, address, date of birth and other critical identifying data.

OP4 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.

OP5 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.

OP6 The Program shall give admission priority to pregnant women.

OP7 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.

OP8 Upon admission the Program shall:

a. Obtain the applicant's signature on a voluntary agreement admitting the applicant to the Program.
b. 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.
c. Obtain a complete medical history from each client being admitted to treatment. The medical and laboratory examination of each client shall include:

    (1) Investigation of the possibility of infectious disease and possible concurrent surgery problems;
    (2) The complete blood count and differential;
    (3) Serological tests for syphilis;
    (4) Routine and microscopic urinalysis toxicology screening for drugs;
    (5) Multiphase chemistry profile;
    (6) Intradermal Tuberculin Purified Protein Derivative (PPD) administered and interpreted.
    (7) A chest x-ray, Pap smear, biological test for pregnancy or screening for sickle cell disease if the examining medical personnel request these tests.

OP9 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.

OP10 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.

OP11 Develop a written statement, signed by the Medical Director, that the applicant is competent to sign the voluntary agreement admitting them to the Program.

OP12 Verify that the client is not currently enrolled in another opioid treatment program.

READMISSION CRITERIA

OP13 Readmission to a program depends on whether a client who is seeking readmission previously withdrew from methadone on a voluntary basis or as a result of an administrative decision due to the client's violation of Program policies.

OP14 A client, treated and later voluntarily detoxified from methadone 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 opioid maintenance treatment of six (6) months or more, and the admitting physician, in his or her reasonable clinical judgment, finds readmission to opioid maintenance treatment medically justified.

OP15 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.

EXCEPTIONS TO MINIMUM ADMISSION REQUIREMENTS

OP16 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.

OP17 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.

SERVICES TO WOMEN

OP18 The Program shall test women of childbearing age for pregnancy at the time of admission unless medical personnel determine that the test is unnecessary.

OP19 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;

OP20 The Program shall inform pregnant clients of the Child Abuse Prevention and Treatment Act in accordance with state and federal laws.

OP21 The program will have specific policies and procedures developed to educate pregnant clients of the dangers and effects that alcohol and illicit drug use has on the fetus.

OP22 Conduct a special staffing with the entire treatment team to provide intensive case management for pregnant clients who are non-compliant with phase requirements. The Medical Director will develop specific protocols to ensure the safety of the fetus.

TREATMENT STRUCTURE

OP23 The Program shall provide the client a full range of treatment and rehabilitative services.

OP24 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.

OP25 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.

OP26 As part of developing a treatment plan, the client shall have input in establishing or adjusting dosage levels.

OP27 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.

OP28 The Medical Director shall sign off on the initial treatment plan when developed and the comprehensive treatment plan on an annual basis.

OP29 Services to each client shall include individual, group and family counseling at the following minimum levels:

a. 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 non-narcotic), 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.

b. Phase II - Level 1. A client, admitted more than ninety (90) days and successfully completing Phase I, shall attend the Program no less than four (4) times weekly. The Program may issue no more than two (2) take-home doses per week. 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 evidences by the following:

(1) Absence of recent [past sixty (60) days] abuse of drugs (opioid or non-narcotic), including alcohol;
(2) Clinic attendance as required in Phase II, Level 1;
(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.

c. 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 three (3) times per week. The Program may issue no more than three (3) take-home doses per week. 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 non-narcotic), including alcohol;
(2) Clinic attendance as required in Phase II, Level 2
(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.

d. 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.

e. 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.

f. 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.

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

(1) This phase implements the methadone 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. 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.

(2) 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) The assessment and treatment team and the client shall negotiate a methadone 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/buprenorphine maintenance between detoxification attempts.

SPECIAL STAFFING

OP30 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 illicit drugs other than methadone/buprenorphine. .

OP31 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.

OP32 When using test results, the Medical Director shall distinguish presumptive laboratory results from definitive laboratory results.

OP33 Clients in Phase II, Level III having a positive drug screen for illicit drugs and alcohol will be placed in Phase II, Level II to be completed in its entirety prior to moving back to Phase II, Level III.

OP34 Clients in Phase III or IV having a positive drug screen for illicit drugs and alcohol will be placed in Phase II, Level III to be completed in its entirety prior to moving back to Phase III.

OP35 Patients who are non-compliant with all requirements of their current phase level (i.e. positive toxicology screens and unexcused dosing and counseling absences) shall result in a decrease in phase level and take-home dose privileges. In addition, program staff must conduct a special staffing with the client present to determine corrective action protocol.

PROGRAM POLICIES

OP36 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.

OP37 Program staff shall receive yearly training on the subject of HIV and Hepatitis C infection and treatment of HIV and Hepatitis C infected clients.

OP38 The Program shall have written policies for infection control, which are in compliance with the Center for Disease Control and Prevention Guidelines.

OP39 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.

OP40 The Program shall provide annual medical evaluations to clients as appropriate for dose level sero status and identified medical concerns.

OP41 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.

OP42 The Program shall develop written policies and procedures for continued treatment with methadone or buprenorphine in the event of an emergency or natural disaster.

OP43 The Program shall have hours, which provide for early morning or late evening services to meet the needs of their client population.

OP44 The Program shall implement written policies and procedures to ensure positive identification of the client before methadone or buprenorphine is administered.

OP45 The Program shall develop written policies regarding the recording of client medication intake and a daily methadone/buprenorphine inventory. These policies shall comply with DEA, Arkansas State Pharmacy Board and Arkansas State Medical Board as appropriate.

OP46 The Program shall develop and implement written policies and procedures to contact other opioid 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).

OP47 The Program shall monitor a client's progress and shall satisfy itself that the client is continuing to benefit from treatment.

OP48 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.

OP49 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.

OP50 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.

OP51 To prevent relapse, programs shall place transferring clients with take-home privileges on an increased drug screening surveillance schedule for the first thirty (30) days after admission.

OP52 Client to counselor ratios shall not exceed 40:1.

OP53 Programs shall employ at least one full-time medical doctor, as licensed to practice medicine in the State of Arkansas, for every 300 clients.

OP54 The medical director of an opioid treatment program will be ASAM certified; have documented references of working experience in an opioid treatment program, or have documented continuing education in addiction treatment.

OP55 The Medical Director will be available to the program on a continual basis, seven (7) days per week, twenty-four (24) hours per day.

OP56 Direct observation shall be used in collecting urine specimens. Observation shall be conducted professionally, ethically and in a manner, which respects clients privacy and does not damage the client-clinic relationship.

OP57 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.

OP58 The program has policies and procedures that address the dangers associated with the use of benzodiazepines when taking methadone. This will include provisions for admission/discharge protocol for illicit use and obtaining a release of information with the prescribing physician's acknowledgement that the patient is also being prescribed methadone. The patient must sign and date and informed consent of the program's policy.

OP59 When appropriate, family involvement shall be requested through a consent form to release information to family members.

OP60 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 Authority (SA).

OP61 In addition to federal reporting requirements, the program will have specific policies and procedure to report lost or stolen doses, theft and diversion, and fatalities of overdose to OADAP (incident reporting policy).

OP62 The program will have specific policies and procedures delineating staff access into the medication storage area(s).

EXCEPTIONAL TAKE HOME

OP63 Take home medication exceptions must be approved in writing, by the State Authority (SA) 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 watch is issued by the National Weather Service, a three (3) day take home dose may be dispensed. Additional days shall require SA approval. The SA retains the right to reduce or revoke the take home dosing.

OP64 The dosing area(s) used will be a separate area that provides sufficient privacy to maintain confidentiality of the client's identity and communication between staff and the client.

OP65 Any client receiving l00mg or larger methadone dose shall not be allowed exceptional take-home privileges unless approved via the SMA.

OP66 All requests for methadone take-home medication exceptions must be submitted to the SMA in writing or through SAMHSA/CSATEXTRANET. Each request must document the following:

a. The name of the client for whom the request is made;
b. The address, phone number and Social Security number of the client;
c. Date of admission
d. Date of last request
e. Program number
f. The dates for the requested take-home;
g. The rationale for the exceptions;
h. The current dosing amount;
i. Date of last positive drug screen;
j. Current Phase; and
k. Medical Director's signature.

These requests submitted in writing 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
305 South Palm Street, Administration
Little Rock, Arkansas 72205
FAX: (501) 686-9035

Patient Exception Requests must be submitted online via SAMHSA's OTP Extranet Web site.

PROGRAM SECURITY

OP67 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.

OP68 The Program shall not allow clients to congregate or loiter on the grounds or around the building(s) wherein the Program operates.

OP69 Entrances that have windows will be tinted or have coverings so the client's identity and confidentiality is protected from the view of the public.

CLIENT RECORDS

OP70 In addition to client record criteria OTP shall also contain:

a. Documents and test results as generated by activities on admission;
b. Client progress in treatment case notes;
c. Results of case staffing;
d. Results of drug screening tests;
e. Such treatment plan reviews as required by Standard CTP2 herein; and
f. Any other client related material deemed appropriate by the Program.

DRUG SCREENING

OP71 The Program shall complete an initial drug screening test or analysis for each client upon admission.

OP72 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.

OP73 Programs shall implement procedures, including the random collection of samples, to effectively minimize the possibility of falsification of the sample.

OP74 The Program shall use drug screening 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.

OP75 Clients on a monthly schedule for whom screening reports indicate positive results for drugs other than methadone shall return to a weekly schedule for a period of time clinically indicated by the physician.

OP76 The Program shall analyze each sample for opiates; methadone; amphetamines; crack/cocaine; benzodiazepines; marijuana and other drugs as may be indicated by clients use patterns.

OP77 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

OP78 The Medical Director may order methadone 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.

OP79 The Medical Director shall obtain prior written approval from the SA for methadone dosage orders in excess of 120 milligrams.

TAKE-HOME MEDICATION

OP80 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. Warning labels identifying the dangers associated with the ingestion of methadone shall be placed on every take home dose.

24-HOUR EMERGENCY SERVICES

OP81 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 handle client emergencies.

TRANSFERRING OR VISITING CLIENTS

OP82 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.

OP83 Individuals visiting the State of Arkansas, who are part of a methadone treatment, program, shall have their home program provide information to a licensed Program prior to the individual's arrival in the state.

OP84 The Arkansas program shall provide qualified visiting clients up to twenty-eight (28) days of methadone 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.

DISCHARGE PROCEDURES

OP85 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. 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, 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:

a. The reason(s) for discharge;
b. Written notice of his or her right to request review of the decision by the Program Director or his or her designee; and
c. A copy of the appeal procedures.

COMMUNITY LIAISON AND CONCERNS

OP86 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.

OP87 Each Program shall provide the SA with a specific plan to avoid disrupting the community and the actions it shall take to assure responsiveness to community needs. The plan will include forming a committee of representative members of the community. Such committee shall meet at least once annually.

OP88 Further actions include assigning a staff member to act as community liaison, to establish an open dialog between the community and the program administration. Educational material shall be made available to the immediate community regarding the treatment of opioid addiction.

STAFF TRAINING

OP89 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 opioid treatment field.

OP90 The program shall develop a method of rapidly disseminating information about pharmacological issues and other advances in the field.

RECORD KEEPING AND REPORTING REQUIREMENTS

OP91 The program shall keep records and make such reports required by the DEA 1304.01 - 1304.38 of Chapter II - Drug Enforcement Administration, Department of Justice, part 1304 Records and Reports of Registrants.

OP92 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.

OP93 The program shall provide other reports as required by the SOTA with records as required by DEA and CSAT regulations.

OP94 The program shall provide other reports as required by the SOTA.

CLIENT APPEAL RIGHTS

OP95 Decisions regarding a client's treatment by staff are subject to appeal. The program shall develop appeal procedures that allow clients to directly appeal to the SOTA.

OP96 The SOTA shall approve the procedures. In addition, procedures shall include a provision that a central file of client appeals be maintained at the program site for review by the SOTA staff.

OP97 The program shall post a list of client's rights in a conspicuous place for the public.

PROGRAM APPEAL RIGHTS

OP98 An entity may appeal the disapproval of an application or Program closure by the SOTA. Refer to Section 6.00 of Alcohol and Drug Abuse Prevention's Rules of Practice and Procedure for the Appeal Process for Adverse Action.

PROGRAM CLOSURE

OP99 Failure of the program to adhere to CSAT/DEA regulations or Standards of the SA may result in revocation of program approval and/or licensure.

OP100 The SA 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).

DEFINITIONS

Relative to Licensure Standards for Alcohol and 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 (7) areas and focuses on difficulties in the thirty (30) days prior to assessment.

Administrative Detoxification - The gradual, medically controlled withdrawal of methadone.

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

Applicant - Any individual who has applied for admission to a treatment 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.

Client - An individual who has an alcohol 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 their 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 individual 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 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 drug abuse treatment program.

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

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

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.

NCPI - Crisis Prevention Institute's training in Non-violent Crisis Prevention and Intervention.

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 OADAP, 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 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 State Methadone Authority (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 (DEA) 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 family members 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.

Specialized Women's Services (SWS) – At facilities designated as SWS a unit of service will be one day for a family. A family is considered one mother and up to two children below the age of seven (7). Services at a minimum include case management, alcohol and other drug treatment, child care, transportation, medical treatment, housing, education/job skills training, parenting skills, aftercare, family education and support and house rules.

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 (SA) – 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 Opioid Treatment Authority (SOTA) - 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.

(Addendum 1)
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) 686-9396

APPLICATION FOR LICENSURE

First time applicants shall submit a $150.00 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