DEPARTMENT OF BEHAVIORAL HEALTH

NOTICE OF PROPOSED RULEMAKING

The Director of the Department of Behavioral Health ("the Department"), pursuant to the authority set forth in Sections 5113, 5115, 5117 and 5118 of the Department of Behavioral Health Establishment Act of 2013, effective December 24, 2013 (D.C. Law 20-61; D.C. Official Code §§ 7-1141.02, 7-1141-04, 7-1141.06 and 7-1141.07 (2012 Repl.)), hereby gives notice of his intent to adopt a new Chapter 63, Certification Standards for Substance Use Disorder Treatment and Recovery Providers, to Subtitle A (Mental Health) of Title 22 (Health) of the District of Columbia Municipal Regulations ("DCMR").

The purpose of this new rule is to: 1) generally update the substance use disorder treatment and recovery service requirements to reflect improvements in the American Society of Addiction Medicine ("ASAM" practice guidelines; 2) align the certification requirements with other certified programs within the authority of the Department of Behavioral Health; and 3) include the requirements of the Adult Substance Abuse Rehabilitation Services ("ASARS") State Plan Amendment ("SPA") which, when approved, will allow Medicaid reimbursement for services falling within the ASARS requirements. Substance use disorder providers currently certified pursuant to Chapter 23 of Title 29 will be required to be certified pursuant to this new rule, in accordance with the schedule detailed in the rule, and Chapter 23 will be repealed effective May 31, 2016. Providers not previously certified pursuant to Chapter 23 will be required to become certified pursuant to this chapter in order to provide substance use disorder treatment or recovery services.

The Director gives notice of his intent to take final rulemaking action to adopt the proposed rules in not less than thirty (30) days from the date of publication of this notice in the *D.C. Register*.

Subtitle A, MENTAL HEALTH, of Title 22 DCMR, HEALTH, is amended by adding a new Chapter 63 to read as follows:

CHAPTER 63 CERTIFICATION STANDARDS FOR SUBSTANCE USE DISORDER TREATMENT AND RECOVERY PROVIDERS

6300 GENERAL PROVISIONS

6300.1 The Department of Behavioral Health ("Department") is the Single State Agency ("SSA") responsible for the development and promulgation of rules, regulations, and certification standards for prevention and treatment services related to the abuse of alcohol, tobacco, and other drugs ("ATOD") in the District of Columbia ("District"). The Department is responsible for the inspection, monitoring, and certification of all District of Columbia substance use disorder ("SUD") treatment and recovery providers.

6300.2 The purpose of these rules is to set forth the requirements for certification of programs providing SUD treatment or recovery services, including those

providing services under the Medicaid Adult Substance Abuse Rehabilitative Services ("ASARS") program.

6300.3 Each certified provider that seeks reimbursement from the District shall enter into and maintain a Human Care Agreement ("HCA") with the Department. Those providers receiving Medicaid reimbursement shall also enter into and maintain a Medicaid provider agreement with the Department of Health Care Finance ("DHCF").

6300.4 No person or entity shall own or operate a program that offers or proposes to offer non-hospital SUD treatment services without being certified by the Department pursuant to this chapter. This chapter does not apply to Health Maintenance Organizations, physicians, and other licensed behavioral health and medical professionals in individual or group practice.

6300.5 Providers who are certified as an SUD treatment or recovery program pursuant to Title 29, Chapter 23 of the District of Columbia Municipal Regulations prior to the effective date of this rule, may retain their certification until May 31, 2016, until the expiration of their current certification under Chapter 23, or until certification pursuant to this chapter is issued, whichever date comes first.

6300.6 Any provider certified pursuant to 29 DCMR Chapter 23 wishing to continue to provide services as an SUD treatment or recovery program must have submitted a completed certification application for all certified services to the Department in accordance with the schedule below and prior to the expiration of their current certification. If a provider has more than one program (level of care) or more than one facility, each with its own certification, the provider must submit its application for all of its facilities or programs at the time the provider's first certification falls due.

6300.7 Certification applications for new programs must be submitted at the time the provider's first certification is due as follows:

(a) Medication Assisted Therapy ("MAT") providers: all applications are due by April 1, 2015;

(b) Level 1 and Level II providers whose current certifications expire prior to October 1, 2015: all applications are due by June 1, 2015;

(c) Level I and Level II providers whose current certifications expire after October 1, 2015: all applications are due by August 1, 2015;

(d) Level III providers: all applications are due by October 1, 2015; and

(e) Access to Recovery ("ATR") providers: all applications are due by December 1, 2015.

6300.8 To obtain certification, an SUD treatment or recovery program shall meet all of the applicable requirements of this chapter.

6300.9 The Department shall issue one (1) certification for each provider that is valid only for the programs, (premises, and level(s) of care stated on the certificate. The certificate is the property of the Department and must be returned upon request by the Department. The certificate is valid only when the provider is in compliance with this chapter.

6300.10 The Department's staff, upon presentation of proper identification, has the authority to enter the premises of an SUD treatment or recovery program during operating hours for the purpose of conducting announced or unannounced inspections and investigations.

6300.11 The Department shall certify providers in one or more of the levels of care outlined in § 6300.13. All certified providers, except those only certified as Level 1-AR or Level-R, shall provide all of the following core services:

(a) Assessment/Diagnostic and Treatment Planning Services;

(b) Clinical Care Coordination;

(c) Case Management;

(d) Crisis Intervention;

(e) Substance Use Disorder (SUD) Counseling, including the following;

(1) Individual Counseling;

(2) Group Counseling;

(3) Group Counseling – Psychoeducation; and

(4) Family Counseling; and

(f) Drug Screening, as follows;

(1) Toxicology Sample Collection; and

(2) Breathalyzer Testing;

6300.12 Providers may also be certified to provide one or more of the following specialty

services based on their Level of Care ("LOC") certifications from the Department:

(a) Medication Management;

(b) Medication Assisted Treatment; and

(c) Adolescent – Community Reinforcement Approach ("ACRA").

6300.13 An applicant shall apply for certification at one or more of the LOCs:

(a) Level 1 – AR: Assessment and Referral;

(b) Level 1: Outpatient;

(c) Level 2.1: Intensive Outpatient Program;

(d) Level 2.5: Day Treatment;

(e) Level 3.1: Clinically Managed Low-Intensity Residential;

(f) Level 3.3: Clinically Managed Population-Specific High-Intensity Residential;

(g) Level 3.5: Clinically Managed High-Intensity Residential (Adult) or Clinically Managed Medium-Intensity Residential (Youth);

(h) Level 3.7-WM: Medically Monitored Intensive Inpatient Withdrawal Management "(MMIIWM"); and

(i) Level-R: Recovery Support Services.

6300.14 Providers in Levels 1 - 3, except MMIIWM, may also receive a special designation as a program serving parents with children, subject to Section 6324 of this chapter.

6300.15 Each certified program shall comply with all the provisions of this chapter consistent with the scope of the authorized LOC and program services.

6301 ELIGIBILITY FOR SUBSTANCE USE DISORDER SERVICES

6301.1 Substance Use Disorder ("SUD") is a chronic relapsing disease characterized by a cluster of cognitive, behavioral, and psychological symptoms indicating that the beneficiary continues using the substance despite significant substance-related problems. A diagnosis of an SUD requires a beneficiary to have had persistent, substance related problem(s) within a twelve (12)-month period in accordance

with the requirements of the most recent version of the American Psychiatric Association's Diagnostic and Statistical Manual ("DSM") in use by the Department.

6301.2 The SUD treatment framework in this chapter is based on levels of care established by the American Society for Addiction Medicine ("ASAM"). A typical course of treatment under the ASAM treatment framework anticipates continuity of services across multiple levels of care.

6301.3 To be eligible for SUD treatment, a client must have received a diagnosis of an SUD in accordance with Subsection 6301.1 of this chapter from a qualified practitioner.

6301.4 Qualified Practitioners eligible to diagnose a substance use disorder pursuant to this Chapter are Qualified Physicians, Psychologists, Licensed Independent Clinical Social Workers ("LICSWs"), Licensed Professional Counselors ("LPCs"), Licensed Marriage and Family Therapists ("LMFTs"), and Advanced Practice Registered Nurses ("APRNs").

6301.5 Clients eligible for services from a provider pursuant to contract with the Department must satisfy the following requirements:

(a) Be *bona fide* residents of the District, as required in 29 DCMR Subsection 2405.1(a); and

(b) Be referred for SUD services by an Assessment and Referral Center, unless the clients are only receiving Recovery Support Services.

(c) Clients eligible for Medicaid-funded SUD services must meet the following requirements: Be enrolled in Medicaid, or be eligible for enrollment and have an application pending; or

(d) For new enrollees and those enrollees whose Medicaid certification has lapsed:

(1) There is an eligibility grace period of ninety (90) days from the date of first service for new enrollees, or from the date of eligibility expiration for enrollees who have a lapse in coverage, until the date the District's Economic Security Administration makes an eligibility or recertification determination.

(2) In the event the consumer appeals a denial of eligibility or recertification by the Economic Security Administration, the Director may extend the ninety (90)-day eligibility grace period until the appeal has been exhausted. The ninety (90)-day eligibility grace period may also be extended in the discretion of the Director

for other good cause shown.

(3) Upon expiration of the eligibility grace period, SUD services provided to the consumer are no longer reimbursable by Medicaid. Nothing in this section alters the Department's timely-filing requirements for claim submissions.

6301.6 Clients eligible for locally-funded SUD treatment are those individuals who are not eligible for Medicaid or Medicare or are not enrolled in any other third-party insurance program except the D.C. HealthCare Alliance, or who are enrolled but the insurance program does not cover SUD treatment and who meet the following requirements:

(a) For individuals nineteen (19) years of age and older, live in households with a countable income of less than two hundred percent (200%) of the federal poverty level, and for individuals under nineteen (19) years of age, live in households with a countable income of less than three hundred percent (300%) of the federal poverty level.

(b) A client that does not meet the income limits of Subsection 6301.6(a) above may receive treatment services in accordance with the following requirements:

(1) The client must, within ninety (90) days of enrollment for services, apply to the Department of Human Services Economic Security Administration for certification, which will verify income.

(2) An individual with income over the limits in paragraph (a) above may receive treatment services with payment on a sliding scale.

(3) The provider shall ensure it develops a sliding scale fee policy, reviewed by the Department, and shall be able to provide documentation to the Department of its collection of fees.

6302 SERVICES FOR PEOPLE WITH CO-OCCURRING MENTAL ILLNESSES

6302.1 All providers shall provide SUD services to eligible individuals with a co-occurring mental illness. A provider shall not decline to provide SUD services because of the person's co-occurring mental illness.

6302.2 All providers shall, at a minimum, screen individuals during the Intake or Comprehensive Assessment to determine if the person may suffer from a mental illness in addition to an SUD.

6302.3 If a person screens positive for a co-occurring mental illness, the provider shall do the following in addition to providing SUD services:

(a) Offer the opportunity for the person to receive mental illness treatment in addition to SUD treatment. If the person declines, the provider shall make the appropriate referrals for the person to receive mental health treatment at another qualified provider;

(b) If the provider does not offer treatment for mental illness ensure the person is referred to an appropriate mental health provider;

(c) If an individual that screens positive for a co-occurring mental illness receives mental health treatment at another provider, the Clinical Care Coordinator is responsible for ensuring the treatment plan and subsequent care and treatment of the person is coordinated with the mental health provider.

6303 PROVIDER CERTIFICATION PROCESS

6303.1 Each applicant seeking certification as a provider shall submit a certification application to the Department. A Department-certified provider seeking renewal of certification shall submit a certification application at least ninety (90) days prior to the termination of its current certification.

6303.2 If a certification is about to expire, the Department may, for good cause, consider a written request for an extension of time to complete the application.

6303.3 If the provider has submitted a timely and complete recertification application, the current certification shall continue until the Department takes action to renew or deny renewal of certification. A recertification application is considered timely if it is submitted at least ninety (90) days prior to the certification expiration date or the Department has otherwise granted an extension for the submission of a complete application.

6303.4 Upon receipt of a certification application, the Department shall review the certification application to determine whether it is complete. If a certification application is incomplete, the Department shall return the incomplete application to the applicant. An incomplete certification application shall not be regarded as a certification application, and return of the incomplete certification application and the Department's failure to take further action to issue certification to the applicant shall not constitute either the denial of an application for certification or the renewal of certification.

6303.5 Following the Department's acceptance of the certification application, the Department shall determine whether the applicant's services and activities meet the certification standards described in this chapter. The Department shall schedule and conduct an on-site survey of the applicant's services to determine whether the applicant satisfies the certification standards. The Department shall

have access to all records necessary to verify compliance with certification standards and may conduct interviews with staff, others in the community, and clients (with client permission).

6303.6 The Department may issue certification to an applicant complying with the certification standard and to each certified provider seeking renewal of certification that complies with the certification standards.

6303.7 Nothing in these rules shall be interpreted to mean that certification is a right or an entitlement. The Director has the authority to issue restrictions on new provider certifications based upon the Department's assessment of the needs of the residents of the District. The restriction may apply to overall certification or specific levels of care.

6303.8 An applicant or certified provider that fails to comply with this chapter, fails to comply with a Human Care Agreement, or violates Federal or District law, may receive a Statement of Deficiencies ("SOD") from the Department. Evidence of violations gathered from an on-site survey, complaint, or other information may lead to the issuance of an SOD. An on-site survey is not required prior to the issuance of an SOD. The SOD shall describe the areas of non-compliance, suggest actions needed to bring operations into compliance with the certification standards, and set forth a timeframe for the provider's submission of a written Corrective Action Plan ("CAP"). The issuance of an SOD is a separate process from the issuance of a Notice of Infraction.

6303.9 An applicant or Department-certified provider's CAP shall describe the actions to be taken and specify a timeframe for correcting the areas of non-compliance. The CAP shall be submitted to the Department within ten (10) working days after receipt of the SOD from the Department.

6303.10 The Department shall notify the applicant or certified provider whether the provider's CAP is accepted within five (5) working days after receipt.

6303.11 The Department shall issue its certification after the Department verifies that the applicant or certified provider has complied with its CAP and meets all the certification standards.

6303.12 The Director may deny certification if the applicant fails to comply with any certification standard. The Director may revoke certification from a provider through the decertification process in accordance with § 6305 of this chapter.

6303.13 Certification as an SUD treatment provider or recovery support services provider shall be for one (1) calendar year for new applicants and two (2) calendar years for existing providers seeking renewal. Certification shall start from the date of issuance of certification by the Department, subject to the provider's continuous compliance with these certification standards. Certification shall remain in effect

until it expires, is renewed, or is revoked pursuant to this chapter. The certification shall specify the effective date of the certification, the program(s), level of care(s), and services that the provider is certified to provide.

6303.14 Certification is not transferable to any other organization.

6303.15 Written notice of any change in the ownership of a program owned by an individual, partnership, or association, or in the legal or beneficial ownership of ten (10) percent or more of the stock of a corporation that owns or operates a program, shall be given to the Department at least thirty (30) calendar days prior to the change in ownership.

6303.16 The provider shall notify the Department immediately of changes in its operation that affect the provider's continued compliance with these certification standards, including changes in ownership or control, changes in the Qualified Practitioners employed by the provider, changes in services, and changes in its affiliation and referral arrangements.

6303.17 The provider shall notify the Department in writing thirty (30) calendar days prior to implementing any of the following operational changes, including all aspects of the operations materially affected by the changes:

(a) A proposed change in the program's geographic location;

(b) The proposed addition or deletion of major service components;

(c) A change in the required staff qualifications for employment;

(d) A proposed change in organizational structure;

(e) A proposed change in the population served; and

(f) A proposed change in program capacity and, for residential programs, a proposed change in bed capacity.

6303.18 Certification shall be automatically terminated and invalid if the provider fails to apply for renewal of certification prior to the expiration date of the certification, voluntarily relinquishes certification, or goes out of business.

6303.19 Providers shall forward to the Department within thirty (30) calendar days all inspection reports conducted by an oversight body and all corresponding corrective actions taken regarding cited deficiencies.

6303.20 Providers shall immediately report to the Department any alleged criminal activity involving provider staff.

6304 CERTIFICATION: EXEMPTIONS FROM STANDARDS

6304.1 If a certification standard interferes with service provision, the Department may, at its discretion, exempt a provider from a certification standard if the exemption does not jeopardize the health and safety of clients, infringe on client rights, or diminish the quality of the service delivery.

6304.2 If the Department approves an exemption, such exemption shall end on the expiration date of the program certification, or at an earlier date if specified by the Department, unless the provider requests renewal of the exemption prior to expiration of its certificate or the earlier date set by the Department.

6304.3 The Department may revoke an exemption that it determines is no longer appropriate.

6304.4 All requests for an exemption from certification standards must be submitted in writing to the Department.

6305 DECERTIFICATION PROCESS

6305.1 Decertification is the revocation of the certification issued by the Director to an organization or entity as an SUD treatment or recovery provider. A decertified SUD provider shall not provide any SUD treatment and shall not be reimbursed for any services as an SUD provider.

6305.2 Grounds for revocation include a provider's failure to comply with the certification requirements contained in this chapter, the provider's breach of its Human Care Agreement (if applicable), violations of Federal or District law, or any other action that constitutes a threat to the health or safety of clients. Nothing in this chapter requires the Director to issue an SOD prior to revoking certification.

6305.3 If the Director finds that there are grounds for revocation, the Director will issue a written notice of revocation setting forth the factual basis for the revocation, the effective date, and right to request an administrative review.

6305.4 The provider may request an administrative review from the Director within fifteen (15) business days of the date on the notice of revocation.

6305.5 Each request for an administrative review shall contain a concise statement of the reason(s) why the provider asserts that it should not have had its certification revoked and include any relevant supporting documentation.

6305.6 Each administrative review shall be conducted by the Director and shall be completed within fifteen (15) business days of the receipt of the provider's request.

6305.7 The Director shall issue a written decision and provide a copy to the provider. If the Director approves the revocation of the provider's certification, the provider may request a hearing under the D.C. Administrative Procedure Act, within fifteen (15) business days of the receipt of the Director's written decision. The administrative hearing shall be limited to the issues raised in the administrative review request. The revocation shall be stayed pending resolution of the hearing.

6305.8 Once certification is revoked, the SUD provider shall not be allowed to reapply for certification for a period of two (2) years following the date of the order of revocation. If a provider reapplies for certification, the provider must reapply in accordance with the established certification standards for the type of services provided and show evidence that the grounds for the revocation have been corrected.

6306 CLOSURES AND CONTINUITY OF CLIENT CARE

6306.1 A provider shall provide written notification to the Department at least ninety (90) calendar days prior to its impending closure, or immediately upon knowledge of an impending closure less than ninety (90) calendar days in the future. This notification shall include plans for continuity of care and preservation of client records.

6306.2 The Department shall review the continuity of care plan and make recommendations to the provider as needed. The provider shall incorporate all Department recommendations.

6306.3 Closure of a program does not absolve a provider from its legal responsibilities regarding the preservation and the storage of client records.

6306.4 A provider shall be responsible for the execution of its continuity of care plan in coordination with the Department.

6307 GENERAL MANAGEMENT AND ADMINISTRATION STANDARDS

6307.1 Each provider shall be established as a recognized legal entity in the United States and qualified to conduct business in the District. Evidence of qualification to conduct business includes a certificate of good standing or clean hands, or an equivalent document, issued by the District of Columbia Department of Consumer and Regulatory Affairs. Each provider shall maintain the clinical operations, policies, and procedures described in this section. These operations, policies and procedures shall be, reviewed and approved by the Department during the certification survey process.

6307.2 All certified providers shall comply with the Department policies on reporting major unusual incidents and major investigations.

6307.3 Each provider shall:

(a) Have a governing body, which shall have overall responsibility for the functioning of the provider;

(b) Comply with all applicable Federal and District laws and regulations;

(c) Hire personnel with the necessary qualifications in order to provide SUD treatment and recovery services and to meet the needs of its enrolled clients; and

(d) For SUD treatment, employ Qualified Practitioners to ensure provision of services as appropriate and in accordance with this chapter.

6307.4 Each treatment and recovery provider shall have a full time program director with authorized and responsible for the administrative direction and day-to-day operation of the program(s).

6307.5 Each treatment provider shall have a clinical director responsible for the clinical direction and day-to-day delivery of clinical services provided to clients of the program(s). The clinical director must be a licensed clinician with a relevant degree and relevant experience.

6307.6 The program director and clinical director shall have adequate time and authority to perform necessary duties to ensure that service delivery is in compliance with applicable standards set forth in this chapter and in applicable policies issued by the Department.

6307.7 Each provider shall establish and adhere to policies and procedures for selecting and hiring staff (Staff Selection Policy), including but not limited to requiring:

(a) Evidence of licensure, certification, or registration, as applicable and as required by the job being performed;

(b) Evidence of completion of an appropriate degree, training program, or credentials, such as academic transcripts or a copy of degree;

(c) Evidence of all required criminal background checks, and for all unlicensed staff members, application of the criminal background check requirements contained in D.C. Official Code §§ 44-551 *et seq.*, Unlicensed Personnel Criminal Background Check;

(d) Evidence, provided at least quarterly, that no individual is excluded from participation in a Federal health care program as listed on the Department of Health and Human Services List of Excluded Individuals/Entities

(http://oig.hhs.gov/fraud/exclusion.asp) or the General Services Administration Excluded Parties List System, or any similar succeeding governmental list;

(e) Evidence of completion of communicable disease testing required by the Department; and

(f) Evidence of a mechanism for ongoing monitoring of excluded party listing status, and staff licensure/certification.

6307.8 Each provider shall establish and adhere to written job descriptions for all positions, including, at a minimum, the role, responsibilities, reporting relationships, and minimum qualifications for each position. The minimum qualifications established for each position shall be appropriate for the scope of responsibility and clinical practice (if any) described for each position.

6307.9 Each provider shall establish and adhere to policies and procedures requiring a periodic evaluation of clinical and administrative staff performance (Performance Review Policy) that requires an assessment of clinical competence (if appropriate), general organizational work requirements, and key functions as described in the job description. The periodic evaluation shall also include an annual individual development plan for each staff member.

6307.10 Each provider shall establish and adhere to a supervision policy to ensure that services are provided according to this chapter and Department policies on supervision and service standards.

6307.11 Each provider shall establish and adhere to a training policy in accordance with § 6318 of this chapter.

6307.12 Personnel policies and procedures shall apply to all staff and volunteers working in a program and shall include:

(a) Requirements for consistent and fair practices in hiring staff, including a statement that a person having had an SUD or not having had an SUD (except for Recovery Coaches) is not the sole factor in denying employment, except that a provider may always decline to employ a person who is currently symptomatic;

(b) A current organizational flowchart reflecting each program position and, where applicable, the relationship to the larger program or provider of which the program is a part;

(c) Written plans for developing, posting, and maintaining files pertaining to work and leave schedules, time logs, and on-call schedules for each functional unit, to ensure adequate coverage during all hours of operation;

(d) A written policy requiring that a designated individual be assigned responsibility for management and oversight of the volunteer program, if volunteers are utilized;

(e) A written policy regarding volunteer recruitment, screening, training, supervision, and dismissal for cause, if volunteers are utilized; and

(f) Provisions through which the program shall make available to staff a copy of the personnel policies and procedures.

6307.13 A program shall develop and implement procedures that prohibit the possession, use, or distribution of controlled substances or alcohol, or any combination of them, by staff during their duty hours, unless medically prescribed and used accordingly. Staff possession, use, or distribution of controlled substances or alcohol, or any combination of them, during off duty hours that affects job performance shall also be prohibited. These policies and procedures shall ensure that the provider:

(a) Provides information about the adverse effects of the non-medical use and abuse of controlled substances and alcohol to all staff;

(b) Initiates disciplinary action for the possession, use, or distribution of controlled substances or alcohol, which occurs during duty hours or which affects job performance; and

(c) Provides information and assistance to any impaired staff member to facilitate his or her recovery.

6307.14 Individual personnel records shall be maintained for each person employed by a provider and shall include, at a minimum, the following:

(a) A current job description for each person, that is revised as needed;

(b) Evidence of a pre-employment physical examination, which shall include a negative result on a tuberculosis test or medical clearance related to a positive result;

(c) Evidence of the education, training, and experience of the individual, and a copy of the current appropriate license, registration, or certification credentials (if any);

(d) Documentation that written personnel policies were distributed to the

employee;

(e) Notices of official tour of duty: day, evening, night, or rotating shifts; payroll information; and disciplinary records;

(f) Documentation that the employee has received all immunizations as recommended by the Center for Disease Control (CDC) for healthcare workers except that individuals who are in a position that involves exposure to blood shall also demonstrate evidence of full immunization against hepatitis B or documentation of refusal; and

(g) Criminal background check as required under § 6307.8 of this chapter.

6307.15 All personnel records shall be maintained during the course of an individual's employment with the program and for three (3) years following the individual's separation from the program.

6308 EMPLOYEE CONDUCT

6308.1 All staff shall adhere to ethical standards of behavior in their relationships with clients as follows:

(a) Staff shall maintain an ethical and professional relationship with clients at all times;

(b) Licensed or certified staff must adhere to their professional codes of conduct, as required by District licensing laws;

(c) Staff shall not enter into dual or conflicting relationships with individuals that might affect professional judgment, therapeutic relationships, or increase the risk of exploitation; and

(d) The provider shall establish written policies and procedures regarding staff relationships with both current and former clients that are consistent with this section.

6308.2 No staff, including licensed professionals and volunteers, shall engage in sexual activities or sexual contact with current clients.

6308.3 No clinical staff including licensed professionals and volunteers shall engage in sexual activities or sexual contact with former clients in accordance with their licensing regulations.

6308.4 No non-clinical staff shall engage in sexual activities or sexual contact with former clients for a period of at least five (5) years after the conclusion of the client's course of treatment.

6308.5 No staff, including licensed professionals and support personnel, shall engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship.

6308.6 No staff, including licensed professionals and support personnel, shall provide services to individuals with whom they have had a prior sexual or other significant relationship.

6308.7 Staff shall only engage in appropriate physical contact with clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

6308.8 No staff, including licensed professionals and support personnel, shall sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

6308.9 No provider or employee of a provider shall be a representative payee for any person receiving services from a treatment or recovery program.

6309 QUALITY IMPROVEMENT

6309.1 Each provider shall establish and adhere to policies and procedures governing quality improvement (Quality Improvement Policy).

6309.2 The Quality Improvement Policy shall require the provider to adopt a written quality improvement (QI) plan describing the objectives and scope of its QI program and requiring provider staff, client, and family involvement in the QI program.

6309.3 The Department shall review and approve each provider's QI program at a minimum as part of the certification and recertification process. The QI program shall submit data to the Department, upon request.

6309.4 The QI program shall be operational and shall measure and ensure at least the following:

(a) Easy and timely access and availability of services;

(b) Treatment and prevention of acute and chronic conditions;

(c) Close monitoring of high volume services, clients with high risk conditions, and services for children and youth;

(d) Coordination of care across behavioral health treatment and primary care treatment settings;

(e) Compliance with all certification standards;

(f) Adequacy, appropriateness, and quality of care for clients;

(g) Efficient utilization of resources;

(h) Client and family satisfaction with services;

(i) Quarterly random samplings of client outcomes, including but not limited to biological markers such as drug/alcohol screening results, in a format approved by the Department; and

(j) Any other indicators that are part of the Department QI program for the larger system.

6309.5 When a significant problem or quality of service issue is identified, the program shall notify the Department, act to correct the problem or improve the effectiveness of service delivery, or both, and shall assess corrective or supportive actions through continued monitoring.

6310 FISCAL MANAGEMENT STANDARDS

6310.1 The provider shall have adequate financial resources to deliver all required services. Evidence of adequate financial resources includes but is not limited to:

(a) Documented evidence of adequate resources to operate its programs; or

(b) A minimum line of credit sufficient to support ninety (90) days of operating expenses for programs certified by the Department.

6310.2 A provider shall have fiscal management policies and procedures and keep financial records in accordance with generally accepted accounting principles (GAAP).

6310.3 A provider shall include adequate internal controls for safeguarding or avoiding misuse of client or organizational funds.

6310.4 A provider shall have a uniform budget of expected revenue and expenses as required by the Department. The budget shall:

(a) Categorize revenue by source;

(b) Categorize expenses by type of service;

(c) Estimate costs by unit of service; and

(d) Be reviewed and approved by the provider's governing authority prior to the beginning of the current fiscal year.

6310.5 A program shall have the capacity to determine direct and indirect costs for each type of service provided.

6310.6 If a program charges for services, the written schedule of rates and charges shall be conspicuously posted and available to staff, clients, and the general public.

6310.7 The current schedule of rates and charges shall be approved by the provider's governing authority.

6310.8 A provider shall maintain a reporting mechanism that provides information to its governing body on the fiscal performance of the provider at least quarterly.

6310.9 Fiscal reports shall provide information on the relationship of the budget to actual spending, including revenues and expenses by category and an explanation of the reasons for any substantial variance.

6310.10 The provider's governing body shall review each fiscal report and document recommendations and actions in its official minutes.

6310.11 Each treatment provider shall have an annual audit by a certified public accountant or certified public accounting firm, and the resulting audit report shall be consistent with formats recommended by the American Institute of Certified Public Accountants (AICPA). Each recovery provider shall have an audit by a certified public accountant or certified public accounting firm every three years, and the resulting audit report shall be consistent with formats recommended by the AICPA. A copy of the most recent audit report shall be submitted to the Department within one-hundred-twenty (120) calendar days after the close of the program's fiscal year.

6310.12 Providers shall correct or resolve adverse audit findings.

6310.13 A provider shall have policies and procedures regarding:

(a) Purchase authority, product selection and evaluation, property control and supply, storage, and distribution;

(b) Billing;

(c) Controlling accounts receivable;

(d) Handling cash;

(e) Management of client fund accounts;

(f) Arranging credit; and

(g) Applying discounts and write-offs.

6310.14 All business records pertaining to costs, payments received and made, and services provided to clients shall be maintained for a period of six (6) years or until all audits and ongoing litigations are complete, whichever is longer.

6310.15 All providers must maintain proof of liability insurance coverage, which must include malpractice insurance of at least three million dollars ($3,000,000) aggregate and one million dollars ($1,000,000) per incident and comprehensive general coverage of at least three million dollars ($3,000,000) per incident that covers general liability, vehicular liability, and property damage. The insurance shall include coverage of all personnel, consultants, or volunteers working for the program and shall list the Department as an additional covered entity.

6310.16 If a program handles client funds, financial record keeping shall provide for separate accounting of those client funds.

6310.17 A provider shall ensure that clients employed by the organization are paid in accordance with all applicable laws governing labor and employment.

6310.18 All money earned by a client shall accrue to the sole benefit of that individual and be provided to the client or the client's legal representative upon discharge or sooner.

6311 ADMINISTRATIVE PRACTICE ETHICS

6311.1 All programs shall operate in an ethical manner, including but not limited to complying with the provisions of this section.

6311.2 A program shall not use any advertising that contains false, misleading, or deceptive statements or claims or that contains false or misleading information about fees.

6311.3 A program shall not offer or imply to offer services not authorized on the certification issued by the Department.

6311.4 A program shall not offer or pay any remuneration, directly or indirectly, to encourage a licensed practitioner to refer a client to them.

6311.5 All employees shall be kept informed of policy changes that affect performance of duties.

6311.6 Allegations of ethical violations must be treated as major unusual incidents.

6311.7 Any research must be conducted in accordance with federal law.

6312 PROGRAM POLICIES AND PROCEDURES

6312.1 Each provider must document the following:

(a) Organization and program mission statement, philosophy, purpose, and values;

(b) Organizational structure;

(c) Leadership structure;

(d) Program relationships;

(e) Staffing;

(f) Relationships with parent organizations, affiliated organizations, and organizational partners;

(g) Treatment philosophy and approach;

(h) Services provided;

(i) Characteristics and needs of the population served;

(j) Performance metrics, including intended outcomes and process methods;

(k) Contract services, if any;

(l) Affiliation agreements, if any;

(m) The scope of volunteer activities and rules governing the use of volunteers, if any;

(n) Location of service sites and specific designation of the geographic area to be served; and

(o) Hours and days of operation of each site.

6312.2 Each program shall establish written policies and procedures to ensure each of the following:

(a) Service provision based on the individual needs of the client;

(b) Consideration of special needs of the individual and the program's population of focus;

(c) Placement of clients in the least restrictive setting necessary to address the severity of the individual's presenting illness and circumstances; and

(d) Facilitation of access to other more appropriate services for individuals who do not meet the criteria for admission into a program offered by the provider.

6312.3 Each program shall develop and document policies and procedures subject to review by the Department related to each of the following:

(a) Program admission and exclusion criteria;

(b) Termination of treatment and discharge or transition criteria;

(c) Outreach;

(d) Infection control procedures and use of universal precautions, addressing at least those infections that may be spread through contact with bodily fluids and routine tuberculosis screening for staff;

(e) Volunteer utilization, recruitment, and oversight;

(f) Crisis intervention and medical emergency procedures;

(g) Staff communication;

(h) Safety precautions and procedures for participant volunteers, employees, and others;

(i) Record management procedures in accordance with "Confidentiality of Alcohol and Drug Abuse Patient Records" 42 C.F.R., Part 2, this chapter, and any other District laws and regulations regarding the confidentiality of client records;

(j) The on-site limitations on use of tobacco, alcohol, and other substances;

(k) Clients' rules of conduct and commitment to treatment regimen, including restrictions on carrying weapons and specifics of appropriate behavior while in or around the program;

(l) Clients' rights;

(m) Addressing and investigating major unusual incidents;

(n) Addressing client grievances;

(o) Addressing issues of client non-compliance with established treatment regimen and/or violation of program policies and requirements; and

(p) The purchasing, receipt, storage, distribution, return, and destruction of medication, including accountability for and security of medications located at any of its service site(s) (a Medication Policy).

6312.4 Providers must have the capacity to address the language and special needs of the clients.

6312.5 Gender-specific programs shall ensure that staff of that specific gender are in attendance at all times when clients are present.

6313 EMERGENCY PREPAREDNESS PLAN

6313.1 Each provider shall establish and adhere to a written disaster evacuation and continuity of operations plan in accordance with the Department policy on Disaster Evacuation/Continuity of Operations Plans.

6313.2 A provider shall immediately notify the Department and implement its continuity of operations plan if an imminent health hazard exists because of an emergency such as a fire, flood, extended interruption of electrical or water service, sewage backup, gross unsanitary conditions, or other circumstances that may endanger the health, safety, or welfare of its clients.

6314 FACILITIES MANAGEMENT

6314.1 A provider shall establish and maintain a safe environment for its operation, including adhering to the following provisions:

(a) Each provider's service site(s) shall be located and designed to provide adequate and appropriate facilities for private, confidential individual and group counseling sessions;

(b) Each provider's service site(s) shall have appropriate space for group activities and educational programs;

(c) In-office waiting time shall be less than one (1) hour from the scheduled appointment time. Each program shall also demonstrate that it can document the time period for in-office waiting;

(d) Each provider shall comply with applicable provisions of the Americans with Disabilities Act in all business locations;

(e) Each service site shall be located within reasonable walking distance of public transportation;

(f) Providers shall maintain fire safety equipment and establish practices to protect all occupants. This shall include clearly visible fire extinguishers, with a charge, that are inspected annually by a qualified service company or trained staff member; and

(g) Each provider shall annually obtain a written certificate of compliance from the District of Columbia Department of Fire and Emergency Medical Services indicating that all applicable fire and safety code requirements have been satisfied for each facility.

6314.2 Each window that opens shall have a screen.

6314.3 Each rug or carpet in a facility shall be securely fastened to the floor or shall have a non-skid pad.

6314.4 Each hallway, porch, stairway, stairwell, and basement shall be kept free from any obstruction at all times.

6314.5 Each ramp or stairway used by a client shall be equipped with a firmly secured handrail or banister.

6314.6 Each provider shall maintain a clean environment free of infestation and in good physical condition, and each facility shall be appropriately equipped and furnished for the services delivered.

6314.7 Each provider shall properly maintain the outside and yard areas of the premises in a clean and safe condition.

6314.8 Each exterior stairway, landing, and sidewalk used by clients shall be kept free of snow and ice.

6314.9 Each facility shall be located in an area reasonably free from noxious odors, hazardous smoke and fumes, and where interior sounds may be maintained at reasonably comfortable levels.

6314.10 A provider shall take necessary measures to ensure pest control, including:

(a) Refuse shall be stored in covered containers that do not create a nuisance or health hazard; and

(b) Recycling, composting, and garbage disposal shall not create a nuisance, permit transmission of disease, or create a breeding place for insects or rodents.

6314.11 A provider shall ensure that medical waste is stored, collected, transported, and disposed of in accordance with applicable District and Federal laws and guidelines from the CDC.

6314.12 Each provider shall ensure that its facilities have comfortable lighting, proper ventilation, and moisture and temperature control. Rooms shall be dry and the temperature shall be maintained within a normal comfort range, including bedrooms and activity rooms below ground level.

6314.13 Each facility shall have potable water available for each client.

6314.14 No smoking shall be allowed inside a program's facility.

6314.15 Providers' physical design and structure shall be sufficient to accommodate staff, participants, and functions of the program(s), and shall make available the following:

(a) A reception area;

(b) Private areas for individual treatment services;

(c) A private area(s) for group counseling and other group activities;

(d) An area(s) for dining, if applicable; and

(e) Separate bathrooms and/or toilet facilities in accordance with District law where the:

(1) Required path of travel to the bathroom shall not be through another bedroom;

(2) Windows and doors provide privacy; and

(3) Showers and toilets not intended for individual use provide privacy.

6314.16 If activity space is used for purposes not related to the program's mission, the program shall ensure that:

(a) The quality of services are not reduced;

(b) Activity space in use by other programs shall not be counted as part of the

required activity space; and

(c) Client confidentiality is protected, as required by 42 C.F.R. part 2 and other applicable Federal and District laws and regulations.

6314.17 The use of appliances such as televisions, radios, CD players, recorders and other electronic devices shall not interfere with the therapeutic program.

6314.18 Each facility shall maintain an adequately supplied first-aid kit which:

(a) Shall be maintained in a place known and readily accessible to clients and employees; and

(b) Shall be adequate for the number of persons in the facility.

6314.19 Each provider shall post emergency numbers near its telephones for fire, police, and poison control, along with contact information and directions to the nearest hospital.

6314.20 A provider shall have an interim plan addressing safety and continued service delivery during construction.

6314.21 Residential treatment and recovery programs shall comply with all applicable construction codes and housing codes and zoning requirements applicable to the facility, including all Certificate of Occupancy, Basic Business License (BBL) and Construction Permit requirements.

6314.22 Each newly established Residential treatment and recovery program shall provide proof of a satisfactory pre-certification inspection by DCRA for initial certification, dated not more than forty-five (45) days prior to the date of submission to DBH, for District of Columbia Property Maintenance Code (12-G DCMR) and Housing Code (14 DCMR) compliance, including documentation of the inspection date and findings and proof of abatement certified by DCRA of all deficiencies identified during the inspection. This requirement can be met by submission of a Certificate of Occupancy or a BBL dated within the past six (6) months, provided that that applicant can demonstrate that DCRA performed an onsite inspection of the premises.

6314.23 For existing residential treatment and recovery programs that are applying for re-certification, the applicants shall also provide proof of current BBLs.

6314.24 For both initial certification and re-certification, if the facility has had work done requiring a DCRA building permit or other related permits such as plumbing or electrical within the twelve (12) months prior to application for initial certification or re-certification, the applicant shall also submit copies of the DCRA permits and post-work inspection approvals.

6315 MEDICATION STORAGE AND ADMINISTRATION STANDARDS

6315.1 Controlled substances shall be maintained in accordance with applicable District and Federal laws and regulations.

6315.2 An SUD treatment program shall implement written policies and procedures to govern the acquisition, safe storage, prescribing, dispensing, labeling, administration, and the self-administration of medication, including medications clients may bring into the program.

6315.3 A program shall have a record of the prescribing physician's order or approval prior to the administration or self-administration of medication.

6315.4 Any prescribed medication brought into a facility by a client shall not be administered or self-administered until the medication is identified and the attending practitioner's written order or approval is documented in the client record.

6315.5 Oral orders may only be given by the attending practitioner to another practitioner, physician assistant, nurse, or pharmacist. Oral orders shall be noted in the client's record as such and countersigned and dated by the prescribing practitioner within twenty-four (24) hours.

6315.6 All medication, both prescription and over-the-counter, brought into a facility must be packaged and labeled in accordance with District and Federal laws and regulations.

6315.7 Medication, both prescription and over-the-counter, brought into a facility by a client that is not approved by the attending practitioner shall be packaged, sealed, stored, and returned to the client upon discharge.

6315.8 The administration of medications, excluding self-administration, shall be permitted only by licensed individuals pursuant to applicable District laws and regulations.

6315.9 Medications shall be administered only in accordance with the prescribing practitioner's order.

6315.10 Only a licensed nurse, practitioner, or physician assistant shall administer controlled substances or injectable drugs, excluding insulin.

6315.11 Program staff responsible for supervision of the self-administration of medication shall document consultations with a practitioner, pharmacist, registered nurse, or referral to appropriate reference material regarding the action and possible side effects or adverse reactions of each medication under their supervision.

6315.12 As applicable, a program shall provide training to the staff designated to supervise the self-administration of medication. The training shall include but not be limited to the expected action of and adverse reaction to the self-administered medication.

6315.13 Only trained staff shall be responsible for observing the self-administration of medication.

6315.14 A program shall ensure that medication is available to clients as prescribed.

6315.15 A program shall maintain records that track and account for all medication, ensuring the following:

(a) That each client receiving medication shall have a medication administration record, which includes the individual's name, the name of medication, the type of medication (classification), the amount of medication, the dose and frequency of administration/self-administration, and the name of staff who administered or observed the self-administration of the medication;

(b) That documentation shall include omission and refusal of medication administration;

(c) That the medication administration record shall note the amount of medication originally present and the amount remaining;

(d) That documentation of medication administration shall include over-the-counter drugs administered or self-administered; and

(e) That SUD treatment programs administering controlled substances, including but not limited to methadone, shall follow the requirements of applicable Federal and District laws and regulations.

6315.16 An attending practitioner shall be notified immediately of any medication error or adverse reaction. The staff responsible for the medication error shall complete an incident report, and the practitioner's recommendations and subsequent actions taken by the program shall be documented in the client record.

6315.17 A program shall have written policies and procedures on how medications are obtained and stored.

6315.18 A program shall ensure that all medications, including those that are self-administered, are secured in locked storage areas.

6315.19 The locked medication area shall provide for separation of internal and external medications.

6315.20 A program shall maintain a list of personnel who have access to the locked medication area and, where applicable, are qualified to administer medication.

6315.21 A program shall comply with all District and Federal laws concerning the acquisition and storage of pharmaceuticals.

6315.22 Each client's medication shall be properly labeled as required by District and Federal laws and regulations, shall be stored in its original container, and shall not be transferred to another container or taken by persons other than the person for whom it was originally prescribed.

6315.23 Medications requiring refrigeration shall be maintained in a separate and secure refrigerator, labeled "FOR MEDICATION ONLY" and shall be maintained at a temperature between thirty-six degrees Fahrenheit (36°F) and forty-six degrees Fahrenheit (46°F). All refrigerators shall have thermometers, which are easily readable, in proper working condition, and accurate within a range of plus or minus two (2) degrees.

6315.24 A program shall conspicuously post in the drug storage area the following information:

(a) Telephone numbers for the regional Poison Control Center;

(b) Antidote charts; and

(c) Metric-apothecaries weight and conversion measure charts.

6315.25 A program shall conduct monthly inspections of all drug storage areas to ensure that medications are stored in compliance with District and Federal regulations. The program shall maintain records of these inspections for verification.

6315.26 Where applicable, the program shall implement written policies and procedures for the control of stock pharmaceuticals.

6315.27 The receipt and disposition of stock pharmaceuticals must be accurately documented as follows:

(a) Invoices from companies or pharmacies shall be maintained to document the receipt of stock pharmaceuticals;

(b) A log shall be maintained for each stock pharmaceutical that documents receipt and disposition; and

(c) At least quarterly, each stock pharmaceutical shall be reconciled as to the amount received and the amount dispensed.

6315.28 A program shall implement written procedures and policies for the disposal of medication.

6315.29 Any medication left by the client at discharge shall be destroyed within forty (40) calendar days after the client has been discharged, with the exception of Methadone and other controlled substances which must be returned to the point of issue or destroyed in accordance with federal regulations.

6315.30 The disposal of all medications shall be witnessed and documented by two (2) staff members.

6316 VEHICLE ENVIRONMENTAL AND SAFETY STANDARDS

6316.1 A provider shall implement measures to ensure the safe operation of its transportation service, if applicable. These measures shall include, but are not limited to:

(a) Automobile insurance with adequate liability coverage;

(b) Regular inspection and maintenance of vehicles, as required by law;

(c) Adequate first aid supplies and fire suppression equipment secured in the vehicles;

(d) Training of vehicle operators in emergency procedures and in the handling of accidents and road emergencies; and

(e) Verification to ensure that vehicles are operated by properly licensed drivers with driving records that are absent of serious moving violations, including but not limited to "Driving under the Influence" (DUI).

6317 FOOD AND NUTRITION STANDARDS

6317.1 The provisions of this section apply to any provider that prepares or serves food.

6317.2 All programs that prepare food shall have a current Certified Food Protection Manager (CFPM) certification from the Department of Health, and the CFPM must be present whenever food is prepared and served.

6317.3 The provider shall require each CFPM to monitor any staff members who are not certified as CFPMs in the storage, handling, and serving of food and in the cleaning and care of equipment used in food preparation in order to maintain sanitary conditions at all times.

6317.4 The kitchen, dining, and food storage areas shall be kept clean, orderly, and protected from contamination.

6317.5 A program providing meals shall maintain a fully equipped and supplied code-compliant kitchen area unless meals are catered by an organization licensed by the District to serve food.

6317.6 A program may share kitchen space with other programs if the accommodations are adequate to perform required meal preparation for all programs using the kitchen.

6317.7 Each food and drink item procured, stored, prepared, or served by the facility shall be clean, free from spoilage, prepared in a manner that is safe for human consumption, and protected from contamination.

6317.8 Dishes, cooking utensils, and eating utensils shall be cleaned after each meal and stored to maintain their sanitary condition.

6317.9 Hot and cold water, soap, and disposable towels shall be provided for hand washing in or adjacent to food preparation areas.

6317.10 Each facility shall maintain adequate dishes, utensils, and cookware in good condition and in sufficient quantity for the facility.

6318 PERSONNEL TRAINING STANDARDS

6318.1 SUD provider staff shall have annual training that meets the Occupational Safety & Health Administration (OSHA) regulations that govern behavioral health facilities and any other applicable infection control guidelines, including information on the use of universal precautions and on reducing exposure to hepatitis, tuberculosis, and HIV/AIDS.

6318.2 A treatment program shall have at least two (2) staff persons, trained and certified by a nationally recognized authority that meets OSHA guidelines for basic first aid and cardiopulmonary resuscitation (CPR), present at all times during the hours of operation of the program. An SUD recovery program shall have at least one (1) staff person trained and certified by a recognized authority that meets OSHA guidelines in basic first aid and cardiopulmonary resuscitation (CPR) present at all times during the hours of operation of the program.

6318.3 A program shall maintain and implement a written plan for staff development (staff development plan) approved by the Department, revised annually, which includes:

(a) Staff orientation, in-service training, and continuing education to include

current methods of substance use disorder training;

(b) Methods to assess the plan's effectiveness;

(c) Training in concepts of quality improvement and outcomes;

(d) Training in trauma-related issues; and

(e) Other training requirements mandated by the Department.

6318.4 Within thirty (30) calendar days of employment, a program shall provide and document orientation for all staff and volunteers who have direct contact with clients. Orientation shall include but not be limited to:

(a) The program's approach to addressing treatment or recovery services (as appropriate to its certification), including philosophy, goals and methods;

(b) The staff member's specific job description and role in relationship to other staff;

(c) The emergency preparedness plan and all safety-related policies and procedures;

(d) The employee's rights and responsibilities;

(e) The personnel policies and procedures;

(f) The proper documentation of services in individual client records, as applicable;

(g) Policies and procedures governing infection control, protection against exposure to communicable diseases, and the use of universal precautions;

(h) Laws and policies governing confidentiality of client information and release of information, including 42 C.F.R. part 2;

(i) Laws and policies governing reporting abuse and neglect; and

(j) Client rights.

6318.5 Each program shall ensure that all staff members have completed basic training about HIV/AIDS within ninety (90) calendar days of employment.

6318.6 All training activities shall be documented and the documentation maintained on-site, including: the training topic, name of instructor, date of activity, duration, skills targeted, objective of skill, sign-in sheet, certification continuing education

units (if any), and location.

6319 CLIENT RIGHTS AND PRIVILEGES

6319.1 A program shall protect the following rights and privileges of each client:

(a) Right to be admitted and receive services in accordance with the Human Rights Act of 1977, effective December 13, 1977 (D.C. Law 2-38; D.C. Code §§ 2501 *et seq.*);

(b) Right to make choices regarding provider, treatment, medication, and advance directives, when necessary;

(c) Right to receive prompt evaluation, care, and treatment, in accordance with the highest quality standards;

(d) Right to receive services and live in healthy, safe, and clean place;

(e) Right to be evaluated and cared for in the least restrictive and most integrated environment appropriate to an individual's needs;

(f) Right to participate in the treatment planning process, including decisions concerning treatment, care, and other servicers, and to receive a copy of the treatment plan;

(g) Right to have records kept confidential;

(h) Right to privacy;

(i) Right to be treated with respect and dignity in a humane treatment environment;

(j) Right to be safe from harm and from verbal, physical, or psychological abuse;

(k) Right to be free of discrimination;

(l) Right to be paid commensurate wages for work performed in compliance with applicable local or federal requirements;

(m) Right to own personal belongings;

(n) Right to refuse treatment and/or medication;

(o) Right to give, not give, or revoke already-given consent to treatment, supports and/or release of information;

(p) Right to give, not give, or revoke informed, voluntary, written consent to participate in experimentation of the client or a person legally authorized to act on behalf of the client; the right to protection associated with such participation; and the right and opportunity to revoke such consent;

(q) Right to be informed, in advance, of charges for services;

(r) Right to be afforded the same legal rights and responsibilities as any other citizen, unless otherwise stated by law;

(s) Right to request and receive documentation on the performance track record of a program with regard to treatment outcomes and success rates;

(t) Right to provide feedback on services and supports, including evaluation of providers;

(u) Right to assert grievances with respect to infringement of these rights, including the right to have such grievances considered in a fair, timely, and impartial manner;

(v) Right to receive written and oral information on client rights, privileges, program rules, and grievance procedures in a language understandable to the client;

(w) Right to access services that are culturally appropriate, including the use of adaptive equipment, sign language, interpreter, or translation servers, as appropriate; and

(x) Right to vote.

6319.2 As soon as clinically feasible, the limitation of a client's rights shall be terminated and all rights restored.

6319.3 A program shall post conspicuously a statement of client rights, program rules, and grievance procedures. The grievance procedures must inform clients that they may report any violations of their rights to the Department and shall include the telephone numbers of the Department and any other relevant agencies for the purpose of filing complaints.

6319.4 At the time of admission to a program, staff shall explain program rules, client rights, and grievance procedures. Program staff shall document this explanation by including a form, signed by the client and witnessed by the staff person, within the client's record.

6319.5 A program shall develop and implement written grievance procedures to ensure a

prompt, impartial review of any alleged or apparent incident of violation of rights or confidentiality. The procedures shall be consistent with the principles of due process and shall include but not be limited to:

(a) Reporting the allegation or incident to the Department within twenty-four (24) hours of it coming to the attention of program staff;

(b) The completion of the investigation of any allegation or incident within thirty (30) calendar days;

(c) Providing a copy of the investigation report to the Department within twenty-four (24) hours of completing the investigation of any complaint; and

(d) Cooperating with the Department in completion of any inquiries related to clients' rights conducted by Department staff.

6320 CLIENT RECORDS MANAGEMENT AND CONFIDENTIALITY

6320.1 A program shall create and maintain an organized record for each person receiving service at the agency or its extended service sites.

6320.2 All records must be secured in a manner that provides protection from unauthorized disclosure, access, use, or damage in accordance with both District and Federal law.

6320.3 All client records shall be kept confidential and shall be handled in compliance with "Confidentiality of Alcohol and Drug Abuse Patient Records" 42 C.F.R. part 2, and both Federal and District laws and regulations regarding the confidentiality of client records.

6320.4 Each provider shall have a designated privacy officer responsible for ensuring compliance with privacy requirements.

6320.5 A program shall ensure that all staff and clients, as part of their orientation, are made aware of the privacy requirements.

6320.6 A decision to disclose protected health information (PHI), under any provisions of District or Federal rules that permit such disclosure, shall be made only by the Privacy Officer or his/her designee with appropriately administered consent procedures.

6320.7 A program shall implement policies and procedures for the release of identifying information consistent with Federal and District laws and regulations regarding the confidentiality of client records including "Confidentiality of Alcohol and Drug Abuse Patient Records" 42 C.F.R. part 2, the District of Columbia Mental

Health Information Act, and the Health Insurance Portability and Accountability Act (HIPAA). A provider with a contract with the Department shall ensure its policies and procedures comply with the Department's Privacy Policy.

6320.8 The program director shall designate a staff member to be responsible for the maintenance and administration of records.

6320.9 A program shall arrange and store records according to a uniform system approved by the Department.

6320.10 A program shall maintain records such that they are readily accessible for use and review by authorized staff and other authorized parties.

6320.11 A program shall organize the content of records so that information can be located easily and so that Department surveys and audits can be conducted with reasonable efficiency.

6321 STORAGE AND RETENTION OF CLIENT RECORDS

6321.1 A program shall retain client records (either original or accurate reproductions) until all litigation, adverse audit findings, or both, are resolved. If no such conditions exist, a program shall retain client records for at least seven (7) years after discharge.

6321.2 Records of minors shall be kept for at least seven (7) years after such minor has reached the age of twenty-one (21) years.

6321.3 The provider shall establish a Document Retention Schedule with all medical records retained in accordance with District and Federal law.

6321.4 The client or legal guardian shall be given a written statement concerning client's rights and responsibilities ("Client's Rights Statement") in the program. The client or guardian shall sign the statement attesting to his or her understanding of these rights and responsibilities as explained by the staff person who shall witness the client's signature. This document shall be placed in the client's record.

6321.5 If the records of a program are maintained on computer systems, the database shall:

(a) Have a backup system to safeguard the records in the event of operator or equipment failure, natural disasters, power outages, and other emergency situations;

(b) Identify the name of the person making each entry into the record;

(c) Be secure from inadvertent or unauthorized access to records in

accordance with 42 C.F.R. part 2 "Confidentiality of Alcohol and Drug Abuse Patient Records," and District laws and regulations regarding the confidentiality of client records;

(d) Limit access to providers who are involved in the care of the client and who have permission from the client to access the record; and

(e) Create an electronic trail when data is released.

6321.6 A program shall maintain records that safeguard confidentiality in the following manner:

(a) Records shall be stored with access controlled and limited to authorized staff and authorized agents of the Department;

(b) Written records that are not in use shall be maintained in either a secured room, locked file cabinet, safe, or other similar container;

(c) The program shall implement policies and procedures that govern client access to their own records;

(d) The policies and procedures of a program shall only restrict a client's access to their record or information in the record after an administrative review with clinical justification has been made and documented;

(e) The policies and procedures of a program shall specify that a staff member must be present whenever a client accesses his or her records. If the client disagrees with statements in the record, the client's objections shall be written in the record;

(f) All staff entries into the record shall be clear, complete, accurate, and recorded in a timely fashion;

(g) All entries shall be dated and authenticated by the recorder with full signature and title;

(h) All non-electronic entries shall be typewritten or legibly written in indelible ink that will not deteriorate from photocopying;

(i) Any documentation error shall be marked through with a single line and initialed and dated by the recorder; and

(j) Limited use of symbols and abbreviations shall be pre-approved by the program and accompanied by an explanatory legend.

6321.7 Any records that are retained off-site must be kept in accordance with this

chapter. If an outside vendor is used, the provider must submit the vendor's name, address, and telephone number to the Department.

6322 CLIENT RECORD CONTENTS

6322.1 At a minimum, all client records shall include:

(a) Documentation of the referral and initial screening interview and its findings;

(b) The individual's consent to treatment;

(c) The Client's Rights Statement;

(d) Documentation that the client received:

(1) An orientation to the program's services, rules, confidentiality, and client's rights;

(2) Notice of privacy practices;

(e) Confidentiality forms and releases signed to permit the facility to obtain and/or release information;

(f) Diagnostic interview and assessment record, including any Department-approved screening and assessment tools;

(g) Evaluation of medical needs and, as applicable, medication intake sheets and special diets which shall include:

(1) Documentation of physician's orders for medication and treatment, change of orders, and/or special treatment evaluation; and

(2) For drugs prescribed following admissions, any prescribed drug product by name, dosage, and strength, as well as date(s) medication was administered, discontinued, or changed;

(h) Assessments and individual treatment plans pursuant to the level of care and the client's needs, including recovery plans, if applicable;

(i) Encounter notes, which provide sufficient written documentation to support each therapy, service, activity, or session for which billing is made that, at a minimum, consists of:

(1) The specific service type rendered;

(2) Dated and authenticated entries with their authors identified, that include the duration, and actual time (beginning and ending as well as a.m. or p.m.), during which the services were rendered;

(3) Name, title, and credentials (if applicable) of the person providing the services;

(4) The setting in which the services were rendered;

(5) Confirmation that the services delivered are contained in the client's treatment or recovery plan and are identified in the encounter note; and

(6) A description of each encounter or intervention provided to the client, which is sufficient to document that the service was provided in accordance with this chapter;

(7) The client's response to the intervention; and

(8) Provider's observations.

(j) Documentation of all services provided to the client as well as activities directly related to the individual treatment or recovery plan that are not included in encounter notes;

(k) Documentation of missed appointments and efforts to contact and re-engage the client;

(l) Emergency contact information of individuals to contact in case of a client emergency with appropriate consent to share information;

(m) Documentation of all referrals to other agencies and the outcome of such referrals;

(n) Documentation establishing all attempts to acquire necessary and relevant information from other sources;

(o) Pertinent information reported by the client, family members, or significant others regarding a change in the individual's condition and/or an unusual or unexpected occurrence in the client's life;

(p) Drug test results and incidents of drug use;

(q) Discharge summary and aftercare plan;

(r) Outcomes of care and follow-up data concerning outcomes of care;

(s) Documentation of correspondence with other medical, community providers, social service, and criminal justice entities as it pertains to a client's treatment and/or recovery; and

(t) Documentation of a client's representative payee or legal guardian, as applicable.

6323 RESIDENTIAL TREATMENT AND RECOVERY PROGRAMS

6323.1 The provisions of this section apply only to residential treatment programs and residential recovery support service (environmental stability) programs, as defined by this chapter.

6323.2 If a facility houses residential programs serving more than one gender, living quarters must be separated by gender and access controlled for members of the opposite gender.

6323.3 Each residential provider shall carry the following types of insurance in at least the following amounts for each residential program:

(a) Hazards (fire and extended coverage) or resident personal effects coverage in the amount of at least five hundred dollars ($500) per resident to protect resident belongings, with aggregate coverage of at least $500 multiplied by the number of residents; and

(b) A commercial policy for general liability and professional liability for at least:

(1) Three hundred thousand dollars ($300,000) per occurrence with a six hundred thousand dollar ($600,000) aggregate for one (1) to eight (8) beds; or

(2) Five hundred thousand dollars ($500,000) per occurrence with a one million dollar ($1,000,000) aggregate for nine (9) or more beds; and

(c) Sexual abuse or molestation coverage to protect clients from abuse or molestation by staff or other persons, for at least one hundred thousand dollars ($100,000) per occurrence.

6323.4 Residential facilities' physical design and structure shall be sufficient to accommodate staff, clients, and functions of the program and shall make available an area(s) for indoor social and recreational activities.

6323.5 A program that provides overnight accommodations shall not operate more beds

than the number for which it is authorized by the Department.

6323.6 Other than routine household duties, no client shall be required to perform unpaid work.

6323.7 Upon admission to a residential program, each client shall be provided a copy of the program's house rules.

6323.8 Each residential program shall have house rules consistent with this chapter and that include, at a minimum, rules concerning:

(a) The use of tobacco;

(b) The use of the telephone;

(c) Viewing or listening to television, radio, CDs, DVDs, or other media;

(d) Movement of clients in and out of the facility; and

(e) The prohibition of sexual relations between staff and clients.

6323.9 Each residential program shall be equipped, furnished, and maintained to provide a functional, safe, and comfortable home-like setting.

6323.10 The dining area shall have a sufficient number of tables and chairs to seat all individuals residing in the facility at the same time. Dining chairs shall be sturdy, non-folding, without rollers unless retractable, and designed to minimize tilting.

6323.11 Each residential program shall permit each client to bring reasonable personal possessions, including clothing and personal articles, to the facility unless the provider can demonstrate that it is not practical, feasible, or safe.

6323.12 Each residential facility shall provide clients with access to reasonable individual storage space for private use.

6323.13 Upon each client's discharge from a residential program, the provider shall return to the client, or the client's representative, any personal articles of the client held by the provider for safekeeping. The provider shall also ensure that the client is permitted to take all of his or her personal possessions from the facility. The provider may require the client or client's representative to sign a statement acknowledging receipt of the property. A copy of that receipt shall be placed in the client's record.

6323.14 Each residential program shall maintain a separate and accurate record of all funds that the client or the client's representative or representative payee deposits with the provider for safekeeping. This record shall include the signature of the

client for each withdrawal and the signature of facility staff for each deposit and disbursement made on behalf of a client.

6323.15 Each residential facility shall be equipped with a functioning landline or mobile telephone for use by clients. The telephone numbers shall be provided to residents and to the Department.

6323.16 Staff bedrooms shall be separate from resident bedrooms and all common living areas.

6323.17 Each facility housing a residential program shall have a functioning doorbell or knocker.

6323.18 Each bedroom shall comply with the space and occupancy requirements for habitable rooms in 14 DCMR § 402.

6323.19 The provider shall ensure each client has the following items:

(a) A bed, which shall not be a cot;

(b) A mattress that was new when purchased by the provider, has a manufacturer's tag or label attached to it, and is in good, intact condition with unbroken springs and clean surface fabric;

(c) A bedside table or cabinet and an individual reading lamp with at least a seventy-five (75) watt rate of capacity;

(d) Storage space in a stationary cabinet, chest, or closet that provides at least one (1) cubic foot of space for each client for valuables and personal items;

(e) Sufficient suitable storage space, including a dresser and closet space, for personal clothing, shoes, accessories, and other personal items; and

(f) A waste receptacle and clothes hamper with lid.

6323.20 Each bed shall be placed at least three (3) feet from any other bed and from any uncovered radiator.

6323.21 Each bedroom shall have direct access to a major corridor and at least one (1) window to the outside, unless DCRA, or a successor agency responsible for enforcement of the D.C. Housing Code, has determined that it otherwise meets the lighting and ventilation requirements of the D.C. Housing Code for habitable rooms.

6323.22 Each facility housing a residential program shall provide one or more bathrooms

for clients that are equipped with the following fixtures, properly installed and maintained in good working condition:

(a) Toilet (water closet);

(b) Sink (lavatory); and

(c) Shower or bathtub with shower, including a handheld shower;

(d) Grab bars in showers and bathtubs.

6323.23 Each residential facility shall provide at least one (1) bathroom for each six (6) occupants in compliance with 14 DCMR § 602.

6323.24 Each bathroom shall be adequately equipped with the following:

(a) Toilet paper holder and toilet paper;

(b) Paper towel holder and paper towels or clean hand towels;

(c) Soap;

(d) Mirror;

(e) Adequate lighting;

(f) Waste receptacle;

(g) Floor mat;

(h) Non-skid tub mat or decals; and

(i) Shower curtain or shower door.

6323.25 Each residential provider shall ensure that properly anchored grab bars or handrails are provided near the toilet or other areas of the bathroom, if needed by any resident in the facility.

6323.26 Adequate provision shall be made to ensure each client's privacy and safety in the bathroom.

6323.27 Each residential program shall promote each client's participation and skill development in menu planning, shopping, food storage, and kitchen maintenance, if appropriate.

6323.28 Each residential program shall provide appropriate equipment (including a

washing machine and dryer) and supplies to ensure sufficient clean linen and the proper sanitary washing and handling of linen and clients' personal clothing.

6323.29 Each program shall ensure that every client has at least three (3) washcloths, two (2) towels, two (2) sheet sets that include pillow cases, a bedspread, a pillow, a blanket, and a mattress cover in good and clean condition.

6323.30 Each blanket, bedspread, and mattress cover shall be cleaned regularly, whenever soiled, and before being transferred from one resident to another.

6323.31 Providers shall ensure that clients are allowed access to all scheduled or emergency medical and dental appointments.

6323.32 Providers serving parents and children must take precautions to ensure child safety, including but not limited to protection for windows, outlets, and stairways.

6323.33 Each facility housing a program that provides services for parents with children shall have extra supplies for babies to include diapers and powdered milk.

6323.34 The following provisions apply only to residential treatment programs, as defined by this chapter. These provisions do not apply to residential recovery support services programs (*i.e.*, environmental stability services):

(a) A program that provides overnight accommodations shall ensure that evening and overnight shifts have at least two (2) staff members on duty that are of the same gender as the program participants;

(b) Children and youth under eighteen (18) may not reside at an adult residential treatment facility or visit overnight at a facility not certified to serve parents and children. This information must be included in the house rules;

(c) Each provider shall maintain a current inventory of each client's personal property and shall provide a copy of the inventory, signed by the client and staff, to the client;

(d) Each provider shall take appropriate measures to safeguard and account for personal property brought into the facility by a resident;

(e) Each provider shall provide the client, or the client's representative, with a receipt for any personal articles to be held by the provider for safekeeping that includes and the date it was deposited with the provider and maintain a record of all articles held for safekeeping;

(f) Each residential treatment program shall have a licensed dietitian or nutritionist available, a copy of whose current license shall be maintained

on file, to provide the following services:

(1) Review and approval of menus;

(2) Education for individuals with nutrition deficiencies or special needs;

(3) Coordination with medical personnel, as appropriate; and

(4) A nutritional assessment for each client within three (3) calendar days of admission unless the client has a current assessment or doctor's order for dietary guidelines;

(g) The provider shall provide at least three (3) meals per day and between meal snacks that:

(1) Provide a nourishing, well-balanced diet in accordance with dietary guidelines established by the United States Department of Agriculture;

(2) Are suited to the special needs of each client; and

(3) Are adjusted for seasonal changes, particularly to allow for the use of fresh fruits and vegetables.

(h) The provider shall ensure that menus are written on a weekly basis, that the menus provide for a variety of foods at each meal, and that menus are varied from week to week and adjusted for seasonal changes. Menus shall be posted for the clients' review;

(i) The provider shall ensure that a copy of each weekly menu is retained for a period of six (6) months. The menus retained shall include special diets and reflect meals as planned and as actually served, including hand-written notations of any substitutions. The provider shall also retain receipts and invoices for food purchases for six (6) months. The records required to be retained by this subsection are subject to review by the Department;

(j) Each meal shall be scheduled so that the maximum interval between each meal is no more than six (6) hours, with no more than fourteen (14) hours between a substantial evening meal and breakfast the following day;

(k) If a client refuses food or misses a scheduled meal, appropriate food substitutions of comparable nutritional value shall be offered;

(l) If a client will be away from the program during mealtime for necessary

medical care, work, or other scheduled appointments, program shall provide an appropriate meal and in-between-meal snack for the client to carry with him or her and shall ensure that the meal is nutritious as required by these rules and suited to the special needs of the client;

(m) Each piece of bed linen, towel, and washcloth shall be changed and cleaned as often as necessary to maintain cleanliness, provided that all towels and bed linen shall be changed at least once each week;

(n) No person who is not a client, staff member, or child of a client (only in the case of programs for parents and children) may reside at a facility that houses a residential treatment program;

(o) A residential treatment program providing meals shall implement a written Nutritional Standards Policy that outlines their procedures to meet the dietary needs of its clients, ensuring access to nourishing, well-balanced, and healthy meals. The policy shall identify the methods and parties responsible for food procurement, storage, inventory, and preparation;

(p) The Nutritional Standards Policy shall include procedures for individuals unable to have a regular diet as follows:

(1) Providing clinical diets for medical reasons, when necessary;

(2) Recording clinical diets in the client's record;

(3) Providing special diets for clients' religious needs; and

(4) Maintaining menus of special diets or a written plan stating how special diets will be developed or obtained when needed.

(q) A residential treatment program shall make reasonable efforts to prepare meals that consider the cultural background and personal preferences of the clients;

(r) Meals shall be served in a pleasant, relaxed dining area that accommodates families and children; and

(s) Under the supervision of a Qualified Practitioner, all Level 3 programs except MMIIWM programs shall:

(1) Provide training in activities of daily living;

(2) Provide therapeutic recreational activities designed to help the client learn ways to use leisure time constructively, develop new personal interests and skills, and increase social adjustment; and

(3) Ensure that staff providing activities listed in subsections (1) and (2) above have a high school degree or a GED and at least twenty (20) hours of in-service training per year regarding issues of substance abuse.

6324 PROGRAMS SERVING PARENTS AND CHILDREN

6324.1 In addition to core requirements and other standards described in this chapter, a program providing SUD treatment services to parents and their children shall comply with the provisions of this section.

6324.2 The provider shall specify in its certification application the age range of the children that will be accepted in the program of parents with children, and ensure that it satisfies all applicable laws and regulations governing care for children including those listed in this section.

6324.3 The Department will include in the program certification a designation as a program serving parents with children, and specify the age range of children that may be accepted when the parents are admitted into the program and ensure that children shall be supervised at all times.

6324.4 Programs shall ensure that parents designate an alternate caretaker who is not in the program to care for the children in case of emergency.

6324.5 Programs serving parents and young children (ages zero [0] to five [5]) shall also serve pregnant women.

6324.6 Programs shall ensure all parents and children are connected to a primary care provider and any other needed specialized medical provider and shall facilitate medical appointments and treatment for parents and children in the program.

6324.7 Programs shall ensure that childcare/daycare is available for children, provided while the parent participates in treatment services either directly or through contractual or other affiliation.

6324.8 A program that directly operates a child development facility shall be licensed in accordance with the District laws and regulations.

6324.9 Programs that serve parents with children shall ensure that school-age children are in regular attendance at a public, independent, private, or parochial school, or in private instruction in accordance with the District law and regulation, and support the parent's engagement with the child's school.

6324.10 Programs that serve parents with children shall ensure that children have access to tutoring programs.

6324.11 Before a parent and child can be admitted to a program serving parents and children, the program shall ensure that it has a copy of the child's immunization records, which must be up to date.

6324.12 Programs that serve parents with children shall record information about the children residing in or attending the program who are not formally admitted for treatment, including but not limited to the following, as applicable:

(a) Individualized education plans (IEPs);

(b) Report cards;

(c) Health records; and

(d) Information linking the child to the course of treatment for the parent, as clinically indicated.

6324.13 Programs shall develop policies and procedures for determining the need to formally admit or refer a child as a discrete client.

6324.14 A program that is also certified to treat children and youth shall establish a separate record for each child when a clinical determination is made to formally admit the child as a discreet client.

6324.15 An individualized treatment plan shall be developed for any child who is formally admitted to the program as a discrete client.

6324.16 The program shall obtain informed consent prior to rendering services.

6324.17 Service delivery and program administration staff shall demonstrate experience and training in addressing the needs of parents and children.

6324.18 All services delivery staff shall receive periodic training regarding therapeutic issues relevant to parents and children. At least two (2) times per year, the program shall provide or arrange training on each of the following topics:

(a) Child development; and

(b) The appropriate care and stimulation of infants, including drug-affected newborn infants.

6324.19 Service delivery staff shall maintain current training in first aid and cardiopulmonary resuscitation for infants and children.

6324.20 Programs shall ensure that an annual medical evaluation is performed for each

parent and child.

6324.21 Programs shall ensure that recommendations by a physician, or licensed APRN, are followed.

6325 PROVIDER REQUIREMENTS FOR MEDICATION ASSISTED TREATMENT

6325.1 In accordance with 42 C.F.R. part 8, Certification of Opioid Treatment Programs, Medication Assisted Treatment (MAT) providers must also be certified by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and accredited by a national accreditation body that has been approved by SAMHSA.

6325.2 SUD treatment programs providing MAT with opioid replacement therapy shall comply with Federal requirements for opioid treatment, as specified in 21 C.F.R. part 291, and shall comply with District and Federal regulations for maintaining controlled substances as specified in Chapter 10, Title 22 of the District of Columbia Municipal Regulations and 21 C.F.R. part 1300, respectively.

6325.3 Each MAT program, whether providing inpatient or outpatient services, shall submit applications to the Department and to the U.S. Food and Drug Administration (FDA), respectively, and shall require the approval of both agencies prior to its initial operation.

6325.4 MAT programs shall submit to the Department photocopies of all applications, reports, and notifications required by Federal laws and regulations.

6325.5 MAT programs shall ensure the following:

(a) That access to electronic alarm areas where drug stock is maintained shall be limited to a minimum number of authorized, licensed personnel;

(b) That each employee shall have his or her own individual code to access alarmed stock areas, which shall be erased upon termination;

(c) That all stored drugs (liquid, powder, solid, and reconstituted), including controlled substances, shall be clearly labeled with the following information:

(1) Name of substance;

(2) Strength of substance;

(3) Date of reconstitution or preparation;

(4) Manufacturer and lot number;

(5) Manufacturer's expiration date, if applicable; and

(6) If applicable, reconstituted/prepared drug's expiration date according to the manufacturer's expiration date or one (1) year from the date of reconstitution or preparation, whichever is shorter;

(d) Take-home medications shall be labeled and packaged in accordance with Federal and District laws and regulations and shall include the following information:

(1) Treatment program's name, address, and telephone number;

(2) Physician's name;

(3) Client's name;

(4) Directions for ingestion;

(5) Name of medication;

(6) Dosage in milligrams;

(7) Date issued; and

(8) Cautionary labels, as appropriate.

6325.6 Containers of drugs shall be kept covered and stored in the appropriate locked safe, with access limited by an electronic alarm system that conforms to the U.S. Drug Enforcement Administration (DEA) and District requirements.

6325.7 The Department shall be notified of any theft, suspected theft, or any significant loss of controlled substances, including spillage. Photocopies of DEA forms 106 and 41 shall be submitted to the Department.

6326 LEVELS OF CARE: ASSESSMENT AND IDENTIFICATION

6326.1 All individuals entering SUD treatment must be assessed and assigned to a particular level of care (LOC) in accordance with the Department-approved assessment tool(s) and the ASAM criteria.

6326.2 Each provider is responsible for ensuring that the client receives treatment in accordance with ASAM LOC requirements and this chapter.

6326.3 Prior to transitioning to a new LOC, at a minimum, an Ongoing Assessment must

be performed to ensure that the client is appropriate for the new LOC.

6326.4 The Clinical Care Coordinator is responsible for ensuring appropriate referral, authorization, and transition to new LOCs.

6327 LEVEL OF CARE 1 – AR: ASSESSMENT AND REFERRAL

6327.1 Level of Care 1–AR involves the assessment and referral of a client to a specific LOC for SUD treatment.

6327.2 Level 1-AR providers shall have the ability to provide the following services:

(a) Initial Assessment;

(b) Case Management;

(c) Crisis Intervention;

(d) Brief Assessment; and

(e) Drug Screening.

6327.3 Level 1-AR providers shall ensure appropriate medical staff is on duty to assess clients for acute withdrawal symptoms in addition to medical screenings.

6328 LEVEL OF CARE 1: OUTPATIENT

6328.1 Level 1 Outpatient requires one (1) to eight (8) hours of treatment services per week, in accordance with this §. Level 1 Outpatient is the appropriate LOC for individuals who are assessed as meeting the ASAM criteria for Level 1 and:

(a) Recognize their SUD and are committed to recovery;

(b) Are transitioning from a higher LOC;

(c) Are in the early stages of change and not yet ready to commit to full recovery;

(d) Have a co-occurring condition that is stable; or

(e) Have achieved stability in recovery and can benefit from ongoing monitoring and disease management.

6328.2 Level I Outpatient providers may also be certified in the specialty service of Adolescent-Community Reinforcement Approach (ACRA) in accordance with § 6344 of this chapter for services to youth and young adults with co-occurring

substance use and mental health disorders ages twelve (12) to twenty-one (21) for youth providers and twenty-two (22) to twenty- four (24) for adult providers.

6328.3 Level 1 Outpatient treatment duration varies but generally lasts up to 180 days for an initial authorization; Level 1 treatment can continue long-term in accordance with the treatment plan, for individuals needing long-term disease management.

6328.4 Level 1 Outpatient services are determined by a Comprehensive Assessment, performed in accordance with § 6336 of this chapter.

6328.5 All providers shall comply with the minimum service requirements. Limitations on services identified in this section are applicable to those providers with a Human Care Agreement with the Department.

6328.6 Case Management does not satisfy the minimum service hour requirements. Case Management shall be provided as clinically appropriate, in accordance with the client's treatment plan, and in accordance with § 6328.7 of this chapter.

6328.7 Level 1 Outpatient shall include the following mix of services in accordance with the client's treatment plan and this chapter (unless the client is receiving ACRA services in which case SUD Counseling, Case Management and Clinical Care Coordination shall be provided in accordance with § 6344):

(a) Assessment/Diagnostic and Treatment Planning in accordance with § 6336 of this chapter:

(1) Comprehensive Assessment: Required if this is the individual's first LOC in a single course of treatment; optional for a new provider if the client has been transferred from another LOC;

(2) Ongoing Assessment: Required within seven (7) calendar days of admission if no comprehensive was performed at intake into Level 1, cannot be billed more than twice within a sixty (60)-day period, cannot occur on the same day as a comprehensive assessment and an ongoing assessment with a corresponding treatment plan update must occur prior to a planned discharge from the LOC;

(3) Brief Assessment: Cannot exceed six (6) occurrences within the period of time that the individual is in Level 1.

(b) SUD Counseling (in accordance with § 6340 of this chapter): A clinically appropriate combination of Individual, Family, Group Counseling, and Group Counseling-Psychoeducation, not to exceed thirty-two (32) units (8 hours) per week. Level 1 requires a minimum of eight (8) units (2 hours) of individual counseling and eight (8) units (2 hours) of (non-psychoeducation) Group Counseling per month.

(c) Clinical Care Coordination (CCC) (in accordance with § 6337 of this chapter): Cannot exceed 192 units (48 hours) during this LOC in a single course of treatment. The Clinical Care Coordinator is responsible for establishing the frequency of the ongoing assessments and must ensure the treatment plan is updated a minimum of every ninety (90) days.

(d) Case Management (in accordance with § 6338 of this chapter): A minimum of four (4) units (1 hour) of Case Management-HIV is required for the duration of the LOC; a minimum of four (4) units (1 hour) of Case Management per month is required during the first six (6) months of the LOC in a single course of treatment; for those individuals in long-term Level 1, after the first year a minimum of eight (8) units (2 hours) annually is required.

(e) Drug Screening (in accordance with § 6341 of this chapter): Required at admission and as clinically indicated throughout the course of treatment.

(f) Crisis Intervention: As required and in accordance with § 6339 of this chapter.

6328.8 Level 1 providers may provide Medication Assisted Treatment (MAT) per § 6343 of this chapter, if so certified.

6329 LEVEL OF CARE 2.1: INTENSIVE OUTPATIENT PROGRAM (IOP)

6329.1 Level 2.1 Intensive Outpatient Program (IOP) shall provide nine (9) to nineteen (19) hours of treatment services per week for adults and six (6) to nineteen (19) hours of treatment services per week for youth. IOP is the appropriate level of care for individuals who are assessed as meeting the ASAM criteria for Level 2.1 and:

(a) Recognize their SUD and are committed to recovery;

(b) Are transitioning from a different LOC; and

(c) Have stable medical or psychiatric co-occurring conditions.

6329.2 Level 2.1 IOP treatment duration varies from thirty (30) to sixty (60) days.

6329.3 All providers shall comply with the minimum service requirements; any limitations on services are applicable to those providers with a Human Care Agreement with the Department.

6329.4 Case Management does not satisfy the minimum service hour requirements. Case Management shall be provided as clinically appropriate, in accordance with the

client's treatment plan, and in accordance with Subsection 6329.5 of this chapter.

6329.5 Level 2.1 IOP includes the following mix of core services, as indicated on the treatment plan and this chapter:

(a) Assessment/Diagnostic and Treatment Planning (§ 6336):

(1) Comprehensive Assessment: Required if this is the individual's first LOC in a single course of treatment; optional for a new provider if the client has been transferred from another LOC;

(2) Ongoing Assessment: Required within seven (7) calendar days of admission if no comprehensive was performed at intake into Level 2.1. Cannot be billed more than twice within a sixty (60)-day period and cannot occur on the same day as a comprehensive assessment. An ongoing assessment with a corresponding treatment plan update must occur prior to a planned discharge from the LOC;

(3) Brief Assessment: Cannot exceed four (4) occurrences within the period of time that the individual is in Level 2.1.

(b) SUD Counseling (in accordance with § 6340 of this chapter): A clinically appropriate combination of Individual, Family, and Group Counseling, including Group Counseling-Psychoeducation. Level 2.1 shall have a minimum of sixteen (16) units (4 hours) per week of SUD counseling. At least four (4) units (1 hour) must be Individual Counseling and no more than eight (8) units (2 hours) may be Group counseling-Psychoeducation.

(c) Clinical Care Coordination (CCC) (in accordance with § 6337 of this chapter): A minimum of four (4) units (1 hour) per week. The Clinical Care Coordinator is responsible for establishing the frequency of the ongoing assessments and updates to the treatment plan.

(d) Case Management (in accordance with § 6338 of this chapter): A minimum of four (4) units (1 hour) of Case Management-HIV is required for the duration of the LOC; a minimum of 4 units (1 hour) of Case Management per week, if indicated on the treatment plan.

(e) Drug Screening (in accordance with § 6341 of this chapter): Required at admission and as clinically indicated throughout the course of treatment.

(f) Crisis Intervention: As required and in accordance with § 6339 of this chapter.

6329.6 Level 2.1 providers may provide Medication Assisted Treatment (MAT) per § 6343

of this chapter, if so certified.

6330 LEVEL OF CARE 2.5: DAY TREATMENT

6330.1 Level 2.5 Day Treatment shall provide twenty (20) or more hours of treatment services per week. Day Treatment providers must also be certified as a mental health provider by the Department or have a psychiatrist on staff. Day Treatment is the appropriate LOC for individuals who are assessed as meeting the ASAM criteria for Level 2.5 and:

(a) Have unstable medical or psychiatric co-occurring conditions; and

(b) Have issues that require daily management or monitoring but can be addressed on an outpatient basis.

6330.2 Level 2.5 Day Treatment generally lasts thirty (30) to sixty (60) days.

6330.3 All providers shall comply with the minimum service requirements. Limitations on services are applicable to those providers with a Human Care Agreement with the Department.

6330.4 Case Management does not satisfy the minimum service hour requirements. Case Management shall be provided as clinically appropriate, in accordance with the client's treatment plan, and in accordance with § 6330.5 of this chapter.

6330.5 Level 2.5 Day Treatment includes the following mix of core services as indicated on the treatment plan and in accordance with this chapter:

(a) Assessment/Diagnostic and Treatment Planning (in accordance with § 6336 of this chapter):

(1) Comprehensive Assessment: Required if this is the individual's first LOC in a single course of treatment; optional if the client has been transferred from another LOC;

(2) Ongoing Assessment: Required within seven (7) days of admission if no comprehensive was performed at intake into Level 2.5. Cannot be billed more than twice within a sixty (60)-day period and cannot occur on the same day as a comprehensive assessment. An ongoing assessment with a corresponding treatment plan update must occur prior to a planned discharge from the LOC;

(3) Brief Assessment: Cannot exceed four (4) occurrences within the period of time that the individual in in Level 2.5.

(b) SUD Counseling (in accordance with § 6340 of this chapter): A minimum

of forty (40) units (10 hours) per week is required unless the Clinical Care Coordinator documents justification for less counseling each week. Of the forty (40) units per week, a minimum of six (6) units (1 ½ hours) must be Individual Counseling and a maximum of twenty (20) units (5 hours) may be for Group Counseling-Psychoeducation.

(c) Clinical Care Coordination (CCC) (in accordance with § 6337 of this chapter): The Clinical Care Coordinator is responsible for establishing the frequency of the ongoing assessments and updates to the treatment plan. CCC shall be provided as clinically appropriate, with a minimum of four (4) units (1 hour) per week.

(d) Case Management (in accordance with § 6338 of this chapter): A minimum of four (4) units (1 hour) of Case Management-HIV is required for the duration of the LOC; a minimum of eight (8) units (2 hours) of Case Management per week is required unless the Clinical Care Coordinator documents justification for a lesser amount.

(e) Drug Screening (in accordance with § 6341 of this chapter): Required at admission and as clinically indicated throughout the course of treatment.

(f) Crisis Intervention: As required and in accordance with § 6339 of this chapter.

6330.6 Level 2.5 providers may provide Medication Assisted Treatment (MAT) per § 6343 of this chapter, if so certified.

6331 LEVEL OF CARE 3.1: CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL

6331.1 Level 3.1 Clinically Managed Low-Intensity Residential is a residential program that shall provide a minimum of five (5) hours of treatment services per week for a period of up to ninety (90) days. Level 3.1 Clinically Managed Low-Intensity Residential is the appropriate level of care for individuals who are assessed as meeting the ASAM criteria for Level 3.1 and:

(a) Are employed, in school, in pre-vocational programs, actively seeking employment, or involved in structured day program;

(b) Recognize their SUD and are committed to recovery or are in the early stages of change and not yet ready to commit to full recovery but need a stable supportive living environment to support their treatment or recovery; and

(c) May have a stable co-occurring physical or mental illness.

6331.2 Level 3.1 Clinically Managed Low-Intensity Residential generally lasts ninety (90) days.

6331.3 All providers shall comply with the minimum service requirements. Limitations on services are applicable to those providers with a Human Care Agreement with the Department.

6331.4 Case Management does not satisfy the minimum service hour requirements. Case Management shall be provided as clinically appropriate, in accordance with the client's treatment plan, and in accordance with § 6331.5 of this chapter.

6331.5 Level 3.1 Clinically Managed Low-Intensity Residential includes the following mix of core services, as indicated on the treatment plan and in accordance with this chapter:

(a) Assessment/Diagnostic and Treatment Planning in accordance with § 6336 of this chapter:

(1) Comprehensive Assessment: Required if this is the individual's first LOC in a single course of treatment; optional if the client has been transferred from another LOC);

(2) Ongoing Assessment: Required within seven (7) days of admission if no comprehensive was performed at intake into Level 3.1. Cannot be billed more than twice within a sixty (60)-day period and cannot occur on the same day as a comprehensive assessment. An ongoing assessment with a corresponding treatment plan update must occur prior to a planned discharge from the LOC;

(3) Brief Assessment: Cannot exceed three (3) occurrences within the period of time that the individual is in Level 3.

(b) SUD Counseling (in accordance with § 6340 of this chapter): A minimum of four (4) units (1 hour) a week of Individual SUD Counseling and four (4) units (1 hour) of Group (non-psychoeducation) SUD counseling is required.

(c) Clinical Care Coordination (CCC) (in accordance with § 6337 of this chapter): The Clinical Care Coordinator is responsible for establishing the frequency of the ongoing assessments and updates to the treatment plan. A minimum of four (4) units (1 hour) of CCC is required for every twenty-eight (28) days.

(d) Case Management (in accordance with § 6338 of this chapter): A minimum of four (4) units (1 hour) of Case Management-HIV is required for the duration of the LOC; a minimum of 4 units (1 hour) of Case

Management is required every twenty-eight (28) days unless the Clinical Care Coordinator documents justification for a lesser amount.

(e) Drug Screening (in accordance with § 6341 of this chapter): Required at admission and as clinically indicated throughout the course of treatment.

(f) Crisis Intervention: As required and in accordance with § 6339 of this chapter.

(g) Medication Management: As required and in accordance with § 6342 of this chapter.

6331.6 Level 3.1 providers may provide Medication Assisted Treatment (MAT) per § 6343 of this chapter, if so certified.

6332 LEVEL OF CARE 3.3: CLINICALLY MANAGED POPULATION-SPECIFIC HIGH-INTENSITY RESIDENTIAL

6332.1 Level 3.3 Clinically Managed Population-Specific High-Intensity Residential shall provide no less than twenty (20) hours of treatment per week for a period of up to ninety (90) days. Level 3.3 providers must also be certified as a mental health provider by the Department or have a psychiatrist on staff. Level 3.3 Clinically Managed Population-Specific High-Intensity Residential is the appropriate LOC for individuals who are assessed as meeting the ASAM criteria for Level 3.3, need a stable supportive living environment to support their treatment or recovery and:

(a) Have co-occurring or other issues that have led to temporary or permanent cognitive impairments and would benefit from slower-paced repetitive treatment; or

(b) Have unstable medical or psychiatric co-occurring conditions.

6332.2 Level 3.3 Clinically Managed Population-Specific High-Intensity Residential generally last up to ninety (90) days.

6332.3 All providers shall comply with minimum service requirements. Each client must receive daily treatment services. Limitations on services are applicable to those providers with a Human Care Agreement with the Department.

6332.4 Case Management does not satisfy the minimum service hour requirements. Case Management shall be provided as clinically appropriate, in accordance with the client's treatment plan, and in accordance with § 6332.5 of this chapter.

6332.5 Level 3.3 Clinically Managed Population-Specific High-Intensity Residential includes the following mix of services, as indicated on the treatment plan and in

accordance with this chapter:

(a) Assessment/Diagnostic and Treatment Planning in accordance with § 6336 of this chapter:

(1) Comprehensive Assessment: Required if this is the individual's first LOC in a single course of treatment; optional if the client has been transferred from another LOC;

(2) Ongoing assessment: Required within seven (7) days of admission if no comprehensive was performed at intake into Level 3.3. Cannot be billed more than twice within a 60-day period and cannot occur on the same day as a Comprehensive Assessment. An ongoing assessment with a corresponding treatment plan update must occur prior to a planned discharge from the LOC;

(3) Brief assessment: Cannot exceed three (3) occurrences within the period of time that the individual is in Level 3.

(b) SUD Counseling (in accordance with § 6340 of this chapter): A minimum of six (6) units (1.5 hours) per week of Individual Counseling is required; a maximum of twenty (20) units (5 hours) of Group Counseling-Psychoeducation is allowed.

(c) Clinical Care Coordination (CCC) (in accordance with § 6337 of this chapter): The Clinical Care Coordinator is responsible for establishing the frequency of the ongoing assessments and updates to the treatment plan. A minimum of eight (8) units (2 hours) per week is required.

(d) Case Management (in accordance with § 6338 of this chapter): A minimum of four (4) units (1 hour) of Case Management-HIV is required for the duration of the LOC; a minimum of sixteen (16) units (4 hours) of Case Management is required every twenty-eight (28) days unless the Clinical Care Coordinator documents justification for a lesser amount.

(e) Drug Screening (in accordance with § 6341 of this chapter): Required at admission and as clinically indicated throughout the course of treatment.

(f) Crisis Intervention: As required and in accordance with § 6339 of this chapter.

(g) Medication Management: As required and in accordance with § 6342 of this chapter.

6332.6 Level 3.3 providers may provide Medication Assisted Treatment (MAT) per § 6343 of this chapter, if so certified.

6333 LEVEL OF CARE 3.5: CLINICALLY MANAGED HIGH-INTENSITY RESIDENTIAL (ADULT)/ CLINICALLY MANAGED MEDIUM-INTENSITY RESIDENTIAL (YOUTH)

6333.1 Level 3.5 is a residential program that generally provides twenty-five (25) hours of treatment services per week for a period of up to twenty-eight (28) days. Level 3.5 providers shall provide no less than twenty (20) hours of treatment services per week. Level 3.5 is the appropriate level of care for individuals who are assessed as meeting the ASAM placement criteria for Level 3.5, need a 24-hour supportive treatment environment to initiate or continue their recovery process and:

(a) Have co-occurring or severe social/interpersonal impairments due to substance use; or

(b) Significant interaction with the criminal justice system due to substance use.

6333.2 Level 3.5 generally lasts up to twenty-eight (28) days.

6333.3 All providers shall comply with minimum service requirements. Each client must receive treatment services on a daily basis. Limitations on services are applicable to those providers with a Human Care Agreement with the Department.

6333.4 Case Management does not satisfy the minimum service hour requirements. Case managed shall be provided as clinically appropriate, in accordance with the client's treatment plan, and in accordance with Subsection 6332.6.

6333.5 Level 3.5 includes the following mix of services, as indicated on the treatment plan and in accordance with this chapter:

(a) Assessment/Diagnostic and Treatment Planning in accordance with § 6336 of this chapter:

(1) Comprehensive Assessment: Required if this is the individual's first LOC in a single course of treatment; optional if the client has been transferred from another LOC;

(2) Ongoing assessment: Required within seven (7) days of admission if no comprehensive was performed at intake into Level 3.5. Cannot be billed more than twice within a sixty (60)-day period and cannot occur on the same day as a Comprehensive Assessment. An ongoing assessment with a corresponding treatment plan update must occur prior to a planned discharge from the LOC;

(3) Brief assessment: Cannot exceed three (3) occurrences within the period of time the individual is in Level 3.

(b) SUD Counseling (in accordance with § 6340 of this chapter): A minimum of twelve (12) units (3 hours) per week of Individual Counseling is required; a maximum of twenty (20) units (5 hours) of Group Counseling-Psychoeducation is allowed.

(c) Clinical Care Coordination (CCC) (in accordance with § 6337 of this chapter): The Clinical Care Coordinator is responsible for establishing the frequency of the ongoing assessments and updates to the treatment plan. A minimum of twelve (12) units (3 hours) per week is required.

(d) Case Management (in accordance with § 6338 of this chapter): A minimum of four (4) units (1 hour) of Case Management-HIV is required for the duration of the LOC; a minimum of sixteen (16) units (4 hours) of Case Management is required every twenty-eight (28) days unless the Clinical Care Coordinator documents justification for a lesser amount.

(e) Drug Screening (in accordance with § 6341 of this chapter): Required at admission and as clinically indicated throughout the course of treatment.

(f) Crisis Intervention: As required and in accordance with § 6339 of this chapter.

(g) Medication Management: As required and in accordance with § 6342 of this chapter.

6333.6 Level 3.5 providers may provide Medication Assisted Treatment (MAT) per § 6343 of this chapter, if so certified.

6334 LEVEL OF CARE 3.7-WM: MEDICALLY MONITORED INTENSIVE INPATIENT WITHDRAWAL MANAGEMENT (MMIIWM)

6334.1 MMIIWM is 24-hour, medically directed evaluation and withdrawal management service. The service is for clients with sufficiently severe signs and symptoms of withdrawal from psychoactive substances such that medical monitoring and nursing care are necessary but hospitalization is not indicated.

6334.2 Clients discharged from MMIIWM treatment shall be directly admitted into a residential SUD treatment program (Level 3.1 – 3.5) through a "bed-to-bed" transfer unless the Department previously authorized an exception or the client refuses admission to a residential program.

6334.3 MMIIWM shall not exceed five (5) days unless prior authorization for a longer

stay is authorized by the Department. The maximum allowable stay is ten (10) days.

6334.4 MMIIWM shall include the following services in accordance with ASAM guidelines, as clinically appropriate:

(a) Medication Management;

(b) Clinical Care Coordination;

(c) Medication Assisted Treatment;

(d) Crisis Intervention;

(e) Case Management;

(f) SUD Counseling, which may be billed separately; and

(g) Comprehensive Assessment/Diagnostic, which may be billed separately.

6334.5 MMIIWM providers shall have a physician on staff that is able to respond within one (1) hour of notification.

6334.6 MMIIWM providers shall have medical staff (MD, PA, APRN, or RN) on duty twenty four (24) hours per day, seven (7) days per week. Medical staff shall have a client-to-staff ratio of 12-to-1 during daytime operating hours, a 17-to-1 ratio during evening hours, and a 25-to-1 ratio during the night shift.

6335 LEVEL OF CARE-R: RECOVERY SUPPORT SERVICES

6335.1 Level-R Recovery Support Services (RSS) covers the provision of non-clinical services for individuals in treatment or in need of supportive services to maintain their recovery.

6335.2 Level-R Recovery Support Service providers shall provide the following core recovery support services:

(a) Recovery Support Evaluation;

(b) Recovery Support Management;

(c) Recovery Coaching;

(d) Life Skills Support Services;

(e) Education Support Services;

(f) Recovery Social Activities; and

(g) Transportation Services (Public).

6335.3 RSS providers may provide the following specialty services, in accordance with their certification:

(a) Spiritual Support Services; and

(b) Environmental Stability.

6335.4 Level-R Recovery Support Services are for individuals who have an identified need for recovery support services and:

(a) Are actively participating in the Department treatment system;

(b) Have completed treatment; or

(c) Have a self-identified substance use issue that is not assessed as needing active treatment.

6335.5 If a recovery client is assessed as needing active treatment and not currently enrolled in treatment, he or she must be referred to an Assessment and Referral Center for treatment and begin receiving treatment services before enrolling in RSS.

6335.6 The duration of Level-R Recovery Support Services varies but lasts as long as needed, with a reassessment every sixty (60) days according to the client's recovery goals.

6335.7 Level-R Recovery Support Services are determined by a Recovery Support Evaluation, performed in accordance with Section 6344 of this chapter.

6335.8 All providers shall comply with the minimum service requirements. Limitations on services are applicable to those providers with a Human Care Agreement with the Department.

6335.9 RSS may not be provided while a client is in a MMIIWM program.

6335.10 Providers who are certified only as Level-R providers may not provide Level 1 through 3 treatment services.

6335.11 Each recovery program must have a recovery program manager and the recovery program manager is responsible for overseeing all services provided within the recovery program.

6335.12 Each recovery program must have a comprehensive curriculum for its Recovery Support Services that has been approved by the Department.

6336 CORE SERVICE: ASSESSMENT/DIAGNOSTIC AND TREATMENT PLANNING

6336.1 Assessment/Diagnostic and Treatment Planning services include two distinct actions: (1) the assessment and diagnosis of the client and (2) the development of the treatment plan. An Assessment/Diagnostic and Treatment Planning Service may be (1) Initial, (2) Comprehensive, (3) Ongoing, or (4) Brief.

6336.2 The assessment/diagnostic portion of this service includes the evaluation and ongoing collection of relevant information about a client to determine or confirm an SUD diagnosis and the appropriate Level of Care (LOC). The assessment shall serve as the basis for the formation of the treatment plan, which is designed to help the client achieve and sustain recovery. The assessment instrument shall incorporate ASAM client placement criteria.

6336.3 Treatment planning services are required each time an Assessment/Diagnostic and Treatment Planning service is performed. Treatment planning services include the development of a treatment plan or a treatment plan update and necessary referrals.

6336.4 Providers shall use a tool(s) approved by the Department for both the assessment and treatment plan.

6336.5 A treatment plan identifies all services considered medically necessary to address the needs of the client as determined by the assessment. The treatment plan must include:

(a) A substance use disorder diagnosis (and any other diagnoses);

(b) Criteria for discharge from the program based on completion of the established course of treatment, and/or transfer to a less intensive/restrictive level of care;

(c) A list of any agencies currently providing services to the individual and family including the type(s) of service and date(s) of initiation of those services;

(d) A list of client strengths and needs;

(e) Specific individualized treatment and recovery goals and objectives for each client;

(f) The treatment regimen, including specific services and activities that will be used to meet the treatment and recovery goals;

(g) An expected schedule for service delivery, including the expected frequency and duration of each type of planned service encounter;

(h) The name and title of personnel who will provide the services;

(i) The name and title of the client's Clinical Care Coordinator, primary substance abuse counselor, and case manager;

(j) A description of the involvement of family members or significant others, where appropriate;

(k) The identification of specific client responsibilities;

(l) The client's identified ASAM Level of Care (LOC);

(m) For children through age twenty (20), services reasonably calculated to promote the development or maintenance of age-appropriate functioning;

(n) The client or legal guardian's signature on the plan; and

(o) Signatures of all interdisciplinary team members participating in the development of the treatment plan. If the client refuses to sign the treatment plan, the Clinical Care Coordinator shall document the reason(s) in the treatment plan.

6336.6 Initial, Comprehensive, Ongoing, and Brief assessments shall be performed by the following Qualified Practitioners, as evidenced by signature and dates on the assessment document and the treatment plan and in accordance with additional provisions of this section:

(a) Qualified Physicians;

(b) Psychologists;

(c) Licensed Independent Clinical Social Workers ("LICSWs");

(d) Licensed Graduate Social Workers ("LGSWs");

(e) Licensed Professional Counselors ("LPCs");

(f) Licensed Marriage and Family Therapists ("LMFTs");

(g) APRNs;

(h) Certified Addiction Counselors II ("CAC IIs") (may not diagnose); or CAC Is (may not diagnose).

6336.7 An Initial Assessment/Diagnostic and Treatment Planning service (Initial Assessment) is a behavioral health screening and assessment that (1) identifies the individuals need for SUD treatment, (2) determines the appropriate level of care of SUD treatment, and (3) initiates the course of treatment. An Initial Assessment may only be provided by a Department-designated Assessment and Referral Center (ARC), with a Level 1-AR certification. The following provisions apply to an Initial Assessment:

(a) The provider shall use and complete a screening and assessment tool approved by the Department. The screening and assessment should result in identification of the necessary Level of Care (LOC) and an appropriate SUD provider referral, documented in the designated electronic record format.

(b) The provider shall record any medications used by the client;

(c) Staff must have an in-person encounter with the client to conduct the initial assessment;

(d) Providers must obtain and document client's understanding and agreement, evidenced by the client's signature, for consent to treatment, assessment, provider choice, the client bill of rights, and release of information; and

(e) For those providers with a Human Care Agreement with the Department, a maximum of one Initial Assessment may be billed within a thirty (30)-day period.

6336.8 The following provisions apply to the Comprehensive Assessment/Diagnostic and Treatment Planning service (CAT):

(a) When a client enters his or her first LOC within a treatment episode, the provider shall perform a CAT to determine his or her treatment and recovery needs. A CAT consists of a comprehensive assessment and the development of a treatment plan.

(b) A Comprehensive Assessment shall include the use of a Department-approved assessment tool and a detailed diagnostic formulation. The comprehensive assessment will document the client's strengths, resources, mental status, identified problems, current symptoms as outlined in the DSM, and recovery support service needs. The Comprehensive Assessment will also confirm the client's scores on the ASAM criteria and

confirm that the assigned LOC is most applicable to the client's needs. The diagnostic formulation shall include presenting symptoms for the previous twelve (12) months, including mental and physical health symptoms, degree of severity, functional status, and differential diagnosis.

(c) The comprehensive assessment is the basis for the development of the individualized treatment plan as defined in § 6336.5 of this chapter.

(d) A CAT must be performed in-person by an interdisciplinary team consisting of the client, a Certified Addictions Counselor (CAC), and at least one Qualified Practitioner with the license and capability to develop a diagnosis. The client's Clinical Care Coordinator and case manager shall also participate in the interdisciplinary team. A completed treatment plan is required to establish medical necessity.

(e) A CAT must be completed within seven (7) calendar days of admission to a provider. Providers at Level 3.7-WM must complete a Comprehensive Assessment within forty-eight (48) hours, or prior to discharge or transfer to another LOC, whichever comes first.

(f) Within twenty-four (24) hours of admission at a new LOC, during the period prior to the completion of the Comprehensive Assessment, the provider shall review the Department-approved assessment tool used during the client's Initial Assessment to develop an Initial Treatment Plan. This Initial Treatment Plan will validate treatment until the Comprehensive Assessment is completed. A Qualified Practitioner as listed in § 6336.6 shall develop the Initial Treatment Plan. The Initial Treatment Plan is considered part of the Comprehensive Assessment and Treatment Planning service.

(g) A Comprehensive Assessment shall take a minimum of three (3) hours to complete.

(h) A comprehensive assessment shall include client understanding and agreement, documented by the client's signature, for consent to treatment, assessment, provider choice, client bill of rights, and release of information.

(i) For those SUD providers with a Human Care Agreement with the Department, no more than one (1) Comprehensive Assessment shall be billed per LOC, and a Comprehensive Assessment cannot be billed on the same day as an Ongoing Assessment.

6336.9 An Ongoing Assessment occurs at regularly scheduled intervals depending on the LOC. The following provisions apply to ongoing assessments:

(a) An Ongoing Assessment, conducted using a tool(s) approved by the Department, provides a review of the client's strengths, resources, mental status, identified problems, and current symptoms as outlined in the DSM.

(b) An Ongoing Assessment will confirm the appropriateness of the existing diagnosis and revise the diagnosis, as warranted. The Ongoing Assessment will also revise the client's scores on all dimensions of the ASAM criteria, as appropriate, to determine if a change in LOC is needed.

(c) An Ongoing Assessment includes a review and update of the treatment plan to reflect the client's progress, growth, and ongoing areas of need.

(d) The Ongoing Assessment is also used prior to a planned transfer to a different LOC and for discharge from a course of service.

(e) The clinical care coordinator shall determine the frequency of ongoing assessments.

(f) An Ongoing Assessment must be completed in-person with the client by an interdisciplinary team, which includes a CAC and at least one Qualified Practitioner with the license and capability to develop a diagnosis. The client's clinical care coordinator and primary counselor shall participate in the interdisciplinary team.

(g) The Ongoing Assessment shall require a minimum of one (1) hour to complete.

(h) The Ongoing Assessment requires documentation of the assessment tools, updated diagnostic formulation, and the treatment plan update. The diagnostic formulation shall include presenting symptoms since previous assessment (including mental and physical health symptoms), degree of severity, functional status, and differential diagnosis. The treatment plan update shall address current progress toward goals for all problematic areas identified in the assessment and adjust interventions and recovery support services as appropriate.

(i) For providers with a Human Care Agreement with the Department, an Ongoing Assessment cannot be billed on the same day as a Comprehensive Assessment. These providers may bill a maximum of two (2) occurrences per sixty (60) days.

6336.10 A Brief Assessment is a review and documentation of a client's physical and mental status for acute changes that require an immediate response, such as a determination of a need for immediate hospitalization. The following provisions apply to brief assessments:

(a) A Brief Assessment may also be used to incorporate minor updates to a client's diagnosis or treatment plan;

(b) A Brief Assessment requires an in-person evaluation of the client by a Qualified Practitioner;

(c) A single service of "Brief Assessment" requires a minimum of one (1) unit (8-22 minutes);

(d) A Brief Assessment requires documentation of assessment tool(s), updated diagnostic formulation, and treatment plan update. The diagnostic formulation shall include presenting symptoms since previous assessment (including mental and physical health symptoms), degree of severity, functional status, and differential diagnosis. The treatment plan update shall address current progress toward goals for all problematic areas identified in the assessment and adjust interventions and recovery support services as appropriate;

(e) Providers should reassess the appropriateness of a client's LOC if frequent brief assessments are needed; and

(f) For providers with a Human Care Agreement with the Department, a Brief Assessment cannot be billed on the same day as Comprehensive Assessment. For these providers, a Brief Assessment must be billed as a minimum of one (1) unit. In addition, these providers may bill a maximum of three (3) occurrences in Level 3; a maximum of four (4) occurrences in Level 2; and a maximum of six (6) occurrences in Level 1.

6337 CORE SERVICE: CLINICAL CARE COORDINATION

6337.1 Clinical Care Coordination (CCC) is the initial and ongoing process of identifying, planning, coordinating, implementing, monitoring, and evaluating options and services to best meet a client's health needs.

6337.2 The Clinical Care Coordinator is responsible for ensuring that the client is at the appropriate level of care. If the client fails to make progress or has met all of his or her treatment goals, it is the Coordinator's responsibility to ensure timely assessment and transfer to a more appropriate level of care.

6337.3 CCC focuses on linking clients as they transition through the levels of care, ensuring that the treatment plan is formulated with the overarching goal of recovery regardless of the client's current status. The Clinical Care Coordinator is responsible for facilitating specified outcomes through recovery that will restore a client's functional status in the community. The Clinical Care Coordinator has the overall responsibility for the development and implementation of the client's treatment plan.

6337.4 CCC also includes oversight of linkages to off-site services to meet additional needs related to a co-occurring medical and/or psychiatric condition, as documented in the treatment plan.

6337.5 The assigned clinical care coordinator in each case will monitor the compliance with, and effectiveness of, services over the treatment period and make a determination of the frequency of ongoing assessments. A clinical care coordinator shall have no more than forty (40) clients assigned to his or her caseload.

6337.6 The CCC service must be provided by a licensed practitioner under Subsection 6337.7 of this chapter and must address the health and behavioral health of the client. CCC shall not include administrative facilitation of the client's service needs, which is the primary purpose of the Case Management service.

6337.7 The CCC service must be documented in an encounter note that indicates the intended purpose of that particular service, the actions taken, and the result(s) achieved.

6337.8 Qualified Practitioners for CCC are:

(a) Qualified Physicians;

(b) Psychologists;

(c) LICSWs;

(d) LGSWs;

(e) APRNs;

(f) RNs;

(g) LISWs;

(h) LPCs; and

(i) LMFTs.

6337.9 For providers with a Human Care Agreement with the Department, the following restrictions apply to CCC:

(a) CCC may not be billed in conjunction with a staff person's clinical supervision or at the same time as any assessment/diagnostic/treatment planning service;

(b) CCC may not be billed separately for a person in MMIWM;

(c) CCC may only be billed by the client's designated clinical care coordinator; and

(d) A maximum of 128 units of CCC are allowed under Level 3, a maximum of 132 units are allowed under Level 2, a maximum of 192 units are allowed under Level 1, and a maximum of 208 units are allowed under Level-1 with MAT.

6338 CORE SERVICE: CASE MANAGEMENT

6338.1 Case Management facilitates implementation of the treatment plan and administrative facilitation of the client's service needs, including but not limited to scheduling of appointments, assisting in completing applications, facilitating transportation, tracking appointments, and collecting information about the client's progress.

6338.2 Case Management also encompasses the coordination of linkages such as vocational/educational services, housing services, legal monitoring entities (*e.g.* probation), childcare, public assistance, and social services. Case Management also includes training in the development of life skills necessary to achieve and maintain recovery.

6338.3 In addition to the case management activities listed below, Case Management-HIV entails providing access to testing and referrals for HIV and infectious diseases and coordination of services with medical care or specialty services related to an infectious disease (an individual does not need to be diagnosed with an infectious disease to receive this service).

6338.4 All Case Management services must be authorized in the individual's treatment plan.

6338.5 Additional key service functions of Case Management in a treatment program include:

(a) Attending interdisciplinary team meetings for assessment/diagnostic services;

(b) Following up on service delivery by providers external to the treatment program and ensuring communication and coordination of services;

(c) Contacting clients who have unexcused absences from program appointments or from other critical off-site service appointments to re-engage them and promote recovery efforts;

(d) Locating and coordinating services and resources to resolve a client's crisis;

(e) Providing training in the development of life skills necessary to achieve and maintain recovery; and

(f) Participating in discharge planning.

6338.6 Each client shall have a case manager designated in his or her treatment plan; each case manager shall be assigned no more than forty (40) clients.

6338.7 All case managers shall be supervised by a CAC II or a licensed practitioner. At least weekly, the case manager's supervisor shall review and approve encounter notes to indicate compliance with treatment plan. At least monthly, the case manager's supervisor shall provide regular case and chart review and meet in-person with the case manager. Providers with a Human Care Agreement with the Department shall comply with the Department policy on supervision.

6338.8 Case Management shall not be considered a counseling service or activity. An individual performing both SUD Counseling and Case Management as part of his or her normal duties shall maintain records that clearly document separate time spent on each of these functions, such as, work logs, encounter notes, and documentation in the client's record.

6338.9 Case Management services shall be provided by:

(a) A Qualified Practitioner;

(b) An individual with at least a bachelor's degree from an accredited college or university in social work, counseling, psychology, or closely related field; or

(c) An individual with at least a GED or high school diploma, four (4) years of relevant, qualifying full-time-equivalent experience in human service delivery who demonstrates skills in developing positive and productive community relationship and the ability to negotiate complex service systems to obtain needed services and resources for individuals.

6339 CORE SERVICE: CRISIS INTERVENTION

6339.1 Crisis Intervention is an immediate short-term treatment intervention, which assists a client to resolve an acute personal crisis that significantly jeopardizes the client's treatment, recovery progress, health, or safety. Crisis Intervention does not necessarily lead to a change in LOC or a change to the treatment plan; however, if a change is needed, this service may be followed by a Brief

Assessment.

6339.2 Crisis Intervention is a service available at all levels of care and can be provided to any individual in treatment, even if the service is not included on the treatment plan.

6339.3 Crisis Intervention services must be documented using an encounter note that explains the crisis and the response.

6339.4 The following Qualified Practitioners may perform this service:

(a) Qualified Physicians;

(b) Psychologists;

(c) LICSWs;

(d) LGSWs;

(e) APRNs;

(f) RNs;

(g) LISWs;

(h) LPCs;

(i) LMFTs; and

(j) CAC Is and CAC IIs.

6339.5 For providers with a Human Care Agreement with the Department, Crisis Intervention shall be billed in increments of fifteen (15)-minute units. The following limits shall apply:

(a) Level 1: 80 Units

(b) Level 1 with MAT: 144 Units

(c) Level 2: 120 Units

(d) Level 3: 160 Units.

6340 CORE SERVICE: SUBSTANCE USE DISORDER COUNSELING

6340.1 SUD Counseling includes Individual, Family, Group, and Group-Psychoeducation

Counseling.

6340.2 For providers with a Human Care Agreement with the Department, counseling shall be billed in increments of fifteen (15)-minute units, and a clinically appropriate combination of Individual, Family, Group, and Group-Psychoeducation counseling is limited to the following (the Department can approve additional units with justification):

(a) Level 1: 32 Units per week;

(b) Level 2: 80 Units per week; and

(c) Level 3: 100 Units per week.

6340.3 Individual Substance Use Disorder Counseling (Individual SUD Counseling or Individual Counseling) is a one-on-one, in-person counseling interaction between a client and an authorized Qualified Practitioner for the purpose of supporting the client's recovery. The aim of Individual SUD Counseling is to improve functioning and cultivate the awareness, skills, and supports to facilitate long-term recovery.

6340.4 Individual SUD Counseling addresses the specific issues identified in the treatment plan. Individual counseling:

(a) Shall be documented in an encounter note;

(b) Shall not be conducted within the same or overlapping time period as Medication Management;

(c) Shall not be considered or used as a Case Management service or activity; and

(d) Shall be performed by one of the following Qualified Practitioners:

(1) Qualified Physicians;

(2) Psychologists;

(3) LICSWs;

(4) LGSWs;

(5) APRNs,

(6) RNs;

(7) LISWs;

(8) LPCs;

(9) LMFTs; or

(10) CAC Is and CAC IIs.

6340.5 Group SUD Counseling (Group Counseling) facilitates disclosure of issues that permit generalization to a larger group; promotes help-seeking and supportive behaviors; encourages productive and positive interpersonal communication; and develops motivation through peer support, structured confrontation, and constructive feedback. The aim of counseling is to cultivate the awareness, skills, and supports to facilitate long-term recovery. Group SUD Counseling helps clients develop appropriate psychosocial, personal, parenting, and family skills needed to facilitate long-term recover. The following provisions apply to Group SUD Counseling:

(a) Group SUD Counseling addresses the specific issues identified in the treatment plan;

(b) The focus of the group SUD counseling session shall be driven by the participant;

(c) A maximum of twelve (12) individuals may participate in a single Group SUD Counseling session;

(d) Group SUD Counseling shall not be billed during recreational activities; and

(e) Group SUD Counseling shall be performed by the following Qualified Practitioners:

(1) Qualified Physicians;

(2) Psychologists;

(3) LICSWs;

(4) LGSWs;

(5) APRNs;

(6) RNs;

(7) LISWs;

(8) LPCs;

(9) LMFTs; or

(10) CAC Is and CAC IIs.

6340.6 Group SUD Counseling-Psychoeducation promotes help-seeking and supportive behaviors by working in partnership with clients to impart current information and facilitate group discussion through lecture, audio-visual presentations, handouts, etc. to assist with developing coping skills that support recovery and encourage problem-solving strategies for managing issues posed by SUDs. This service should also address HIV, STDs, and other infectious diseases; clients are not required to have one of these diseases to receive this education. Group Counseling-Psychoeducation requires the following:

(a) The subject of the counseling must be relevant to the client's needs as identified in his or her treatment plan;

(b) This service must include facilitated group discussion of the relevant topic or topics;

(c) An encounter note for each participant shall be completed, which documents the individual's response to the group;

(d) A maximum of thirty (30) clients may participate in a single session; and

(e) Qualified Practitioners authorized to perform the service are:

(1) Qualified Physicians;

(2) Psychologists;

(3) LICSWs;

(4) LGSWs;

(5) APRNs;

(6) RNs;

(7) LISWs;

(8) LPCs;

(9) LMFTs; and

(10) CAC Is and IIs.

6340.7 Family Counseling is a planned, goal-oriented therapeutic interaction between a Qualified Practitioner and the client's family, with or without the client present. The aim of Family Counseling is to improve the individual's functioning with his or her family and cultivate the awareness, skills, and supports to facilitate long-term recovery. Family Counseling must address specific issues identified in the treatment plan. The following provisions apply to Family Counseling:

(a) Family Counseling shall be documented using an encounter note; if the client is not present for the service, the note must explain how the session benefits the client;

(b) A service encounter note documenting Family Counseling shall clearly state the relationship of the participant(s) to the client;

(c) Family Counseling participants other than the client must meet the definition of "family member" in Section 6399; and

(d) Qualified Practitioners authorized to provide Family Counseling must be competent to work with families and must be:

(1) Qualified Physicians;

(2) Psychologists;

(3) LICSWs;

(4) LGSWs;

(5) APRNs;

(6) RNs;

(7) LISWs;

(8) LPCs;

(9) LMFTs; or

(10) CAC Is and IIs.

6341 CORE SERVICE: DRUG SCREENING

6341.1 Drug Screening consists of toxicology sample collection and breathalyzer testing

to determine and detect the use of alcohol and other drugs.

6341.2 Providers reimbursed by the District for Drug Screening must comply with the Department policy on drug screening; those providers not reimbursed by the District must have their own drug screening policy.

6341.3 Toxicology sample collection involves the collection of biological specimens for drug analysis. The following provisions apply to toxicology sample collection:

(a) The handling of biological specimens requires a chain of custody in accordance with District guidelines from the point of collection throughout the analysis process to ensure the integrity of the specimen;

(b) Toxicology sample collection shall be conducted to verify abstinence or use of substances to inform treatment;

(c) Toxicology sample collection shall include an in-person encounter with the client;

(d) Documentation of the toxicology sample collection service requires an encounter note, laboratory request, and recorded laboratory results from an approved laboratory;

(e) Chain of custody for the toxicology specimen must be observed and documented in accordance with District guidelines; and

(f) Individuals collecting the samples must be properly trained to do so.

6341.4 Breathalyzer testing is the collection and documentation of valid breath specimens for alcohol analysis in accordance with Department standards. A Breathalyzer is conducted to test for blood alcohol content to inform treatment for an individual. The following provisions apply to Breathalyzer services:

(a) Breathalyzer testing requires an in-person collection of the sample;

(b) Breathalyzer testing must be documented with an encounter note and recorded results;

(c) The chain of custody must be kept in accordance with District guidelines; and

(d) Individuals collecting the samples must be properly trained to do so.

6342 SPECIALTY SERVICE: MEDICATION MANAGEMENT

6342.1 Medication Management shall include the coordination and evaluation of

medications consumed by clients, monitoring potential side effects, drug interactions, compliance with doses, and efficacy of medications.

6342.2 Medication Management also includes the evaluation of a client's need for Medication Assisted Treatment (MAT), the provision of prescriptions, and ongoing medical monitoring/evaluation related to the use of psychoactive drugs.

6342.3 Medication Management is used to inform treatment and to assist with withdrawal management, as clinically appropriate.

6342.4 All providers certified as MAT or Level 3 providers must be able to provide Medication Management.

6342.5 Medication Management requires in-person interaction with the client and may not be conducted at the same or overlapping times as any other service.

6342.6 The Qualified Practitioner performing the Medication Management service or the clinical care coordinator, if not the same individual, must coordinate with the client's primary care practitioner unless the client's record documents that the client refused to provide consent for the coordination.

6342.7 Documentation of Medication Management services shall include an encounter note and appropriately completed medication fields in the record, if applicable.

6342.8 Medication Management may be provided by the following:

(a) Qualified Physicians;

(b) APRNs;

(c) RNs;

(d) LPNs;

(e) PAs;

(f) LICSWs;

(g) LISWs;

(h) LGSWs;

(i) LPCs; and

(j) CAC Is and IIs, within the scope of their respective licenses.

6342.9 For providers with a Human Care Agreement with the Department, Medication Management shall be billed in increments of fifteen (15)-minute units. No more than ninety-six (96) units may be billed per LOC. Medication Management shall not be billed on the same day as MMIIWM.

6343 SPECIALTY SERVICE: MEDICATION ASSISTED TREATMENT

6343.1 Medication Assisted Treatment (MAT) is the use of pharmacotherapy as long-term treatment for opiate or other forms of dependence. A client who receives MAT must also receive SUD Counseling. Use of this service should be in accordance with ASAM service guidelines and practice guidelines issued by the Department.

6343.2 Individuals appropriate for MAT must have an SUD that is appropriately treated with an MAT in accordance with Federal regulations.

6343.3 MAT providers must ensure that individuals receiving MAT understand and provide written informed consent to the specific medication administered. No person under eighteen (18) years of age may be admitted to MAT unless a parent or legal guardian consents in writing to such treatment.

6343.4 MAT may be administered on an in-office basis or as take-home regimen. Both MAT administrations include the unit of medication and therapeutic guidance. For clients receiving a take-home regimen, therapeutic guidance must include additional guidance related to storage and self-administration.

6343.5 Therapeutic guidance provided during MAT shall include:

(a) Safeguarding medications;

(b) Possible side-effects and interaction with other medications;

(c) Impact of missing doses;

(d) Monitoring for withdrawal symptoms and other adverse reactions; and

(e) Appearance of medication and method of ingestion.

6343.6 For providers with a Human Care Agreement with the Department:

(a) MAT medication is billed on a per-dose basis;

(b) A single fifteen (15)-minute administration session may be billed when an individual is receiving take-home doses in accordance with ASAM criteria and Department policy;

(c) A client can be prescribed a maximum of one dose/unit per day;

(d) An initial and second authorization is for a maximum of ninety (90) days each; subsequent authorizations cannot exceed one hundred and eighty (180) days each; and

(e) The maximum number of MAT services over a twelve (12)-month period is three hundred and sixty five (365) units of medication and up to fifty-two (52) units of administration.

6343.7 Providers shall have medical staff (MD, PA, APRN, or RN) on duty during all clinic hours. A physician shall be available on call during all clinic hours, if not present on site.

6343.8 A member of the medical staff must be available on call twenty-four (24) hours a day, seven (7) days a week.

6343.9 A physician must evaluate the client a minimum of once per month for the first year that a client receives MAT and a minimum of every six (6) months thereafter, in coordination with the treatment plan and as needed.

6343.10 A provider must review the results of a client's physical, which has been completed within the past twelve (12) months, prior to prescribing or renewing a prescription for MAT.

6343.11 Documentation for this service must include medication log updates and an encounter note for each visit, which captures the therapeutic guidance provided.

6343.12 MAT may be provided by the following:

(a) Qualified Physicians;

(b) APRNs;

(c) Physicians Assistants (PAs) (supervised by Qualified Physicians);

(d) RNs; or

(e) LPNs (supervised by an MD, RN, or APRN).

6344 SPECIALTY SERVICE: ADOLESCENT – COMMUNITY REINFORCEMENT APPROACH (ACRA)

6344.1 ACRA is a Level I Outpatient treatment for youth and young adults ages twelve (12) to twenty-four (24) years old with co-occurring mental health and substance use disorders. ACRA services include Counseling, Case Management, and

Clinical Care Coordination when provided in accordance with the requirements of this section and the ACRA evidence-based practice certification model.

6344.2 All providers certified as Level I Outpatient who serve youth up to age twenty-one (21) must also be certified as ACRA providers.

6344.3 The provider must have the following ACRA-certified staff for each ACRA team:

(a) A clinical supervisor, with ACRA clinical supervisor certification, who is also a Master's-level qualified practitioner;

(b) One (1) to four (4) clinicians with ACRA clinician certification who are either Master's-level qualified practitioners or Bachelor's-level qualified practitioners with at least five (5) years' experience working with behaviorally-challenged youth; and

6357.4 ACRA practitioners must comply with the supervision, taping, feedback and coaching requirements of the ACRA certification.

6344.5 A minimum of four units (one hour) of ACRA Counseling services should be provided each week. Additional units of ACRA Case Management and Clinical Care Coordination, and remaining Level 1 services shall be provided as clinically appropriate.

6344.6 ACRA generally lasts up to six (6) months with the first three (3) months of services provided in the office setting and the last three (3) months of service provided in the home or community setting, based on the client's needs and progress.

6344.7 ACRA may be provided by the following qualified practitioners who satisfy the requirements of Subsection 6344.2 above:

(a) Qualified Physicians;

(b) Psychologists;

(c) LICSWs;

(d) LGSWs;

(e) APRNs;

(f) RNs;

(g) LISWs;

(h) LPCs;

(i) LMFTs; or

(j) CAC Is and IIs.

6345 RECOVERY SUPPORT SERVICE: RECOVERY SUPPORT EVALUATION

6345.1 A Recovery Support Evaluation is a process used to evaluate and document a client's individual recovery support service needs, develop a comprehensive individual recovery support plan, and monitor client progress on achievement of goals and objectives every sixty (60) days.

6345.2 The purpose of the Recovery Support Evaluation is to identify domains that require support, using a Department-approved recovery support assessment tool, and to develop a recovery support plan.

6345.3 Recovery Support Evaluation requires an in-person encounter with the client and must be performed by staff trained to use the recovery support assessment tool.

6345.4 Required elements of a Recovery Support Evaluation include the completion of a Department-approved recovery support assessment tool and recovery support plan.

6345.5 Providers must document completion and client signatures for: consents, completion of the recovery support assessment tool and recovery support plan, client bill of rights, and release of information.

6345.6 A maximum of two (2) units of Recovery Support Evaluation are allowed every six (6) months. Additional Recovery Support Evaluations require approval from the Department.

6345.7 The clinical care coordinator is responsible for ensuring coordination if an individual is receiving treatment and recovery services from different providers. An individual receiving treatment and recovery services from different providers may receive the CAT and a separate Recovery Support Evaluation.

6345.8 An individual receiving treatment and recovery services from the same provider shall receive only the CAT and not a separate Recovery Support Evaluation or recovery support plan. The treatment plan developed under the CAT shall include specific recovery goals and identify recovery support services.

6345.9 The following staff may perform this service:

(a) A Qualified Practitioner; or

(b) A Recovery Coach; or

(c) An individual with at least a bachelor's degree from an accredited college or university in social work, counseling, psychology, or closely related field and training or relevant experience in substance use; or

(d) An individual with at least four (4) years of relevant, qualifying full-time-equivalent experience in human service delivery who demonstrates skills in developing positive and productive community relationships and the ability to negotiate complex service systems to obtain needed services and resources for individuals.

6346 RECOVERY SUPPORT SERVICE: RECOVERY SUPPORT MANAGEMENT

6346.1 Recovery Support Management assists clients with the implementation of the recovery support plan, including but not limited to:

(a) Scheduling of appointments, assisting in completing applications, facilitating transportation, tracking appointments, and collecting progress report information;

(b) Helping clients access the District service network and other community resources that help sustain recover and coordinating linkages such as vocational/educational services, housing services, judicial entities, childcare, public assistance, and social services.

6436.2 All Recovery Support Management services must be authorized in the individual's recovery support plan or treatment plan (if applicable).

6346.3 Additional key service functions of Recovery Support Management include:

(a) Monitoring service delivery by providers external to the RSS program and ensuring communication and coordination of services;

(b) Contacting individuals who have unexcused absences from program appointments or from other critical off-site service appointments to re-engage the person and promote recovery efforts; and

(c) Locating and coordinating services and resources to resolve a client's crisis.

6346.4 If the client is also in active treatment, the treatment provider's staff shall provide these services through Case Management and Clinical Care Coordination.

Recovery Support Management shall not be billed while the client is in active treatment.

6346.5 Each client not in active treatment shall have a designated Recovery Support Manager. One (1) FTE is required for every fifty (50) clients.

6346.6 The recovery support manager's supervisor shall provide regular case and chart review, meet in-person with the case manager, and co-sign chart entries at least monthly to indicate compliance with the recovery support plan.

6346.7 RSS providers with a Human Care Agreement with Department must comply with the Department policy on supervision.

6346.8 An encounter note is required at each provision of Recovery Support Management.

6346.9 SUD Counseling shall not be considered a Recovery Support Management service or activity. An individual performing both SUD Counseling and Recovery Support Management as part of his or her normal duties shall maintain records that clearly document separate time spent on each of these functions, such as, work logs, encounter notes, and documentation in the patients' records.

6346.10 Recovery Support Management services shall be provided by one of the following:

(a) A Qualified Practitioner;

(b) A Recovery Coach;

(c) An individual with a bachelor's degree from an accredited college or university in social work, counseling, psychology, or closely related field; or

(d) An individual with at least a GED or high school diploma, four (4) years of relevant, qualifying full-time-equivalent experience in human service delivery who demonstrates skills in developing positive and productive community relationship and the ability to negotiate complex service systems to obtain needed services and resources for individuals.

6347 RECOVERY SUPPORT SERVICE: RECOVERY COACHING

6347.1 Recovery Coaching is provided by a person in recovery from an SUD or another staff member who is familiar with the community's support for persons seeking to live an alcohol- and drug-free life.

6347.2 Recovery Coaching assists clients in reviewing the recovery support plan and

reviewing strategies to achieve the identified goals and support abstinence, and assists the client to overcome barriers that may inhibit their recovery process and develop a network of supportive relationships.

6347.3 Recovery Coaching provides ongoing support to a client in accordance with the recovery support plan.

6347.4 Recovery Coaching requires an in-person or electronic encounter with a client in accordance with 42 C.F.R. part 2, and documentation using an encounter note.

6347.5 Staff eligible to perform this service may be:

(a) A Recovery Coach;

(b) An individual with at least a GED or high school diploma, four (4) years of relevant, qualifying full-time-equivalent experience in human service delivery who demonstrates skills in developing positive and productive community relationship and the ability to negotiate complex service systems to obtain needed services and resources for individuals; or

(c) A Qualified Practitioner.

6348 RECOVERY SUPPORT SERVICE: LIFE SKILLS SUPPORT SERVICES

6348.1 Life Skills Support Services help clients develop appropriate psychosocial skills needed to succeed in day-to-day life without the use of alcohol and drugs, including how to plan for and incorporate drug-free social activities into their recovery.

6348.2 The purpose of the Life Skills Support Services is to provide peer-to-peer support in a group setting to promote individual and community change through lived experiences.

6348.3 Life Skills Support Services requires in-person group encounters with clients. A maximum of fifteen (15) clients may participate in a group session.

6348.4 A Life Skills Support Services session must be guided by a curriculum approved by the Department.

6348.5 Life Skills Support Services sessions must be documented using an encounter note.

6348.6 The following staff may perform Life Skills Support Services:

(a) A Recovery Coach;

(b) An individual with at least a GED or high school diploma, four (4) years of relevant, qualifying full-time-equivalent experience in human service delivery who demonstrates skills in developing positive and productive community relationship and the ability to negotiate complex service systems to obtain needed services and resources for individuals; or

(c) A Qualified Practitioner.

6349 RECOVERY SUPPORT SERVICE: SPIRITUAL SUPPORT SERVICES

6349.1 Spiritual Support Services shall provide spiritual support, which incorporates faith and religion in the recovery process based on spiritual practices and principles.

6349.2 The purpose of Spiritual Support Services is to provide strategies on how a client can incorporate spirituality into their recovery process.

6349.3 The following provisions apply to Spiritual Support Services:

(a) Provision of the service requires an in-person encounter with the client in a group setting;

(b) Only RSS clients may attend a Spiritual Support Services group session;

(c) The Spiritual Support Services group may not prohibit clients from participation based on spiritual or religious beliefs; and

(d) A maximum of thirty (30) clients may participate in a Spiritual Support Services group.

6349.4 Spiritual Support Services include ongoing support services through persons with lived experiences and similar spiritual beliefs.

6349.5 Spiritual Support Services group sessions must be documented using an encounter note.

6349.6 Staff that performs this service should have a background of study in the spiritual support being provided.

6349.7 The following staff may perform this service:

(a) A Recovery Coach;

(b) An individual with at least a GED or high school diploma, four (4) years of relevant, qualifying full-time-equivalent experience in human service delivery who demonstrates skills in developing positive and productive community relationship and the ability to negotiate complex service

systems to obtain needed services and resources for individuals; or

(c) A Qualified Practitioner.

6350 RECOVERY SUPPORT SERVICES: EDUCATION SUPPORT SERVICES

6350.1 Educational Support Services provide individual instruction and tools to expand a client's knowledge in specific recovery topics, including relapse prevention, employment preparation, money management, health and wellness, and family reunification, targeted to improve the client's functioning for substance-free living.

6350.2 The purpose of Education Support Services is to increase the client's ability to sustain long-term recovery.

6350.3 Education Support Services require an in-person encounter with the client.

6350.4 Educational Support Services must be documented using an encounter note.

6350.5 Educational Support Services maybe be provided on an individual or group basis.

6350.6 For individual Educational Support Services, a one-on-one interaction with the client is required.

6350.7 For group Educational Support Services, providers must use a curriculum approved for use in a group setting. Education Support Services groups may serve no more than thirty (30) clients.

6350.8 The following staff may perform this service:

(a) A Recovery Coach; or

(b) An individual with at least a GED or high school diploma, four (4) years of relevant, qualifying full-time-equivalent experience in human service delivery who demonstrates skills in developing positive and productive community relationship, and the ability to negotiate complex service systems to obtain needed services and resources for individuals; or

(c) A Qualified Practitioner.

6351 RECOVERY SUPPORT SERVICE: TRANSPORTATION SERVICES (PUBLIC)

6351.1 Transportation Services provide transportation support (Metrobus or Metrorail card) to a client for the purpose of attending RSS and other activities that support the client's recovery.

6351.2 The purpose of the Transportation Services is to provide transportation to help to a client to attend their scheduled appointments.

6351.3 Transportation Services require an in-person encounter to receive the transportation card.

6351.4 Transportation Services must be documented using an encounter note and be signed for by the client receiving the card.

6352 RECOVERY SUPPORT SERVICE: RECOVERY SOCIAL ACTIVITIES

6352.1 Recovery Social Activities provide group drug-free social activities for persons in recovery in order to demonstrate to the client how to maintain their recovery in drug-free environments.

6352.2 Recovery Social Activities require an in-person encounter with the client.

6352.3 Recovery Social Activities require an encounter note describing and documenting the social activity.

6352.4 The following staff may perform this service:

(a) A Recovery Coach;

(b) An individual with at least a GED or high school diploma, four (4) years of relevant, qualifying full-time-equivalent experience in human service delivery who demonstrates skills in developing positive and productive community relationship and the ability to negotiate complex service systems to obtain needed services and resources for individuals; or

(c) A Qualified Practitioner.

6353 RECOVERY SUPPORT SERVICE: ENVIRONMENTAL STABILITY

6353.1 The Environmental Stability service provides a structured and stable living environment and recovery support system that includes recovery housing for up to six (6) months. The objective of Environmental Stability is to prepare the client for independent living upon completion of the Environmental Stability Service.

6353.2 Eligible persons for this service must:

(a) Be drug- and alcohol-free (with the exception of prescribed medication) for thirty (30) days prior to admission;

(b) Maintain sobriety throughout the program;

(c) Be in recovery from a diagnosed SUD;

(d) Be employed or in a training program (or both) for a minimum of thirty (30) hours per week or specifically excepted for medical reasons by the Director;

(e) Deposit fifty percent (50%) of net income into the provider's client escrow account for the purposes of post-environmental-stability independent living;

(f) Be enrolled and active in other Department-certified recovery support services; and

(g) Must be prior authorized by the Department.

6353.3 The Environmental Stability provider shall comply with the Department's drug testing policy.

6353.4 Each Environmental Stability facility shall be for a single gender or for single parents with one child.

6353.5 Environmental Stability providers must comply with the applicable of provisions of Section 6323 of this chapter governing residential recovery programs.

6353.6 No Environmental Stability program shall use a name on the exterior of the building or display any logo that distinguishes the facility from any other residence in the neighborhood.

6399 DEFINITIONS

Admission - Entry into the SUD treatment or recovery program after completion of intake, screening, and initial assessment and a determination that§§ an individual is eligible for the program.

Advance Practice Registered Nurse (APRN) - A person who is licensed or authorized to practice as an advanced practice registered nurse pursuant to the District of Columbia Health Occupations Revisions Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2012 Repl. & 2014 Supp.)), and who has particular training and expertise in treating clients with SUD. An APRN is a Qualified Practitioner.

Affiliation Agreement - A legal agreement approved by the Department by and between a provider and another entity that describes how they will work together to benefit clients.

Applicant - A program that has applied to the Department for certification as an SUD treatment or recovery program.

Case Manager - Program staff specially designated to provide Case Management services with or on behalf of a client to maximize the client's adjustment and functioning within the community while achieving sobriety and sustaining recovery. A client's case manager must be designated in his or her treatment plan.

Certification - The process of establishing that standards of care described in this chapter are met; or approval from the Department indicating that an applicant has successfully complied with all requirements for the operation of a substance use disorder treatment or recovery program in the District.

Certified Addiction Counselor (CAC) - A person who is certified to provide SUD counseling services in accordance with District law and regulations. A CAC may be certified as a CAC I or CAC II. A CAC is a Qualified Practitioner.

Child Development Facility - A center, home, or other structure that provides care and other services, supervision, and guidance for children up to fifteen (15) years of age on a regular basis, regardless of its designated name, but does not include a public or private elementary or secondary school engaged in legally required educational and related functions.

Client - A person admitted to an SUD treatment or recovery program who is assessed to need SUD treatment services or recovery services.

Clinical Care Coordinator - A licensed or certified Qualified Practitioner who has the overall responsibility for the development and implementation of the client's treatment plan, is responsible for identification, coordination, and monitoring of non-SUD-treatment clinical services, and is identified in the client's treatment plan.

Clinical Staff - Staff who are licensed, certified, or registered by the District Department of Health, Health Regulation and Licensing Administration (HRLA).

Communicable Disease - Any disease as defined in Title 22-B, § 201 of the District of Columbia Municipal Regulations (DCMR).

Continuity of Care Plan – A plan that provides for the ongoing care of clients in the event that a certified provider is no longer able to provide adequate care. The plan should include provision for the referral and transfer of

clients, as well as for the provision of relevant treatment information, medications, and information to the new provider.

Co-Occurring Disorders - The presence of concurrent diagnoses of substance use disorder and a mental disease or disorder.

Crisis - An event that significantly jeopardizes the client's treatment, recovery progress, health or safety.

Department - The District of Columbia Department of Behavioral Health.

Director - The Director of the District Department of Behavioral Health.

Discharge - The time when a client's active involvement with a program is terminated.

Discharge Planning - Activities with or on behalf of an individual to arrange for appropriate follow-up care to sustain recovery after being discharged from a program, including educating the individual on how to access or reinitiate additional services, as needed.

Discrete Clients - Children accompanied by a parent into a treatment environment that are clinically determined to require admission as a client with their own separate and distinct assessment, treatment plan, course of treatment, and record. Discrete Client does not apply to children who receive services primarily to support a parent's recovery.

District - The District of Columbia.

Drug - Substances that have the likelihood or potential to be misused or abused, including alcohol, prescription drugs, and nicotine.

Facility - Any physical premises which houses one or more SUD treatment or recovery programs.

Family Member - Individual identified by the client as a person with whom the client has a significant relationship and whose participation is important to the client's recovery.

Health Maintenance Organization (HMO) - A private organization which is a qualifying HMO under Federal regulations or has been determined to be an HMO pursuant to rules issued by the D.C. State Health Planning and Development Agency (SHPDA) in accordance with D.C. Official Code §§ 44-401 *et seq.*

Initial Treatment Plan - The treatment plan that is developed in conjunction

with the first (non-comprehensive) diagnostic assessment conducted upon entry to a client's first LOC.

In-service Training - Activities undertaken to achieve or improve employees' competency to perform present jobs or to prepare for other jobs or promotions.

Interdisciplinary Team - Members of the SUD provider staff who provide services to the client. This group shall include the client, the client's CCC, a CAC, the client's case manager, and at least one QP with the license and ability to diagnose.

Licensed Graduate Social Worker (LGSW) – A person licensed as a graduate social worker in accordance with applicable District laws and regulations. An LGSW is a Qualified Practitioner.

Licensed Independent Clinical Social Worker (LICSW) - A person licensed as an independent clinical social worker in accordance with applicable District laws and regulations. An LICSW is a Qualified Practitioner.

Licensed Independent Social Worker (LISW) - A person licensed as a licensed independent social worker in accordance with applicable District laws and regulations. An LISW is a Qualified Practitioner.

Licensed Marriage and Family Therapist (LMFT) – A person licensed as a marriage and family therapist in accordance with applicable District laws and regulations. An LMFT is a Qualified Practitioner.

Licensed Practical Nurse (LPN) - A person licensed as practical nurse in accordance with applicable District laws and regulations.

Licensed Professional Counselor (LPC) - A professional counselor licensed in accordance with applicable District laws and regulations. An LPC is a Qualified Practitioner.

Major Investigations - Refers to the detailed inquiry or systematic examination of deaths related to suicide, unexpected deaths at a facility, death of a child or youth, and any other incident that the Director, DBH or the Deputy Director, OA, determine need a major investigation.

Major Unusual Incidents - Adverse events that can compromise the health, safety, and welfare of persons; employee misconduct; fraud; and actions that are violations of law and policy.

Medicaid - The program described in the District of Columbia State Medicaid Plan, approved by CMS, and administered by the Department of Health

Care (DHCF) to enable the District of Columbia to receive Federal financial assistance for a medical assistance program and other purposes as permitted by law.

Medical Necessity (or Medically Necessary) - Those services contained in an approved treatment plan reasonably calculated to prevent the worsening of, alleviate, correct, cure, or ameliorate an identified substance use disorder. For children through age twenty (20), services reasonably calculated to promote the development or maintenance of age-appropriate functioning are also considered medically necessary.

Medical Waste - Any solid waste that is generated in the diagnosis, treatment, or immunization of human beings or in the testing of biologicals, including but not limited to: soiled or blood-soaked bandages, needles used to give shots or draw blood, and lancets.

Mental Illness - A diagnosable mental, behavioral, or emotional disorder (including those of biological etiology) which substantially impairs the mental health of the person or is of sufficient duration to meet diagnostic criteria specified within the DSM-IV or its ICD-9-CM equivalent (and subsequent revisions) with the exception of DSM-IV "V" codes, substance abuse disorders, mental retardation, and other developmental disorders, or seizure disorders, unless those exceptions co-occur with another diagnosable mental illness.

Notice of Infraction - An action taken by agencies to enforce alleged violations of regulatory provisions.

Opioid - A psychoactive substance in the narcotic class derived from opium, including natural and synthetic compounds. Substances in this class may produce pharmacological effects such as physical withdrawal symptoms when used for non-medicinal purposes.

Outcomes of Care - The results of a course of treatment, including abstinence or reduction of abuse of substances, elimination or reduction of criminal activity, reduction of antisocial activity associated with SUD, reduction in need for medical or mental health services, reduction of need for SUD treatment, increase in pro-social involvement, and increase in productivity and employment.

Outpatient Services - Therapeutic services that are medically or psychologically necessary, provided to a client according to an individualized treatment plan, and do not require the client's admission to a hospital or a non-hospital residential facility. The term "outpatient services" refers to services that may be provided (on an ambulatory basis) in a hospital; a non-hospital residential facility; an outpatient treatment facility; or the

office of a person licensed to provide SUD treatment services.

Outreach - Efforts to inform and facilitate access to a program's services.

Parent - A person who has custody of a child as a natural parent, stepparent, adopted parent, or has been appointed as a guardian for the child by a court of competent jurisdiction.

Postpartum - A period of time for up to twenty-four (24) months after birth of an infant.

Privacy Officer - A person designated by an organization that routinely handles protected health information, to develop, implement, and oversee the organization's compliance with the U.S. Health Insurance Portability and Accountability Act (HIPAA) privacy rules, 42 C.F.R. part 2, and D.C. Mental Health Information Act.

Program - An SUD Treatment or Recovery Program certified by the Department at a specific Level of Care to provide substance use treatment or recovery services.

Program Director - An individual having authority and responsibility for the day-to-day operation of an SUD treatment or recovery program.

Protected Health Information (PHI) - Any written, recorded, electronic (ePHI), or oral information which either (1) identifies, or could be used to identify, a consumer; or (2) relates to the physical or mental health or condition of a consumer, provision of health care to a consumer, or payment for health care provided to a consumer. PHI does not include information in the records listed in 45 C.F.R. § 160.103.

Provider - An entity certified by the Department to provide either SUD treatment or recovery support services or both.

Psychiatrist - A physician licensed in accordance with applicable District laws and regulations who has completed a residency program in psychiatry accredited by the Residency Review Committee for Psychiatry of the Accreditation Council for Graduate Medical Education and is eligible to sit for the psychiatric board examination. A psychiatrist is a Qualified Practitioner.

Psychologist - A person licensed to practice psychology in accordance with applicable District laws and regulations. A psychologist is a Qualified Practitioner.

Qualified Physician - A person who is licensed or authorized to practice

medicine pursuant to the District law and regulations and eligible for a waiver pursuant to the federal Drug Addiction Treatment Act of 2000 or subsequent amendments.

Qualified Practitioner (QP) - Clinical staff authorized to provide treatment and other services. These clinical staff are (i) a qualified physician; (ii) a psychiatrist; (iii) a psychologist; (iv) a licensed independent clinical social worker (LICSW); (v) a licensed graduate social worker (LGSW) (vi) a licensed marriage and family therapist (LMFT); (vii) a physician's assistant (PA); (viii) an advance practice registered nurse (APRN); (ix) a registered nurse (RN); (x) a licensed professional counselor (LPC); (xi) an independent social worker (LISW); and (xii) a certified addiction counselor (CAC).

Recovery Coach - A Recovery Coach is a person that meets the eligibility requirements and provides support to individuals in recovery from an SUD.

Recovery Support Plan - A document developed during a Recovery Support Evaluation that outlines the client's needs, goals, and recovery services to be utilized to achieve those goals.

Recovery Support Services - Non-clinical services provided to a client by a certified RSS provider to assist him or her in achieving or sustaining recovery from an SUD.

Registered Nurse (RN) - A person licensed as a registered nurse in accordance with applicable District laws and regulations. An RN is a Qualified Practitioner.

Representative Payee – An individual or organization appointed by the Social Security Administration to receive Social Security or Supplemental Security Income (SSI) benefits for someone who cannot manage or direct someone else to manage his or her money.

Research - Experiments including new interventions of unknown efficacy applied to clients whether behavioral, psychological, biomedical, or pharmacological.

Residential Program - Any treatment or recovery program which houses clients overnight, including Level III treatment programs and environmental stability programs.

Substance Use Disorder (SUD) - A chronic relapsing disease characterized by a cluster of cognitive, behavioral, and psychological symptoms indicating that the beneficiary continues using a substance despite significant

substance-related problems. A diagnosis of a SUD requires a beneficiary to have had persistent, substance related problem(s) within a twelve (12)-month period.

Treatment - A therapeutic effort to improve a client's cognitive or emotional conditions or the behavior of a client, consistent with generally recognized principles or standards in the SUD treatment field, provided or supervised by a Qualified Practitioner.

Treatment Plan - A document that meets the requirements of Subsection 6335.5 of this chapter and establishes medical necessity for all services identified to address the needs of the client as determined by the assessment.

Withdrawal Management - A program designed to achieve systematic reduction in the degree of physical dependence on alcohol or drugs.

All persons desiring to comment on the subject matter of this proposed rulemaking should file comments in writing not later than thirty (30) days after the date of publication of this notice in the *D.C. Register*. Comments should be filed with Suzanne Fenzel, Deputy Director, Office of Strategic Planning, Policy and Evaluation, Department of Behavioral Health, at 64 New York Ave., N.E., 2nd Floor, Washington, D.C. 20002, or Suzanne.Fenzel@dc.gov. Copies of the proposed rules may be obtained from www.dbh.dc.gov or from the Department of Behavioral Health at the address above.