

Substance Abuse Treatment Certification Rule

Chapter 8 – Alcohol and Drug Abuse

Subchapter 4

1.0 Authority

1.1 This rule is adopted pursuant to 8 V.S.A § 4089b and 18 V.S.A § 4806.

2.0 Purpose

2.1 This rule, which goes into effect on January 1, 2015, provides the Vermont Department of Health Alcohol and Drug Abuse Programs (ADAP) Approved Providers and Preferred Providers certification and operational requirements.

3.0 Definitions

3.1 “Accreditation body” means an organization that issues credentials or certifies third parties pursuant to official standards.

3.2 “Aftercare” means services supportive of therapeutic gains to person’s served who have completed a level of treatment within the past 60 days.

3.3 “Applicant” means any individual(s), partnership, corporation, association, or organization that has submitted a written application to operate a certified substance abuse program or service.

3.4 “Approved provider” means any substance abuse provider who has attained a certificate of operation from ADAP, but does not currently have an existing contract or grant from ADAP to provide substance abuse treatment.

3.5 “Assessment” means a process of evaluation and documentation of an individual(s) social, mental, and physical past history and current status to determine if the person(s) has a diagnosable condition and is in need of treatment services.

3.6 “Commissioner” means the Commissioner of Health.

3.7 “Component” means an organizational subsection of a program, either on-site or at another location. For example, multiple treatment units, community education, outreach, and emergency services might all be components of a substance abuse program.

3.8 “Counseling” means the interaction between a counselor and a person served intended to result in a positive change in a persons served social, mental and/or physical status.

3.9 “Counselor” means an individual employed by a substance abuse treatment program to provide counseling services.

- 3.10 **“Department”** means the Vermont Department of Health.
- 3.11 **“Detoxification services”** means the provision of medical and/or social services in a facility staffed 24 hours per day to persons served who are experiencing or at risk for experiencing physical withdrawal from alcohol or other drugs. Social detoxification services take place in a non-medical facility, a unit of which has been specifically structured and staffed to provide the above services. Medical detoxification services take place in an in-patient hospital setting where all the resources of the hospital are available.
- 3.12 **“Diagnosis”** means the process of identifying the specific nature and type of disease and/or problems of an individual(s) based on an assessment of the person’s social, mental, and physical past history and current status, and of documenting the opinion using the criteria and format of the current edition of the Diagnostic and Statistical Manual of Mental Disorders – of the American Psychiatric Association.
- 3.13 **“Executive director”** means the chief executive officer (CEO) or managing director of an organization responsible for the design, development and implementation of the strategic plans for their organization, as well as, the day-to-day operations including managing committees and staff and developing business plans in collaboration with the board for the future of the organization.
- 3.14 **“Full certificate”** means a certificate that identifies a facility as being in compliance with these regulations, the ADAP Service Guidelines, other relevant provision of the ADAP grant/contract assurances, and any other applicable laws and rules.
- 3.15 **“IOP”** means Intensive Outpatient Treatment Program which provides treatment for at least three hours per day for at least three days per week for a period of consecutive weeks.
- 3.16 **“Licensed Alcohol & Drug Abuse Counselor (LADC)”** means an individual who has met the requirements for alcohol and drug treatment counselor as outlined in the Alcohol and Drug Abuse Counselor Licensing Rules, and Title 26 Chapter 62.
- 3.17 **“Long-Term Residential”** means the average length of stay in the residential program is greater than thirty days.
- 3.18 **“Medication Assisted Therapy (MAT)”** means the use of medications, in combination with counseling and behavioral therapies, to provide a comprehensive approach to the treatment of opioid substance use disorders.
- 3.19 **“Outpatient served program”** means the provision of assessment and treatment services in a non-residential setting.
- 3.20 **“Outreach”** means the development and implementation of a plan to interact with a community or geographic area and its organizations for the purpose of identifying

persons in need of services, alerting individuals and organizations to the availability and location of services, encouraging and assisting persons to accept and enter program services, and developing organizational affiliations to facilitate the referral of persons served when necessary.

- 3.21 **“Policy”** means a written and dated statement or course of action designed to determine and govern the decisions, activities, procedures and/or operations of a program and its employees and representatives.
- 3.22 **“Preferred provider”** means any substance abuse provider who has attained a certificate of operation from ADAP, and has an existing contract or grant from ADAP to provide substance abuse treatment.
- 3.23 **“Procedure”** means a series of activities designed to implement program goals or policy.
- 3.24 **“Program”** means an organizational entity, which provides treatment services to persons with substance abuse problems. A program may be an identified administrative unit within a larger organization; it may also consist of more than one component.
- 3.25 **“Provisional certificate”** means a certificate that is given when a provider is not in full compliance with these regulations, applicable laws and rules, ADAP’s Service Guidelines, and all other ADAP grant/contract assurances.
- 3.26 **“Residential programs”** means an organized service provided by trained staff with 24-hour supervision, observation, and support to ensure the provision of treatment services to a person served who resides on the premises during the course of treatment.
- 3.27 **“Risk management plan”** means a document prepared to foresee risks, to estimate the effectiveness, and to create response plans to mitigate them.
- 3.28 **“Screening”** means a simple test performed to identify those who are likely to have a specified disease.
- 3.29 **“Short-term Residential”** means the average length of stay in the residential program is thirty days or less.
- 3.30 **“Treatment plan”** means a written document created to guide the course of treatment that is developed with the participation of the person served, which is appropriate to meet the person’s needs, and which specifies goals, activities, and services determined through the process of assessment.
- 3.31 **“Withdrawal management services”** means the provision of medical and/or social services in a facility staffed 24 hours per day to persons served who are experiencing or are at risk for experiencing physical withdrawal from alcohol or other drugs. Social setting withdrawal management services take place in a non-medical facility, a unit of which has been specifically structured and staffed to provide the above services.

Medical monitored withdrawal management services are delivered by medical and nursing professionals and the symptoms of the person served are severe enough to 24-hour inpatient care.

4.0 Certification

4.1 Certification pursuant to this rule is required for any substance abuse treatment organization that wishes to seek state or federal funding.

5.0 Types of Certification

5.1 Full

5.1.1 Full Certification means that the provider has demonstrated compliance with all parts of this rule, applicable laws, ADAP's Service Guidelines, and all other relevant ADAP grant/contract assurances.

5.1.2 Full Certification allows a provider to operate a substance abuse treatment facility and to receive state and federal funding.

5.1.3 Full Certification may be granted for a period of not more than three years.

5.2 Provisional

5.2.1 Provisional Certification allows a provider to temporarily operate a substance abuse treatment facility and to receive state and federal funding until a Full Certification can be obtained.

5.2.2 Provisional Certification means that the provider has demonstrated partial compliance with parts of this rule, applicable laws, ADAP's Service Guidelines, and all other relevant ADAP grant/contract assurances and has an ADAP-approved compliance plan.

5.2.3 Provisional Certification may be issued:

5.2.3.1 To a provider that has not been granted full certification but demonstrated partial compliance with parts of this rule, applicable laws, ADAP's Service Guidelines, and all other relevant ADAP grant/contract assurances and has an ADAP-approved compliance plan consistent with this subsection.

5.2.3.2 To a provider that currently holds full certification and intends to add new substance abuse treatment service components, modules, and/or service sites not covered by the full certification.

- 5.2.3.3 To a provider that currently holds full certification and has been found to be in non-compliance with this rule, applicable laws, ADAP's Service Guidelines, and all other relevant ADAP grant/contract assurances and has a ADAP-approved compliance plan consistent with this subsection.
- 5.2.4 All recipients of a provisional certificate must submit a compliance action plan to ADAP for approval within 30 days of the receipt of the provisional certificate.
- 5.2.5 The provisional certificate shall not exceed 12 consecutive months in total length.

6.0 Requirements For Certification

6.1 Organizational Capacity and Accountability

- 6.1.1 Every applicant shall demonstrate ability to remain in compliance and be accountable to these regulations, applicable laws and rules, ADAP's Service Guidelines, and all other ADAP grant/contract assurances throughout the certification period.
- 6.1.2 Fiscal management practices must be in accordance with generally accepted accounting practices.
- 6.1.3 An annual financial and compliance audit will be performed by an independent public accountant in accordance with all applicable State and Federal laws, regulations, policies, and procedures.
- 6.1.4 The organization will have a risk management plan.
- 6.1.5 The organization shall establish and maintain appropriate personnel policy and procedure manuals.
- 6.1.6 The policies and procedures shall require supervision of any staff who provide billable substance abuse services to be conducted by a Licensed Alcohol and Drug Counselor (LADC).
- 6.1.7 The organization shall have and make available to all employees a personnel policy and procedures manual.
- 6.1.8 The organization has written and dated policies and procedures that define the format and content of records for persons served.
- 6.1.9 The organization shall have written policies and procedures designed to inform and protect the rights of the persons served. At a minimum the policies and

procedures shall meet the Substance Abuse Services Guidelines with respect to policies governing:

6.1.9.1 Format and content of the records of persons served,

6.1.9.2 Confidentiality,

6.1.9.3 Handling, storage and disposition of records,

6.1.9.4 The ability of persons served to have access to:

6.1.9.4.1 Their records,

6.1.9.4.2 Individualized treatment plan,

6.1.9.4.3 Timely information pertinent to the person served to help facilitate their decision making, and

6.1.9.4.4 A formal complaint and grievance process.

6.2 Program and Clinical Service Efficacy

Every applicant shall demonstrate sufficient program and clinical service efficacy to run the substance abuse treatment services and treatment modules described in the application and in the specified sites, and consistent with these regulations, applicable laws and rules, ADAP's Substance Abuse Service Guidelines, and all other ADAP grant/contract assurances.

6.2.1 Service delivery models and strategies shall be based on accepted practices in the field and incorporate current research, evidence-based practice, peer-reviewed publications, clinical practice guidelines, and/or expert professional consensus.

6.2.2 Non-licensed staff hired into a position that provides billable substance abuse treatment services shall acquire an Addiction Apprentice Professional certificate through the Vermont Alcohol and Drug Abuse Certification Board within 180 days of hire.

6.2.3 Every practitioner providing billable substance abuse services shall be under the supervision of a Vermont certified Licensed Alcohol and Drug Counselor (LADC).

6.2.4 The organization shall utilize written and standardized admission criteria for each level of care offered within the organization.

- 6.2.5 The organization shall implement written screening/eligibility policies and procedures that will include use of the ASAM Criteria to direct the person served to the most appropriate level of care.
- 6.2.6 The organization shall have written and dated policies and procedures for obtaining an assessment and the determination of a diagnosis of the person served.
- 6.2.7 The assessment shall be completed, verified by dated signature, within the following time frames:
- 6.2.7.1 Outpatient and intensive outpatient programs the end of the third visit.
- 6.2.7.2 Short-term residential and withdrawal management programs the end of the fourth day.
- 6.2.7.3 Long-term residential programs the end of the fifteenth day.
- 6.2.8 For persons served who will remain in treatment with the program beyond the fourth visit for outpatient and IOP programs and beyond the fifth working day for residential programs, the plan will be completed, dated, and signed by:
- 6.2.8.1 The end of the fourth visit (for outpatient and IOP programs).
- 6.2.8.2 The end of the fifth working day (for all residential programs).
- 6.2.8.3 The person served will sign and date a statement, included in the treatment plan, indication that he/she has reviewed, participated in the development of, and understands the treatment plan.
- 6.2.9 The organization has written and dated policies and procedures on persons served who are transitioning or are discharged from the program.
- 6.2.9.1 The policy shall require the development of a written aftercare plan developed with the person served for all planned discharges or transitions from the program.
- 6.2.9.2 The policy shall require a recorded discharge summary of the person served within seven days following discharge signed and dated by the counselor.
- 6.2.10 The organization has written and dated policies and procedures regarding pharmaceutical practices.
- 6.2.11 The organization has written guidelines for the management of mental health crisis and emergency care.

- 6.2.12 The organizations will provide case management and care coordination services that provide goal-oriented and individualized support focused on improving self-sufficiency for the person served through assessment, planning, linkage, advocacy, coordination, outreach, and monitoring.
- 6.2.13 The organization maintains and implements a quality improvement plan and documents actions toward the areas shown to need improvement.
- 6.2.14 Levels of Care or Modalities of Care
- 6.2.14.1 The Applicant shall be authorized to provide only the specific modalities of care and associated services, at specific sites, defined within an ADAP application form and approved and certified by ADAP. Authorization shall be considered for the following Levels/Modalities of Care:
- 6.2.14.1.1 Detoxification (non-medical),
- 6.2.14.1.2 Outpatient care,
- 6.2.14.1.3 Intensive outpatient care,
- 6.2.14.1.4 Residential care,
- 6.2.14.1.5 Medication Assisted Therapy (MAT), and
- 6.2.14.1.6 Case management.

7.0 Waivers

- 7.1 ADAP may grant a waiver for variance from any provision of these rules and the ADAP Service Guidelines if it determines that strict compliance would impose substantial hardship on the provider; the provider would otherwise meet the goal of the statutory provision or the rule; and a variance would not result in decreased service to or protections of the health, safety or welfare of the individuals in their designated service area.
- 7.2 All requests for waivers shall be made in writing at the time of initial or renewal application submitted to ADAP.
- 7.3 Requests for the waiver shall:
- 7.3.1 Identify the regulation for which a waiver is requested,
- 7.3.2 Provide an explanation of why the provisions cannot be met,

7.3.3 Provide a description of the alternative method proposed for meeting the intent of the provision in question, and

7.3.4 Waivers granted shall be for a specific period not to exceed the term of the certificate.

8.0 Application Process

8.1 Agencies seeking certification must submit a completed application form, available upon request from ADAP, which has been signed and dated by the Executive Director or Board President.

8.2 Every application shall be accompanied by proof of fire marshal inspection for each site.

8.3 The applicant shall be in good standing with the Vermont Department of Taxes, pursuant to 32 V.S.A §3113.

8.4 If relevant, the application shall provide proof that the substance abuse treatment program has been certified by an ADAP approved accreditation body for the term of the accreditation.

8.5 The application shall certify if the applicant also meets any additional standards and criteria established by these regulations, applicable laws and rules, ADAP's Service Guidelines, and all other ADAP grant/contract assurances.

9.0 Inspection

9.1 The Department may, without notice, perform an inspection and survey for compliance with these regulations, other applicable laws and rules, ADAP's Service Guidelines, and all other ADAP grant/contract assurances at its discretion.

10.0 Application Review

10.1 ADAP will issue a full certificate to an agency after review of their application showing that the agency has filled the requirements within these rules and have demonstrated compliance with any other applicable laws and rules, ADAP Service Guidelines, and all other ADAP grant/contract assurances.

11.0 Renewals

11.1 Providers seeking to renew a certification shall submit an application form for all substance abuse treatment services, and modules, and/or sites for which they are seeking renewal approval within 60 before and 120 days after the current certificate expires.

11.2 Failure to file a timely application may result in the interruption of operations and services resulting from an expired certification.

12.0 Suspensions and Revocations

12.1 Opportunity to Cure

12.1.1 A provider found to be in non-compliance of these regulations, applicable laws and rules, ADAP's Service Guidelines, or other ADAP grant/contract assurances subject to these requirements shall be notified by the Department in writing of the violations.

12.1.2 A provider shall cure the non-compliance within sixty (60) days from the date of notice.

12.2 The Department may order the suspension or revocation of a certification at any time for non-compliance of these regulations, applicable laws and rules, ADAP's Service Guidelines, and all other ADAP grant/contract assurances subject to the requirements of 3 V.S.A. § 809, including summary suspension if the Department finds that public health, safety, or welfare imperatively requires emergency action, and incorporates a finding to that effect in its order.

12.3 Following the suspension of a certification, the Department may issue a provider a Provisional Certification.

**STATE OF VERMONT
DEPARTMENT OF
HEALTH
SUBSTANCE ABUSE TREATMENT PROGRAM
APPROVAL RULES**

I. Purpose of Rules

~~These rules are meant to implement the provisions of Title 8, Chapter 107, § 4089b and § 4099 of the Vermont Statutes Annotated (VSA).~~

II. Basic Definitions

~~A. **Substance Abuse Treatment Program**— Any organizational entity which provides treatment services to persons with alcohol or other drug abuse problems pursuant to a written plan. A program may be an identified administrative unit within a larger organization. It may also consist of more than one component of care.~~

~~B. **Director**— Director of the Division of Alcohol and Drug Abuse Programs (ADAP), Vermont Department of Health.~~

~~C. **Written Plan**— A treatment plan, developed with the participation of the patient, which is appropriate to meet the patient's needs, and which specifies goals, activities, and services determined through the process of assessment.~~

III. Levels of Care

- A. ~~Detoxification (medical and non-medical)~~
- B. ~~Outpatient care~~
- C. ~~Intensive outpatient care~~
- D. ~~Residential care~~
- E. ~~Partial hospitalization programs (day treatment, night treatment)~~
- F. ~~Pharmacological treatment~~

IV. Requirements for Approval

- A. ~~The Director may approve a substance abuse treatment program which has been accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), CARE—the Rehabilitation Accreditation Commission, or the Commission on Accreditation (COA) for the term of the accreditation if the program also meets any additional standards and criteria established by these rules (Appendix A).~~
- B. ~~The Director may approve a substance abuse treatment program which has been reviewed by ADAP and found to be in compliance with standards and criteria established by these rules (Appendix A). If a program does not fully meet the standards and criteria, the Director may:~~
 - 1. ~~Not award Program Approval until such time as full compliance is met;~~
 - 2. ~~Award Conditional Approval valid for ninety days. If the program demonstrates full compliance with the standards and criteria during that time, Program Approval will be awarded.~~
- C. ~~Program Approval will be valid for a period of up to three years.~~

V. Appeals

- A. ~~If the Director denies program approval, the applicant shall be afforded an opportunity for a hearing with the Commissioner of Health pursuant to the provisions of Chapter 25, Title 3, VSA.~~
- B. ~~An appeal of a decision of the Commissioner of Health may be made to the Secretary of the Agency of Human Services, and an opportunity for a hearing with the Secretary will be given pursuant to the provisions of Chapter 25, Title 3, VSA.~~

VI. Essential Guidelines (Alcohol Treatment Program Admissions)

- The following essential guidelines must be adhered to regarding any admissions to alcohol treatment programs:
- (A) ~~A client shall be initially assigned or transferred to outpatient treatment, unless the client is found to require medical treatment, detoxification or residential treatment;~~
 - (B) ~~A person shall not be denied treatment solely because he or she has withdrawn from treatment against medical advice on a prior occasion or because he or she has relapsed after earlier treatment;~~
 - (C) ~~An individualized treatment plan shall be prepared and maintained on a current basis for each client; and~~
 - (D) ~~Provision shall be made for a continuum of coordinated treatment services, so that a person who leaves a program or a form of treatment shall have available and utilize other appropriate treatment.~~

APPENDIX A

CATEGORIES

I Organization Quality

- A. ~~Philosophy and Mission~~ Page 2
- B. ~~Organizational Leadership~~ page 3
- C. ~~Fiscal Management~~ page 4
- D. ~~Human Resources~~ page 6

II Quality Improvement

- A. ~~Organizational Planning~~ page 10

- ~~B. Quality and Appropriateness of Services page 11~~
- ~~C. Outcomes Management page 11~~

~~III Accessibility, Health and Safety~~

- ~~A. Accessibility page 12~~
- ~~B. Health and Safety page 12~~
- ~~C. Transportation page 14~~

~~IV General Program Standards~~

- ~~A. Rights of the Person Served page 14~~
- ~~B. Program Structure and Staffing page 17~~
- ~~C. Screening and assessment page 19~~
- ~~D. Individual Plan page 20~~
- ~~E. Continuity of Care page 21~~
- ~~F. Medication Management page 22~~
- ~~G. Seclusion and Restraint page 22~~
- ~~H. Records of the Person served page 23~~

~~V Core Program Standards~~

- ~~A. Addictions Pharmacotherapy page 25~~
- ~~B. Assessment and Referral page 25~~
- ~~C. Case Management page 25~~
- ~~D. Children and Adolescents page 26~~
- ~~E. Criminal Justice page 27~~
- ~~F. Detoxification page 27~~
- ~~G. Outpatient Treatment page 29~~
- ~~H. Intensive Outpatient Treatment page 29~~
- ~~I. Residential Treatment page 29~~
- ~~J. Halfway Houses page 30~~

~~I Organization Quality~~

~~A. Philosophy and Mission~~

~~1. There is a written and dated program plan.~~

~~a) The plan will, at a minimum:~~

- ~~1) be written and dated;~~
- ~~2) incorporated into a single document;~~
- ~~3) detail overall program operation;~~

- 4) ~~define the program's mission, goals and objectives;~~
- 5) ~~include an evaluation process to measure attainment of all identified goals and objectives;~~
- 6) ~~relate to the program's ongoing analysis and understanding of the substance abuse treatment needs of the population within the geographic area the program serves;~~
- 7) ~~be formally approved by the governing body;~~
- 8) ~~be reviewed and updated (as necessary) no less than annually;~~
- 9) ~~identify the components to be utilized to provide services;~~
- 10) ~~identify the methods to be utilized to coordinate services with other service providers.~~

b) ~~There is evidence that on an annual basis staff are advised of the existence and availability of the plan and encouraged to review the plan.~~

e) ~~The plan contains evidence that evaluation results relative to previously established goals and objectives are incorporated into the current goals and objectives.~~

2. ~~The organization has a policy and procedure manual which describes the regulations, principles and guidelines which direct the program's operation.~~

a) ~~There is written and dated documentation that the policy manual is reviewed, at least annually, and updated as necessary.~~

3. ~~The organization has a written description of the mission, policies and procedures of its non-discrimination practices.~~

a) ~~The policy addresses nondiscrimination on the basis of:~~

- 1) ~~race~~
- 2) ~~religion~~
- 3) ~~gender~~
- 4) ~~ethnicity~~
- 5) ~~age~~
- 6) ~~disabilities~~
- 7) ~~sexual orientation~~
- 8) ~~real or perceived HIV status~~

4. ~~The organization has a code of ethics, which governs the behavior of all staff, including business practices.~~

a) ~~There are procedures for investigating and acting upon violations, including reporting to authorities as warranted.~~

B. ~~Organizational Leadership~~

1. ~~The organization has a governing body which is distinct in composition and function from its operating and administration staff.~~

- a) There is documentation of the governing body's source of authority.
- b) There is documentation of the lines of authority within the governing body.
- c) There is documentation of the lines of authority between the governing body and the program.
- d) Membership in the governing body must include representation by individual(s) who work or reside within the program's service area.
- e) The population, which is targeted for program services, is represented on the governing body.

2. ~~The organization has a charter, or constitution; with by-laws or administrative regulations in accordance with all applicable state and federal legal requirements.~~

- a) The by laws or administrative regulations are in accordance with the program's philosophy, goals and objectives.
- b) The by laws or administrative regulations define the authority, responsibilities and tasks of the program's governing body.
- c) The by laws or administrative regulations describe the procedures and time frames for selection of governing body members and officers.

3. ~~The organization has an organizational chart the reflects current staffing.~~

- a) The organization chart identifies all staff positions within the program.
- b) The organization chart depicts programmatic lines of authority.
- c) The organizational chart is made available to all staff and members of the governing body.

4. ~~There is a formally designated staff position, i.e. Executive Director, responsible for the daily operation and administration of the program which is distinct from the policymaking functions of the governing body.~~

5. ~~The program has a written and dated policy and procedure for closing, storing and destroying client identifying information.~~

- a) The policy and procedure identifies what materials are to be maintained in closed client records.
- b) The policy and procedure specifies the circumstance under which a case record is to be closed.
- c) The policy and procedure includes definitions of "completion of treatment" and "inactive cases".
- d) The policy and procedure specifies the length of time closed client records must be maintained in storage.
- e) When client identifying information is destroyed, it must be burned or shredded.

6. ~~The organization has a written plan to obtain input from those served by the program.~~

7. ~~The organization has a written plan on cultural competence that:~~

- a) ~~Will describe how they will demonstrate cultural competence~~
- b) ~~Will employ persons who represent the cultures they serve at all levels.~~
- c) ~~Will assure all employees are competent to deal with the cultures represented in their community, including both staff and those served.~~

8. ~~There is written and dated documentation that the governing body sets program policy and evaluates the program in relation to stated goals and objectives.~~

- a) ~~The governing body of the program meets at least quarterly as documented by written and dated minutes of its meeting.~~
- b) ~~Minutes of the meetings will include, at a minimum:~~
 - 1) ~~date of the meeting~~
 - 2) ~~name of members attending~~
 - 3) ~~topics discussed~~
 - 4) ~~decisions reached~~
 - 5) ~~actions taken~~
 - 6) ~~director's report~~
 - 7) ~~financial report~~

C. ~~Fiscal Management~~

- 1. ~~The program maintains all liability and property insurance mandated by state and local zoning and licensure requirements.~~
- 2. ~~The program has a written and dated plan including strategies for obtaining ongoing funding and support.~~
- 3. ~~The program has written and dated accounting practices to recover third party payments to which they are entitled.~~
 - a) ~~Procedures exist to determine eligibility of all clients for third party coverage.~~
 - b) ~~All third party payors under legal obligation or authorized to pay all or part of fees for service are billed.~~
 - e) ~~A system to monitor and follow up third party billings is in place.~~
- 4. ~~The program must determine cost per unit of service.~~
 - a) ~~Direct and indirect costs, and statistical data on services rendered are collected to permit the calculation of unit costs for services provided.~~
 - b) ~~Direct and indirect costs are allocated in relation to costs incurred in providing various program services.~~
 - e) ~~A unit of service is defined according to prevailing, accepted conventions for that type of service.~~
 - d) ~~Costs per unit of service are reviewed annually to determine if they reflect current experience and are in line with historical costs of those services.~~
 - e) ~~Results of the annual review of costs per unit of service are incorporated into the development of the operating budget in the form of increased charges or expenses.~~
- 5. ~~The program has a written and dated schedule of fees for each service provided.~~
 - a) ~~The fee schedule is reviewed and adjusted annually to ensure that it appropriately reflects cost for unit of service.~~
 - b) ~~All clients and third party payers are charged and billed in a manner consistent with the fee schedule.~~
 - e) ~~Final billings are mailed no later than the next regular billing cycle.~~
 - d) ~~Written procedures exist to collect fees, including delinquent accounts.~~ e) ~~Written procedures exist to "forgive" delinquent accounts.~~
 - f) ~~Written procedures exist to adjust revenue to reflect uncollected accounts.~~

6. — The program uses a formal written procedure to prepare a revenue and expense budget.

- a) The Program Director, governing body and senior management actively participate in budget preparation.
- b) The operating budget indicates revenues by source and expenditures by both line item and component.
- c) The operating budget is formally reviewed and approved by the governing body prior to the beginning of each fiscal year.
- d) The approved budget is available to staff and board members.
- e) The procedure identifies steps and authority for revisions to the operating budget.
- f) Budget revisions are reviewed and approved by the governing body.

7. — The program has developed an accounting system that documents all financial transactions.

- a) Financial transactions are handled in a uniform and consistent manner.
- b) Financial transactions are reconciled and summarized at least monthly.
- c) The system must account for the receipt and expenditure of restricted funds.

8. — A written and dated policy and procedure documents that all employees' time is charged to an appropriate cost center.

- a) Direct service employees use time and attendance forms to charge their time to cost centers for billable program services.
- b) The program has a mechanism to charge administrative employees time to determine assignment of indirect costs.

9. — There are written and dated policies and procedures governing the handling of cash.

10. — There is documentation that an independent financial audit is conducted annually.

- a) The audit report presents the financial condition of the program at the time of audit and assesses its accounting policies, procedures, and operations in light of generally accepted accounting practices.
- b) The audit is performed according to generally accepted auditing standards such as those in the U.S. General Accounting Office's publication, "Audits of Institutions of Higher Education and Other Non-Profit Institutions, OMB Circular A-133."
- c) The audit report is available to funding agencies.

D. — Human Resources

1. — Written and dated contracts exist to support all payments made to all consultants.

- a) Contracts must include, at a minimum:

- time period
- statement of work
- billing procedure
- billing rate
- provisions for cancellation
- signatures of parties involved
- provisions for renewal

~~2. The program has a written and dated policy requiring all treatment staff responsible (as per their job descriptions) for counseling to meet state requirements as per 8 VSA, Chapter 107.~~

~~3. The program shall have and make available to all employees a personnel policies and procedures manual.~~

~~a) The personnel policies and procedures manual shall include, at a minimum, information on:~~

- ~~-employee recruitment, benefits, and promotion;~~
- ~~-employee training and staff development;~~
- ~~-employee safety and health;~~
- ~~-employee assistance policies;~~
- ~~-disciplinary systems and practices;~~
- ~~-grievance mechanisms;~~
- ~~-wages, hours and salary administration;~~
- ~~-rules of conduct~~
- ~~-performance appraisals;~~
- ~~-equal employment opportunity (EEO) and affirmative action policies;~~
- ~~-hiring practices;~~
- ~~-confidentiality.~~

~~b) There is written and dated documentation in the personnel record that the staff person has reviewed the personnel policies and procedures.~~

~~c) There is written and dated documentation that the personnel policies and procedures are reviewed and updated (as necessary) on an annual basis.~~

~~d) There is a documented mechanism for notifying, and documenting such notification, all employees of changes in personnel policies and procedures.~~

~~e) The personnel policies and procedures manual describes the methods and procedures for the supervision of all personnel.~~

~~4. Each employee shall be oriented to all policies and procedures pertinent to his/her job description.~~

~~1. There is written and dated documentation signed by the employee, in the personnel file, that he/she has received this orientation.~~

~~2. The orientation must include receipt of and discussion about federal confidentiality regulations, 42 CFR, Part II and as amended.~~

~~3. There is written and dated documentation SIGNED by the employee that he/she agree to abide by the federal confidentiality regulations, 42 CFR Part II and as amended.~~

~~5. The program has a written job description for each staff position. a) The~~

~~written job descriptions contain information on the:~~

- ~~1) Credentials required for employment in the position~~
- ~~2) Duties and responsibilities of the position~~

- 3) Minimum levels of education and training required for the position
- 4) Related work experience required for the position
- 5) Reporting and supervisory responsibilities of the position
- 6) Salary range of the position in the program

- b) Changes in the duties and responsibilities of positions in the program are reflected in revisions and updates of job descriptions.
- e) There is written and dated documentation in the personnel file signed by the employee that a copy of the current job description has been provided to him/her.

6. A personnel record is maintained for each member of the staff.

- a) The personnel record contains copies of the employee's approval and other credentialing documents.
- b) The personnel record contains signed and dated documentation of the employee's performance appraisals.
 - e) Employees may access their own personnel records for review and comment.
- d) Personnel records are stored, maintained and utilized in such a way as to protect employee confidentiality.

7. Personnel performance appraisal procedures are developed and documented for each position.

- a) Performance appraisals are conducted using pre-established performance criteria based on the specific responsibilities of the position as stated in the job description.
- b) Performance objectives established in the previous period will be evaluated.
- e) Dated performance appraisals are conducted for each program staff person at least annually.
- d) There is written and dated documentation, in the personnel record, that program staff have reviewed, signed and discussed their performance appraisals with their supervisor.
- e) All employees will participate in an employee development plan for the coming period.

Discussion

An employee development plan should address strengths, weaknesses and agreed upon goals for the coming period. At a minimum, performance appraisals will document deficient performance and establish a plan to address the deficiencies.

8. The program has a written and dated policy and procedure for employees who have problems that interfere with acceptable job performance.

- a) The policy and procedure specifies the sequence of steps to be taken when unresolved performance problems arise.
- b) The policy and procedure identifies the resources to be used in assisting an employee to deal with a personal or behavioral problem, which interferes with job performance.

Discussion

It is expected that referring the employee to an employee assistance program would be one of the initial steps.

9. The program has written and dated policies and procedures on governing the use of volunteers and interns.

- a) ~~The policies and procedures:~~
 - 1) ~~explains the philosophy, goals and objectives of the volunteer program;~~
 - 2) ~~specifies the responsibilities and tasks of volunteers;~~
 - 3) ~~identifies the procedures and criteria used in selecting volunteers;~~
 - 4) ~~specifies the accountability and reporting requirements of volunteers;~~
 - 5) ~~contains a procedure for reviewing the performance of volunteers and providing direct feedback to them;~~
 - 6) ~~contains a procedure for discontinuing or removing a volunteer from participation in the program;~~
 - 7) ~~delineates procedures for dealing with substance abuse and/or relapse among volunteers.~~

10. ~~There is written documentation that volunteers and interns complete an orientation and training program before they begin their assignments.~~

- a) ~~The volunteer training program includes information on confidentiality regulations and clients' rights.~~
- b) ~~The volunteer training program specifies how volunteers are to respond to and follow procedures for unusual incidents.~~
- c) ~~The volunteer training program explains the treatment program's channels of communication and reporting requirements.~~

11. ~~The organization designates an individual to serve as the supervisor of each volunteer and intern.~~

- a) ~~Volunteers and student interns are informed of the name, title and channels of communication with that person.~~
- b) ~~Regular meetings or consultations between volunteers and student interns and the supervisor are scheduled and conducted.~~

12. ~~The organization will include volunteers and interns in their liability insurance coverage.~~

13. ~~A personnel file is maintained for each volunteer and intern.~~

- a) ~~The record includes a completed application.~~
- b) ~~The record specifies the assignments of the volunteer.~~
- c) ~~The record contains documentation that the volunteer has completed the program's volunteer training program.~~
- d) ~~The record includes reviews of volunteer performance by the volunteer's supervisor.~~
- e) ~~The record contains specific documentation of the number of hours of service provided by the volunteer or intern.~~

14. ~~All appropriate staff will receive training in client record keeping.~~

- a) ~~The personnel records shall contain a signed and dated acknowledgement by the staff member that training in client record keeping policies and procedures was received.~~

15. ~~There is a written and dated staff development plan for each employee which addresses training and continuing education needs.~~

- a) ~~The staff development plan identifies objectives for staff development and credentialing activities.~~

~~16. There is a written and dated non-discrimination policy in the organization's hiring practices.~~

~~a) The policy addresses nondiscrimination on the basis of:~~

- ~~1) race~~
- ~~2) religion~~
- ~~3) gender~~
- ~~4) ethnicity~~
- ~~5) age~~
- ~~6) disabilities~~
- ~~7) sexual orientation~~
- ~~8) real or perceived HIV status~~

II Quality Improvement

A. Organizational Planning

~~1. The governance authority will develop an organizational strategic plan.~~

~~2. There will be an annual organizational plan which shall include:~~

- ~~a) A needs assessment~~
- ~~b) Ongoing planning~~
- ~~c) An information management system~~
- ~~d) The outcomes management system~~
- ~~e) The findings will be:
 - ~~1) Incorporated into other plans~~
 - ~~2) Disseminated to those who are best able to utilize the information.~~
 - ~~3) Used as indicators to improve performance.~~~~

~~3. The plan's goals will be reviewed annually by the governance authority.~~

~~4. There will be an annual management report that addresses:~~

- ~~a) The program plan.~~
- ~~b) The community needs assessment.~~
- ~~c) Organizational goals and objectives.~~
- ~~d) The outcomes management system.~~
- ~~e) An analysis of data collected.~~
- ~~f) Use of the results.~~

~~5. The management report will be made available to the public.~~

~~6. The program has a written and dated policy and procedure describing its outreach activities.~~

- ~~a) The policy describes outreach goals and objectives.~~
- ~~b) The policy delineates the outreach roles and responsibilities of staff.~~
- ~~c) There is documentation that the outreach plan has been implemented.~~

- d) ~~There is documentation that the policies and procedure(s) are reviewed annually by staff.~~
- 7. ~~There is dated documentation that demonstrates the program's ongoing analysis and understanding of the substance abuse treatment needs of the population within the geographic area it serves.~~
 - a) ~~The program updates documentation of analysis and understanding at least annually.~~
 - b) ~~The program can identify the sources of information about the population used to understand the geographic area that the program serves.~~
 - e) ~~There is evidence that the information is utilized by program management staff in planning the program's programming, and/or outreach.~~
 - d) ~~The needs assessment includes an estimate of the prevalence of substance use and abuse within the specific populations targeted for service by the program.~~

B. Quality and Appropriateness of Services

- 1. ~~The program has a written and dated policy and procedure for collecting program utilization data.~~
 - a) ~~The data collected will, at a minimum, include:
 - 1) number of active clients;
 - 2) number and types of services rendered to clients;
 - 3) updated number of persons waiting for admission; and
 - 4) average number of days people have been on waiting list.~~
- 2. ~~The utilization review procedures include written criteria for appropriateness of admissions and discharge.~~
 - a) ~~The utilization review procedures include criteria for service(s) continued beyond the projected duration and number of treatment services established in the treatment plan.~~
 - b) ~~The utilization review includes procedures for identifying and correcting delays in the provision of services.~~
 - e) ~~There is documentation in the form of a report, a summary or a statement of findings that the program conducts a utilization review no less than quarterly.~~
 - d) ~~There is documentation that the program has taken action on the findings of the utilization review.~~
- 3. ~~There is a written and dated policy and procedure for quarterly review of client records.~~
 - a) ~~The policy and procedure(s) will specify the staff person(s) responsible for implementation.~~
 - b) ~~The policy and procedure(s) will contain a plan and procedure for corrective action.~~
 - e) ~~The policy and procedure(s) can allow for sampling. In no case will the sample be less than 10% of each direct service provider's caseload.~~
 - d) ~~There is written and dated evidence of implementation.~~

DISCUSSION

This standard describes an internal audit procedure of all case records for the purpose of assuring overall compliance with the standards. It is not a review of individual clients' treatment plan content.

C. ~~Outcomes Management~~

- ~~1. The Organization's goals and objectives are clearly described at the board level.~~
- ~~2. There shall be goals and measurable objectives included in the program description.~~
 - ~~a) These should measure program effectiveness, efficiency, and consumer satisfaction.~~
- ~~3. The outcomes management system should be measured:~~
 - ~~a) before treatment.~~
 - ~~b) at discharge.~~
 - ~~c) ninety days after treatment (This includes non-completed treatment episodes).~~
- ~~4. Data on at least 10% of all clients served, or 50 clients, whichever is greater, will be collected.~~
- ~~5. This data should be generated, compiled and reported upon at least annually.~~

III ~~Accessibility, Health and Safety~~

A. ~~Accessibility~~

- ~~1. There is an accessibility plan that includes the removal of:~~
 - ~~a) Architectural barriers~~
 - ~~b) Attitudinal barriers~~
 - ~~c) Employment barriers~~
 - ~~d) Any other barriers to the person served and personnel.~~
- ~~2. The accessibility plan is reviewed annually by :~~
 - ~~a) The Board~~
 - ~~b) Administrative personnel.~~
- ~~3. There is counseling space available.~~
 - ~~a) Private space established for specific purpose of individual counseling is available.~~
 - ~~b) Space to confidentially accommodate group meetings is available.~~
 - ~~c) All identified counseling space has adequate heating, lighting, and seating~~

B. ~~Health and Safety~~

1. ~~The organization can document compliance with all applicable federal, state and local building health and safety codes.~~

- ~~a) There are written and dated plans to contend with fire or situations which would require evacuation. The plans will include specific evacuation procedures. There is written and dated documentation that the evacuation procedures are tested no less than monthly for residential programs and semi-annually for all other programs.~~
- ~~b) The program has first aid materials as recommended by the American Red Cross or a physician.~~
- ~~e) The program staff are aware of the locations, contents and use of the first aid materials.~~
- ~~d) During normal business hours, there shall be at least one staff member certified in CPR on the program premises.~~

2. ~~The organization has and implements written and dated infection control policy which is in compliance with OSHA/VOSHA and Health department regulations.~~

- ~~a) The policy is applicable to all clients.~~
- ~~b) The policy should define the terms "infection control", "bodily fluids", and "universal precautions".~~

3. ~~There are inspections conducted at least twice every three years by external sources. These shall address the physical safety issues of the physical plant. Corrective action reports shall be developed, with timelines for correction. Documentation of the correction of unsafe conditions must be documented.~~

Discussion

External sources may be: A licensed or registered safety engineer, a state or federal agency providing OSHA/VOSHA inspections, a safety consultant, the fire Marshall, an insurance inspector, and the like.

4. ~~Safety audits done by internal sources shall be done at least quarterly. Documentation of deficiencies noted and corrective action taken must be available.~~

5. ~~Policies and procedures must be in place that deal with:~~

- ~~a) Workplace violence.~~
- ~~b) Fires.~~
- ~~e) Medical emergencies.~~
- ~~d) Natural disasters.~~
- ~~e) Power failures.~~
- ~~f) The handling of evacuees.~~
- ~~g) Temporary shelter, where applicable.~~

6. ~~Each portion of the emergency plans is tested at least annually.~~

7. ~~A log of drills is to be kept with results evaluated by an appropriate group. Difficulties in achieving safety must be dealt with.~~

8. ~~Emergency lighting must be in place in case of power failure.~~

9. ~~Emergency equipment for fires must be evident. It must also be operable.~~

10. ~~Emergency information must be easily available for~~

- a) ~~All personnel.~~
 - b) ~~All those served by the program.~~
- 11. ~~An incident reporting system must be in place, whether the incidents occur on or off site. This shall include, at a minimum:~~**
- a) ~~Serious illness.~~
 - b) ~~Injuries.~~
 - c) ~~Deaths.~~
 - d) ~~Alleged abuse or neglect.~~
- 12. ~~A policy regarding smoking and the use of tobacco products must be in place.~~**
- 13. ~~First Aid equipment and supplies must be in a designated place readily available.~~**
- 14. ~~There must be written policies and procedures for the handling of bio-hazardous waste.~~**
- 15. ~~There are policies and procedures for the handling of both licit and illicit drugs brought into the program by both clients and personnel.~~**

C. ~~Transportation~~

~~This section applies to all vehicles an organization may have.~~

- 1. ~~All vehicles are subject to a preventive maintenance program.~~**
- 2. ~~Restraining devices are used in all vehicles.~~**
- 3. ~~All vehicles contain:~~**
- a) ~~Secured first aid supplies.~~
 - b) ~~Secure fire suppression equipment.~~
 - c) ~~Written emergency procedures.~~
 - d) ~~Appropriate documentation of insurance.~~
- 4. ~~All personnel who use the vehicles must have verification of current licensure and current driving records.~~**

IV ~~General Program Standards~~

A. ~~Rights of the Person Served~~

- 1. ~~The organization has written and dated policies and procedures regarding the use of client labor.~~**
- a) ~~Client labor must be directly related to treatment goals and incorporated within the treatment plan.~~
 - b) ~~Client work is performed voluntarily.~~

e) All clients will sign a statement during their admission process that all personal work requirements within the context of their treatment program have been explained to them.

d) The policies and procedures must include guidelines for staff employment of clients. In all cases where staff employment of clients is permitted the work must be voluntary in accordance with local, state, and federal laws and regulations and at prevailing fair market rates.

2. The organization has written policies and procedures governing the conduct of human subject research.

a) The policies and procedures require that written informed consent be obtained from all subjects participating in the research.

b) Specific procedures are required prior to obtaining written consent from potential research subjects.

c) The research activities are fully described to subjects. d) Potential discomforts and/or risks are described.

e) The potential benefits to be derived by both the subject and the public are described. f) Alternative procedures which may be equally advantageous are described.

g) Inquiries regarding the procedures and possible consequences are answered.

h) The subject is informed that consent to participate may be withdrawn at any time. i) This process of explanation, description, and instruction is repeated if the goals or procedures change as the research progresses, and written consent is renewed.

j) Written forms used to obtain the consent of subjects to participate in research do not contain any language, which makes the subject waive any legal rights or release the program, staff and/or research project and staff from liability for negligence.

k) The policies and procedures require that, when the findings of research are made public, the anonymity of individuals who participate as subjects in the research is assured and guaranteed.

l) The policies and procedures require that a physician supervise all procedures, which involve violation of the bodily integrity of research subjects.

3. An interdisciplinary research committee or human rights committee composed of both staff persons and other qualified persons reviews research activities.

a) The qualifications of the members of this committee are documented.

b) At least one member of the committee has documented expertise in research design. c) The proceedings of committee meetings and deliberations are documented and open to the public.

d) The review must include disclosure of and possible conflicts created by the research funding source.

DISCUSSION

The establishment of such a committee will ensure the knowledgeable review of any proposed research involving program staff and/or clients.

EXCEPTION

Programs that do not conduct human subject research are excepted from this standard.

5. The research review committee conducts a detailed review of proposed research projects prior to their authorization.

- a) The review includes an assessment of the adequacy of the research design.
- b) The review includes an assessment of the qualifications of the individuals responsible for the direction and implementation of the project.
- c) The review includes an assessment of the benefits of the research in general.
- d) The review includes an assessment of the benefits of the research to subjects.
- e) The review includes an assessment of the risks of the research to subjects.
- f) The review includes an assessment of the benefits of the research to the program.
- g) The review includes an assessment of possible disruptions in program activities, which may result.
- h) The review includes an assessment of the compliance of the research design with accepted ethical standards.
- i) The review includes an assessment of the process to be used in obtaining the informed consent of proposed subjects.
- j) The review includes an assessment of procedures for dealing with any potentially harmful effects, which may result during the course of research activities.

6. ~~The organization has written policies and procedures for conducting a review of client utilization.~~

7. ~~The organization has written policies and procedures allowing clients to review their case record.~~

- a) Client review is recorded within the record evidenced by date and client signature.
- b) The policy addresses the confidential nature of information received from sources other than program staff or client.
- c) The policy requires that a staff member must be present during a client's review of the record.
- d) Exceptions and deviations to client record review by a program's clients should be stated in written program policy, and should be in accordance with federal and state regulations.
- e) The policy addresses how a program responds to requests from clients or their designees for copies of any part of a case record.

DISCUSSION

The program must protect the confidentiality of other sources of information about the client when such information is documented in the case record.

8. ~~The organization informs all clients of their rights.~~

- a) There is documentation in the case record that prior to beginning treatment, clients are informed of the various steps and activities involved in the treatment process.
- b) There is documentation in the case record that clients are informed of their right to and limitations of confidentiality of all records, correspondence and conversations relating to their treatment as described in 42CFR, Part II and as amended.
- c) There is documentation in the case record that the client has given informed consent to treatment.
- d) A statement of basic client rights, including the right to informed consent, is posted in a public area in the program's facility(ies).

- e) When informed consent is not possible due to the inability of the client to understand his/her rights in the treatment process, documentation of this factor appears in the client's file.

- f) Procedures exist and are utilized to assist informing clients of their rights when necessary (e.g., to address illiteracy, learning disabilities, language, absence of sight and/or absence of hearing).

DISCUSSION

The right of informed consent is a key element in the implementation of a program approach based on respect for the client. This right should be safeguarded throughout the treatment process.

CLARIFIERS

Documentation where used in this standard requires client's signature and date.

Except as noted in the criteria of this standard, the "Basic Client Rights" are determined by the program except as may be required by state or federal regulation or law.

9. ~~The organization has written policies and procedures insuring each client's right to an individualized treatment plan.~~

- a) The policy shall state that all clients shall have an individualized treatment plan.
- b) The policy includes a statement that all clients will have an opportunity to participate in planning their treatment.

10. ~~The organization has written policies and procedures for the review, investigation and resolution of client grievances.~~

- a) policies and procedures must:
 - 1) Identify how a client utilizes the grievance procedure;
 - 2) include specified time frames for each step of the process;
 - 3) include provisions for an appeal process;
 - 4) insurance that a summary of the nature of the grievance, the results of the investigation and the resolution are documented.
- b) The policies and procedures must specifically address allegations of abuse and neglect of clients and comply with state requirements for reporting.

B. ~~Program Structure and Staffing~~

1. ~~There is a written and dated description of the organization's approach to treatment that is made available to the public.~~

- a) The description includes a statement of the relationship between the needs of the client population and the program's approach to treatment.
- b) The description includes a statement of the relationship between community needs and the program's approach to treatment.
- c) There is written documentation that the description is annually reviewed and updated (as necessary) by the program.
- d) The description includes the programs' belief(s) regarding client's potential for growth and change.
- e) The description includes information about each treatment component of the program.

DISCUSSION

The purpose of this standard is to verify that the treatment provided by the program is consistent with a belief system that supports the clients' potential for growth and change.

CLARIFIERS

The format of "written documentation" is determined by the program. Who reviews it is determined by the program.

2. ~~The organization has written and dated cooperative agreements with other service providers in the service area.~~

- a) ~~The cooperative agreements specify the procedures and criteria to be used in initiating referrals to and from other service providers.~~
- b) ~~Agreements must specify that all communication between service providers is governed by federal confidentiality regulations, 42 CFR, Part II and as amended.~~
- e) ~~There is documentation that cooperative agreements are updated on an annual basis.~~

3. ~~The organization has written information available identifying other providers who offer related or ancillary services which supplement the principal services of the organization.~~

- a) ~~The program makes available current information on self-help groups.~~
- b) ~~The directory lists the specific services offered.~~

4. ~~The organization has written and dated policies and procedures regarding non-discrimination.~~

- a) ~~The policy addresses nondiscrimination on the basis of:~~

- 1) ~~race~~
- 2) ~~religion~~
- 3) ~~gender~~
- 4) ~~ethnicity~~
- 5) ~~age~~
- 6) ~~disabilities~~
- 7) ~~sexual orientation~~
- 8) ~~real or perceived HIV status~~

- b) ~~The program's services are available to those persons who have disabilities in addition to substance abuse, including the physically disabled and deaf substance abusers.~~

~~The program will have a policy, adopted by its governing body, that describes how the program will comply with the provisions of the American Disabilities Act of 1991.~~

- e) ~~Referrals are made and documented for individuals who cannot be served by the program.~~

EXCEPTIONS

Programs that have been designed and funded by the state and/or federal government to provide services to specific populations may be exempt from this standard.

C. Screening and assessment

1. ~~The organization has written and dated policies and procedures regarding non-discrimination in the outreach, admission and treatment activities~~

a) ~~The policy addresses nondiscrimination on the basis of:~~

- ~~a) race~~
- ~~b) religion~~
- ~~c) gender~~
- ~~d) ethnicity~~
- ~~e) age~~
- ~~f) disabilities~~
- ~~g) sexual orientation~~
- ~~h) real or perceived HIV status~~

b) ~~The program's services are available to those persons who have disabilities in addition to substance abuse, including the physically disabled and deaf substance abusers.~~

~~The program will have a policy, adopted by its governing body, that describes how the program will comply with the provisions of the American Disabilities Act of 1991.~~

c) ~~Referrals are made and documented for individuals who cannot be served by the program.~~

EXCEPTIONS

~~Programs which have been designed and funded by the state and/or federal government to provide services to specific populations may be exempt from this standard.~~

2. ~~The organization utilizes written and standardized criteria for admission to each level of care.~~

a) ~~The admission criteria are available to clients, staff, and community.~~

b) ~~The procedure includes criteria for determining that the component is appropriate to the needs of the client.~~

c) ~~The procedure addresses acceptance and refusal of referrals from outside agencies.~~ d) ~~The procedure specifies a time limit within which initial client assessments must be completed.~~

3. ~~All clients receive an orientation.~~

a) ~~There is written and dated documentation signed by the client that the orientation occurred.~~

b) ~~The orientation includes information on:~~

- ~~1) philosophy and goals of the program~~
- ~~2) rules governing client conduct and types of infractions that can result in specific consequences including discharge~~
- ~~3) hours of services~~
- ~~4) costs, fees, and payment responsibility~~
- ~~5) client rights~~
- ~~6) grievance procedure~~

4. ~~The organization has written and dated policies and procedures for obtaining a client assessment and the establishment of a diagnosis.~~

a) ~~The policy and procedure requires that a written client assessment must be completed by:~~

(for outpatient programs) the end of the third visit; (for IOP) the end of the third visit; (residential) the end of the fourth working day.

b) The client assessment includes an evaluation of the following areas:

- 1) Presenting Problem(s)
- 2) Substance Use History and Profile
- 3) Family/Interpersonal History
- 4) Educational/Employment/Vocational History
- 5) Medical History Known Allergies/Specific Dietary Needs
- 6) Legal History and Current Status
- 7) Psychological/Emotional History
- 8) Client Strengths/Assets
- 9) Statement of Life Dysfunction

e) The client assessment results in the written and dated documentation of a diagnosis for which the client will receive treatment.

D. Individual Plan

1. There is written and dated documentation that each client receives a treatment plan specific to their needs.

a) For clients who will remain in treatment with the program beyond the fourth visit for OP and IOP and beyond the fifth working day for residential, the plan will be completed, dated and signed by:

the end of the fourth visit (for outpatient and IOP programs)
the end of the fifth working day (for residential)

b) The plan incorporates client strengths and problem(s) to be addressed during treatment.

e) The plan must establish overall projected duration and number of treatment contacts. d) For each problem there will be:

- 1) a goal written in the words of the client;
- 2) a measurable, time limited objective(s) toward each goal;
- 3) method(s) which specify the person responsible, the activity and the location for achieving each objective.

e) The client's progress, in relation to the treatment plan, goals and objectives, is documented and dated after each direct service provider/client interaction.

f) The client has signed and dated a statement, included in the treatment plan, indicating that he/she has reviewed, participated in the development of, and understands the treatment plan.

g) The counselor shall sign and date the treatment plan upon its completion.

h) The counselor and the client will review and update (as mutually agreed upon), sign, and date the treatment plan no less frequently than:

every ninety days (for outpatient);
every week (for IOP/residential less than 30 days);
monthly (for residential more than 30 days).

i) Each time the treatment plan is signed by the client it must be reviewed and signed by the clinical supervisor.

E. Continuity of Care

1. The organization has written and dated policies and procedures on clients discharged from the program.

a) There will be entered into the client record, within fifteen days following the client's discharge, a discharge summary signed and dated by the counselor, which includes:

- 1) the presenting problem
- 2) progress toward treatment goals
- 3) unmet needs
- 4) prognosis
- 5) final diagnosis.

b) There will be an aftercare planning process in which the client will participate and which is documented in an aftercare plan.

e) The client will sign the aftercare plan. d) The aftercare plan will include:

- 1) referrals made for additional services
- 2) recommendations for self help

e) The client's primary treatment team reviews the discharge plan.

f) The policy states that clients participate in the development of their discharge plans.

2. The organization has written and dated policies and procedures on client follow-up.

a) The policy and procedure(s) specify that scheduled follow up contacts will be made with clients discharged from the program.

b) The policy and procedure specify the type of information to be collected from clients during follow up contacts.

e) The policy and procedure establish protection of client confidentiality during follow up contacts.

d) The policy and procedure specify the conditions under which clients will be readmitted to the program as a result of follow up contact.

e) The policy and procedure specify the conditions under which follow up will be discontinued on individual clients.

F. Medication Management

1. The organization has written and dated policies and procedures regarding pharmaceutical practices.

a) All medications are administered in accordance with accepted and statutory clinical practice under the authority of a physician.

- 1) A list of clinical staff members authorized by the program and by law to administer medications is maintained and updated as needed.
- 2) Self-administration of medication is permitted only when specifically ordered by the responsible physician.
- 3) Drugs and prescriptions brought into the program for client use are neither administered nor made available for self-administration unless they are identified by the program and approved by the responsible physician.

- 4) ~~Medication errors and adverse drug reactions are documented in the client record and reported to the responsible physician upon discovery.~~
- 5) ~~There is documentation in the client record of all medications administered or permitted to be self-administered.~~

~~b) Procedures for controlling access to medications are defined in writing in policies. c) Up-to-date pharmaceutical reference material is available to program staff.~~

~~d) There are written and dated policies and procedures governing the storage and security of, and access to, medications.~~

- 1) ~~All storage practices conform to the appropriate standards for storage that are suggested or required for the medications by the manufacturer.~~
- 2) ~~All medications are stored and secured appropriately.~~
- 3) ~~No outdated drugs are maintained in storage and their disposal is documented.~~

G. — Seclusion and Restraint

1) — The organization has written and dated policies and procedures governing the use of force, seclusion and restraint.

a) ~~The policies and procedures must state:~~

- 1) ~~Force/restraint can only be used to prevent harm or injury to self or another.~~
- 2) ~~That the least amount of force/restraint necessary is used.~~

~~b) — All incidents of use of force/restraint must be documented in the client record and an incident report forwarded to the Program Executive Director as soon as practical but within twenty four hours.~~

- 1) ~~the incident report will document the parties involved, the nature, time, and length of the event, the amount and nature of force/restraint used, and the final disposition including consideration for referral to external resources.~~

2) — The organization has written and dated policies and procedures for managing an intoxicated person.

a) ~~The policy describes other community resources and referral procedures for managing the intoxicated persons.~~

DISCUSSION

Procedures should be in place to guide staff in managing intoxicated persons in a manner that the program determines would be of greatest benefit to the intoxicated person while causing the least disturbance to the rest of the program.

H. — Records of the Person served

1. The organization has written and dated policies and procedures that define the format and content of client records.

a) ~~The client record must contain:~~

- 1) information collected at admission
- 2) assessment
- 3) treatment plan
- 4) progress notes
- 5) discharge summary
- 6) aftercare plan
- 7) all client sign-offs mandated by these standards
- 8) emergency contact information

DISCUSSION

The client record serves as the primary case management tool for the counselor in charge of the case. Within the client record, there is documentation of the changing status, needs and activities of the client as treatment progresses. It also serves as a primary mechanism for the evaluation of overall program effectiveness in addressing the needs of its clients.

2. ~~The organization has written and dated policies and procedures for the confidentiality and security of client identifying records.~~

- a) ~~The policy and procedure requires compliance with Federal and state regulations on confidentiality of client records as per 42CFR, Part II and as amended.~~
- b) ~~The policy and procedure documents the processes and requirements for disclosure of confidential information under circumstances permitted by Federal regulation as per 42 CFR, Part II and as amended.~~
- e) ~~The policy and procedure describes forms for documenting the disclosure of confidential information and for obtaining the written consent of the client when such consent is required.~~
- d) ~~The policy and procedure addresses the use and disclosure of client information in terms of:~~
 - 1) ~~Third party reimbursement~~
 - 2) ~~Research and program evaluation efforts~~
 - 3) ~~Case audits~~
 - 4) ~~Program licensing and monitoring audits~~
 - 5) ~~Duty to warn~~
 - 6) ~~Child abuse reporting requirements~~
 - 7) ~~Real or perceived HIV/AIDS status~~
- e) ~~Policy and procedure that govern the security of client identifying information must comply with 42CFR, Part II and as amended.~~

DISCUSSION

Programs are encouraged to seek legal advice in the development of policies and procedures designed to comply with this standard.

3. ~~The organization has written and dated policies and procedures to collect consistent information on each client upon admission.~~

The following are minimal information to be collected from clients as part of the admission process:

- a) Name
- b) Address

- e) Telephone Number d)
- Date of Birth
- e) Sex
- f) Race/Ethnicity g)
- Marital Status
- h) Employer/Employment Status i)
- Current Family Income
- j) Educational Level k)
- Next of Kin
- l) System Client ID Number
- m) Current Criminal Justice Status n)
- Referral Source
- o) Insurance Coverage p)
- Initial Contact Date
- q) Date Information Gathered r)
- Name of Intake Worker
- s) Previous Treatment
- t) Other Data as is required of and by ADAP

~~V~~—Core Program Standards

~~Programs providing the following services must also meet the appropriate standards:~~

~~A.~~—Addictions Pharmacotherapy

~~An organization seeking program approval in Addictions Pharmacotherapy must also conform to current Vermont Department of Health Opiate Addiction treatment rules established under the authority of 18VSA Chapter 92.~~

~~B.~~—Assessment and Referral

- ~~1. Assessment devices and procedures must be described in policy.~~
- ~~2. Placement criteria for level of care must be described in policy.~~
- ~~3. Emergency and crisis intervention procedures must be in place.~~
- ~~4. The client must be actively involved in the assessment.~~
- ~~5. Community resources must be utilized wherever appropriate.~~
- ~~6. Services utilized must be culturally appropriate.~~
- ~~7. Follow-up must be done to determine whether appointments are being kept.~~
- ~~8. A community resource manual should be developed and available to all.~~

C.—Case Management

- ~~1.—Ongoing assessment must occur.~~
- ~~2.—A community resource manual should be developed and available to all.~~
- ~~3.—Clients should be monitored to assure their participation.~~
- ~~4.—Crisis intervention and stabilization plans should be in place for each client.~~
- ~~5.—Assistance for those in need of such should be available and planned for.~~
- ~~6.—A training plan for assurance that clients will be able to develop needed skills will be in place.~~
- ~~7.—Transportation should be provided for when needed.~~
- ~~8.—Assistance with activities for daily living, as needed, should be provided for.~~
- ~~9.—Services are monitored and documented regularly.~~
- ~~10. Medical and pharmaceutical services are coordinated, as needed.~~
- ~~11. Services are accessible.~~
- ~~12. Intensity of services are appropriate to the needs of the client.~~
- ~~13. Case managers have the necessary knowledge to perform their duties.~~

D.—Children and Adolescents

Programs providing services to children and adolescents must also meet the core standards for the services they provide.

- ~~1.—Assessments for each child and adolescent must be age, gender, developmentally and culturally specific, and include information on
 - ~~a) Developmental history, including any motor development and functioning abnormalities.~~
 - ~~b) Medical history and immunization records.~~
 - ~~c) Treatment history.~~
 - ~~e) Visual functioning.~~
 - ~~f) Auditory functioning.~~
 - ~~g) Intellectual functioning.~~
 - ~~h) Learning ability.~~
 - ~~i) Social functioning.~~
 - ~~j) Home and community environment.~~
 - ~~k) Prenatal exposure to alcohol, tobacco and other drugs, and prenatal exposure to disease.~~
 - ~~l) Alcohol and drug abuse history.~~
 - ~~m) Criminal justice involvement.~~~~
- ~~2.—If educational services will be interrupted by treatment the program must provide educational services.~~

3. ~~There is an educational specialist who is part of the treatment team.~~
4. ~~Educational services, when provided, must be appropriate and meet state standards for the level of services provided.~~
5. ~~Adolescents who have failed to complete high school will be referred to services designed to help them complete their high schooling.~~
6. ~~The program will include the development of:

 - a) ~~Community living skills.~~
 - b) ~~Social skills.~~
 - c) ~~Social supports.~~
 - d) ~~Vocational skills.~~~~
7. ~~Staff will be on site 24 hours a day and 7 days a week in residential programs.~~
8. ~~Separate rooms will be available for clients according to age, gender and developmental needs in residential programs.~~
9. ~~Provisions for visiting will be made when appropriate.~~
10. ~~The physical plant, furniture and equipment will meet the needs of the client population.~~
11. ~~Services will not be denied to children and adolescents who meet admission criteria solely due to their criminal justice status.~~

E. Criminal Justice

Programs providing services to Criminal Justice clients must also meet the Core standards for the services they provide.

1. ~~Staff delivering services should have the specialized knowledge necessary for the treatment of the population.~~
2. ~~The team shall include members of the criminal justice system who are involved in the delivery of treatment services.~~
3. ~~Policies and procedures addressing the following should be in place:

 - a) ~~Medical issues of offenders~~
 - b) ~~Co-existing mental health issues~~
 - c) ~~The specific needs of female offenders.~~~~
4. ~~Training is regularly provided to allow staff to keep up with current trends and information regarding this special population.~~
5. ~~Assessments of Criminal Justice clients shall additionally include the following information:

 - a) ~~Arrest record~~
 - b) ~~Pending cases~~
 - c) ~~Convictions~~
 - d) ~~Parole or probation violation records~~
 - e) ~~History of incarceration~~
 - f) ~~Membership in any anti-social groups or organizations, formal and informal~~
 - g) ~~The relationship between criminal activity and substance use~~~~

h) ~~An evaluation of the client's criminal thinking patterns.~~

~~6. Clients are oriented to the relationship between the treatment component and the Department of Corrections.~~

~~7. Discharge planning should include transition to the next level of correctional services, as appropriate.~~

G. Detoxification

~~1. The organization has a written description of the mission, policies and procedures of its medical detoxification component~~

- ~~a) Written policy and client records indicate that a complete medical examination is performed on each client within 12 hours of admission to the medical detoxification component.~~
- ~~b) There is a written policy that until the client has been examined by a physician no prescription or non-prescription drugs are administered to clients in the detoxification component.~~
- ~~c) Written policy and client records indicate that a medical-social evaluation on each client is performed within 72 hours of admission.~~
- ~~d) There is a written policy that the only prescription drugs administered to or taken by a client in the medical detoxification component are those approved by the physician in charge of clients' medical care in the service.~~
- ~~e) there is a written policy and procedure, governing clients' leaving the medical detoxification component against the advice of staff.~~
- ~~f) Provisions for ensuring that all medical staff of the component (e.g., physicians, nurses, aides) have received specialized training in the physical, social and psychological aspects of addiction are described.~~
- ~~g) A licensed physician directs the medical care of all clients in the component.~~

DISCUSSION

Medical detoxification is defined as the provision of medical treatment and other supportive services to clients who are experiencing physical withdrawal from alcohol/drugs. It should be noted that such care should address the emotional anxieties and distress experienced by many clients in detoxification. Implementation of some of the criteria listed above will be monitored through client and personnel records.

EXCEPTION

Programs or components that do not provide medical detoxification are excepted from this standard.

~~2. The organization has a written description of the mission, policies and procedures of its social detoxification component.~~

- ~~a) The social setting detoxification component has access to local ambulance service and hospital emergency rooms for the provision of emergency medical services to clients, and there is a written policy regarding emergency transportation of clients to a facility for medical evaluation in other than an ambulance.~~
- ~~b) There is a written policy that no prescription drugs are administered to clients in the social setting detoxification unit until the client has been examined by a physician.~~
- ~~c) There is a physician available to come in to the facility on an on-call basis 24 hours day to provide services to clients.~~
- ~~d) A written medical history, including history of heart and liver disease, convulsions and delirium tremors at a minimum, is taken on each client.~~
- ~~e) The pulse and blood pressure of each client is monitored and recorded at least three times daily, at intervals of eight hours, for at least the first 72 hours after admission.~~

- f) There is a written policy and procedure made known to clients that details the program's practices concerning clients leaving against the advice of staff.
- g) There is documentation that at least one person on all shifts is currently certified in CPR

I. Outpatient Treatment

1. The organization has a written description of the mission, policies and procedures of its outpatient component.

- a) Provisions for the utilization of community resources to provide client assessments or services when they cannot be provided by the outpatient component are described.
- b) The rationale for determining the length of stay for clients in the outpatient component is delineated.
- c) There is a written policy and procedure made known to clients that details the program's practices concerning clients leaving against the advice of staff.
- d) Provisions for the referral of clients to other programs and community resources upon discharge from the outpatient component are described.
- e) There is a written policy and procedure made known to clients that details the consequences of the use of alcohol and other drugs.

J. Intensive Outpatient Treatment

1. The organization has a written description of the mission, policies and procedures of its intensive outpatient component

- a) Provisions for the utilization of community resources to provide client assessments or services when they cannot be provided by the intensive outpatient component are described.
- b) The rationale for determining the length of stay for clients in the intensive outpatient component is delineated.
- c) There is a written policy and procedure made known to clients that details the program's practices concerning clients leaving against the advice of staff.
- d) Provisions for the referral of clients to other programs and community resources upon discharge from the intensive outpatient component are described.
- e) There is a written policy and procedure made known to clients that details the consequences of the use of alcohol and other drugs.

K. Residential Treatment

1. The organization has a written description of the mission, policies and procedures of its residential component

- a) The rationale for determining the length of stay for clients in the residential component is delineated.
- b) The services to be provided to clients of the residential component are described, including services provided evenings and weekends.
- c) There is a written policy and procedure made known to clients that details the program's practices concerning clients leaving against the advice of staff.

d) There is a written policy and procedure made known to clients that details the consequences of the use of alcohol and other drugs by clients in the residential component is described.

~~2. Residential programs will have written and dated policies and procedures allowing for client visitation, mail, and telephone access. This will take into consideration the rights, health and safety of all clients in the orderly operation of the program and facility.~~

~~a) Space is provided for visits between client and visitors which allow for private conversation.~~

~~b) Clients are able to send and receive mail.~~

~~e) Clients are provided with facilities to conduct private telephone conversations.~~

~~3. The organization has a written description of the mission, policies and procedures governing the organization and delivery of nutritional services.~~

~~a) The policies and procedures include provision for accommodating clients that have specific dietary needs.~~

~~O. Halfway House~~

~~1. Meetings between residents and staff must occur on a regular basis.~~

~~2. Residents should have the opportunity to take part in activities that would normally take place in a home~~

~~3. Sufficient space for both privacy and personal belongings must be available.~~

~~4. The surroundings should be comfortable and home-like.~~

~~5. Residents should be able to display personal items and decorate their rooms as they like.~~

~~6. Meals should be accessible and nutritious and snacks should be available.~~

~~7. Assignment of roommates should be detailed in procedure.~~

~~8. Residents should be urged to take part in available:~~

~~a) Recreational activities.~~

~~b) Spiritual activities.~~

~~e) Community activities.~~

~~d) Cultural activities.~~

~~9. Supervisory personnel are available on-call 24 hours a day 7 days a week~~

~~10. Areas for the following activities should be made available:~~

~~a) smoking.~~

~~b) visiting.~~

~~e) quiet.~~

GLOSSARY

ADMISSION CRITERIA: Written specifications, which guide the need for and placement of clients within a continuum of treatment services.

AFTERCARE: Services supportive of therapeutic gains to clients who have completed a level of treatment within the past 60 days.

APPROVED COUNSELOR: An individual who has met the requirements for alcohol and drug treatment counselor as outlined in the administrative rules, 8 VSA Chapter 107.

ASSESSMENT: A process of evaluating and documenting an individual(s)' social, mental and physical past history and current status to determine if the person(s)' has a diagnosable condition and/or is in need of treatment services. Such a process should, at a minimum, identify the individual(s)' strengths and weaknesses and what initial actions/activities would be beneficial in addressing any identified diagnoses or treatment needs.

BUDGET: An itemized listing of expected expenses and revenues for a given period of time.

CLIENT: An individual who is receiving services that are governed by these standards.

COMPONENT: An organizational subsection of a program, either on site or at another location. For example, multiple treatment units, community education, outreach, and emergency services might all be components of a substance abuse program.

CONTINUING CARE: On going care (as characterized through different phases of treatment.)

COUNSELING: The interaction between a counselor and a client intended to result in a positive change in a client(s) social, mental, and/or physical status.

COUNSELOR: An individual who is deemed qualified by a program to provide counseling services.

COUNSELOR APPROVAL REGULATIONS: The administrative rules 8 VSA Chapter 107 that define the standards and criteria for state approved alcohol and drug treatment counselors.

DEMONSTRATION PROGRAM: A treatment program, which may not be easily categorized within existing models and is funded for the purposes of proving the efficacy of the program's approach. Such designation is mutually agreed upon by the program and the funding agencies.

DETOXIFICATION SERVICES: The provision of medical and/or social services in a residential facility staffed 24 hours per day to clients who are experiencing or at risk for experiencing physical withdrawal from alcohol or other drugs. Social detoxification services take place in a non-medical facility, a unit of which has been specifically structured and staffed to provide the above services. Medical detoxification services take place in an in-patient hospital setting where all the resources of the hospital are available.

DIAGNOSIS: The process of identifying the specific nature and type of disease and/or problems of an individual(s) based on an assessment of the person's social, mental, and physical past history and current status, and of documenting the opinion using the criteria and format of the current edition of Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

DOCUMENTATION: A written record acceptable as evidence to demonstrate compliance with these standards.

EMERGENCY CARE: The provision of immediate diagnosis and care, as well as appropriate referral, to persons having acute substance abuse related problems.

EVALUATION: A systematic process by which treatment or program outcomes are assessed in light of identified goals and objectives.

FOLLOW-UP: A contact with a program client after discharge for the purposes of determining the client's post-treatment adjustment and assessing the impact of programming on the client.

HUMAN SUBJECT RESEARCH: Scholarly or scientific investigation which involves the use of clients as subjects.

INFORMED CONSENT: The client's agreement to participate in treatment based upon an understanding by the client of the rules, expectations and procedures involved in that treatment.

IOP: Intensive Outpatient Treatment Program which provides treatment for at least three hours per day for at least three days per week for a period of consecutive weeks.

OUTPATIENT PROGRAMS: The provision of assessment and treatment services in a non-residential setting.

OUTREACH: The development and implementation of a plan to interact with a community or geographic area and its organizations for the purpose of identifying persons in need of services, alerting individuals and organizations to the availability and location of services, encouraging and assisting persons to accept and enter program services, and developing organizational affiliations to facilitate the referral of program clients when necessary.

PERIODIC: Regularly scheduled and implemented on an ongoing basis, e.g., monthly, quarterly, yearly, etc.

POLICY: A written and dated statement or course of action designed to determine and govern the decisions, activities, procedures and/or operations of a program and its employees and representatives.

PROCEDURE: A series of activities designed to implement program goals or policy.

PROGRAM: An organizational entity, which provides treatment services to persons with substance abuse problems. A program may be an identified administrative unit within a larger organization; it may also consist of more than one component.

PROGRAM DIRECTOR: The person responsible for the technical and programmatic aspects of the program. This person should provide direct supervision of the day-to-day aspects of program operation.

PROGRAM EVALUATION: A written system designed and implemented to measure both the process and outcome of a treatment program.

REFERRAL: The process by which a client is directed to needed services not provided by the program.

RESIDENTIAL PROGRAMS: The provision of treatment to clients who reside on the premises during the course of treatment.

SCHEDULE OF FEES: Maximum rate charged for specific services.

SCREENING: An abbreviated assessment conducted in one session for the purpose of making a preliminary determination of client level of functioning as it relates to the need for and intensity of treatment.

SENIOR CLINICAL STAFF: A member of the program's treatment staff with responsibility for the supervision of other treatment staff.

SHORT-TERM DETOXIFICATION: A residential detoxification program or component with a client stay of three days or less.

SLIDING FEE SCALE: Variable rates charged for specific services based on ability to pay. The scale must be approved by ADAP and the maximum rate for a specific service can not exceed that established by the schedule of fees.

SPECIAL POPULATION: A target group characterized by specific demographic, clinical and/or other unique features.

STATEMENT OF LIFE DYSFUNCTION: A written narrative that summarizes which areas of life functioning have been affected by alcohol or other drug use.

STUDENT INTERN: An individual who, as a part of a matriculation toward a formal academic degree, has negotiated to work in an approved program for a specific period of time.

TREATMENT: Planned and continuing services extended to program clients.

TREATMENT PLAN: A written document developed and utilized to guide the course of treatment of each client.

UTILIZATION REVIEW: An analysis of client use of treatment services.

VOLUNTEER: A non-paid employee.