~~CHAPTER 5 - REGULATIONS FOR CERTIFYING SUBSTANCE ABUSE PROGRAMS~~

~~001 - RATIONALE. These regulations are issued to provide a framework within which substance abuse service providers can establish and implement acceptable policies and procedures for the structure and function of their operations. Compliance with the conditions of these regulations is one indication of the provider's capability to provide substance abuse services of acceptable quality.~~

~~002 - APPLICABILITY.~~

~~002.01 - Providers of substance abuse programs shall be certified by the Division when any of the following is desired:~~

~~002.01A - Eligibility to receive funds allocated by the Division;~~

~~002.01A1 - Programs not previously funded by the Division have one calendar year from the date of notice of funding award to become certified.~~

~~002.01B - Eligibility to receive reimbursement from an insurance company, hospital service corporation or health maintenance organization.~~

~~002.01C - Status as a certified provider of substance abuse services by the Division on Alcoholism and Drug Abuse.~~

~~002.01D - Eligibility to manage client benefits under the United States Department of Agriculture Food Stamp Program.~~

~~002.02 - Accreditation as a substance abuse program by a national accrediting organization may be accepted by the Director as equivalent to the requirements for certification.~~

~~002.02A - Providers seeking certification through this provision shall submit to the Division a copy of the accrediting organization's survey report.~~

~~002.02B Providers seeking certification through this provision shall have a program Plan approved by the Director for each program when requested for certification, in accordance with the requirements in 203 NAC 5-017.~~

~~003 PROCEDURES TO CERTIFY SUBSTANCE ABUSE PROGRAMS~~

~~003.01 Providers seeking certification of a substance abuse program shall make a written request to, and on forms provided by, the Division.~~

~~003.01A A prerequisite to program certification is licensing by the Nebraska State Department of Health when required, and other licensing authorities of competent jurisdiction as determined necessary by the respective authority.~~

~~003.01B A prerequisite to program, certification is receipt by the Division of a policies and procedures manual meeting the requirements in 203 NAC 5-004.02.~~

~~003.02 Programs seeking certification shall receive a survey visit from the Division to assess compliance with the regulations. In order to make such determination, survey teams may examine written documents, interview staff and observe portions of the program operation. All client information obtained during the survey is confidential.~~

~~003.03 Survey reports will be forwarded to the provider by certified mail within forty-five (45) days following completion of the survey visit. This report will document the areas of compliance and noncompliance with applicable regulations as assessed by the survey team, and indicate whether certification has been achieved. For providers funded through the region, the report will also be forwarded to the appropriate regional governing board. No information from the survey report will be released to any other party.~~

~~003.04 Certification is obtained when a provider is in compliance with 90% or more of regulations 004 through 017 and those portions of regulations 018 through 031 in this chapter for which the provider is seeking certification.~~

~~003.04A Providers which achieve compliance of 90% or more as a result of the initial survey visit shall receive a two-year certificate.~~

~~003.04B Providers which achieve less than 90% compliance as a result of the initial survey visit shall, within sixty (60) days of receipt of the survey visit report, submit a detailed plan of corrections which describes corrective action to be taken on each regulation found to be below 90% compliance.~~

~~003.04B1 Within forty-five (45) days of receipt of the plan of corrections, the Division shall forward to the provider a written report, which shall include:~~

~~003.04131a A review of the plan of corrections, designed to assist the provider in achieving certification.~~

~~003.04B1b Notification of the date for a follow-up survey to review the implementation of the planned corrections.~~

~~003.04B2 Providers watch achieve compliance of 90% or more as a result of the follow-up survey shall receive a one-year certificate.~~

~~003.05 If a provider is still found out of compliance as a result of the follow-up survey, the provider shall be notified within 30 days by certified mail of the Division's intent to deny certification.~~

~~003.06 Community mental health centers (CMHCs) currently in compliance with Mental Health Program Regulations (204 NAC of the Department of Public Institutions) and seeking certification for a substance abuse program shall achieve compliance with the regulations for that program area and with the following regulations in this chapter:~~

~~005 ORGANIZATION (005.01A only)~~
~~008 STAFF QUALIFICATIONS~~
~~009 CONTINUING EDUCATION AND TRAINING~~
~~011 ACCESSIBILITY OF SERVICES~~
~~012 CONTINUITY OF SERVICES (012.03 only)~~
~~014 CLIENT RECORDS~~
~~017 PROGRAM PLAN~~

~~003.07 Certification may be extended by the Division as necessary to further the implementation of the Act.~~

~~003.08 The Department shall notify a provider of its intent to revoke program certification at any time it determines, through a resurvey visit by the Division, that a provider has not remained in compliance with the required number of regulations. The Division may conduct a resurvey visit when:~~

~~003.08A There is a change of either ownership, control, or management of the program;~~

~~003.08B There are changes in either the capacity and/or types of programs being offered;~~

~~003.08C It receives a report, or has good cause to believe, that the program's clientele are being adversely affected; or the resources allocated by the Department are being mismanaged.~~

~~003.09 A provider aggrieved by a decision to deny or revoke certification shall be entitled to an appeal, accordance with 203 NAC 2-003. Appeals will be in accordance with 203 NAC 2-003.~~

~~003.09A A provider's certification must be revoked when the Department confirms, after following the hearing procedures in 203 NAC 2-003, that the provider no longer meets the requirements of its status as a certified provider.~~

~~003.10 When a provider's certification is denied or revoked the Department shall revoke the eligibility status given in 203 NAC 5-002.01 as of the date the hearing decision is rendered.~~

~~003.11 A provider whose certification is denied or revoked may reapply for certification ninety (90) days after the date of denial or revocation.~~

~~003.12 Whenever certification is achieved or certification status changes, the Division will send notice of the current certification status to the provider and the governing board of the appropriate region. The Division will provide the certification status to others upon request only after the provider and the region have been notified.~~

~~003.13 No waiver of Regulation 003 or its parts in this Chapter shall be granted.~~

~~004 GOVERNING AUTHORITY. The provider's governing authority shall exercise general direction over, and establish policies concerning the operation of a program.~~

~~004.01 The governing authority shall have written documentation of its source of authority (e.g., articles of incorporation or charter).~~

~~004.02 The governing authority shall provide a policies and procedures manual which describes the agency's/program's operations in accordance with 203 NAC 5, sections 004-017) and sections 018-031 as applicable.~~

~~004.02A There must be documentation verifying that the policies and procedures manual is reviewed by the governing authority at least every two (2) years, updated as necessary, and available to all staff.~~

~~004.02B This manual most be authenticated by the signature of a duly authorized representative of the governing authority.~~

~~004.03 The governing authority shall appoint an executive director who is responsible for agency operation.~~

~~005 ORGANIZATION. The provider shall be organized to achieve its program objectives and fiscal accountability.~~

~~005.01 The provider shall have an organizational chart which shows reporting relationships for the operation of the program.~~

~~005.01A When a substance abuse program is a component of a larger entity, such as a community mental health center or a comprehensive human service/health agency, it must be identified separately on the organizational chart and have a staff position that is administratively responsible for it.~~

~~005.02 There shall be a narrative description of the reporting relationships shown in the organizational chart.~~

~~006 ADVISORY MECHANISM. Each provider shall be responsive to the needs of the community being served by providing citizens an opportunity for involvement in program and financial planning.~~

~~006.01 Each provider shall have an advisory committee or other clearly defined mechanism which provides for regular participation in planning by citizens other than the governing authority.~~

~~006.01A The criteria used to select citizens for such participation must be documented. These criteria must include provision for input from underserved populations and from former recipients of substance abuse services.~~

~~006.02 Each provider shall have policies and procedures for disseminating planning information for use in the advisory process.~~

~~006.03 Each provider shall document the results of the advisory process as presented to the governing authority and/or program director.~~

~~007 PERSONNEL POLICIES. The provider shall have personnel policies and procedures in order to aid its administrators in providing equal opportunity to applicants, employees and volunteers in their selection, evaluation, compensation, supervision and training. The policies and procedures must include:~~

~~007.01 A policy of nondiscrimination on the basis of race, color, religion, sex, disability, marital status, national origin or age.~~

~~007.01A Agencies which have a minimum of 10 full-time equivalent staff or receive at least $75,000 of funding shall have an affirmative action plan which meets the requirements for contracting providers as outlined in 203 NAC 4-007.~~

~~007.02 Job descriptions for all positions that set forth the following elements:~~

~~007.02A minimum qualifications including counselor certification if applicable;~~

~~007.02B positions supervised;~~

~~007.02C duties of the position:~~

~~007.02D to whom the position is responsible; and~~

~~007.02E salary range.~~

~~007.02F For personnel shared with other programs of the provider, the job descriptions must reflect the amount of time devoted to the substance abuse program.~~

~~007.03 A compensation plan for all employees including a description of benefits such as leaves, insurance and retirement.~~

~~007.04 A statement that being a recovering alcoholic or person with a drug abuse history is not a prerequisite to employment.~~

~~007.05 A statement that personnel employed by the provider shall not use alcoholic beverages or controlled substances which are not prescribed by a physician while on the job and that such use is sufficient grounds for immediate termination of employment.~~

~~007.06 A description of procedures for orientation of new employees to provider policy and procedures.~~

~~007.06A Such orientation must include information on confidentiality, program philosophy and staff grievance procedures.~~

~~007.06B For direct service programs the orientation must include client rights and client grievance procedures.~~

~~007.06C Documentation of this orientation must be maintained.~~

~~007.07 A description of methods for supervision of all personnel, including volunteers, students, and consultants.~~

~~007.07A There must be documentation of supervision.~~

~~007.08 A description of the mechanism used to evaluate personnel performance.~~

~~007.08A This evaluation must occur at least annually, and be documented in the employee's personnel file.~~

~~007.08B There must be documentation that this evaluation is reviewed with the employee.~~

~~007.09 A description of the mechanism, for disciplinary action, including suspension and/or dismissal, of an employee.~~

~~007.09A These procedures must ensure due process.~~

~~007.10 A description of the grievance procedure for employees.~~

~~008 STAFF QUALIFICATIONS. Providers shall have available a sufficient number of appropriately qualified staff to promote the goals and objectives of the program and to adequately evaluate and meet the service needs of clients.~~

~~008.01 A minimum of fifty (50) percent of the staff delivering direct alcohol/drug abuse treatment counseling services must hold a valid certificate as a Certified Alcohol/Drug Abuse Counselor, Certified Provisional Alcohol/Drug Abuse Counselor or Certified Associate Professional Alcohol/Drug Abuse Counselor.~~

~~008.02 Staff delivering direct alcohol/drug abuse treatment counseling services shall be:~~

~~008.02A Certified Alcohol/Drug Abuse Counselors as defined in 209 NAC; or~~

~~008.02B Certified Provisional Alcohol/Drug Abuse Counselors as defined in 209 NAC; or~~

~~008.02C Certified Associate Professional Alcohol/Drug Abuse Counselors as defined in 209 NAC 2; or~~

~~008.02D Licensed Physicians; or~~

~~008.02E Licensed Certified Clinical Psychologists; or~~

~~008.02F Receiving specific supervision as set out in 203 NAC 5-008.03 if not credentialed as stated in this section.~~

~~008.03 Staff delivering direct alcohol/drug abuse treatment counseling services who are not credentialed as set out in 203 NAC 5-008.02A thru 5-008.02E must be supervised by a Certified Alcohol/Drug Abuse Counselor, a Certified Associate Professional Alcohol/Drug Abuse Counselor, a Licensed Physician, a Licensed Certified Clinical Psychologist, a Certified Professional Counselor who holds a Certified Provisional Alcohol/Drug Abuse Counselor certificate, or a Certified Master Social Worker who holds a Certified Provisional Alcohol/Drug Abuse Counselor certificate. Such supervision must include:~~

~~008.03A Supervisory sign off on all clinical entries in client files during the first 2,000 hours of employment and monthly review of all client files as documented in the individual client records thereafter.~~

~~008.03B Weekly clinical staffing of cases under either one-on-one or group supervision.~~

~~008.04 Consultants who provide direct alcohol/drug abuse treatment counseling services shall be credentialed as set out in 203 NAC 5-008.02A thru 5-008.02E.~~

~~008.04A Providers shall maintain copies of contracts with any consultants who provide direct alcohol/drug abuse treatment counseling services or who work with staff in the provision of direct alcohol/drug abuse treatment counseling services.~~

~~008.05 The Department reserves the right to investigate any and all allegations of unethical or unprofessional conduct by a staff person providing direct alcohol/drug abuse treatment counseling services. The program may be subject to revocation of program certification as set out in 203 NAC 5-003.08.~~

~~008.06 A program shall report to the Division suspected unethical or unprofessional practices of a Certified Alcohol/Drug Abuse Counselor, Certified Provisional Alcohol/Drug Abuse Counselor, or Certified Associate Professional Alcohol/Drug Abuse Counselor in its employ. The program shall make available to the Division, upon request, any and all materials it may have as the result of any investigation it may~~

~~conduct. Failure of a program to provide said materials may subject it to revocation of program certification as set out in 203 NAC 5-003.08.~~

~~008.07 There must be documentation that the client has been informed of the credentials of his/her primary alcohol/drug abuse treatment counselor in those cases where the counselor is not credentialed as set out in 203 NAC 5-008.02A through 5-008.02E.~~

~~008.08 Program staff delivering direct alcohol/drug abuse treatment counseling services who are not credentialed as set out in 203 NAC 5-008.02A thru 5-008.02E and who are under a waiver at the time of promulgation of these regulations shall be considered as equivalent to being certified for the purposes of the fifty (50) percent requirement contained in 203 NAC 5-008.01.~~

~~008.09 Staff who perform services which require statutory authorization shall possess a valid license, certification or registration document.~~

~~008.10 No waiver of Regulation 008 or any of its parts except 008.01 in this Chapter shall be granted.~~

~~009 CONTINUING EDUCATION AND TRAINING. Continuing education and training must be provided for staff members to maintain and improve their competencies to meet the goals and objectives of the substance abuse program.~~

~~009.01 The provider shall have a plan for continuing education of professional staff members. The plan must include a description of the mechanism(s) used to assess the continuing education needs of staff members, and procedures for meeting those needs.~~

~~009.02 The provider shall have a continuing education plan for each substance abuse program professional staff member and any volunteers working over 15 hours per week. The plan is to be prepared and updated annually and must be available for the survey visit. The plan must include:~~

~~009.02A Documentation of the continuing education needs of the person;~~

~~009.02B Strategies for meeting the continuing education needs;~~

~~009.02C The signatures of the staff member and other person(s) involved in the plan's preparation.~~

~~009.03 The provider shall document staff training received in accordance with the continuing education plans.~~

~~009.04 Staff delivering direct alcohol/drug abuse treatment counseling services who are not credentialed as a Certified Alcohol/Drug Abuse Counselor must have a professional development plan, updated yearly, that includes the goal of, and strategies for, attaining that credential.~~

~~010 QUALITY ASSURANCE. Providers shall deliver services of the highest quality possible. Documentation of such quality must be achieved through a program of quality assurance that monitors both services provided and program arrangement.~~

~~010.01 The provider shall have a quality assurance plan in its policies and procedures manual. The plan must specify:~~

~~010.01A The purpose and goals of the quality assurance program as they relate to monitoring services provided and program management;~~

~~010.01B The positions responsible for coordinating quality assurance activities.~~

~~010.01C An explanation of the methods used to monitor programmatic and administrative activities so that problems which adversely affect services will be identified. For direct service programs, such methods must include:~~

~~010.01C1 Utilization review to certify the appropriateness of admissions and lengths of stay, and~~

~~010.01C2 Other quality assurance methods which may include any one or a combination of the following: treatment plan reviews; critical incidents monitoring; case conferences; and records review.~~

~~010.01D A description of how information from these methods is collected, disseminated and used in making decisions about corrective action.~~

~~010.02 The provider shall document implementation of all quality assurance activities that are specified in the plan.~~

~~010.03 There must be documentation of an annual evaluation which indicates the impact of quality assurance activities on services provided and program management.~~

~~011 ACCESSIBILITY. Providers shall manage their resources to eliminate artificial barriers to service for residents of the service area.~~

~~011.01 Providers shall describe the target population in demographic and geographic terms.~~

~~011.01A There must be documentation that the demographic makeup of the provider's service recipients represents the target population.~~

~~011.02 Providers shall document the hours when service is available and provide a justification of how these hours are best suited for the provision of services to the target population.~~

~~011.03 Providers shall have policies and procedures specifying steps to be taken to minimize the extent to which inability to pay, lack of transportation, inability to speak English and illiteracy are artificial barriers to receiving service.~~

~~011.04 Providers shall indicate how the physical design and location of the facility is appropriate for the target population and the type of services provided.~~

~~011.05 Providers shall describe efforts to publicize services to the target population, other human service providers and the general public.~~

~~011.05A Publications and publicity of a provider receiving state funds must include the following statement: "This program is partially funded by the State of Nebraska, Department of Public Institutions, Division on Alcoholism and Drug Abuse."~~

~~012 CONTINUITY OF SERVICES. A provider shall arrange its resources so that interaction with other service providers to plan for and deliver services to meet individual client needs can be achieved.~~

~~012.01 Direct service providers shall have policies and procedures to ensure that clients who are receiving service within any one program offered by the provider are eligible for services within any other program offered by the provider, as determined by client need and admission criteria. The policies and procedures must include:~~

~~012.01A A description of the client transfer mechanism between programs offered by the provider.~~

~~012.01B Procedures used for determining whether the transfer was completed and if prescribed services are being provided, including an identification of persons responsible for making this determination and when it is to be made.~~

~~012.02 The provider shall have written policies and procedures to ensure coordination and continuity of services with substance abuse service providers and other related service providers. The policies and procedures must comply with the confidentiality provisions of 203 NAC 5-015. Direct service program policies and procedures must include:~~

~~012.02A A policy stating that a client is able to transfer from one provider to another as individual client need requires, with as little interruption in programming as possible. The policies and procedures manual must contain the procedures used to transfer the client.~~

~~012.02B Procedures used for determining whether the transfer was completed and if prescribed services are being provided, including an identification of persons responsible for making this determination and when it is to be made.~~

~~012.02C Procedures for documenting in the client's record the preparation and completion of each transfer, including:~~

~~012.02C1 - contacts made to obtain services;~~

~~012.02C2 - all information given to the client about the availability of other services; and~~

~~012.02C3 - correspondence with other providers or service resources regarding the client.~~

~~012.02D - Procedures to ensure that pertinent portions of records and other relevant information are readily transferred between providers.~~

~~012.03 - Direct service providers shall have affiliation agreements with the Alcohol Treatment Unit at the Hastings Regional Center and with other substance abuse service providers within the region. Affiliation agreements must be contained in an addendum to the policies and procedures manual.~~

~~012.03A - Affiliation agreements must specify the following for each party of the agreement:~~

~~012.03A1 - Admission criteria for clients accepted by the program.~~

~~012.03A2 - Procedures for admission to or requesting services from the provider's program(s).~~

~~012.03A3 - A description of services provided.~~

~~012.03B - Affiliation agreements must be renewed at least every two years.~~

~~012.04 - A current directory of other human services providers must be available to all staff.~~

~~013 - CLIENT'S RIGHTS. The direct service provider shall ensure that the rights of each client are protected while receiving services.~~

~~013.01 - The policies and procedures manual must include procedures by which a client can exercise the rights to:~~

~~013.01A - Provide for the release of information in his/her client record.~~

~~013.01B - Refuse treatment.~~

~~013.01C - Due process to address grievances presented by a client and/or other legally responsible person;~~

~~013.01C1 - Such due process must include time limits for each phase of the process;~~

~~013.01D - Receive notification of the reasons for denial of any services;~~

~~013.01E Obtain access to review information contained in his/her own client record unless restricted under Neb. Rev. Stat. 83-108;~~

~~013.01F In residential settings, communicate freely with all persons by sealed mail, personal visitations, and private telephone conversations, unless clinically contra-indicated by written order of the clinician in charge of treatment;~~

~~013.01F1 Such restrictions must be documented including a date for review of the necessity for continuation of the restriction(s) determined.~~

~~013.02 There must be evidence in the client's record that clients have received a statement of their rights as they relate to the program.~~

~~014 CLIENT RECORDS. The direct service provider shall maintain records that facilitate service planning, implementation, and evaluation for each client admitted to a substance abuse service program. Professional Intervention programs are exempt from 203 NAC 5-014.06 through 014.09.~~

~~014.01 A provider shall have policies and procedures which govern the completion and retention of information in the client records. These must specify:~~

~~014.01A A uniform format for all client records within a program. This format must include the provision that all record entries must be:~~

~~014.01A1 legible;~~

~~014.01A2 dated; and~~

~~014.01A3 signed by the person responsible for the entry.~~

~~014.01B Means for assuring that each client record uniformly contains completed documents and forms required by the Division.~~

~~014.01C Time frames for recording completion of:~~

~~014.01C1 client assessments;~~

~~014.01C2 initial service plans;~~

~~014.01C3 progress notes;~~

~~014.01C4 service plan reviews; and~~

~~014.01C5 discharge summaries.~~

~~014.02 Time frames for client records retention after discharge, and methods for disposal of records.~~

~~014.02 Each client record must document the implementation of the policies and procedures required in 203 NAC 5-014.01.~~

~~014.03 Each client record must contain documentation of how the client meets the admission criteria.~~

~~014.03A If a client is admitted who does not meet the criteria, there must be documentation of the reasons for the admission, and the staff persons responsible for authorizing the admission.~~

~~014.03B If a client is transferred between programs of a provider, the client record must document the preparation and results of such transfers, including individual client forms from the Division.~~

~~014.04 Each client record must contain:~~

~~014.04A client identifying information;~~

~~014.04B demographic data; and~~

~~014.04C emergency medical information including physician contact information and the telephone number of a person to contact in case of emergency.~~

~~014.05 Each client record must contain documentation that the client has been provided an orientation to the program.~~

~~014.06 Each client record must contain an assessment of the client's substance abuse service needs.~~

~~014.06A The assessment must address the personal strengths which the client can use in addressing his/her service needs.~~

~~014.06B The assessment must be completed prior to the development of the service plan, and within the time frame specified in the provider's policies and procedures.~~

~~014.06C For detoxication and treatment programs, there must be documentation of assessment of the need for medical referral.~~

~~014.06D For treatment programs there must be documentation of assessment of the need for psychological referral.~~

~~014.06E For treatment programs serving youth, there must be documentation of the psychosocial screening described in 203 NAC 5-017.06F, unless such screening has been completed within the last 6 months and received by the treatment program.~~

~~014.07 Each client record must contain an individual service plan that specifies the service goals and objectives which are based on the assessment of client needs. The service plan must:~~

~~014.07A specify measurable objectives which relate to the achievement of the corresponding goal;~~

~~014.07B specify therapeutic activities to be used in achieving the goals and objectives;~~

~~014.07C specify staff and client responsibility for implementation of the therapeutic activities;~~

~~014.07D specify the frequency and/or duration of therapeutic activities;~~

~~014.07E document the client's participation in its development;~~

~~014.07F be completed within the time frame specified in the provider's policies and procedures; and~~

~~014.07G document that the plan has been reviewed and updated as specified in the provider's policies and procedures.~~

~~014.08 Each client record must contain progress notes that document progress toward the goals and objectives of the service plan.~~

~~014.08A The progress notes must document all services rendered, including case conferences, referral and collateral contacts.~~

~~014.08B The progress notes must document the client's response to therapeutic activities.~~

~~014.08C The progress notes must be completed within the time frame specified in the provider's policies and procedures.~~

~~014.09 Client records must contain a discharge summary which reflects services provided to all clients discharged from the program. This summary must:~~

~~014.09A provide a summary of the services provided and the client's progress in relation to the goals and objectives of the service plan; and~~

~~014.09B include recommendations and/or arrangements for further action.~~

~~014.09C be completed within the time frame specified in the policies and procedures;~~

~~015 CONFIDENTIALITY. All information concerning the identity and involvement of clients in substance abuse programs is confidential.~~

~~015.01 In the provider's policies and procedures manual, there must be a policy describing specific procedures used to ensure confidentiality of case records and information.~~

~~015.01A This policy must include procedures for the release of information to other providers and for obtaining information from other providers.~~

~~015.01A1 Forms for such release must be an addendum to the policies and procedures manual.~~

~~015.01B This policy must include procedures for storing records, which protect records from unauthorized access.~~

~~015.02 A copy of 42 CFR Part 2 (Federal Confidentiality Regulations) must be included in the provider's policies and procedures manual.~~

~~015.03 The client record must document that confidentiality procedures, including use of forms, are followed whenever information is released orally or in writing.~~

~~016 PREDISCHARGE PLANNING. Direct service providers shall implement a process which determines the level of service or support needed for clients ready for discharge and which identifies at the time of discharge the client's personal responsibility for maintaining his/her progress. Emergency/Detoxification and Professional Intervention programs are exempt from this section.~~

~~016.01 In its policies and procedures manual, the provider shall have a plan for predischarge planning which contains:~~

~~016.01A Identification of staff responsible for predischarge planning;~~

~~016.01B A description of the mechanism to ensure client participation in the predischarge planning; and~~

~~016.01C A description of the criteria to identify clients for whom predischarge planning is appropriate. The plan must also indicate at what stage of the program's services predischarge planning begins.~~

~~016.02 Documentation of all predischarge planning activities must be contained in the client record.~~

~~017 PROGRAM PLAN. Providers shall develop and maintain a program plan which describes each substance abuse program, and which demonstrates how it meets the definition of the program area.~~

~~017.01 The program plan must demonstrate how program activities are designed for and are appropriate to the developmental stage (youth or adult) of the program's service recipients.~~

~~017.02 The program plan must include a description of the program's:~~

~~017.02A philosophy,~~

~~017.02B organization, and~~

~~017.02C service goals.~~

~~017.03 The plan must include measurable objectives for achievement of the program's goals. Such objectives must:~~

~~017.03A Relate to the philosophy, and~~

~~017.03B Be specific and include a specific timeframe.~~

~~017.04 The plan must include a description of the roles and responsibilities of all program personnel as they relate to the program's goals and objectives.~~

~~017.05 The plan must include measurable or observable criteria which qualify persons for entry into the program.~~

~~017.05A Admission criteria must not exclude persons solely on the basis of ability to pay, previous admission record, marital status, consent from family, race, color, national origin, religion, or disability. Restrictions based on age and sex must be clearly stated and justified in the program plan (i.e., adolescent or women's specialty programs).~~

~~017.05B Treatment program admission criteria must include criteria for deciding that clients:~~

~~017.05B1 could not be adequately served in a less restrictive program, and~~

~~017.05B2 do not need a more restrictive program to discontinue substance abuse.~~

~~017.06 The plan must include a complete description of the procedures used in providing services.~~

~~017.06A For direct service programs, this description must include:~~

~~017.06A1 procedures for assessing whether clients meet admission criteria;~~

~~017.06A2 procedures for each phase of program involvement; and~~

~~017.06A3 procedures for transition between phases.~~

~~017.06B Direct service program plans must include an orientation for the client. A client orientation must include:~~

~~017.06B1 a description of the program's service philosophy;~~

~~017.06B2 staff procedures and responsibilities;~~

~~017.06B3 client rights and responsibilities;~~

~~017.06B4 fee schedule; and~~

~~017.06B5 grievance procedure.~~

~~017.06C Direct service program plans must include procedures for involving the client's family in service planning and delivery.~~

~~017.06D For detoxification and treatment programs, there must be procedures for determining the necessity for a medical referral.~~

~~017.06D1 There must be documentation verifying that the procedures were developed in consultation with a licensed physician.~~

~~017.06D2 Referrals for medical services must be to a person licensed to perform such services.~~

~~017.06E For treatment programs, there must be procedures for determining the necessity for a psychiatric/psychological referral.~~

~~017.06E1 There must be documentation verifying that the procedures were developed in consultation with a licensed psychiatrist/psychologist.~~

~~017.06E2 A psychiatric/psychological referral must be to services provided by, or supervised by, a licensed psychiatrist or psychologist.~~

~~017.06F There must be a policy requiring a psychosocial screening within two weeks of admission for every youth treatment client, unless such screening has been conducted within the last six months and is received by the treatment program.~~

~~017.06F1 This screening must assess suicide risk, and other developmental, psychological, and familial factors which may indicate the client's need for mental health services.~~

~~017.06F2 This screening must be developed in consultation with a licensed psychologist or psychiatrist.~~

~~017.06F3 This screening must be administered in consultation with a licensed psychologist or psychiatrist, or mental health professional working under the supervision of such licensed clinician.~~

~~017.06F4 If the screening shows the need for further assessment or mental health services, the provider shall initiate a referral for such services within one week.~~

~~017.06G There must be procedures for providing or arranging appropriate educational services for clients in youth residential and partial care programs.~~

~~017.06G1 These procedures must include strategies for maintaining or reintegrating the youth into the school environment.~~

~~017.06H For treatment programs using urinalysis in conjunction with treatment, there must be policies and procedures for such use. The policies and procedures must include:~~

~~017.06H1 The schedule for performing urinalysis, or means for determining when urinalysis will be performed.~~

~~017.06H2 Procedures for ensuring the correct identity of the urine sample from collection through receipt of analysis results.~~

~~017.06H3 Methods for a backup analysis procedure to be used when a screening is positive.~~

~~017.06H3a When treatment decisions are based on urinalysis results, definitive results from a backup analysis must be used. This analysis must be a confirmatory laboratory analysis, such as thin layer or gas chromatography, to reduce false positives.~~

~~017.06H4 Methods for reporting urinalysis results to the client.~~

~~017.06H5 Actions to be taken when a positive urinalysis occurs.~~

~~017.06I For treatment programs using disulfiram or other medication in conjunction with treatment, there must be policies and procedures for the storage and use of such medication.~~

~~017.06I1 There must be documentation that the procedures were developed in consultation with a licensed physician.~~

~~017.07 The plan must include measurable or observable criteria which qualify persons for discharge from the program.~~

~~017.07A Discharge criteria must indicate that client attitude is not the sole determining factor of discharge.~~

~~017.07B Discharge criteria must indicate that urinalysis results are not the sole determining factor for discharge.~~

~~017.08 The plan most include a description of methods used to evaluate at least annually the effectiveness of the program in meeting its goals and objectives, and how the evaluation findings will be documented.~~

~~018 PUBLIC INFORMATION PROGRAMS. Public information programs provide education or information about substance abuse to the general public or special substance abuse target groups. These target groups may be reached directly or through an intermediate group with access to the target group.~~

~~018.01 Public information providers shall describe in the program plan which of the following types of substance abuse public information they will provide. This description must include the general content of the public information to be provided, and the methods for selecting target audiences.~~

~~018.01A Prevention public information providers shall design education and/or information dissemination services to foster public attitudes and personal practices that discourage substance abuse and encourage low risk, healthy choices. They shall provide basic substance abuse information and "how to" information regarding prevention techniques.~~

~~018.01B Intervention public information providers shall design education and/or information dissemination efforts to foster public attitudes that encourage substance abusing individuals to discontinue substance abuse. They shall provide basic "how to" information on Intervention techniques.~~

~~018.01C Treatment public information providers shall design education/information dissemination efforts to foster public attitudes that support the treatment of substance abuse and life changes necessary to discontinue substance abuse.~~

~~018.01D Aftercare public information providers shall design information dissemination efforts to foster public attitudes that support individuals who have discontinued substance abuse in order to promote the maintenance of a lifestyle free from substance abuse.~~

~~018.02 Providers shall document all public information contacts and activities. The documentation must show implementation of the program plan.~~

~~018.02A For face-to-face contact the documentation must include:~~

~~018.02A1 the entity making the request;~~

~~018.02A2 the person providing the services;~~

~~018.02A3 the number in attendance;~~

~~018.02A4 the topic discussed;~~

~~018.02A5 the date of the contact; and~~

~~018.02A6 evaluation results of the effort.~~

~~018.02B For print and media information activities, the documentation must include:~~

~~018.02B1 the media used;~~

~~018.02B2 the type of message content; and~~

~~018.02B3 the number of pieces distributed or estimated target audience exposure.~~

~~019 TECHNICAL ASSISTANCE PROGRAMS. Technical assistance programs provide expert advice, skilled training and general technical support to organizations and entities (change agents) outside the specialized substance abuse service system involved in substance abuse programming. These may include voluntary organization, groups of persons concerned with the substance abuse of others, and non-substance abuse professionals. Programs shall provide for the development, maintenance, and enhancement of the substance abuse-related efforts of these organizations and professionals.~~

~~019.01 Technical assistance providers shall describe in the program plan which types of substance abuse technical assistance they will provide. This description must include the general content of the technical assistance to be provided, and the methods for selecting target audiences.~~

~~019.01A Prevention technical assistance must be designed to increase the effectiveness of other change agents at influencing individuals to make healthy decisions regarding substance abuse.~~

~~019.01B Intervention technical assistance must be designed to increase the effectiveness of other change agents at identification and assessment of substance abusers and also at influencing them to discontinue substance abuse.~~

~~019.01C Treatment technical assistance must be designed to increase the effectiveness of other change agents at assisting substance abusing individuals in making lifestyle changes which include discontinuing substance abuse.~~

~~019.01D Aftercare technical assistance must be designed to increase the effectiveness of other change agents at assisting former substance abusing individuals in the maintenance of a life free from substance abuse.~~

~~019.02 Providers shall document all technical assistance contacts and activities. This documentation must show implementation of the program plan.~~

~~019.02A The documentation must include:~~

~~019.02A1 the person initiating the contact;~~

~~019.02A2 the person providing the services;~~

~~019.02A3 the group to which services are provided;~~

~~019.02A4 the number contacted;~~

~~019.02A5 the topics discussed;~~

~~019.02A6 the date of the contact; and~~

~~019.02A7 evaluation results of the effort.~~

~~020 PREVENTION COUNSELING PROGRAMS provide services which utilize a counseling relationship to reduce the risk of substance abuse in a high-risk non-substance abusing client. Such programs provide individual, group, and/or family counseling on an outpatient basis. Such programs must focus on building specific psychosocial skills, and on making low-risk decisions and lifestyle changes, the presence of which have been found to help individuals avoid substance abuse. Such programs may include collateral services. Such programs must be designed for youth or for adults.~~

~~020.01 Providers shall describe in writing the methods for determining client high-risk status and for determining lack of substance abuse in clients seeking admission to prevention counseling programs.~~

~~020.01A The description must include the research basis for the definition of high-risk status.~~

~~020.02 There must be documentation in the client record of the client's risk status and screening for substance abuse.~~

~~020.03 If evidence of substance abuse is found, the client shall be referred for intervention or treatment services.~~

~~020.03A If an evaluation from the referral agency indicates that substance abuse is not present, the client may be accepted for prevention services.~~

~~020.03B In prevention counseling programs which work with families, a substance abusing family member may continue in the program if there is documentation that they are receiving intervention, treatment, or aftercare services for their substance abuse.~~

~~021 SOCIAL SETTING EMERGENCY DETOXIFICATION programs provide intervention in substance abuse emergencies on a twenty-four (24) hour per day basis to individuals experiencing acute intoxication. Such programs must have the capacity to provide a safe residential setting with staff present for observation, and must deliver services designed to physiologically restore the individual from an acute state of intoxication. Such services must include provisions for administration of fluids, provision for rest, substance abuse education, counseling and referral. Social setting detoxification programs provide care to persons whose condition necessitates observation by a qualified person but does not necessitate medical treatment. The expected duration of this program is no more than five (5) days.~~

~~021.01 There must be documentation that an awake staff person is present twenty-four (24) hours per day when clients are in the facility.~~

~~021.02 There must be documentation that services are available to the community without interruption 365 days per year.~~

~~021.03 The policies and procedures manual must contain procedures for the routine monitoring and observation of clients while in the program.~~

~~021.03A Such procedures must include the observation and measurement of a client's:~~

~~021.03A1 level of consciousness,~~

~~021.03A2 temperature,~~

~~021.03A3 respiration,~~

~~021.03A4 pulse, and~~

~~021.03A5 blood pressure;~~

~~021.03B A specification of time intervals that observation and measurement are to be made;~~

~~021.03C A method for determining the onset of acute withdrawal or psychiatric emergency; and~~

~~021.03D Procedures for accessing medical treatment when such acute withdrawal or other medical emergency occurs.~~

~~021.04 There must be documentation that such procedures were developed in consultation with a licensed physician.~~

~~021.05 There must be documentation in the client record of all monitoring, observation, and medical referral activities.~~

~~021.06 There must be evidence that all direct social setting detoxification staff have been trained to perform the assessment, screening, and monitoring procedures required.~~

~~021.07 Emergency/detoxification providers shall include in their plan provisions for all direct service staff to receive training in substance abuse crisis intervention techniques.~~

~~021.08 There must be documentation of agreements with hospitals and/or emergency medical services, and with principal law enforcement agencies in the area to be served. These agreements must define the responsibilities of each agency in managing intakes or medical emergencies.~~

~~021.09 When clients are admitted under Civil Protective Custody provisions, providers must have the capacity to detain clients, and must have documentation of arrangements with law enforcement agencies for management of clients detained.~~

~~021.10 Length of service to a client beyond five (5) days must be justified in the client record.~~

~~022 PROFESSIONAL INTERVENTION programs provide substance abuse assessment and motivational counseling services. Such programs may include collateral services. These programs must include a thorough assessment of individuals to determine whether they have a substance abuse problem, the extent of the problem, and what, if any, treatment is needed. They must also include a~~

~~limited number (usually one or two) of counseling sessions designed to motivate substance abusers to discontinue substance abusing behavior either on their own or with help from recommended resources. The subject of the intervention must be displaying inappropriate behaviors that are often indicative of substance abuse. Such programs must be designed for youth or for adults.~~

~~022.01 Substance abuse professional intervention providers shall maintain a record on each intervention client specifying:~~

~~022.01A Source and nature of the referral to the intervention service;~~

~~022.01B Results of an interview with the client identifying his/her involvement with alcohol/drugs;~~

~~022.01C Methods used to evaluate each client for substance abuse problems.~~

~~022.01D Documentation concerning how the client was assisted in recognizing his/her problem with alcohol/drugs.~~

~~022.01E Documentation concerning how the client and/or his/her family were assisted in seeking and locating resources for further services.~~

~~022.01F Documentation of any information disclosed to third parties (e.g., employers, courts, insurance companies). This documentation must conform to the confidentiality provisions of 203 NAC 5-015.~~

~~022.02 There must be policies and procedures for making emergency/detoxification services available to clients of the program.~~

~~022.03 Professional intervention providers shall provide and document training for professional staff in the use and interpretation of testing and evaluation instruments used by the provider.~~

~~023 OUTPATIENT COUNSELING programs provide individual group, or family treatment services to substance abusing individuals on a regularly scheduled basis for up to three hours per visit. Such programs may include collateral services. The activities of an outpatient counseling program must focus on assisting the substance abuser to make the lifestyle changes necessary to give up substance abuse. Clients of an outpatient counseling program are not in need of a more restrictive treatment setting in order to discontinue substance abuse. Such programs must be designed for youth or for adults.~~

~~023.01 There must be policies and procedures for making emergency/detoxification services available to clients of the program. There must be documentation in the client record that the treatment plan has been reviewed and updated with the client within the timeframe established in 203 NAC 5-014.01C4.~~

~~023.02A For outpatient programs the review of the initial treatment plan must occur within thirty (30) days of its completion and subsequent reviews must be at least every ninety (90) days.~~

~~023.03 Length of service to a client beyond one year must be justified in the client record.~~

~~024 METHADONE MAINTENANCE AND DETOXIFICATION PROGRAMS provide medical and social services to heroin/optate addicted adults along with outpatient substance abuse treatment counseling services. These programs must provide detoxification and maintenance services with the purpose of rehabilitation from substance abuse. Methadone detoxification services include dispensing methadone or other narcotic drugs in decreasing doses to an individual in order to alleviate symptoms of withdrawal from the continuous or sustained use of a narcotic drug, as a method of bringing the individual to a narcotic drug-free state. The expected length of methadone detoxification is twenty-one (21) days. Methadone maintenance services include the continued monitored use of methadone as a substitute for heroin/other opiates, at relatively stable dosages, with the express purpose of future detoxification once the client has been rehabilitated.~~

~~024.01 Methadone maintenance and detoxification programs must focus on activities to rehabilitate the substance abuser.~~

~~024.01A Such activities must include structured group and/or individual counseling.~~

~~024.01A1 There must be documentation that the counselor has prescheduled a counseling session for each client at least once per month.~~

~~024.01A2 There must be documentation that each client is seen for counseling at least once per month.~~

~~024.01B Such activities must include medical services, employment services, vocational rehabilitation and other appropriate social services.~~

~~024.01B1 When the required social services are to be provided by other agencies, there must be affiliation agreements with the agencies commonly used, which specify the responsibilities of both parties to the agreement.~~

~~024.02 The provider of methadone services shall have policies and procedures for conducting urinalysis. The policies and procedures must specify:~~

~~024.02A That an initial drug screening urinalysis must be completed for each prospective client.~~

~~024.02B That urinalysis must be performed with each client at least eight times in the first year, and at least quarterly thereafter, except that for clients receiving six-day supplies of take-home medication, a monthly urinalysis must be performed.~~

~~024.02C Urine specimen collection and analysis procedures which ensure correct identification of the specimen.~~

~~024.02D That each specimen must be analyzed for opiates, methadone, amphetamines, cocaine, barbiturates and other drugs as indicated, by a laboratory which complies with all federal and state standards for such urinalysis.~~

~~024.02E Methods for reporting urinalysis results to the client.~~

~~024.02F Actions to be taken when a positive urinalysis occurs:~~

~~024.02F1 When treatment decisions are based on urinalysis results, definitive results from a back-up analysis must be used. This analysis must be a confirmatory laboratory analysis, such as thin layer or gas chromatography, to reduce false positives.~~

~~024.03 There must be documentation in the client file of the results of urinalysis and actions taken based on such results.~~

~~024.04 The methadone program provider must document compliance with federal and state requirements for purchase and administration of methadone through possession of:~~

~~024.04A A registration number from the Drug Enforcement Administration.~~

~~024.04B An approval number from the Food and Drug Administration.~~

~~024.04C A registration number from the Nebraska Department of Health.~~

~~025 PARTIAL CARE programs provide group-focused, non-residential services for substance-abusing individuals who require a more restrictive treatment environment than that provided by outpatient counseling, but who do not require a residential program. Activities of this program must focus on aiding clients to recognize their substance abuse problems and to develop knowledge and skills for making lifestyle changes necessary to maintain a life free from substance abuse. Such activities must be provided at least eight hours per week, usually in sessions of three to six hours duration, three to five times per week. Such programs must be designed for youth or for adults. The expected duration of a partial care program is no more than twelve (12) weeks.~~

~~025.01 Partial care programs must document that a staff member is assigned and on duty during program activities.~~

~~025.02 Youth partial care programs must document that educational have been maintained for their clients.~~

~~025.03 Length of service to a client which is less than five weeks or more than twelve (12) weeks must be justified in the client record.~~

~~026 SHORT TERM RESIDENTIAL programs provide twenty-four (24) hour supervision for substance abusing individuals who require a more restrictive treatment environment than that provided by partial care. Activities of this program must provide a daily structure to prevent access to abused substances and must focus on developing knowledge and skills for making lifestyle changes necessary to achieve a life free from substance abuse. Such programs must be designed for youth or for adults. The expected duration of this program is no more than forty-five (45) days for youth, and no more than thirty (30) days for adults.~~

~~026.01 For youth programs, there must be documentation that a client assessment prior to intake shows that there is no reasonable chance of maintaining the youth in their family and educational environment during treatment.~~

~~026.02 There must be policies and procedures which clearly outline the rules of conduct of the residents and consequences of violations of these rules.~~

~~026.02A There must be policies and procedures used to rectify the situation when a violation of conduct rules occurs.~~

~~026.03 There must be documentation that an assigned staff person is on duty and present when clients are residing in the facility.~~

~~026.04 There must be documentation that the structure of daily activities is being followed.~~

~~026.05 Length of service to a client beyond forty-five (45) days for youth, or more than thirty (30) days for adults, must be justified in the client record.~~

~~027 YOUTH HALFWAY HOUSE programs provide transitional residential treatment services for youth seeking to reintegrate into the community, but lacking a home or alternative living situation supportive of treatment, usually after short-term or extended residential treatment. These programs must provide a structured set of activities designed to develop the independent living skills necessary for a life free from substance abuse outside of a primary residential treatment program. They must focus on assisting the young person to return home or to access a temporary family home environment such as foster care. The expected duration of this program is no more than one hundred and twenty (120) days.~~

~~027.01 There must be documentation that clients are encouraged to maintain educational involvement or, where appropriate, seek employment.~~

~~027.02 There must be policies and procedures which clearly outline the rules of the conduct of the residents and consequences of violation of these rules.~~

~~027.02A There must be policies and procedures used to rectify the situation when a violation of house rules occurs.~~

~~027.03 There must be documentation that an assigned staff person is on duty and present when clients are residing in the facility.~~

~~027.04 Length of service to a client beyond one hundred twenty (120) days must be justified in the client record.~~

~~028 ADULT HALFWAY HOUSE programs provide transitional residential treatment services for adults seeking to reintegrate into the community, usually after short-term or extended residential treatment. These programs must provide a structured set of activities designed to develop the independent living skills necessary for a life free from substance abuse outside of a primary residential treatment program. They must focus on assisting clients to maintain or access employment as needed. The expected duration of this program is no longer than ninety (90) days.~~

~~028.01 There must be policies and procedures which clearly outline the rules of conduct of the residents and consequences of violations of these rules.~~

~~028.01A There must be policies and procedures used to rectify the situation when a violation of house rules occurs.~~

~~028.02 There must be documentation that an assigned staff person is present or on call when clients are residing in the facility.~~

~~028.03 There must be documentation that clients are encouraged to maintain or seek employment.~~

~~028.04 Length of service to a client beyond ninety (90) days must be justified in the client record.~~

~~029 THERAPEUTIC COMMUNITY programs provide long-term comprehensive residential treatment for substance abusing individuals for whom shorter-term treatment is inappropriate, either because of the pervasiveness of the impact of the substance abuse on the individual's life or because of a history of repeated short-term or less restrictive treatment failures. These programs must provide psychosocial skill building through a long-term, highly structured set of peer-oriented treatment activities which define progress toward individual change and rehabilitation, and which incorporate a series of defined program phases. Client progress must be marked by advancement through these phases to less restrictiveness and more personal responsibility. Such programs must be designed for youth or for adults. The expected duration of this program is from four (4) to twelve (12) months.~~

~~029.01 There must be documentation that the program phases are being followed.~~

~~029.02 There must be policies and procedures which clearly outline the rules of conduct of the residents and consequences of violations of these rules.~~

~~029.02A There must be policies and procedures used to rectify the situation when a violation of house rules occurs.~~

~~029.03 There must he documentation that an assigned staff person is on duty and present when clients are residing in the facility.~~

~~029.04 Length of service to a client beyond twelve (12) months must be justified in the client record.~~

~~030 CHRONIC CARE programs provide long-term comprehensive residential treatment for substance abusing adults for whom shorter term treatment is inappropriate, either because of the pervasiveness of the impact of the substance abuse on the individual's life or because of a history of repeated short-term or less restrictive treatment failures. These programs must provide psychosocial skill building through a longer-term set of treatment activities with the expectation of slower progress toward individual change and rehabilitation than is achieved with short-term treatment modalities. Chronic care programs are typically more supportive than therapeutic communities, and rely less on peer dynamics in their treatment approach. The expected duration of chronic care programs is from six (6) to eighteen (18) months.~~

~~030.01 There must be policies and procedures which clearly outline the rules of conduct of the residents and consequences of violations of these rules.~~

~~030.01A There must be policies and procedures used to rectify the situation when a violation of house rules occurs.~~

~~030.02 There must be documentation that an assigned staff person is present or on call when clients are residing in the facility.~~

~~030.03 Length of service to a client beyond eighteen (18) months must be justified in the client record.~~

~~030.04 Adult extended residential programs must document provision or arrangement of services for other disabilities attendant to the substance abuse of their clients.~~

~~031 PROFESSIONALLY DIRECTED SUPPORT GROUP programs provide aftercare support groups organized and run by substance abuse professionals for clients who have completed substance abuse treatment, or otherwise begun a lifestyle free from substance abuse. Such programs must be designed for youth or for adults, and may include collateral services. These programs must be designed to provide guidance and support for maintaining a life free of substance abuse, and must include regularly scheduled group sessions focused on the maintenance of changes made during the treatment process. Groups may be associated with a particular treatment facility or may be open to the general public.~~

~~031.01 Youth programs must document a focus on assisting young people in coping with developmental tasks and in dealing with related stress without resorting to substance abuse.~~