DEPARTMENT OF BEHAVIORAL HEALTH

NOTICE OF FINAL RULEMAKING

The Director of the Department of Behavioral Health ("the Department"), pursuant to the authority set forth in Sections 5113, 5115, 5117 and 5118 of the Department of Behavioral Health Establishment Act of 2013, effective December 24, 2013 (D.C. Law 20-61; D.C. Official Code §§ 7-1141.02, 7-1141.04, 7-1141.06 and 7-1141.07 (2018 Repl.)), hereby gives notice of the adoption of final rulemaking for Chapter 63 (Certification Standards for Substance Use Disorder Treatment and Recovery Providers), to Subtitle A (Mental Health) of Title 22 (Health) of the District of Columbia Municipal Regulations ("DCMR").

The Final Rulemaking updates the Chapter 63, Certification Standards for Substance Use Disorder Treatment and Recovery Providers to (1) improve quality of care, accountability, and efficiency of Substance Use Disorder ("SUD") services; (2) implement requirements under the District's Section 1115 Behavioral Health Transformation Demonstration Program for Medicaid reimbursement of Trauma Recovery and Empowerment Model services; (3) clarify ambiguous or conflicting language; (4) update provisions to reflect the most current terminology and standards of care in use by the Department; (5) require that all treatment providers provide intake and assessment services; (6) amend plan of care requirements to provide a framework versus specific requirements and to create consistency with Chapter 34 Mental Health Rehabilitation Services Provider Certification Standards; (7) add discharge planning language for residential levels of care; (8) add requirement that all treatment providers must provide on-site or facilitate access to all Food and Drug Administration ("FDA") approved medication used in medication assisted treatment ("MAT"); and (9) update the definition of and make recovery support services a core service for all treatment providers.

A Notice of First Emergency and Proposed Rulemaking was adopted and became effective on April 5, 2019 and was published in the *D.C. Register* on August 2, 2019 at 66 DCR 10010. On August 2, 2019, a Notice of Second Emergency and Proposed Rulemaking was adopted and became effective and was published in the *D.C. Register* on September 13, 2019 at 66 DCR 12192. On November 26, 2019, a Notice of Third Emergency and Proposed Rulemaking was adopted and became effective and was published in the *D.C. Register* on December 27, 2019 at 66 DCR 16593. A Notice of Fourth Emergency and Proposed Rulemaking was adopted and became effective on February 18, 2020, and was published in the *D.C. Register* on February 28, 2020 at 67 DCR 2252. Most recently, a notice of Fifth Emergency and Proposed Rulemaking was adopted and became effective on June 17, 2020, and was published in the *D.C. Register* on July 3, 2020 at 67 DCR 8118. The Department did not receive any comments about this rulemaking. The Department made technical changes in the Notice of Final Rulemaking to (1) clarify the bases upon which the Department may revoke an exemption from a certification standard (§ 6304.3); (2) reprise language from the Second Emergency and Proposed Rulemaking regarding provider expectations for creating an electronic trail when data is released (§ 6323.4(e)); (3) clarify that clients must receive Health Information Exchange opt-out forms as part of their notice of privacy practices (§ 6324.1); (4) clarify whom can sign plans of care for individuals receiving only Recovery Support Services (§ 6339.6(h)); and (5) clarify eligibility for the Supported Employment program (§ 6339.7). Further, this Notice of Final Rulemaking removes changes related to Qualified Practitioners (QP) specific to Licensed Graduate Professional Counselors and Physician's

Assistants that were noticed as proposed changes in the Fifth Emergency and Proposed Rulemaking to align with an amendment to the District of Columbia Medicaid State Plan (SPA). The amended Adult Substance Abuse Rehabilitative Services SPA has not yet been transmitted to the Centers for Medicare and Medicare Services for consideration. To prevent confusion, the Department removed the proposed changes related to QPs in §§ 6337, 6339, 6340, 6341 and 6342.

This rule was adopted as final on October 5, 2020 and will be effective on the publication of this notice in the *D.C. Register*.

Chapter 63, CERTIFICATION STANDARDS FOR SUBSTANCE USE DISORDER TREATMENT AND RECOVERY PROVIDERS, of Title 22-A DCMR, MENTAL HEALTH, is repealed and replaced by a new Chapter 63 to read as follows:

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

6300 GENERAL PROVISIONS

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

6300.2 The purpose of these rules is to establish service and certification requirements for operating a SUD treatment or recovery program in the District of Columbia.

6300.3 Providers seeking certification shall specify the age ranges of the clients they will be serving. Providers serving youth shall be known as Adolescent Substance Abuse Treatment Expansion Program ("ASTEP") providers.

6300.4 The SUD treatment framework in this chapter is based on levels of care established by the American Society of Addiction Medicine ("ASAM").

6300.5 No person or entity shall own or operate a program that offers or proposes to offer non-hospital SUD treatment services without being certified by the Department pursuant to this chapter. This chapter does not apply to Health Maintenance Organizations, physicians, and other licensed behavioral health and medical professionals in individual or group practice.

6300.6 The Department shall issue one (1) certification for each provider that is valid only for the programs, premises, and Level(s) of Care stated on the certificate. The certificate is the property of the Department and must be returned upon request by the Department.

6300.7 The Department's staff, upon presentation of proper identification, has authority to enter the premises of a certified SUD treatment or recovery program during operating hours to conduct announced or unannounced inspections and investigations.

6300.8 Providers certified as Levels 1 - 3, except Medically Monitored Inpatient Withdrawal Management ("MMIWM"), may also receive a special designation as a program serving parents with children, subject to § 6326 of this chapter.

6300.9 Each certified provider shall comply with all the provisions of this chapter consistent with the scope of the authorized Level of Care.

6301 ELIGIBILITY FOR SUBSTANCE USE DISORDER SERVICES

6301.1 SUD is a chronic relapsing disease characterized by a cluster of cognitive, behavioral, and psychological symptoms indicating that the client continues using the substance despite significant substance-related problems. A diagnosis of SUD requires a client to have had persistent, substance related problem(s) within a twelve (12)-month period in accordance with the most recent version of the American Psychiatric Association's Diagnostic and Statistical Manual ("DSM"). SUD services as described throughout this chapter include both treatment and Recovery Support Services ("RSS").

6301.2 To be eligible for SUD treatment, a client must have received a diagnosis of SUD in accordance with § 6301.1. Eligibility for Medicaid-funded or Department-funded SUD services shall be determined in accordance with § 6301.4.

6301.3 To be eligible for RSS, a client must have an identified need for RSS and:

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

(b) Have completed treatment; or

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

6301.4 A client shall meet the following eligibility requirements in order to receive Medicaid-funded SUD services:

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

(b) Be referred for SUD services by a treatment provider or other intake center authorized by the Department.

(c) Be enrolled in Medicaid, or be eligible for enrollment and have an application pending; or

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

(1) There is an eligibility grace period of ninety (90) calendar days from the date of first service for new enrollees, or from the date of eligibility expiration for enrollees who have a lapse in coverage, until the date the Department of Human Services' Economic Security Administration ("ESA") makes an eligibility or renewal determination.

(2) In the event the client appeals a denial of eligibility or renewal by the ESA, the Director may extend the ninety (90) calendar day eligibility grace period until the appeal has been exhausted. The ninety (90) calendar day eligibility grace period may also be extended at the discretion of the Director for other good cause shown.

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

6301.5 Clients eligible for locally-funded SUD treatment are those individuals who are not eligible for Medicaid or Medicare or are not enrolled in any other third-party insurance program except the D.C. Healthcare Alliance, or who are enrolled in a third-party insurance program that does not cover SUD treatment and who meet the following requirements:

(a) For individuals eighteen (18) years of age and older, live in households with a countable income of less than two hundred percent (200%) of the federal poverty level, and for individuals under eighteen (18) years of age, live in households with a countable income of less than three hundred percent (300%) of the federal poverty level.

(b) A client that does not meet the income limits of § 6301.5(a) above may receive treatment services in accordance with the following requirements:

(1) The client must, within ninety (90) calendar days of enrollment for services, apply to the ESA for certification, which will verify income; and

(2) An individual with income over the limits in paragraph (a) above may receive treatment services in accordance with rates determined by the Department.

6302 SERVICES FOR PEOPLE WITH CO-OCCURRING MENTAL ILLNESSES

6302.1 A provider shall not decline to provide SUD services because of a person's co-occurring mental illness.

6302.2 All SUD treatment providers shall screen each client for SUD and mental illness during the Initial or Comprehensive Diagnostic Assessment.

6302.3 If a client screens positive for a co-occurring mental illness, the SUD treatment provider shall take the following steps in addition to providing SUD treatment:

(a) If certified to provide mental health services, offer the client mental health treatment in addition to SUD treatment with the provider. If the client declines, the provider shall make the appropriate referrals for the client to receive mental health treatment at another qualified provider.

(b) If the provider is not certified to provide mental health services, the provider shall ensure the client is referred to an appropriate mental health provider.

(c) If a client that screens positive for a co-occurring mental illness receives mental health treatment at another provider, the Clinical Care Coordinator shall ensure the Plan of Care and subsequent care and treatment of the client is coordinated with the mental health provider.

6303 PROVIDER CERTIFICATION PROCESS

6303.1 The Department utilizes the certification process to thoroughly evaluate an applicant's capacity to provide high quality SUD services in accordance with this regulation and the needs of the District's behavioral health system. Each applicant seeking certification as a provider shall submit a certification application to the Department. A certified provider seeking renewal of certification shall submit a certification application at least ninety (90) calendar days prior to the termination of its current certification. The certification of a provider that has submitted a timely application for renewal of certification shall continue until the Department renews or denies renewal of the certification application.

6303.2 An applicant may apply for certification for one or more of the following Levels of Care ("LOC"):

(a) Level: Opioid Treatment Program ("OTP");

(b) Level 1: Outpatient;

(c) Level 2.1: Intensive Outpatient;

(d) Level 2.5: Day Treatment;

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

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

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

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

(i) Level-R: RSS.

6303.3 Providers may also be certified to provide one or more of the following specialty services based on their LOC certifications from the Department:

(a) Medication Management;

(b) Adolescent – Community Reinforcement Approach ("ACRA");

(c) Medication Assisted Treatment ("MAT");

(d) Trauma Recovery and Empowerment Model ("TREM"); and

(e) Environmental Stability.

6303.4 All certified providers, except those only certified as Level-R, shall provide all of the following core services according to the requirements of this chapter and the individual needs of the client as outlined in the Plan of Care:

(a) Diagnostic Assessment and Plan of Care;

(b) Clinical Care Coordination ("CCC");

(c) Crisis Intervention;

(d) SUD Counseling/Therapy, including the following:

(1) Individual Counseling/Therapy;

(2) Group Counseling/Therapy;

(3) Family Counseling/Therapy;

(4) Group Counseling – Psychoeducation.

(e) Drug Screening, as follows:

(1) Toxicology Sample Collection;

(2) Breathalyzer Testing.

(f) RSS.

6303.5 Certification shall be considered terminated if the provider:

(a) Fails to submit a complete certification application ninety (90) calendar days prior to the expiration date of the current certification;

(b) Voluntarily relinquishes certification; or

(c) Terminates operations.

6303.6 Upon receipt of a certification application, the Department shall review the certification application to determine whether it is complete. If a certification application is incomplete, the Department shall return the incomplete application to the applicant. An incomplete certification application shall not be regarded as a certification application. The Department shall not take further action to issue certification unless a complete certification application is submitted within ninety (90) calendar days prior to the expiration of the applicant's current certification.

6303.7 Following the Department's acceptance of the certification application, the Department shall determine whether the applicant's facility, services and activities meet the certification standards described in this chapter. The Department shall conduct an on-site survey of the applicant's facility, services, and activities to determine whether the applicant satisfies all the certification standards. The Department shall have access to all records necessary to verify compliance with certification standards and may conduct interviews with staff, others in the community, and clients.

6303.8 The Department may conduct an on-site survey at the time of initial certification or certification renewal, or at any other time during the period of certification.

6303.9 Applicant or provider interference with the on-site survey, or submission of false or misleading information, or lack of candor by the applicant or provider, shall be grounds for an immediate suspension of any prior certification, or denial of a new certification application.

6303.10 A Statement of Deficiency ("SOD") is a written notice to a provider identifying non-compliance with this chapter. The intent of the SOD to is provide existing certified providers with an opportunity to correct minor deficiencies to avoid decertification and disruption of service to existing clients. When utilized, the SOD shall describe the areas of non-compliance, suggest actions needed to bring operations into compliance with the certification standards, and set forth a timeframe of no more than ten (10) business days for the provider's submission of a written Corrective Action Plan ("CAP").

6303.11 The issuance of an SOD is a separate process from the issuance of a Notice of Infraction ("NOI"). NOIs shall be issued promptly upon observation of violations of this chapter, especially when they are recurrent, endanger client or staff health or safety or when there is a failure to comply with core requirements of operating an SUD treatment facility.

6303.12 The Department is not required to utilize the SOD or NOI process. It may immediately deny certification or re-certification or proceed with decertification.

6303.13 A certified provider's CAP shall describe the actions to be taken and specify a timeframe for correcting the areas of non-compliance. The CAP shall be submitted to the Department within ten (10) business days after receipt of the SOD from the Department, or sooner if specified in the SOD.

6303.14 The Department shall notify the certified provider whether the provider's CAP is accepted within ten (10) business days after receipt. In addition to utilizing the SOD process in § 6303.10 during renewal of certification stage, the Director may utilize the same procedures at any other time to address violations of this chapter.

6303.15 The Department may only issue its certification after the Department verifies that certified provider has remediated all of the deficiencies identified in the CAP and meets all the certification standards.

6303.16 The Department may grant full or provisional certification to an SUD applicant after conducting on-site surveys and reviewing application materials, including CAPs. A determination to grant full certification to a provider or program shall be based on the Department's review and validation of the information provided in the application, facility inspection findings, CAPs, and the provider or program's compliance with this chapter.

6303.17 The Department may grant provisional certification to a new provider or program that can demonstrate substantial compliance with this chapter and (a) has not previously held any certification issued by the Department; or (b) is in the process of securing a facility within the District at the time of application.

6303.18 Provisional certification shall not exceed a period of six (6) months and may be renewed only once for an additional period not to exceed ninety (90) calendar days.

6303.19 Full certification as an SUD treatment provider or RSS provider shall be for one (1) calendar year for new applicants and two (2) calendar years for existing providers seeking renewal of certification. Certification shall start from the date of issuance of certification by the Department, subject to the provider's continuous compliance with this chapter. Certification shall remain in effect until it expires, is renewed, or is revoked pursuant to this chapter. The certification shall specify the effective date of the certification, the program(s), level(s) of care, and services that the provider is certified to provide.

6303.20 The provider shall notify the Department within forty-eight (48) hours of any changes in its operation that affect the provider's continued compliance with this chapter, including changes in ownership or control, changes in service, and changes in its affiliation and referral arrangements.

6303.21 Prior to adding an SUD service during the term of certification, the provider shall submit a certification application describing the service. Upon determination by the Department that the provider is in compliance with certification standards, the Department may certify the provider to provide that service. A provider that applies for certification during an open application period as published in the District of Columbia Register may appeal the denial of certification under this subsection by utilizing the procedures contained in § 6305. The Department shall not accept any applications for which a notice of moratorium is published in the District of Columbia Register.

6303.22 In the event that a certification application is under review while a moratorium is put in place, the Department will continue to process the application for a time period of no more than thirty (30) calendar days. If, after thirty (30) calendar days, the application is deemed incomplete, the provider will be granted ten (10) business days to resolve all items of incompletion. Any items not resolved or provided by the due date will result in the incomplete application being returned to the applicant. The Department will take no further action to issue certification. The applicant must then wait until the moratorium is lifted in order to submit any subsequent certification application.

6303.23 Nothing in these rules shall be interpreted to mean that certification is a right or an entitlement. New certification as a provider shall depend upon the Director's assessment of the need for additional providers(s) and availability of funds.

6303.24 Certification shall be limited to the applicant granted the certification and shall be limited to the location and services as indicated on the certificate. Certification is not transferable to any other organization.

6303.25 Written notice of any change in the name or ownership of a program owned by an individual, partnership, or association, or in the legal or beneficial ownership of ten percent (10%) or more of the stock of a corporation that owns or operates the program, shall be given to the Department at least thirty (30) calendar days prior to the change in ownership.

6303.26 The provider shall notify the Department in writing thirty (30) calendar days prior to implementing any of the following operational changes, including all aspects of the operations materially affected by the changes:

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

(b) The proposed addition or deletion of core (§ 6303.4) or specialty (§6303.3) service components, which is anything that would alter or disrupt services

where the client would be impacted by the change, or any change that would affect compliance with this regulation;

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

(d) A proposed change in organizational structure;

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

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

6303.27 Providers shall forward to the Department within thirty (30) calendar days all inspection reports conducted by an oversight body and all corresponding corrective actions taken regarding cited deficiencies.

6303.28 Providers shall immediately report to the Department any criminal allegations involving provider staff.

6303.29 The Department may consider a provider's accreditation by one or more national accrediting bodies as evidence of compliance with one or more certification standards in this chapter.

6304 CERTIFICATION: EXEMPTIONS FROM STANDARDS

6304.1 Upon good cause shown, including but not limited to a conflict between a certification standard and a provider's third-party contract or agreement, the Department may exempt a provider from a certification standard if the exemption does not jeopardize the health and safety of clients, violates a client's rights, or otherwise conflict with the purpose and intent of these rules.

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

6304.3 The Department may at any time revoke an exemption if it that it determines that the exemption may jeopardize the health, safety, or welfare of the clients/consumers served, staff, volunteers, and/or the general public.

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

6305 DENIAL OR DECERTIFICATION PROCESS

6305.1 The Director may deny initial certification if the applicant fails to comply with any certification standard or the application fails to demonstrate the applicant's capacity to deliver high quality SUD services on a sustained and regular basis. Furthermore,

to avoid an over concentration of providers in areas with existing providers and to encourage increased access to underserved areas of the District, the Director may deny certification if the applicant proposes to operate a facility in an area already served by one or more providers. The Department's priority shall be to grant certification to applicants with the demonstrated capacity to deliver high quality SUD services that will address unmet needs of the behavioral health system. While applicants may make minor corrections and substitutions to its application during the certification process, evidence of one or more of the following shall constitute good cause to deny the application for certification when the circumstances demonstrate deliberate misrepresentations, organizational instability, or the lack of preparedness or capacity to meet and sustain compliance with this chapter:

(a) An incomplete application;

(b) False information provided by applicant or contained in an application;

(c) One or more changes to an organizational chart during the application process;

(d) A facility that is inadequate in health, safety, size or configuration to provide SUD services consistent with high quality care and privacy standards;

(e) The lack of demonstrated experience providing SUD services by the applicant's clinical leadership, practitioners, and/or staff;

(f) An applicant's lack of financial resources (e.g., inability to pay all staff, or inability to provide at least ninety (90) days of running capital as dictated by the provider's monthly operating budget, etc.) to carry out its commitments and obligations under this chapter for the foreseeable future;

(g) An applicant's failure to timely respond to the Department's requests for information; and

(h) History of poor performance.

6305.2 Upon written request submitted by the applicant and received by the Department within fifteen (15) business days of the certification denial, the Department shall provide an applicant an impartial administrative review of the decision. The Department shall conduct the administrative review to determine whether the certification denial complied with § 6305.1. Each request for an administrative review shall contain a concise statement of the reason(s) why the certification denial was in error. The Director shall issue a written decision within fifteen (15) business days. The Director's decision is final and not subject to further appeal. An applicant, its principals, and successor in interests shall be prohibited from reapplying for certification for twelve (12) months following the date of the certification denial.

6305.3 The Department shall decertify existing providers who fail to comply with the certification requirements contained in this chapter. Evidence of one or more of the following shall constitute good cause to decertify:

(a) An incomplete recertification application;

(b) False information provided by provider or contained in a recertification application;

(c) High staff turnover where there are two or more changes made to the leadership staff within a certification period, demonstrating organizational instability;

(d) One or more documented violations of the certification standards during the certification period that evidence a provider's lack of capacity to meet and sustain compliance with this chapter;

(e) Claims audit error rate in excess of twenty-five percent (25%);

(f) A provider's lack of financial resources to carry out its commitments and obligations under this chapter for the foreseeable future; evidenced by an inability to all pay staff, or an inability to provide at least ninety (90) days of running capital as dictated by the provider monthly operating budget;

(g) Failure to cooperate with Department investigations or lack of timely response to information requests.

6305.4 Nothing in this chapter requires the Director to issue an SOD prior to decertifying a provider. If the Director finds that there are grounds for decertification, the Director shall issue a written notice of decertification setting forth the factual basis for the decertification, the effective date, and the provider's right to request an administrative review.

6305.5 The provider may request an administrative review from the Director within fifteen (15) business days of the date on the notice of decertification.

6305.6 Each request for an administrative review shall contain a concise statement of the reason(s) why the provider asserts that it should not have had its certification revoked and include any relevant supporting documentation.

6305.7 Each administrative review shall be conducted by the Director and shall be completed within fifteen (15) business days of the receipt of the provider's request.

6305.8 The Director shall issue a written decision and provide a copy to the provider. If the Director denies the appeal and approves the decertification, the provider may request a hearing under the D.C. Administrative Procedure Act, within fifteen (15) business days of the receipt of the Director's written decision. The administrative

hearing shall be limited to the issues raised in the administrative review request. The decertification shall be stayed pending resolution of the hearing.

6305.9 Upon decertification, the provider and its executive leadership shall not be allowed to reapply for certification for a period of two (2) years following the date of the order of revocation. If a provider reapplies for certification, the provider must reapply in accordance with the established certification standards for the type of services provided and show evidence that the grounds for the revocation have been corrected.

6306 NOTICES OF INFRACTION

6306.1 The fine amount for any NOI issued under this chapter shall be as follows:

(a) For the first offense $500.00;

(b) For the second offense $1,000.00;

(c) For the third offense $2,000.00;

(d) For the fourth and subsequent offenses $4,000.00.

6306.2 The administrative procedure for the appeal of an NOI issued under this chapter shall be governed by 16 DCMR §§ 3100 *et seq.*

6307 CLOSURES AND CONTINUITY OF CLIENT CARE

6307.1 A provider shall provide written notification to the Department at least ninety (90) calendar days prior to its impending closure, or immediately upon knowledge of an impending closure less than ninety (90) calendar days in the future. This notification shall include plans for continuity of care and preservation of client records.

6307.2 The Department shall review the continuity of care plan and make recommendations to the provider as needed. The plan should include provision for the referral and transfer of clients, as well as for the provision of relevant treatment information, medications, and information to the new provider. The provider shall incorporate all Department recommendations necessary to ensure a safe and orderly transfer of care.

6307.3 Closure does not absolve a provider from its legal responsibilities regarding the preservation and the storage of client records as described in § 6323 of this chapter and all applicable Federal and District laws and regulations. A provider must take all necessary and appropriate measures to ensure client records are preserved, maintained, and made available to clients upon request after closure of a program.

6307.4 A provider shall be responsible for the execution of its continuity of care plan in coordination with the Department.

6308 GENERAL MANAGEMENT AND ADMINISTRATION STANDARDS

6308.1 Each provider shall be established as a recognized legal entity in the District of Columbia and qualified to conduct business in the District. Evidence of qualification to conduct business includes a certificate of good standing and clean hands, or an equivalent document, issued by the District of Columbia Department of Consumer and Regulatory Affairs (DCRA). Each provider shall maintain the clinical operations, policies, and procedures described in this section. These operations, policies and procedures shall be reviewed and approved by the Department during the certification survey process. Providers certified or accredited by a national body may apply for deemed status. To be considered for deemed status, a prospective provider submitting an application for certification must request "Deemed Status" on the certification application. Providers must also provide a current copy of their national accreditation certificate along with their most recent accreditation report. Deemed Status does not waive the requirement of service specific requirements and/or fiscal responsibility requirements.

6308.2 All providers shall report to the Department in a form and manner prescribed by the Department's policy on major unusual incidents, including but not limited to abuse or neglect of client or any other event that may compromise the health, safety, or welfare of clients.

6308.3 Each provider shall:

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

(b) Participate through a formal agreement with a registered Health Information Exchange ("HIE") entity of the DC Health Information Exchange ("DC HIE"), defined in Chapter 87 of Title 29 DCMR;

(c) Hire personnel with the necessary qualifications to provide SUD treatment and/or RSS to meet the needs of its enrolled clients; and

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

6308.4 Providers shall make services available a minimum five (5) days per week on a regular schedule for at least eight (8) hours per day, in the evening by appointment, and at least once a month on a Saturday for four (4) hours. An independently licensed clinician with the ability to provide and supervise the offered services must be available on-site during regular hours of operation.

6308.5 Each provider shall have a full-time program director with authority and responsibility for the administrative direction and day-to-day operation of the program(s).

6308.6 Each provider shall have a clinical director responsible for the full-time clinical direction and day-to-day delivery of clinical services provided to clients of the

program(s). The clinical director must be a clinician who is licensed to practice independently in the District and supervise other clinical staff.

6308.7 The program director and clinical director shall devote adequate time and authority to perform necessary duties to ensure that service delivery is in compliance with applicable standards set forth in this chapter and in applicable policies issued by the Department. The program director and clinical director shall not be the same individual.

6308.8 Each provider shall establish and adhere to policies and procedures for selecting and hiring staff, including but not limited to requiring:

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

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

(c) Evidence of all required criminal background checks, and for all non-licensed staff members, application of the criminal background check requirements contained in District Official Code §§ 44-551 *et seq*., Unlicensed Personnel Criminal Background Check, as well as child abuse registry checks (for both state of residence and employment);

(d) Evidence of quarterly checks that no individual is excluded from participation in a federally funded health care program as listed on the Department of Health and Human Services' "List of Excluded Individuals/Entities," the General Services Administration's "Excluded Parties List System," or any similar succeeding governmental list; and

(e) Evidence of a negative result on a tuberculosis test or medical clearance related to a positive result.

6308.9 Each provider shall establish and adhere to written job descriptions for all positions, including, at a minimum, the role, responsibilities, reporting relationships, and minimum qualifications for each position. The minimum qualifications established for each position shall be appropriate for the scope of responsibility and clinical practice (if any) described for each position.

6308.10 Each provider shall establish and adhere to policies and procedures requiring a periodic evaluation of clinical and administrative staff performance that requires an assessment of clinical competence (if appropriate), general organizational work requirements, and key functions as described in the job description. The periodic evaluation shall also include an annual individual development plan for each staff member.

6308.11 Each provider shall establish and adhere to a supervision policy to ensure that services are provided according to this chapter and Department policies on supervision and service standards as well as District laws and regulations.

6308.12 Each provider shall establish and adhere to a training policy in accordance with § 6319 of this chapter.

6308.13 Personnel policies and procedures shall apply to all staff and volunteers working for a provider and shall include:

(a) Compliance with Federal and District equal opportunity laws, including the Americans with Disabilities Act and the D.C. Human Rights Act;

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

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

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

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

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

6308.14 Providers shall develop and implement procedures that prohibit the possession, use, or distribution of controlled substances or alcohol, or any combination of them, by staff during their duty hours, unless medically prescribed and used accordingly. Staff possession, use, or distribution of controlled substances or alcohol, or any combination of them, during off duty hours that affects job performance shall also be prohibited. These policies and procedures shall ensure that the provider:

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

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

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

6308.15 Individual personnel records shall be maintained for each person employed by a provider and shall include, at a minimum, the following:

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

(b) Evidence of a negative result on a tuberculosis test or medical clearance related to a positive result;

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

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

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

(f) Documentation that the employee has received all health care worker immunizations recommended by the District of Columbia Department of Health; and

(g) Criminal background checks as required in § 6308.8.

6308.16 All personnel records shall be maintained during the course of an individual's employment with the program and for three (3) years following the individual's separation from the program.

6309 EMPLOYEE CONDUCT

6309.1 All staff shall adhere to ethical standards of behavior in their relationships with clients as follows:

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

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

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

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

6309.2 No staff, including licensed professionals, support personnel, and volunteers, shall engage in sexual activities or sexual contact with clients.

6309.3 No staff, including licensed professionals, support personnel, and volunteers, shall engage in sexual activities or sexual contact with former clients.

6309.4 No staff, including licensed professionals, support personnel, and volunteers, shall engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship.

6309.5 No staff, including licensed professionals, support personnel, and volunteers, shall provide services to individuals with whom they have had a prior sexual or other significant relationship.

6309.6 Staff, including licensed professionals, support personnel, and volunteers, shall only engage in appropriate physical contact with clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

6309.7 No staff, including licensed professionals, support personnel, and volunteers, shall sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

6309.8 No provider or employee of a provider shall be a representative payee for any person receiving services from a treatment or RSS program.

6310 QUALITY IMPROVEMENT

6310.1 Each provider shall establish and adhere to policies and procedures governing quality improvement ("Quality Improvement Policy").

6310.2 The Quality Improvement Policy shall require the provider to adopt a written quality improvement ("QI") plan describing the objectives and scope of its QI program and requiring provider staff, client, and family involvement in the QI program.

6310.3 The Department shall review and approve each provider's QI program at a minimum as part of the certification and renewal of certification process. The QI program shall submit data to the Department upon request.

6310.4 The QI program shall be directed by a coordinator ("QI Coordinator") who has direct access to the Program Director if applicable. In addition to directing the QI program's activities, the QI Coordinator shall also review unusual incidents, deaths, and other sentinel events; monitor and review utilization patterns; and track consumer complaints and grievances. The QI Coordinator shall be one of the following:

(a) Physician;

(b) Psychologist;

(c) Licensed Independent Clinical Social Worker ("LICSW");

(d) Advanced Practice Registered Nurse ("APRN");

(e) Licensed Professional Counselor ("LPC");

(f) Licensed Marriage and Family Therapist ("LMFT");

(g) Registered Nurse ("RN");

(h) Licensed Independent Social Worker ("LISW");

(i) Licensed Graduate Professional Counselor ("LGPC");

(j) Licensed Graduate Social Worker ("LGSW");

(k) Certified Addictions Counselor ("CAC") I or II;

(l) Physician Assistant ("PA"); or

(m) An individual with a Bachelors' Degree and a minimum of two (2) years of relevant, qualifying experience, such as experience in behavioral health care delivery or health care quality improvement initiatives.

6310.5 The QI program shall be operational and shall measure and ensure at least the following:

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

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

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

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

(e) Compliance with all certification standards;

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

(g) Efficient utilization of resources;

(h) Client and family satisfaction with services;

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

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

6310.6 When the provider identifies a significant problem or quality of service issue, the provider shall notify the Department. The provider shall act to correct the problem or improve the effectiveness of service delivery, or both, and shall assess corrective or supportive actions through continued monitoring.

6310.7 Providers certified through Deemed Status or accredited by nationally-recognized bodies may submit their QI program accepted by that body to fulfill the requirements in § 6310.5.

6311 FISCAL MANAGEMENT STANDARDS

6311.1 Applicants or providers that are in financial distress and at risk of imminent closure represent a risk both to the Department's clients and the behavioral health system. The Department shall not certify any applicant or re-certify any provider without evidence that the applicant or provider has sufficient financial resources (e.g., ability to provide at least ninety (90) days of running capital as dictated by the provider's monthly operating budget) to carry out its commitments and obligations under this chapter for the foreseeable future. The provider shall have adequate financial resources to deliver all required services and shall provide documented evidence at the time of certification and renewal of certification that it has adequate resources to operate a SUD program. Documented evidence shall include federal and state tax returns, including Form 990s for non-profit organizations, for the three (3) most recent tax reporting years, and a current financial statement signed and verified by a certified public accountant.

6311.2 A provider shall have fiscal management policies and procedures and keep financial records in accordance with generally accepted accounting principles.

6311.3 A provider shall include adequate internal controls for safeguarding or avoiding misuse of client or organizational funds.

6311.4 A provider shall have a uniform budget of expected revenue and expenses as required by the Department. The budget shall:

(a) Categorize revenue by source;

(b) Categorize expenses by type of service; and

(c) Estimate costs by unit of service.

6311.5 A provider shall have the capacity to determine direct and indirect costs for each type of service provided.

6311.6 A written schedule of rates and charges shall be conspicuously posted and available to staff, clients, and the general public.

6311.7 Fiscal reports shall provide information on the relationship of the budget to actual spending, including revenues and expenses by category and an explanation of the reasons for any substantial variance.

6311.8 Providers shall correct or resolve all adverse audit findings prior to recertification.

6311.9 A provider shall have policies and procedures regarding:

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

(b) Billing;

(c) Controlling accounts receivable;

(d) Handling cash;

(e) Management of client fund accounts;

(f) Arranging credit; and

(g) Applying discounts and write-offs.

6311.10 All business records pertaining to costs, payments received and made, and services provided to clients shall be maintained for a period of ten (10) years or until all audits and ongoing litigations are complete, whichever is longer.

6311.11 All providers must maintain proof of liability insurance coverage, which must include malpractice insurance of at least three million dollars ($3,000,000.00) aggregate and one million dollars ($1,000,000.00) per incident and comprehensive general coverage of at least three million dollars ($3,000,000.00) per incident that covers general liability, vehicular liability, and property damage. The insurance shall include coverage of all personnel, consultants, or volunteers working for the provider.

6311.12 Environmental Stability providers that handle client funds must maintain financial records with separate accounting for each Environmental Stability client's funds.

6311.13 A provider shall ensure that clients employed by the organization are paid in accordance with all applicable laws and regulations governing labor and employment, including those governing minimum wage.

6311.14 All money earned by a client shall accrue to the sole benefit of that individual and be provided to the client or the client's legal representative upon discharge or sooner.

6312 ADMINISTRATIVE PRACTICE ETHICS

6312.1 All providers shall operate in an ethical manner, including but not limited to complying with the provisions of this section. A provider shall not offer or imply to offer services not authorized on the certification issued by the Department.

6312.2 A provider shall not use any advertising that contains false, misleading, or deceptive statements or claims or that contains false or misleading information about fees.

6312.3 A provider shall not offer or imply to offer services not authorized on the certification issued by the Department.

6312.4 A provider shall comply with all Federal and District laws and regulations, including but limited to the False Claims Act, 31 USC §§ 3729-3733, the Anti-Kickback Statute, 42 USC § 1320a-7b, the Physician Self-Referral Law (Stark law), 42 USC § 1395nn, and the Exclusion Statute, 42 USC § 1320a-7.

6312.5 The provider shall keep all employees informed of policy changes that affect performance of duties.

6312.6 The provider must treat all allegations of ethical violations as major unusual incidents.

6312.7 Any research must be conducted in accordance with Federal law.

6313 PROGRAM POLICIES AND PROCEDURES

6313.1 Each program must document the following:

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

(b) Organizational structure;

(c) Leadership structure;

(d) Program relationships;

(e) Staffing;

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

(g) Treatment philosophy and approach;

(h) Services provided;

(i) Characteristics and needs of the population served;

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

(k) Contract services, if any;

(l) Affiliation agreements, if any;

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

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

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

6313.2 Each program shall establish written policies and procedures to ensure each of the following:

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

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

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

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

6313.3 Each program shall develop and document policies and procedures subject to review by the Department related to each of the following:

(a) Program admission and exclusion criteria;

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

(c) Outreach;

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

(e) Volunteer utilization, recruitment, and oversight;

(f) Crisis intervention and medical emergency procedures;

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

(h) Record management procedures in accordance with "Confidentiality of Substance Use Disorder Patient Records" ("42 CFR Part 2"), this chapter, and any other Federal and District laws and regulations regarding the confidentiality of client records;

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

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

(k) Clients' rights;

(l) Addressing and investigating major unusual incidents;

(m) Addressing client grievances;

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

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

6313.4 Gender-specific programs shall ensure that staff of that specific gender is in attendance at all times when clients are present.

6314 EMERGENCY PREPAREDNESS PLAN

6314.1 Each provider shall establish and adhere to a written disaster evacuation and continuity of operations plan in accordance with the Department policy on Disaster Evacuation/Continuity of Operations Plans.

6314.2 A provider shall immediately notify the Department and implement its Continuity of Operations Plan if an imminent health hazard exists because of an emergency such as a fire, flood, extended interruption of electrical or water service, sewage backup, gross unsanitary conditions, or other circumstances that may endanger the health, safety, or welfare of its clients.

6315 FACILITIES MANAGEMENT

6315.1 A provider shall establish and maintain a safe environment for its operation, including adhering to the following provisions:

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

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

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

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

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

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

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

6315.2 Each window that opens shall have a screen.

6315.3 Each rug or carpet in a facility shall be securely fastened to the floor or shall have a non-skid pad.

6315.4 Each hallway, porch, stairway, stairwell, and basement shall be kept free from any obstruction at all times.

6315.5 Each ramp or stairway used by a client shall be equipped with a firmly secured handrail or banister.

6315.6 Each provider shall maintain a clean environment free of infestation and in good physical condition, and each facility shall be appropriately equipped and furnished for the services delivered.

6315.7 Each provider shall properly maintain the outside and yard areas of the premises in a clean and safe condition.

6315.8 Each exterior stairway, landing, and sidewalk used by clients shall be kept free of snow and ice.

6315.9 Each facility shall be located in an area reasonably free from noxious odors, hazardous smoke and fumes, and where interior sounds may be maintained at reasonably comfortable levels.

6315.10 A provider shall take necessary measures to ensure pest control, including:

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

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

6315.11 A provider shall ensure that medical waste is stored, collected, transported, and disposed of in accordance with applicable Federal and District laws, as well as guidelines from the Centers for Disease Control and Prevention ("CDC").

6315.12 Each provider shall ensure that its facilities have comfortable lighting, proper ventilation, and moisture and temperature control. Rooms, including bedrooms and activity rooms below ground level, shall be dry and the temperature shall be maintained within a normal comfort range.

6315.13 Each facility shall have potable water available for each client.

6315.14 No smoking shall be allowed inside a program's facility.

6315.15 Providers' physical design and structure shall be sufficient to accommodate staff, clients, and functions of the program(s), and shall make available the following:

(a) A reception area;

(b) Private areas for individual treatment services;

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

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

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

(2) Windows and doors provide privacy; and

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

6315.16 If activity space is used for purposes not related to the program's mission, the provider shall ensure that:

(a) The quality of services is not reduced;

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

(c) Client confidentiality is protected, as required by 42 CFR Part 2 and other applicable Federal and District laws and regulations.

6315.17 The use of appliances such as cell phones, computers, televisions, radios, CD players, recorders, and other electronic devices shall not interfere with the therapeutic program.

6315.18 Each facility shall maintain an adequately supplied first-aid kit which:

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

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

6315.19 Each provider shall have on-site at each facility a fully functioning automatic external defibrillator ("AED") and shall ensure that all staff are trained in how to use the AED.

6315.20 Each provider shall have on-site at each facility at least one dose of naloxone that is unexpired and shall ensure that all staff are trained in how to administer the naloxone.

6315.21 Each provider shall post emergency numbers near its telephones for fire, police, and poison control, along with contact information and directions to the nearest hospital.

6315.22 A provider shall have an interim plan addressing safety and continued service delivery during construction.

6315.23 If the facility has had work done requiring a DCRA building permit or other related permits such as plumbing or electrical within the twelve (12) months prior to application for initial certification or re-certification, the applicant shall also submit copies of the DCRA permits and post-work inspection approvals during initial certification and re-certification.

6316 MEDICATION STORAGE AND ADMINISTRATION STANDARDS

6316.1 Controlled substances shall be maintained in accordance with applicable Federal and District laws and regulations.

6316.2 An SUD treatment program shall implement written policies and procedures to govern the acquisition, safe storage, prescribing, dispensing, labeling, administration, and the self-administration of medication, including medications clients may bring into the program that shall have a record of the prescribing physician's order or approval prior to the administration or self-administration of

medication.

6316.3 Any prescribed medication brought into a facility by a client shall not be administered or self-administered until the medication is identified and the attending practitioner's written order or approval is documented in the client record.

6316.4 Verbal orders may only be given by the attending practitioner to another physician, PA, APRN, RN, or pharmacist. Verbal orders shall be noted in the client's record as such and countersigned and dated by the prescribing practitioner within twenty-four (24) hours.

6316.5 Medication, both prescription and over-the-counter, brought into a facility must be packaged and labeled in accordance with Federal and District laws and regulations.

6316.6 Medication, both prescription and over-the-counter, brought into a facility by a client that is not approved by the attending practitioner shall be packaged, sealed, stored, and returned to the client upon discharge.

6316.7 The administration of medications, excluding self-administration, shall be permitted only by licensed individuals pursuant to applicable District laws and regulations.

6316.8 Medications shall be administered only in accordance with the prescribing practitioner's order.

6316.9 Only a physician, APRN, RN, or PA shall administer controlled substances or injectable drugs, excluding self-administered drugs.

6316.10 Program staff responsible for supervision of the self-administration of medication shall document consultations with a physician, APRN, RN, pharmacist, or referral to appropriate reference material regarding the action and possible side effects or adverse reactions of each medication under their supervision.

6316.11 As applicable, a program shall provide training to the staff designated to supervise the self-administration of medication. The training shall include but not be limited to the expected action of and adverse reaction to the self-administered medication.

6316.12 Only trained staff shall be responsible for observing the self-administration of medication.

6316.13 Medication administration training shall be facilitated by the following Qualified Practitioners, as led by signature and date on the training certificate:

(a) Physicians;

(b) PAs;

(c) APRNs; or

(d) RNs.

6316.14 A program shall ensure that medication is available to clients as prescribed.

6316.15 A program shall maintain records that track and account for all medication, ensuring the following:

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

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

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

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

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

6316.16 An attending practitioner shall be notified immediately of any medication error or adverse reaction. The staff responsible for the medication error shall complete an incident report, and the practitioner's recommendations and subsequent actions taken by the program shall be documented in the client record.

6316.17 A program shall ensure that all medications, including those that are self-administered, are secured in locked storage areas.

6316.18 The locked medication area shall provide for separation of internal and external medications.

6316.19 A program shall maintain a list of personnel who have access to the locked medication area and, where applicable, are qualified to administer medication.

6316.20 A program shall comply with all Federal and District laws and regulations concerning the acquisition and storage of pharmaceuticals.

6316.21 Each client's medication shall be properly labeled as required by Federal and District laws and regulations, shall be stored in its original container, and shall not be transferred to another container or taken by clients other than the client for whom it was originally prescribed.

6316.22 Medications requiring refrigeration shall be maintained in a separate and secure refrigerator, labeled "FOR MEDICATION ONLY" and shall be maintained at a temperature between thirty-six degrees Fahrenheit (36°F) and forty-six degrees Fahrenheit (46°F). All refrigerators shall have thermometers, which are easily readable, in proper working condition, and accurate within a range of plus or minus two (2°F) degrees Fahrenheit.

6316.23 A program shall conspicuously post in the drug storage area the following information:

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

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

6316.24 A program shall conduct monthly inspections of all drug storage areas to ensure that medications are stored in compliance with Federal and District laws and regulations. The program shall maintain records of these inspections for verification.

6316.25 Where applicable, the program shall implement written policies and procedures for the control of stock pharmaceuticals.

6316.26 The receipt and disposition of stock pharmaceuticals must be accurately documented as follows:

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

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

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

6316.27 A program shall implement written procedures and policies for the disposal of medication.

6316.28 Any medication left by a client at discharge shall be destroyed within thirty (30) calendar days after the client has been discharged, with the exception of Methadone and other controlled substances which must be returned to the point of issue or destroyed in accordance with Federal regulations.

6316.29 The disposal of all medications shall be witnessed and documented by two (2) staff members.

6317 VEHICLE ENVIRONMENTAL AND SAFETY STANDARDS

6317.1 A provider shall implement measures to ensure the safe operation of its transportation service, if applicable. These measures shall include, but are not limited to:

(a) Automobile insurance with adequate liability coverage;

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

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

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

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

6318 FOOD AND NUTRITION STANDARDS

6318.1 The provisions of this section apply to any provider that prepares or serves food.

6318.2 All programs that prepare food shall have a current Certified Food Protection Manager ("CFPM") certification from the District of Columbia Department of Health, and the CFPM must be present whenever food is prepared and served.

6318.3 The provider shall require each CFPM (or a Certified Food Handler ("CFH"), for providers serving food prepared off-site) to monitor any staff members who are not certified as CFPMs (or CFHs) in the storage, handling, and serving of food and in the cleaning and care of equipment used in food preparation in order to maintain sanitary conditions at all times.

6318.4 The kitchen, dining, and food storage areas shall be kept clean, orderly, and protected from contamination.

6318.5 A program providing meals shall maintain a fully equipped and supplied code-compliant kitchen area unless meals are catered by an organization licensed by the District to serve food.

6318.6 A program may share kitchen space with other programs if the accommodations are adequate to perform required meal preparation for all programs using the kitchen.

6318.7 Each food and drink item procured, stored, prepared, or served by the facility shall be clean, free from spoilage, prepared in a manner that is safe for human consumption, and protected from contamination.

6318.8 Dishes, cooking utensils, and eating utensils shall be cleaned after each meal and stored to maintain their sanitary condition.

6318.9 Hot and cold water, soap, and disposable towels shall be provided for hand washing in or adjacent to food preparation areas.

6318.10 Each facility shall maintain adequate dishes, utensils, and cookware in good condition and in sufficient quantity for the facility.

6319 PERSONNEL TRAINING STANDARDS

6319.1 Provider staff shall have annual training that meets the Occupational Safety & Health Administration ("OSHA") regulations that govern behavioral health facilities and any other applicable infection control guidelines, including use of universal precaution and avoiding exposure to hepatitis, tuberculosis, and HIV.

6319.2 An SUD treatment program shall have at least two (2) staff persons, trained and certified by a nationally recognized authority that meets OSHA guidelines for basic first aid and cardiopulmonary resuscitation ("CPR"), present at all times during the hours of operation of the program. An SUD recovery program shall have at least one (1) staff person trained and certified by a recognized authority that meets OSHA guidelines in basic first aid and CPR present at all times during the hours of operation of the program. Programs serving parents with children may have additional requirements related to first aid training, pursuant to § 6326.

6319.3 A provider shall have a current written plan for staff development and organizational onboarding, approved by the Department which reflects the training and performance improvement needs of all employees. The plan must address the steps the organization will take to ensure the recruitment and retention of highly qualified employees and the reinforcement of staff development through training, supervision, the performance management process, and activities such as shadowing, mentoring, skill testing and coaching. The plan must, at a minimum, include culturally competent training and onboarding activities in the following core areas:

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

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

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

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

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

(f) Laws, regulations, and policies governing confidentiality of client information and release of information, including 42 CFR Part 2;

(g) Laws, regulations, and policies governing reporting abuse and neglect;

(h) Client rights; and

(i) Other trainings directed by the Department.

6320 CLIENT RIGHTS AND PRIVILEGES, INCLUDING GRIEVANCES

6320.1 A program shall protect the following rights and privileges of each client:

(a) Right to be admitted and receive services in accordance with the Human Rights Act of 1977, effective December 13, 1977 (D.C. Law 2-38; D.C. Code §§ 2-1401.01 *et seq*.);

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

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

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

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

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

(g) Right to have records kept confidential;

(h) Right to privacy;

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

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

(k) Right to be free of discrimination;

(l) Right to be paid commensurate wages for work performed in compliance with applicable Federal and District laws and regulations;

(m) Right to own personal belongings;

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

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

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

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

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

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

(t) Right to provide feedback on treatment and RSS, including evaluation of providers;

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

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

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

(x) Right to vote.

6320.2 A program shall post conspicuously a statement of client rights, program rules, and grievance procedures. The grievance procedures must inform clients that they may report any violations of their rights to the Department and shall include the telephone numbers of the Department and any other relevant agencies for the purpose of filing complaints.

6320.3 At the time of admission to a program, staff shall explain program rules, client rights, and grievance procedures. Program staff shall document this explanation by including a form, signed by the client and witnessed by the staff person, in the client's record.

6320.4 A program shall develop and implement written grievance procedures to ensure a prompt, impartial review of any alleged or apparent incident of violation of rights

or confidentiality. The procedures shall be consistent with the principles of due process and Department requirements, and shall include but not be limited to:

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

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

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

(d) Cooperating with the Department with any inquiries or investigations related to alleged violations of clients' rights conducted by Department staff.

6320.5 Medicaid beneficiaries are entitled to Notice and Appeal rights pursuant to 29 DCMR § 9508 in cases of intended adverse action such as an action to deny, discontinue, terminate, or change the manner or form of Medicaid-funded SUD services. The Department shall provide local-only beneficiaries the same Notice and Appeal rights as those provided to Medicaid beneficiaries in 29 DCMR § 9508.

6320.6 The provider shall give the client or legal guardian a written statement concerning client's rights and responsibilities ("Client's Rights Statement") in the program. The client or guardian shall sign the statement attesting to his or her understanding of these rights and responsibilities as explained by the staff person who shall witness the client's or guardian's signature. This document shall be placed in the client's record.

6321 CLIENT CHOICE

6321.1 Each provider shall establish and adhere to policies and procedures governing the means by which clients shall be informed of the full choices of providers and how to access these services ("Client Choice Policy").

6321.2 The Department shall review and approve each provider's Client Choice Policy during the certification process.

6321.3 The Client Choice Policy shall comply with applicable Federal and District laws and regulations.

6321.4 Each provider shall:

(a) Make its Client Choice Policy available to consumers and their families; and

(b) Establish and adhere to a system for documenting that clients and families receive the Client Choice Policy.

6321.5 Each providers' Client Choice Policy shall ensure that each client requesting SUD services directly from the provider is informed that the client may choose to have SUD services provided by any of the other certified providers that offer the appropriate LOC for that client.

6322 CLIENT RECORDS MANAGEMENT AND CONFIDENTIALITY

6322.1 A program shall create and maintain an organized record for each client receiving services.

6322.2 All records must be secured in a manner that provides protection from unauthorized disclosure, access, use, or damage in accordance with both Federal and District laws and regulations.

6322.3 All client records shall be kept confidential and shall be handled in compliance with 42 CFR Part 2, and Federal and District laws and regulations regarding the confidentiality of client records.

6322.4 Each provider shall have a designated privacy officer responsible for ensuring compliance with privacy requirements.

6322.5 A program shall ensure that all staff and clients, as part of their orientation, are informed of the privacy requirements.

6322.6 A decision to disclose protected health information ("PHI"), under any provisions of Federal or District laws or regulations that permit such disclosure, shall be made only by the Privacy Officer or his/her designee with appropriately administered consent procedures.

6322.7 A program shall implement policies and procedures for the release of identifying information consistent with Federal and District laws and regulations regarding the confidentiality of client records including 42 CFR Part 2, the District of Columbia Mental Health Information Act, and the Health Insurance Portability and Accountability Act ("HIPAA").

6322.8 In order to facilitate treatment and care coordination, the program shall encourage all enrolled clients to authorize the release of information to other certified providers, primary health care providers, and other health care organizations engaged in treating the client.

6322.9 The program director shall designate a staff member to be responsible for the maintenance and administration of records.

6322.10 A program shall arrange and store records according to a uniform system approved by the Department.

6322.11 A program shall maintain records such that they are readily accessible for use and review by authorized staff and other authorized parties.

6322.12 A program shall organize the content of records so that information can be located easily and so that Department surveys and audits can be conducted with reasonable efficiency.

6323 STORAGE AND RETENTION OF CLIENT RECORDS

6323.1 A provider shall retain client records (either original or accurate reproductions) until all litigation, adverse audit findings, or both, are resolved. If no such conditions exist, a provider shall retain client records for at least ten (10) years after discharge.

6323.2 Records of minors shall be kept for at least ten (10) years after such minor has reached the age of eighteen (18) years.

6323.3 The provider shall establish a Document Retention Schedule with all medical records retained in accordance with Federal and District laws and regulations.

6323.4 If the records of a program are maintained on computer systems, the computer system shall:

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

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

(c) Be secure from inadvertent or unauthorized access to records in accordance with 42 CFR Part 2 and other Federal and District laws and regulations regarding the confidentiality of client records;

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

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

6323.5 A program shall maintain records that safeguard confidentiality in the following manner:

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

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

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

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

(e) Clients shall receive copies of their records as permitted under 42 CFR Part 2;

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

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

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

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

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

6323.6 Any records that are retained off-site must be kept in accordance with this chapter. If an outside vendor is used, the provider must submit the vendor's name, address, and telephone number to the Department.

6324 CLIENT RECORD CONTENTS

6324.1 At a minimum, all client records shall include:

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

(b) The client's consent to SUD services;

(c) The Client's Rights Statement;

(d) Documentation that the client received:

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

(2) Notice of privacy practices and opt-out forms.

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

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

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

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

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

(3) For any prescribed "OTC" medications following admissions, any OTCs by product name, dosage, and strength, as well as date(s) medication was administered, discontinued, or changed.

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

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

(1) The specific service type rendered;

(2) Dated and authenticated entries with their authors identified, that include the duration, and actual time (beginning and ending as well as a.m. or p.m.), during which the services were rendered. To constitute a valid signature, digital signatures must include a date and time stamp contemporaneous with the signature function and must be recorded and readily retrievable in the electronic system's audit log;

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

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

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

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

(7) A description of the client's response to the intervention sufficient to show, particularly in the case of group interventions, their unique participation in the service; and

(8) Provider's observations.

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

(k) Documentation of missed appointments and efforts to contact and reengage the client;

(l) Documentation of any personal articles of the client held by the provider for safekeeping and any statements acknowledging receipt of the property;

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

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

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

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

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

(r) Discharge summary and aftercare plan;

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

(t) Documentation of correspondence including with other medical, community providers, human service, social service, and criminal justice entities as it pertains to a client's treatment and/or recovery; and

(u) Documentation of a client's representative payee or legal guardian, as applicable.

6325 RESIDENTIAL TREATMENT AND RECOVERY PROGRAMS

6325.1 The provisions of this section apply only to residential treatment programs and environmental stability programs, as defined by this chapter.

6325.2 Each residential provider, except providers only offering environmental stability, must obtain a Certificate of Need ("CON"), from the District of Columbia State Health Planning and Development Agency ("SHPDA").

6325.3 The CON must be submitted as part of the certification application packet.

6325.4 Each residential treatment program serving children and youth under eighteen (18) must obtain written approval from the Office of the State Superintendent of Education ("OSSE").

6325.5 Residential treatment and environmental stability providers shall comply with all applicable construction codes and housing codes, and zoning requirements applicable to the facility, including all Certificate of Occupancy, Basic Business License ("BBL"), and Construction Permit requirements.

6325.6 Each newly established residential treatment and environmental stability provider shall provide proof of a satisfactory pre-certification inspection by DCRA for initial certification, dated not more than forty-five (45) calendar days prior to the date of submission to the Department, for District of Columbia Property Maintenance Code (12-G DCMR) and Housing Code (14 DCMR) compliance, including documentation of the inspection date and findings and proof of abatement certified by DCRA of all deficiencies identified during the inspection. This requirement can be met by submission of a Certificate of Occupancy or a BBL dated within the past six (6) months, provided that that applicant can demonstrate that DCRA performed an onsite inspection of the premises.

6325.7 For existing residential treatment and recovery programs that are applying for re-certification, the applicants shall also provide proof of current BBLs.

6325.8 Residential facilities' physical design and structure shall be sufficient to accommodate staff, clients, and functions of the program and shall make available an area(s) for indoor social and recreational activities.

6325.9 A program that provides overnight accommodations shall not operate more beds than the number for which it is authorized by the Department.

6325.10 Other than routine household duties, no client shall be required to perform unpaid work.

6325.11 Upon admission to a residential program, each client shall be provided a copy of the program's house rules.

6325.12 Each residential program shall have house rules consistent with this chapter and that include, at a minimum, rules concerning:

(a) The use of tobacco;

(b) The use of the telephone;

(c) Utilizing, viewing or listening to cell phones, television, radio, computers, CDs, DVDs, or other media such as social media;

(d) Movement of clients in and out of the facility, including a requirement for escorted movements by program staff or another agency-approved escort;

(e) A policy that addresses search and drug testing upon return to the facility; and

(f) The prohibition of sexual relations between staff/volunteers and clients.

6325.13 Each residential program shall be equipped, furnished, and maintained to provide a functional, safe, and comfortable home-like setting.

6325.14 The dining area shall have a sufficient number of tables and chairs to seat all individuals residing in the facility at the same time. Dining chairs shall be sturdy, non-folding, without rollers unless retractable, and designed to minimize tilting.

6325.15 Each residential program shall permit each client to bring reasonable personal possessions, including clothing and personal articles, to the facility unless the provider can demonstrate that it is not practical, feasible or safe.

6325.16 Each residential facility shall provide clients with access to reasonable individual storage space for private use.

6325.17 Upon each client's discharge from a residential program, the provider shall return to the client, or the client's representative, any personal articles of the client held by the provider for safekeeping. The provider shall also ensure that the client is permitted to take all of his or her personal possessions from the facility. The provider may require the client or client's representative to sign a statement acknowledging receipt of the property. A copy of that receipt shall be placed in the client's record.

6325.18 Each residential program shall maintain a separate and accurate record of all funds that the client or the client's representative or representative payee deposits with the provider for safekeeping. This record shall include the signature of the client for each withdrawal and the signature of facility staff for each deposit and disbursement made on behalf of a client.

6325.19 Each residential facility shall be equipped with a functioning landline or mobile telephone for use by clients. The telephone numbers shall be provided to clients and to the Department.

6325.20 Staff bedrooms shall be separate from client bedrooms and all common living areas.

6325.21 Each facility housing a residential program shall have a functioning doorbell or knocker.

6325.22 Each bedroom shall comply with the space and occupancy requirements for habitable rooms in 14 DCMR § 402.

6325.23 The provider shall ensure each client has the following items:

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

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

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

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

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

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

6325.24 Each bed shall be placed at least three (3) feet from any other bed and from any uncovered radiator.

6325.25 Each bedroom shall have direct access to a major corridor and at least one window to the outside, unless the DCRA, or a successor agency responsible for enforcement of the D.C. Housing Code, has determined that it otherwise meets the lighting and ventilation requirements of the D.C. Housing Code for habitable rooms.

6325.26 Each facility housing a residential program shall provide one or more bathrooms for clients that are equipped with the following fixtures, properly installed and maintained in good working condition:

(a) Toilet (water closet);

(b) Sink (lavatory);

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

(d) Grab bars in showers and bathtubs.

6325.27 Each residential facility shall provide at least one (1) bathroom for each six (6) occupants in compliance with 14 DCMR § 602.

6325.28 Each bathroom shall be adequately equipped with the following:

(a) Toilet paper holder and toilet paper;

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

(c) Soap;

(d) Mirror;

(e) Adequate lighting;

(f) Waste receptacle;

(g) Floor mat;

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

(i) Shower curtain or shower door.

6325.29 Each residential provider shall ensure that properly anchored grab bars or handrails are provided near the toilet or other areas of the bathroom, if needed by any resident in the facility.

6325.30 Adequate provision shall be made to ensure each client's privacy and safety in the bathroom.

6325.31 Each residential program shall promote each client's participation and skill development in menu planning, shopping, food storage, and kitchen maintenance, if appropriate.

6325.32 Each residential program shall provide appropriate equipment (including a washing machine and dryer) and supplies on the premises or through a laundry service to ensure sufficient clean linen and the proper sanitary washing and handling of linen and clients' personal clothing.

6325.33 Each program shall ensure that every client has at least three (3) washcloths, two (2) towels, two (2) sheet sets that include pillowcases, a bedspread, a pillow, a blanket, and a mattress cover in good and clean condition.

6325.34 Each blanket, bedspread, and mattress cover shall be cleaned regularly, whenever soiled, and before being transferred from one resident to another.

6325.35 Each piece of bed linen, towel, and washcloth shall be changed and cleaned as often as necessary to maintain cleanliness, provided that all towels and bed linen shall be changed at least once each week.

6325.36 No person who is not a client, staff member, or child of a client (only in the case of programs for parents and children) may reside at a facility that houses a residential treatment program.

6325.37 Providers shall ensure that clients can access all scheduled or emergency medical and dental appointments.

6325.38 Providers serving parents and children must take precautions to ensure child safety, including but not limited to protection for windows, outlets, and stairways.

6325.39 Each facility housing a program that provides services for parents with children shall have extra supplies for babies, including but not limited to diapers, wipes, baby soap, baby food and formula.

6325.40 The following provisions apply only to residential treatment programs, except environmental stability programs, as defined by this chapter:

(a) A program that provides overnight accommodations shall ensure that evening and overnight shifts have at least two (2) staff members on duty.

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

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

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

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

(f) Each residential treatment program shall have a licensed dietitian or nutritionist available, a copy of whose current license shall be maintained on file, to provide the following services:

(1) Review and approval of menus;

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

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

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

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

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

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

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

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

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

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

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

(l) If a client will be away from the program during mealtime for necessary medical care, work, or other scheduled appointments, the program shall provide an appropriate meal and in-between-meal snack for the client to carry with him or her and shall ensure that the meal is nutritious as required by these rules and suited to the special needs of the client.

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

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

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

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

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

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

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

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

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

(1) Provide training in activities of daily living;

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

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

6326 PROGRAMS SERVING PARENTS AND CHILDREN

6326.1 In addition to core requirements and other standards described in this chapter, a program providing SUD treatment services to parents and their children shall comply with the provisions of this section.

6326.2 The provider shall specify in its certification application the age range of the children that will be accepted in the program of parents with children, and ensure that it satisfies Federal and District laws and regulations governing care for children including those listed in this section.

6326.3 The Department will include in the program certification a designation as a program serving parents with children, and specify the age range of children that may be accepted when the parents are admitted into the program.

6326.4 Programs shall ensure that children are supervised at all times. Programs shall ensure that parents designate an alternate caretaker who is not in the program to care for the children in case of emergency.

6326.5 Programs serving parents and young children (ages zero [0] to five [5]) shall also serve pregnant women.

6326.6 Programs shall ensure all parents and children are connected to a primary care provider and any other needed specialized medical provider and shall facilitate medical appointments and treatment for parents and children in the program.

6326.7 Programs shall ensure that childcare/daycare is available for children, provided while the parent participates in treatment services either directly or through contractual or other affiliation.

6326.8 A program that directly operates a child development facility shall be licensed in accordance with District laws and regulations.

6326.9 Programs that serve parents with children shall ensure that school-age children are in regular attendance at a public, independent, private, or parochial school, or in private instruction in accordance with District laws and regulations, and support the parent's engagement with the child's school.

6326.10 Programs that serve parents with school-age children shall ensure that children have access to tutoring programs.

6326.11 Before a parent and child can be admitted to a program serving parents and children, the program shall ensure that it has a copy of the child's current immunization records, which must be up to date. A sixty (60) calendar day grace period will be provided to a parent(s) or child experiencing homelessness.

6326.12 Programs that serve parents with children shall record information about the children residing in or attending the program who are not formally admitted for treatment, including but not limited to the following, as applicable:

(a) Individualized education plans ("IEPs");

(b) Report cards;

(c) Health records; and

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

6326.13 Programs shall develop policies and procedures for determining the need to formally admit or refer a child.

6326.14 A program that is also certified to treat children and youth shall establish a separate record for each child when a clinical determination is made to formally admit the child.

6326.15 An individualized Plan of Care shall be developed for any child who is formally admitted to the program.

6326.16 The program shall obtain informed consent consistent with District law and regulations prior to rendering services.

6326.17 Service delivery and program administration staff shall demonstrate experience and training in addressing the needs of parents and children.

6326.18 All services delivery staff shall receive periodic training regarding therapeutic issues relevant to parents and children. At least two (2) times per year, the program shall provide or arrange training on each of the following topics:

(a) Child development; and

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

6326.19 Service delivery staff shall maintain current training in first aid and CPR for infants and children.

6326.20 Programs shall ensure that an annual medical evaluation is performed for each parent and child.

6326.21 Programs shall ensure that recommendations by a physician or APRN are followed.

6327 PROVIDER REQUIREMENTS FOR OPIOID TREATMENT PROGRAMS

6327.1 In accordance with 42 CFR Part 8, Certification of Opioid Treatment Programs ("OTPs"), all OTPs must be certified by the U.S. Substance Abuse and Mental Health Services Administration ("SAMHSA"), the Drug Enforcement Administration ("DEA"), and accredited by a national accreditation body that has been approved by SAMHSA.

6327.2 OTPs shall comply with Federal requirements for opioid treatment, as specified in 42 CFR Part 8, and shall comply with Federal and District laws and regulations for maintaining controlled substances as specified in Chapter 10, Title 22-B DCMR and 21 CFR Part 1300, respectively.

6327.3 OTPs shall submit to the Department photocopies of all applications, reports, and notifications required by Federal laws and regulations.

6327.4 OTPs shall ensure the following:

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

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

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

(1) Name of substance;

(2) Strength of substance;

(3) Date of reconstitution or preparation;

(4) Manufacturer and lot number;

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

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

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

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

(2) Physician's name;

(3) Client's name;

(4) Directions for ingestion;

(5) Name of medication;

(6) Dosage in milligrams;

(7) Date issued; and

(8) Cautionary labels, as appropriate.

6327.5 Containers of drugs shall be kept covered and stored in the appropriate locked safe, with access limited by an electronic alarm system that conforms to the DEA requirements and District laws and regulations.

6327.6 The Department shall be notified of any theft, suspected theft, or any significant loss of controlled substances, including spillage. Copies of DEA forms 106 and 41 shall be submitted to the Department.

6328 LEVELS OF CARE: GENERAL REQUIREMENTS

6328.1 All individuals seeking SUD services must be assessed and referred to a particular LOC in accordance with the Department-approved assessment tool(s) and ASAM criteria.

6328.2 Each provider shall ensure that the client receives treatment in accordance with ASAM criteria and this chapter.

6328.3 Each provider shall ensure that all staff comply with all Federal and District laws and regulations pertaining to scope of practice, licensing requirements, and supervision requirements.

6328.4 All treatment shall be:

(a) Person-centered;

(b) Provided only if determined to be medically necessary in accordance with the Plan of Care; and

(c) Provided as part of organized or structured treatment services.

6328.5 Prior to transitioning to a new LOC, at a minimum, an Ongoing Diagnostic Assessment must be performed to ensure that the client is appropriate for the new LOC.

6328.6 The Clinical Care Coordinator shall ensure appropriate client referrals, authorizations, and transitions to new LOCs.

6328.7 A certified provider shall not deny admission for services to an otherwise qualified client because that person is receiving Medication-Assisted Treatment ("MAT") services, even if the MAT services are provided by a different provider.

6328.8 All providers shall offer all Food and Drug Administration ("FDA") approved forms of MAT to any client who meets the criteria for and selects MAT as part of their Plan of Care, in accordance with certification under this chapter or other Federal and District laws and regulations. If a provider is not certified to offer the client's choice of medication in accordance with this chapter or under any other Federal and District laws and regulations, then the provider shall refer the client to another provider able to offer MAT that meets the client's needs.

6329 PROVIDER REQUIREMENT: INTAKE AND ASSESSMENT

6329.1 Intake and Assessment is a not a LOC but a core responsibility of all certified treatment providers. All certified treatment providers, with the exception of those certified at Level R only, shall provide an initial health screening and intake and assessment in accordance with this chapter. The intake and assessment shall include the following:

(a) Presenting problem;

(b) Substance use history;

(c) Immediate risks related to serious intoxication or withdrawal;

(d) Immediate risks for self-harm, suicide and violence;

(e) Past and present mental disorders, including posttraumatic stress disorder and other anxiety disorders, mood disorders, and eating disorders;

(f) Past and present history of violence and trauma, including sexual victimization and interpersonal violence;

(g) Legal history, including whether a client is court-ordered to treatment or under the supervision of the Department of Corrections;

(h) Employment and housing status;

(i) Once assessed, the provider shall refer the client to the appropriate LOC as outlined by ASAM. The client has a choice about which provider will provide services at that LOC. If the client does not select the provider that conducted the initial assessment as the place to receive services, the provider shall make a referral, seek authorization of services, and arrange transportation to the chosen provider if the client selects same day services. The provider shall have a policy and procedure that clearly outlines an intake process and an emergency intake process, including a procedure to refer individuals who are not clinically appropriate for its program.

6329.2 All treatment providers shall provide the following services:

(a) Initial Assessment (if the client does not remain with assessing provider);

(b) SUD Counseling/Therapy;

(c) Crisis Intervention;

(d) Ongoing or Comprehensive Diagnostic Assessment (if the client remains at assessing provider);

(e) Drug Screening;

(f) CCC; and

(g) RSS.

6329.3 Treatment providers shall ensure appropriate staff is on duty to assess clients for acute withdrawal symptoms and to provide medical triage. Providers shall have

proper infrastructure to conduct testing and screening and proper storage for testing kits.

6329.4 Medical triage is the process of determining the priority of a client's treatment needs via the following activities:

(a) Obtaining general medical history including co-occurring medical concerns; assessing medical stability and providing clearance for treatment;

(b) Checking vital signs including blood pressure, blood glucose, temperature, pulse, etc.;

(c) Assessing any urgent or emergent medical concerns and addressing as appropriate including but not limited to calling and engaging 911;

(d) Assessing for withdrawal symptoms/need for detox;

(e) Conducting medication review to ensure that medications match bottle name and identified medical concern including physical health and psychiatric medications;

(f) Screening and assessing for emergent psychiatric concerns; determining current degree of mental health treatment;

(g) Urine pregnancy testing for all women of childbearing age and referral for pre-natal care if pregnant and has no provider;

(h) Conducting tuberculosis screens;

(i) Collecting urine for screening;

(j) Using ASAM criteria to make recommendations for medically necessary and clinically appropriate treatment;

(k) Collaborating with counselors regarding appropriate level of care; initiating the Treatment Assignment Protocol;

(l) Linking all clients that test positive to medical services via a warm transition; and

(m) Maintaining an updated list of HIV medical providers in the District.

6329.5 Providers shall screen all clients for RSS.

6329.6 Providers shall obtain client's informed consent to treatment consistent with District laws and regulations.

6330 LEVEL OF CARE: OPIOID TREATMENT PROGRAM

6330.1 Opioid Treatment Programs ("OTPs") provide Medication Assisted Treatment ("MAT") for clients that have an SUD that could be appropriately treated in accordance with Federal regulations.

6330.2 MAT is the combination of any FDA-approved medication with behavioral therapies to treat SUD. A client who receives medication to treat SUD must also receive SUD Counseling/Therapy. Use of this service should be in accordance with ASAM criteria and practice guidelines issued by the Department.

6330.3 OTPs shall ensure that clients seeking MAT services are informed that there are multiple medications approved to treat SUD and provide written informed consent to the specific medication selected by the client. If the medication the client chooses is unavailable at that OTP, the provider must refer the client to another provider that offers the selected medication. No client under eighteen (18) years of age may be admitted to an OTP unless a parent or legal guardian consents in writing to such treatment.

6330.4 MAT may be administered on an in-office basis or as take-home regimen. Whether in-office or take-home, MAT administrations include the unit of medication and therapeutic guidance. For clients receiving a take-home regimen, therapeutic guidance must include additional guidance related to storage and self-administration. OTPs must comply with all Federal and District laws and regulations concerning MAT.

6330.5 The provision of MAT to treat SUD must be accompanied by a clinically appropriate array of SUD treatment services that include:

(a) Diagnostic Assessment and Plan of Care in accordance with § 6339;

(b) SUD Counseling/Therapy in accordance with § 6342;

(c) CCC in accordance with § 6340;

(d) Drug Screening in accordance with § 6343 and including at least eight (8) random drug screens per year, per client;

(e) Crisis Intervention in accordance with § 6341; and

(f) RSS in accordance with § 6344.

6330.6 Providers shall have medical staff (physician, PA, APRN, or RN) on duty during all clinic hours. A physician shall be available on-call during all clinic hours, if not present on site.

6330.7 An OTP shall provide a mechanism to address a client's medical or psychiatric emergencies occurring outside of program hours of operation, including an

emergency system to obtain dosage levels and other pertinent client information, twenty-four (24) hour a day, seven (7) days a week. The OTP shall provide every client an identification card that identifies the pharmacotherapy being administered through the OTP. The card shall include the provider's emergency contact information so that appropriate clinical information and dosing information can be obtained in an emergency.

6330.8 A physician shall evaluate the client a minimum of once per month for the first year that a client receives MAT and a minimum of every six (6) months thereafter, in coordination with the Plan of Care and as needed.

6330.9 An OTP shall require that each client undergo a complete, fully documented physical evaluation prior to prescribing or renewing a prescription for MAT. If no physical is available within the past twelve (12) months, the provider shall ensure the full medical examination is completed within fourteen (14) days of admission to the OTP.

6330.10 An OTP shall provide counseling on preventing exposure to, and the transmission of, HIV for each client admitted or readmitted to the program.

6331 LEVEL OF CARE 1: OUTPATIENT

6331.1 Level 1 Outpatient providers shall have the capacity to provide up to eight (8) hours of SUD treatment services per week, per client, in accordance with this section and medical necessity based on ASAM criteria. Level 1 Outpatient is the appropriate LOC for individuals who are assessed as meeting the ASAM criteria for Level 1 and:

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

(b) Are transitioning from a higher LOC;

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

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

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

6331.2 Level 1 Outpatient providers may also be certified in the specialty service of Adolescent-Community Reinforcement Approach ("ACRA") in accordance with § 6347 of this chapter for services to youth and young adults with co-occurring substance use and mental health disorders ages twelve (12) to twenty-one (21) for youth providers and twenty-two (22) to twenty-four (24) for adult providers.

6331.3 Level 1 Outpatient treatment duration varies with the severity of the patient's SUD and their response to treatment but generally lasts up to one hundred and eighty

(180) days for an initial authorization. Level 1 treatment can continue long-term in accordance with the Plan of Care, for clients needing long-term disease management.

6331.4 Level 1 Outpatient services are determined by a Diagnostic Assessment, performed in accordance with § 6339.

6331.5 Unless clinically inappropriate or a client does not consent, all providers shall adhere to the service requirements for this LOC.

6331.6 Level 1 Outpatient shall include the following mix of services in accordance with the client's Plan of Care and this chapter (unless the client is receiving ACRA services in which case SUD Counseling/Therapy and CCC shall be provided in accordance with § 6347):

(a) Diagnostic Assessment and Plan of Care in accordance with § 6339.

(b) SUD Counseling/Therapy in accordance with § 6342;

(c) CCC in accordance with § 6340;

(d) Drug Screening in accordance with § 6343;

(e) Crisis Intervention in accordance with § 6341; and

(f) RSS in accordance with § 6344.

6332 LEVEL OF CARE 2.1: INTENSIVE OUTPATIENT PROGRAM (IOP)

6332.1 Level 2.1 Intensive Outpatient Program (IOP) providers shall have the capacity to provide between nine (9) and nineteen (19) hours of a mixture of SUD treatment services per week for adults and between six (6) and nineteen (19) hours of treatment services per week for adolescents in accordance with this section and medical necessity based on ASAM criteria. IOP is the appropriate LOC for clients who are assessed as meeting the ASAM criteria for Level 2.1 and:

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

(b) Are transitioning from a different LOC; or

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

6332.2 Unless clinically inappropriate or a client does not consent, all providers shall adhere to the service requirements for this LOC.

6332.3 Level 2.1 IOP includes the following mix of core services, in accordance with the client's Plan of Care:

(a) Diagnostic Assessment and Plan of Care in accordance with § 6339;

(b) SUD Counseling/Therapy in accordance with § 6342;

(c) CCC in accordance with § 6340;

(d) Drug Screening in accordance with § 6343;

(e) Crisis Intervention in accordance with § 6341; and

(f) RSS in accordance with § 6344.

6333 LEVEL OF CARE 2.5: DAY TREATMENT

6333.1 Level 2.5 Day Treatment providers shall have the capacity to provide a minimum of twenty (20) hours of a mixture of SUD treatment services per week, per client, in accordance with this section and medical necessity based on ASAM criteria. Day Treatment is the appropriate LOC for clients who are assessed as meeting the ASAM criteria for Level 2.5 and:

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

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

6333.2 Unless clinically inappropriate or a client does not consent, all providers shall adhere to the service requirements for this LOC.

6333.3 Level 2.5 Day Treatment includes the following mix of core services as indicated on the Plan of Care and in accordance with this chapter:

(a) Diagnostic Assessment and Plan of Care in accordance with § 6339;

(b) SUD Counseling/Therapy in accordance with § 6342;

(c) CCC in accordance with § 6340;

(d) Drug Screening in accordance with § 6343;

(e) Crisis Intervention in accordance with § 6341; and

(f) RSS in accordance with § 6344.

6334 LEVEL OF CARE 3.1: CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL

6334.1 Level 3.1 Clinically Managed Low-Intensity Residential providers shall have the capacity to provide a minimum of five (5) hours of a mixture of SUD treatment services per week, per client, in accordance with this section and medical necessity based on ASAM criteria. Level 3.1 providers must be staffed with independently licensed clinicians who are competent to treat SUD and mental illness. A physician

must be available on-site or by telephone twenty-four (24) hours a day, seven (7) days a week. Level 3.1 Clinically Managed Low-Intensity Residential is the appropriate LOC for clients who are assessed as meeting the ASAM criteria for Level 3.1 and:

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

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

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

(d) Who meet the ASAM criteria for Level 3.1, or its equivalent, as approved by the Department; and

(e) Who are capable of self-care but are not ready to return to family or independent living.

6334.2 Unless clinically inappropriate or a client does not consent, all providers shall adhere to the minimum service requirements for this LOC.

6334.3 Level 3.1 Clinically Managed Low-Intensity Residential includes the following mix of core and specialty services, as indicated on the Plan of Care and in accordance with this chapter:

(a) Diagnostic Assessment and Plan of Care in accordance with § 6339;

(b) SUD Counseling/Therapy in accordance with § 6342;

(c) CCC in accordance with § 6340;

(d) Drug Screening in accordance with § 6343;

(e) Crisis Intervention in accordance with § 6341;

(f) Medication Management in accordance with § 6345; and

(g) RSS in accordance with § 6344.

6334.4 The provider shall conduct discharge planning shall for all clients discharged from Level 3.1. Discharge planning criteria shall include at least the following activities prior to discharge from a Level 3.1 program:

(a) A review of the client's behavioral health, social, and physical needs;

(b) Completion of referrals to appropriate community services providers, to address the client's identified needs;

(c) If the client desires, the provider shall arrange for appointments with community providers which shall be made as soon as possible after discharge; and

(d) Each client shall be given the opportunity to participate in the development of his or her discharge plan, including selecting appropriate community providers. With the consent of the client, and when clinically appropriate, reasonable attempts shall be made to contact family members for their participation in the discharge planning process. No client or family member shall be required to agree to a discharge. A provider shall make a notation in the client's record if any objection is raised to the discharge plan.

6335 LEVEL OF CARE 3.3: CLINICALLY MANAGED POPULATION-SPECIFIC HIGH-INTENSITY RESIDENTIAL

6335.1 Level 3.3 Clinically Managed Population-Specific High-Intensity Residential providers shall have the capacity to provide a minimum of twenty (20) hours of mixture of SUD treatment services per week, per client, in accordance with this section and medical necessity based on ASAM criteria. Level 3.3 providers must be staffed with physicians, PA or APRN and qualified practitioners able to deliver the necessary mixture of SUD services. One or more clinicians must be available on-site or by telephone twenty-four (24) hours a day, seven (7) days a week. Level 3.3 Clinically Managed Population-Specific High-Intensity Residential is the appropriate LOC for clients who are assessed as meeting the ASAM criteria for Level 3.3 and:

(a) Need a stable supportive living environment to support their treatment or recovery;

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

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

6335.2 Unless clinically inappropriate or a client does not consent, all providers shall adhere to the minimum service requirements for this LOC.

6335.3 Level 3.3 Clinically Managed Population-Specific High-Intensity Residential includes the following mix of services, as indicated on the Plan of Care and in accordance with this chapter:

(a) Diagnostic Assessment and Plan of Care in accordance with § 6339;

(b) SUD Counseling/Therapy in accordance with § 6342;

(c) CCC in accordance with § 6340;

(d) Drug Screening in accordance with § 6343;

(e) Crisis Intervention in accordance with § 6341;

(f) Medication Management in accordance with § 6345; and

(g) RSS in accordance with § 6344.

6335.4 The provider shall conduct discharge planning for all clients discharged from Level 3.3. Discharge planning criteria shall include at least the following activities prior to discharge from a Level 3.3 program:

(a) A review of the client's behavioral health, social, and physical needs;

(b) Completion of referrals to appropriate community services providers to address the client's identified needs;

(c) If the client desires, the provider shall arrange for appointments with community providers which shall be made as soon as possible after discharge; and

(d) Each client shall be given the opportunity to participate in the development of his or her discharge plan, including selecting appropriate community providers. With the consent of the client, and when clinically appropriate, reasonable attempts shall be made to contact family members for their participation in the discharge planning process. No client or family member shall be required to agree to a discharge. A provider shall make a notation in the client's record if any objection is raised to the discharge plan.

6336 LEVEL OF CARE 3.5: CLINICALLY MANAGED HIGH-INTENSITY RESIDENTIAL (ADULT)/ CLINICALLY MANAGED MEDIUM-INTENSITY RESIDENTIAL (YOUTH)

6336.1 Level 3.5 Clinically Managed High-Intensity Residential/Clinically Managed Medium-Intensity Residential providers shall have the capacity to provide a minimum of twenty-five (25) hours of a mixture of SUD treatment services per week, per client, in accordance with this section and medical necessity based on ASAM criteria. One or more clinicians must be available on-site or by telephone twenty-four (24) hours a day, seven (7) days a week. Level 3.5 is the appropriate LOC for clients who are assessed as meeting the ASAM criteria for Level 3.5, need a twenty-four (24) hour supportive treatment environment to initiate or continue their recovery process, and:

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

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

6336.2 Unless clinically inappropriate or a client does not consent, all providers shall adhere to the minimum service requirements for this LOC.

6336.3 Level 3.5 includes the following mix of services, as indicated on the Plan of Care and in accordance with this chapter:

(a) Assessment and Plan of Care in accordance with § 6339;

(b) SUD Counseling/Therapy in accordance with § 6342;

(c) CCC in accordance with § 6340;

(d) Drug Screening in accordance with § 6343;

(e) Crisis Intervention in accordance with § 6341;

(f) Medication Management in accordance with § 6345; and

(g) RSS in accordance with § 6344.

6336.4 Discharge planning shall be conducted for all clients discharged from Level 3.5. Discharge planning criteria shall include at least the following activities prior to discharge from a Level 3.5 program:

(a) A review of the client's behavioral health, social, and physical needs;

(b) Completion of referrals to appropriate community services providers to address the client's identified needs;

(c) If the client desires, the provider shall arrange for appointments with community providers which shall be made as soon as possible after discharge; and

(d) Each client shall be given the opportunity to participate in the development of his or her discharge plan, including selecting appropriate community providers. With the consent of the client, and when clinically appropriate, reasonable attempts shall be made to contact family members for their participation in the discharge planning process. No client or family member shall be required to agree to a discharge. A provider shall make a notation in the client's record if any objection is raised to the discharge plan.

6337 LEVEL OF CARE 3.7-WM: MEDICALLY MONITORED INPATIENT WITHDRAWAL MANAGEMENT (MMIWM)

6337.1 MMIWM is twenty-four (24) hour, medically directed evaluation and withdrawal management service. This service is for clients with sufficiently severe signs and symptoms of withdrawal from psychoactive substances who require medical monitoring and nursing care, but for whom hospitalization is not indicated.

6337.2 MMIWM shall include the following services in accordance with ASAM criteria, as clinically appropriate:

(a) Medication Management in accordance with § 6345;

(b) CCC in accordance with § 6340;

(c) Medication Assisted Treatment in accordance with § 6346;

(d) Drug Screening in accordance with § 6343;

(e) Crisis Intervention in accordance with § 6341;

(f) RSS, in accordance with § 6344, which must be billed separately;

(g) SUD Counseling/Therapy, in accordance with § 6342, which must be billed separately; and

(h) Comprehensive Diagnostic Assessment, in accordance with § 6339, which must be billed separately.

6337.3 Discharge planning shall be conducted for all clients discharged from MMIWM. Discharge planning criteria shall include at least the following activities prior to discharge from a MMIWM program:

(a) A review of the client's behavioral health, social, and physical needs;

(b) Completion of referrals to appropriate community services providers, including additional residential treatment, to address the client's identified needs;

(c) If the client desires, the provider shall arrange for appointments with community providers which shall be made as soon as possible after discharge; and

(d) Each client shall be given the opportunity to participate in the development of his or her discharge plan, including selecting appropriate community providers. With the consent of the client, and when clinically appropriate, reasonable attempts shall be made to contact family members for their participation in the discharge planning process. No client or family member shall be required to agree to a discharge. A provider shall make a notation in the client's record if any objection is raised to the discharge plan.

6337.4 MMIWM providers shall have a physician on staff that is able to respond within one (1) hour of notification.

6337.5 MMIWM providers shall have medical staff (physician, PA, APRN, or RN) on duty twenty-four (24) hours per day, seven (7) days per week providing directed

evaluation, care, and treatment in an inpatient setting. Medical staff shall have a client-to-staff ratio of 12-to-1 during daytime operating hours, a 17-to-1 ratio during evening hours, and a 25-to-1 ratio during the night shift.

6337.6 A withdrawal management service Level 3.7 provider shall offer twenty-four (24) hour medically supervised evaluation and withdrawal management.

6337.7 MMIWM shall have psychiatric services available on-site, through consultation or referral as medically necessary according the client's needs for treatment and recovery.

6337.8 MMIWM shall have psychosocial and medical services delivered by appropriate staff in accordance with § 6337.4, who can administer withdrawal management services to a client by: (1) monitoring the decreasing amount of alcohol and toxic agents in the body; (2) managing the withdrawal symptoms; and (3) motivating the client to participate in an appropriate treatment program for alcohol or other drug dependence.

6337.9 Qualified practitioners of MMIWM are:

(a) Physicians;

(b) Psychologists;

(c) PAs;

(d) RNs;

(e) LICSWs;

(f) LISWs;

(g) LGSWs;

(h) APRNs;

(i) LPCs;

(j) LMFTs; or

(k) CACs I or II.

6338 LEVEL OF CARE-R: RECOVERY SUPPORT SERVICES

6338.1 RSS covers the provision of non-clinical services for clients in treatment or in need of supportive services to maintain their recovery.

6338.2 RSS providers shall provide the following core RSS:

(a) Recovery Support Evaluation; and

(b) RSS.

6338.3 RSS providers may provide the following specialty services, in accordance with their certification:

(a) Environmental Stability.

6338.4 RSS are for clients who have an identified need for RSS and:

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

(b) Have completed treatment; or

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

6338.5 If a client is assessed as needing treatment and is not currently enrolled in treatment, he or she must be referred to an SUD provider for treatment in addition to receiving RSS.

6338.6 The duration of Level-R RSS varies but lasts as long as needed, with a reassessment every one hundred and eighty (180) calendar days.

6338.7 RSS are determined by a Recovery Support Evaluation, performed in accordance with § 6349 of this chapter.

6338.8 Unless clinically inappropriate or a client does not consent, all providers shall adhere to the minimum service requirements for this LOC.

6338.9 Each recovery program must have a recovery program manager who is responsible for overseeing all services provided within the recovery program.

6338.10 Each recovery program must have a comprehensive curriculum for its RSS that has been approved by the Department.

6339 CORE SERVICE: DIAGNOSTIC ASSESSMENT AND PLAN OF CARE

6339.1 Diagnostic Assessment and Plan of Care services include two distinct actions: (1) the assessment and diagnosis of the client, and (2) the development of the Plan of Care. A Diagnostic Assessment and Plan of Care Service may be (1) Comprehensive or (2) Ongoing.

6339.2 The Diagnostic Assessment portion of this service includes the evaluation and ongoing collection of relevant information about a client to determine or confirm an SUD diagnosis and the appropriate LOC. The assessment shall serve as the basis for the formation of the Plan of Care, which establishes medical necessity and is

designed to help the client achieve and sustain recovery. The assessment instrument shall incorporate ASAM criteria.

6339.3 All assessment services must include a Plan of Care, including the development of or an update to a Plan of Care and necessary referrals. Updates to the Plan of Care shall occur, at a minimum:

(a) Every one hundred and eighty (180) days for all clients in OTP and Level 1 programs;

(b) Every sixty (60) days for clients in Level 2.1 programs;

(c) Every thirty (30) days for clients in Level 2.5 programs;

(d) Every ninety (90) days for clients in Level 3.1 or 3.3 programs;

(e) Every twenty-eight (28) days for clients in Level 3.5 programs; and

(f) Every five (5) days for clients in Level 3.7 programs.

6339.4 Providers shall use a tool(s) approved by the Department for both the Diagnostic Assessment and Plan of Care.

6339.5 Diagnostic Assessment and Plan of Care services shall be provided in certified SUD treatment programs or community settings.

6339.6 The Plan of Care shall be person-centered and include the following elements:

(a) Overall broad, long-term goal statement(s) that captures the client's and/or family's short- and long-term goals for the future, ideally written in first-person language. This shall include the client's self-identified recovery goals;

(b) List or statement of individual or family strengths that support goal(s) accomplishment. These include abilities, talents, accomplishments, and resources;

(c) List or statement of barriers that pose obstacles to the client's and/or family's ability to accomplish the stated goal(s). These include symptoms, functional impairments, lack of resources, consequences of behavioral health issues, and other challenges;

(d) Statement of objectives that identify the short-term client and/or family changes in behavior, function, or status that can help overcome the identified barriers and are building blocks toward the eventual accomplishment of the long-term goal(s). Objective statements describe outcomes that are measurable and include individualized target dates to be accomplished within the scope of the plan;

(e) Intervention statements that describe the treatment and recovery services to be utilized to reduce or eliminate the barriers identified in the plan and support objective and eventual goal(s) accomplishment. Interventions are specific to each objective and the client's and/or family's stage of change. Intervention statements identify who will deliver the service, what will be delivered, when it will be delivered, and the purpose of the intervention. Natural support interventions should also be included in the plan and include those non-billable supports delivered by resources outside of the formal behavioral health service-delivery system. When appropriate and applicable, EBP shall be incorporated into the intervention statement;

(f) Provide for the delivery of services in the least restrictive environment that is appropriate for the client;

(g) The client or legal guardian's signature on the plan (if the client refuses to sign the Plan of Care, the Clinical Care Coordinator shall document the reason(s) in the Plan of Care); and

(h) Signatures of all interdisciplinary team members participating in the development of the Plan of Care. A Plan of Care is valid when electronically signed and dated by an independently licensed clinician working within the scope of their license.

(i) For individuals receiving only RSS services, their Plan of Care shall be signed by those Qualified Practitioners described in §6344.11.

6339.7 For clients who are determined appropriate for an outpatient level of care (outpatient OTP, Level 1, Level 2.1, and Level 2.5) and who meet the eligibility requirements described in §§ 6301.4 or 6301.5, the outpatient provider delivering such services shall, as a part of the development or updating of the Plan of Care, comply with the requirements set forth in 22-A DCMR Chapter 37 regarding:

(a) Assessment of the client for interest in, potentially eligibility for, and referral to SUD Supported Employment services, and

(b) Integration of Employment Specialists into the SUD provider's treatment team.

6339.8 Qualified Practitioners of Comprehensive or Ongoing Diagnostic Assessments are:

(a) Physicians;

(b) Psychologists;

(c) LICSWs;

(d) LGPCs (providers not operating under an HCA);

(e) LGSWs;

(f) LISWs;

(g) LPCs;

(h) LMFTs;

(i) APRNs;

(j) CAC II;

(k) CAC I; or

(l) RNs.

6339.9 An Initial Assessment/Diagnostic and Plan of Care service ("Initial Assessment") is a behavioral health assessment that (1) identifies the client's need for SUD treatment, (2) determines the appropriate LOC of SUD treatment, and (3) initiates the course of treatment. The following provisions apply to an Initial Assessment:

(a) The provider shall use and complete an assessment tool approved by the Department that meets the ASAM biopsychosocial requirements. The assessment should result in identification of the necessary LOC and an appropriate provider referral, documented in the designated electronic record format.

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

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

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

(e) A treatment provider will complete an Initial Assessment and refer the client to the appropriate LOC or treat the client 1) if the client is found appropriate for the LOC available at that provider, and 2) the client chooses to receive services at that provider.

6339.10 A Comprehensive Diagnostic Assessment is a behavioral health assessment that collects, compiles, and integrates sufficiently detailed information to successfully guide level of care decisions, the place of care process, and the provision of services.

6339.11 Providers shall ensure appropriate staff (physician, PA, APRN, or RN) is available to assess clients for acute withdrawal symptoms and provide medical triage. Providers shall use a Department-approved assessment tool to determine the need for withdrawal management. Providers shall have infrastructure to conduct health testing and screening as appropriate, and storage for testing kits. If the provider does not have the infrastructure or medical personnel on their staff the provider shall enter into an affiliation agreement or contract with a medical provider for these services, or show the Department documentation that they are part of an integrated care setting that offers the services.

6339.12 The following provisions apply to the Comprehensive Diagnostic Assessment:

(a) When a client enters his or her first LOC within a treatment episode, the provider shall perform a Comprehensive Diagnostic Assessment to determine their treatment and recovery needs, unless a Comprehensive Diagnostic Assessment completed within the last sixty (60) days is available to the treating provider; in that case, an ongoing assessment may be completed. A Comprehensive Diagnostic Assessment consists of a biopsychosocial assessment and the development of a Plan of Care. ASAM biopsychosocial elements include, but are not limited to:

(1) History of the presenting episode;

(2) Family history;

(3) Developmental history;

(4) Alcohol, tobacco, other drug use, addictive behavior history;

(5) Personal/social history;

(6) Legal history;

(7) Psychiatric history;

(8) Medical history;

(9) Spiritual history;

(10) Review of systems;

(11) Mental status examination;

(12) Medical triage;

(13) Formulation and diagnosis;

(14) Survey of assets, vulnerabilities, and supports;

(15) Treatment recommendations; and

(16) Health screenings/testing including:

(A) HIV;

(B) Hepatitis;

(C) Tuberculosis (if referred for residential and detox); and

(D) Pregnancy (If applicable).

(b) A Comprehensive Diagnostic Assessment shall include the use of a Department-approved assessment tool and a detailed diagnostic formulation. The Comprehensive Diagnostic Assessment will document the client's strengths, resources, mental status, identified problems, current symptoms as outlined in the DSM, and RSS needs. The Comprehensive Diagnostic Assessment will also confirm the client's scores on the ASAM criteria and confirm that the assigned LOC is most applicable to the client's needs. The diagnostic formulation shall include presenting symptoms for the previous twelve (12) months, including mental and physical health symptoms, degree of severity, functional status, and differential diagnosis. This information forms the basis for the development of the individualized person-centered Plan of Care as defined in § 6339.

(c) A Comprehensive Diagnostic Assessment must be performed in-person by an interdisciplinary team consisting of the client and at least one Qualified Practitioner allowed to diagnose in accordance with their license.

(d) The approval of the Plan of Care is demonstrated by the electronic signature and date stamp of an independently licensed Qualified Practitioner. A completed Plan of Care is required to establish medical necessity.

(e) A Comprehensive Diagnostic Assessment and Plan of Care must be completed within seven (7) calendar days of the client's admission to a provider. Providers at Level 3.7-MMIWM must complete a Comprehensive Diagnostic Assessment within forty-eight (48) hours of the client's admission, or prior to discharge or transfer to another LOC, whichever comes first.

(f) Within twenty-four (24) hours of the client's admission at a new LOC, during the period prior to the completion of the Comprehensive Diagnostic Assessment, the provider shall review the client's prior Department-approved Diagnostic Assessment to assist with developing a Plan of Care.

(g) The Plan of Care (valid for seven (7) calendar days) will validate treatment until the Comprehensive Diagnostic Assessment is completed. A Qualified Practitioner as listed in § 6339 shall develop the Plan of Care. A

Comprehensive Diagnostic Assessment and Plan of Care shall include client understanding and agreement, documented by the client's signature, for consent to treatment, assessment, provider choice, client bill of rights, and release of information.

6339.13 Ongoing Diagnostic Assessment and Plan of Care occurs at regularly scheduled intervals depending on the LOC. The following provisions apply to ongoing assessments:

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

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

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

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

(e) The Ongoing Diagnostic Assessment can be used for a review and documentation of a client's physical and mental status for acute changes that require an immediate response, such as a determination of a need for immediate hospitalization.

(f) The Clinical Care Coordinator shall determine the frequency of Ongoing Diagnostic Assessments and Plan of Care services.

(g) An Ongoing Diagnostic Assessment and Plan of Care must be completed in-person with the client and at least one Qualified Practitioner with the license and capability to develop a diagnosis.

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

6340 CORE SERVICE: CLINICAL CARE COORDINATION

6340.1 The CCC service adopts a "whole-person" approach to address the client's needs related to physical health, behavioral health, and social determinants of health. CCC involves coordination of care between the behavioral health clinician and the clinical personnel of an external provider (e.g., primary care, another behavioral health provider, hospital).

6340.2 CCC occurs when the practitioner, through direct face-to-face contact, video-conferencing, or telephone, communicates treatment needs, assessments, and treatment information to external health care providers and facilitates appropriate linkages with other health care professionals, including transitions into or from higher levels of care or institutional settings. CCC also includes treatment planning and plan of care implementation activities that are separate from the diagnostic assessment service, when the clinician and client are meeting face-to-face or through video-conference.

6340.3 The Clinical Care Coordinator is responsible for ensuring that the client is at the appropriate LOC. If the client fails to make progress or has met all of their treatment goals, the Clinical Care Coordinator shall ensure timely assessment and transfer to a more appropriate LOC.

6340.4 The CCC service must be documented in an encounter note that indicates the intended purpose of that particular service, the actions taken, and the result(s) achieved.

6340.5 CCC shall be provided in certified SUD treatment programs or community settings.

6340.6 Qualified Practitioners of CCC are:

(a) Physicians;

(b) Psychologists;

(c) LICSWs;

(d) LGSWs;

(e) APRNs;

(f) RNs;

(g) LISWs;

(h) LPCs;

(i) LMFTs; and

(j) LGPCs (providers not operating under an HCA).

6341 CORE SERVICE: CRISIS INTERVENTION

6341.1 Crisis Intervention is an immediate short-term treatment intervention, which assists a client to resolve an acute personal crisis that significantly jeopardizes the client's treatment, recovery progress, health, or safety. Crisis Intervention does not necessarily lead to a change in LOC or a change to the Plan of Care; however, if a change is needed, this service may be followed by an Ongoing Diagnostic Assessment.

6341.2 Crisis Intervention is a service available at all levels of care and can be provided to any client in treatment, even if the service is not included on the Plan of Care.

6341.3 Crisis Intervention services must be documented using an encounter note that explains the crisis and the response.

6341.4 Crisis Intervention services shall be provided in certified SUD treatment programs or community settings.

6341.5 Qualified Practitioners of Crisis Intervention are:

(a) Physicians;

(b) Psychologists;

(c) LICSWs;

(d) LGSWs;

(e) APRNs;

(f) RNs;

(g) LISWs;

(h) LPCs;

(i) LGPCs (providers not operating under an HCA);

(j) LMFTs; or

(k) CACs I or II.

6342 CORE SERVICE: SUBSTANCE USE DISORDER COUNSELING/THERAPY

6342.1 SUD Counseling/Therapy includes Individual, Family, and Group, and enhanced with Group-Psychoeducation Counseling.

6342.2 SUD Counseling/Therapy shall be provided in certified SUD treatment programs or community settings.

6342.3 Individual SUD Counseling/Therapy is a face-to-face service for symptom and behavior management, development, restoration, or enhancement of adaptive behaviors and skills, and enhancement or maintenance of daily living skills to facilitate long-term recovery.

6342.4 Individual SUD Counseling/Therapy addresses the specific issues identified in the Plan of Care. Individual counseling/therapy:

(a) Shall be documented in an encounter note; and

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

6342.5 Qualified Practitioners of Individual SUD Counseling/Therapy are:

(a) Physicians;

(b) Psychologists;

(c) LICSWs;

(d) LGSWs:

(e) APRNs;

(f) LISWs;

(g) LPCs;

(h) LGPCs (providers not operating under an HCA);

(i) LMFTs; or

(j) CACs I or II.

6342.6 Group Counseling/Therapy includes Cognitive Behavioral Groups, Support Groups, and Interpersonal Process Groups. Cognitive Behavioral Groups have a trained facilitator utilizing a specific therapeutic model to alter thoughts and actions that lead to substance use. Support Groups uplift members and provide a forum to share pragmatic information about managing day to day life. Interpersonal Process Groups delve into major developmental issues that contribute to SUD or interfere with recovery.

6342.7 The following provisions apply to Group SUD Counseling:

(a) Group SUD Counseling/Therapy addresses the specific issues identified in the Plan of Care;

(b) The focus of the group SUD Counseling/Therapy session shall be driven by the participants;

(c) A maximum of fifteen (15) individuals may participate in a single group SUD counseling/therapy session; and

(d) Group SUD Counseling/Therapy shall not be billed during recreational activities.

6342.8 Qualified Practitioners of Group SUD/Counseling/Therapy are:

(a) Physicians;

(b) Psychologists;

(c) LICSWs;

(d) LGSWs;

(e) APRNs;

(f) LISWs;

(g) LPCs;

(h) LGPCs (providers not operating under an HCA);

(i) LMFTs; or

(j) CACs I or II.

6342.9 Group SUD Counseling-Psychoeducation promotes help-seeking and supportive behaviors by working in partnership with clients to impart current information and facilitate group discussion through lecture, audio-visual presentations, handouts, etc. This service assists with developing coping skills that support recovery and encourage problem-solving strategies for managing issues posed by SUDs, and presents structured, group specific content taught by a trained facilitator. This service should also provide education about HIV, STDs, and other infectious diseases, though clients are not required to have one of these diseases to receive this education. Psychoeducational groups provide information designed to have a direct application to clients' lives that include but are not limited to developing self-awareness, suggesting options for growth and change, identifying community resources that can assist clients in recovery, developing an understanding of the

process of recovery, and encouraging clients to take action on their own behalf toward recovery.

6342.10 Group Counseling-Psychoeducation requires the following:

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

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

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

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

6342.11 Qualified Practitioners of Group Counseling Psychoeducation are:

(a) Physicians;

(b) Psychologists;

(c) LICSWs;

(d) LGSWs;

(e) APRNs;

(f) LISWs;

(g) LPCs;

(h) LGPCs (providers not operating under an HCA);

(i) LMFTs; or

(j) CAC Is or IIs.

6342.12 Family Counseling/Therapy is a planned, goal-oriented therapeutic interaction between a Qualified Practitioner and the client's family, with or without the client present. The aim of Family Counseling/Therapy is to improve the client's functioning with his or her family and to cultivate the awareness, skills, and supports to facilitate long term recovery. Family Counseling/Therapy must address specific issues identified in the Plan of Care. The following provisions apply to Family Counseling/Therapy:

(a) Family Counseling/Therapy shall be documented using an encounter note; if the client is not present for the service, the note must explain how the session benefits the client;

(b) A service encounter note documenting Family Counseling/Therapy shall clearly state the relationship of the participant(s) to the client; and

(c) Family Counseling/Therapy participants other than the client must meet the definition of "family member" in § 6351.

6342.13 Qualified Practitioners of Family Counseling/Therapy are:

(a) Physicians;

(b) Psychologists;

(c) LICSWs;

(d) LGSWs;

(e) APRNs;

(f) LISWs;

(g) LPCs;

(h) LGPCs (providers not operating under an HCA);

(i) LMFTs; or

(j) CAC Is and IIs.

6343 CORE SERVICE: DRUG SCREENING

6343.1 Drug Screening consists of toxicology sample collection and breathalyzer and urine testing to determine and detect the use of alcohol and other drugs.

6343.2 Providers must have their own drug screening policy.

6343.3 Toxicology sample collection involves the collection of biological specimens for drug analysis. The following provisions apply to toxicology sample collection:

(a) The handling of biological specimens requires a chain of custody in accordance with Federal and District laws and regulations from the point of collection throughout the analysis process to ensure the integrity of the specimen;

(b) Toxicology sample collection shall be conducted to verify abstinence or use of substances to inform treatment;

(c) Toxicology sample collection shall include an in-person encounter with the client;

(d) Documentation of the toxicology sample collection service requires an encounter note, laboratory request, and recorded laboratory results from an approved laboratory;

(e) Chain of custody for the toxicology specimen must be observed and documented in accordance with Federal and District laws and regulations; and

(f) Individuals collecting the samples must be properly trained to do so.

6343.4 Breathalyzer testing is the collection and documentation of valid breath specimens for alcohol analysis in accordance with Department standards. A Breathalyzer is conducted to test for blood alcohol content to inform treatment for a client. The following provisions apply to Breathalyzer services:

(a) Breathalyzer testing requires an in-person collection of the sample;

(b) Breathalyzer testing must be documented with an encounter note and recorded results;

(c) The chain of custody must be kept in accordance with District guidelines; and

(d) Individuals collecting the samples must be properly trained.

6344 CORE SERVICE: RECOVERY SUPPORT

6344.1 RSS are strength-based supports for those with addictions and those in recovery from SUD. These services are provided to assist clients with implementation of their recovery plan through direct contact interventions provided to an individual or a group of individuals.

6344.2 RSS activities facilitate implementation of the Plan of Care and administrative facilitation of the client's service needs, including but not limited to:

(a) Scheduling and tracking appointments;

(b) Facilitating transportation,

(c) Collecting information about the client's progress;

(d) Goal setting and monitoring;

(e) Making referrals;

(f) Assisting with linkages;

(g) Assisting with the completion of benefits, housing or financial forms;

(h) Assisting clients with strategy development and coping skills;

(i) Providing clients with encouragement and emotional support; and

(j) Providing education around social skill development and drug free social activities, life skills, relapse prevention, employment preparation, money management, health and wellness, and family reunification.

6344.3 In addition to the activities listed in § 6344.2, RSS-HIV entails providing clients access to testing and referrals for HIV and infectious diseases and linkage of services with medical care or specialty services related to an infectious disease. A client does not need to be diagnosed with an infectious disease to receive this service.

6344.4 Additional key service functions of RSS include:

(a) Attending interdisciplinary team meetings for Diagnostic Assessment services;

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

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

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

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

(f) Participating in discharge planning.

6344.5 Each RSS must be documented using an encounter note that is sufficient to justify the time and service provided.

6344.6 RSS shall be provided in certified SUD treatment programs or community settings.

6344.7 The duration of RSS varies but lasts as long as needed, with a reassessment every one hundred and eighty (180) days according to the client's recovery goals.

6344.8 The need for RSS is determined by the completion of a Diagnostic Assessment service or a Recovery Support Evaluation and shall be authorized in the client's Plan of Care.

6344.9 Each RSS program must have a program manager who is responsible for overseeing all services provided within the program.

6344.10 Each RSS program shall have a comprehensive curriculum that has been approved by the Department.

6344.11 Qualified Practitioners of RSS are:

(a) Recovery Coach;

(b) Certified Peer Specialist;

(c) An individual with at least a GED or high school diploma, two (2) years of relevant, qualifying full-time-equivalent experience in human service delivery who demonstrates skills in developing positive and productive community relationship, and the ability to negotiate complex service systems to obtain needed services and resources for individuals; or

(d) Any practitioner qualified to provide SUD Counseling/Therapy pursuant to § 6342.

6345 SPECIALTY SERVICE: MEDICATION MANAGEMENT

6345.1 Medication Management shall include the coordination and evaluation of medications consumed by clients, monitoring potential side effects, drug interactions, compliance with doses, and efficacy of medications.

6345.2 Medication Management also includes the evaluation of a client's need for Medication Assisted Treatment ("MAT"), the provision of prescriptions, and ongoing medical monitoring/evaluation related to the use of psychoactive drugs.

6345.3 Medication Management is used to inform treatment and to assist with withdrawal management, as clinically appropriate.

6345.4 All providers certified as MMIWM or at any of the Level 3 certifications shall also be certified to provide Medication Management.

6345.5 Medication Management requires in-person interaction with the client and may not be conducted at the same or overlapping times as any other service.

6345.6 The Qualified Practitioner performing the Medication Management service or the Clinical Care Coordinator, if not the same individual, must coordinate with the client's primary care practitioner unless the client's record documents that the client refused to provide consent for the coordination.

6345.7 Documentation of Medication Management shall include an encounter note and appropriately completed medication fields in the record, if applicable.

6345.8 Medication Management shall be provided in certified SUD treatment programs or community settings.

6345.9 Qualified Practitioners of Medication Management are:

(a) Physicians;

(b) APRN;

(c) RNs;

(d) LPNs; or

(e) PAs.

6346 SPECIALTY SERVICE: MEDICATION ASSISTED TREATMENT

6346.1 MAT is the combination of FDA approved medication with behavioral therapies to treat SUD. A client who receives medication to treat SUD must also receive SUD Counseling/Therapy. Use of this service should be in accordance with ASAM criteria and practice guidelines issued by the Department.

6346.2 Clients appropriate for MAT must have an SUD that could be appropriately treated in accordance with Federal regulations.

6346.3 OTPs must ensure that individuals receiving MAT understand and provide written informed consent to the specific medication administered. No client under age eighteen (18) may be admitted to an OTP unless a parent or legal guardian consents in writing to such treatment.

6346.4 MAT may be administered on an in-office basis or as take-home regimen. Both MAT administrations include the unit of medication and therapeutic guidance. For clients receiving a take-home regimen, therapeutic guidance must include additional guidance related to storage and self-administration. OTPs must comply with all Federal and District laws and regulations concerning MAT.

6346.5 Therapeutic guidance provided during MAT shall include:

(a) Safeguarding medications;

(b) Possible side-effects and interaction with other medications;

(c) Impact of missing doses;

(d) Monitoring for withdrawal symptoms and other adverse reactions; and

(e) Appearance of medication and method of ingestion.

6346.6 The provision of MAT must be accompanied by a clinically appropriate array of SUD treatment services in accordance with § 6330 that include SUD Counseling/Therapy.

6346.7 A physician must evaluate the client a minimum of once per month for the first year that a client receives MAT and a minimum of every six (6) months thereafter, in coordination with the Plan of Care and as needed.

6346.8 Documentation for this service must include medication log updates and an encounter note for each visit, which captures the therapeutic guidance provided.

6346.9 Qualified Practitioners of MAT are:

(a) Physicians;

(b) APRNs;

(c) PAs;

(d) RNs; or

(e) LPNs.

6347 SPECIALTY SERVICE: ADOLESCENT — COMMUNITY REINFORCEMENT APPROACH

6347.1 Adolescent – Community Reinforcement Approach ("ACRA") is a specialty service that is provided in conjunction with Level 1 or Level 2.1 Outpatient treatment as a more targeted approach to treatment for youth and young adults, ages twelve (12) to twenty-four (24) years old with co-occurring mental health and SUD. ACRA services include approximately ten (10) individual sessions with the adolescent, two (2) individualized sessions with the caregiver and two (2) sessions with the adolescent and caregiver together in accordance with the procedures outlined in the ACRA evidence-based practice certification model.

6347.2 The provider must have the following ACRA-certified staff for each ACRA team:

(a) A clinical supervisor, with ACRA clinical supervisor certification, who is also a Master's-level qualified practitioner; and

(b) One (1) to four (4) clinicians with ACRA clinician certification who are either Master's-level qualified practitioners or Bachelor's-level qualified practitioners with at least five (5) years' experience working with behaviorally-challenged youth.

6347.3 ACRA practitioners must comply with the supervision, taping, feedback and coaching requirements of the ACRA certification.

6347.4 A minimum of four units of ACRA services should be provided once per week. Level 1 or 2.1 services shall be provided as clinically appropriate.

6347.5 ACRA generally lasts up to six (6) months with the first three (3) months of services provided in the office setting and the last three (3) months of service provided in the home or community setting, based on the client's needs and progress.

6347.6 Qualified Practitioners of ACRA are:

(a) Physicians;

(b) Psychologists;

(c) LICSWs;

(d) LGSWs;

(e) APRNs;

(f) RNs;

(g) LISWs;

(h) LPCs;

(i) LGPCs (providers not operating under an HCA);

(j) LMFTs; or

(k) CACs I and II.

6348 SPECIALTY SERVICE: TRAUMA RECOVERY AND EMPOWERMENT MODEL

6348.1 Trauma Recovery and Empowerment Model ("TREM") is a structured group therapy intervention designed for clients who have survived trauma and have substance use disorders and/or mental health conditions. TREM draws on cognitive restructuring, skills training, and psychoeducational and peer support to address recovery and healing from sexual, physical, and emotional abuse.

6348.2 A curriculum for each model outlines the topic of discussion, a rationale, a set of goals, and a series of questions to be posed to the group in addition to an experiential exercise for each session. The components are:

(a) Therapy sessions focused on empowerment, self-comfort, and accurate self-monitoring, as well as ways to establish safe physical and emotional boundaries;

(b) Therapy sessions focused on the trauma experience and its consequences; and

(c) Therapy sessions focused on skills building, including emphases on communication style, decision-making, regulating overwhelming feelings, and establishing safer, more reciprocal relationships.

6348.3 Each TREM group is population specific and on average consists of eighteen (18) to twenty-four (24) sessions, with each session at least seventy-five (75) minutes in duration. Population-specific groups include:

(a) TREM for women;

(b) TREM for men;

(c) TREM for girls twelve (12) to eighteen (18) years of age;

(d) TREM for boys twelve (12) to under eighteen (18) years of age; or

(e) TREM for individuals who are lesbian, gay, bisexual, transgender, or questioning (groups for either individuals under eighteen (18) or individuals eighteen (18) years of age and over).

6348.4 Due to the sensitive nature of the discussions, TREM requires at least two (2) facilitators to be assigned to every group to ensure the safety and continuity of the group. At least one (1) facilitator must be a qualified practitioner licensed to practice independently. A team approach is required to: address situations that may arise within the group; decrease burnout; provide continuity if one facilitator is absent; and to lend additional therapeutic support to the group. Qualified practitioners working as facilitators must have completed Department-approved, population-specific TREM training.

6348.5 Qualified Practitioners of TREM are:

(a) Psychiatrists;

(b) Psychologists;

(c) LICSWs;

(d) APRNs;

(e) LMFTs;

(f) LPCs;

(g) LISWs;

(h) LGSWs;

(i) LGPCs; or

(j) Psychology Associates.

6348.6 Recovery Coaches, Certified Peer Specialists, and CACs I and II who have successfully completed a TREM group and Department-approved TREM training shall be authorized to support TREM services under the supervision of the two group facilitators.

6348.7 TREM shall be provided at the SUD treatment provider's site or in a residential facility of sixteen (16) beds or less unless otherwise stated by the Department.

6349 RECOVERY SUPPORT – EVALUATION, ALCOHOL OR DRUG ASSESSMENT

6349.1 A Recovery Support Evaluation is a process used to evaluate and document a client's individual recovery support service needs, develop a comprehensive individual Recovery Support Plan, and monitor client progress on achievement of goals and objectives every one hundred and eighty (180) days.

6349.2 The purpose of the Recovery Support Evaluation is to identify domains that require support, using a Department-approved recovery support assessment tool, and to develop a Recovery Support Plan.

6349.3 Recovery Support Evaluation requires an in-person encounter with the client and must be performed by staff trained to use the recovery support assessment tool.

6349.4 Required elements of a Recovery Support Evaluation include the completion of a Department-approved recovery support assessment tool and Recovery Support Plan.

6349.5 Providers must document completion and client signatures for: consents, completion of the recovery support assessment tool and Recovery Support Plan, client bill of rights, and release of information.

6349.6 A Recovery Support Evaluation shall take at least forty (40) minutes to complete.

6349.7 A maximum of two (2) occurrences of Recovery Support Evaluation are allowed every six (6) months. Additional Recovery Support Evaluations require approval from the Department.

6349.8 The Clinical Care Coordinator is responsible for ensuring coordination if a client is receiving treatment and recovery services from different providers. A client receiving treatment and recovery services from different providers may receive Initial, Comprehensive, or Ongoing Assessment and a separate Recovery Support Evaluation as clinically indicated.

6349.9 A client receiving treatment and recovery services from the same provider shall not require a separate Recovery Support Evaluation or Recovery Support Plan.

6349.10 A Recovery Support Evaluation shall be provided in certified SUD treatment programs or community settings.

6349.11 Qualified Practitioners of Recovery Support Evaluation are:

(a) A Recovery Coach;

(b) A Certified Peer Specialist;

(c) An individual with at least a bachelor's degree from an accredited college or university in social work, counseling, psychology, or closely related field and training or relevant experience in substance use; or

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

6350 ENVIRONMENTAL STABILITY, SUPPORTED HOUSING

6350.1 The Environmental Stability service provides a structured and stable living environment and recovery support system that includes recovery housing for up to six (6) months. The objective of Environmental Stability is to prepare the client for independent living upon completion of the Environmental Stability Service.

6350.2 Eligible clients for this service must:

(a) Be drug- and alcohol-free (with the exception of prescribed medication) for thirty (30) days prior to admission;

(b) Maintain sobriety throughout the program;

(c) Be age eighteen (18) or older and in recovery from a diagnosed SUD;

(d) Be employed, be receiving alternate income, or be participating in a structured training class or workforce-development program or a combination of both training and employment as deemed clinically appropriate;

(e) Deposit thirty percent (30%) of net income into the client's escrow account for the purposes of post-environmental-stability independent living;

(f) Be enrolled and active in other certified RSS; and

(g) Be prior authorized by the Department.

6350.3 The Environmental Stability provider shall comply with the Department's drug testing policy.

6350.4 Each Environmental Stability facility shall be for a single parent with a child or children.

6350.5 Environmental Stability providers must comply with the applicable of provisions of § 6325 of this chapter governing residential recovery programs.

6350.6 No Environmental Stability program shall use a name on the exterior of the building or display any logo that distinguishes the facility from any other residence in the neighborhood.

6399 DEFINITIONS

6399.1 **Admission** – Entry into the SUD treatment or recovery support services program after completion of Initial Diagnostic Assessment and a determination that an individual is eligible for the program.

Advanced Practice Registered Nurse ("APRN") – A person licensed or authorized to practice as an advanced practice registered nurse pursuant to the District of Columbia Health Occupations Revisions Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)), and who has demonstrated proficiency in SUD treatment, as evidenced by specialized training or a minimum of 5 years of experience in SUD care delivery.

Affiliation Agreement – A legal agreement between a provider and another entity that describes how they will work together to benefit clients.

Aftercare Plan – A plan developed with a client and their treatment team to identify goals and action steps the client can use to move forward with their recovery once they leave treatment services.

Alternate Income – Supplemental Security Income (SSI), unemployment insurance, child support, non-SSI social security, pensions and retirement income, and veterans' benefits.

Applicant – A program that has applied to the Department for certification as an SUD treatment or recovery program.

Assessment – A process that gathers information and engages with the client to enable the provider to determine the presence or absence of a co-occurring disorder.

Certification – The process of establishing that the standards described in this chapter are met; or approval from the Department indicating that an

applicant has successfully complied with all requirements for the operation of a substance use disorder treatment or recovery program in the District.

Certified Addiction Counselor ("CAC") – A person certified to provide SUD counseling services in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)). A CAC may be certified as a CAC I or CAC II and is supervised in accordance with Title 17 DCMR § 8715.

Certified Peer Specialist – An individual who has completed the Peer Specialists Certification Program requirements and is approved to deliver Peer Support Services within the District's public behavioral health network.

Child Development Facility – A center, home, or other structure that provides care, supervision, and guidance for children up to fifteen (15) years of age on a regular basis, regardless of its designated name. A Child Development Facility does not include a public or private elementary or secondary school engaged in legally required educational and related functions.

Client – A person admitted to an SUD treatment or recovery program and is assessed to need SUD treatment services or recovery support services.

Clinical Care Coordination – Coordination of care between the behavioral health clinician and the clinical personnel of an external provider (*e.g.*, primary care, another behavioral health provider, or hospital).

Clinical Care Coordinator – A licensed or certified Qualified Practitioner who has the overall responsibility for the development and implementation of the client's Plan of Care, is responsible for identification, coordination, and monitoring of non-SUD-treatment clinical services, and is identified in the client's Plan of Care.

Clinical Staff – Staff who are licensed, certified, or registered by the District Department of Health, Health Regulation and Licensing Administration.

Communicable Disease – Any disease as defined in Title 22-B, § 201 of the District of Columbia Municipal Regulations.

Continuity of Care Plan – A plan that provides for the ongoing care of clients in the event that a certified provider is no longer able to provide adequate care.

Co-Occurring Disorders – The presence of concurrent diagnoses of substance use disorder and a mental illness.

Core Service – All of the following services that shall be provided by all treatment providers under this chapter: Diagnostic Assessment and Plan of Care,

Clinical Care Coordination, Crisis Intervention, SUD Counseling/Therapy, Drug Screening, and RSS.

Crisis – An event that significantly jeopardizes the client's treatment, recovery progress, health, or safety.

Department – The District of Columbia Department of Behavioral Health.

Director – The Director of the District of Columbia Department of Behavioral Health.

Discharge – The time when a client's active involvement with a provider is terminated.

Discharge Planning – Activities with or on behalf of an individual to arrange for appropriate follow-up care to sustain recovery after being discharged from a program, including educating the individual on how to access or reinitiate additional services, as needed.

District – The District of Columbia.

Drug – Substances that have the likelihood or potential to be misused or abused, including alcohol, prescription drugs, and nicotine.

Facility – Any physical premises which houses one or more SUD treatment or recovery programs.

Family Counseling/Therapy – A planned, goal-oriented therapeutic interaction between a Qualified Practitioner and the client's family, with or without the client present.

Family Member – Individual identified by the client as a person with whom the client has a significant relationship and whose participation is important to the client's recovery.

Group SUD Counseling/Therapy – A therapeutic service that facilitates disclosure of issues that permit generalization to a larger group; promotes help-seeking and supportive behaviors; encourages productive and positive interpersonal communication; and develops motivation through peer support, structured confrontation, and constructive feedback.

Individual Substance Use Disorder Counseling/Therapy – A face-to-face service with an authorized Qualified Practitioner for symptom and behavior management, development, restoration, or enhancement of adaptive behaviors and skills, and enhancement or maintenance of daily living skills to facilitate long-term recovery.

In-service Training – Activities undertaken to achieve or improve employees' competency to perform present jobs or to prepare for other jobs or promotions.

Interdisciplinary Team – Members of the provider staff who provide services to the client, including the client, the client's CCC, a CAC, and at least one QP with the license and ability to diagnose.

Licensed Graduate Professional Counselor ("LGPC") – A person licensed as a graduate professional counselor in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)) applicable District laws and regulations. An LGPC is a Qualified Practitioner only for providers not providing services pursuant to a Human Care Agreement with the Department and must be appropriately supervised.

Licensed Graduate Social Worker ("LGSW") – A person licensed as a graduate social worker in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Licensed Independent Clinical Social Worker ("LICSW") – A person licensed as an independent clinical social worker in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Licensed Independent Social Worker ("LISW") – A person licensed as a licensed independent social worker in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Licensed Marriage and Family Therapist ("LMFT") – A person licensed as a marriage and family therapist in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq*. (2016 Repl. & 2019 Supp.)).

Licensed Practical Nurse ("LPN") – A person licensed as practical nurse in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Licensed Professional Counselor ("LPC") – A person licensed as a professional counselor in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Major Unusual Incidents – Adverse events that can compromise the health, safety, and welfare of persons; employee misconduct; fraud; and actions that are violations of law and policy.

Medicaid – The medical assistance program, as approved by the Federal Centers for Medicare and Medicaid Services and administered by the Department of Health Care that enables the District to receive Federal financial assistance for its medical assistance program and other purposes as permitted by law.

Medical Necessity (or Medically Necessary) – Health care services or products that a prudent provider would provide to a client for the purpose of preventing, diagnosing, or treating an illness, injury, disease, or its symptoms in a manner that is: (a) in accordance with generally accepted standards of health care practice; (b) clinically appropriate in terms of type, frequency, extent, site, and duration; and (c) not primarily for the economic benefit of the health plans and purchasers or for the convenience of the client or treating provider.

Medical Triage – The process of determining the priority of a client's treatment needs.

Medical Waste – Any solid waste that is generated in the diagnosis, treatment, or immunization of human beings or in the testing of biologicals, including but not limited to: soiled or blood-soaked bandages, needles used to give shots or draw blood, and lancets.

Mental Illness – A diagnosable mental, behavioral, or emotional disorder (including those of biological etiology) which substantially impairs the mental health of the person or is of sufficient duration to meet diagnostic criteria specified within the most recent Diagnostic and Statistical Manual (DSM) or its most recent International Classification of Diseases equivalent.

Notice of Infraction – An action taken by agencies to enforce alleged violations of regulatory provisions.

Opioid – A psychoactive substance in the narcotic class derived from opium, including natural and synthetic compounds. Substances in this class may produce pharmacological effects such as physical withdrawal symptoms.

Organizational onboarding – Mechanism through which new employees acquire the necessary knowledge, skills, and behaviors to become effective performers. It begins with recruitment and includes orientation, which helps new employees understand performance expectations and contribute to the success of the organization.

Organized Treatment Services – Treatment that consists of a scheduled series of structured, face-to-face or group therapeutic sessions organized at various levels of intensity and frequency to assist clients in achieving the goals identified in the person-centered plans of care. Also may be called structured treatment services.

Outcomes of Care – The results of a course of treatment, including abstinence or reduction of abuse of substances, elimination or reduction of criminal activity, reduction of antisocial activity associated with SUD, reduction of need for health care services, reduction of need for SUD treatment, increase in pro-social involvement, and increase in productivity and employment.

Outpatient Services – Therapeutic services that are medically necessary, provided to a client according to an individualized Plan of Care, and do not require the client's admission to a hospital or a non-hospital residential facility. The term "outpatient services" refers to services that may be provided: on an ambulatory basis in a hospital; on an outpatient basis in a non-hospital residential facility; an outpatient treatment facility; or the office of a provider licensed to provide SUD treatment services.

Outreach – Efforts to inform and facilitate access to a program's services.

Parent – A person who has custody of a child as a natural parent, stepparent, adopted parent, or has been appointed as a guardian for the child by a court of competent jurisdiction.

Plan of Care – The individualized Plan of Care that is the result of the Diagnostic Assessment. All services must be guided by a valid Plan of Care. The Plan of Care includes the client's treatment goals, strengths, challenges, objectives, and interventions. The Plan of Care is based on the client's identified needs as reflected by the Diagnostic Assessment, the client's expressed needs, and referral information.

Pharmacist – A person licensed or authorized to practice pharmacy pursuant to Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Physician – A person licensed or authorized to practice medicine pursuant to Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Physician Assistant ("PA") – A person licensed as a Physician Assistant pursuant to Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Privacy Officer – A person designated by an organization that routinely handles protected health information, to develop, implement, and oversee the organization's compliance with the U.S. Health Insurance Portability and Accountability Act (HIPAA) privacy rules, 42 CFR Part 2, and the District's Mental Health Information Act.

Program – An SUD Treatment or Recovery Support Services Program certified by the Department at a specific LOC to provide SUD treatment or recovery support services.

Program Director – An individual having authority and responsibility for the day-to-day operation of an SUD treatment or recovery program.

Protected Health Information ("PHI") – Any written, recorded, electronic (ePHI), or oral information which either (1) identifies, or could be used to identify, a client; or (2) relates to the physical or mental health or condition of a client, provision of health care to a client, or payment for health care provided to a client. PHI does not include information in the records listed in 45 CFR § 160.103.

Provider – An entity certified by the Department to provide either SUD treatment or recovery support services or both. A single provider may operate multiple programs.

Psychiatrist – A physician who has completed all training in a program in psychiatry accredited by the Accreditation Council for Graduate Medical Education, approved by the American Board of Psychiatry and Neurology, Inc., or is board certified in psychiatry.

Psychologist – A person licensed to practice psychology in accordance with applicable District laws and regulations.

Psychology Associate – A person registered as a Psychology Associate in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2019 Supp.)).

Qualified Practitioner – Staff authorized to provide treatment and other services based on the definition of the service.

Recovery Coach – An individual who participated in an educational training for at least 30 hours from a program approved by the Department.

Recovery Support Plan – A document developed during a Recovery Support Evaluation that outlines the client's needs, goals, and recovery support services to be utilized to achieve those goals. The Recovery Support plan assists a client in recovery to develop goals and objectives to maintain their

sobriety in the community with supports from family, community and recovery support programs.

Recovery Support Services ("RSS") – Non-clinical services provided to a client by a certified RSS provider to assist the client in achieving or sustaining recovery from an SUD.

Registered Nurse ("RN") – A person licensed as a registered nurse in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq*. (2016 Repl. & 2019 Supp.)).

Representative Payee – An individual or organization appointed by the Social Security Administration to receive Social Security or Supplemental Security Income ("SSI") benefits for someone who cannot manage or direct someone else to manage his or her money.

Research – Experiments including new interventions of unknown efficacy applied to clients whether behavioral, psychological, biomedical, or pharmacological.

Residential Program – Any SUD treatment or recovery support services program which houses clients overnight, including Level 3 treatment programs and environmental stability programs.

Screening – A determination of the likelihood that a client has co-occurring substance use and mental disorders or that their presenting signs, symptoms, or behaviors may be influenced by co-occurring issues. The purpose is not to establish the presence or specific type of such a disorder, but to establish the need for an in-depth assessment. Screening is a formal process that typically is brief and occurs soon after the client presents for services.

Specialty Service – Any of the following services that may be provided by SUD providers under this chapter and that require additional certification, specifically, Medication Management, ACRA, MAT, TREM, and Environmental Stability.

Statement of Deficiencies ("SOD") – A written statement of non-compliance issued by the Department, which describes the areas in which an applicant for certification or the certified provider fails to comply with the certification standards pursuant to this chapter.

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

SUD Services – All of the services described in this chapter, including treatment services, specialty services and Recovery Support Services.

Supported Employment Services – Program services designed for SUD clients for whom competitive employment has been interrupted or is intermittent as a result of a substance use disorder. Services assists consumers in obtaining and maintaining permanent part-time or full-time employment in a competitive setting.

Treatment – A therapeutic effort to improve a client's cognitive or emotional conditions or the behavior of a client, consistent with generally recognized principles or standards in the SUD treatment field, provided or supervised by a Qualified Practitioner.

Withdrawal Management – A program designed to achieve systematic reduction in the degree of physical dependence on alcohol or drugs.