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**Arkansas Department Of Health**  
**Bureau of Alcohol and Drug Abuse Prevention**

# LICENSURE STANDARDS FOR ALCOHOL AND/OR OTHER DRUG ABUSE TREATMENT PROGRAMS

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# **LICENSURE STANDARDS FOR ALCOHOL AND OTHER DRUG ABUSE TREATMENT PROGRAMS MANUAL**

## **AUTHORITY**

The Arkansas Department of Health, Bureau of Alcohol and Drug Abuse Prevention (BADAP) is vested by ACA 20-64-901 et seq. with the authority and duty to establish and promulgate rules for licensure of alcohol and drug abuse treatment programs in Arkansas. All persons, partnerships, associations, or corporations establishing, conducting, managing or operating and holding themselves out to the public as alcohol and drug abuse treatment programs must be licensed by the Bureau of Alcohol and Drug Abuse Prevention, unless expressly exempted from these requirements. Programs administered by the Department of Defense and/or the Veterans Administration are not required to be licensed by the BADAP, but may voluntarily seek licensure.

The Bureau of Alcohol and Drug Abuse Prevention is designated as the State Authority governing Methadone/LAAM treatment in Arkansas. Treatment programs providing Methadone/LAAM services shall comply with the Licensure Standards for Alcohol and/or Other Drug Abuse Treatment Programs, as well as applicable federal, state and local laws and regulations including those under the jurisdiction of the Food and Drug Administration, and the Drug Enforcement Administration.

## **HISTORY**

Act 644 of 1977 created the Arkansas Office on Alcohol and Drug Abuse Prevention and charged the office with the responsibility for developing and promulgating standards, rules and regulations for accrediting and licensing alcohol and drug abuse prevention and treatment programs/facilities within the state. Accreditation standards for alcohol and other drug abuse treatment programs were implemented in response to state and federal legislation as well as the changing needs of the alcohol and drug abuse treatment programs. The first Accreditation Standards were adopted and implemented on January 1 1983. Act 597 of 1989 delegated the BADAP as the sole agency responsible for accrediting all alcohol and other drug abuse treatment programs. Revisions to the Accreditation Manual were promulgated on September 1, 1989. Act 173 of 1995 changed the Accreditation process to a Licensure process. With the advent of the 1995 legislation, the Standards were promulgated and implemented as a Licensure Manual on July 1, 1995.

The first Methadone Treatment Program Standards were developed and promulgated by the Bureau of Alcohol and Drug Abuse Prevention on October 1, 1993. The Methadone/LAAM Treatment Program Standards were revised to include LAAM treatment on July 1, 1997.

## **ABSTRACT**

The Licensure Standards for Alcohol and/or Other Drug Abuse Treatment Programs Manual is to be used as a guide to the Licensure process. The Manual includes:

- (1) Procedures for Licensure
- (2) Licensure Standards Review Questionnaire
- (3) Application for Licensure

The Application for Licensure is to be completed by all programs seeking licensure as an alcohol and/or other drug abuse treatment program in Arkansas prior to the on-site visit.

The Procedures for Licensure explains the licensure process for treatment programs, the Standards Review Team and other issues regarding licensure.

The Licensure Standards Review Questionnaire is used as the measurement tool to determine compliance with the Licensure Standards for Alcohol and Drug Abuse Treatment.

All standards that are applicable to your program must be complied with.

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

Arkansas Department of Health  
Bureau of Alcohol and Drug Abuse Prevention  
Director, Office of Program Compliance  
5800 W. 10<sup>th</sup> Street, Suite 907  
Little Rock, Arkansas 72204  
Phone: 501-280-4500  
Fax: 501-280-4519

## PROCEDURES FOR LICENSURE

The Bureau of Alcohol and Drug Abuse Prevention (BADAP) of the Arkansas Department of Health is vested with the authority and duty to license programs in Arkansas. Licensure is required of any organization which is operating or seeking to operate an alcohol and other drug treatment program in the State of Arkansas. Upon implementation of the standards, the BADAP will provide to each of the programs known to be operating within Arkansas, a Licensure Standards Manual.

A schedule for the entire licensure process will be developed by the BADAP in cooperation with each program. The entire licensure process for a program is shown below, with explanatory comments following.

- Step 1
  - a) Programs who are currently licensed shall be notified by BADAP of upcoming Licensure Review and the need to complete an Application for Licensure.
  - b) First time applicants seeking licensure will submit a completed Application for Licensure to BADAP.
  - c) Unlicensed alcohol and other drug abuse programs will be notified by BADAP of the need to make Application for Licensure.
- Step 2 Receipt by BADAP of the program's completed Application for Licensure. Applicants shall submit a non-refundable \$75.00 application fee.
- Step 3 Development of the schedule and requirements for the review of the program by the BADAP.
- Step 4 Review of pertinent information received from the program by the BADAP. If necessary, review of any additional information requested following the initial review of Step 3.
- Step 5 Written confirmation and notification by the BADAP to include:
  - (a) Timetable developed in Step 1;
  - (b) Members of the Standards Review Team for that program; (see Standards Review Team Member Selection Process);
  - (c) Costs (e.g., fees) to the program for the licensure survey process (when applicable).
- Step 6 Formal on-site review by the BADAP Standards Review Team.
- Step 7 Submission to the BADAP, by the program, of a \$1,500 non-refundable Licensure Review fee **for first time applicants**.

- Step 8 Report by BADAP Standards Review Team and recommendations to the Director of the Bureau of Alcohol and Drug Abuse Prevention.
- Step 9 Formal report to the program with the type of license awarded, findings, and recommendations of the BADAP Standards Review Team.
- Step 10 When applicable, responses to program's appeal and/or scheduling of a Licensure follow-up review.

## STANDARDS REVIEW TEAM

The members of the Standards Review Team (SRT) for each program will consist of members who participate in the formal on-site review. The BADAP reserves the right to adjust the size of the SRT as appropriate to conform to the size and complexity of the program under review. The Standards Review Team normally will be composed of representatives from:

<u>Number of SRT Members</u>	<u>Organization</u>
2	(a) Two team members from the BADAP. One member will be designated as "team leader."
2	(b) At least two team members from other treatment facilities as selected by the BADAP. Other representative(s) may be selected as deemed appropriate by the BADAP.

The program to be reviewed will be notified prior to the on-site visit as to the composition of its Standards Review Team. If, for a valid reason, the program objects to a particular team member from another treatment program, the BADAP may select a different member.

The minimum requirements for a SRT Member from another treatment program are:

- (a) A minimum of three (3) years experience in program administration and/or substance abuse treatment.
- (b) Not be a former employee or client of the program to be reviewed.
- (c) Currently hold a license or certification that would allow the signing of comprehensive treatment plans as specified in these standards.

**Note:** An SRT member reviewing administrative functions is not required to hold the credentials specified in item "c" above.



## **OTHER ISSUES REGARDING LICENSURE**

### **Adolescent Treatment Programs**

Whenever Alcohol and/or other Drug Abuse Treatment Programs seek licensure for adolescent services they must comply with the standards set forth under this manual. In addition, the program seeking licensure must also comply with other applicable regulations mandated by the Department of Human Services - Division of Youth Services (DYS). When feasible, the BADAP and DHS will perform concurrent licensure reviews.

### **Programs Commencing Operation After January 1, 1999**

Prior to the actual provision of alcohol and/or drug abuse treatment services, the program seeking licensure, and/or required to receive a licensure review, will complete all steps specified in the application process. If the program seeking licensure has not yet provided treatment services, the BADAP shall review those standards applicable to programs that have not yet provided substance abuse treatment. If the program under review meets the required level of compliance as determined by BADAP staff, that is applicable at the time of initial review, then BADAP can issue a six (6) month operational permit. No later than six (6) months after the issuing of the permit, a follow up review, with a full Standards Review Team (SRT), will be performed to determine the program's level of compliance with all applicable standards. If the program under review meets the necessary level of compliance, then the SRT can recommend licensure in line with the levels of licensure specified in this manual.

### **Methadone and Levomethadyl Acetate Hydrochloride (LAAM)**

Any program in Arkansas that intends to dispense Methadone and/or LAAM must meet the standards set forth in this manual and those standards and regulations applicable to methadone/LAAM maintenance and treatment.

### **Licensure Under Previous Standards**

All programs currently licensed by the BADAP prior to the implementation of these licensure standards will be considered as licensed. The scheduling of a program's licensing review will not change. The standards set forth in this manual shall apply to all currently licensed programs.

### **On-Site Review**

A formal on-site review will be made by at least two BADAP staff and representatives of organizations as previously specified. Minimally, the BADAP shall inspect the facilities prior to the expiration of the program's license. The BADAP may extend a program's license for no greater than six months due to licensing scheduling. The on site inspection (Licensure Review) will use the questionnaire section of this Manual as the primary tool to determine compliance with the Licensure Standards. The licensure will include examination of program documents and records, client case records, fiscal audits, interviews with staff and clients (in accordance with confidentiality standards) and interviews with various community agencies/individuals. Other sources may be used to determine compliance as applicable. The BADAP reserves the right to contact

former clients of the program under review to determine compliance with applicable standards.

Prior to the exit interview, there will be a meeting of the Standards Review Team members. In this meeting, each member will present his/her findings on the area(s) assigned him/her. This is to include areas considered as strengths, weaknesses, deficiencies and/or in non-compliance, as well as the decision about each item of the Manual as found in the part(s) of the questionnaire assigned.

Following the presentation of all of the team members and the discussions of the findings, a composite questionnaire will be completed which will reflect the final decision for each item of the questionnaire. This composite will then be used to determine the type of licensure recommended by the Standards Review Team, as per majority vote.

### **Exit Interview**

After the above meeting, the Standards Review Team will meet (exit interview) with the Executive Director, Clinical Director, and a quorum of the program's Governing Board.

During this meeting, the team members will present the review findings and the type of licensure to be recommended for the program. The purpose of this meeting will be to discuss and clarify the findings and recommendations noted by the team members.

### **Additional Compliance Reviews**

In addition to the Licensure Review, the BADAP will, at least annually, perform a client record (case) review, and conduct periodic reviews to determine a program's ongoing compliance with the standards. The BADAP shall also perform, at least annually, one unannounced compliance review. Programs licensed to dispense Methadone and/or LAAM will receive an unannounced review at least quarterly. The primary purpose of the unannounced reviews at the Methadone/LAAM programs is to determine the program's ongoing compliance with Methadone/LAAM specific standards. In addition, the BADAP reserves the right to contact the clients of licensed programs to aid in the determination of compliance with specific standards. BADAP reserves the right to conduct a full licensure review prior to the expiration of the program's current license. In addition the BADAP reserves the right to use peer reviewers, as it deems appropriate, to assist in audits, client records reviews, investigations or other monitoring/compliance processes.

### **Licensure Revocation**

The BADAP reserves the right to revoke the operational permit or license of any program found to not be in compliance with the standards. The BADAP shall also reserve the right to revoke the operational permit or license of any program found in violation of applicable laws or regulations. The BADAP shall reserve the right to revoke the operational permit or license of any program that places its staff, clients or the general public in imminent peril.

### **Licensure Report**

Following the on-site review, each team member will submit to the team leader a formal written report within ten (10) working days after the last day of the on-site review. This report shall follow the outline below:

- (1) Program reviewed;
- (2) Date(s) of on-site review;
- (3) Name of team member and organization represented;
- (4) Area(s) reviewed by team member;
- (5) Findings to include areas considered as strengths, deficiencies, standards not in compliance, recommendations for improvement; and
- (6) Recommendation for type of licensure to be awarded to program based upon the questionnaire completed by team member and which is to be attached to the written report.

Within fifteen (15) working days of the last day of the on-site review, a formal written report will be completed by the team leader and forwarded with the licensure notice and the completed composite questionnaire to the program. This time frame shall be maintained even if all materials from the team members have not been received. In that event, the team leader will write the formal report based upon materials available.

Based upon these reports and recommendations, the Director of the Bureau of Alcohol and Drug Abuse Prevention shall award the program the appropriate type of licensure.

### **TYPES OF LICENSE**

**Three-Year License** - Three-year License will be awarded when a program has complied with all applicable standards. A three-year license shall not be accorded to a program that receives a follow-up review, even if the follow-up review determines that all applicable standards are in compliance. **All standards are mandatory.**

**One-Year License** - A one-year license can be accorded to a program that previously held a six-month operational permit if all applicable standards are in compliance. Any program that must have a follow-up licensure review performed, even if the review determines that all applicable standards are in compliance, shall receive no greater than a one-year license. **All standards are mandatory.**

**Six-Month Extension** - At the BADAP's discretion, a six-month extension may be accorded to currently licensed programs that do not meet the criteria necessary for licensure. The six-month extension period is provided to allow the program time to make efforts to bring those failed standards into compliance that would allow a one-year license. A follow up review will be performed at the end of the six month period and if the program fails to meet the level of compliance that would allow a one year license, then the program will not be allowed to operate as a substance abuse treatment program. The program may request that the follow-up review be performed prior to the end of the six-month period. Programs with an operational permit or a one-year license shall not receive an extension.

**Six-Month Operational Permit** - If the program seeking licensure has not yet provided treatment services, the BADAP shall review those standards applicable to programs that have not yet provided substance abuse treatment. If the program under review meets the required level of compliance as determined by BADAP staff, that is applicable at the time of initial review, then BADAP can issue a six (6) month operational permit. No later than six (6) months after the according of the permit, a follow up review with a full SRT, will be performed to determine the program's level of compliance with all applicable standards.

**Non-Licensed** - Programs failing to comply with all licensure standards, that would allow a one or three year license shall, receive a non-licensed status. Programs receiving a non-licensed status will not be eligible for substance abuse treatment funding through BADAP, or sources which require licensure by the BADAP, nor will they be allowed to operate as an alcohol and/or other drug abuse treatment facility in the State of Arkansas.

### **Appeal Process**

If, for any reason, a program does not agree with the licensure decision, the program may appeal as follows: Written notification must be received by the Chairperson, Alcohol and Drug Abuse Coordinating Council, no later than thirty (30) working days after the program's receipt of the licensure decision. The appeal must contain:

1. The reason the licensure applicant believes the action was incorrect.
2. The specific outcome requested.

When the written appeal is received, the Chairperson of the Alcohol and Drug Abuse Coordinating Council will initiate the appeal process.

# **LICENSURE STANDARDS REVIEW QUESTIONNAIRE**

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**PROGRAM NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**Standards Review Team Leader** \_\_\_\_\_

**Date of Licensure Review** \_\_\_\_\_

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## PART I - ADMINISTRATIVE OPERATIONS

### A. GOVERNING BOARD

Measurement Criteria	Compliance		
	YES	NO	N/A
<p>1. There is a governing board which has the ultimate authority for the overall operation of the program and which is one of the following:</p> <p style="padding-left: 40px;">a. A public non-profit organization; or</p> <p style="padding-left: 40px;">b. A private, non-profit organization (As verified by Articles of Incorporation submitted to the Arkansas Secretary of State); or</p> <p style="padding-left: 40px;">c. A private, for profit organization (As verified by the Articles of Incorporation submitted to the Arkansas Secretary of State).</p>	—	—	—
<p>2. Written documentation includes the means by which the governing board provides for all of the following:</p> <p style="padding-left: 40px;">a. The election or appointment of its officers and members;</p> <p style="padding-left: 40px;">b. The orientation of new board members and any subsequent board training;</p> <p style="padding-left: 40px;">c. The appointment of committees necessary to effect the discharge of its responsibilities;</p> <p style="padding-left: 40px;">d. The scheduling of meetings;</p> <p style="padding-left: 40px;">e. Determination of quorum requirements; and</p> <p style="padding-left: 40px;">f. Keeping minutes of all meetings (As verified in corporation by-laws).</p>	—	—	—
<p>3. The minutes of the meetings of the governing board include at a minimum:</p> <p style="padding-left: 40px;">a. Date(s) of the meeting(s);</p> <p style="padding-left: 40px;">b. Names of the members attending;</p> <p style="padding-left: 40px;">c. Topics discussed;</p>	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
<ul style="list-style-type: none"> <li>d. Decisions reached and actions taken (i.e. approval of budget revisions, evaluation of the Director, changes in policies and procedures);</li> <li>e. Target dates for implementation and recommendations;</li> <li>f. Executive Director's or other program reports; and</li> <li>g. The governing board's minutes should be available to staff, persons served and the general public upon request.</li> </ul>	<div>—</div> <div>—</div> <div>—</div> <div>—</div>	<div>—</div> <div>—</div> <div>—</div> <div>—</div>	<div>—</div> <div>—</div> <div>—</div> <div>—</div>
<p>4. The governing board for the alcohol and/or drug program:</p> <ul style="list-style-type: none"> <li>a. Delegates a chief executive officer who is not a member of the governing board (applies to non-profit organizations only);</li> <li>b. Delegates authority and responsibility to the chief executive officer for the management of the program in accordance with established policy (As verified in the by-laws);</li> <li>c. Performs an employment evaluation of the program director at least annually.</li> </ul>	<div>—</div> <div>—</div> <div>—</div>	<div>—</div> <div>—</div> <div>—</div>	<div>—</div> <div>—</div> <div>—</div>
<p>5. The governing board has:</p> <ul style="list-style-type: none"> <li>a. Authorized compilation and distribution of a policy and procedures manual that describes the regulations, principles, and guidelines that determine the alcohol and/or other drug abuse treatment program operations;</li> <li>b. Reviewed and updated this policy manual as needed but at least annually (as verified in Board minutes);</li> <li>c. Made available this policy manual to all alcohol and/or other drug abuse treatment program staff (as verified by signed receipt or route slip);</li> <li>d. Made available this policy manual to the public upon request; and</li> </ul>	<div>—</div> <div>—</div> <div>—</div> <div>—</div>	<div>—</div> <div>—</div> <div>—</div> <div>—</div>	<div>—</div> <div>—</div> <div>—</div> <div>—</div>

Measurement Criteria	Compliance		
	YES	NO	N/A
e. Made every effort to maintain policies that are in compliance with local, state and federal laws and regulations and documented that these efforts have been performed.	—	—	—
6. At least a quorum of the program's governing board is present during the exit interview process, as described in the Licensure Procedures.	—	—	—

**B. PROGRAM PLANNING/EVALUATION**

1. The program has conducted, or has available to it, a needs assessment for the population to be served and the needs assessment is performed no later than every two years.	—	—	—
2. Based upon the needs assessment, an Annual Program Plan is developed which includes:			
a. A written statement of the alcohol and/or other drug abuse treatment program goals and objectives; and	—	—	—
b. A written plan for implementation of these goals and objectives;	—	—	—
3. The alcohol and/or other drug abuse treatment program has developed a written evaluation plan based on the goals and objectives of the program. The evaluation plan includes operational definitions of criteria to be applied in determination of achievements of established goals, objectives and mechanism for:			
a. The periodic assessing of the progress toward the attainment of the program's goals and objectives;	—	—	—
b. Documentation of program achievements not related to original goals and objectives;	—	—	—
c. Assessing the effective utilization of staff and program resources toward the attainment of the program's goals and objectives;	—	—	—



Measurement Criteria	Compliance		
	YES	NO	N/A
d. The evaluation plan is reviewed and updated at least annually (As verified in the Board minutes);	—	—	—
e. There is documentation verifying the implementation of the evaluation plan; and	—	—	—
f. That the results of the evaluation process become part of the ongoing planning process.	—	—	—
4. That the results of the evaluation process are made available to all personnel (by posting or routing to all staff).	—	—	—
5. The program has policies that specify who is responsible for the public information and outreach activities, how such activities are documented, and who is responsible for the compilation of such documentation.	—	—	—

### C. FISCAL MANAGEMENT

1. There is a written budgetary plan:			
a. Which includes a statement of expected financial resources and expenditures for the program during the current fiscal year;	—	—	—
b. The means for obtaining future financial resources including a system to secure additional treatment funding sources (i.e. third party pay, employee assistance programs, or client self pay);	—	—	—
c. That is reviewed and approved at least annually by the governing board; and	—	—	—
d. The projected budget is reviewed and approved by the governing authority prior to the beginning of its fiscal year.	—	—	—
2. Any revisions of the written, program-oriented budget during the fiscal year of operation are reviewed and approved by the governing board.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
<p>3. The program maintains a current written schedule of rate and charge policies which:</p> <p>a. Has been reviewed and approved by the governing board, at least annually; and</p> <p>b. Is immediately accessible to all concerned program personnel and individuals served by the program.</p>	<p>—</p> <p>—</p>	<p>—</p> <p>—</p>	<p>—</p> <p>—</p>
<p>4. The fiscal management system maintains a reporting mechanism which:</p> <p>a. Is prepared and submitted to the governing board at least quarterly;</p> <p>b. Is responsive to the reporting requirements established by the BADAP; and</p> <p>c. Includes a series of financial reports including at least, a variance report and balance sheet, and income statement that is published at least quarterly.</p>	<p>—</p> <p>—</p> <p>—</p>	<p>—</p> <p>—</p> <p>—</p>	<p>—</p> <p>—</p> <p>—</p>
<p>5. An annual audit for the fiscal period of the program contract/grant shall be conducted by a Certified Public Account (CPA) and shall be prepared to the generally accepted governmental audit standards as determined by the American Institute of Certified Public Accountants, the Comptroller General of the United States, United States General Accounting Officer (GAO), and the United States Office of Management and Budget (OMB).</p>	<p>—</p>	<p>—</p>	<p>—</p>
<p>6. The program has liability insurance that provides for the protection of the physical and financial resources of the program, coverage of the building and equipment, and coverage of its clients, staff and general public. If part of a governmental agency, in lieu of liability insurance, the program has other appropriate means of protection for the items specified above.</p>	<p>—</p>	<p>—</p>	<p>—</p>

Measurement Criteria	Compliance		
	YES	NO	N/A
7. Each client receives a financial evaluation that includes the amount of all sources of income, as per a specific period (i.e. weekly, every two weeks, bi-monthly, monthly). Sources must include <u>all</u> household income (i.e. public assistance, retirement, social security and VA). If specific amounts are unavailable, averages or reasonable estimates may be used. A client's insurance coverage shall be documented, shall include the name of company, policy number, and type of coverage.	—	—	—

**D. EMPLOYMENT AND PERSONNEL PRACTICES**

1. The program has written personnel policies and procedures which:			
a. Includes an Equal Employment Opportunity (EEO) Affirmative Action Plan;	—	—	—
b. Applies to both persons served by the program and individuals employed by the program and those working under the supervision of individuals employed by the program;	—	—	—
c. Includes a Statement of Compliance with Title VI/Title VII of the 1964 Civil Rights Law and a description of the policy and procedures used to follow the guidelines of the Equal Employment Opportunities Commission (EEOC) currently in force;	—	—	—
d. A Statement of Compliance with Title VI/Title VII of the 1964 Civil Rights Law and a description of the program's policies and procedures used to demonstrate compliance with the guidelines of the Equal Employment Opportunities commission (EEOC) must be prominently displayed within the program and copies be made available upon request;	—	—	—
e. Includes an employee grievance procedure which is reviewed, updated and approved annually by the Board of Directors; and	—	—	—
f. Documentation of employee grievances shall be confidential and shall be stored separately from personnel records.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
2. The program maintains written job descriptions for all staff, including volunteers, that include at least:			
a. Qualifications;	—	—	—
b. Reporting supervisor;	—	—	—
c. Position(s) supervised; and	—	—	—
d. Duties and responsibilities.	—	—	—
3. All non-certified or non-licensed staff, including volunteers, providing counseling and treatment related services, shall be registered with the Arkansas Substance Abuse Certification Board (ASCAB). Exception – those staff involved in a internship or practicum from another human services or behavioral discipline.	—	—	—

**The program has documentation that:**

4. Each job description is reviewed and updated at least annually as needed for continuing appropriateness.	—	—	—
5. All personnel meet all of the local, state, or federal legal requirements for their positions (e.g. licensing and certification).	—	—	—
6. A policy has been developed which addresses alcohol and other drug use by program staff.	—	—	—
7. The written personnel policies and procedures include a mechanism for evaluation of personnel performance on at least an annual basis.	—	—	—
8. The mechanism for evaluation of personnel performance requires a written report and requires documentation that the evaluation is reviewed with the employee.	—	—	—
9. The written personnel policies and procedures includes a mechanism consistent with due process for suspension and dismissal of an employee for cause.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
10. There is documentation that any wages paid to clients engaged in vocational training or work within the program are in accordance with local, state, and/or federal requirements.	—	—	—
11. There is a personnel record kept on each employee containing at least:			
a. Job description;	—	—	—
b. Application and/or resume;	—	—	—
c. License/certification, where applicable;	—	—	—
d. Annual employee evaluation;	—	—	—
e. Verification of academic records (when required by job descriptions); and	—	—	—
f. Verification of references or rationale as to why verification was not performed.	—	—	—
12. Employee records are stored in a secure and confidential place.	—	—	—
13. An employee or his authorized representative shall be allowed to inspect, under supervision, his personal record upon request.	—	—	—
14. An employee assistance policy has been developed and implemented for program staff.	—	—	—
15. The program has established an appropriate staff development plan for all employees and volunteers:			
a. Includes an orientation program for each staff person; which includes a documented review of the Agency's policies and procedures;	—	—	—
b. Includes a program based upon the identified needs of staff and volunteers (volunteers working less than ten hours monthly are exempt) and designated staff development representative. The needs are identified and documented at least annually.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
c. There is documentation of the staff person's involvement in the plan; and	—	—	—
d. Documents staff development opportunities made available and staff participation in them.	—	—	—
16. The program shall not use volunteers, students, or interns to supplant services provided. All persons providing services must have a job description as specified in these standards, and shall be directly supervised by a paid staff person.	—	—	—
17. The program shall not use clients to provide any treatment service. This standard also forbids the use of clients to monitor the program during off hours.	—	—	—
18. A full time program person that is qualified to approve comprehensive treatment plans shall directly supervise each counseling staff.	—	—	—
19. Any person providing direct treatment services must receive at least one hour of individual supervision or ninety (90) minutes of group supervision weekly. Such supervision must be documented. Persons authorized to approve treatment plans, as specified in this manual, must perform this supervision.	—	—	—

**E. AMERICANS WITH DISABILITIES ACT (ADA)**

1. The program shall designate an employee who will monitor the program's compliance with the ADA.	—	—	—
2. The program shall post the ADA Public Notification in a manner that it is conspicuous to staff, clients and visitors.	—	—	—
3. The program shall adopt an ADA non-discrimination policy.	—	—	—
4. The program has conducted an ADA self evaluation plan.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
5. The program shall develop and implement a transition plan which details activities that will bring the program into compliance with the ADA (applicable to new programs). This plan must be completed within 6 months of the operation date.	—	—	—

**F. PHYSICAL PLANT - These standards shall apply to all sites operated by the program regardless of ownership.**

1. The physical facilities of the program:			
a. Is structurally sound and the program has current valid certifications, which are maintained on site, of applicable building, fire, safety and health and any other applicable inspections of its facilities; and	—	—	—
b. Provides sufficient privacy to maintain confidentiality of the communication between counselor and client.	—	—	—
2. If the program uses space provided by another organization, there is a written agreement specifying the terms of such usage.	—	—	—
3. The program has a written internal disaster plan, including evacuation plan, which includes the training of staff in disaster and evacuation procedures and the documented rehearsal of the plan at least monthly.	—	—	—
4. The Program shall develop written policies and procedures for continued treatment in the event of an emergency or natural disaster.	—	—	—
5. Firearms, or other dangerous weapons, shall not be allowed within the physical plant operated by the program. Persons with a "Concealed Handgun License" shall not be allowed to bring a firearm into the Program's physical plant. However, law enforcement or security personnel, in performance of their duties, may carry firearms within the Program's physical plant. Conspicuous warning signs must be posted at all entrances informing staff, volunteers, clients and visitors as to this requirement.	—	—	—
6. The program shall not allow smoking inside any physical plant containing PPWLC clients or their dependents.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
7. The program shall not allow smoking inside any physical plant containing adolescent clients.	—	—	—
8. The program has at least one staff person present at all time who maintains a valid certification in First Aid, CPR and CPI.	—	—	—
9. The program, and any satellite facilities, maintain suitably stocked first aid kits.	—	—	—
10. Private residences shall not be used to provide treatment unless: <ul style="list-style-type: none"> <li>a. There is a separate entrance to the area in which services are rendered;</li> <li>b. Services are provided in an area used exclusively for treatment; and</li> <li>c. Any private residence used for treatment shall be pre-approved by the BADAP.</li> </ul>	— — —	— — —	— — —
11. Hours of operation are scheduled to make services accessible to clients and the general public. The hours are posted in such a manner as to allow the viewing of the hours without entering the program. In addition, the program's telephone number shall also be conspicuously displayed.	—	—	—
12. The program shall not operate a new treatment site or make major programmatic changes at a present site without BADAP approval.	—	—	—



## PART II - PROGRAM SERVICES

### Standards Applicable to All Programs

#### A. CLINICAL PROCEDURES

Measurement Criteria	Compliance		
	YES	NO	N/A
<p>1. The program has written policies and procedures that govern a standardized screening procedure that determines:</p> <p>a. A treatment applicant's eligibility and appropriateness for treatment prior to admission; and</p> <p>b. A standardized placement criteria that determines the environment into which the applicant is admitted.</p>	            	            	            
<p>2. The program has written policies and procedures governing a uniform intake process that defines:</p> <p>a. The types of information to be gathered on all clients;</p> <p>b. Procedures to be followed when accepting referrals from outside agencies or organizations;</p> <p>c. Procedures to follow when referring individuals to services other than at the program; and</p> <p>d. Procedures for the provision of emergency services (i.e. after hour admission, medical emergencies) and other special or difficult circumstances.</p>	                        	                        	                        
<p>3. The program has written referral policies and procedures which facilitate referrals between the program and other service providers in such a manner so as to ensure continuity of care and these are current (updated no later than every two (2) years). The referral agreements document at least:</p> <p>a. The services the resource agrees to provide;</p> <p>b. The duration of the agreement;</p>	            	            	            

Measurement Criteria	Compliance		
	YES	NO	N/A
c. The procedures to be followed in making referrals; and	—	—	—
d. A statement of conformity to federal, state, and program confidentiality requirements.	—	—	—
4. The program maintains a current (dated no longer than two (2) years prior to the licensure review) list of appropriate resources available within the service area which contain at least:			
a. The name and location of the resources;	—	—	—
b. The type of services provided by the resource;	—	—	—
c. The eligibility criteria for the resource; and	—	—	—
d. The phone number(s) and name(s) of the contact person(s).	—	—	—
5. There is written documentation of requests for services and responses made to those requests, including, when appropriate, responses by a provider to who an individual has been referred. Documentation of such requests are confidentially and securely maintained in the same manner as client records.	—	—	—
6. The program maintains a publicly listed telephone number.	—	—	—
7. The program's policies include compliance with the BADAP's Incident Reporting Policy.	—	—	—
8. The program has policies and procedures delineating its responsibility for all individuals admitted under existing Arkansas commitment laws.	—	—	—
9. The program has policies and procedures that describe and govern outreach and referral activities necessary to educate judges, prosecuting attorneys, law enforcement personnel, community service providers, substance abuse treatment programs, and the public as to the operations of the program.	—	—	—
10. The program has procured an agreement with the local community mental health center (as recognized by the Division of Mental Health Services) and/or other appropriate agency or agencies, to provide consulting services for dually diagnosed treatment applicants or clients.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
11. Services available provide a variety of diagnostic and primary alcohol and/or drug abuse treatment services on both a scheduled and non-scheduled basis. Services provided by the program include, but are not necessarily limited to the following:			
a. Case management;	—	—	—
b. Orienting clients to the program's operations and procedures;	—	—	—
c. Assessing applicants for alcohol and/or other drug abuse treatment services for referral and/or treatment purposes;	— —	— —	— —
d. Conducting individual, group or family counseling sessions;	—	—	—
e. Informing applicant and clients of program and community resources;	—	—	—
f. Making referrals to appropriate outside agencies or individuals;	—	—	—
g. Crisis intervention;	—	—	—
h. Interdisciplinary treatment services; and	—	—	—

**B. CLIENT RECORDS**

The program shall maintain appropriate policies and procedures that insure that the following client record processes are performed. In addition, client records shall contain the following items:

1. Screening and Initial Assessment			
a. Pre-admission screening that determines eligibility and appropriateness;	—	—	—
b. Assessment that determines severity and environment placement; and	—	—	—
c. Assessment that determines all immediate problems, immediate needs and actions taken to meet those needs (initial treatment plan). The initial treatment plan is completed within 24 hours of admission.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
2. Assessment and Client History			
a. Confirmation of identity;	—	—	—
b. Name, address (street and number, town, county, state, zip), phone, current housing arrangements, guardianship (if applicable), social security number;	—	—	—
c. Client's date of birth, sex, race or ethnicity;	—	—	—
d. Name of referral source. Document if treatment was mandated by the referral source;	—	—	—
e. If treatment was mandated, the complete address and telephone number of the referral source. Documented conditions of referral and/or information needs of the referral source;	—	—	—
f. Types of problems experienced by the client that are in need of resolution;	—	—	—
g. Substance abuse history to include most recent use patterns (amount per type, route of administration) ages of first use per substance and age of regular and/or addictive patterns. Document any injection use;	—	—	—
h. Document the client's family history to include current marital status, effect of substance use on current and past relationships, history of family members' use, any family members "in recovery", names and ages of dependents and who has custody of dependents while the client is in treatment;	—	—	—
i. Client's highest grade completed, major (if applicable), effect of substance use on the client's educational process. The client's reading and writing levels must be evaluated when appropriate;	—	—	—
j. Current/most recent vocations, any trained skills, effects of substance use on employment, adequacy of current employment;	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
k. Legal history, which includes the dates and type of charges, arrests, convictions and sentences;	—	—	—
l. Medical and health history to include chronic medical problems, significant medical/ physical events, problems that could influence treatment, medical conditions that could prompt a crisis, special diet needs, current medications (does client have sufficient supply during treatment?), purpose of current medications, history of alcohol/ other drug related conditions (i.e. blackouts, DT's, Etc.), "at-risk" behaviors (multiple sex partners, unprotected sex), pregnancy status, allergies. Allergies and/or other serious conditions are "flagged" on the outside of the record;	—	—	—
m. Medication records for both prescriptions and over the counter medications. Drug type, dosage strength, how many, time/date of dispersion, who dispensed/witnessed dosing;	—	—	—
n. Psychological/psychiatric treatment history to include dates of any treatment, type of problem(s), who provided treatment, outcome of treatment, any current psychotropic medications;	—	—	—
o. Other relevant information to include military service (branch of service, dates of service, discharge status, highest rank, classifications, and any combat experience), copies of court or parole orders, and other information that will aid in assessing the client;	—	—	—
p. A completed Addiction Severity Index (ASI) and, when applicable, results of other tests or standardized assessment tools;	—	—	—
q. Re-admissions and transfers to another environment are clearly delineated;	—	—	—
r. Summary of client problems and corresponding needs, as based on client information; and	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
s. Summary of the client's strengths and weaknesses, as based on the client information.	_____	_____	_____
t. Based upon the assessment, and prior to the formulation of the comprehensive treatment plan, each client will be assigned a DSM substance abuse disorder diagnosis and code. Only staff authorized to approve comprehensive treatment plans as specified in this manual will assign the diagnosis code. Counseling personnel that are registered as Counselors in Training with the Arkansas Substance Abuse Certification Board may assign the diagnosis providing that the diagnosis is approved, in writing, by personnel authorized to sign comprehensive treatment plans. The diagnosis and code will meet the current substance abuse disorder criteria as per Diagnostic and Statistical Manual of the American Psychological Association.	_____	_____	_____
3. Treatment Plans			
a. The comprehensive treatment plan is developed and implemented no later than seven (7) days from admission to residential services and no later than twenty-one (21) days from admission to the outpatient services;	_____	_____	_____
b. The comprehensive plan shall minimally include a clear and objective statement of the client's needs to be addressed in the treatment plan;	_____	_____	_____
c. The plan contains clearly stated and objective goals that the client is capable of understanding;	_____	_____	_____
d. The means of achieving each goal is documented;	_____	_____	_____
e. The method and frequency of treatment per goal are documented;	_____	_____	_____
f. The projected date of completion, per goal, is documented;	_____	_____	_____

Measurement Criteria	Compliance		
	YES	NO	N/A
g. The staff person responsible for carrying out the treatment plan is specified;	—	—	—
h. All treatment plans are reviewed and approved by one of the following, as licensed or certified in Arkansas: Licensed Physician, Licensed Psychologist, Licensed Professional Counselor, Licensed Clinical Social Worker, Licensed Master Social Worker, Licensed Psychological Examiner, Certified Alcohol and Drug Counselor;	—	—	—
i. The client's progress in meeting treatment plan goals is reviewed no later than every seven (7) days in the residential environments (unless clinically contraindicated) and every thirty (30) days in the outpatient environment. The review must be approved by an individual specified in 3-h above.	—	—	—
j. The client's progress in meeting treatment plan goals will be assessed at the time of discharge;	—	—	—
k. Within one week prior to discharge, and when appropriate, an aftercare plan is developed. The aftercare plan, implemented at discharge, shall minimally contain: a summary of client needs that were not treated; established goal(s) that address the untreated needs; and the means by which the goals will be met;	—	—	—
l. The staff person responsible for the aftercare plan is documented;	—	—	—
m. There is evidence of the client's participation in, and understanding of, the treatment and aftercare planning process; (client's signature)	—	—	—
n. Upon request by the client, the program shall provide a copy of the treatment plan to the client; and	—	—	—
o. The treatment plan shall not contain slang, technical jargon, abstract terms or other documentation that is not clearly and objectively worded.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
4. Progress Notes: this applies to both group and individual treatment sessions:			
a. Outpatient treatment is documented per session and shall minimally document: the time the session started; the amount of time spent in session; the purpose of the session; topics discussed; client behavior during the session; significant events; an assessment of the client's progress to date; topics for future sessions; the date of the next scheduled session; the date of the session; and the name, signature and title of the staff person conducting the session:	—	—	—
b. Intensive outpatient notes contain information required above but may be compressed into a single note that addresses treatment provided on a per day basis.	—	—	—
c. Residential treatment shall be documented at least daily and shall minimally document: treatment provided during the day; the time frame that the note covers; the client's response to the treatment provided; significant client events that occurred; and the name, signature and title of the staff person who wrote the note;	—	—	—
d. Progress notes shall be written in objective terms. The notes shall not use slang, technical jargon or abstract terms. Any subjective assessments shall be substantiated by the behavioral observation;	—	—	—
e. Significant client events that fall within the provisions of the "Incident Reporting Policy" shall be documented as soon as possible after the event. The administration of first aid to a client shall be documented as soon as possible. Any client behavior that could lead to a disciplinary action shall be documented as soon as possible. Any other event, that could effect the client's treatment, shall be documented as soon as possible;	—	—	—



Measurement Criteria	Compliance		
	YES	NO	N/A
5. Each new admission, readmission or transfer admission is interviewed and the interview is documented.	—	—	—
6. When a client refuses to divulge information and/or follow the recommended course of treatment, this refusal is noted in the case record.	—	—	—
7. The program shall implement policies that insure that there is written policies and procedures governing the compilation, access, storage, dissemination, retention, and the proper disposal of individual client case records.	—	—	—
8. The written policies and procedures ensure that:			
a. The program exercises its responsibility for safeguarding and protecting loss, tampering, or unauthorized disclosure of information, and that the file cabinets are marked CONFIDENTIAL;	—	—	—
b. Content and format of client records are kept uniform;	—	—	—
c. Entries in the client record are signed and dated;	—	—	—
d. Client records are maintained in accordance with federal or state regulations, whichever time frame is longer;	—	—	—
e. Client records that are part of an unresolved audit, investigation or other legal process shall be maintained until the audit, investigation or other legal process is resolved; and	—	—	—
f. Forms in each client record are bound in such a manner that it minimizes accidental loss or misplacing.	—	—	—
9. The program provides adequate physical facilities for the storage, processing and handling of client case records by means of suitable locked, secured rooms or file cabinets.	—	—	—
10. Client case records are readily accessible to those individuals specifically authorized by program policy.	—	—	—
11. Client case records are marked "CONFIDENTIAL" or bear a similar cautionary statement.	—	—	—

**C. CONFIDENTIALITY AND CLIENT RIGHTS**

Measurement Criteria	Compliance		
	YES	NO	N/A
1. A client's written authorization shall appear on a consent for release of information form which contains, when completed:			
a. The name of the program which is to make the disclosure;	—	—	—
b. The name or title of the person or organization to which disclosure is to be made;	—	—	—
c. The name of the client;	—	—	—
d. The purpose or need for the disclosure;	—	—	—
e. The extent or nature of information to be disclosed;	—	—	—
f. The date or condition on which the consent will expire;	—	—	—
g. A statement, when applicable, as to the client's right to revoke the consent (not retroactively) or, for those clients mandated into treatment by the criminal justice system, a statement that the consent cannot be revoked by the client;	—	—	—
h. The date on which the consent is signed;	—	—	—
i. The signature of the client;	—	—	—
j. Parental and/or witness signature, when appropriate;	—	—	—
k. Documentation when the information specified in the consent has been released and by what means it was provided (e.g. letter, telephone conversation, facsimile transmission, etc.	—	—	—
2. When appropriate, a written notice of prohibition on re-disclosure accompanies or follows a disclosure with consent in accordance with the above standards and federal regulations (42 CFR Part 2).	—	—	—
3. A summary of the Federal Confidentiality Law is provided to the client at the time of admission or to the applicant at the time of assessment.	—	—	—
4. Every authorization for release of information becomes part of the client's permanent case record.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
<p>5. There is reason to believe that the following conditions have been met in obtaining a client's written consent for release of information:</p> <p>a. The client is informed, in a manner that assures his or her understanding of the specific type of information that has been requested, as well as the benefits and disadvantages of releasing the information, if known;</p> <p>b. the client is informed of the purpose or need for the information;</p> <p>c. Treatment services are not contingent upon the client's decision concerning authorization for the release of information; and</p> <p>d. The client gives his or her consent freely and voluntarily.</p>	—	—	—
<p>6. In a life-threatening situation, or where an individual's condition or situation precludes the possibility of obtaining written consent, the program does allow for the release of pertinent medical information to the medical personnel responsible for the individual's care without a client or applicant's authorization, and without the authorization of the executive director or his or her designee, if obtaining such authorization would cause an excessive delay in delivering treatment to the individual.</p>	—	—	—
<p>7. When information has been released without the individual's authorization, under these standards, there is reason to believe that the staff member responsible for the release of information enters into the individual's case record all details pertinent to the transaction, including at least: the date the information was released; persons to whom the information was released; the reason the information was released; the nature and details of the information given.</p>	—	—	—
<p>8. There is reason to believe that as soon as possible after the release of information, the client or applicant is informed that such information was released.</p>	—	—	—
<p>9. The program has written procedures for responding to requests for confidential client information when presented with telephone inquiries, written inquiries, subpoenas, court orders, search warrants, arrest warrants, and for reporting child abuse.</p>	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
10. There are written policies and procedures for the protection of a client's privacy with regard to program visitors which requires that:			
a. The clients are informed in advance of scheduled visitations; and	—	—	—
b. Visitations are conducted when they will minimally interrupt the client's usual activities and therapeutic programs.	—	—	—
11. There are procedures to inform all clients of their legal and human rights and documentation of the implementation of these procedures. This process must be presented to clients in such a manner that the clients fully understand their rights. When necessary, these rights shall be communicated to clients in their native language. If necessary, the program shall provide a sign language interpreter.	—	—	—
12. There are written policies and procedures for reviewing and responding to client's communications (e.g., opinions, grievances) which require the delineation of the means by which clients are familiarized with these policies and procedures:	—	—	—
a. The grievance procedures establish specific steps that client's must complete within the program;	—	—	—
b. Provide pens, paper, envelopes, postage, and access to a telephone for the purpose of filing a grievance;	—	—	—
c. At the program level, once received, client grievances must be reviewed and a decision reached within accordance of programs policies and procedures;	—	—	—
d. A reasonable, specific deadline for completing the process;	—	—	—
e. Grievances that are to be reviewed by the governing board, shall be heard no later than the board's next scheduled meeting; and	—	—	—
f. If the program's process proves to be unsatisfactory, the grievance procedure shall inform clients that they can notify the Bureau of Alcohol and Drug Abuse Prevention.	—	—	—
13. A client handbook is made available to all clients.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
<p>14. This handbook includes the following:</p> <ul style="list-style-type: none"> <li>a. Written statement of the services provided by the program and a description of the kinds of problems and types of clients the program can or cannot serve;</li> <li>b. Written statement describing admission procedures;</li> <li>c. Written statement describing living conditions and standards of behavior expected of clients; and</li> <li>d. There is documentation that each client of the program has a handbook made available to them and has been familiarized with the contents of such handbook.</li> </ul>	—	—	—
15. There are written policies and procedures which allow clients access to legal representation. A private meeting area shall be provided for clients to meet with their legal representative.	—	—	—
16. Current clients shall not be used for the solicitation of funds or other contributions.	—	—	—
<p>17. There are written policies and procedures for communications with family and significant others outside the program which require:</p> <ul style="list-style-type: none"> <li>a. Clients are allowed to conduct private telephone conversations with family and significant others, unless justified in the client's case record and explained to the client; and</li> <li>b. Clients are allowed to send and receive mail in uncensored condition. Mail may be inspected in the presence of a staff member.</li> </ul>	—	—	—
18. There is an area provided in which clients can meet with outside community service providers who assist in fulfilling the goals and objectives of the client's individual treatment plan.	—	—	—
19. Written permission shall be obtained from clients when special monitoring equipment (i.e. two-way mirrors, cameras, etc.) is used. Clients that refuse permission to use such equipment may be denied admission.	—	—	—

**D. HIV/AIDS, SEXUALLY TRANSMITTED DISEASES, TUBERCULOSIS**

Measurement Criteria	Compliance		
	YES	NO	N/A
1. The program shall provide services for HIV/AIDS, Sexually Transmitted Diseases (STD) and Tuberculosis (TB) through the following mechanisms:			
a. The provision of testing and treatment at the program or through an agreement with a medical entity qualified to provide such services;	—	—	—
b. Testing shall be available to all clients upon request;	—	—	—
c. All HIV/AIDS testing shall be voluntary;	—	—	—
d. All clients shall receive HIV/AIDS, STD, and TB education per admission;	—	—	—
e. The program shall develop and implement policies and procedures that define the provision of, and compliance with items a through d above.	—	—	—

**E. MEDICATION**

1. The program shall adopt written policies and procedures describing the handling, administration, disposal, inventory, and use of medication. This includes procedures for handling medication errors and adverse reactions.	—	—	—
2. Medication shall be used only for therapeutic and medical purposes and shall not be administered except as prescribed or directed.	—	—	—
3. Medications, syringes, and needles shall be accessible only to staff who are authorized to provide medication.	—	—	—
4. The program shall keep all prescriptions and non-prescription medications, syringes, and needles in locked storage unless a client is authorized to keep the medication in their possession. Used needles and syringes shall be placed in rigid, puncture proof containers.	—	—	—
5. The program shall store all medication under appropriate conditions. Drugs requiring refrigeration shall be stored in a locked compartment separate from food items. Urine or blood samples shall not be stored with food or medicines.	—	—	—
6. The program shall use an effective inventory system to track and account for all prescription medication.	—	—	—

**F. FOOD AND NUTRITION**

Measurement Criteria	Compliance		
	YES	NO	N/A
1. Meals in Outpatient Programs:			
a. Programs shall allow a meal break after five consecutive hours of scheduled activities; and	—	—	—
b. If the program prepares meals in a centralized kitchen on site, it shall pass an annual kitchen health inspection as required by the Arkansas Department of Health.	—	—	—
2. Meals in Residential Programs:			
a. If the program prepares meals in a centralized kitchen on site, it shall pass an annual kitchen health inspection as required by the Arkansas Department of Health;	—	—	—
b. The program shall provide modified diets to residents who medically require them as determined by a licensed health professional. Special diets shall be prepared in consultation with a licensed dietitian;	—	—	—
c. All food shall be stored, prepared, and served in a safe, healthy manner;	—	—	—
d. The program shall provide at least three meals daily, with no more than fourteen (14) hours between any two meals;	—	—	—
e. A licensed dietitian shall approve menus and written guidelines for substitutions in advance;	—	—	—
(1) approve a meal planning manual with sample menus and guidelines for substitutions;	—	—	—
(2) approve menus prepared by new staff before they plan meals independently;	—	—	—
(3) review a sample of menus served at least annually; and	—	—	—
(4) provide staff training as needed.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
<p>3. Meals Prepared by Clients:</p> <p>a. If menu planning and independent meal preparation are part of the clients' treatment program, a licensed dietician shall provide training or approve a training program for staff who instruct and supervise clients in meal preparation; and</p> <p>b. The program shall define duties in writing and have written instructions posted or easily accessible to clients.</p>	<p>—</p> <p>—</p>	<p>—</p> <p>—</p>	<p>—</p> <p>—</p>
<p>4. Meals Provided by a Food Service - When meals are provided by a food service, a written contract shall require the food service to pass an annual kitchen health inspection as required by the Arkansas Department of Health.</p>	<p>—</p>	<p>—</p>	<p>—</p>



## PART III - SPECIALIZED SERVICES

### A. OUTPATIENT SERVICES

Measurement Criteria	Compliance		
	YES	NO	N/A
1. The facilities are readily available to the public and, if possible, are located near public transportation.	—	—	—
2. At least one treatment staff member is present at all times when the outpatient program is operating.	—	—	—
3. There are <b>Intensive Outpatient</b> services available for clients who need a more intensive treatment program than that provided in outpatient while not needing the 24-hour supervision found in inpatient or residential services.	—	—	—

### B. RESIDENTIAL

1. There are residential services available, which provide services seven (7) days per week, 24 hours per day.	—	—	—
2. There are written policies regarding the use of alcohol and/or drugs in the facility.	—	—	—
3. Residential Treatment provides for a minimum of twenty-eight (28) hours weekly (Sunday through Saturday) with a minimum of five (5) hours daily (Monday through Friday) of structured treatment.	—	—	—
4. There shall be no less than one (1) staff on duty at all times per twenty-five (25) clients, per physical plant. During scheduled treatment activities there shall be no less than one (1) treatment staff per twenty (20) clients.	—	—	—
5. There is documentation of planned programs, consistent with the needs of the clients, for social, educational, and recreational activities for all clients for daytime, evenings, and weekends.	—	—	—
6. Sleeping areas shall have at least:			
a. Fifty (50) usable square feet per person in single occupancy rooms; and	—	—	—
b. Forty-eight (48) usable square feet per person in multiple occupancy rooms.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
7. All toilets, sinks and showers shall be clean and in operating order. There shall be at least one toilet, one sink, and one shower or tub per every eight residential clients for programs licensed after January 1, 2001.	—	—	—
8. Residential facilities shall have separate bedroom areas and bathrooms for males and females. The facility shall have adequate barriers to divide the population.	—	—	—

### C. DETOXIFICATION

1. Medically supervised (Residential or Observation) detoxification shall include a bed, three meals a day. Clients in detoxification services shall have their vital signs taken upon admission and documented; at least every two (2) hours and once vital signs are within normal limits, vital signs are taken no less than every six hours. There shall be documentation in the client's case record verifying each vital sign taken during the client's stay in detoxification.	—	—	—
2. While a client is in a medically supervised detoxification component, qualified staff member(s) (registered and/or licensed practical nurses or Regional Detoxification Specialists) must be present to monitor the client's convalescence on a twenty-four (24) hour basis.	—	—	—
3. There shall be documentation that staff members assigned to a supervised detoxification component are knowledgeable about the physical signs of withdrawal, the taking of vital signs and the implication of those vital signs, and emergency procedures.	—	—	—
4. A qualified staff member(s) (registered and/or licensed practical nurses or Regional Detoxification Specialists) shall collect and document the following information:			
a. A signed Voluntary Admission Agreement.	—	—	—
b. Alcohol and other drug use, past and present.	—	—	—
c. Past psychiatric and chemical dependency treatment.	—	—	—
d. Significant medical history and current health status.	—	—	—
e. Current living situation.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
e. Current employment situation; and	—	—	—
f. Current emotional state and behavioral functioning.	—	—	—
5. The detoxification history shall be initiated on admission and completed and filed in the client record within 24 hours of admission. If an emergency of the client's physical condition prevents documentation within 24 hours, staff shall explain the circumstances in the client record and obtain the information as soon as possible.	—	—	—
6. A clinical staff person authorized by the program shall identify the client's short term needs (based on the detoxification history and the medical history and develop an appropriate detoxification plan (stabilization plan). The plan shall be signed.	—	—	—
7. The client shall also sign the detoxification plan, unless medically contraindicated.	—	—	—
8. The completed and signed detoxification plan shall be filed in the client record within 24 hours of admission.	—	—	—
9. The program shall revise the detoxification plan whenever the client's needs change significantly.	—	—	—
10. The program shall implement the detoxification plan and document the client's response.			
a. Detoxification notes shall include:			
(1) the client's physical condition, including vital signs;	—	—	—
(2) the client's mood and behavior;	—	—	—
(3) client statements about the client's condition and needs; and	—	—	—
(4) information about the client's progress or lack of progress in relation to detoxification goals.	—	—	—
b. Additional notes shall be documented as appropriate.	—	—	—
11. The program shall have a written plan for emergency procedures.	—	—	—
12. The program is responsible for providing detoxification services for its assigned catchment area.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
13. The program shall employ at least one person per shift as a Regional Detoxification Specialist, a RN or a LPN when clients are on-site detoxification.	—	—	—
14. If the program is not hospital based, the program shall have policies and procedures for accessing services at a critical care facility.	—	—	—

**D. ADOLESCENTS**

1. The program shall address the special needs of adolescents and protect their rights.	—	—	—
2. Residential facilities shall have separate bedroom areas and bathrooms for adults and adolescents and for males and females. The facility shall have adequate barriers to divide the population.	—	—	—
3. Adults and adolescents may be mixed for specific groups or activities when there are therapeutic benefits for both populations. The program shall also provide separate groups and activities for adults and adolescents.	—	—	—
4. The program shall obtain consent for admission and authorization to obtain medical treatment at the time of admission for all clients under 18 years of age unless adjudicated as an emancipated minor.	—	—	—
5. Programs shall observe the legal or other statutory laws that define the adolescent population to be served.	—	—	—
6. Residential and Day Treatment programs shall have policies and procedures that govern access to client education as required by the Arkansas Department of Education.	—	—	—
7. The program's treatment services, lectures, and written material shall be age-appropriate and easily understood by clients.	—	—	—
8. The program shall allow regular communication between an adolescent client and the client's family and shall not arbitrarily restrict any communication without clear, written individualized clinical justification documented in the client record.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
9. The program shall ensure that staff who plan, supervise, or provide chemical dependency education or counseling to adolescents shall have the following:			
a. qualified credentials for counselors; and	—	—	—
b. Direct care employees shall have documentation of continuing education in human adolescent development, family systems, adolescent psychopathology and chemical dependency and addiction in adolescents, and adolescent socialization issues. This may include inservice training.	—	—	—
10. Clients shall be under direct supervision at all times.			
a. At the program site, staff shall conduct visual checks at least once every hour. Bed checks will be made every four hours and logged. Incidents will be recorded and reported as appropriate.	—	—	—
b. In public places, clients shall be within eyesight at all times.	—	—	—
11. The program shall have policies and procedures that limit admissions to adolescents 13 through 17 years of age. The policies and procedures shall specify any exceptions to the requirement.	—	—	—
12. The treatment plan shall address adolescent specific needs and issues.	—	—	—
13. The program shall involve the adolescent's family or an alternate support system in the treatment process or document why this is not happening.	—	—	—
14. Staff shall not provide, distribute, or facilitate access to tobacco products.	—	—	—
15. Staff shall not use tobacco products in the presence of adolescent clients.	—	—	—
16. The program shall prohibit adolescent clients from using tobacco products.	—	—	—

**E. PREGNANT AND PARENTING WOMEN LIVING CENTERS (PPWLC)**

Measurement Criteria	Compliance		
	YES	NO	N/A
1. The program shall address the specialized needs of the parent and include services for children. These services shall include:			
a. Alcohol and Other Drug Treatment;	—	—	—
b. Child Care;	—	—	—
c. Transportation;	—	—	—
d. Medical Treatment;	—	—	—
e. Housing;	—	—	—
f. Education/Job Skills;	—	—	—
g. Parenting Skills;	—	—	—
h. Aftercare;	—	—	—
i. Family Education and Support; and	—	—	—
j. Case Management.	—	—	—
2. Education, counseling, and rehabilitation services shall address:			
a. The effects of chemical dependency on a woman's health and pregnancy and/or her child's health;	—	—	—
b. Parenting skills; and	—	—	—
c. Health and nutrition.	—	—	—
3. The program shall have a procedure to regularly assess parent-child interactions. Any identified needs shall be addressed in treatment.	—	—	—
4. The program shall provide or arrange for childcare with a qualified provider while the parent participates in treatment activities. If the program is a licensed childcare program and provides childcare on site, a childcare license must be displayed.	—	—	—
5. Staff shall not allow anyone except the legal guardian or a person authorized by the legal guardian to take a child away from the facility. If an individual shows documentation of legal custody, staff shall record the person's identification before releasing the child.	—	—	—
6. The program shall have a procedure to use if a parent abuses or neglects a child, including reporting, intervention and documentation.	—	—	—
7. Residential programs shall not accept dependents over the age of 6.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
9. General Requirements:			
a. The program shall ensure that children are directly supervised by parents or qualified childcare providers at all times. The program is always responsible for providing oversight and guidance to ensure children receive appropriate care when they are supervised by clients;	—	—	—
b. The program shall have a written policy and a current schedule showing who is responsible for the children at all times;	—	—	—
c. The program shall provide a variety of age-appropriate equipment, toys, and learning materials;	—	—	—
d. Standards protecting the health, safety, and welfare of clients apply to their children; and	—	—	—
e. Behavioral management shall be fair, reasonable and consistent, related to the child's behavior. Physical discipline by program staff is prohibited.	—	—	—

**F. THERAPEUTIC COMMUNITY**

1. The Therapeutic Community shall develop and implement a written mission and philosophy that addresses the beliefs, attitudes and purpose of the Therapeutic Community.	—	—	—
2. The Therapeutic Community shall develop and implement policies and procedures that governs its operation and insures compliance with applicable regulations.	—	—	—
3. The Therapeutic Community's mission statement, philosophy and policies/procedures are documented in such a manner as to be understandable to staff, clients and other concerned groups or individuals. In addition, the Therapeutic Community's mission statement, philosophy and policies/procedures shall adhere to the BADAP's "Expectations for Therapeutic Communities."	—	—	—
4. Any confrontation or consequence tools used by the Therapeutic Community shall not infringe upon client rights.	—	—	—
5. The supervisor of the staff using the confrontation tool shall closely monitor its use.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
6. The Therapeutic Community shall be staffed with multidisciplinary teams, including but not limited to, Social Workers, Substance Abuse Counselors, Caseworkers and Correctional Officers. The treatment planning process, including the comprehensive plan, plan reviews, and aftercare plans, shall involve the team.	—	—	—
7. Treatment staffing ratios shall not exceed twenty-five clients per treatment staff.	—	—	—
8. Comprehensive Treatment Plans shall be implemented within seven (7) days of the client's entry into the Therapeutic Community.	—	—	—
9. Once implemented, Comprehensive Treatment Plans shall be reviewed no later than every thirty days.	—	—	—

**G. PARTIAL DAY TREATMENT**

1. There are partial day treatment services available which provide services at a minimum of four (4) hours per day and at least five (5) days per week.	—	—	—
2. A minimum of one hot meal per day is provided to each client in this setting.	—	—	—



**PART IV**  
**METHADONE/LEVOMETHADYL ACETATE HYDROCHLORIDE (LAAM)**  
**TREATMENT PROGRAM STANDARDS**

**A. GENERAL STANDARDS**

Measurement Criteria	Compliance		
	YES	NO	N/A
1. The treatment program providing Methadone/LAAM services, hereinafter referred to as "Program", shall comply with applicable federal, state and local laws and regulations including those under the jurisdiction of the Food and Drug Administration, the Drug Enforcement Administration and the State Authority, as well as laws and regulations governing equal employment opportunity and non-discrimination of clients.	—	—	—
2. Laboratories that perform drug testing shall be in compliance with applicable Federal proficiency testing and regulatory standards and applicable state standards.	—	—	—
3. All persons admitted for Methadone/LAAM services shall be narcotic dependent (an individual who physiologically needs heroin or a morphine-like drug to prevent the onset of signs of withdrawal).	—	—	—
4. The Methadone/LAAM program Shall:			
a. Provided a comprehensive range of medical and rehabilitative services;	—	—	—
b. Be approved by the State Authority and the Food and Drug Administration;	—	—	—
c. Shall be registered with the Drug Enforcement Administration to use a narcotic drug for the treatment of narcotic addiction; and	—	—	—
d. Shall operate at least six (6) days a week.	—	—	—
5. Methadone services shall include but not be limited to:			
a. Medical evaluations;	—	—	—
b. Counseling; and	—	—	—
c. Rehabilitative and other social programs (e.g., vocational and educational guidance, and employment placement) which shall help the patient become a productive member of society.	—	—	—

**B. SCREENING, ADMISSION, TREATMENT AND CASE MANAGEMENT**

Measurement Criteria	Compliance		
	YES	NO	N/A
1. Screening for admission shall include a staff assessment as to appropriateness of treatment, that admission is voluntary, and that the patient understands the risks, benefits, and options. Prescription Methadone/LAAM is a highly addictive substance and entry into a Program is a critical decision for both the patient and the Program. Before admitting an applicant to Methadone/LAAM treatment, the Program shall satisfy itself that the applicant fully understands the reasons for and ramifications of administrative detoxification and that the applicant voluntarily enters the Program with that knowledge.	—	—	—
2. The Program shall document a one (1) year history of opiate addiction and current physiological dependence. A one (1) year history of opiate addiction means a period of continuous or episodic addiction for the one (1) year period immediately prior to application for admission to the Program. Documentation may consist of the applicant's past treatment history, presence of clinical signs of addiction, such as old and fresh needle marks, constricted or dilated pupils, or an eroded or perforated nasal septum.	—	—	—
3. For applicants who are under the age of eighteen (18) the Program shall document two (2) unsuccessful attempts at drug-free treatment prior to being considered for admission to a Program. Note: Admit no person under the age of sixteen (16) to a Program without the prior approval of the State Authority. No individual under age eighteen (18) is to receive LAAM.	—	—	—
4. The Program shall inform each client about potential adverse reactions to medication, including those reactions which might result from interactions with other prescribed or over-the-counter pharmacological agents, other medical procedures, and food.	—	—	—
5. Clients receiving Methadone/LAAM services shall be informed of the extent to and limits of confidentiality, including the use of identifying information for central registry and/or program evaluation purposes.	—	—	—
6. Clients seeking readmission to a Program after an administrative detoxification shall at a minimum wait thirty (30) days prior to applying for readmission. If a Program administratively detoxifies a patient twice in a year then the patient shall wait twelve (12) months to apply for readmission.	—	—	—
7. The Program shall test women of childbearing age for pregnancy at the time of admission unless medical personnel determine that the test is unnecessary.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
8. The Program shall give priority to pregnant women in its admission policy.	—	—	—
9. The Program shall arrange for medical care during pregnancy by appropriate referral, and verify that the patient receives medical care as planned.	—	—	—
10. The Program shall provide the patient a full range of treatment and rehabilitative services. The absence of the use of controlled substances, except as medically prescribed; social, emotional, behavior and vocational status; and other individual patient needs shall determine the frequency and extent of the services.	—	—	—
11. The Program shall have an assessment and treatment team which shall consist of a Medical Director, medical staff and counselors who shall assess the patient's needs and, with the patient's input, develop a treatment plan. The primary counselor shall sign the treatment plan. As part of developing a treatment plan, the patient shall have input in establishing or adjusting dosage levels. The assessment and treatment team shall staff each case at least once each thirty (30) days during the first ninety (90) days of treatment and at least once each ninety (90) days thereafter. The Medical Director shall sign off on the initial treatment plan when developed and the comprehensive treatment plan on a quarterly basis.	—	—	—
12. Services to each patient shall include individual, group and family counseling at the following minimum levels:			
a. <b>Phase I</b> - Phase I consists of a minimum ninety (90) day period in which the client attends the Program for observation daily or at least six (6) days a week. Phase I requires at least four (4) hours of counseling per week during the initial three (3) months following admission or until the patient achieves two (2) day take-home medication status, whichever is longer. The counseling sessions at a minimum shall consist of two (2) hours of group therapy sessions, one (1) hour of individual counseling, and one (1) hour of twelve step/self help meeting per week. The assessment and treatment team and the patient shall determine the patient's assignment of group therapy attendance. The issues to be discussed in group therapy sessions shall consist of at a minimum but not limited to the following:			
(1) Family or Significant Others;	—	—	—
(2) Living Skills;	—	—	—
(3) Methadone Maintenance;	—	—	—
(4) Peer Confrontation;	—	—	—
(5) Positive Drug Screen;	—	—	—



Measurement Criteria	Compliance		
	YES	NO	N/A
<p>c. <b>Phase III</b> - A patient admitted more than two (2) years but less than three (3) years and successfully completing Phase II, shall attend the Program no less than two (2) times weekly. The Program may issue no more than three (3) take-home doses at a time and no more than a total of five (5) take-home doses in a week. A patient must have at least six (6) months of continuous clean screens, while in Phase II, prior to advancement into Phase III.</p> <p>Phase III requires at least one (1) hour counseling per month in addition to attendance at one (1) self-help group meeting per week for three (3) years following admission or until the patient achieves a six (6) day take-home medication status, whichever is longer. The one (1) hour counseling may be either individual counseling or group therapy, as determined by staff and patient.</p>			
<p>d. <b>Phase IV</b> - The Program may provide a (6) day supply of Methadone if a patient, admitted for three (3) years has successfully completed Phase III. A patient must have at least six (6) months of continuous clean screens, while in Phase III, prior to advancement into Phase IV.</p> <p>Phase IV requires at least one (1) hour counseling per month in addition to attendance at two (2) self-help group meetings per month as long as the patient maintains a six (6) day take-home medication status.</p>			
<p>e. <b>Phase V</b> - During the above four (4) phases a patient, in consultation with the assessment and treatment team, may elect to enter Phase V.</p> <p>(1) This phase implements the Methadone/LAAM detoxification plan. The Program physician determines the take-home dosage schedule for the patient. The primary counselor determines the number of counseling sessions provided during this phase based on the clinical judgment of the primary counselor with input from the patient. At the onset of Phase V, the patient may require an increased level of support services (i.e., increased levels of individual, group counseling, etc.). Prior to successful completion of Phase V the primary counselor and patient shall develop a plan that shall integrate the patient into a drug-free treatment regimen for ongoing support.</p> <p>(2) The patient's use of controlled substances except as medically prescribed, deterioration of social, emotional, vocational or behavioral status; and or other individual needs shall result in increased frequency and extent of treatment and rehabilitation services.</p>			

Measurement Criteria	Compliance		
	YES	NO	N/A
<p>13. The Program shall conduct a special staffing to determine an appropriate response whenever a patient has two (2) or more urinalyses in a one (1) year period that are positive for drugs other than Methadone/LAAM. The Medical Director shall use test results as a guide to change treatment approaches and not as the sole criteria to force a patient out of treatment. <b><i>A client with positive screens could be placed in treatment similar to a lower phase, with more frequent treatment contacts and screenings, and then returned to the higher phase when it is determined that the client's progress would make such a move clinically appropriate.</i></b> When using test results, the Medical Director shall distinguish presumptive laboratory results from definitive laboratory results.</p>	—	—	—
<p>14. Upon admission, and annually thereafter, the Program shall obtain a complete medical history from each patient being admitted to treatment. The medical and laboratory examination of each patient shall include:</p> <ul style="list-style-type: none"> <li>a. Investigation of the possibility of infectious disease and possible concurrent surgery problems;</li> <li>b. The complete blood count and differential;</li> <li>c. Serological test for syphilis;</li> <li>d. Routine and microscopic urinalysis toxicology screening for drugs;</li> <li>e. Multiphase chemistry profile;</li> <li>f. Intramural PPD administered and interpreted by the medical staff; and</li> <li>g. A chest x-ray, Pap smear, biological test for pregnancy or screening for sickle cell disease if the examining medical personnel request these tests.</li> </ul>	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
15. The Program shall not require a medical examination for a patient transferring to a new Program who received a medical and laboratory examination within three (3) months prior to admission to the new Program. The Program physician may request a medical and laboratory examination for a transferring patient. However, the new Program physician shall have, as part of the transfer summary, a medical summary and statement for the patient's previous Program that indicates a significant medical problem. The transferred record shall include copies of the previous examination prior to admission.	—	—	—
16. Verify that the patient is not currently enrolled in another Methadone/LAAM treatment program.	—	—	—

**C. PROGRAM POLICIES**

1. The program shall implement a written policy that states the Program shall not deny treatment to a person based on his or her actual or perceived sero status, HIV related condition, or AIDS.	—	—	—
2. Program staff shall receive training on the subject of HIV infection and treatment of HIV infected patients.	—	—	—
3. The Program shall have written policies for infection control which are not in conflict with the Center for Disease Control Guidelines.	—	—	—
4. The Program shall provide AIDS education to patients and shall provide or refer patients for HIV pre-test counseling and voluntary HIV testing. If the Program does test for AIDS, it shall be with the informed consent of the patient. The Program shall assure the provision of pre- and post-test counseling for the patients.	—	—	—
5. The Program shall provide medical evaluations to patients periodically and at least annually.	—	—	—
6. The Program shall provide or refer patients for tuberculosis and sexually transmitted disease (STD) testing upon admission and at least annually thereafter. However, Programs shall not require clients to receive HIV/AIDS testing.	—	—	—
7. The Program shall develop written policies and procedures for continued Methadone/LAAM treatment in the event of an emergency or natural disaster.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
8. The Program shall have hours which provide for early morning and late evening services.	—	—	—
9. The Program shall implement written policies and procedures to ensure positive identification of the patient before Methadone/LAAM is administered.	—	—	—
10. The Program shall develop written policies regarding the recording of patient medication intake and a daily Methadone/LAAM inventory.	—	—	—
11. The Program shall require a six (6) day Program attendance when the patient receives a daily dose greater than 100 milligrams of Methadone or 120 milligrams of LAAM.	—	—	—
12. The Program shall develop and implement written policies and procedures to contact other Methadone/LAAM treatment programs within a 200 mile radius to prevent duplication of services to an individual. The policy shall be in accordance with Federal Confidentiality Regulations (42 CFR, Part 2).	—	—	—
13. The Program shall monitor a patient's progress and shall satisfy itself that the patient is continuing to benefit from treatment.	—	—	—
14. The Program shall not use incentives or rewards or unethical advertising practices to attract new patients. This shall not forbid the Program from rewarding patients that maintain exemplary compliance with program rules and their individualized treatment plans.	—	—	—
15. The Program has the right to randomly schedule telephone requests to patients who have take home privileges requiring them to report to the treatment facility and to bring their remaining take-home medication with them. At least twice annually the Program shall randomly select at least five per cent (5%) of these patients who have take home privilege for this purpose.	—	—	—
16. Programs shall be responsible for contacting the previous Programs of transferring patients regarding such issues as their stability in treatment and take home status, before initiating take home privileges for these patients.	—	—	—
17. Patient to counselor ratios shall not exceed 40:1	—	—	—



Measurement Criteria	Compliance		
	YES	NO	N/A
18. Programs shall employ at least one full-time medical doctor, as licensed to practice medicine in the State of Arkansas, for every 300 clients.	—	—	—
19. Licensed health care practitioners employed by programs, if not certified by a recognized addiction professional credentialing body, shall have experience in the treatment of addictions.	—	—	—
20. Periodic, direct, observation shall be used in collecting urine specimens. Observation shall be conducted professionally, ethically and in a manner which respects patient's privacy and does not damage the patient-clinic relationship.	—	—	—
21. Random, periodic testing, including breathalyzer tests for alcohol, shall be done to ascertain use of other substances, for patients with a history of abusing these substances.	—	—	—
22. The Addiction Severity Index (ASI) shall be used to determine other areas in which a patient needs services, including treatment, educational, vocational or other services. Other tests may be administered as appropriate but not in lieu of the ASI.	—	—	—
23. Each patient whose daily dose is above 100 milligrams is required to be under observation while ingesting the drug at least six (6) days per week irrespective of the length of time in treatment, unless the Program has received prior approval from the Food and Drug Administration with the concurrence of the State authority.	—	—	—
24. If the patient is found to have a physical disability which interferes with his or her ability to conform to the applicable mandatory schedule, she or he may be permitted a temporarily reduced schedule, provided she or he is also found to be responsible in handling methadone and the state authority concurs.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
<p>25. <b>Program Security</b> - Programs are subject to Drug Enforcement Administration regulations concerning the Registration of Manufacturers, Distributors, and Dispensers of Controlled Substances (Chapter II Parts 1301 - 1307). Patients shall be physically separated from the narcotic storage and dispensing area. The Program shall not allow patients to congregate or loiter on the grounds or around the facility.</p>	—	—	—
<p>26. <b>Urinalysis</b> - Programs shall implement procedures, including the random collection of samples, to effectively minimize the possibility of falsification of the sample. The Program shall use urine testing as a clinical tool for the purposes of diagnosis and the development of treatment plans. After admissions, the results of a single urine screening report shall not determine significant treatment decisions. Patients on a monthly schedule for whom urine screening reports indicate positive results for drugs other than Methadone/LAAM shall return to a weekly schedule for a period of time clinically indicated by the physician.</p> <p>a. The Program shall complete an initial drug screening test or analysis for each patient upon admission.</p> <p>b. The Program shall conduct new patient urine drug screening weekly for the first three (3) months in treatment.</p> <p>c. The Program may place a patient who completes three (3) months of urine drug screening showing no indications of drug abuse on a monthly urine testing schedule.</p> <p>The Program shall analyze each urine sample for opiates, Methadone, amphetamines, cocaine, benzodiazepines, marijuana and other drugs as may be indicated by patient's use patterns. Laboratories that perform the testing required under this regulation shall be in compliance with applicable Federal proficiency testing and licensing standards and applicable state standards.</p>	— — —	— — —	— — —
<p>27. <b>Dosage Reporting Requirements</b> - The Medical Director may order Methadone/LAAM dosages in excess of 100 milligrams but less than 120 milligrams only where medically indicated. The Medical Director shall fully document the reasons for the dosage level and report to the State Authority such orders. The Medical Director shall obtain prior written approval from the State Authority for Methadone/LAAM dosage orders in excess of 120 milligrams.</p>	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
28. <b>Take-Home Medication</b> - The requirement of time in treatment is a minimum reference point after which a patient may be eligible for take-home medication privileges. The time reference does not mean that a patient in treatment for a particular time has a specific right to take-home medication. Since the use of take-home privileges creates a danger of not only diversion, but also accidental poisoning, the Medical Director must make every attempt to ensure that take-home medication is given only to patients who will benefit from it and who have demonstrated responsibility in handling Methadone. Thus, regardless of time in treatment, a Medical Director may, in his or her reasonable judgment, deny or rescind the take-home medication privileges of a patient. Concurrently, the patient shall provide assurance to the Program that take-home medication can be safely transported and stored by the patient for the patient's use only. Take home dosing shall not be provided to clients in Phase I.	—	—	—
29. Any patient receiving 100mg or larger Methadone dosage shall not be allowed exceptional take-home privileges unless approved via DEA and BADAP. <b><i>Patients shall not be allowed LAAM take home dosings.</i></b>	—	—	—
30. All requests for METHADONE take-home medication exceptions must be submitted to the State Authority in writing. Each request must document the following:  a. The name of the patient/client for whom the request is made;  b. The clients date of admission in the program;  c. The address, phone number and Social Security number of the patient/client;  d. The dates for the requested take-home;  e. Number of doses requested;  f. The rationale for the exceptions;  g. The current dosing amount;  h. Entry date of current treatment phase; and  i. Drug screens results within 30 days prior to request.	— — — — — — — — —	— — — — — — — — —	— — — — — — — — —
31. Take home medication exceptions must be approved, in writing, by the State authority prior to dispersion.	—	—	—

Measurement Criteria	Compliance		
	YES	NO	N/A
32. Patients shall have access to the program in case of an off-hour emergency. The program shall maintain a 24-hour Emergency Hot-Line with individuals designated as on-call to deal with patient emergencies.	—	—	—
33. When a patient transfers from one Program to another, the transferring Program shall send copies of the transferring patient's records to the licensed receiving Program prior to admission. Transferring patients shall enter Phase I for a minimum of two (2) weeks. With successful completion of Phase I, they enter the appropriate treatment phase.	—	—	—
34. Individuals visiting the State of Arkansas who are part of a Methadone/LAAM treatment program, shall have their home program provide information to an accredited Program prior to the individual's arrival in the state. The Arkansas Program shall provide qualified visiting patients up to twenty-eight (28) days of Methadone/LAAM medication. However, take-home privileges shall not be greater than the privileges accorded by the home program, and in no case for longer than six (6) days. Again, take-home dosings are not allowed for individuals receiving LAAM.	—	—	—
35. The client's progress in meeting treatment plan goals will be assessed at the time of discharge.	—	—	—
36. A Program shall instruct patients not to cause unnecessary disruption to the community by loitering in the vicinity of the Program, or engaging in disorderly conduct or harassment. The Program may discharge patients who cause such disruption to the community. The program shall document: <ul style="list-style-type: none"> <li>a. The reason(s) for discharge;</li> <li>b. Written notice of his or her right to request review of the decision by the Program Director or his or her designee; and</li> <li>c. A copy of the appeal procedures.</li> </ul>	—   —   —	—   —   —	—   —   —
37. The Program shall maintain Program records for at least five (5) years. The Program shall not destroy records that are part of an unresolved audit or investigation.	—	—	—

**D. Levo-alpha-acetyl-methadol (LAAM)**

Programs licensed by the State Authority for the dispensing of Methadone will also receive permission to dispense Levo-alpha-acetyl-methadol (LAAM). Standards specific to LAAM dispensing are:

Measurement Criteria	Compliance		
	YES	NO	N/A
1. No individual under age 18 may receive LAAM.	—	—	—
2. Pregnant individuals may not receive LAAM.	—	—	—
3. Monthly tests for pregnancy, except in those cases where conception is not medically possible, must be conducted on all female clients.	—	—	—
4. LAAM may not be dispensed to any individual currently receiving Methadone. Methadone may be used in lieu of LAAM for take home purposes.	—	—	—
5. There will be no "take home" dosages for individuals receiving LAAM.	—	—	—
6. Individuals receiving LAAM will adhere to the same "Phase System" required for individuals receiving Methadone.	—	—	—
7. It is acceptable for LAAM patients in Phase I to be seen in treatment three times per week rather than six times per week, as is the case for Methadone patients, since the patient receiving LAAM need less frequent dosing. As long as the patients are maintaining the level of counseling contacts required for Phase I, three program visits weekly are allowed.	—	—	—

## **DEFINITIONS**

### **Relative to Bureau of Alcohol and Drug Abuse Prevention Licensure Standards**

**Administrative Detoxification** - The gradual, medically controlled withdrawal of methadone/LAAM from a patient for violation or infraction of a Program policy.

**Admission** - The point in an alcohol or drug abuser's relationship with the program at which the intake process has been completed and the individual is entitled to receive services.

**Aftercare** - The component of the treatment program which assures the provision of continued contact with the client following the termination of services from a primary care modality, designed to support and to increase the gains made to date in the treatment process. Aftercare plan development should start prior to discharge but is not implemented until discharge.

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

**Alcohol and Drug Management Information System (ADMIS)** - The management information system for the collection and reporting of patient related data prescribed by the State Authority.

**Applicant** - Any individual who has applied for admission to a program but is not yet admitted to the program.

**Applicant Screening** - The act of determining eligibility for treatment.

**Assessment** - The process of collecting sufficient data to enable evaluation of an individual's strengths, weaknesses, problems and needs so that a treatment plan can be developed.

**CPI** - Crisis Prevention and Intervention

**Client** - An individual who has an alcohol or drug abuse problem, for whom intake procedures have been completed, and who is admitted to the program.

**Counselor** - An individual who, by virtue of education, training or experience, provides treatment, which includes advice, opinion, or instruction to an individual or in a group setting to allow opportunity for a person to explore his or her problems related directly or indirectly to alcohol and/or drug abuse or dependence.

**Definitive Laboratory Results** - The are confirmatory tests done by a National Institute of Drug Abuse (NIDA) certified laboratory.

**Detoxification** - The withdrawal of a person from a physiologically addicting substance.

**Detoxification Treatment** - The dispensing of a narcotic drug in decreasing doses to an individual to alleviate adverse physiological or psychological effects incident to withdrawal from the continuous or sustained use of a narcotic drug and as a method of bringing the individual to a narcotic drug-free state within such period.

**Direct Care** - Any person who provides chemical dependency education or counseling of treatment related activities.

**Documentation** - Provision of written, dated and authenticated evidence (signed by person's name and title) to substantiate compliance with standards, e.g., minutes of meetings, memoranda, schedules, notices, announcement.

**Emergency Admission** - An admission that does not meet the intake process due to the extreme nature of the circumstances involved.

**Emergency Care** - A network of services that provides all persons having acute problems related to alcohol and/or drug use and abuse readily available diagnosis and care, as well as appropriate referral for continuing care after emergency treatment.

**Executive Director** - The individual appointed by the governing board to set in its behalf in the overall management of the alcohol or drug abuse treatment program. May also be referred to as Chief Executive Officer.

**Family** - Individuals as defined by law, or significant others that claim relationship to the client.

**Fiscal Management System** - Procedures that provide management control of the financial aspects of program operations. Such procedures include cost accounting, program budgeting, materials purchasing, and client billing standards.

**Governing Board** - That person or persons with the ultimate authority and responsibility for the overall operation of the program.

**Intake** - The process of collecting and assessing information to determine the appropriateness of admitting or restraining an individual in an alcohol or drug abuse treatment program.

**Intensive Outpatient** - The process of providing treatment services in a partial (less than twenty-four hours) setting and consisting of at lease two or more hours per day for three days a week. Services include at a minimum, alcohol and other drug abuse treatment and case management. Other services include but are not limited to, family counseling, parenting skills training and job training.

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

**Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs** - The standards developed by the Bureau of Alcohol and Drug Abuse Prevention which accredited treatment program shall meet.

**May** - Term in the interpretation of a standard to reflect an acceptable method that is recognized but not necessarily preferred.

**Medical Detoxification** - Includes 24-hour medically supervised care in a hospital setting or medical model facility. Service shall be under the supervision and guidance of a licensed physician.

**Medical Director** - A physician licensed to practice medicine in the State of Arkansas who assumes responsibility for the administration of medical services performed by the Program, including ensuring that the Program is in compliance with federal, state and local laws and regulations regarding the medical treatment of narcotic addiction with a narcotic drug.

**Methadone/LAAM Maintenance** - The dispensing of methadone for more than 180 days in the treatment of an individual for dependence on heroin or other morphine-like drugs.

**Narcotic Dependent** - An individual who physiologically needs heroin or a morphine-like drug to prevent the onset of signs of withdrawal.

**Needs Assessment** - Process whereby a program determines local treatment needs. The assessment is based on quantifiable and qualifyable data. Accepted research practices are used.

**Observation Detoxification** - Includes monitoring on a 24-hours per day basis of a client who is undergoing mild withdrawal in a residential/live in setting. Monitoring will consist of taking the client's vital signs every two hours, or more frequently if indicated, until results remain within the normal range for at least four hours. Vital signs will be taken by a staff member trained and certified by BADAP, a Medical Doctor, Registered Nurse, Licensed Psychiatric Technical Nurse or Licensed Practical Nurse. The facility shall establish approved emergency medical procedures. These services shall be available should the client's condition deteriorate and emergency procedures be required.

**Outpatient Program** - A non live-in program offering treatment or rehabilitation services to alcohol or drug abusers on a scheduled or non-scheduled basis.

**Outpatient Service - Family-Counseling** provided in an outpatient environment to a substance abuse client and/or family members and/or significant other. Although the



client is usually present at these sessions, these sessions are reimbursable if the client is not present. Services to all members of the family or significant other may be reimbursed.

**Outpatient Service - Group-Counseling** provided in an outpatient environment to more than one substance abuse client.

**Outpatient Service - Individual**-Includes care provided to a substance abuse client in an outpatient environment.

**Outreach Public Education and Information** - The dissemination of relevant information specifically aimed at increasing the awareness, receptivity, and sensitivity of the community and stimulating social action to increase the services provided for people with problems associated with the use of alcohol and/or drugs. It also includes the process of reaching into a community systematically for the purpose of identifying persons in need of services, altering individuals and their families as to the availability of services, locating additional services, and enhancing the entry into the service delivery system.

**Partial Day Treatment** – Care provided to a substance abuse client who is not ill enough to need admission to medical detoxification or observation detoxification, but who has need of more intensive care in the therapeutic setting. This service shall include at a minimum intake, individual and group therapy, psychosocial education, case management and a minimum of one hot meal per day. Partial Day Treatment shall be a minimum of four (4) hours per day for five (5) days per week. In addition to the minimum services, treatment may include drug testing, medical care other than detoxification and other appropriate services. A unit of service is one (1) day.

**Presumptive Laboratory Results** – The screening test results that have not been confirmed by a National Institute of Drug Abuse (NIDA) certified laboratory.

**Primary Care Modality** - All components of the treatment program, excluding aftercare.

**Program** - An individual, partnership, corporation, association, government subdivision or public or private organization that provides treatment services.

**Program Component** - A category into which a specific group of interrelated services can be classified, e.g., outpatient care.

**Program Sponsor** - A person (or representative of an organization) who is responsible for the operation of a Program and who assumes responsibility for its employees, including practitioners, agents or other persons providing services at the Program (including its medication units) and is knowledgeable of substance abuse treatment issues.

**Progress Note** - That portion of the client's case which describes the progress of the client and his (her) current status in meeting the goals set in the treatment plan, as well

as describing the efforts of staff members to help the client achieve those stated goals. Progress notes also include documentation of those events and activities related to the client's treatment.

**Referral Agreement** - A written document defining a relationship between the program and an outside resource for the provision of client services not available within the alcohol or drug abuse treatment program.

**Regional Alcohol And Drug Detoxification Services (RADD Services)** – A process providing the client with up to three days detoxification services and an aftercare plan. All or part of these services may be provided to individualize the treatment to meet the client's needs. A unit of service will include the following: (1) initial evaluation, (2) admission to the appropriate level of detoxification services, (3) up to three days detoxification services with extensions requiring prior approval from BADAP, and (4) referral.

**Regional Detoxification Specialist** – A person trained and certified by the Bureau of Alcohol and Drug Abuse Prevention. Training will provide competency, at a minimum, in the following areas:

1. current RADD Program Policy and Procedure,
2. taking of vital signs (temperature, pulse, respiration and blood pressure),
3. evaluation of presenting symptoms and compiling an accurate substance abuse history,
4. current certification in cardiopulmonary resuscitation (CPR),
5. current certification in a first aid course,
6. current Non-Violent Crisis Prevention, Intervention and Certification (CPI) in diffusing hostile situation, and
7. knowledge of alternate social, rehabilitation and emergency referral resources.

**Rehabilitation** - The restoration of a client to the fullest physical, mental, social, vocational and economic usefulness of which he or she is capable. Rehabilitation may include, but is not limited to, medical treatment, psychological therapy, occupational training, job counseling, social and domestic rehabilitation and education.

**Residential Program** - A twenty-four hour, non-medical, live-in facility offering treatment and rehabilitation services to facilitate the alcohol or drug abuser's ability to live and work in the community.

**Residential Service** - Includes care provided to a substance abuse client who is not ill enough to need admission to medical detoxification or observation detoxification, but who has need of more intensive care in the therapeutic setting with supportive living arrangements. This service shall include at a minimum, intake, individual and group therapy, case management and room and board. In addition to the minimum services, residential service may include drug testing, medical care other than detoxification, and other appropriate services.

**Residential Service at Pregnant and Parenting Women Living Centers (PPWLC'S)**

Services at a minimum include case management, alcohol and other drug treatment, child care, transportation, medical treatment, room and board, education/job skills training, parenting skills training, aftercare planning, and family counseling.

**Services** - Services are program components rendered to patients which shall include, but are not limited to: (1) Medical evaluations; (2) Counseling; and (3) Rehabilitative and other social programs (e.g., vocational and educational guidance, employment placement) which shall support the patient in becoming a productive member of society.

**Shall** - Term used to indicate a mandatory statement, the only acceptable method under the present standards.

**Should** - Term used in the interpretation of a standard to reflect the commonly accepted method, yet allowing for the use of effective alternatives.

**Significant Other** - An individual who has an intimate relationship with another, but who is not related by heredity or law.

**Staff** - Any individual who provides services to the program on a regular basis as a paid employee.

**Standards** - Specifications representing the minimal characteristics of an alcohol or drug abuse treatment program which are acceptable for the accreditation of a program.

**State Authority** - The Director, or designee, of the Arkansas Department of Health - Bureau of Alcohol and Drug Abuse Prevention, or its successor.

**Substance Abuse Treatment** - A process whereby services are provided to an individual with the intent of the cessation of harmful or addictive use of alcohol and/or other drugs. Treatment must include, but should not be limited to, counseling. Treatment promotes the ultimate goal of the individual reaching their fullest physical, mental, social, vocational and economic capabilities possible.

**Take-Home Medication** - Those doses of methadone consumed by the patient under conditions of no direct observation by a medical provider.

**Treatment Plan** - A written plan developed after assessment, which specifies the goals, activities and services appropriate to meet the objective needs of the client.

**Treatment Program** - Any program that delivers alcohol and/or drug abuse services to a defined client population.

**Treatment Staff** - That group of personnel of the alcohol or drug abuse treatment program which is directly involved in client care or treatment.

**Update** - A dated and signed review of a report, plan or program with or without revision.

**Volunteer** – Any person who of their own free will provides goods or service without any financial gain. Volunteers may not supplant paid staff.

**Working Agreement** - A written contract, letter of document, or other document that defines the relationship.

5800 West 10<sup>th</sup> Street, Suite 907  
Little Rock, Arkansas 72204  
(501) 280-4500 – FAX (501) 280-4519

\$75 Application fee must accompany application.

## RENEWAL

NAME OF FACILITY TO BE LICENSED (dba if used):

FAX Number

☐ Outpatient

☐ Non-Profit  
☐ For Profit  
☐ Public

Date \_\_\_\_\_