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**IDAPA 16
TITLE 06
CHAPTER 03**

**16.06.03 - RULES AND MINIMUM STANDARDS GOVERNING ALCOHOL/DRUG
ABUSE PREVENTION AND TREATMENT PROGRAMS**

000. LEGAL AUTHORITY.

Under authority vested in the Board of Health and Welfare by Title 39, Chapter 3, Idaho Code, and pursuant to the regulations issued by the United States Department of Health and Human Services concerning Alcohol and Drug Abuse and Mental Health Services, the Board of Health and Welfare adopts these rules and minimum standards for approval of alcohol/drug prevention and treatment programs in the state of Idaho, the establishment of services and financial eligibility criteria for persons applying for public treatment services, including early intervention, and the reimbursement of service fees. (4-5-00)

001. TITLE, SCOPE, AND POLICY.

01. Title. These rules are to be known as Idaho Department of Health and Welfare Rules, IDAPA 16.06.03, "Rules and Minimum Standards Governing Alcohol/Drug Abuse Prevention and Treatment Programs". (4-5-00)

02. Scope. These rules and minimum standards apply to programs in the state of Idaho that treat persons who use or are addicted to alcohol or drugs, including prescription drugs, to the extent that their health is impaired or endangered, or their social or economic functioning is disrupted. The purpose of this chapter is to set forth rules for the approval, denial, suspension or revocation of approval of alcohol/drug abuse treatment programs; to fix fees to be charged by the Department for inspections of approved programs or programs seeking approval; to set forth rules for the acceptance of persons by treatment programs; and to establish minimum standards of health, safety and quality for alcohol/drug abuse treatment programs. Section 165, "Prevention Services," addresses minimum requirements for prevention program approval. (4-5-00)

03. Policy. It is the policy of this State that alcoholics, intoxicated persons or drug addicts may not be subjected to criminal prosecution or incarceration solely because of their consumption of alcoholic beverages or addiction to drugs, but rather should be afforded treatment so that they may lead normal lives as productive members of society. The legislature continues to recognize the need for criminal sanctions for those who violate the provisions of the uniform controlled substances act, Section 39-301, Idaho Code. (4-26-95)

002. WRITTEN INTERPRETATIONS.

In accordance with Section 67-5201(19)(b)(iv), Idaho Code, this agency has written statements which pertain to the interpretation of the rules of this chapter, or to the documentation of compliance with the rules of this chapter. These documents are available for public inspection and copying at cost in the main office and each regional or district office of this agency. (4-26-95)

003. ADMINISTRATIVE APPEALS.

All contested cases shall be governed by the provisions of the IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings". (4-5-00)

004. INCORPORATION BY REFERENCE.

No documents have been incorporated by reference into these rules. (3-20-04)

005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE -- AND INTERNET WEBSITE.

01. Office Hours. Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the state of Idaho. (3-20-04)

02. Mailing Address. The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. (3-20-04)

03. Street Address. The business office of the Idaho Department of Health and Welfare is located at 450 West State St., Boise, Idaho 83720-0036. (3-20-04)

04. Telephone. The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. (3-20-04)

05. Internet Website. The Department's internet website is found at <http://www2.state.id.us/dhw/>. (3-20-04)

006. PUBLIC RECORDS ACT COMPLIANCE.

Any records associated with these rules are subject to the provisions of the Idaho Public Records Act, Title 9, Chapter 1, Idaho Code and IDAPA 16.05.01, "Use and Disclosure of Department Records". (3-20-04)

007. -- 009. (RESERVED).

010. DEFINITIONS.

The following terms are defined as they are used in these rules. Nothing in any of these definitions shall be read as being in conflict with definitions stated in Section 39-302, Idaho Code. (4-26-95)

01. Active Client. A client who receives services from an alcohol/drug abuse treatment program, who has had face to face contact with a qualified professional of the program within the preceding thirty (30) days. (3-20-04)

02. Aftercare. Services to provide support to an individual who is in a recovery program. (4-26-95)

03. Alternative Activities. Prevention services that provide opportunities for persons at risk for substance abuse to participate in activities that exclude alcohol, tobacco, and other drugs. (4-5-00)

04. Applicant. A person, agency, or organization who has filed an application to become an approved alcohol/drug treatment program under these rules. (4-26-95)

05. Appropriate. A term used to indicate that a particular procedure, treatment, test or service is effective, is clearly indicated, is adequate in quantity and is provided in the best setting to meet the client's needs. (4-26-95)

06. Approved Alcohol/Drug Abuse Treatment Program. An alcohol/drug abuse treatment program which provides activities to treat problems related to alcohol and drug use, which is approved in accordance with Section 39-305, Idaho Code, and these rules and minimum standards. Approved alcohol/drug abuse treatment programs in Idaho may be private for profit, private nonprofit, or operated by a governmental unit. (4-26-95)

07. Assessment. The collection of data necessary to develop an individualized treatment strategy aimed at eliminating or reducing alcohol/drug consumption by a thorough evaluation of the person's physical, psychological, and social status, a determination of the environmental forces that contribute to the alcohol/drug using behavior, and examination of the person's support system and resources. (4-26-95)

08. CARE. The Commission on Accreditation of Rehabilitation Facilities. (3-20-04)

09. Certificate of Approval. A certificate issued by the Department of Health and Welfare to an alcohol/drug abuse treatment program and facilities which it deems to be in compliance with these rules and minimum standards. (4-5-00)

10. Certified, Credentialed or Licensed Alcohol/Drug Counselor. A counselor possessing voluntary certification or licensure by a recognized state or national alcohol/drug abuse/addiction counselor credentialing or certifying organization. Knowledge and skills may be acquired through a combination of specialized training, education and experience. (4-26-95)

11. Certified Prevention Specialist. A person recognized by the Idaho Board of Alcohol/Drug

Counselor's Certification as a specialist in substance abuse education and the prevention of alcohol/drug abuse. This level of certification does not give authority to provide any form of counseling. (4-5-00)

12. Clinical Director. The program staff member responsible for oversight of all clinical aspects of the treatment services provided. (4-26-95)

13. Client. A person receiving treatment for alcohol/drug use, abuse, or addiction. The term is synonymous with patient, resident, consumer or recipient of treatment. (4-26-95)

14. Community-Based Process. Prevention services to involve and assist communities and social institutions to incorporate prevention into their existing services/work and to transfer the knowledge and skills required for them to deliver prevention services. (4-5-00)

15. Competencies. Competencies are the knowledge, skills and attitudes required for the members of the substance abuse clinical staff as a prerequisite to proficiency in the professional treatment of substance abuse. The model of competencies is determined by the Department. (3-20-04)

16. Contract. A formal agreement with any organization, agency or individual specifying the services, personnel, products or space to be provided by, to or on behalf of the program and the consideration to be expended in exchange. (4-26-95)

17. Counselor. A licensed professional counselor under Title 54, Chapter 34, Idaho Code, or an individual holding a masters degree in counseling from an approved college or university and who, for the purposes of these rules and minimum standards, also shall have specialized training, education, or experience in the treatment of persons with problems related to alcohol/drug use. (4-26-95)

18. Criminogenic Need. A client attribute shown by research to be correlated with criminal behavior and to be an appropriate target for treatment intervention. (3-20-04)

19. Current. Any license, permit, certificate or other documentation of review or inspection of the program, its staff or facility sites which is dated within the preceding twenty-four (24) months. (4-5-00)

20. Department. The Idaho Department of Health and Welfare. (4-26-95)

21. Detoxification Services. Services necessary to monitor individuals who are undergoing the systematic reduction of a toxic agent from the body during withdrawal. (4-26-95)

22. Director. The Director of the Department of Health and Welfare. (4-26-95)

23. Discharge. The point at which the client's active involvement in treatment is terminated, and the program no longer maintains active responsibility for the care of the client. (4-26-95)

24. Drug Court Outpatient Treatment Facility. A Department approved setting for the treatment of alcohol and drug problems for individuals under the jurisdiction of a local drug court. (3-20-04)

25. Drug Court Team. Individuals who collectively plan and evaluate services to drug court participants and determine participant compliance, progress, sanctions, movement from one treatment phase to another, and continuation or termination from drug court treatment. (3-20-04)

26. Early Intervention Prevention Services. Organized activities that are designed for individuals within indicated populations who are experimenting with alcohol, tobacco, or other drugs or exhibit other risk related behaviors. The goal of services for these populations is to modify the risk behavior to prevent the need for substance abuse treatment. (4-5-00)

27. Early Intervention Treatment Services. Services which may be delivered in a treatment setting and are designed to explore and address problems or risk factors that appear to be related to an individual's substance use. The goal of the service is to assist the individual in recognizing the harmful consequences of inappropriate

substance use. (4-5-00)

28. Education. Strategies that teach people critical information about alcohol and other drugs and the physical, emotional and social consequences of their use. (4-26-95)

29. Emergency Treatment. The immediate resolution of an acute physical, social, or psychological emergency caused by excessive or chronic alcohol/drug use. (4-26-95)

30. Environmental Activities. Services that focus on institutional and community change to prevent or reduce substance abuse within given geographical areas. (4-5-00)

31. Executive Director. The individual appointed by the governing body to act on its behalf in the overall management of the program. Other job titles may include administrator, director, superintendent, program administrator, president, vice-president and executive vice-president. (4-26-95)

32. Facility. The building(s) including furnishings and fixtures, where persons with alcohol or drug problems receive services. This is synonymous with offices, clinic, or physical plant. (4-26-95)

33. Governing Body. The individual(s), board of directors, group or agency that has ultimate authority and responsibility for the overall operation of an alcohol/drug abuse treatment program. (4-26-95)

34. Guardian. A parent, trustee, conservator, committee or other individual or agency empowered by law to act on behalf of, or have responsibility for, a client or applicant for treatment services. (4-26-95)

35. Halfway House Facility. A setting for services provided to persons who need the support of an alcohol/drug-free environment to maintain recovery. (4-26-95)

36. Incapacitated. As a result of alcohol or drug use, a person is unconscious or his judgment is otherwise so impaired that he is incapable of making a rational decision with respect to his need for treatment, or is incompetent to consent to treatment. (4-26-95)

37. Incompetent Person. A person who has been adjudged incompetent by a court of law having jurisdiction in the state of Idaho. (4-26-95)

38. Indirect Provision of Services. Services provided to clients through agreements a program has made with self-employed individuals or outside agencies/organizations. These agreements may be verbal commitments, contractual arrangements, letters of agreement, or memorandum of understanding. The services may be provided at the program's facility or at another location. (4-26-95)

39. Individualized Treatment Plan. A written action plan, based on assessment data, that identifies the client's clinical needs, the strategy for providing services to meet those needs, treatment goals and objectives and the criteria for terminating the specified interventions. (4-26-95)

40. Information Dissemination. Prevention services that inform the general public and others about the nature and extent of alcohol and other drug use, abuse and addiction, its effect on individuals, families and communities, and available prevention and treatment programs and other resources. (4-5-00)

41. Inpatient Treatment Facility. A setting for the treatment of alcohol/drug problems that is also a licensed hospital as defined by Title 39, Chapter 13, Idaho Code. (4-26-95)

42. Intoxicated Person. A person whose mental or physical functioning is impaired as a result of alcohol or drug use, including the inappropriate use of prescription drugs. (4-26-95)

43. Inventory of Services. The various program activities intended to cause or support the reduction or elimination of alcohol or drug use. These activities may include, but are not limited to, education, individual, group or family counseling, vocational rehabilitation services, medical and psychological services, and self-help groups. These services may include activities provided by the program through contractual arrangement with an outside

- organization. (4-26-95)
- 44. Level of Service Inventory - Revised (LSI-R).** An assessment tool used to assess criminal offenders for their risk to commit further offenses and their service needs. (3-20-04)
- 45. JCAHO.** The Joint Commission on Accreditation of Healthcare Organizations. (3-20-04)
- 46. Medically Trained Personnel.** A licensed nurse, nurse practitioner, physician's assistant or licensed physician. (4-26-95)
- 47. Medical Screening.** An examination done by a licensed nurse, nurse practitioner, physician's assistant or a licensed physician. (4-26-95)
- 48. Medical Supervision.** Care provided under the direction of a licensed physician. (4-26-95)
- 49. NFPA.** The National Fire Protection Association. (3-20-04)
- 50. Nurse.** A licensed professional nurse (R.N.), licensed practical nurse (L.P.N.) or nurse practitioner as defined by Title 54, Chapter 14, Idaho Code, and who, for the purposes of these rules and minimum standards, also shall have specialized training, education, and experience treating persons with problems related to alcohol/drug use or abuse. (4-26-95)
- 51. Outpatient Treatment Facility.** A setting for treatment activities of alcohol/drug problems that does not provide twenty-four (24) hour per day care. (4-26-95)
- 52. Person.** Any individual, firm, partnership, corporation, company, association, joint stock association, governmental unit or legal successor thereof. (4-26-95)
- 53. Pharmacist.** An individual licensed under Title 54, Chapter 17, Idaho Code, to prepare, preserve, compound and dispense drugs and chemicals. (4-26-95)
- 54. Physician.** A person who is licensed to practice medicine in the state of Idaho in accordance with the provisions of the Medical Practice Act, Section 54-1801, et seq., Idaho Code, and who, for the purposes of these rules and minimum standards, also shall have specialized training, education, and experience in alcohol/drug treatment. (4-26-95)
- 55. Physician Assistant.** A person who is licensed to render patient services under the direction of a physician in the State of Idaho in accordance with the provisions of the Medical Practice Act, Section 54-1801, et seq., Idaho Code, and who, for the purposes of these rules and minimum standards, also shall have specialized training, education, and experience in alcohol/drug treatment. (4-26-95)
- 56. Policies.** The rules adopted by the alcohol/drug abuse treatment program for the regulation of its internal affairs and its dealings with others. (4-26-95)
- 57. Prevention Services.** Activities through programs to inform, educate, impart skills, and provide appropriate referrals. The prevention strategies used include information dissemination, education, alternatives, problem identification and referral, community-based process, and environmental. (4-5-00)
- 58. Problem Identification and Referral.** Prevention services to identify and assess those who are engaging in age inappropriate alcohol and tobacco use or the use of illicit drugs for the first time. The purpose of the services is to determine if their behavior can be reversed through education. This strategy does not include a determination of the need for treatment. (4-5-00)
- 59. Program.** Refers to the organization offering alcohol/drug treatment services. It includes the organization's facilities, management, staffing pattern, and activities. A program receives a certificate of approval from the Department of Health and Welfare. (4-26-95)

- 60. Program Evaluation.** Processes primarily used by the program's administration to assess and monitor, on a regular or continuous basis, program operation, service delivery, quality assurance, and client outcome. (4-26-95)
- 61. Provisional Approval.** A temporary certificate of approval issued to a alcohol/drug abuse treatment program in operation at the time of promulgation of new rules, in order to afford reasonable time to comply with the new rules and to obtain approval, or which, while not in full compliance with rules, has no deficiencies which would endanger the health, safety and welfare of clients and is in the process of making the necessary changes to comply fully. (4-26-95)
- 62. Psychologist.** A person who is licensed in accordance with Title 54, Chapter 23, Idaho Code, to practice psychology and who, for the purposes of these rules and minimum standards, also shall have specialized training, education, and experience in alcohol/drug treatment. (4-26-95)
- 63. Qualified Professional.** A member of one (1) of the following professional disciplines, as defined herein: certified, credentialed or licensed alcohol and drug counselor, licensed professional counselor, licensed nurse, licensed physician, psychologist, counselor holding a master's degree in a related field from an approved college or university, licensed, licensed clinical or licensed masters social worker, a person holding a bachelor's degree in a related field, or a person holding an associate degree in chemical dependency counseling who has applied for the Certified Alcohol/Drug Counselor (CADC), pending successful completion of the next testing cycle. A qualified professional must have one thousand forty (1,040) hours of supervised experience providing substance abuse treatment. (3-20-04)
- 64. Quality Assurance.** An ongoing evaluative process that not only ensures compliance with minimum standards but provides for continuous improvements in the quality of services. (4-26-95)
- 65. Residential Treatment Facility.** A setting for the treatment of alcohol/drug problems that provides twenty-four (24) hour per day living accommodations for clients. (4-26-95)
- 66. Retrospective Care Review.** Evaluative activities of the client file conducted when the individual is no longer an active client. (4-26-95)
- 67. Screening.** A brief process conducted prior to admission to the drug/alcohol treatment program to determine if the individual meets the program's admission criteria. (4-26-95)
- 68. Service.** The activities of a treatment program grouped according to a common goal or purpose. Examples of services are Treatment Services, Food Services, Social Services, Nursing Services, and Vocational Rehabilitation Services. (4-26-95)
- 69. Social Worker.** A person who is licensed to practice social work under the Social Work Licensing Act, Title 54, Chapter 32, Idaho Code, and who, for the purposes of these rules and minimum standards also shall have specialized training, education, and experience in alcohol/drug treatment. (4-26-95)
- 70. Staff Member.** A person who is directly employed by or assigned to the program on either a full-time or part-time basis. (4-26-95)
- 71. State Alcohol/Drug Authority.** The Idaho Department of Health and Welfare is designated as the State Alcohol/Drug Authority in Section 39-303, Idaho Code. (4-26-95)
- 72. Treatment.** Provision of individual therapy, group therapy, assessment, education, and other appropriate services. (4-26-95)
- 73. Treatments.** The activities of a program that have as a desired outcomes the elimination or reduction of alcohol and drug use and arresting, reversing, or retarding of problems associated with alcohol or drug abuse, or both. (4-26-95)
- 74. Treatment Supervisor.** The person responsible for the overall management of all aspects of the

provision of a treatment service or multiple treatment services. Examples of this are: adolescent treatment supervisor, adult treatment supervisor, residential treatment supervisor. (4-26-95)

75. Uniform Fire Code. Refers to the latest edition of the Uniform Fire Code, according to Sections 41-253 and 41-254, Idaho Code, as minimum standards for the protection of life and property from fire and explosions. (4-26-95)

011. -- 019. (RESERVED).

020. GENERAL REQUIREMENTS.

01. Certificate of Approval Required. A certificate of approval is required for an alcohol/drug abuse treatment program to directly or indirectly provide alcohol/drug treatment in the state of Idaho. A director or owner of a program must submit a completed application to the Department on forms provided by the Department along with an application fee prior to the date of the initial operation or expiration of the certificate of approval. Approval is required for an alcohol/drug abuse treatment program to be included on the Department's list of programs which meet the standards specified in these rules. Programs must be on the list in order to receive referrals from the Department or any law enforcement officer and to receive any kind of state or federal reimbursement. (4-26-95)

02. Approved Alcohol/Drug Abuse Treatment Facilities. Pursuant to these rules, the Department may approve facilities that provide substance abuse treatment. These shall not be interpreted as being in conflict with Section 39-304, Idaho Code. These facilities include: (3-20-04)

- a.** Inpatient Facility; (4-26-95)
- b.** Residential Facility; (4-26-95)
- c.** Outpatient Facility; (4-26-95)
- d.** Halfway House Facility; (4-26-95)
- e.** Detoxification Facility. (4-26-95)
- f.** Drug Court Outpatient Facility. (3-20-04)

03. Approval for a Program With Multiple Facilities. An alcohol/drug treatment program may be approved for more than one (1) facility type when that program complies with the specific requirements of each. Failure of any one (1) facility type to receive approval shall not affect the approval of other facility types. (4-26-95)

04. Approval for Multiple Facilities Attached to One Program. An alcohol/drug abuse treatment program with more than one (1) facility type may submit one (1) application for all facilities located in the same Department region. (4-26-95)

- a.** The application shall list each facility by type. (4-5-00)
- b.** A certificate of approval will be issued for each facility site. (4-26-95)
- c.** Failure of any one facility to receive approval shall not affect the approval of other facilities listed in the application. (4-26-95)

05. Programs Serving Adolescents. Any alcohol/drug abuse treatment program which provides treatment for persons under the age of eighteen (18) shall meet the following standards: (4-26-95)

- a.** Any alcohol/drug abuse treatment program which provides services to adolescents shall require all staff members having contact with adolescents to submit to a criminal history check in accordance with the provisions of the Idaho Department of Health and Welfare Rules, IDAPA 16.06.02, Section 611, "Rules Governing Standards for Child Care Licensing". (4-26-95)

- b. Shall provide separate treatment activities for adults and adolescents. (4-26-95)
 - c. Any alcohol/drug abuse treatment program which provides twenty-four (24) hour per day residential care as an alternative to parental care and outpatient treatment for persons under the age of eighteen (18) shall also be licensed under the Child Care Licensing Reform Act, Title 39, Chapter 12, Idaho Code. (3-20-04)
 - i. Application for child care licensure is made to the Department of Health and Welfare. (4-26-95)
 - ii. Facilities licensed as hospitals under Title 39, Chapter 13, Idaho Code, are exempt from this requirement. (4-26-95)
- 06. Out-of-State Program and Facilities Approval.** The Department will accept the approval and certification by the state in which a treatment program and facilities are located and utilized by Idaho clients. Programs operated within the state of Idaho, irrespective of the program headquarters, must meet the Department's approval and certification requirements. (4-5-00)

021. APPLICATION AND RENEWAL.

- 01. Application for Approval.** Application for approval of an alcohol/drug program shall be made to the State Alcohol/Drug Authority at least ninety (90) days prior to the planned opening date and shall include the following: (4-26-95)
- a. Completed application form as required by the Department. Only one (1) application is required when an applicant is applying for approval of a program with multiple facilities, Subsection 020.03 of these rules, at multiple sites, Subsection 020.04 of these rules, as long as all facilities are located within the same Department region. (4-26-95)
 - b. Disclosure of ownership as required in Subsection 030.01 of these rules. (4-26-95)
 - c. A copy of the most recent annual report. (4-26-95)
 - d. Copies of current, valid certificates, permits, or licenses as appropriate which may include: (4-26-95)
 - i. Certificate of occupancy from the local building authority utilizing the latest edition of the Uniform Building Code according to Section 39-4109, Idaho Code, with a determination of either a Group R-1, Congregate Residence of more than ten (10) persons or a Group R-3, Congregate Residence of ten (10) persons or less for each facility site. (4-26-95)
 - ii. Certificate of fire inspection in accordance with the Uniform Fire Code as adopted by the state fire marshal, with authority delegated to the local fire chief. If an inspection cannot be provided by the local fire department, it is the responsibility of the program to arrange for and, if necessary, to pay for the inspection. (4-26-95)
 - iii. Food service permit from the district health department, if food is prepared and served at the facility. (4-26-95)
 - iv. Child care facility license, if required by Subsection 020.05 of these rules. (4-26-95)
 - v. JCAHO certificate, if accredited. (4-26-95)
 - vi. CARF certificate, if accredited. (4-26-95)
 - e. Documentation that the menus have been reviewed and approved by a registered dietician within the preceding twelve (12) months. (4-26-95)
 - f. The written plan for an inventory of treatments as described in Section 040 of these rules.

(4-26-95)

g. If the real property in which the program is located is leased, a copy of the lease. (4-26-95)

h. Proof of insurance. Required insurance as specified by the Office of Insurance Management - Risk Management shall be in force and documented. The minimum insurance required for all programs is professional liability, commercial general liability, and comprehensive liability for all program vehicles. (4-5-00)

02. Expiration. Approval of an alcohol/drug treatment program will, unless earlier suspended or revoked, expire on the date designated on the certificate of approval. (4-26-95)

03. Renewal. Application for renewal of approval of an alcohol/drug treatment program shall be made to the State Alcohol/Drug Authority at least ninety (90) days prior to the expiration date on the current certificate of approval and shall include the following: (4-26-95)

a. Completed application and report forms as required by the Department. Only one (1) application and report form are required when an applicant is applying for approval of a program with multiple facilities, Subsection 020.03 of these rules, or sites as long as the facilities are located within the same Department region. (4-26-95)

b. Disclosure of any changes in ownership, governing body or administration not previously made known to the Department as required in Section 030 of these rules. (4-26-95)

c. A copy of the most recent annual report. (4-26-95)

d. Copies of current, valid certificates, permits, licenses or documentation, as listed in Subsection 021.01.d. of these rules. (4-26-95)

e. The written plan for an inventory of treatments and annual review as described in Section 040 of these rules. (4-26-95)

f. If the real property in which the program is located is leased, a copy of the lease. (4-26-95)

g. Completed report form as required by the Department. (4-26-95)

h. Proof of insurance. Required insurance as specified by the Office of Insurance Management - Risk Management must be in force and documented. The minimum insurance required for all programs is professional liability, commercial general liability, and comprehensive liability for all program vehicles. (4-5-00)

04. Acceptance of JCAHO Accreditation. The Department may accept JCAHO accreditation as satisfaction of approval requirements. (4-5-00)

022. REVIEW OF APPLICATION AND INSPECTION PROCESS.

01. Departmental Review of Application. Upon receipt of the completed application for approval or renewal of an alcohol/drug abuse treatment program, the Department will review and advise the applicant within thirty (30) days if the application meets the requirements of Subsection 021.01 or Subsection 021.03 of these rules, whichever is appropriate. (4-26-95)

a. If the application meets those requirements, the Department will schedule an inspection of the program at its site(s) to be conducted prior to the expiration date on the current certificate of approval. (4-26-95)

b. If the application does not meet those requirements, it will be returned to the applicant, with written recommendations for correction and completion. Reapplication may be filed as soon as the application is corrected, completed, or both. (4-26-95)

02. Program Facility Inspection. The program's facility(ies) inspection will be conducted by a person

or persons appointed by the State Alcohol/Drug Authority. (4-5-00)

a. The facility(ies) of any applicant shall be open to Departmental inspection at any reasonable time necessary to determine compliance with these rules and with the “Alcoholism and Intoxication Treatment Act”, Sections 39-301, et seq., Idaho Code. Inspections may be made without prior notice to the applicant. (4-26-95)

b. The applicant shall provide for review of, in compliance with federal and state confidentiality requirements, any and all client records, administrative records, financial statements, other state and local inspection reports, and other such documents required by the Department to make its determination, including any information that might have changed since the time the application was submitted. (4-26-95)

c. The applicant shall arrange for Departmental inspection of the premises of any of its contractors to determine compliance with applicable requirements of these rules and with the “Alcoholism and Intoxication Treatment Act”, Sections 39-301, et seq., Idaho Code. (4-26-95)

03. Responsibility of the Department. Within thirty (30) days of the date of the inspection, a written report of findings shall be submitted to the applicant. (4-26-95)

023. APPROVAL.

01. Issuance of a Certificate of Approval. If the inspection shows that the program is in compliance with these rules and minimum standards, the Department will issue a certificate of approval for each facility. (4-5-00)

a. The certificate shall specify the facility(ies). (4-26-95)

b. The certificate shall be valid for twenty-four (24) months from the date of issuance, unless earlier suspended or revoked. (4-5-00)

02. Issuance of Provisional Certificate of Approval. The Department may issue a provisional certificate of approval for a period not to exceed six (6) months to the entire program or one of its facilities which, although there are deficiencies in relation to the standards, the program: (4-26-95)

a. Is in operation at the time of promulgation of new rules or is an applicant for renewal of approval and is benefiting its clients and is protecting their health, safety and welfare; or (4-26-95)

b. Is an applicant for initial approval and does not have deficiencies which would impair the health, safety and welfare of clients; or (4-26-95)

c. Had been approved at its last application, but has subsequently been found to be deficient in relation to the standards. (4-26-95)

d. Within thirty (30) days, the program must produce a written plan for achieving compliance with all requirements within the six (6) month period. (4-26-95)

e. Only one (1) provisional certificate of approval per facility shall be issued to a program within a twelve (12) month period. (4-26-95)

i. The facility being issued the provisional certificate of approval shall be clearly specified. (4-26-95)

ii. The issuance of a provisional certificate of approval for a facility, shall not affect the standing of any of the other approved facilities of the program. (4-26-95)

f. Programs issued a provisional certificate of approval, who fail to achieve compliance at the specified facility within the six (6) month period, shall have approval for that facility revoked. (4-26-95)

03. Posting of the Certificate of Approval. The alcohol/drug abuse treatment program certificate of approval or provisional certificate of approval shall be posted in a conspicuous place at each of the program's

facilities. (4-5-00)

04. Return of the Certificate of Approval. The certificate of approval or provisional certificate of approval issued to a alcohol/drug program is the property of the state of Idaho and shall be returned to the Department immediately upon the suspension or revocation of the approval, if the operation is discontinued by the voluntary action of the program or upon expiration of the certificate. (4-26-95)

024. DENIAL, SUSPENSION, REVOCATION OF APPROVAL.

01. Emergency Denial, Suspension, Revocation of Approval. The Department will deny approval or suspend approval, without prior notice, of any alcohol/drug program when persuaded by evidence that such conditions exist as to endanger the health or safety of any client. (4-26-95)

a. When a program holds multiple certificates of approval for facilities, the facility having the certificate of approval denied, suspended or revoked shall be clearly specified. (4-26-95)

b. The denial, suspension or revocation of a facility, shall not affect the approval of any of the other facilities of the program with multiple certificates of approval. (4-26-95)

02. Standard Denial, Suspension, Revocation of Approval. The Department may deny or suspend approval, giving fifteen (15) days notice prior to the effective date, to any alcohol/drug program when: (4-26-95)

a. The program or one or more of its facilities are not in compliance with applicable provisions of the Idaho Code, these rules and minimum standards, or any condition of a provisional certificate of approval. (4-26-95)

b. The applicant or the person proposed as administrator: (4-26-95)

i. Without good cause, fails to furnish any data, statistics, records or information requested by the Department, or files fraudulent returns thereof; or (4-26-95)

ii. Has been found guilty of or is under investigation for fraud, deceit, misrepresentation or dishonesty associated with the operation of an alcohol/drug abuse treatment program; or (4-26-95)

iii. Has been found guilty of or is under investigation for the commission of any felony, or alcohol/drug-related misdemeanor; or (4-26-95)

iv. Has failed to exercise fiscal accountability toward a client or the Department regarding payment for services; or (4-26-95)

v. Has knowingly permitted, aided or abetted the commission of any illegal act on the premises of an alcohol/drug abuse treatment program. (4-26-95)

c. The program changed location from the building identified in the application. Any change in location from the building requires the program to notify the Department and submit required documentation, thirty (30) days prior to the move, so the Department can inspect the new facility. Failure to do so, renders the certificate of approval null and void, and the Department shall suspend it, pending submission of a new application and approval of the new facility. (4-5-00)

03. Hearings. Before denial or revocation of approval is final, the Department shall provide opportunity for a hearing as set forth in IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings," at which time the applicant or executive director of the program may appear and show cause as to why the certificate of approval should not be denied or revoked. (4-5-00)

a. The applicant or administrator will be notified by certified mail of the action to deny or revoke the certificate of approval and the reasons for denial or revocation. (4-26-95)

b. A hearing will be provided by the Director or his designee, if requested by the applicant or

executive director within fifteen (15) days after receipt of the Department's notice that it intends to deny, suspend or revoke approval. (4-26-95)

c. On the basis of such a hearing, or upon failure of the applicant or executive director to present himself, the Director or his designee shall make known and specify by certified mail to the applicant his final decision to deny, revoke or grant the certificate of approval. (4-26-95)

d. The program may appeal the hearing decision by filing an appeal action with the district court within a twenty-eight (28) day period following the notification of the action by the Department. (4-26-95)

e. Pending final action, the status quo of the program shall be preserved, except: (4-26-95)

i. When conditions exist as to endanger the health or safety of any client in accordance with Subsection 024.01.a. of these rules; or (4-26-95)

ii. As the court otherwise orders in the public interest. (4-26-95)

04. Penalty. Upon notice of intent to deny, suspend or revoke approval of any alcohol/drug facility, for any of the reasons listed in Subsection 025.01 of these rules, the Department shall remove the program's facility from the list of approved treatment program facilities, pending a hearing. (4-26-95)

05. Notification of Action. The Department shall notify the public of the denial, suspension or revocation of approval of a program's facility. (4-26-95)

06. Reapplication for Approval. Following denial or revocation of approval of an alcohol/drug treatment program, the same applicant may reapply no sooner than one (1) year after the effective date of the action. (4-26-95)

025. DISCLOSURE OF INFORMATION.

Information received by the Department through filed reports, inspection or as otherwise authorized under Section 39-308, Idaho Code, shall not be disclosed publicly in such a manner as to identify individual clients, except in a proceeding involving the question of approval. Public disclosure of information obtained by the Department for the purposes of this law shall comply with the Department Rules Governing Confidentiality of Department Records, IDAPA 16.05.01, Section 103 and 42 CFR 2.12-2.67. (4-26-95)

026. -- 029. (RESERVED).

030. DISCLOSURE OF OWNERSHIP, ADMINISTRATION AND/OR GOVERNING BODY.

01. Disclosure of Ownership. The alcohol/drug abuse treatment program shall issue an annual report available to the public which fully discloses ownership. The report shall disclose: (4-26-95)

a. The names and addresses of all persons having an ownership interest in the alcohol/drug abuse treatment program and whether they are individuals, partnerships, corporate bodies or subdivisions of other bodies, such as public agencies or religious, fraternal or other charitable organizations; and (4-26-95)

b. In the case of corporations, the names and addresses of all officers, directors and principal stockholders, either beneficial or of record are disclosed. (4-26-95)

02. Notification of Changes. A certificate of approval is not automatically transferable when ownership or control is changed. The executive director shall inform the Department in writing within ten (10) days of any such change. The Department may continue the certificate of approval provisionally until it can determine the status of the program under the new ownership or control. (4-26-95)

03. Change in Ownership or Lease of Real Property. The executive director shall notify the Department in writing within ten (10) days of any change in ownership of the real property in which the treatment activities are provided or any amended lease. Change in ownership of the real property of the facility site will not

require reapplication for approval of the alcohol/drug treatment program. (4-26-95)

04. Changes in Governing Body or Administration. If the Department determines that any change in governing body or administration may result in deviation from the intent of the application for approval or renewal application or plan for an inventory of treatments, submitted by the program, it may request a hearing to determine if a new application will be required. (4-26-95)

031. GOVERNING BODY.

All alcohol/drug abuse treatment programs shall have a governing body that meets the standards set forth in this section. (4-26-95)

01. Governing Body Has Overall Responsibility. The alcohol/drug abuse treatment program shall have a governing body which has overall responsibility for the operation of the program. (4-26-95)

- a.** A program operated by a government agency has: (4-26-95)
 - i.** A written description of the administrative organization of the government agency within which it operates; and (4-26-95)
 - ii.** A written description of how the lines of authority within the government agency relate to the governing body of the program. (4-26-95)

- b.** A private program has a charter or constitution, bylaws or administrative policies. (4-26-95)

02. Mission Statement, Goals and Objectives. The governing body shall develop a written mission statement, goals and objectives that establish the program's philosophy and direction for treatment services. (4-26-95)

03. Bylaws or Administrative Policies. The governing body shall establish bylaws or administrative policies to guide relationships between itself and the responsible administrative and professional staffs and the community. Current copies of the bylaws or administrative policies are readily available to all members of the governing body, the Department and other persons in accordance with their responsibilities or involvement in implementing the policies of the program. (4-26-95)

032. EXECUTIVE DIRECTOR.

All alcohol/drug abuse treatment programs shall have provisions for an executive director in accordance with the standards set forth in this section. (4-26-95)

01. Appointment/Hiring Procedure. The governing body shall appoint or hire an executive director for the alcohol/drug abuse treatment program. When more than one person in a program has executive authority from, and responsibility to, the governing body, those persons shall comply with all standards that relate to the executive director. (4-26-95)

02. Qualifications. The qualifications of the executive director shall be stated in the governing body bylaws or administrative procedures. (4-26-95)

- a.** The executive director is a qualified professional with previous responsibility relevant to administration of an alcohol/drug treatment program. (4-26-95)

- b.** Experience may be substituted for requirements of a qualified professional, if carefully evaluated, justified and documented by the governing body. (4-26-95)

- c.** In residential programs primarily serving children or adolescents, the executive director must meet the requirements established in IDAPA 16.06.02, "Rule Governing Standards for Child Care Licensing," Section 784. (3-20-04)

03. Authority. The governing body bylaws and administrative policies state the executive director's

responsibility to the governing body for the overall operation of the program, including the control, utilization and management of its physical and financial assets and the recruitment and direction of staff. (4-26-95)

04. Responsibilities. The governing body bylaws or administrative policies shall state the executive director's responsibilities in assisting the governing body in formulating policy by preparing, presenting and reviewing with them: (4-26-95)

a. A current table of organization which sets forth lines of staff authority, responsibility and communication in accordance with policies established by the governing body. (4-26-95)

b. Policies and procedures to guide the administration and operation of the program. (4-26-95)

c. Long-term and short-term plans for the program, including the plan for an inventory of treatments as outlined in Section 040 of these rules. (4-26-95)

d. Reports on the nature and extent of funding and other available resources. (4-26-95)

e. Reports describing the program's operations. (4-26-95)

f. Reports evaluating the efficiency and effectiveness of program activity. (4-26-95)

g. Budgets and financial statements. (4-26-95)

h. Any data, information, reports and records requested by the Department. (4-26-95)

05. Continuing Education. There shall be on file at the program documentation that the executive director attends and participates in continuing education opportunities. (4-26-95)

06. Guardianship. The executive director shall not act as, or become legal guardian of, any client of the alcohol/drug abuse treatment program. (4-26-95)

033. FISCAL MANAGEMENT.

All alcohol/drug abuse treatment programs shall have a fiscal management system that meets the standards set forth in this section. (4-26-95)

01. Fiscal Responsibility. The executive director shall maintain responsibility for a fiscal system which follows accepted accounting principles. (4-26-95)

02. Annual Budget. The alcohol/drug abuse treatment program shall prepare a written annual budget, which includes a statement of expected revenues and expenses. (4-26-95)

03. Fee Schedule. The fiscal management system of the alcohol/drug abuse treatment program shall include a fee schedule. (4-26-95)

04. Reporting. The fiscal management system shall include a reporting mechanism that maintains information on the program's fiscal performance. (4-26-95)

05. Audit. An independent audit of the financial operations of the program shall be performed at least annually. (4-26-95)

a. For government programs, this audit shall be performed in accordance with the rules of the responsible government agency. (4-26-95)

b. There shall be documentation that the reports of such audits have been reviewed and approved by the governing body. (4-26-95)

06. Policies and Procedures. The program shall maintain current, written policies and procedures for

the operation of the fiscal management system. (4-26-95)

07. Safekeeping of Clients' Valuables. Any alcohol/drug abuse treatment program safekeeping clients' funds or other valuables must maintain an inventory of such valuables. (4-26-95)

a. A proper accounting of clients' funds deposited with the program for safekeeping or expenditure must be kept and made available to authorized individuals for review. Such authorized individuals include the client or his immediate family or guardian. (4-26-95)

b. At the time of depositing valuables with the program for safekeeping, the client must sign a receipt for all such valuables with one (1) copy going to the client and one (1) copy being retained by the program. (4-26-95)

08. Insurance. The alcohol/drug abuse treatment program shall maintain adequate levels of liability and property insurance or evidence of self-insurance. At a minimum, the level of coverage shall meet standards set by the Division of Insurance Management, Idaho Department of Administration, for alcohol/drug abuse treatment programs contracting with the Department of Health and Welfare. (4-26-95)

034. MANAGEMENT INFORMATION SYSTEM.

All alcohol/drug abuse treatment programs shall maintain a management information system that allows for the efficient retrieval of data needed to measure the program's performance. (4-26-95)

01. Requirements. Specific requirements of the management information system shall be: (4-26-95)

a. The system shall be an automated or manual system and shall delineate the provision of the alcohol/drug treatment services as outlined in the program's plan for an inventory of treatments. (4-26-95)

b. The system shall be capable of demonstrating that are being provided to persons in need of alcohol/drug treatment as set forth in the program's plan for an inventory of treatments. (4-26-95)

02. Reports Required. Approval, unless suspended or revoked shall be renewable annually upon filing by the program, and acceptable to the Department, of an annual report upon such uniform dates and containing such information in such form as the approving agency prescribes. (4-26-95)

035. -- 039. (RESERVED).

040. DESCRIPTION OF SERVICES.

All alcohol/drug abuse treatment programs shall prepare a written plan for the provision of services that meets the standards set forth in this section. (4-26-95)

01. Contents. The plan shall contain: (4-26-95)

a. The mission statement, goals and objectives developed by the governing body in accordance with Subsection 031.02 of these rules. (4-26-95)

b. Goals and objectives that identify the annual and the long-range needs of the program. (4-26-95)

i. Goals and objectives are specified for each facility. (4-26-95)

ii. The objectives are written so that performance can be measured. (4-26-95)

c. A description of the process for developing, adopting and implementing goals and objectives. (4-26-95)

d. The client population served, including age groups and other relevant characteristics. (4-26-95)

e. The hours and days the program provides services. (4-26-95)

f. The intake or admission process, including how the initial contact is made with the client and the family or significant others. (4-26-95)

g. The client assessment and evaluation procedures used by the program. (4-26-95)

02. Distribution. The written plan for provision of services shall be: (4-26-95)

a. Made known and made available to all program staff and to the executive director; and (4-26-95)

b. Submitted to the Department annually, at the time of application for approval or renewal of approval. (4-26-95)

03. Annual Review. The written plan for provision of services shall be reviewed at least annually, and revised as necessary, in accordance with the changing needs of clients and the community and with the overall objectives and goals of the program, and signed and dated by the governing body when reviewed or revised. Revisions to the plan shall include, but are not limited to: (4-26-95)

a. Note of any changes in relation to the requirements of Subsection 040.01 of these rules. (4-26-95)

b. Relevant findings from the program evaluation process, including assessment of progress toward the goals and objectives set forth in the plan and reasons for non-attainment of any objectives. (4-26-95)

c. Relevant findings from the program's quality assurance program for the purpose of improving client treatment and resolving problems in client treatment. (4-26-95)

041. PLAN FOR ACTIVITIES OF QUALIFIED PROFESSIONALS.

Each facility of the alcohol/drug abuse treatment program shall have a written plan for activities of qualified professionals that meets the standards set forth in this section. (4-26-95)

01. Activities Plan. The list of treatment activities shall include: (4-26-95)

a. A description of each activity. (4-26-95)

b. The measurable goals of each activity. (4-26-95)

c. The qualified professional(s) who will provide or supervise each activity. (4-26-95)

02. Activities Schedules. All treatment activities offered by the alcohol/drug abuse treatment program shall be provided and scheduled to meet the needs of clients and their families. (4-26-95)

a. Treatment activity schedules shall be made known to participating clients and staff. (4-26-95)

b. There is documentation that the treatment activities of the alcohol/drug abuse treatment program are regularly reviewed and revised to meet the changing needs of clients. (4-26-95)

042. -- 049. (RESERVED).

050. STAFF COMPOSITION.

The alcohol/drug treatment program shall have a sufficient number of treatment staff, qualified professionals, administrative and support staff to provide for the care and treatment of clients, in accordance with the standards set forth in this section. (4-26-95)

01. Supervision. Unless otherwise specified, programs providing treatment services shall provide for the following supervisory staff: (4-26-95)

a. Program Administrator. The program shall provide for a Program Administrator who is responsible for oversight of all services provided by the program. (4-26-95)

b. Treatment Supervisor. The program shall provide for a Treatment Supervisor who shall be located on-site at the treatment facility. The individual may supervise more than one (1) treatment activity. This position can also be the Clinical Director, Program Administrator, or both. In those instances where these positions are combined, standards shall be met for all positions. (4-26-95)

c. Clinical Director. The program shall provide for a Clinical Director who can be the same individual or position as the Program Administrator, Treatment Supervisor, or both. In those instances where these positions are combined, all standards shall be met. (4-26-95)

02. Qualifications. Qualifications of the supervisory staff shall be verified through written documentation of work experience, education and classroom instruction. The supervisory staff shall meet the following standards: (4-26-95)

a. Program Administrator. Combination of education and experience as follows: (4-26-95)

i. Five (5) years full-time paid professional experience in alcohol/drug abuse treatment with at least one (1) year in administration; or (4-26-95)

ii. Bachelor's Degree in relevant field and four (4) years paid full-time professional experience with one (1) year in administration; or (4-26-95)

iii. Master's Degree and three (3) years paid full-time professional experience with one (1) year in administration; and (4-26-95)

iv. Knowledge and demonstrated competence in planning, budget, and other administrative duties. (4-26-95)

b. Treatment Supervisor. Combination of education and experience as follows: (4-26-95)

i. Five (5) years full-time paid professional experience in alcohol/drug abuse treatment with at least two (2) years in direct treatment; or (4-26-95)

ii. Bachelor's Degree in relevant field and four (4) years paid full-time professional experience with two (2) years in direct treatment; or (4-26-95)

iii. Master's Degree and three (3) years paid full-time professional experience with two (2) years in direct treatment; and (4-26-95)

iv. One (1) year paid full-time experience in supervision. (4-26-95)

v. Knowledge and experience in treatment including client evaluation, counseling techniques, relapse prevention, case management, and family therapy. (4-26-95)

c. Clinical Director. Combination of education and experience as follows: (4-26-95)

i. Master's Degree and five (5) years paid full-time professional experience with three (3) years in direct alcohol-drug abuse treatment and one (1) year paid full-time experience in supervision; and (4-26-95)

ii. Knowledge and experience demonstrating competence in treatment including client evaluation, counseling techniques, relapse prevention, case management, and family therapy. (4-26-95)

iii. For outpatient programs providing services to adolescents, the clinical director must have two (2) years of experience working with families or children in a social service setting, working knowledge of child and adolescent growth and development, and the effects of alcohol and drugs on a child's growth and development. (3-20-04)

03. Clinical Supervision. The alcohol/drug abuse treatment program shall provide for supervision of all clinical activities by qualified professionals. (4-26-95)

a. The written plan for an inventory of treatments provides and defines the procedure for the supervision of all clinical activities by qualified professionals. (4-26-95)

b. All members of the treatment team who have been assigned specific treatment responsibilities shall be qualified by training or experience and demonstrated competence. (4-26-95)

c. All members of the treatment team shall be supervised by qualified professionals who have a combination of education and experience sufficient to supervise such treatment. (4-26-95)

d. Clinical supervision must include a documented evaluation of the competencies of the members of the clinical staff, and a plan and activities which bring those competencies to proficiency. The evaluation will be conducted within one (1) month of initial hire and annually thereafter. Documentation of the evaluation and a record of improvement activities must be present in the staff personnel file. (3-20-04)

04. Sufficient Personnel Required. The alcohol/drug program shall employ the number and variety of staff necessary to provide the services and treatments offered by the program as a multidisciplinary team. (4-26-95)

a. The program shall employ at least one (1) certified/ credentialed alcohol/drug counselor, or other qualified professional for each facility; or (4-5-00)

b. If the program arranges for the provision of counseling services, it shall have a valid written agreement or contract with a certified/credentialed alcohol/drug counselor. (4-26-95)

c. When qualified professionals are not available or needed on a full-time basis, arrangements shall be made to obtain qualified professionals on an attending, continuing consultative or part-time basis. (4-26-95)

d. Qualified administrative and support staff shall be sufficient in number and variety to support the operations of the program. (4-26-95)

05. Certified Prevention Specialist. By July 1, 2000, at least one (1) Certified Prevention Specialist shall be employed or under contract to supervise or coordinate and monitor prevention services provided directly or indirectly by the program. (4-5-00)

06. JCAHO Accreditation. The Department may approve programs with JCAHO accreditation with the following provisions: (4-5-00)

a. Organization chart with proof that staff meet minimum credential or certification standards; (4-5-00)

b. Criminal history checks; (4-5-00)

c. TB checks; and (4-5-00)

d. Payment of fee. (4-5-00)

051. PERSONNEL POLICIES AND PROCEDURES.

All alcohol/drug abuse treatment programs shall have and shall adhere to personnel policies and procedures that meet the standards set forth in this section. (4-26-95)

01. Policies and Procedures Required. Personnel policies and procedures shall be developed, adopted and maintained to promote the objectives of the program and provide for an adequate number of qualified professionals, treatment and support staff to render the treatments of the program and provide quality care during all hours of operation. (4-26-95)

- a.** All personnel policies shall be written, reviewed on an annual basis by the executive director and governing body, and signed and dated when reviewed or revised. (4-26-95)
- b.** The personnel policies shall include procedures for recruiting, selecting, promoting and terminating staff. (4-26-95)
- c.** The personnel policies and procedures shall apply to all employees, but may differ with respect to job classifications. (4-26-95)
- d.** The personnel policies and procedures shall include information on the following: (4-26-95)
- i.** Employee benefits. (4-26-95)
 - ii.** Recruitment and promotion. (4-26-95)
 - iii.** Orientation. (4-26-95)
 - iv.** Training and staff development. (4-26-95)
 - v.** Employee grievances. (4-26-95)
 - vi.** Safety and employee injuries. (4-26-95)
 - vii.** Relationships with employee organizations. (4-26-95)
 - viii.** Disciplinary systems. (4-26-95)
 - ix.** Suspension and termination mechanisms. (4-26-95)
 - x.** Wages, hours and salary administration. (4-26-95)
 - xi.** Rules of conduct. (4-26-95)
 - xii.** Lines of authority. (4-26-95)
 - xiii.** Performance appraisals and evaluation schedule. (4-26-95)
- e.** The personnel policies and procedures shall include a mechanism for determining that all personnel are capable of performing assigned tasks and are free of any communicable and infectious diseases which may be transmitted to others in the normal conduct of business. (4-26-95)
- f.** The personnel policies and procedures shall describe methods and procedures for supervising all personnel, including volunteers and students. (4-26-95)
- g.** The personnel policies and procedures shall assure confidentiality of personnel records and specify who has access to personnel information. (4-26-95)
- h.** There shall be documentation to verify that the policies and procedures are made available to and discussed with each employee at the time of hire and are made available to others upon request. (4-26-95)
- i.** A mechanism shall be established for notifying employees of changes in the policies and procedures. (4-26-95)
- j.** The personnel policies and procedures shall establish tuberculosis testing requirements for all staff members. Each employee must have upon employment, and annually thereafter, a tuberculin skin test by the Mantoux method except an employee who is known to be a positive reactor may have a chest x-ray examination in lieu of a required tuberculin skin test. A positive test will consist of a ten (10) mm. of induration read at forty-eight (48) to

seventy-two (72) hours. (4-26-95)

02. Hiring Practices. Hiring practices shall be specified in the written policies and procedures and shall be consistent with the needs of the program and its services. (4-26-95)

a. The selection of personnel shall be based on criteria that are demonstrably related to the job under consideration. (4-26-95)

b. Qualified professional staff shall participate in determining what training, experience and demonstrated competence shall be required for assuming specific clinical service responsibility. (4-26-95)

c. There shall be documentation to verify that qualified professionals meet all federal, state and local requirements for licensure, registration or certification. (4-26-95)

03. Equal Employment Opportunity. No alcohol/drug abuse treatment program approved under these rules shall discriminate on the basis of race, color, ethnicity, religion, age, gender, veteran and handicap status, except in those instances where bona fide occupational qualifications exist. (4-26-95)

04. Responsible Staff Member. The executive director shall appoint a staff member to implement and coordinate personnel policies and procedures to accomplish the following tasks: (4-26-95)

a. Develop a written organizational plan for personnel services. (4-26-95)

b. Maintain personnel records. (4-26-95)

c. Disseminate employment information to staff. (4-26-95)

d. Develop staff orientation programs. (4-26-95)

e. Implement procedures designed to assure compliance with federal, state and local laws related to employment practices. (4-26-95)

f. Supervise the processing of employment-related forms. (4-26-95)

05. Personnel Record. A personnel record shall be kept on each staff member and shall contain the following items, as appropriate: (4-26-95)

a. Application for employment including a record of the employee's education or training and work experience. This may be supplemented by a resume. (4-26-95)

b. A written record of all findings from verbal contacts with references, and letters of recommendation. (4-26-95)

c. Verification of all training and experience and of licensure, certification, registration or renewals. (4-26-95)

d. A signed and dated commitment to a code of ethics appropriate for alcohol/drug treatment staff. (4-26-95)

e. Number of hours per pay period, wage and salary information, including all adjustments. (4-26-95)

f. Performance appraisals. (4-26-95)

g. Initial and subsequent health clearances. (4-26-95)

h. Counseling actions. (4-26-95)

- i.** Disciplinary actions. (4-26-95)
- j.** Commendations. (4-26-95)
- k.** Employee incident reports. (4-26-95)
- l.** A criminal history check for staff having contact with adolescents in accordance with the provisions of Department of Health and Welfare Rules, IDAPA 16.06.02, Section 611, "Rules Governing Standards for Child Care Licensing". (4-26-95)

06. Job Descriptions. For each position in the program, there shall be a written job description that specifies the duties and responsibilities of the position and the minimum level of education, training or related work experience required or needed to fulfill it. (4-26-95)

- a.** Each job description shall specify the following: (4-26-95)
 - i.** The position title. (4-26-95)
 - ii.** The program, department, service or unit. (4-26-95)
 - iii.** Direct supervisor's title. (4-26-95)
 - iv.** Positions supervised, if any. (4-26-95)
 - v.** Clear descriptions of job functions. (4-26-95)
 - vi.** Clinical, administrative and procedural responsibility and authority. (4-26-95)
- b.** Job descriptions shall accurately reflect the job and shall be revised whenever a change in qualifications, duties, supervision or any other major job-related factor is made. (4-26-95)
- c.** Each job description shall be comprehensive enough to enable a new employee to assume the position. (4-26-95)
- d.** Job descriptions shall be sufficiently detailed to serve as a basis for performance appraisals. (4-26-95)

07. Performance Appraisals. Performance appraisals shall be conducted and shall be related to the job description and job performance. (4-26-95)

- a.** The criteria used to evaluate job performance shall be measurable and relate to the skills, knowledge and attitudes that the job requires. (4-26-95)
- b.** Performance appraisals shall be conducted, at a minimum, annually. (4-26-95)
- c.** Performance appraisals shall be in writing. (4-26-95)
- d.** There shall be documentation to verify that the employee has reviewed the evaluation and has had an opportunity to comment on it. The employee shall sign the appraisal after review and comments are completed. (4-26-95)
- e.** The program shall develop policies and procedures to follow when there is a serious discrepancy between the staff member's actual job performance and the criteria for an acceptable level of job performance. (4-26-95)

08. Client Wages. Any wages paid to clients who are engaged in vocational training or who work within the program shall be in accordance with any and all applicable state and federal laws and regulations.

(4-26-95)

052. VOLUNTEERS.

Alcohol/drug abuse treatment programs that utilize volunteers shall meet the standards set forth in this section.

(4-26-95)

01. Objectives and Scope. In programs where volunteers are utilized, the objectives and scope of the volunteer services shall be clearly stated in writing. The statement shall be reviewed at least annually and signed and dated by the executive director or a designee. (4-26-95)

02. Orientation. An orientation shall be conducted to familiarize volunteers with the program's goals, objectives and services and to provide clinical orientation regarding the program's clients. At a minimum, the orientation shall address at least the following: (4-26-95)

a. Who is responsible for supervising the volunteer. (4-26-95)

b. The requirements of maintaining confidentiality and protecting client's rights. (4-26-95)

c. The emergency policies and procedures. (4-26-95)

d. The program's channels of communication and the distinctions between administrative and clinical authority and responsibility. (4-26-95)

03. Supervision. Volunteers shall be under the direct supervision of the staff of the program, service or unit utilizing their services and shall receive general direction and guidance. (4-26-95)

a. When volunteers are used as members of treatment teams, they shall supplement the total treatment program only under the direct supervision of qualified professionals and after consideration of client's needs. (4-26-95)

b. Qualified professionals shall be available to help volunteers establish the most effective relationship with clients. (4-26-95)

c. Procedures shall be established to assure that the observations of a volunteer are reported to the qualified professional staff member responsible for the client. These observations may be recorded in the client's record. (4-26-95)

04. Volunteer Activity Records. Volunteer activity records and reports shall contain information that can be used to evaluate the effectiveness of the volunteers. (4-26-95)

05. Criminal History Check. Volunteers having contact with adolescents shall submit to a criminal history check in accordance with the provisions of Department of Health and Welfare Rules, IDAPA 16.06.02, Section 611, "Rules Governing Standards for Child Care Licensing". (4-26-95)

053. STUDENT PRACTICE.

Alcohol/drug abuse treatment programs that provide an opportunity for student practice in a formal education or training program shall meet the standards set forth in this section. (4-26-95)

01. Written Agreement Required. The program shall have a written agreement with any educational institution, that defines the nature and scope of student activities within the program. (4-26-95)

02. Supervision. Each student practicing in the alcohol/drug abuse treatment program shall be supervised by a qualified professional. (4-26-95)

03. Staff, Clients and Families to be Informed. All staff, clients, their families or guardians shall be informed when students are providing client treatment. (4-26-95)

04. Criminal History Check. Students having contact with adolescents shall submit to a criminal history check in accordance with the provisions of Department of Health and Welfare Rules, IDAPA 16.06.02, Section 611, "Rules Governing Standards for Child Care Licensing". (4-26-95)

054. STAFF DEVELOPMENT.

All alcohol/drug abuse treatment programs shall have a staff development program that meets the standards set forth in this section. (4-26-95)

01. Staff Development Plans and Procedures. The alcohol/drug abuse treatment program shall provide staff development opportunities for administrative, professional and support personnel. The plan shall be approved by the administrator and reviewed annually. (4-26-95)

a. The alcohol/drug abuse treatment program shall provide orientation and training plans for all employees. (4-26-95)

i. Orientation shall be held either before or on the first day of employment. (4-26-95)

ii. Orientation for new employees shall include training in emergency policies and procedures and familiarize each employee with existing staff backup and support systems. (4-26-95)

b. Staff development plans shall be provided to reflect all administrative and service changes in the program and to prepare personnel for promotions, added responsibility, and emergency situations. (4-26-95)

i. The staff development plans shall include educational opportunities outside the program, such as workshops, institutes, seminars and formal continuing education courses. (4-26-95)

ii. The staff development plan shall provide for the participation of staff when appropriate in clinical and administrative committees and conferences. (4-26-95)

iii. All program staff shall receive training and shall demonstrate competence in emergencies. (4-26-95)

c. A continuous professional education plan shall be provided to keep the professional staff informed of significant clinical and administrative developments and to improve skills. (4-26-95)

i. The professional staff development plan shall include in-service activities. (4-26-95)

ii. In-service activities shall be planned, scheduled in advance and conducted on a continuing basis. (4-26-95)

d. The staff development plan shall address the results of quality assurance activities, including client care evaluations. (4-26-95)

i. Staff development activities shall be designed to meet needs identified in the quality assurance program. (4-26-95)

ii. Written documentation shall demonstrate that staff development activities are influenced by the findings of the quality assurance program. (4-26-95)

e. Staff education and in-service training plans shall be evaluated at least annually and signed and dated by the reviewer. (4-26-95)

055. -- 059. (RESERVED).

060. QUALITY ASSURANCE.

All alcohol/drug abuse treatment programs shall have a written plan for their ongoing quality assurance program. This plan shall include: (4-26-95)

01. Review Schedule. The plan shall describe how all practices and procedures are systematically reviewed to ensure the program's standard of quality is met. (4-26-95)

02. Procedures to Address Deficiencies. The plan shall describe the procedures to be followed in the event a practice or procedure is deficient and does not meet the program's standard of quality. (4-26-95)

03. Client Outcome Assessment. The plan shall include procedures for assessing client outcome as a result of participation in the treatment program. (4-26-95)

061. -- 069. (RESERVED).

070. RESEARCH.

When an alcohol/drug program conducts or participates in research with human subjects, it shall be conducted in accordance with the standards set forth in the "Research" chapter of the most current edition of the JCAHO Consolidated Standards Manual. (4-26-95)

071. APPLICATION FOR SERVICES.

Any person may apply for public treatment services. The application shall be made in the manner and on forms specified by the Department. The determination of service and financial eligibility shall be made within ten (10) working days. The applicant may appeal the decision not to provide services or discontinue services within thirty-five (35) days from receipt of the denial notice. The applicant shall request a fair hearing in accordance with IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings". (4-5-00)

072. SERVICE ELIGIBILITY.

The need for services shall be determined in accordance with assessment criteria approved by the Department. The ability and willingness to utilize available services and other resources to meet treatment outcomes agreed upon by the applicant and program shall also be considered for continued eligibility. Availability of public treatment services will be determined by local, state and federal priorities and resources. (4-5-00)

073. FINANCIAL ELIGIBILITY.

The determination of financial eligibility shall take into consideration the income, savings and other personal and real property of the person required to pay, as well as any support being furnished by him to any person whom he may be required by law to support. The determination shall be made for the month prior to application for services and as changes in income, resources or support obligations are reported but no less often than every six (6) months. Income shall not exceed one hundred seventy-five percent (175%) of the Federal Poverty Guidelines adjusted for household size. Applicants that provide information that is knowingly false may become ineligible for services for up to one (1) year. (4-5-00)

01. Income. All income available to the person responsible for payment shall be considered unless exempt by law. (4-5-00)

02. Resource. All savings, personal or real property available to the person responsible for payment shall not exceed five thousand dollars (\$5,000) with the following exclusions: (4-5-00)

a. Personal residence. (4-5-00)

b. One (1) vehicle used for transportation to and from work. (4-5-00)

03. Support Payments. Any support payments ordered by the court and made by the person required to pay for treatment shall be subtracted from income. (4-5-00)

074. DEPARTMENT REIMBURSEMENT SCHEDULE.

Programs under contract with the Department will be reimbursed for treatment services in accordance with the Department's reimbursement schedule. The schedule is based on one hundred percent (100%) to one hundred seventy-five percent (175%) of the current Federal Poverty Guidelines adjusted for the number of persons in the family household unit. The Department's reimbursement of treatment program fees ranges from ninety-five percent

(95%) to thirty percent (30%) in increments of ninety-five percent (95%), ninety percent (90%), eighty percent (80%), seventy percent (70%), sixty percent (60%), fifty percent (50%), forty percent (40%), thirty-five percent (35%), and thirty percent (30%) by income. The treatment program shall collect the client's share of the fee. The reimbursement schedule shall be updated with each revision of the Federal Poverty Guidelines. (3-20-04)

075. PRIOR AUTHORIZATION OF SERVICES.

No reimbursement of service fees shall be made unless treatment services have been authorized prior to their provision and in accordance with Department approved procedures with the following exceptions: (4-5-00)

- 01. Screening.** Authorization is not required. (4-5-00)
- 02. Detoxification.** Authorization is required by the close of business the day following admission. (4-5-00)

076. BILLING THIRD PARTIES FIRST.

The treatment program shall bill insurance or other source of third party payments first before billing the Department. The proceeds shall be applied to the clients portion of the fee before billing the remaining balance to the Department. (4-5-00)

077. -- 079. (RESERVED).

080. CLIENT RIGHTS.

All alcohol/drug abuse treatment programs shall have written policies and procedures to protect the fundamental human, civil, constitutional and statutory rights of each client. (4-26-95)

- 01. General.** The client rights policies and procedures shall address, but are not limited to, the following: (4-26-95)
 - a.** The right to impartial access to treatment, regardless of race, religion, gender, ethnicity, age or handicap. (4-26-95)
 - b.** Respect for personal dignity in the provision of all care and treatment. (4-26-95)
 - c.** The right to adequate and humane services, regardless of the source of financial support. (4-26-95)
 - d.** The right to receive services within the least restrictive environment possible. (4-26-95)
 - e.** The right to an individualized treatment plan, based on assessment of current needs. (4-26-95)
 - f.** The right of the client to participate in planning for treatment. (4-26-95)
 - g.** The right of the client to request Department staff review the treatment plan or the services provided. (4-26-95)
- 02. Personal Privacy.** Each client's personal privacy shall be assured and protected within the constraints of the individual treatment plan. (4-26-95)
 - a.** The client's family and significant others, regardless of their age, shall be allowed to visit the client, unless such visits are clinically contraindicated. (4-26-95)
 - b.** Suitable areas shall be provided for clients to visit in private, unless such privacy is contraindicated by the client's treatment plan. (4-26-95)
 - c.** Clients shall be allowed to send and receive mail without hindrance. (4-26-95)
 - d.** Clients shall be allowed to conduct private telephone conversations with family and friends, unless clinically contraindicated. (4-26-95)

e. If individual therapeutic indications necessitate restrictions on visitors, telephone calls or other communications, those restrictions shall be evaluated for therapeutic effectiveness by a qualified professional at least every three (3) days. (4-26-95)

f. Any restrictions on visitors, telephone calls or other communications shall be fully explained to the client and the client's family. (4-26-95)

03. Visitations. There shall be written procedures designed to protect clients' rights and privacy with respect to visitors. (4-26-95)

a. The client shall be informed in advance of educational or other individual or group visitations available through the alcohol/drug abuse treatment program. (4-26-95)

b. Visitations to the alcohol/drug abuse treatment program's facility shall be conducted so as to limit disruption of the client's usual activities and treatment processes. (4-26-95)

04. Individualized Treatment Plan Review. Each client shall have the right to request the opinion of a consultant at his own expense or to request an in-house review of the individualized treatment plan, as provided in specific procedures of the program. (4-26-95)

05. Client to be Informed of Rights. Each client shall be informed of his rights. (4-26-95)

a. Each client shall be given a written statement of client rights, which includes who the client may contact with questions, concerns or complaints regarding services provided. (4-26-95)

b. Copies of the program's client rights statement shall be posted in conspicuous places at all sites. (4-26-95)

06. Client and Family to be Informed Regarding Care and Treatment. The client and, where there is a valid release of information, the client's family shall be fully informed regarding: (4-26-95)

a. Client's rights. (4-26-95)

b. The name, professional status and position of staff members responsible for the client's care. (4-26-95)

c. The nature of care, treatment and procedures that the client will receive. (4-26-95)

d. The current and future use and disposition of products of special observation and audiovisual techniques, such as one-way mirrors, tape recorders, video recorders, television, movies or photographs. (4-26-95)

e. The risks, side effects and benefits of all treatment procedures used. (4-26-95)

f. Alternative treatment procedures that are available. (4-26-95)

g. The right to refuse to participate in any research project without compromising his access to program services. (4-26-95)

h. The right to refuse specific treatment procedures. (4-26-95)

i. As appropriate, the cost, itemized when possible, of services rendered. (4-26-95)

j. The source of the program's reimbursement and any limitations placed on duration of services. (4-26-95)

k. The reasons for any proposed change in the professional staff responsible for the client or for any

transfer of the client within or outside of the program. (4-26-95)

l. The rules and policies of the program applicable to client conduct. (4-26-95)

m. The right to initiate a complaint or grievance procedure and the means to request a hearing or review of the complaint. (4-26-95)

n. The discharge plan. (4-26-95)

o. The plans for recovery support activities following discharge. (4-26-95)

07. Informed Consent. In accordance with the requirements of any applicable law or any applicable standard contained in these rules, a written, dated and signed informed consent form shall be obtained from the client, the client's family or the client's legal guardian, as appropriate, for participation in any research project or other procedures or activities where consent is required by law. (4-26-95)

08. Client Work Duties. Client work for the alcohol/drug abuse treatment programs shall be permitted only under certain conditions. These conditions include the following: (4-26-95)

a. The work is part of the individualized treatment plan or the therapeutic community environment. (4-26-95)

b. The work is performed voluntarily. (4-26-95)

c. If paid, the client receives wages commensurate with the economic value of the work. (4-26-95)

d. The work project complies with applicable laws and rules. (4-26-95)

09. Client Abuse and Neglect. The alcohol/drug abuse treatment program shall have written policies and procedures for handling cases of client abuse and neglect. (4-26-95)

a. The policies and procedures on client abuse and neglect shall be given to all personnel and shall be made available to others upon request. (4-26-95)

b. The policies and procedures ensure the reporting within twenty-four (24) hours to the proper law enforcement agency or to the Department of any allegations of client abuse and neglect in accordance with: (4-26-95)

i. "Idaho Child Protective Act," Section 16-1619, Idaho Code for minors; and (4-26-95)

ii. "Elderly Abuse, Exploitation, and Abandonment Act," Section 39-5203, Idaho Code for persons age sixty (60) and older. (4-26-95)

c. Any and all alleged violations of the policies and procedures shall be investigated. (4-26-95)

d. There shall be documentation that the results of such investigation shall be reviewed and approved by the executive director and reported to the governing body. (4-26-95)

081. -- 099. (RESERVED).

100. ADMISSION POLICIES AND PROCEDURES.

All alcohol/drug abuse treatment programs shall have policies and procedures governing the admission process. These shall be available to clients and their families and to the general public. (4-26-95)

01. Admission Policies. The admission policies and procedures shall be in writing and shall specify the following: (4-26-95)

a. Criteria for determining the eligibility of individuals for admission. (4-26-95)

- b.** The information to be obtained on all applicants or referrals for admission. (4-26-95)
- c.** The procedures for accepting referrals from outside agencies and organizations. (4-26-95)
- d.** The records to be kept on all applicants. (4-26-95)
- e.** The statistical data to be kept on the admission process. (4-26-95)
- f.** The procedures to be followed, including alternative referrals, when an applicant is found ineligible for admission. (4-26-95)

02. Methods of Admission. Methods of admission shall be based on the needs of clients as identified through a screening. (4-26-95)

- a.** Screening is conducted prior to admission to treatment to determine if the client meets the admission criteria. (4-26-95)
- b.** The screening is done by a qualified professional. (4-26-95)
- c.** The results of the screening shall be clearly explained to the client, and family when appropriate. (4-26-95)

03. Acceptance for Treatment. Acceptance of a client for treatment shall be based on an admission procedure that assures the following: (4-26-95)

- a.** The care provided by the program at that facility site is appropriate for the client and must be based on admission, continued stay and discharge criteria approved by the Department. (3-20-04)
- b.** Assessment data is collected to develop a preliminary treatment plan. (4-26-95)
- c.** If the potential client is a minor or an incompetent person, a parent, legal guardian or other legal representative may make application for voluntary admission to treatment. (4-26-95)
- d.** No otherwise qualified individual is denied access to treatment services on the basis of race, color, ethnicity, religion, sex, veteran and handicap status. (4-26-95)

04. Provisions for Persons Requiring Protective Custody. For persons coming voluntarily or being brought by a law enforcement officer to an alcohol/drug abuse treatment program for protective custody, the program shall comply with the provisions of Section 39-307A, Idaho Code. (4-26-95)

05. Assure Applicants Understand Rights and Responsibilities. During the admission process, every effort shall be made to assure that applicants understand the following: (4-26-95)

- a.** The nature and goals of the treatment program. (4-26-95)
- b.** The hours during which services are available. (4-26-95)
- c.** The treatment costs to be borne by the client, if any. (4-26-95)
- d.** The rights and responsibilities of clients, including the rules governing client conduct and the types of infractions that can result in disciplinary action or discharge from the program. (4-26-95)

06. Precautions. Reasonable precautions shall be taken in all admissions to ensure the safety of the client, other clients and staff of the program and members of the community. (4-26-95)

101. ASSESSMENT.

All alcohol/drug treatment programs shall have an assessment process that meets the standards set forth in this section. (4-26-95)

01. Assessment Required. A qualified professional shall develop a written assessment of each client to identify the effects of alcohol/drug use on the client's life. The qualified professional may be on staff or arranged for by the program. (4-26-95)

a. The assessment shall consist of evaluation of the client's use of alcohol and drugs, the signs and symptoms of alcohol and drug use and the consequences of alcohol and drug use in life areas such as, physical and mental health, social situation, family issues, legal issues, and the work/school situation. (4-26-95)

b. Clinical consideration of each client's needs shall include a determination of the type and extent of special clinical examinations, tests and evaluations necessary for a complete assessment. (4-26-95)

02. Physical Examination. In all programs, there shall be policies and procedures establishing when a medical examination shall be performed. (4-26-95)

102. -- 109. (RESERVED).

110. CLIENT RECORDS.

All alcohol/drug treatment facilities shall meet the client records standards set forth in this section. (4-26-95)

01. Written Client Record Required. The alcohol/drug abuse treatment program shall maintain a written client record on each client. All entries in the client record shall be signed and dated. Symbols and abbreviations shall be used only if they have been approved by the professional staff and only when there is an explanatory legend. Symbols and abbreviations shall not be used in the recording of diagnoses. (4-26-95)

a. The client record shall describe the client's situation at the time of admission and include the services provided, all progress notes, and the client's status at the time of discharge. At a minimum the record shall contain: (4-26-95)

i. Identifying data recorded on standardized forms including the client's name, home address, home telephone number, date of birth, gender, marital status, race or ethnic origin, next of kin or person to contact, educational level, type and place of employment, date of initial contact or admission to the program, source of any referral, legal status including relevant legal documents, name of personal physician, record of any known drug reactions or allergies, and other identifying data as indicated. These forms shall be dated with the date the information was gathered and signed by the staff member gathering the information. (4-26-95)

ii. All assessments completed with the client shall be dated, signed by the person providing the assessment, and give a full accounting of the findings of such assessments. (4-26-95)

iii. Notes for each treatment session charting the client's progress. (4-5-00)

iv. All staffing notes pertaining to the client. (4-26-95)

v. All medical records regarding the client. These may include documentation of a medical examination, results of any medical tests, including urine tests performed by the program, and results of any medical tests reported to the program which were performed outside the program. (4-26-95)

vi. Documentation that justifies the client meets criteria for admission, continued stay and discharge. The documentation must be based on admission, continued stay and discharge criteria approved by the Department. (3-20-04)

b. The client record shall contain information on any unusual occurrences, such as: (4-26-95)

i. Treatment complications. (4-26-95)

- ii. Accidents or injuries to the client. (4-26-95)
- iii. Serious illness. (4-26-95)
- iv. Procedures that place the client at risk or cause unusual pain. (4-26-95)
- v. Death of the client. In the event of a client's death, the person must be pronounced dead in accordance with the provisions of Idaho law and a summation statement shall be entered in the record in the form of a discharge summary. (4-26-95)
- c. The client record shall contain correspondence concerning the client's treatment and signed and dated notations of telephone calls concerning the client's treatment. (4-26-95)
- d. The client record shall contain a plan for aftercare. (4-26-95)
- e. A discharge summary shall be entered in the client record within a reasonable period of time not to exceed fifteen (15) days following discharge, as determined by the professional staff and policies or standards. (4-26-95)

02. Maintenance of Client Records. The executive director or designee shall maintain, control and supervise client records and is responsible for maintaining their quality in accordance with these standards. (4-26-95)

- a. The active client's records shall be kept at the facility site where the client is being treated. (4-26-95)
- b. Written policies and procedures govern the compilation, storage, dissemination and accessibility of client records. (4-26-95)
 - i. The policies and procedures shall be designed to assure that the program fulfills its responsibility to safeguard and protect client records against loss, unauthorized alteration or disclosure of information. (4-26-95)
 - ii. The policies and procedures shall be designed to assure that each client record contains all required information. (4-26-95)
 - iii. The policies and procedures shall be designed to assure uniformity in the format and forms used in client records. (4-26-95)
 - iv. The policies and procedures shall require entries in client records to be dated and signed. (4-26-95)
 - v. The program shall provide adequate facilities for the storage, processing and handling of client records, including suitably locked and secured rooms and files. (4-26-95)
 - vi. When a program stores client data in electronic or other types of automated information systems, adequate security measures shall prevent inadvertent or unauthorized access to such data. (4-26-95)
 - vii. Client records shall be maintained for a minimum of five (5) years from the date they are officially closed. (4-26-95)
- c. A written policy shall govern the disposal of client records. Methods of disposal shall be designed to assure the confidentiality of client information. (4-26-95)

03. Confidentiality and Disclosure of Information. The program shall have written policies and procedures that protect the confidentiality of client records and govern the disclosure of information in the records. (4-26-95)

- a. The policies and procedures shall specify the conditions under which information on applicants or clients may be disclosed and the procedures for releasing such information in accordance with public law. (4-26-95)

b. The program shall comply with federal regulations 42 CFR, Subchapter A, Part 2, regarding confidentiality of the records of alcohol and drug abuse clients. (4-26-95)

c. Nothing in any law or rule shall prevent the proper disclosure of information regarding child abuse, abandonment or neglect. Any suspected incidents of child abuse, abandonment or neglect shall be reported to the proper law enforcement agency or to the Department within twenty-four (24) hours in accordance with Idaho Child Protective Act, Section 16-1619 of the Idaho Code. (4-26-95)

111. INDIVIDUALIZED TREATMENT PLAN.

All alcohol/drug treatment facilities shall meet the individualized treatment plan standards set forth in this section. (4-26-95)

01. Individualized Treatment Plan. The alcohol/drug abuse treatment program shall have a written, individualized treatment plan for each client that addresses the alcohol/drug abuse affects on the major life areas and is based on assessment of the client's clinical needs. (4-26-95)

a. Overall responsibility for development and implementation of the plan shall be assigned to a qualified professional staff member. (4-26-95)

i. An initial plan shall be developed within seventy-two (72) hours following admission to an inpatient or residential facility; or (4-26-95)

ii. Upon completion of the admission process for an outpatient facility. (4-26-95)

b. Within seven (7) days of the completion of the assessment process, a detailed individualized treatment plan shall be developed which meets the following requirements: (4-26-95)

i. Specifies the services necessary to meet the client's needs. (4-26-95)

ii. Includes referrals for needed services that the program does not provide. (4-26-95)

iii. Contains specific goals that the client must achieve to reduce or eliminate alcohol or drug use. (4-26-95)

iv. Contains specific objectives that relate to the goals, are written in measurable terms and includes expected achievement dates. (4-26-95)

v. Specifies the frequency of treatments. (4-26-95)

vi. Delineates the specific criteria to be met for termination of treatment. (4-26-95)

c. When appropriate, the client shall participate in the development of the treatment plan and such participation shall be documented in the client record. (4-26-95)

d. A specific plan for involving the family or significant others shall be included when indicated. (4-26-95)

02. Documentation in Progress Notes. The progress notes shall report the clients progress or lack of progress toward achieving treatment goals. (4-26-95)

03. Reevaluation and Revisions of the Treatment Plan. The alcohol/drug abuse treatment program shall establish a process for periodic evaluation of the client's treatment plan. The reviews shall be conducted as frequently as indicated by client need, but shall not be less often than every ninety (90) days in an outpatient facilities, and no less often than every fourteen (14) days in inpatient or residential facilities. (4-26-95)

112. -- 119. (RESERVED).

120. REFERRALS.

All alcohol/drug abuse treatment programs shall have policies and procedures to facilitate the referral of clients and the provision of consultation among the program's services and between the program and other service providers in the community. (4-26-95)

121. DISCHARGE.

All alcohol/drug abuse treatment programs shall meet the discharge standards set forth in this section. (4-26-95)

01. Discharge Summary. A discharge summary shall be entered in the client record within fifteen (15) days following discharge. (4-26-95)

- a.** The discharge summary shall include the results of the initial assessment and diagnosis. (4-26-95)
- b.** The discharge summary shall include a clinical summary of the following: (4-26-95)
 - i.** The course and progress of the client with regard to each identified clinical problem. (4-26-95)
 - ii.** The clinical course of the client's treatment. (4-26-95)
 - iii.** The final assessment, including the general observations and understanding of the client's condition initially, during treatment and at discharge. (4-26-95)
 - iv.** The recommendations and arrangements for further treatment. (4-26-95)
- c.** The discharge summary shall include the final primary and secondary diagnoses. (4-26-95)

122. -- 129. (RESERVED).

130. THERAPEUTIC ENVIRONMENT.

Each facility site of the program shall have appropriate space, equipment and fixtures to meet the needs of clients. (4-26-95)

01. Fixtures and Equipment. Fixtures and equipment designated for each service shall be constructed or modified in a manner that provides, insofar as possible, pleasant and functional areas that are accessible to all clients regardless of their disabilities. (4-26-95)

02. Office Space. Private space shall be provided for personal consultation and counseling as well as family and group counseling sessions. All space for offices, storage, and supplies shall be adequate and accessible. (4-26-95)

03. Equipment and Supplies. There shall be adequate equipment and supplies to meet the needs of the client at each facility. (4-26-95)

04. Safety, Fire, Health, and Sanitation Requirements. Space, equipment and facilities utilized both inside and outside the program shall meet federal, state and local requirements for safety, fire prevention, health and sanitation. (4-26-95)

131. MEDICAL EMERGENCY SERVICES.

All alcohol/drug abuse treatment programs shall have a written plan delineating the manner in which medical emergency services shall be accessed. (4-26-95)

01. Written Policies and Procedures. The alcohol/drug abuse treatment program shall have written policies and procedures delineating the type of medical emergency services available and the arrangements for referring or transferring clients to a medical facility. (4-26-95)

- a.** The policies and procedures shall clearly specify the following: (4-26-95)

- i. The staff of the program who are available and authorized to provide necessary emergency evaluations. (4-26-95)
- ii. The staff of the program who are authorized to arrange for clients to be referred or transferred to a medical facility. (4-26-95)
- iii. The arrangements the program has made for exchanging records with the medical facility when it is necessary for the care of the client. (4-26-95)
- iv. The location of the medical facility and the names of the appropriate personnel to contact. (4-26-95)
- v. The method of communication between the program and medical facility. (4-26-95)
- vi. The arrangements the program has made for transporting clients, when necessary, from the medical facility providing emergency services. (4-26-95)
- vii. Policies concerning notification of the client's family of emergencies and of arrangements that have been made for referring or transferring the client to another program or facility. (4-26-95)
- b. All staff shall be trained in the emergency policies and procedures. (4-26-95)
- c. There shall be documentation that the policies and procedures are reviewed at least annually and revised as necessary. (4-26-95)

132. -- 139. (RESERVED).

140. DETOXIFICATION FACILITY.

The alcohol/drug abuse treatment programs seeking approval for this facility type shall meet the standards set forth in this section, in addition to all other applicable rules and minimum standards. (4-26-95)

- 01. Treatment Service.** (4-26-95)
 - a. Detoxification facilities provide living accommodations in a structured environment for individuals who require twenty-four (24) hour per day supervision while withdrawing from toxic levels of alcohol or drug consumption. (4-26-95)
 - b. Services shall be available continuously twenty-four (24) hours per day, seven (7) days per week. (4-26-95)
 - c. There shall be clearly written policies and procedures for the detoxification of clients, which have been reviewed and approved by a medical consultant. (4-26-95)
 - d. Counseling services shall be provided to motivate clients to accept referral into the continuum of care for alcohol or drug abuse. (4-26-95)
 - e. Clients shall not have access to objects that could result in harm to themselves or others. (4-26-95)
 - f. Clients shall be under continuous direct observation by trained personnel who meet training requirements established in this section. (4-26-95)
 - g. There shall be provisions for any emergency care required. (4-26-95)
 - h. There shall be clearly written policies and procedures for the transfer of clients from one (1) detoxification program to another, when necessary. (4-26-95)

i. There shall be clearly written policies and procedures for dealing with clients who leave against professional advice. (4-26-95)

02. Supervision. The program shall provide supervisory staff as described in Section 050 of these rules. (4-26-95)

03. Staffing. There shall be twenty-four (24) hour per day trained personnel coverage. (4-26-95)

a. A minimum staff-client ratio of one (1) trained staff to six (6) clients shall be maintained twenty-four (24) hours per day. (4-26-95)

b. All staff members responsible for direct client care during the detoxification, shall have completed CPR training, the basic first-aid training course and additional training specific to detoxification prior to being charged with the responsibility of supervising clients. (4-26-95)

04. Transfer to an Outside Program. Policies and procedures for transferring a client to another program shall be established. The policies and procedures shall clearly specify the following: (4-26-95)

a. The staff of the program who are authorized to arrange for clients to be referred or transferred when necessary. (4-26-95)

b. The arrangements the program has made for exchanging records with the outside program when it is necessary for the care of the client. (4-26-95)

c. The location of the outside program and the names of the appropriate personnel to contact. (4-26-95)

d. The method of communication between the programs. (4-26-95)

e. The arrangements the program has made for transporting clients, when necessary, from the facility site of detoxification services. (4-26-95)

f. The policy for transferring clients needing alcohol/drug treatment after detoxification back to the referring program. (4-26-95)

g. Policies concerning notification of the client's family of emergencies and of arrangements that have been made for referring or transferring the client to another program. (4-26-95)

h. The policies and procedures shall be known and available to all detoxification staff. (4-26-95)

141. INPATIENT FACILITY.

Alcohol/drug abuse treatment programs seeking approval for this facility type shall meet the standards set forth in this section, in addition to all the applicable rules and minimum standards. (4-26-95)

01. Treatment Services. (4-26-95)

a. All services shall be provided in a licensed hospital. (4-26-95)

b. The program shall meet all applicable standards set forth for Residential Facilities, Section 142 of these rules. In the case where hospital licensure requirements exceed standards for Residential Facilities, Section 142 of these rules, hospital licensure requirements shall supersede the Residential Facility standards. (4-26-95)

02. Hospital Services. (4-26-95)

a. The program's facility shall be licensed as a hospital under Title 39, Chapter 13, Idaho Code. A copy of the current license shall be available for inspection. (4-26-95)

- b. The full range of services offered by the hospital shall be available to the client. (4-26-95)

142. RESIDENTIAL FACILITY.

Alcohol/drug treatment programs seeking approval for this facility type shall meet all the standards set forth in this section, in addition to all other applicable rules and minimum standards. (4-26-95)

01. Treatment Services. (4-26-95)

a. Residential facilities provide living accommodations in a structured environment for individuals who require twenty-four (24) hour per day supervision to remain abstinent. (4-26-95)

b. Services shall include assessment, treatment and referral components. (4-26-95)

c. At a minimum there shall be thirty-six (36) hours of counseling and educational programming available to the clients each week. (4-26-95)

d. There shall be policies and procedures for medical screening, care of clients requiring minor treatment or first aid and handling of medical emergencies. These provisions shall be approved by the staff and consulting physician. (4-26-95)

e. There shall be written provisions for referral or transfer to a medical facility for any person who requires nursing or medical care. (4-26-95)

f. Recreational activities shall be provided for the clients. (4-26-95)

i. Appropriate activities shall be provided to all clients during the day, in the evening, and on the weekend. (4-26-95)

ii. The activities shall be planned to provide a consistent and well-structured yet flexible framework for daily living. (4-26-95)

iii. The activities shall make use of community resources. (4-26-95)

iv. Whenever possible, clients shall participate in planning activities. (4-26-95)

02. Supervision. The program shall provide supervisory staff as described in Section 050 of these rules. (4-26-95)

03. Staffing. There shall be adequate, qualified staff to maintain appropriate client/staff ratios. (4-26-95)

a. There shall be one (1) qualified professional staff member for every ten (10) clients. (4-26-95)

b. There shall be other staff sufficient to meet the ratio of twelve (12) clients per one (1) staff person continuously, twenty-four (24) hours per day. (4-26-95)

143. OUTPATIENT FACILITY.

Alcohol/drug abuse treatment programs seeking approval for this facility type shall meet the standards set forth in this section, in addition to all other rules and minimum standards. (4-26-95)

01. Treatment Service. (4-26-95)

a. Services in outpatient facilities shall be provided at designated times. (4-26-95)

b. Counseling services shall be provided through the outpatient program on an individual, family or group basis. (4-26-95)

- c.** The services shall include educational instruction and written materials on the nature and effects of alcohol/drug use and abuse and the recovery process. (4-26-95)
- d.** The program shall provide or refer to adjunct services as indicated by client need. (4-26-95)
- 02. Supervision.** The program shall provide supervisory staff as described in Section 050 of these rules. (4-26-95)
- 03. Staffing.** There shall be adequate, qualified staff to maintain appropriate client/staff ratios. (4-26-95)

 - a.** There shall be one (1) qualified professional staff person for every thirty (30) clients. (4-26-95)
 - b.** There shall be other staff sufficient to provide necessary support to the professional staff. (4-26-95)

144. HALF-WAY HOUSE FACILITY.

Alcohol/drug abuse programs seeking approval for this facility type shall meet all standards set forth in this section, in addition to all other applicable rules and minimum standards. (4-26-95)

- 01. Service.** (4-26-95)

 - a.** Half-way House Facilities provide living accommodations in a structured environment that encourages each client to assume responsibility for their own rehabilitation. (4-26-95)
 - b.** Treatment and adjunct services shall not be provided but can be arranged for by the program. (4-26-95)
 - c.** Half-way House Facilities shall encourage use of community resources by persons recovering from alcohol/drug use. (4-26-95)
 - d.** There shall be written provisions for medical screening, care of clients requiring minor treatment or first aid and handling of medical emergencies. (4-26-95)
- 02. Supervision.** The program shall provide supervisory staff as established in this subsection. Half-way House Facilities shall be supervised by a qualified professional. Section 050 of these rules does not apply to this level of care in this setting. (4-26-95)
- 03. Staffing.** A staff person shall be available to residents twenty-four (24) hours per day. The client/staff ratio shall not exceed twelve (12) clients to one (1) staff person. The staff shall be composed of: (4-26-95)

 - a.** A house manager; and (4-26-95)
 - b.** Other staff sufficient to meet the client/staff standard. (4-26-95)

145. (RESERVED).

146. DRUG COURT OUTPATIENT TREATMENT FACILITY.

Alcohol/drug abuse programs seeking approval for this facility type must meet all standards set forth in Section 146, in addition to all other applicable rules and minimum standards in this chapter. (3-20-04)

- 01. Governing Body for the Drug Court Outpatient Treatment Facility.** A drug court outpatient treatment facility must have a governing body for the alcohol/drug abuse treatment program, which can be the local Drug Court Board. (3-20-04)

 - a.** The governing body must develop a written mission statement, goals and objectives that establish the program's philosophy and direction for treatment services. (3-20-04)

b. The governing body must establish bylaws and administrative policies to guide relationships between itself and the responsible administrative and professional staffs and the community. Current copies of the bylaws and administrative policies must be readily available to all members of the governing body, the Department and other persons in accordance with their responsibilities or involvement in implementing the policies of the program. (3-20-04)

02. Staff Composition. The alcohol/drug treatment program must have a sufficient number of treatment staff, qualified professionals, administrative and support staff to provide for the care and treatment of clients, in accordance with the standards set forth in Subsection 146.08.g. (3-20-04)

a. Unless otherwise specified, programs providing treatment services must provide for the following supervisory staff: (3-20-04)

i. The program must provide for a Program Administrator who is responsible for oversight of all services provided by the program. (3-20-04)

ii. The program must provide for a Treatment Supervisor to provide on-site supervision at the treatment facility. The individual may supervise more than one (1) treatment activity. This position can also be the Clinical Director, Program Administrator, or both. In those instances where these positions are combined, standards must be met for all positions. (3-20-04)

iii. The program must provide for a Clinical Director who can be the same individual or position as the Program Administrator, Treatment Supervisor, or both. In those instances where these positions are combined, all standards must be met. The Clinical Director can be a single individual who will provide for statewide oversight of clinical activities but need not provide direct clinical supervision of staff. (3-20-04)

b. Supervisory staff, which includes the Program Administrator, Treatment Supervisor and Clinical Director, must meet the qualifications listed in Subsection 050.02 of this rule. (3-20-04)

03. Application and Eligibility for Participation in a Drug Court Alcohol/Drug Treatment Program. The local Drug Court Board and State Drug Court Coordinating Committee are responsible for developing policies and procedures for assessment and participation in a drug court alcohol/drug treatment program. (3-20-04)

04. Client Expectations. Alcohol/drug abuse treatment programs must have written policies and procedures that specify client expectations of drug court treatment including: (3-20-04)

a. Impartial access to treatment regardless of race, religion, gender, ethnicity, age or a disability that does not preclude participation in the alcohol/drug abuse treatment program. (3-20-04)

b. Respect for personal dignity in the provision of all care and treatment. (3-20-04)

c. Adequate and humane services, regardless of the source of financial support. (3-20-04)

d. An individualized treatment plan, based on assessment of current needs. (3-20-04)

e. Client access to their treatment plan. (3-20-04)

f. What information will be shared and the nature of communications with members of the local drug court team. (3-20-04)

05. Client to be Informed of Expectations. Each client must be informed of these expectations and sign a written statement of client expectations, which includes who the client may contact with questions, concerns or complaints regarding services provided. (3-20-04)

06. Admissions and Discharge Policies and Procedures. The local Drug Court Board is responsible for developing policies and procedures governing the treatment admissions process which must include use of eligibility guidelines, the LSI-R, substance abuse assessments, program capacity, acceptance and appropriateness for

treatment. The Board is also responsible for developing policies and procedures governing the treatment discharge process. (3-20-04)

07. Individualized Treatment Plan. The alcohol/drug abuse treatment program must have a written, individualized treatment plan for each client that addresses the alcohol/drug abuse affects on the major life areas and is based on assessment of the client's clinical and criminogenic needs. (3-20-04)

a. Overall responsibility for development and implementation of the treatment plan must be assigned to a qualified professional staff member. (3-20-04)

b. Beginning with the completion of the assessment process, and within timeframes set by the local Drug Court Board, a detailed individualized treatment plan must be developed which meets the following requirements: (3-20-04)

i. Specifies the services necessary to meet the client's needs. (3-20-04)

ii. Includes referrals for needed services that the program does not provide. (3-20-04)

iii. Contains specific goals that the client must achieve to reduce or eliminate alcohol or drug use. (3-20-04)

iv. Contains specific objectives that relate to the goals, are written in measurable terms and includes expected achievement dates. (3-20-04)

v. Specifies the frequency of treatments. (3-20-04)

c. When appropriate, the client shall participate in the development of the treatment plan and such participation must be documented in the client's record. (3-20-04)

d. A specific plan for involving the family or significant others must be included when indicated. (3-20-04)

08. Treatment Services Provided in a Drug Court Outpatient Treatment Facility. (3-20-04)

a. Services in outpatient facilities must be provided at designated times. (3-20-04)

b. Counseling services must be provided through the outpatient program on an individual, family or group basis. (3-20-04)

c. The services must include educational instruction and written materials on the nature and effects of alcohol/drug use and abuse and the recovery process, as well as cognitive behavioral interventions to address the identified criminogenic needs. Substance abuse assessments must include the use of the LSI-R. (3-20-04)

d. The program must provide or refer to adjunct services as indicated by client need. (3-20-04)

e. Standards for group treatment must be present for the effective delivery of education, skill training and process groups and must specify the maximum number of participants allowed for each type of group. (3-20-04)

f. The drug court treatment program must provide supervision as follows: (3-20-04)

i. Qualified professionals will supervise all treatment activities. (3-20-04)

ii. Establish procedures for supervision of all clinical activities, which specify frequency and type of supervisory contact, and periodic client file reviews. (3-20-04)

g. There must be adequate, qualified staff to maintain appropriate client/staff ratios as set by the State

Drug Court Coordinating Committee, and sufficient staff to provide necessary support to the professional staff. (3-20-04)

h. The program must employ at least one (1) certified/credentialed alcohol/drug counselor, or other qualified professional for each facility; or (3-20-04)

i. If the program arranges for the provision of counseling services, it must have a valid written agreement or contract with a certified/credentialed alcohol/drug counselor. (3-20-04)

ii. When qualified professionals are not available or needed on a full-time basis, arrangements must be made to obtain qualified professionals on an attending, continuing consultative or part-time basis. (3-20-04)

147. -- 149. (RESERVED).

150. ADMINISTRATION OF MEDICATIONS.

Administration of medications in alcohol/drug facilities, except those located in licensed hospitals, shall be by means of self-administration. (4-26-95)

01. Self-Administration. Self-administration of medication is permitted only when a client has a prescription from a physician, a nurse practitioner, or a physician assistant. (4-26-95)

02. Storage. If the program provides for central storage of prescribed medication, the program shall have a policy and procedures for storage and provide appropriate storage facilities. (4-26-95)

151. -- 159. (RESERVED).

160. FOOD SERVICE.

All alcohol/drug programs providing services which include the provision of meals shall meet the standards set forth in this Section. (4-26-95)

01. Meals and Snacks. In general, wholesome and nutritionally balanced food must be provided. Three (3) meals must be served daily at regular times. Snacks of nourishing quality must be available to clients at all times. (4-26-95)

a. Menus shall be planned in advance. (4-26-95)

i. Menus must be reviewed and approved by a registered dietician annually. (4-26-95)

ii. Menus shall be conspicuously posted in the dining room, and shall be dated. (4-26-95)

iii. When changes in the menu are necessary, substitutions must provide equal nutritional value. Records of menus and substitutions must be retained for at least thirty (30) days. (4-26-95)

b. Processed food not prepared on site must be obtained from sources inspected and approved by the Department and must be protected from contamination during transport and preparation. Home canned or home processed food must not be used or served. (4-26-95)

c. Approved refrigeration and cooking appliances must be installed and maintained in operating condition. (4-26-95)

d. Shelves, counters, and cabinets for preparation of food and storage of food, dishes and cooking utensils must be maintained in a safe and sanitary manner. (4-26-95)

e. All sink and cabinet tops must have smooth, washable, nonabsorbent finishes. (4-26-95)

f. Tables and chairs or equivalent must be provided for dining purposes. (4-26-95)

02. Food Sanitation. The acquisition, preparation, storage, and serving of all food and drink in a program's facilities must comply with Idaho Department of Health and Welfare Rules, IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments". (4-26-95)

161. RESIDENTIAL THERAPEUTIC ENVIRONMENT.

All alcohol/drug abuse treatment facilities providing twenty-four (24) hour per day care shall establish an environment that enhances the positive self-image of clients and preserves their human dignity and that meets the standards set forth in this section. (4-26-95)

01. Living Conditions. The facility shall make provision for the following minimum standards with regard to the client's therapeutic environment: (4-26-95)

a. Clients must be allowed to wear their own clothing. If clothing is provided by the program, it must be appropriate and not dehumanizing. (4-26-95)

b. Clients must be allowed to keep and display personal belongings, and to add personal touches to the decoration of their own room. (4-26-95)

c. Articles for grooming and personal hygiene must be readily available for the individual client in a space reserved adjacent to the client's sleeping area. (4-26-95)

d. A client's personal articles may be kept under locked storage only if it can be documented that the client may be a danger to self or to others. (4-26-95)

e. Clients must be encouraged to take responsibility for maintaining their own living quarters. (4-26-95)

f. Mirrors must be placed as an aid in grooming and to enhance the client's self-awareness. (4-26-95)

g. There must be ample closet and drawer space for the storage of personal property and property provided for the resident's use. (4-26-95)

h. Doorways to sleeping areas must be provided with doors in order to provide privacy. (4-26-95)

i. Bedrooms must house no more than six (6) clients. Folding partitions or placement of furniture may be used to provide privacy should clients so desire. (4-26-95)

j. Separate bedrooms and bathrooms must be provided for men and women. (4-26-95)

02. Contributions of Environment. The environment of the treatment facility shall contribute to the development of therapeutic relationships in at least the following ways: (4-26-95)

a. Areas must be available for a full range of social activities for all clients, from two (2) person conversations to group activities. (4-26-95)

b. Attractively furnished areas must be available where a client can be alone, when this would not be in conflict with a therapeutic prescription for group activities. (4-26-95)

c. Attractively furnished areas must be provided to insure privacy for conversations with other occupants, family, or friends. (4-26-95)

d. Furniture, furnishings and equipment must be available to accommodate all occupants. (4-26-95)

i. Furniture and furnishings must be comfortable and maintained in clean condition and good repair. (4-26-95)

ii. All equipment and appliances must be maintained in good operating order. (4-26-95)

e. To promote awareness of the time and season, clocks and calendars must be provided at least in the major use areas. (4-26-95)

162. HOUSEKEEPING SERVICES.

All alcohol/drug abuse treatment facilities providing twenty-four (24) hour per day care shall have written policies and procedures for maintaining a clean and safe environment to meet applicable standards set forth in this section. (4-26-95)

01. Sufficient Personnel and Equipment. Sufficient housekeeping and maintenance personnel and equipment shall be provided to maintain the interior and exterior of the program's facility site in a safe, clean, orderly, and attractive manner. (4-26-95)

a. After discharge of a client, the room must be thoroughly cleaned, including the bed, bedding and furnishings. (4-26-95)

b. Storage areas, attics, basements, and grounds must be kept free from refuse, litter, weeds and other items detrimental to the health, safety or welfare of the clients. (4-26-95)

02. Clients' Personal Articles. Clients personal care and grooming supplies, clothing and shoes must not be allowed to accumulate on the floor thus impeding proper housekeeping measures. (4-26-95)

03. Laundry Facilities. One (1) laundry tray, tub, or machine and clothes drying facility must be provided unless other approved laundry facilities are available. If laundry is processed on site, the laundry equipment and processing must be located in an area separate from kitchen, dining, and living areas. (4-26-95)

163. INFECTION CONTROL.

Because of the possibility that clients may have engaged in high risk behaviors that transmit infections, and staff may be required to handle urine specimens of said clients, and because infections acquired in a program or brought into a program from the community are potential hazards for all persons having contact with the program, all alcohol/drug abuse treatment programs shall have infection control policies and procedures which meet the standards set forth in this section. (4-26-95)

01. Written Policies and Procedures for Infection Control. The alcohol/drug abuse treatment program shall have written policies and procedures pertaining to the operation of an infection control program. (4-26-95)

a. Effective measures shall be developed to prevent, identify and control infections. (4-26-95)

b. Provision is made for reporting, evaluating and maintaining records of infections among clients and personnel and there is a process for implementing procedures to control the spread or eliminate the cause(s) of the infection. (4-26-95)

c. All new employees shall be instructed in the importance of infection control and personal hygiene and in their responsibility in the infection control program. (4-26-95)

d. There shall be documentation that on-going in-service education in infection prevention and control is provided to all employees. (4-26-95)

e. There shall be documentation that the policies and procedures are reviewed at least annually and revised as necessary. (4-26-95)

02. Urine Samples. The alcohol/drug program shall have policies and procedures regarding the collection, handling, testing and reporting of urine specimens. (4-26-95)

a. All employees shall be instructed in the precautions to take when handling urine, and who has direct responsibility for supervising this activity. (4-26-95)

b. Employees responsible for urine collection and testing shall be provided with protective apparel. (4-26-95)

c. Provision shall be made for the storage and disposal of urine samples and testing chemicals. (4-26-95)

03. Responsibility. A department, service or staff member shall be assigned responsibility for developing these policies and procedures and for documenting their implementation. (4-26-95)

164. PLANT TECHNOLOGY AND SAFETY MANAGEMENT.

All alcohol/drug abuse treatment programs shall meet applicable standards set forth in this section. (4-26-95)

01. Buildings. Buildings on the premises in which services are delivered shall be in compliance with the requirements of the local, state and federal codes concerning access, construction, fire and life safety that are applicable. (4-26-95)

a. Prior to initial occupancy and annually thereafter, the program's site(s) shall be inspected for compliance with the Uniform Fire Code. Documentation of all findings, recommendations and corrective actions shall be kept on file. (4-26-95)

b. Prior to initial occupancy and at the time of any structural change in a building, it shall be inspected and found to be in compliance with local building codes. Documentation of all findings, recommendations and corrective actions shall be kept on file by the program. (4-26-95)

02. Grounds. Alcohol/drug abuse treatment program grounds shall be maintained in a manner that is designed to provide safe access in a safe environment for clients, personnel and visitors. (4-26-95)

a. The program shall have specific plans and policies for the maintenance, supervision and safe use of all its grounds and equipment. (4-26-95)

b. The premises and all buildings shall be kept free from the accumulation of weeds, trash and rubbish. (4-26-95)

03. General Safety. The program shall have a plan that is designed to provide a safe environment for clients, personnel and visitors, and monitors that environment. (4-26-95)

a. There shall be established procedures for the development, implementation and review of safety policies for all services. (4-26-95)

b. There shall be a procedure for reporting, investigating and evaluating all accidents, injuries and safety hazards. The responses and follow-up actions are to be documented. (4-26-95)

c. Safety-related policies and procedures shall be included in the orientation of all new employees and in the continuing education of all employees. (4-26-95)

04. Emergency Preparedness. There shall be a plan for the protection of all persons in the event of a fire or other emergency. (4-26-95)

a. All residents and employees shall be advised of the actions required under emergency conditions. Diagrams of the building showing emergency protection areas and evacuation routes and exits must be conspicuously posted throughout the building. An outline of emergency instructions shall be posted with the diagram. (4-26-95)

b. There is a fire plan that includes the use and function of fire alarm and detection systems, containment and the protection of lives. (4-26-95)

i. Each work shift shall have personnel trained and responsible for implementing the fire plan and the

activation of the non-automatic components of the fire safety systems. (4-26-95)

ii. A minimum of one (1) fire drill shall be held at least every sixty (60) days at unexpected times and under varying conditions to simulate unusual circumstances encountered in case of a fire. A record of drills shall be maintained. (4-26-95)

iii. The alarm and detection system and any sprinkler system shall be under the direct supervision of a staff member who shall cause proper tests to be made at specified intervals and shall have general charge of all alterations and additions. (4-26-95)

c. Program employees and clients shall be provided with training about emergency preparedness policies and procedures. (4-26-95)

d. The emergency preparedness policies and procedures shall be evaluated annually and updated as needed. (4-26-95)

05. Report of Fire. A separate report of each fire incident occurring within the program's facility shall be submitted to the Department within thirty (30) days of the occurrence. The reporting form, "Facility Fire Incident Report," will be issued by the Department to secure specific information concerning date, origin, extent of damage, method of extinguishment and injuries, if any. (4-26-95)

06. Electrically Powered Equipment. The program shall have procedures to assure that electrically powered, line-operated equipment is electrically safe. (4-26-95)

a. There shall be a policy that identifies types of equipment that may pose an electrical hazard during intended use and outlines conditions of safe use. (4-26-95)

b. Policies for the use and control of personal electrical equipment shall be developed and implemented. (4-26-95)

i. Clients shall be apprised of the policies and procedures regarding use of personal electrical equipment upon admission to the program's facility. (4-26-95)

ii. Employees shall be apprised of the policies and procedures regarding use of personal electrical equipment upon employment. (4-26-95)

07. Electrical Distribution. The program's facility shall have an electrical distribution system that is designed, installed, operated and maintained to provide electrical power for all required operations. (4-26-95)

a. There shall be a schedule for preventive maintenance and periodic inspection designed to assure that the electrical distribution system operates safely and reliably. (4-26-95)

b. Inspections and corrective actions shall be documented. (4-26-95)

08. Heating, Ventilating and Air Conditioning. Where provided, the heating, ventilating and air-conditioning (HVAC) system shall be designed, installed, operated and maintained in a manner that provides a comfortable and safe environment for clients, personnel and visitors. (4-26-95)

09. Plumbing. The plumbing systems shall be designed, installed, operated and maintained in a manner that provides an adequate and safe supply of water for all required facility operations and facilitates the complete and safe removal of all storm water and waste water. (4-26-95)

a. The plumbing systems shall comply with applicable local and state codes. (4-26-95)

b. Prior to occupancy and annually thereafter, the program's facility shall be inspected and approved by the district health department. (4-26-95)

i. Such inspections shall determine compliance with Idaho Department of Environmental Quality Rules, IDAPA 58.01.03, "Individual/Subsurface Sewage Disposal Rules," and any other relevant state and local regulations. (4-26-95)

ii. Documentation of inspections and corrective actions shall be kept on file at the program's facility site. (4-26-95)

10. Hazardous Materials and Wastes. The program shall comply with applicable federal, state and local codes concerning hazardous materials and waste management. (4-26-95)

11. Boiler and Steam. Where provided, boiler systems shall be installed, operated and maintained in a manner that is designed to provide an adequate and safe supply of steam or hot water for all required facility operations. (4-26-95)

12. Safety Devices and Practices. The program shall have in place and maintain safety devices and operational practices to assure the safety of clients and personnel. (4-26-95)

a. Facility sites that do not have emergency medical care resources shall have first aid kits available in appropriate places. (4-26-95)

b. All supervisory staff shall be familiar with the locations, contents and use of the first aid kits. (4-26-95)

13. Smoking. Written regulations governing the use of smoking materials shall be adopted, conspicuously posted and made known to all program clients, staff members and the public. The written regulations shall include at least the requirements listed below. Nothing in this section requires that smoking be permitted by programs whose admission policies prohibit smoking. (4-26-95)

a. Designated areas shall be assigned for client, staff and public smoking. (4-26-95)

b. Noncombustible ashtrays of a safe design shall be provided in all areas where smoking is permitted. (4-26-95)

c. Metal containers with self-closing, tight-fitting lids or their equivalent shall be provided in all areas where smoking is permitted. (4-26-95)

165. PREVENTION SERVICES PROGRAMS.

Prevention programs that contract with the Department must, at a minimum, meet the following standards and requirements: (4-5-00)

01. Outcome Based. Prevention programs shall encompass current research, theory, and practice-based strategies that are outcome based. (4-5-00)

02. Staff Experience and Training Requirements. Staff delivering prevention services shall meet the experience and knowledge requirements specified by the Department and be thoroughly oriented and trained to the program's policies, procedures, code of conduct, and expected practices. (4-5-00)

03. Prevention Activities Shall be Planned and Documented. All prevention activities shall be provided in accordance with a plan for each strategy and documented. (4-5-00)

04. Evaluation of Programs Effectiveness. Prevention programs shall evaluate the effectiveness of their services, utilizing criteria such as consumer satisfaction, participant evaluations, consumer awareness of addiction and behavioral health, knowledge of resources and services, and service utilization. Program evaluation shall include the development and reporting of outcome measures related to demonstration of risk reduction and positive individual and community behavioral change. (4-5-00)

166. -- 996. (RESERVED).

997. CONFIDENTIALITY.

Before any information about a patient, client, registrant, applicant or recipient contained in Departmental records can be released to the person himself, to another Departmental unit, to another governmental agency or to a private individual or organization, the unit of the program with custody of the record shall comply with Idaho Department of Health and Welfare Rules, IDAPA 16.05.01, "Use and Disclosure of Department Records". (4-26-95)

998. INCLUSIVE GENDER

For the purposes of this chapter, words used in the masculine gender include the feminine, and vice versa, where appropriate. (4-26-95)

999. SEVERABILITY.

Idaho Department of Health and Welfare Rules, IDAPA 16.04.01, are severable. If any rule, or part thereof, or the application of such rule to any person or circumstance, is declared invalid, that invalidity does not affect the validity of the remaining portion of this chapter. (4-26-95)

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