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IDAPA 16
TITLE 07
CHAPTER 50

16.07.50 - MINIMUM STANDARDS FOR NONHOSPITAL, MEDICALLY-MONITORED DETOXIFICATION/MENTAL HEALTH DIVERSION UNITS

000. LEGAL AUTHORITY.
Under Title 39, Chapter 3, Idaho Code, the Board of Health and Welfare has authority to adopt minimum standards, rules, and regulations for the development, construction, and operation of nonhospital, medically-monitored detoxification/mental health diversion units in Idaho. The Idaho Legislature has designated the Department of Health and Welfare as the State Mental Health Authority and the State Substance Abuse Authority. The Department's responsibility is to assure that mental health and substance use disorders treatment and services are available throughout the state to individuals who need such care and who meet the eligibility criteria under the Regional Mental Health Services Act and the Alcoholism and Intoxication Treatment Act. Sections 56-1003, 56-1004, 56-1004A, 56-1007, and 56-1009, Idaho Code, authorize the Director of the Department to adopt and enforce rules to promote safe and adequate services and treatment of individuals within nonhospital, medically-monitored detoxification/mental health diversion units. (3-29-10)

001. TITLE, SCOPE, AND RESPONSIBILITIES.

01. Title. The title of this chapter is IDAPA 16.07.50, **"**Minimum Standards for Nonhospital, Medically-Monitored Detoxification/Mental Health Diversion Units," and may also be known as "Detox/Mental Health Diversion Units." (3-29-10)

02. Scope. These rules and minimum standards apply to all detox/mental health diversion units in Idaho that provide: evaluation; observation; monitoring; care; and treatment; twenty-four (24) hours per day, seven (7) days per week, to individuals suffering from a subacute psychiatric or alcohol/drug crisis. These services are offered in a residential setting under the supervision of a physician. A detox/mental health diversion unit is designed to withdraw an individual from alcohol or other drugs and to prepare him to enter a more extensive treatment and rehabilitation program. These facilities are not intended to serve as a secure holding facility for the detention of any individual or to provide care and treatment to any individual who is the subject of involuntary commitment proceedings or detention without a hearing as provided in Sections 18-212, 66-326, 66-329, 66-406, or 66-1305, Idaho Code. The purpose of this chapter is to provide rules for: (3-29-10)

a. The approval, denial, suspension, or revocation of certification or approval of detox/mental health diversion units; (3-29-10)

b. To provide rules for the admittance of clients by detox/mental health diversion units; (3-29-10)

c. To establish minimum standards of health, safety and quality for detox/mental health diversion units; and (3-29-10)

d. To establish minimum standards for the development, construction, and operation of nonhospital, medically-monitored detoxification/mental health diversion units. (3-29-10)

03. General Facility Responsibilities. A detox/mental health diversion unit provides services and treatment to adults who are suffering from a subacute psychiatric or alcohol/drug crisis, twenty-four (24) hours per day, seven (7) days per week, in a nonhospital, medically supervised residential setting. A detox/mental health diversion unit must assure quality services and dignity in a structured regime through an administrator and staff who have the knowledge and experience required to provide safe and appropriate services to each client. A detox/mental health diversion unit must be constructed and operated consistent with these rules and applicable statutes. (3-29-10)

04. Exception for Law Enforcement Facilities. These rules and minimum standards do not apply to a facility owned, operated, or under the custody, control, or jurisdiction of the Department of Correction, Department of Juvenile Corrections, or state, city, or county law enforcement, whether the facility is utilized for the detention of any individual or for any other purpose. (3-29-10)

05. General Department Responsibilities. The Department is responsible for monitoring and enforcing the provisions in these rules and protecting clients by evaluating detox/mental health diversion units to assure compliance with statutes and these rules. This responsibility includes: approving facilities, monitoring services provided, and inspecting and evaluating conditions in the facilities. (3-29-10)

002. WRITTEN INTERPRETATIONS.
Under Section 67-5201(19)(b)(iv), Idaho Code, the Department may have written statements that pertain to interpretations of these rules. These documents are available for public inspection as described in Sections 005 and 006 of these rules. (3-29-10)

003. ADMINISTRATIVE APPEALS.
Administrative appeals and all contested cases are governed by IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (3-29-10)

004. INCORPORATION BY REFERENCE.
The Department has incorporated by reference the following documents in these rules. (3-29-10)

01. AIA Guidelines for Design and Construction of Health Care Facilities, (AII) 2006. AIA Guidelines for Design and Construction of Health Care Facilities, (AII) 2006, are applicable to airborne infection isolation rooms for facilities operating a sobering station. The guidelines are available online at http://www.aia.org/. (3-29-10)

02. American National Standard Specifications for Making Buildings and Facilities Accessible to and Usable by Physically Handicapped People (ANSI/ICC A117.1-2003). These standards are available online at http://www.ansi.org/. (3-29-10)

03. Americans with Disabilities Act Accessibility Guidelines. 28 CFR Part 36, Appendix A. This code is available online at http://www.ada.gov/publicat.htm. Contact phone number is (800) 514-0301. (3-29-10)

04. ASAM PPC-2R. American Society of Addiction Medicine (ASAM) Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition - Revised (ASAM PPC-2R). A copy of this manual is available by mail at the American Society of Addiction Medicine, 4601 North Park Ave., Suite 101, Chevy Chase, MD 20815; by telephone and fax, (301) 656-3920 and (301) 656-3815 (fax); or on the internet at http://www.asam.org. (3-29-10)

05. DSM-IV-TR. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) Washington, DC, American Psychiatric Association, 2000. Copies of the manual are available from the American Psychiatric Association, 1400 K Street, N.W., Washington, DC, 20005. A copy of the manual is also available for public review at the Department of Health and Welfare, 450 West State Street, Boise, Idaho, 83702. (3-29-10)

06. Idaho Board of Nursing Rules. IDAPA 23.01.01, **"**Rules of the Idaho Board of Nursing.**"** These rules are available online at http://adminrules.idaho.gov/rules/current/23/0101.pdf. (3-29-10)

07. Idaho Diet Manual. The Idaho Diet Manual, Ninth Edition, 2005, is available from the Idaho Dietetic Association, online at http://eatrightidaho.org. (3-29-10)

08. Idaho Food Code. IDAPA 16.02.19, **"**Food Safety and Sanitation Standards for Food Establishments." These rules are available online at http://adminrules.idaho.gov/rules/current/16/0219.pdf. (3-29-10)

09. International Building Code, Edition 2003. This code is available from the International Code Council, 4051 West Flossmoor Rd., Country Club Hills, IL 60478-5795, phone: (888) 422-7233, and online at http://www.iccsafe.org. (3-29-10)

10. Life Safety Code. National Fire Protection Association Standard 101, the Life Safety Code, 2000 Edition, including mandatory references. A copy of the code is available at 1 Batterymarch Park, Quincy,

Massachusetts, 02169-7471. The telephone contact number is (800) 344-3555. The code is available online at http://www.nfpa.org/catalog/product.asp?pid=10100. (3-29-10)

11. **National Electric Code**. National Electric Code AKA: NFPA Standard 70, the National Electric Code, 2000 Edition. A copy of the code is available online at http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=70. (3-29-10)

12. **National Fire Protection Association (NFPA) Documents**. The NFPA documents referenced in this chapter of rules are available from the National Fire Protection Association, 11 Tracy Drive, Avon, MA 02322-9908, (800) 344-3555, and online at http://www.nfpa.org. (3-29-10)

13. **National Sanitation Federation**. The National Sanitation Federation Standards. These standards may be found online at http://www.nsf.org/business/about_NSF/. (3-29-10)

14. **Occupational Safety and Health Act of 1970 (OSHA)**. The OSHA Construction Standards may be obtained by contacting OSHA at 200 Constitution Avenue, NW, Washington, DC 20210. The internet website is http://www.osha.gov/doc/index.html. (3-29-10)

005. 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. (3-29-10)

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. (3-29-10)

03. **Street Address**. The business office of the Idaho Department of Health and Welfare is located at 450 West State St., Boise, Idaho 83702. (3-29-10)

04. **Telephone**. The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. (3-29-10)

05. **Internet Website**. The Department's internet website at http://www.healthandwelfare.idaho.gov. (3-29-10)

06. **Substance Abuse Services Website**. The Substance Abuse Services internet website at http://www.healthandwelfare.idaho.gov. (3-29-10)

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUEST.

01. **Confidential Records**. The use and disclosure of any information about a detox/mental health diversion unit covered by these rules and contained in the Department's records must comply with IDAPA 16.05.01, "Use and Disclosure of Department Records." (3-29-10)

02. **Licensure, Certification, or Approval**. In compliance with Section 74-106(9), Idaho Code and IDAPA 16.05.01, "Use and Disclosure of Department Records," records will be released if they are part of an inquiry into a detox/mental health diversion unit facility's fitness to be granted or retain a license, certificate, permit, privilege, commission, or position. These records will otherwise be provided in redacted form as required by law or rule. (3-29-10)

007. -- 008. (RESERVED)

009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

01. **Criminal History and Background Check**. Each detox/mental health diversion unit must comply with the provisions in IDAPA 16.05.06, "Criminal History and Background Checks." Criminal history and

background checks must be completed on the owner, employees, applicants, transfers, reinstated former employees, student interns, contractors, and volunteers who provide care or services, or have access to clients in a detox/mental health diversion unit. The applicant is responsible for the cost of the criminal history and background check except where otherwise provided by Department rules. (3-29-10)

02. Availability to Work. Any individual hired or contracted with, who has direct client access, must self-disclose all arrests and convictions before having access to clients. If a disqualifying crime as described in IDAPA 16.05.06, "Criminal History and Background Checks," is disclosed, the individual cannot have access to any client. An individual is allowed to work only under supervision until the criminal history and background check is completed. (3-29-10)

010. DEFINITIONS AND ABBREVIATIONS A THROUGH K.
For the purposes of this chapter of rules, the following definitions apply. (3-29-10)

01. Administrator. The person delegated the responsibility for the day-to-day operation and management of a detox/mental health diversion unit by the governing body. The administrator, owner, medical director, lead nurse, or mental health program director may be the same individual. The term "administrator" is synonymous with the term "chief executive officer (CEO)." (3-29-10)

02. Adult. An individual eighteen (18) years of age, or older. (3-29-10)

03. Applicant. An individual, firm, partnership, association, corporation, or governmental unit, acting separately or jointly, who is planning to operate or maintain a detox/mental health diversion unit in Idaho. (3-29-10)

04. ASAM. The American Society of Addiction Medicine. (3-29-10)

05. Board. The Idaho State Board of Health and Welfare. (3-29-10)

06. Change of Ownership. The sale, purchase, exchange, or lease of an existing facility by the present owner to a new owner. (3-29-10)

07. Chemical Dependency Counselor. A professional counselor licensed by the Idaho State Licensing Board of Professional Counselors and Marriage and Family Therapists under Title 54, Chapter 34, Idaho Code, who: (3-29-10)

a. Has specialized training, education, and experience in the treatment of persons with problems related to alcohol and drug use; and (3-29-10)

b. Meets the requirements for certification as a alcohol and drug counselor under IDAPA 16.07.20, "Alcohol and Substance Use Disorders Treatment and Recovery Support Services Facilities and Programs." (3-29-10)

08. Chemical Restraint. The use of drugs that prevents a client from doing what he might do voluntarily on his own. (3-29-10)

09. Chief Executive Officer (CEO). The individual delegated the responsibility for the day-to-day operation and management of a detox/mental health diversion unit by the governing body. The chief executive officer, owner, medical director, lead nurse, or mental health program director may be the same individual. The term "chief executive officer (CEO)" is synonymous with the term "administrator." (3-29-10)

10. Client. An adult, who is not the subject of involuntary commitment proceedings or detention without a hearing, as provided in Sections 18-212, 66-326, 66-329, 66-406, or 66-1305, Idaho Code, and who receives services at a detox/mental health diversion unit. The term "client" is synonymous with the terms: patient, participant, resident, consumer, or recipient of treatment. (3-29-10)

11. Department. The Idaho Department of Health and Welfare. The Department is designated as the State Mental Health Authority under Section 39-3124, Idaho Code, and as the State Substance Abuse Authority under

Section 39-304, Idaho Code. (3-29-10)

12. **Director**. The Director of the Department of Health and Welfare, or his designee. (3-29-10)

13. **Full Accreditation Certificate of Approval**. A certificate of approval issued for a period of one (1) year to a facility that is in substantial compliance with these rules and minimum standards. (3-29-10)

14. **Governing Body**. The individual or individuals, board of directors, group, agency, or entity that has ultimate authority and responsibility for the overall conduct and operation of the facility, and for full compliance with these rules and minimum standards. (3-29-10)

15. **Governmental Unit**. The state of Idaho, any county, municipality, or other political subdivision, or any department, division, board, or other agency thereof. (3-29-10)

011. DEFINITIONS AND ABBREVIATIONS L THROUGH Z.
For the purposes of this chapter of rules, the following definitions apply. (3-29-10)

01. **Lead Nurse**. A qualified professional nurse (R.N.) licensed by the Idaho State Board of Nursing under Title 54, Chapter 14, Idaho Code, and IDAPA 23.01.01, "Rules of the Idaho Board of Nursing," who is so designated by the governing body. The lead nurse, administrator, or mental health program director may be the same individual. The lead nurse is responsible for nursing care provided to clients and for supervising the nursing care and services provided by staff. (3-29-10)

02. **Level of Care Utilization System ("LOCUS")**. A clinical level of care placement tool for psychiatric and addictions services, developed by the American Association of Community Psychiatrists. (3-29-10)

03. **Licensed Clinical Social Worker (LCSW)**. A clinical social worker licensed by the Idaho State Board of Social Work Examiners under Title 54, Chapter32, Idaho Code, and IDAPA 24.14.01, "Rules of the Board of Social Work Examiners." (3-29-10)

04. **Licensed Marriage and Family Therapist (LMFT)**. A person licensed to practice marriage and family therapy by the Idaho State Board of Professional Counselors and Marriage and Family Therapists, under Title 54, Chapter 34, Idaho Code, and IDAPA 24.14.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists." (3-29-10)

05. **Licensed Master's Level Social Worker (LMSW)**. A master's level social worker licensed by the Idaho State Board of Social Work Examiners under Title 54, Chapter 32, Idaho Code, and IDAPA 24.14.01, "Rules of the Board of Social Work Examiners." (3-29-10)

06. **Licensed Practical Nurse (L.P.N.)**. A practical nurse licensed by the Idaho State Board of Nursing under Title 54, Chapter 14, Idaho Code, and IDAPA 23.01.01, "Rules of the Idaho Board of Nursing." (3-29-10)

07. **Licensed Professional Counselor (LPC)**. A professional counselor licensed by the Idaho State Board of Professional Counselors and Marriage and Family Therapists, under Title 54, Chapter 32, Idaho Code, and IDAPA 24.14.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists." (3-29-10)

08. **Licensed Professional Nurse (R.N. or Registered Nurse)**. A professional nurse licensed by the Idaho State Board of Nursing under Title 54, Chapter 14, Idaho Code, and IDAPA 23.01.01, "Rules of the Idaho Board of Nursing." (3-29-10)

09. **Mechanical Restraint**. Any apparatus that physically prevents a client from doing what he might do voluntarily on his own, including "safety belts." The term "mechanical restraint" is synonymous with the term "physical restraint." (3-29-10)

10. **Medical Director**. A qualified physician licensed by the Idaho State Board of Medicine in accordance with Title 54, Chapter 18, Idaho Code, and IDAPA 22.01.01, "Rules of the Board of Medicine for the

Licensure to Practice Medicine and Surgery and Osteopathic Medicine and Surgery in Idaho," who is so designated by the governing body. The medical director is responsible for providing medical care to clients and for supervising all of the medical care, services, and treatment provided by the medical staff. (3-29-10)

11. **Medical Staff**. Professional medical personnel employed, full-time or part-time, who are licensed under Title 54 or Title 56, Idaho Code, to provide medical care and services to clients in a Detox/Mental Health Diversion Unit. (3-29-10)

12. **Mental Health Clinical Staff**. Professional mental health personnel employed, full-time or part-time, who are licensed under Title 54, Idaho Code, to provide mental health counseling, treatment, and services to clients in a Detox/Mental Health Diversion Unit. (3-29-10)

13. **Mental Health Program Director**. A qualified psychiatrist, psychologist, licensed professional nurse, licensed clinical professional counselor, licensed clinical social worker, licensed professional counselor, licensed master's level social worker, or licensed marriage and family therapist, who is so designated by the governing body. The mental health program director is responsible for providing mental health counseling, treatment, and services provided to clients and for supervising mental health counseling, treatment, and services provided by mental health clinical staff. The mental health program director, administrator, lead nurse, and medical director may be the same individual. (3-29-10)

14. **MIS**. The Department's computerized management information system designed to collect individual demographics and service information on persons who are suffering from a subacute psychiatric or alcohol/drug crisis. (3-29-10)

15. **Nonhospital, Medically-Monitored Detoxification/Mental Health Diversion Unit**. A facility referred to in this rule as a "detox/mental health diversion unit," means a freestanding residential treatment facility, approved by the Department of Health and Welfare under these rules and minimum standards. Facilities owned, operated, or under the custody, control, or jurisdiction of the Department of Correction, Department of Juvenile Corrections, or state, city, or county law enforcement are excluded from this definition and are not required to meet these rules and minimum standards. (3-29-10)

16. **On-Call**. The scheduled state of availability to return to duty, work ready, within a specified period of time. (3-29-10)

17. **On-Duty**. Being awake, and actively carrying out assigned duties in the facility. (3-29-10)

18. **Owner**. An individual, firm, partnership, association, corporation, or governmental unit, acting separately or jointly, having legal ownership of the facility as an operating business, regardless of who owns the real property. (3-29-10)

19. **Physical Restraint**. An apparatus that physically prevents a client from doing what he might do voluntarily on his own including "safety belts." The term "physical restraint" is synonymous with the term "mechanical restraint." (3-29-10)

20. **Physician**. An individual who holds a license issued by the Idaho State Board of Medicine under Title 54, Chapter 18, Idaho Code, and IDAPA 22.01.01, "Rules of the Board of Medicine for the Licensure to Practice Medicine and Surgery and Osteopathic Medicine and Surgery in Idaho." (3-29-10)

21. **Provisional Certificate of Approval**. Pending satisfactory correction of all deficiencies, a certificate of approval issued for a period not to exceed six (6) months to a facility that is not in substantial compliance with these rules and minimum standards. A facility will not be issued more than one (1) provisional certificate of approval in any two (2) year period. (3-29-10)

22. **Psychiatrist**. An individual licensed by the Idaho State Board of Medicine to practice medicine under Title 54, Chapter 18, Idaho Code, and IDAPA 22.01.01, "Rules of the Board of Medicine for the Licensure to Practice Medicine and Surgery and Osteopathic Medicine and Surgery," who is certified by the American Board of Psychiatry and Neurology in psychiatry. (3-29-10)

23. **Psychologist**. An individual licensed by the Idaho State Board of Psychology to practice psychology in Idaho under Title 54, Chapter 23, Idaho Code, and IDAPA 24.12.01, "Rules of the Idaho State Board of Psychologist Examiners." (3-29-10)

24. **Serious Mental Illness (SMI)**. Means any of the following psychiatric illnesses as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders, Text Revision (DSM-IV-TR): (3-29-10)

a. Schizophrenia. (3-29-10)

b. Paranoia and other psychotic disorders. (3-29-10)

c. Bipolar disorders (mixed, manic and depressive). (3-29-10)

d. Major depressive disorders (single episode or recurrent). (3-29-10)

e. Schizoaffective disorders. (3-29-10)

f. Obsessive-compulsive disorders. (3-29-10)

25. **Serious and Persistent Mental Illness (SPMI)**. A primary diagnosis under DSM-IV-TR of Schizophrenia, Schizoaffective Disorder, Bipolar I Disorder, Bipolar II Disorder, Major Depressive Disorder Recurrent Severe, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified (NOS) for a maximum of one hundred twenty (120) days without a conclusive diagnosis. The psychiatric disorder must be of sufficient severity to cause a substantial disturbance in role performance or coping skills in at least two (2) of the following functional areas in the last six (6) months: (3-29-10)

a. Vocational or education, or both. (3-29-10)

b. Financial. (3-29-10)

c. Social relationships or support, or both. (3-29-10)

d. Family. (3-29-10)

e. Basic daily living skills. (3-29-10)

f. Housing. (3-29-10)

g. Community or legal, or both. (3-29-10)

h. Health or medical, or both. (3-29-10)

26. **Social Worker**. An individual licensed by the Idaho State Board of Social Work Examiners to practice social work in Idaho under Title 54, Chapter 32, Idaho Code, and IDAPA 24.14.01, "Rules of the Idaho State Board of Social Worker Examiners." (3-29-10)

27. **Substantial Compliance**. Substantial compliance means complying with the minimum standards and requirements of these rules, and the absence of any state or condition that could endanger the health, safety, or welfare of any client, employee, contractor, occupant, or volunteer. (3-29-10)

012. -- 099. **(RESERVED)**

CERTIFICATE OF APPROVAL REQUIREMENTS

(Sections 100 - 199)

100. CERTIFICATE OF APPROVAL.

01. Purpose. The purpose of a certificate of approval issued by the Department is to assure, insofar as is reasonably practicable, that the care, services, treatment, and physical surroundings of each detox/mental health diversion unit are in substantial compliance with this chapter. The issuance of a certificate of approval does not guarantee adequacy of individual care, treatment, personal safety, fire safety, or the well-being of any client, employee, contractor, volunteer, or occupant of a facility. (3-29-10)

02. Valid Certificate of Approval. Under Sections 39-304, 39-305, 39-311, 39-3133, and 56-1003, Idaho Code, no individual, firm, partnership, association, corporation, or governmental unit, acting separately or jointly, can operate, establish, manage, conduct, or maintain, directly or indirectly, a detox/mental health diversion unit without a valid certificate of approval issued by the Department. (3-29-10)

a. No client may be admitted to, or cared for in, a detox/mental health diversion unit until a certificate of approval is issued by the Department. (3-29-10)

b. The application must include, at a minimum, all of the information, items, documents, and materials identified in Section 110 of these rules. (3-29-10)

03. Maximum Allowable Number of Beds. A certificate of approval will specify the maximum allowable number of beds for detoxification, sobering, and mental health. Facilities are prohibited from exceeding the maximum allowable number of beds for detoxification, sobering, and mental health as stated on the certificate of approval. (3-29-10)

04. Apply for Certificate of Approval. In addition to obtaining prior written approval of actual construction drawings, plans, and specifications in accordance with Section 600 through 699 of these rules, each individual, firm, partnership, association, corporation, or governmental unit, acting separately or jointly, planning to operate or maintain a detox/mental health diversion unit must apply for a certificate of approval on forms provided by the Department. (3-29-10)

a. The application and application fee must be submitted to the Department at least ninety (90) days prior to the planned opening date. The application must contain information required by the Department which includes affirmative evidence of the facility's ability to comply with these rules. (3-29-10)

b. Upon receipt of a completed application, the Department has up to sixty (60) days to notify the applicant of its determination. (3-29-10)

101. -- 104. (RESERVED)

105. AGREEMENTS REQUIRED FOR CERTIFICATE OF APPROVAL FOR A DETOX/MENTAL HEALTH DIVERSION UNIT FACILITY.
Each detox/mental health diversion unit must have and maintain at all times formal written agreements as provided in Subsections 105.01 through 105.05 of this rule before a certificate of approval can be issued. An individual filling more than one (1) of the following positions, must meet the qualifications under these rules for each position being filled by the individual. (3-29-10)

01. Agreement with Licensed Hospital Required. A formal written agreement must be maintained at all times for the provision of emergency medical services and ambulatory medical services with one (1) or more licensed hospitals serving the area in which the facility is located. The agreement must provide, at a minimum, for: (3-29-10)

a. Laboratory, x-ray, and other diagnostic services not otherwise available at the facility; (3-29-10)

b. Hospitalization for acutely ill clients; (3-29-10)

c. Specify hospital consents to accept all transfers for prompt medical evaluation, treatment, and admission; and (3-29-10)

d. Assurances for the exchange of information for clients. (3-29-10)

02. Agreement with CEO or Administrator. A formal written agreement must be maintained at all times with a qualified professional who is employed or contracted to serve as the CEO or administrator. The CEO or administrator is responsible for the day-to-day operations of the facility. (3-29-10)

03. Agreement with Medical Director. A formal written agreement must be maintained at all times with a qualified physician licensed in Idaho, who is employed or contracted to serve as the medical director. The medical director is responsible for the medical care provided to clients and for supervising all medical care, services, and treatment provided by the medical staff. (3-29-10)

04. Agreement with Lead Nurse. A formal written agreement must be maintained at all times with a qualified R.N. licensed in Idaho, who is employed or contracted to serve as the lead nurse. The lead nurse is responsible for nursing care provided to clients and for supervising the nursing care, and services provided by staff. (3-29-10)

05. Agreement with Mental Health Program Director. A formal written agreement must be maintained at all times with a qualified professional licensed in Idaho, who is employed or contracted to serve as the Mental Health Program Director. The Mental Health Program Director is responsible for providing mental health counseling, treatment, and services to clients and for supervising mental health counseling, treatment and services provided by the mental health staff. (3-29-10)

06. Agreement with Chemical Dependency Counselor. A formal written agreement must be maintained at all times with a qualified professional counselor licensed in Idaho who is employed or contracted as a chemical dependency counselor. The chemical dependency counselor is responsible for developing an individualized treatment plan based on the treatment needs assessment for each client admitted to the detoxification unit or mental health unit, and for supervising all chemical dependency counseling provided by staff. (3-29-10)

106. -- 109. (RESERVED)

110. APPLICATION FOR CERTIFICATE OF APPROVAL.

01. Completed and Signed Application. The applicant must apply for a certificate of approval on forms provided by the Department, and must provide all of the information requested by the Department. Forms for a certificate of approval are available upon written request, or online at http://www.healthandwelfare.idaho.gov. (3-29-10)

02. Initial Application and Building Evaluation Fee. The applicant must make a request in writing for a certificate of approval and evaluation of existing buildings. The request must include: (3-29-10)

a. The physical address of the buildings that are to be evaluated; (3-29-10)

b. The name, address, and telephone number of the individual who is to receive the Department's determination and evaluation report; and (3-29-10)

c. A nonrefundable five hundred ($500) dollar application and building evaluation fee. No application will be processed until the application fee is paid. (3-29-10)

03. Statement to Comply. The applicant must provide a written statement that the applicant, owner, operator, proposed CEO or administrator, proposed medical director, proposed lead nurse, and proposed mental health program director have thoroughly read, reviewed, and are prepared to comply with the provisions in IDAPA 16.07.50, "Minimum Standards for Nonhospital, Medically-Monitored Detoxification/Mental Health Diversion Units." (3-29-10)

04. Statement Disclosing Revocation or Disciplinary Actions. The applicant must provide a written statement regarding the applicant, owner, proposed CEO or administrator, proposed medical director, proposed lead nurse, and proposed mental health program director that either: (3-29-10)

a. Discloses any revocation or other disciplinary action taken against, or in the process of being taken against any of them, in Idaho or any other jurisdiction; or (3-29-10)

b. Affirms that no revocation or other disciplinary action has been taken against, or is in the process of being taken against any of them, in Idaho or any other jurisdiction. (3-29-10)

05. Criminal History and Background Clearance. The applicant must provide satisfactory evidence that the owner, applicant, all employees, transfers, reinstated former employees, student interns, contractors, volunteers, and any other individuals who provide care or services, or have access to clients, have successfully completed and received a clearance for a criminal history and background check that complies with Section 009 of these rules. (3-29-10)

06. Electrical Inspection. The applicant must provide a written statement from a licensed electrician or the local or state electrical inspector that all wiring in the facility complies with current electrical code as incorporated by reference in Section 004 of these rules. (3-29-10)

07. Public Health District. The applicant must provide a current written statement from the local health district that confirms the facility meets the local health codes for occupancy, and if the facility is not on a municipal water supply or sewage disposal system, that the water supply and sewage disposal system comply with these rules and are in good working order. (3-29-10)

08. Certificate of Occupancy, Fire Codes, and Building Codes. The applicant must provide a written statement from the local zoning official, local building official, and local fire official, that confirms the facility complies with local zoning, local building codes, and local fire codes for occupancy. (3-29-10)

09. Operational Policies and Procedures. The applicant must provide a complete set of operational policies and procedures as required under these rules. (3-29-10)

10. Proof of Insurance. The applicant must provide proof of insurance. Each facility must maintain medical liability insurance at a minimum of one million dollars/three million dollars ($1,000,000/$3,000,000), and general liability insurance at a minimum of one million/three million dollars ($1,000,000/$3,000,000) or equivalent insurance. Copies of the declarations policy face-sheet must be included with the application. (3-29-10)

11. Floor Plan. The applicant must provide a detailed floor plan of the facility, including measurements of all rooms, or a copy of architectural drawings. (3-29-10)

12. Purchase Agreement, Lease, or Deed. The applicant must provide a copy of the purchase agreement, lease, or deed. (3-29-10)

13. Identification of CEO or Administrator, Medical Director, Lead Nurse, and Mental Health Program Director. The applicant must provide a written statement that identifies the CEO or administrator, medical director, lease nurse, and mental health program director along with documentation that establishes compliance with Sections 271 through 273, and 275 of these rules. (3-29-10)

14. Other Information as Requested. The applicant must provide other information that may be requested by the Department for the proper administration and enforcement of these rules. (3-29-10)

111. -- 114. (RESERVED)

115. FAILURE TO COMPLETE APPLICATION PROCESS.
Failure of the applicant to cooperate with the Department or complete the application process within six (6) months of the original date of application will result in a denial of the application. If the application is denied, the applicant is barred from submitting, seeking, or obtaining another application for a certificate of approval for a period of three (3)

years of the original date of application. (3-29-10)

116. EXPIRATION AND RENEWAL OF CERTIFICATE OF APPROVAL.

01. Existing Certificate of Approval. Each certificate of approval to operate a detox/mental health diversion unit will expire on the date designated on the certificate of approval, unless suspended or revoked prior to the certificate's expiration date. (3-29-10)

02. Renewal of Certificate of Approval. To renew a certificate of approval, the individual or governmental unit named on the certificate must submit a written request for renewal on a form approved by the Department at least ninety (90) days prior to the expiration of the certificate. The Department has up to thirty (30) days after receiving a completed renewal application to notify the applicant of its determination. (3-29-10)

03. Annual Renewal Fee. An annual nonrefundable fee of ninety-six ($96) dollars per bed must be submitted with the renewal application for certificate of approval. This per bed annual renewal fee will be adjusted from time-to-time to cover the cost of licensing, enforcing, and regulating in accordance with these rules and minimum standards. (3-29-10)

117. -- 119. (RESERVED)

120. ISSUANCE OF CERTIFICATE OF APPROVAL BY DEPARTMENT.
Upon completion of the application process, the Department may take any of the following actions in Subsections 120.01 through 120.03 of this rule. (3-29-10)

01. Issue Full Accreditation Certificate. Issue a full accreditation certificate of approval for a period of one (1) year if a facility is in substantial compliance with these rules and minimum standards. (3-29-10)

02. Issue Provisional Certificate. Issue a provisional certificate of approval for a period of six (6) months when a facility is not in substantial compliance with these rules and minimum standards. This provisional certificate is contingent on an approved plan to correct all deficiencies prior to the expiration of the provisional certificate being provided to the Department by the facility. A facility will not be issued more than one (1) provisional certificate of approval in any two-year period. (3-29-10)

03. Deny Certificate. Deny a certificate of approval. (3-29-10)

121. DISPLAY CERTIFICATE OF APPROVAL.
The facility must display the current certificate of approval in the facility. The certificate must be clearly visible to the general public. (3-29-10)

122. -- 124. (RESERVED)

125. NONTRANSFER OF CERTIFICATE OF APPROVAL.

01. Issued Certificate. A certificate of approval is issued in the name of the individual, firm, partnership, association, corporation, or governmental unit identified on the application and only to a specified address of the facility stated in the application for the period and services specified. (3-29-10)

02. Nontransferable. A certificate of approval is nontransferable or assignable from one (1) individual to another, from one (1) business entity or governmental unit to another or from one (1) location to another.(3-29-10)

03. Change in Ownership, Operator, or Location. When there is a change in ownership, operator, or a change in location occurs, the detox/mental health diversion unit must reapply for a certificate of approval as required in Section 130 of these rules. The new owner or operator must obtain a certificate of approval before starting operations as a detox/mental health diversion unit. (3-29-10)

126. -- 129. (RESERVED)

130. CHANGES REQUIRING NOTIFICATION TO THE DEPARTMENT.
A detox/mental health diversion unit must notify the Department if any of the following changes in Subsections 130.01 through 130.05 of this rule occurs. (3-29-10)

01. Change of Ownership, Operator, or Location. The owner must notify the Department when there is a change of ownership, operator, or location. A new application for a certificate of approval must be submitted to the Department at least ninety (90) days prior to the proposed date of the change. (3-29-10)

02. Change of Ownership, Operator, or Location Due to Facility in Litigation. An application for a certificate of approval that is being suspended or revoked and a change of ownership, operator, or location due to a facility in litigation for failure to comply with these rules, must include evidence that there is a bona fide arms length agreement and relationship between the two (2) parties. An entity purchasing a facility with an enforcement action acquires the enforcement action. (3-29-10)

03. Change of CEO or Administrator, Medical Director, or Lead Nurse. Any facility issued a certificate of approval must notify the Department in writing as soon as practicable prior to any the following changes in Subsections 130.03.a. through 130.03.c of this rule, to permit the Department to determine whether any changes in certification status are necessary: (3-29-10)

a. Change in CEO or administrator; (3-29-10)

b. Change in medical director; (3-29-10)

c. Change in lead nurse; or (3-29-10)

d. Change in mental health program director. (3-29-10)

04. Change in Services or Closure of Facility. A facility issued a certificate of approval must notify the Department in writing at least thirty (30) days prior to any of the following changes to permit the Department to determine whether any changes in certification status are necessary: (3-29-10)

a. Material change in services or program classifications provided by the facility; or (3-29-10)

b. Closure of the facility. (3-29-10)

05. Change in Maximum Allowable Number of Beds. A facility issued a certificate of approval must notify the Department in writing at least thirty (30) days prior to any proposed increase in the maximum allowable number of beds for detoxification, sobering, or mental health. (3-29-10)

131. NOTIFICATION BY THE DEPARTMENT FOR PROPOSED CHANGES SUBMITTED BY THE FACILITY.

01. Notification on Submitted Applications for Proposed Changes. The Department will notify the owner or operator of its determination with respect to a proposed change in ownership, operators, or location, within sixty (60) days of the submission of the application for the change as provided in Section 130 of these rules. (3-29-10)

02. Notification of Changes in Maximum Number of Beds. The Department will notify the owner or operator within thirty (30) days of its determination with respect to the proposed changes in the maximum allowable number of beds for detoxification, sobering, and mental health for the facility. (3-29-10)

03. Notification of Changes in Operations. The Department will notify the owner or operator within thirty (30) days of its determination with respect to any of the following proposed changes: (3-29-10)

a. Change of CEO or administrator; (3-29-10)

b. Change of medical director; (3-29-10)

c. Change of lead nurse; (3-29-10)

d. Change of mental health program director; and (3-29-10)

e. Material change in services or program classifications. (3-29-10)

132. -- 149. (RESERVED)

150. DENIAL OF CERTIFICATE OF APPROVAL.

01. Denial of a Certificate of Approval for Lack of Substantial Compliance. The Department may deny a certificate of approval when persuaded by a preponderance of the evidence that the facility is not in substantial compliance with these rules and minimum standards. (3-29-10)

02. Denial of a Certificate of Approval Related to Key Individuals. The Department may deny a certificate of approval when persuaded by a preponderance of the evidence that any of the following individuals: applicant, owner, operator, CEO or administrator, medical director, lead nurse, or mental health program director has: (3-29-10)

a. Violated any conditions of a certificate of approval; (3-29-10)

b. Willfully misrepresented or omitted material information on the application or other documents pertaining to obtaining or renewing any certificate of approval; (3-29-10)

c. Been found guilty of fraud, gross negligence, abuse assault, battery, or exploitation of children or vulnerable adults; (3-29-10)

d. Been denied or has had revoked any license or certificate issued by the Department or under Title 54, Idaho Code; (3-29-10)

e. Been convicted of operating any facility without a certificate of approval; (3-29-10)

f. Been enjoined from operating any facility; (3-29-10)

g. Been convicted of a criminal offense within the past five (5) years, other than a minor traffic violation or infraction; or (3-29-10)

h. Directly been under the control or influence of any person who is described in Subsections 150.02.a. through 150.02.g. of this rule. (3-29-10)

03. Denial of a Certificate of Approval for an Act Adversely Affecting Welfare of Client, Employee, Contractor, or Volunteer. The Department may deny a certificate of approval when persuaded by a preponderance of the evidence that any act or omission adversely affecting the welfare of any client, employee, contractor, or volunteer is being permitted, aided, performed, or abetted by the facility, applicant, owner, operator, CEO or administrator, medical director, lead nurse, or mental health program director. Such acts or omissions include neglect, physical abuse, mental abuse, emotional abuse, violation of civil rights or exploitation of vulnerable adults. (3-29-10)

151. -- 154. (RESERVED)

155. ENFORCEMENT ACTION FOR IMMEDIATE REVOCATION, SUSPENSION, AND TRANSFER OF CLIENTS WITHOUT NOTICE.
The Department will, without prior notice, prior warning, notice of hearing, or hearing, revoke or suspend a certificate of approval of any facility, program or service and immediately transfer clients, when persuaded by a preponderance of the evidence that states or conditions exist as to endanger the health or safety of any client, employee, contractor or volunteer. (3-29-10)

156. -- 159. (RESERVED)

160. ENFORCEMENT ACTION FOR SUSPENSION OR REVOCATION OF A CERTIFICATE AND LIMIT ON ADMISSIONS WITH NOTICE.
The Department may suspend or revoke a certificate of approval, terminate or limit admissions, with or without a referral of clients, when persuaded by a preponderance of the evidence, that the facility is not in substantial compliance with these rules and minimum standards. Additional causes for suspension or revocation of a certificate of approval, for terminating or limiting admissions, with or without a referral of clients, may be issued for any of the reasons listed in this section of rule. (3-29-10)

01. Act Adversely Affecting Welfare of Client. Any act or omission adversely affecting the welfare of any client, employee, contractor, or volunteer is being permitted, aided, performed, or abetted by the facility, applicant, owner, operator, CEO or administrator, medical director, lead nurse, or mental health program director. Such acts or omissions may include, but are not limited to, neglect, physical abuse, mental abuse, emotional abuse, violation of civil rights or exploitation of vulnerable adults. (3-29-10)

02. Endangerment to Health and Safety. Any state or condition exists at the facility which endangers the health or safety of any client. (3-29-10)

03. Misrepresentation or Omission On Application. The applicant, owner, operator, CEO or administrator, medical director, lead nurse, or mental health program director has willfully misrepresented or omitted information on the application or other documents pertinent to obtaining or renewing a license. (3-29-10)

04. Lack of Sound Judgment in Operation or Management. The applicant, owner, operator, CEO or administrator, medical director, lead nurse, or mental health program director has demonstrated a lack of sound judgment in the operation or management of the facility. (3-29-10)

05. Substantiated Deficiencies. The facility has one (1) or more substantiated deficiencies as demonstrated by any one (1) of the following: (3-29-10)

a. Any deficiency that endangers the health and safety of any client, employee, contractor, or volunteer. (3-29-10)

b. Repeat violations of any requirement of these rules and minimum standards or of Idaho law. (3-29-10)

c. An accumulation of minor violations that when taken as a whole, would constitute a substantial deficiency. (3-29-10)

06. Lack of Adequate Staffing. The facility lacks adequate staff to properly care for the number and type of clients receiving care and treatment at the facility. (3-29-10)

07. Acts of Key Individuals. The facility, applicant, owner, CEO or administrator, medical director, lead nurse, or mental health program director: (3-29-10)

a. Has violated any conditions of a certificate of approval. (3-29-10)

b. Has been denied or has had revoked any license issued under Title 54, Idaho Code, or by the Department; (3-29-10)

c. Has been convicted of operating any facility without a license; (3-29-10)

d. Has been enjoined from operating any facility; (3-29-10)

e. Is directly under the control or influence of any person who has been subject to the proceedings described in this Subsection of these rules; (3-29-10)

f. Fails to comply with the data gathering requirements of the MIS; or (3-29-10)

g. Fails to substantially comply with these rules and minimum standards. (3-29-10)

08. Violation of Client Confidentiality. The applicant, owner, operator, CEO or administrator, medical director, lead nurse, mental health program director, or any employees, transfers, reinstated former employees, student interns, contractors, volunteers, or any other persons who provide care or services or have access to clients, violate client confidentiality. (3-29-10)

161. -- 164. (RESERVED)

165. WRITTEN NOTICE OF DETERMINATION AND ENFORCEMENT ACTION.

01. Written Notification. With the exception of enforcements actions for immediate revocation, suspension, and transfer of clients under Section 155 of these rules, the Department will notify the applicant, or the owner's designated representative, in writing, of its decision to deny, suspend, or revoke an application or certificate of approval. The Department will send the written notification by certified mail, return receipt requested. (3-29-10)

02. Written Notification Contents. The written notice will include the following: (3-29-10)

a. The applicant's or owner's name and identifying information; (3-29-10)

b. A statement of the decision; (3-29-10)

c. A concise statement of the reasons for the decision; and (3-29-10)

d. The process for pursuing an administrative appeal. (3-29-10)

166. -- 169. (RESERVED)

170. PENALTY FOR OPERATING A FACILITY WITHOUT A CERTIFICATE OF APPROVAL.

01. Penalty for Operating Facility Without a Certificate of Approval. Any person or entity establishing, conducting, managing, or operating a detox/mental health diversion unit without a certificate of approval issued by the Department is guilty of a misdemeanor. When a person is found guilty, the penalty is punishable by imprisonment in a county jail for a period of time not to exceed six (6) months, or by a fine not to exceed three hundred dollars ($300), or both fine and imprisonment. Each day of continuing violation constitutes a separate offense. Under Section 39-1312, Idaho Code, the attorney general is authorized to prosecute any violations in the event the prosecuting attorney in the county where the alleged violation occurred fails or refuses to act within sixty (60) days of notification of the violation. (3-29-10)

02. Injunction to Prevent Operation Without a Certificate of Approval. Notwithstanding the existence or pursuit of any other remedy, the Department may in the manner provided by law maintain an action in the name of the State for injunctive relief or other process against any person or entity establishing, conducting, managing, or operating a detox/mental health diversion unit without a certificate of approval issued by the Department. (3-29-10)

171. PENALTY FOR OPERATING FACILITY NOT IN SUBSTANTIAL COMPLIANCE.

01. Civil Monetary Penalties. Civil monetary penalties are based upon one (1) or more deficiencies of substantial noncompliance. Nothing will prevent the Department from imposing this remedy for deficiencies which existed prior to inspection or complaint investigation through which they are identified. Actual harm to a client or clients does not need to be shown. A single act, omission or incident will not give rise to imposition of multiple penalties, even though such act, omission or incident may violate more than one (1) rule. (3-29-10)

02. Assessment Amount for Civil Monetary Penalty. When civil monetary penalties are imposed,

such penalties are assessed for each day the facility is or was out of substantial compliance. The amounts below are multiplied by the total number of certified beds according to the records of the Department at the time substantial noncompliance is established. (3-29-10)

a. Initial deficiency is eight dollars ($8). See following example:

ASSESSMENT FOR CIVIL MONETARY PENALTY - INITIAL DEFICIENCY TABLE 171.02.a				
Number of Beds	**Initial Deficiency**	**Times Number of Days Out of Substantial Compliance**	**Penalty Per Day**	**Amount of Penalty**
11	$8	45 Days	$88	$3,960

(3-29-10)

b. Repeat deficiency is ten dollars ($10). See following example:

ASSESSMENT FOR CIVIL MONETARY PENALTY - REPEAT DEFICIENCY TABLE 171.02.b				
Number of Beds	**Repeat Deficiency**	**Times Number of Days Out of Substantial Compliance**	**Penalty Per Day**	**Amount of Penalty**
11	$10	30 Days	$110	$3,300

(3-29-10)

03. Notice of Civil Monetary Penalties and Appeal Rights. The Department will give written notice informing the facility of the amount of the penalty, the basis for its assessment, and the facility's appeal rights. (3-29-10)

04. Payment of Penalties. The facility must pay the full amount of the penalty within thirty (30) calendar days from the date the notice is received. Interest accrues on all unpaid penalties at the legal rate of interest for judgments. Such interest accruement will begin one (1) calendar day after the date of the initial assessment of the penalty. (3-29-10)

05. Failure to Pay. Failure of a facility to timely pay the entire penalty, together with any interest, is cause for the Department to take any action described in Subsection 120 of these rules including but not limited to, revocation of the certificate of approval or offsetting and withholding any amounts due from Medicaid payments to the facility. (3-29-10)

172. -- 174. (RESERVED)

175. CUMULATIVE ENFORCEMENT POWERS, PENALTIES, OR ACTIONS.
The Department can take any of the enforcement actions or impose any of the penalties, independently or in conjunction with others, as described in Sections 150 through 164, 170 and 171 of these rules. (3-29-10)

176. -- 179. (RESERVED)

180. EFFECT OF PREVIOUS REVOCATION OR DENIAL OF A LICENSE.

01. Previous Denial of Certificate of Approval. The Department will not accept or consider an application for a certificate of approval from any applicant, owner, CEO or administrator, or medical director of a

facility who has had a certificate of approval denied until after two (2) years have elapsed from the date of the denial. (3-29-10)

02. Previous Revocation of Certificate of Approval. The Department will not accept or consider an application for a certificate of approval from any applicant, owner, CEO or administrator, or medical director of a facility who has had a certificate of approval revoked until after five (5) years have elapsed from the date of the revocation. (3-29-10)

181. -- 184. (RESERVED)

185. INSPECTIONS, INVESTIGATIONS, AND CONSULTATIONS.

01. Inspections or Investigations. The Department will make or cause to be made such inspections and investigations as it deems necessary. Any holder of a certificate of approval, owner, operator, or applicant planning to alter, add to, or remodel an existing facility, to construct a new facility, or convert an existing structure is referred to Sections 600 through 699 of these rules for construction standards and review procedures that must occur prior to breaking ground or commencing any construction. (3-29-10)

02. Initial Inspection. Prior to commencing occupancy, the building or facility must be inspected and approved by the Department. The Department will make reasonable efforts to schedule an inspection within two (2) weeks of receiving a certificate of occupancy issued by the local governing authority, a city or county in Idaho or other evidence submitted by the applicant that the building or facility is ready for final inspection. (3-29-10)

03. Intervals of Inspection Following Initial Inspection. At the Department's discretion, the intervals of the inspection following the initial inspection will be at least one (1) every twelve (12) months or more frequently as needed. (3-29-10)

04. Unannounced Inspections. At the Department's discretion, inspections and investigations following the initial inspection are made unannounced and without prior notice. (3-29-10)

05. Services of Others for Inspections and Investigations. Under the provisions in these rules, the Department may use the services of any qualified person or organization, either public or private, to examine, survey, inspect, or investigate any person or entity holding a certificate of approval issued by the Department. (3-29-10)

06. Access and Authority to Enter. The Department or its designee must have full access and has the authority to examine: quality of care, services delivery, client records, facility records, physical premises, including the condition of buildings, grounds and equipment, food service, water supply, sanitation, maintenance, housekeeping practices, and any other areas necessary to determine compliance with these rules. (3-29-10)

07. Authority to Interview. The Department or its designee has the authority to interview any individual associated with the facility or the provision of care, including persons or governmental units named in the certificate, the complainant, CEO or administrator, medical director, lead nurse, mental health program director, chemical dependency counselor, staff, clients, clients' families, service providers, authorized provider or physician or other legally responsible person. Interviews are confidential and conducted privately unless otherwise specified by the Department or its designee. (3-29-10)

08. Consultations. Consultations may be provided at the option of the Department. (3-29-10)

186. -- 189. (RESERVED)

190. COMPLAINTS.

01. Filing a Complaint. Any person who believes that a facility has failed to meet any provision of these rules may file a complaint with the Department. All complaints must have a basis in rule or statute. (3-29-10)

02. Investigation. Upon a preliminary finding that the facility is out of substantial compliance, the Department will investigate, or cause to be investigated the following: (3-29-10)

a. Any complaint alleging a violation of these rules or statute; and (3-29-10)

b. Any reportable incident which indicates there was a violation of these rules or statute. (3-29-10)

03. Disclosure of Complaint Information. The Department will not disclose the name or identifying information of a complainant unless: (3-29-10)

a. The complainant consents in writing to the disclosure; (3-29-10)

b. The investigation results in a judicial proceeding and disclosure is ordered by the court; or (3-29-10)

c. The disclosure is essential to prosecution of a violation of these rules or statute. (3-29-10)

04. Method of Investigation. The nature of the complaint will determine the method used to investigate the complaint. (3-29-10)

05. Notification to Complainant. In compliance with Section 9-340C(9), Idaho Code, the Department will inform the complainant of the results of a completed investigation. Information will otherwise be provided in redacted form as required by law. (3-29-10)

191. -- 199. (RESERVED)

REQUIREMENTS APPLICABLE TO ALL DETOXIFICATION UNITS, SOBERING STATIONS, AND MENTAL HEALTH DIVERSION UNITS (Sections 200 - 299)

200. GOVERNING BODY AND ADMINISTRATION.

01. Administered by a Governing Body. Each detox/mental health diversion unit issued a certificate of approval under these rules must be organized, governed, and administered by a governing body. The governing body of each detox/mental health diversion unit has ultimate authority and responsibility for the overall conduct and operation of the facility and for full compliance with these rules. (3-29-10)

02. Bylaws. The governing body must adopt bylaws which specify at least the following: (3-29-10)

a. Membership of the governing body, which consists of: (3-29-10)

i. Basis for selecting members, term of office, and duties; and (3-29-10)

ii. Designation of officers, terms of office, and duties. (3-29-10)

b. Meetings: (3-29-10)

i. Frequency of meetings; (3-29-10)

ii. Meet at regular intervals with an attendance requirement; and (3-29-10)

iii. Minutes of all governing body meetings must be maintained. (3-29-10)

c. Every client must be under the care of a physician licensed by the Idaho State Board of Medicine. (3-29-10)

d. Responsibility for operations, maintenance, and practices that can be delegated and how accountability is established. (3-29-10)

e. A mechanism for adoption and approval of the organization's bylaws, rules and regulations of the medical staff. (3-29-10)

f. An appropriate and regular means of communication with the medical staff. (3-29-10)

03. Administration. The governing body, through the CEO or administrator, must provide appropriate physical facilities and personnel that comply with these rules to meet the needs of clients and the community. (3-29-10)

201. -- 209. (RESERVED)

210. PERSONNEL POLICIES AND PROCEDURES.
Subject to the governing body's written approval, the CEO or administrator must establish the following policies, procedures, or plans. (3-29-10)

01. Written Policies and Procedures for Personnel. A written personnel policy concerning qualifications, responsibilities, and conditions of employment for each category of personnel must be maintained by the facility. The policy, procedures, or plans must contain at a minimum the following: (3-29-10)

a. The recruitment of qualified personnel, including consultants when utilized; (3-29-10)

b. Documentation of orientation of all employees to policies, procedures, and objectives of the facility; (3-29-10)

c. Competent supervision of all staff; (3-29-10)

d. Job descriptions for all categories of personnel and uniform rules for each classification concerning hours of work, paydays, overtime, and other related personnel matters; (3-29-10)

e. An ongoing, planned continuing educational program which maintains and upgrades the knowledge, skills, and abilities of the staff in relation to services provided and employee responsibilities, including the opportunity to attend outside educational programs. (3-29-10)

i. A minimum of twenty-four (24) hours of training per year must be provided to staff; and (3-29-10)

ii. Documentation of continuing education or in-service for all direct care personnel that is consistent with clients' needs and services offered. (3-29-10)

f. Employee grievance procedures. (3-29-10)

g. A written statement that the facility does not discriminate in employment in any manner prohibited by the laws of the United States or the state of Idaho. (3-29-10)

h. A written statement that describes the facility's policy and procedure for recruiting and hiring all employees and interns. (3-29-10)

i. Staff disciplinary, suspension, and termination policies and procedures. (3-29-10)

j. Those facilities using volunteers must maintain written policies and procedures concerning volunteer services. Volunteers must receive orientation in accordance with Section 215 of these rules. (3-29-10)

02. Daily Work Schedules. Daily work schedules must be maintained in writing that reflect: (3-29-10)

a. Personnel on duty at any given time for the previous twelve (12) months; (3-29-10)

b. The first and last names of each employee, including professional designation; and (3-29-10)

c. Any adjustments made to the schedule. (3-29-10)

03. Job Descriptions. Each employee must be given a current job description that is consistent with his classification, be initialed by the employee, and be retained on file in each employee's personnel record. Job descriptions must contain at a minimum the following: (3-29-10)

a. The authority, responsibilities and duties of each classification; and (3-29-10)

b. Reporting and supervisory requirements for the classification. (3-29-10)

04. Organizational Chart. An organizational chart that clearly reflects lines of authority within the facility's organizational structure must be posted or made available to all employees. (3-29-10)

05. Applicable Idaho and Federal Laws. Applicable Idaho and federal laws must be observed in relation to the employment of any individual. (3-29-10)

06. Age Limitations. No person who is under the age of eighteen (18) years can provide direct care to clients. (3-29-10)

07. Payroll Records. Payroll records must be maintained by the facility that reflect an employee's hours of work, paydays, overtime, and other related matters. (3-29-10)

08. Personnel Files. Personnel files must be maintained by the facility for each employee. This file must contain at a minimum the following: (3-29-10)

a. An application for employment signed by the employee and a resume that must include pre-employment education, training and experience; (3-29-10)

b. Copies of all certification certificates, certification identification card, and all other health care licenses or certificates related to job duties; (3-29-10)

c. Copy of completed criminal history and background check; (3-29-10)

d. Position and qualifications of the position for which the employee is hired, including education and experience; (3-29-10)

e. Letter of hire or other documentation of the terms of employment and the employee's starting and termination date; (3-29-10)

f. Orientation and training documentation reflecting what type of training the employee received and the amount of time for each program; (3-29-10)

g. Verification of a tuberculin skin test upon employment and any subsequent test results; (3-29-10)

h. Copies of the employee's annual written job performance evaluation reviews including: (3-29-10)

i. Documentation of any disciplinary actions taken against the employee; and (3-29-10)

ii. Documentation of any commendations. (3-29-10)

211. EMPLOYEE HEALTH.
Personnel policies related to employee health must include: (3-29-10)

01. Tuberculin Skin Test. The current status of a tuberculin skin test, taken immediately prior to employment or within thirty (30) days after employment, must be recorded. (3-29-10)

a. If the skin test is positive, either by history or current test, personnel must seek a medical evaluation and chest x-ray to determine the presence or absence of active disease. Personnel who have active tuberculosis must be restricted from employment and attendance at the facility until it is determined by laboratory evaluation that the tuberculosis is noninfectious. (3-29-10)

b. Personnel who have a negative reaction to the skin test, must be tested annually if it is determined that they function in a high-risk tuberculosis area. (3-29-10)

02. Repeat Skin Text. A repeat skin test is also required if an employee is exposed to a client or other staff who develop tuberculosis. (3-29-10)

03. Report Symptoms. The facility must require that all personnel report immediately to their supervisor any signs or symptoms of personal illness. (3-29-10)

04. Policy for Communicable Disease Precautions. Personnel who have a communicable disease, infectious wound, or other transmittable condition and who provide care or services to clients or have access to clients are required to implement protective infection control techniques in accordance with these rules and as required by the facility's operator or contractor through its CEO or administrator. Personnel may be required: (3-29-10)

a. Not to work until the infectious state is corrected and noninfectious; (3-29-10)

b. To work in other areas of the facility where contact with others is not expected and the likelihood of transmission of infection is absent; or (3-29-10)

c. To seek other remedies that will avoid spreading the infection. (3-29-10)

05. Documentation in Personnel File. Documentation of compliance with health policy must be current, be initialed by each employee, and be retained on file in each employee's personnel file. (3-29-10)

212. -- 214. (RESERVED)

215. ORIENTATION AND CONTINUING EDUCATION.
The facility must provide a formalized, on-going educational program for all personnel, including a written structured orientation program designed to meet the training needs of new employees in relation to an employee's responsibilities. (3-29-10)

01. Documentation of Education Program. Documentation of compliance with orientation and continuing education program must be current, be initialed by each employee, and be retained on file in each employee's personnel file. (3-29-10)

02. Content for Orientation and Continuing Education Program. Orientation and continuing education in the facility must include at a minimum the following: (3-29-10)

a. All facility policies and procedures relevant to an employee's responsibilities; (3-29-10)

b. Basic procedures relative to client care; (3-29-10)

c. Client rights and responsibilities; (3-29-10)

d. Confidentiality; (3-29-10)

e. Facility's code of ethics; (3-29-10)

f. Use of mechanical and electrical equipment by an employee; (3-29-10)

g. Fire safety and emergency evacuation; (3-29-10)

h. Emergency procedures; (3-29-10)

i. Organizational structure; (3-29-10)

j. Measures to prevent cross infection, including aseptic and isolation techniques; (3-29-10)

k. Special needs of the client population served; (3-29-10)

l. Restorative care; (3-29-10)

m. Proper maintenance and handling of client records; (3-29-10)

n. Philosophical approach to treatment and the facility's goals; and (3-29-10)

o. Policies and procedures for reporting cases of suspected abuse or neglect of vulnerable adults. (3-29-10)

03. Continuing Education for Direct Care Staff. Each direct care staff member must annually receive twenty-four (24) hours of continuing education that includes an understanding of the nature of addiction, the withdrawal syndrome, group therapy, family therapy, and other treatment methodologies that are appropriate to the position held by each direct care staff member. Continuing education requirements may be met through in-house educational programs, outside continuing educational programs, or a combination thereof. (3-29-10)

216. -- 219. (RESERVED)

220. PHYSICIAN-APPROVED TRANSFER POLICY.
Each detox/mental health diversion unit must develop and implement written, physician-approved policies and procedures for determining when to transfer a client to a hospital for the provision of emergency inpatient and ambulatory medical services. (3-29-10)

01. Exchange of Information for Transfer of Clients. The following information must accompany the client if transferred to or from another health care facility: (3-29-10)

a. Provisional diagnosis, treatment, and clinical condition; (3-29-10)

b. Reason for transfer and destination; and (3-29-10)

c. Pertinent medical and social information that must be part of the client's record in accordance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 and 164, 42 U.S.C. Sections 290 dd-3 and ee-3, and 42 C.F.R., Part 2 (June 9, 1987). (3-29-10)

02. Transfer Agreements Kept On-Site. Transfer agreements must be maintained on-site at the facility. (3-29-10)

221. -- 229. (RESERVED)

230. POLICIES AND PROCEDURES APPLICABLE TO ALL DETOXIFICATION UNITS, SOBERING STATIONS, AND MENTAL HEALTH DIVERSION UNITS.
Subject to the governing body's written approval, the CEO or administrator must develop a set of physician approved written policies and procedures in accordance with these rules that are available at all times to clients, staff, and the public. (3-29-10)

231. PHYSICIAN APPROVED ADMISSIONS POLICY, INTAKE PROCEDURES, AND DISCHARGE PLANNING.
Each detox/mental health diversion unit must have written physician-approved admission policies and procedures that at a minimum meet the following requirements in Subsections 231.01 through 231.10 of this rule. (3-29-10)

01. Admissions Policy. A client will be admitted, accepted, or retained only when the facility has the capability, capacity, and services to provide appropriate care, and the client does not require a type of service for which the facility is not approved to provide, or for which the facility does not provide or arrange for, or in which the facility does not have the personnel, appropriate in numbers and with appropriate knowledge and skills to provide such services. (3-29-10)

02. Criteria for Admissions. Written criteria for admissions, uniformly applied to all prospective clients, must be provided in accordance with these rules. (3-29-10)

03. Criteria for Rejecting Admissions. Written criteria for rejecting admission requests, uniformly applied to all prospective clients, must be provided in accordance with these rules, and that includes a statement that the following persons are not eligible for admission: (3-29-10)

a. Any person who is violent, charged with a crime, or otherwise needs a secure holding facility; (3-29-10)

b. Any person who is under the age of eighteen (18) years; (3-29-10)

c. Any person who is the subject of involuntary commitment proceedings or detention without a hearing under Sections 18-212, 66-326, 66-329, 66-406, or 66-1305, Idaho Code; (3-29-10)

d. Any person who requires specialized care not available at the facility; (3-29-10)

e. Any person who has a physical or medical condition that is unstable or can only be safely treated in a hospital; (3-29-10)

f. Any person whose primary problem is social, economic, or one of physical health such as epilepsy, an intellectual disability, dementia, a developmental disability, or, chronic alcoholism, drug abuse, physical disability, or aged, unless in addition to such condition, he meets the admission criteria provided in Sections 320, 420, or 520 of these rules; (3-29-10)

g. Any person who fails to meet the admission criteria in Sections 320, 420, or 520 of these rules; (3-29-10)

h. Any person who can be safely maintained and effectively treated in a less restrictive or intensive level of care; or (3-29-10)

i. Any person who does not voluntarily consent to admission or treatment. (3-29-10)

04. Intake Procedures. Written intake procedures must be provided that include a determination that the facility's services are or are not appropriate to meet the needs of the client. (3-29-10)

05. Referrals For Individuals Not Admitted. Written policies must be provided for making referrals of individuals not admitted to the facility and written policies for accepting referrals from outside facilities. (3-29-10)

06. Initial Client Assessments Procedures. Written procedures must be provided that require a completed initial client assessment on every proposed client prior to admission. (3-29-10)

07. Medical Orders. Written, verbal, and telephone orders from persons authorized to give medical orders under Idaho law and written policies and procedures established by the governing body will be accepted by the medical staff empowered to do so under Idaho law. (3-29-10)

a. Verbal and telephone orders must contain the name of the person giving the order, the first initial and last name and professional designation of the medical staff receiving the order. (3-29-10)

b. The order must be promptly signed or otherwise authenticated by the prescribing person in

accordance with written policies and procedures established by the governing body. (3-29-10)

08. Services Orientation Procedures for Clients Admitted to a Detoxification Unit or Mental Health Diversion Unit. Written services orientation information must be recorded in each client's record as soon as practicable. This orientation information must include: (3-29-10)

a. The facility's philosophical approach to treatment; (3-29-10)

b. Information on client's rights and responsibilities while receiving services at the facility; (3-29-10)

c. The services available; and (3-29-10)

d. Information on the rules governing client's behavior and those infractions, if any, that may result in discharge or other disciplinary actions. (3-29-10)

09. Criteria for Appropriate Rehabilitative Services. Written criteria must be provided that assures appropriate rehabilitative services are provided whereby each client is assigned a primary addiction therapist or primary mental health professional, depending upon need, who will follow the client's progress during his admission to the detoxification or mental health unit, or both. The client's progress must be documented in the client's record. (3-29-10)

10. Criteria for Assuring Clients Remain in Program. Written criteria must be provided that assures clients will remain in a medical detoxification program, sobering program, or mental health diversion program for the period of time deemed medically necessary and documented by the attending physician. Coercion or force cannot be used to induce any client to remain in treatment. (3-29-10)

11. Discharge Criteria and Planning. Written criteria for discharge, uniformly applied to all prospective clients, must be established in accordance with these rules, including a procedure to screen each client for discharge planning needs. (3-29-10)

232. NONDISCRIMINATORY ADMISSIONS POLICY.
Each detox/mental health diversion unit, contractors, or operators must not discriminate on the grounds of race, creed, color, religion, age, gender, national origin, veteran, or disability with respect to any individual seeking admission or treatment. (3-29-10)

01. Compliance with the Americans with Disabilities Act. Each detox/mental health diversion unit must ensure that they comply with the Federal Americans with Disabilities Act, 28 U.S.C. Section 12101 et seq. and 28 C.F.R. Part 36 (July 1991). Referral services must be provided to individuals not admitted. (3-29-10)

02. Written Nondiscrimination Policies. Each detox/mental health diversion unit must develop written policies that describe how clients will receive services and be admitted on a nondiscriminatory basis in accordance with state and federal law and these rules. (3-29-10)

03. Placement Denied or Delayed. The individual seeking admission to a facility may be denied or delayed admission, if an appropriate placement is not available because of age or sex, or both. (3-29-10)

233. -- 234. (RESERVED)

235. MEDICATION POLICIES AND PROCEDURES.
Each detox/mental health diversion unit must have written policies and procedures that govern the safe storage, dispensing, and administration of medication. Written policies and procedures must include at a minimum the following requirements in Subsection 235.01 through 235.07 of this rule. (3-29-10)

01. Physician's Order. Each client of a detox/mental health diversion unit must have a written order signed by a physician, a physician's standing order, or a physician's order received by phone and signed by the physician at the earliest opportunity before any medication is administered to a client. (3-29-10)

02. Administration of Medication. Medications can only be provided to a client by licensed nursing staff in accordance with written policies and procedures established by the governing body, which must include at least the following: (3-29-10)

a. Administered in accordance with a physician's, dentists', nurse practitioner's, or physician assistant's written orders; (3-29-10)

b. The client is identified prior to administering the medication; (3-29-10)

c. Medications are administered as soon as possible after preparation; (3-29-10)

d. Medications are administered only if properly identified; (3-29-10)

e. Medications are administered by the person preparing the mediation for delivery to the client; (3-29-10)

f. Clients are observed for reactions to medications and if a reaction occurs, it is immediately reported to the on-duty nurse and lead nurse; and (3-29-10)

g. Each client's medication is properly recorded on his individual mediation record. (3-29-10)

03. Storage and Distribution of Medication. Storage and distribution policies and procedures must describe the following: (3-29-10)

a. Receiving of medication; (3-29-10)

b. Storage of medication, including assurances that all prescription drugs stored in the facility must be kept in a double locked container. Only those medications requiring refrigeration can be stored in a refrigerator; and (3-29-10)

c. Medication distribution system to be used including assurances that medications prescribed for one client will not be administered to or by another client or employee. (3-29-10)

04. Disposal of Unused, Outdated, or Recalled Drugs. Policy and procedures for documentation and disposal of unused drugs must provide assurances that no unused, outdated, or recalled drugs are kept in the facility. All unused, outdated, or recalled drugs must be disposed of in a manner that assures that they cannot be retrieved. (3-29-10)

05. Written Records of Disposals. A written record of all disposals of drugs must be maintained in the facility and must include at a minimum the following: (3-29-10)

a. A description of the drug, including the amount; (3-29-10)

b. The client for whom the medication was prescribed; (3-29-10)

c. The reason for disposal; and (3-29-10)

d. The method of disposal. (3-29-10)

06. Medication Policies and Procedures for Staff Response. How staff are to respond if: (3-29-10)

a. A client refuses a medication; (3-29-10)

b. A client misses a medication and the reasons; (3-29-10)

c. A client medication is not available; (3-29-10)

d. Medications are missing; (3-29-10)

e. A client receives an incorrect medication or dosage. (3-29-10)

07. Written Medication Record. Each client's medication must be properly recorded on his individual medication record by the person administering the medication. The written record must include: (3-29-10)

a. Client's name; (3-29-10)

b. Prescribing physician's name; (3-29-10)

c. Description of medication, including prescribed dosage; (3-29-10)

d. Verification in writing by staff that medication was taken, not taken, missed, not available, or refused, and the times and dates administered; (3-29-10)

e. Method of administration; (3-29-10)

f. Date and time of administration; (3-29-10)

g. Injection sites; (3-29-10)

h. Name or initial of person administering the medication; and (3-29-10)

i. Any adverse reactions to the medication. (3-29-10)

236. -- 239. (RESERVED)

240. EMERGENCY PREPAREDNESS POLICIES AND PROCEDURES.

01. Emergency Preparedness Plan. Each detox/mental health diversion unit must develop and implement a written emergency preparedness plan to follow in the event of fire, explosion, flood, earthquake, high wind, or other emergency that includes written procedures outlining steps to be taken in the event of an emergency. (3-29-10)

02. Written Procedures. The facility must have written procedures outlining the steps to be taken in the event of an emergency including: (3-29-10)

a. Who is to respond; (3-29-10)

b. Each individual’s responsibilities; (3-29-10)

c. Where and how clients are to be evacuated; and (3-29-10)

d. Notification of emergency agencies. (3-29-10)

241. -- 244. (RESERVED)

245. INFECTION CONTROL.
Each detox/mental health diversion unit must develop and implement written plans consistent with recognized standards for the prevention and control of infection for both staff and clients. (3-29-10)

01. Infection Control Program. The program must include, at minimum, the following elements: (3-29-10)

a. Methods of maintaining sanitary conditions in the facility; (3-29-10)

b. Employee infection surveillance and actions; and (3-29-10)

c. Isolation procedures; (3-29-10)

02. Report for Monitoring Infections. Specifics for monitoring the course of infections must include, at minimum, a prepared written quarterly report describing the status of each infection. This report must include: (3-29-10)

a. Diagnosis; (3-29-10)

b. Description of the infection; (3-29-10)

c. Causative organism, if identified; (3-29-10)

d. Date of onset; (3-29-10)

e. Treatment and date initiated; (3-29-10)

f. Client's progress; (3-29-10)

g. Control techniques utilized; and (3-29-10)

h. Diagnostic tests employed. (3-29-10)

03. Infection Control and Prevention Procedures. There must be a written infection control procedure that includes aseptic techniques, cleaning, sanitizing, and disinfection of all instruments, equipment, and surfaces, for all departments and services where client care is delivered. (3-29-10)

246. CONTROL OF TUBERCULOSIS.
In order to assure the control of tuberculosis in the facility, there must be a planned, organized program of prevention through written and implemented procedures that are consistent with current accepted practices and include the following in Subsections 246.01 through 246.05 of this rule. (4-7-11)

01. Tuberculin Skin Tests. The results of a tuberculin skin test, taken immediately prior to admission or within six (6) months prior to admission, must be established for each client. If the status is not known upon admission, a tuberculin skin test must be done as soon as possible. (3-29-10)

a. If the tuberculin skin test is negative, the test does not have to be repeated prior to discharge. (3-29-10)

b. If the tuberculin skin test is positive, the client must have a chest x-ray to rule out the presence of infectious pulmonary tuberculosis. (3-29-10)

02. Protective Infection Control Techniques. If any x-ray is suggestive of infectious pulmonary tuberculosis, the facility is required to implement protective infection control techniques in accordance with these rules and as required by the facility's governing body through its CEO or administrator. (3-29-10)

03. Transfer of Client Suspected or Diagnosed. Arrangements for transfer to an appropriate facility must be made for any client suspected or diagnosed with infectious pulmonary tuberculosis. These arrangements must be made in accordance with these rules and as required by the facility's governing body through its CEO or administrator. (3-29-10)

04. Discharge Prior to Availability of Test Result. A client, discharged prior to sufficient time elapsing for the tuberculin skin test to be read, will be instructed regarding the appropriate time frame and protocol for return to the facility to have the tuberculin skin test read. (4-7-11)

05. Sobering Station Exclusion. The tuberculin skin tests required in Subsection 246.01 of this rule, is

not required for clients receiving services from a sobering station. (4-7-11)

247. -- 249. (RESERVED)

250. FOOD AND NUTRITIONAL CARE POLICIES AND PROCEDURES.
Each detox/mental health diversion unit must develop written policies and procedures for providing proper nutritional care for each client that includes procedures to follow if a client refuses food or to follow the prescribed diet. The acquisition, preparation, storage, and serving of all food and drink in a facility must comply with IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments." (3-29-10)

01. Three Nutritious Meals Per Day. At least three nutritious meals per day and nutritional snacks, must be provided to each client present at meal times in the detoxification or mental health diversion units. No more than fourteen (14) hours may elapse between the end of an evening meal and the beginning of the morning meal. Physician approved special diets must be provided upon request by a client. Under no circumstances may food be withheld for disciplinary reasons. Menus must be reviewed and approved in advance by a registered dietitian in Idaho in accordance with the Idaho Diet Manual from the Idaho Dietetic Association. Nourishments must be made available to a client in a sobering station. (3-29-10)

02. On-Site Food Service. On-site food service must comply with all provisions of IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments." (3-29-10)

03. Third-Party Food Service. When food service is provided by a third-party, the provider must meet all the conditions of these rules pertaining to food service and be in compliance with IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments." Each detox/mental health diversion unit must maintain a written agreement at all times with a food service provider containing assurances that the provider will meet all food service and dietary standards imposed by this rule. (3-29-10)

04. Reports for Sanitation and Food Service. Sanitation reports and food service reports must be maintained on file in the facility. (3-29-10)

251. -- 259. (RESERVED)

260. CLIENT RECORDS POLICIES AND PROCEDURES.
Each detox/mental health diversion unit must develop written policies and procedures to assure accurate and authentic records are maintained for each client in the facility. (3-29-10)

01. Complete and Accurate Records. Each facility must implement written policies and procedures to assure complete, accurate, and authentic records in accordance with professional standards and practices. (3-29-10)

02. Responsible Staff. The CEO or administrator must designate to a staff member the responsibility for the accurate maintenance of client records. If this person is not a Registered Records Administrator (RRA) or an Accredited Records Technician (ART), consultation from such a qualified individual must be provided periodically to the designated staff person. (3-29-10)

03. Individual Client Record. An individual record must be maintained for each admission with all entries kept current, dated, and signed. Client records must, at a minimum, contain the following: (3-29-10)

a. Client's name, date and time of admission; previous address; home telephone; sex; date of birth; place of birth; ethnicity; marital status; religious preference; usual occupation; Social Security number; branch and dates of military service; name, address, and telephone number of nearest relative or responsible person or agency; place admitted from; attending physician; and date and time of discharge. (3-29-10)

b. Biopsycholosocial assessment, including medical history and physical examination that evaluates an individual's strengths, weaknesses, problems, and needs. (3-29-10)

c. Transfer or referral report, where applicable. (3-29-10)

d. Special reports dated and signed by the person making the report such as laboratory, x-ray, social services, mental health, consultation, and other special reports. (3-29-10)

e. Individualized treatment plan based on a biopsychosocial assessment of the client's alcohol or substance use disorder treatment needs, including treatment goals based on client input. (3-29-10)

f. Physician's orders containing the physician's authorization for required medications, tests, treatments, and diet. Each entry must be dated and signed or counter-signed by the physician. (3-29-10)

g. Progress notes by physicians, nurses, therapists, social workers, and other health care personnel must be recorded indicating observations to provide a full descriptive, chronological picture of the client during his admission. The author must date and sign his entry (3-29-10)

h. The final diagnosis on discharge or cause of death, condition on discharge, and disposition signed and dated by the attending physician. (3-29-10)

i. Nurses' entries must include the following information: (3-29-10)

i. Date, time and mode of admission; documentation of the client's general physical and emotional condition as well as mental attitude on admission. (3-29-10)

ii. Medication administration record. (3-29-10)

iii. Date and times of all treatments. (3-29-10)

iv. Any change in the client's physical or mental status. (3-29-10)

v. Any incident or accident occurring while the client is in the facility. (3-29-10)

vi. The signature of the on-duty nurse for each shift indicating the assumption of responsibility for all entries made by nonprofessional nursing personnel. (3-29-10)

261. ACCESS TO CLIENT RECORDS.
Each detox/mental health diversion unit must ensure that client records are protected against loss, tampering, or unauthorized disclosure of information under the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 and 164, 42 U.S.C. Sections 290 dd-3 and ee-3, and 42 C.F.R., Part 2 (June 9, 1987). Only authorized personnel may have access to client records. (3-29-10)

01. Release of Medical Information. No release of medical information can be made without written consent of the client, guardian, by court order, or as authorized by federal or state law. (3-29-10)

02. Removal of Client Records. Client records may only be removed from the facility in accordance with written policies and procedures of the facility as allowed by state and federal law. (3-29-10)

03. Retention. Records must be preserved in a safe location protected from fire, theft, and water damage for a period of time not less than seven (7) years following the date of the client's discharge. (3-29-10)

04. Electronic Records. A facility that implements an electronic record or signature must have written policies in place to assure the following: (3-29-10)

a. Proper security measures to protect the use of an electronic signature by anyone other than the person to which the electronic signature belongs; (3-29-10)

b. The privacy and integrity of the record; (3-29-10)

c. Includes which records will be maintained and signed electronically; (3-29-10)

d. How an e-signature code is assigned and the code and associated staff identities are protected; (3-29-10)

e. How passwords are assigned and the frequency for which they are changed; (3-29-10)

f. Allows clients access to their records within one (1) business day of the request; and (3-29-10)

g. Allows immediate access to records by the Department or its designees, surveyors, and others who are authorized by law. (3-29-10)

262. -- 264. (RESERVED)

265. CLIENTS' RIGHTS POLICIES AND PROCEDURES.
Each detox/mental health diversion unit must develop written policies and procedures regarding clients' rights and responsibilities. The facility must also have a policy for the development of, adherence to, and procedures for implementation of clients' rights. (3-29-10)

01. Availability of Clients' Rights. The facility must inform each client, any guardian, next of kin, and the public of its clients' rights policy. (3-29-10)

02. Staff Trained in Clients' Rights. Staff must be trained and involved in the implementation of these policies and procedures. (3-29-10)

03. Content of Clients' Rights. The clients' rights, policies, and procedures must ensure that, at a minimum, each client admitted to the facility is: (3-29-10)

a. Informed of these rights and of rules governing client conduct and responsibilities, as evidenced by the client's written acknowledgment, prior to or at the time of admission. If a client is medically or legally unable to understand these rights, policies, and procedures, the client's guardian or responsible person must be informed and acknowledge these rights on behalf of the client. An employee of the facility cannot be the one to acknowledge these rights. (3-29-10)

b. Informed of services available in the facility and of related charges prior to or at the time of admission and during his stay; (3-29-10)

c. Informed of his medical condition, unless medically contraindicated, and is given the opportunity to participate in the planning of his medical treatment and to refuse to participate in any experimental research; (3-29-10)

d. Is transferred or discharged only for medical reasons, or for his welfare or that of other clients and is given reasonable advance notice to ensure orderly transfer or discharge and such actions are documented in his medical record; (3-29-10)

e. Is encouraged and assisted, throughout his period of stay, to exercise his rights as a client and as a citizen, and to this end may voice grievances and recommend changes in policies and services to facility staff or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal. (3-29-10)

f. Is free from mental and physical abuse, and free from chemical and physical restraints except as authorized in writing by a physician for a specified and limited period of time, or when necessary to protect the client from injury to self or others; (3-29-10)

g. Is assured of confidential treatment of his medical records, and may approve or refuse their release to any individual outside of the facility, except in case of his transfer to another health care facility, or as required by law or third-party payment contract; (3-29-10)

h. Is treated with consideration, respect and full recognition of his dignity and individuality, including

privacy in treatment and in care of his personal needs; (3-29-10)

i. Is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; (3-29-10)

j. May associate and communicate privately with persons of his choice, unless medically contraindicated as documented by a physician in his medical record; (3-29-10)

k. May meet with, and participate in, activities of social, religious, and community groups at his discretion, unless medically contraindicated as documented by a physician in his medical record; and (3-29-10)

l. May retain his personal possessions as space permits, unless medically contraindicated as documented by a physician in his medical record. (3-29-10)

04. Reported Allegations Investigated. The facility must develop policies and procedures to assure that allegations of abuse, neglect or exploitation are identified, reported, documented, investigated, and followed up with interventions to prevent reoccurrence and assure protection. (3-29-10)

05. Least Restrictive Intervention Procedures to Assure Safety of Clients and Staff. The facility must develop and implement policies and procedures for the use of least restrictive interventions to assure client and staff safety in unsafe situations, physically or behaviorally caused. (3-29-10)

266. RECORD OF CLIENT'S CLOTHING AND PERSONAL PROPERTY.
An inventory and proper accounting must be kept in each client's record for all clothing and personal property entrusted to the facility for safekeeping. The status of the inventory must be made available to the client, his conservator, guardian, or representative for review upon request. (3-29-10)

267. -- 269. (RESERVED)

270. MINIMUM STAFFING POLICIES AND PROCEDURES.
Each detox/mental health diversion unit must develop, implement, and comply with written staffing policies and procedures based on the number of beds, number of clients, client needs, services provided, and configuration of the facility as described in Subsections 270.01 through 270.06 of this rule. In a facility with both detoxification and mental health diversion units, the facility may divide a staff member's time to provide direct care in both units provided the staffing ratios for each unit are met. (3-29-10)

01. Staff Trained for Emergencies. A staff member trained to respond to fires and other natural disasters, as well as to administer emergency first aid and CPR must be on duty twenty-four (24) hours per day, seven (7) days per week. Training and annual training updates in each of these areas must be documented in personnel files. (3-29-10)

02. Direct Care Staff. The facility must have adequate nursing personnel and direct care staff in sufficient numbers to plan, administer, and provide client bedside care. At a minimum, two (2) staff, one of whom must be an R.N. or L.P.N., must be on duty twenty-four (24) hours per day, seven (7) days per week. In the absence of the lead nurse, an R.N. or L.P.N. must be designated to assume the lead nurse's duties. No person may be assigned nursing duties, including aides and orderlies, who has been on duty in the facility during the preceding twelve (12) hours, except in an emergency. (3-29-10)

03. Monthly Staffing Pattern. Monthly staffing patterns indicating daily staff, staff titles, and client census must be kept for the previous twelve (12) months. A written staffing plan must be developed to ensure appropriate and adequate staff coverage for emergency or high demand situations. (3-29-10)

04. Clinical Supervision and Consultation for Staff. A written staffing plan that specifies a minimum of one (1) hour per month of personal clinical supervision and consultation for each staff person and volunteer who is responsible for the delivery of direct care services must be maintained. The clinical supervision must relate to the individual's skill level with the objective of assisting direct care staff and volunteers to increase their treatment skill and the quality of services delivered to clients. (3-29-10)

05. Staffing of Certified Alcohol and Drug Counselor. The services of a certified alcohol and drug counselor must be available to each client. (3-29-10)

06. Staff Trained in Substance Abuse Withdrawal. The facility, at a minimum, must have at least one (1) staff member on duty twenty-four (24) hours per day, seven (7) days per week trained in the following areas: (3-29-10)

a. Substance abuse withdrawal symptoms, including delirium tremens; and (3-29-10)

b. Symptoms of secondary complications to substance abuse. (3-29-10)

271. QUALIFICATIONS AND RESPONSIBILITIES FOR CEO OR ADMINISTRATOR.

01. CEO or Administrator. Each detox/mental health diversion unit must maintain at all times, through employment or contract, a CEO or administrator who is responsible for carrying out the policies established by the governing body and the day-to-day conduct and operations of the facility. This individual must have the qualifications required in Subsections 271.03 and 271.04 of this rule at the time of hire and throughout the duration of employment or contract. (3-29-10)

02. CEO's or Administrator's Responsibilities. The CEO or administrator is responsible for assuring that policies, procedures, conduct and operations required by Title 39, Chapter 3, Idaho Code, Title 39, Chapter 31, Idaho Code, and IDAPA 16.07.50, "Rules and Minimum Standards Governing Nonhospital, Medically-Monitored Detoxification/Mental Health Diversion Units," are developed and implemented. (3-29-10)

03. Required License or Degree. Each CEO or administrator of a Detox/Mental Health Diversion Unit must, at a minimum, have one (1) or more of the following Idaho licensures or degrees at the time of hire or contract and throughout the duration of employment or contract: (3-29-10)

a. Licensed Physician; (3-29-10)

b. Licensed Psychologist; (3-29-10)

c. Licensed Master's Level Nurse; (3-29-10)

d. Licensed Clinical Professional Counselor (LCPC); (3-29-10)

e. Licensed Clinical Social Worker (LCSW); (3-29-10)

f. Licensed Professional Counselor (LPC); (3-29-10)

g. Licensed Master's Level Social Worker (LMSW); (3-29-10)

h. Licensed Bachelor's Level Nurse; or (3-29-10)

i. Master's degree in the field of alcoholism, substance use disorders, or mental health. (3-29-10)

04. Required Experience and Abilities. Each CEO or administrator of a detox/mental health diversion unit must, at a minimum have and demonstrate the following experience and abilities at the time of hire or contract: (3-29-10)

a. At least two (2) years of paid full-time experience must be in the field of alcoholism, substance use disorders and mental health. (3-29-10)

b. At least one (1) year of the two (2) years' full-time experience must be in an administrative capacity that includes knowledge and experience demonstrating competence in planning and budgeting, fiscal management, supervision, personnel management, employee performance assessment, data collection, and reporting.

(3-29-10)

05. Availability of CEO or Administrator. The facility's CEO or administrator must, at a minimum, be full-time forty (40) hours per week to provide for safe and adequate care of clients and staff. The facility's CEO or Administrator, or his designee must be available to be on-site at the facility within two (2) hours and must be on-call at all times. (3-29-10)

272. QUALIFICATIONS AND RESPONSIBILITIES FOR MEDICAL DIRECTOR.

01. Medical Director. Each detox/mental health diversion unit must maintain at all times through employment, or contract a medical director who is responsible for providing medical care to clients and for supervising all medical care, services, and treatment provided by the medical staff. This individual must have the qualifications required in Subsections 272.03 and 272.04 of this rule at the time of hire and throughout the duration of employment or contract. (3-29-10)

02. Medical Director's Responsibilities. The medical director's responsibilities include, at a minimum, the following: (3-29-10)

a. The provision of advice on health related policies and issues; (3-29-10)

b. The provision of emergency medical care to admitted clients; (3-29-10)

c. The supervision of the performance of the medical examination and laboratory tests required upon the client's admission and the evaluation of the resultant test results; and (3-29-10)

d. The supervision of the medical treatment provided to clients. (3-29-10)

03. Required License. Each medical director of a detox/mental health diversion unit must be a licensed physician by the Idaho Board of Medicine at the time of hire or contract and throughout the duration of employment or contract. (3-29-10)

04. Required Experience and Abilities. Each medical director of a detox/mental health diversion unit must, at a minimum, have and demonstrate the following experience and abilities at the time of hire or contract: (3-29-10)

a. At least two (2) years of paid full-time experience in the field of alcoholism, substance use disorders and mental health. (3-29-10)

b. At least one (1) of the two (2) years' full-time experience must be in a clinical mental health setting which includes: (3-29-10)

i. Assessment of the likelihood of danger to self or others, grave disability, capacity to give informed consent, and capacity to understand legal proceedings; (3-29-10)

ii. Diagnosis using DSM-IV-TR criteria; and (3-29-10)

iii. Treatment of mental health disorders including knowledge of treatment modalities and experience applying treatment modalities in a clinical setting. (3-29-10)

d. At least one (1) of the two (2) years' full-time experience must be in an administrative capacity that includes: (3-29-10)

i. Knowledge and experience demonstrating competence in planning and budgeting, fiscal management, supervision, personnel management, employee performance assessment, data collection, and reporting; and (3-29-10)

ii. An understanding of and adherence to the ethical standards of the respective license adopted by the

governing board for licensure. (3-29-10)

05. Availability of Medical Director. The facility's medical director or his designee must be available to be on-site at the facility within two (2) hours and must be on-call at all times. (3-29-10)

273. QUALIFICATIONS AND RESPONSIBILITIES FOR LEAD NURSE.

01. Lead Nurse. Each detox/mental health diversion unit must maintain at all times, through employment or contract, an R.N. licensed in Idaho to serve as the lead nurse. This individual must have the qualifications required in Subsections 273.03 and 273.04 of this rule at the time of hire and throughout the duration of employment or contract. (3-29-10)

02. Lead Nurse's Responsibilities. The lead nurse is responsible for all nursing services provided to clients and for supervising all of the nursing services provided by staff. The lead nurse's responsibilities include, at a minimum, the following: (3-29-10)

a. To organize, coordinate, and evaluate nursing service functions and staff; (3-29-10)

b. To be responsible for development and implementation of client care policies and procedures; (3-29-10)

c. To select, supervise, direct, promote, and terminate nursing staff; (3-29-10)

d. To establish procedures to insure that staff licenses are valid and current; and (3-29-10)

e. To participate with the CEO or administrator and medical director in planning and budgeting for nursing care. (3-29-10)

03. Required License. Each lead nurse must be an R.N. licensed by the Idaho Board of Nursing at the time of hire or contract and throughout the duration of employment or contract. (3-29-10)

04. Required Experience and Abilities. Each lead nurse must, at a minimum, have and demonstrate the following experience and abilities at the time of hire or contract (3-29-10)

a. At least two (2) years of paid full-time experience in the field of alcoholism, substance use disorders, and mental health. (3-29-10)

b. At least one (1) of the two (2) years' full-time experience must be in a clinical mental health setting. (3-29-10)

c. At least one (1) of the two (2) years' full-time experience must be in an administrative capacity that includes: (3-29-10)

i. Knowledge and experience demonstrating competence in planning and budgeting, fiscal management, supervision, personnel management, employee performance assessment, data collection, and reporting; and (3-29-10)

ii. An understanding of and adherence to the ethical standards of the respective license adopted by the governing board for licensure. (3-29-10)

05. Availability of Lead Nurse. The facility's lead nurse must, at a minimum, be full-time forty (40) hours per week. (3-29-10)

274. QUALIFICATIONS AND RESPONSIBILITIES FOR CHEMICAL DEPENDENCY COUNSELORS.

01. Chemical Dependency Counselor. Each detox/mental health diversion unit must maintain at all

times through employment or contract a chemical dependency counselor. This individual must have the qualifications required in Subsections 274.03 and 274.04 of this rule at the time of hire and throughout the duration of employment or contract. (3-29-10)

02. Chemical Dependency Counselor's Responsibilities. A chemical dependency counselor's responsibilities include at a minimum, the following: (3-29-10)

a. Case staffing; (3-29-10)

b. Individual case supervision; (3-29-10)

c. Consultation with other clinical professionals; (3-29-10)

d. Review of case record maintenance; and (3-29-10)

e. Other clinically appropriate services determined by the facility. (3-29-10)

03. Chemical Dependency Counselor License or Certification. Each chemical dependency counselor must be certified in Idaho to meet the standards and requirements under IDAPA 16.07.20, "Alcohol and Substance Use Disorders Treatment and Recovery Support Services Facilities and Programs," at the time of hire or contract and throughout the duration of employment or contract. (3-29-10)

04. Required Experience and Abilities. Each chemical dependency counselor must, at a minimum, have and demonstrate the following experience and abilities at the time of hire or contract: (3-29-10)

a. At least two (2) years of paid full-time experience in the field of alcoholism, substance use disorders, and mental health. (3-29-10)

b. At least one (1) of the two (2) years' full-time experience must be in a clinical mental health setting. (3-29-10)

c. At least one (1) of the two (2) years' full-time experience must be in an administrative capacity that includes: (3-29-10)

i. Knowledge and experience demonstrating competence in planning and budgeting, fiscal management, supervision, personnel management, employee performance assessment, data collection, and reporting; and (3-29-10)

ii. An understanding of and adherence to the ethical standards of the respective license adopted by the governing board for licensure. (3-29-10)

05. Availability of Chemical Dependency Counselor. The facility must have at least one (1) chemical dependency counselor, at a minimum, be full-time forty (40) hours per week. (3-29-10)

275. QUALIFICATIONS AND RESPONSIBILITIES FOR MENTAL HEALTH PROGRAM DIRECTOR.

01. Mental Health Program Director. Each detox/mental health diversion unit must maintain at all times, through employment or contract, a mental health program director who is responsible for providing mental health counseling, treatment and services to clients and for supervising mental health counseling, treatment, and services provided by mental health clinical staff. This individual must have the qualifications required in Subsections 275.03 and 275.04 of this rule at the time of hire and throughout the duration of employment or contract. (3-29-10)

02. Mental Health Program Director's Responsibilities. A mental health program director's responsibilities include, at a minimum, the following: (3-29-10)

a. Case staffing; (3-29-10)

b. Individual case supervision; (3-29-10)

c. Consultation with other mental health clinical professionals; (3-29-10)

d. Review of case record maintenance; and (3-29-10)

e. Other clinically appropriate services determined by the facility. (3-29-10)

03. Required License or Certification. Each mental health program director must, at a minimum, have one (1) of the following Idaho licensures at the time of hire or contract and throughout the duration of employment or contract: (3-29-10)

a. Licensed Clinical Professional Counselor (LCPC): (3-29-10)

b. Licensed Clinical Social Worker (LCSW); (3-29-10)

c. Licensed Professional Counselor (LPC); (3-29-10)

d. Licensed Master's Level Social Worker (LMSW); (3-29-10)

e. Licensed Marriage and Family Therapist (LMFT); (3-29-10)

f. Licensed Psychologist; (3-29-10)

g. Licensed Psychiatrist; or (3-29-10)

h. Licensed Professional Nurse. (3-29-10)

04. Required Experience and Abilities. The mental health program director must, at a minimum, have and demonstrate the following experience and abilities at the time of hire or contract: (3-29-10)

a. At least two (2) years of paid full-time experience in the field of alcoholism, substance use disorders, and mental health. (3-29-10)

b. At least one (1) of the two (2) years' full-time experience must be in a clinical mental health setting. (3-29-10)

c. At least one (1) of the two (2) years' full-time experience must be in an administrative capacity that includes: (3-29-10)

i. Knowledge and experience demonstrating competence in planning and budgeting, fiscal management, supervision, personnel management, employee performance assessment, data collection, and reporting; and (3-29-10)

ii. An understanding of and adherence to the ethical standards of the respective license adopted by the governing board for licensure. (3-29-10)

04. Availability of Mental Health Program Director. The facility's mental health program director must, at a minimum, be full-time forty (40) hours per week. (3-29-10)

276. -- 279. (RESERVED)

280. SMOKING PROHIBITED.
Each detox/mental health diversion unit, issued a certificate of approval under these rules, must prohibit smoking in the facility. (3-29-10)

281. VISITING HOURS.
Each detox/mental health diversion unit, must establish and post daily visiting hours that are readily observable by the public. The facility must have places or rooms available to clients for privacy for client visits with relatives, friends, clergy, social workers, and guardians during the established and posted visiting hours. (3-29-10)

282. -- 289. (RESERVED)

290. QUALITY ASSURANCE.
Each detox/mental health diversion unit, through the CEO or administrator, medical and nursing staff must ensure that there is an effective, facility-wide, quality assurance program to monitor, protect, and enhance the quality and appropriateness of client care and to identify qualitative problems and recommend and implement plans for correcting them. (3-29-10)

01. Quarterly Review. Each quarter at least five percent (5%) of the open cases for each clinical staff member must be randomly selected and reviewed to determine if: (3-29-10)

a. The diagnosis and the problems identified for treatment are supported in the assessment; (3-29-10)

b. The treatment plan is appropriate for the diagnosis and the problems identified; and (3-29-10)

c. The progress notes in the case record describe the clinical course of the client's treatment. (3-29-10)

02. Corrective Action. The facility must take and document appropriate remedial actions and outcomes to address deficiencies found through its quality assurance program. Corrective action may include: (3-29-10)

a. Education or training; (3-29-10)

b. New or revised policies and procedures; or (3-29-10)

c. Staffing changes that may include a corrective work plan, reassignment, or discharge. (3-29-10)

03. Quarterly Reporting to Governing Body. The CEO or administrator, must report to the facility's governing body each quarter the findings of the quality of care review for the previous quarter. A summary of those findings must be documented in the governing body's minutes. (3-29-10)

291. -- 294. (RESERVED)

295. AVAILABILITY OF ON-SITE ALCOHOL AND DRUG TESTING.

01. On-Site Testing. Each facility must have testing available on-site for the purpose of detecting the presence of alcohol or any controlled substances in clients. (3-29-10)

02. Quality of Tests. The facility must use tests that are widely recognized as possessing sufficient sensitivity to detect the presence of substances in low quantities. (3-29-10)

03. Policies for Collection and Handling Specimens. The facility must establish and enforce policies to govern the collection and handling of urine specimens when such testing is indicated. (3-29-10)

04. Documentation of Test Results. All test results must be documented in the client's record according to the requirements of the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 and 164, 42 U.S.C. Sections 290 dd-3 and ee-3, and 42 C.F.R., Part 2 (June 9, 1987). (3-29-10)

296. -- 299. (RESERVED)

ADDITIONAL REQUIREMENTS APPLICABLE TO DETOXIFICATION UNITS
(Sections 300 - 399)

300. REQUIRED MINIMUM POLICY STANDARDS APPLICABLE TO DETOXIFICATION UNITS. Nonhospital, medically-monitored detoxification units issued a certificate of approval under these rules must offer intensive residential detoxification treatment services, twenty-four (24) hours per day, seven (7) days per week, to persons eighteen (18) years of age or older who are diagnosed with substance abuse or addiction disorders. Detoxification units are focused on short-term stabilization of three (3) to five (5) days' duration. (3-29-10)

301. REQUIRED MINIMUM STAFFING STANDARDS APPLICABLE TO DETOXIFICATION UNITS. Each detoxification unit must develop and implement policies and procedures to provide necessary and qualified staff in sufficient numbers to assure the health and safety of clients. The program's policies must define the types and numbers of clinical, direct care, and managerial staff needed to provide clients with treatment services in a safe and therapeutic environment. Each detoxification unit must, at a minimum, meet the following standards for staffing in the detoxification unit for direct care staff. (3-29-10)

01. Nurse. At least one (1) R.N. or L.P.N. must be on duty twenty-four (24) hours per day, seven (7) days per week. (3-29-10)

02. Direct Care Staff. (3-29-10)

a. A detoxification unit with one (1) through six (6) clients must have one (1) direct care staff member on duty twenty-four (24) hours per day, seven (7) days per week. (3-29-10)

b. A detoxification unit with seven (7) through twelve (12) clients must have two (2) direct care staff members on duty twenty-four (24) hours per day, seven (7) days per week. (3-29-10)

c. A detoxification unit with thirteen (13) through eighteen (18) clients must have three (3) direct care staff members on duty twenty-four (24) hours per day, seven (7) days per week. (3-29-10)

d. A detoxification unit with nineteen (19) clients or more must have one (1) additional direct care staff member on duty twenty-four (24) hours per day, seven (7) days per week, beyond the three (3) staff required in Subsection 301.02.c of this rule for each additional six (6) clients or fraction thereof. (3-29-10)

03. Physician Supervision. The treatment of each client must be under the supervision of a physician. (3-29-10)

302. -- 309. (RESERVED)

310. REQUIRED MINIMUM SERVICE STANDARDS APPLICABLE TO DETOXIFICATION UNIT. Each detoxification unit may provide its clients with a variety of services, but must, at a minimum, provide detoxification treatment services in Subsections 310.01 through 310.09 of this rule. (3-29-10)

01. Assessment and Treatment Planning Services. The initial assessment and treatment planning in accordance with these rules, must also include an evaluation relative to the client's treatment potential and a determination of the appropriate level of treatment. (3-29-10)

02. Skilled Nursing Care. On-site skilled nursing care must be provided twenty-four (24) hours per day, seven (7) days per week. (3-29-10)

03. Physician, Physician's Assistant, or Nurse Practitioner's Services. Services of a physician, physician's assistant, or nurse practitioner must be available twenty-four (24) hours per day, seven (7) days per week. (3-29-10)

04. Counseling Services. Daily on-site counseling services including: (3-29-10)

a. Individual and group counseling sessions that provide: (3-29-10)

i. Encouragement to remain in treatment for appropriate duration as determined in the detoxification treatment plan; and (3-29-10)

ii. Encouragement to enter programs for ongoing recovery. (3-29-10)

b. Case Management Services; and (3-29-10)

c. Client Advocacy Services. (3-29-10)

05. Continued Care Planning Services. Continued care planning must be provided and a system for referral of clients for identified treatment needs when such services are not available at the detoxification unit. (3-29-10)

06. Discharge Criteria and Planning Services. According to physician-approved written discharge criteria, policies, and procedures, the facility must provide a procedure to screen each client for discharge planning needs. (3-29-10)

07. Other Services. A detoxification unit may provide other services not identified in this section of rule, if the provision of such services are consistent with the effective treatment of a client's crisis mental health or alcohol and drug related conditions. (3-29-10)

08. Recreation and Leisure Time Activities. (3-29-10)

09. Documentation of Services. Services received by the client through the detoxification unit must be recorded and documented in each client's record. (3-29-10)

311. -- 319. (RESERVED)

320. REQUIRED MINIMUM ADMISSION CRITERIA TO DETOXIFICATION UNITS.
According to physician-approved written admission criteria, policies, and procedures, each detoxification unit must develop and implement written admission criteria that are uniformly applied to all clients. (3-29-10)

01. Admission to Detoxification Unit. A prospective client will be admitted or retained only if he meets the following admission criteria: (3-29-10)

a. Must be eighteen (18) years of age or older; (3-29-10)

b. Demonstrates a need for detoxification services; (3-29-10)

c. Has alcohol or other addictive controlled substance intake of sufficient amount and duration to create a reasonable expectation of withdrawal upon cessation of use; (3-29-10)

d. Is medically stable prior to admission and if seeking detoxification from alcohol has a blood alcohol level no greater than point twenty-four (.24) as measured by an accurately calibrated Breathalyzer or as determined by another equivalent laboratory test. A client who has a blood alcohol content in excess of point twenty-four (.24) may be admitted with approval granted by the medical director or his designee; (4-7-11)

e. Meets admission criteria specifications that do not exceed ASAM Level III.7-D; and (3-29-10)

f. Demonstrates the capacity to benefit from short-term stabilization and the services available at the facility may reduce the prospective client's acute symptoms and may prevent the client from detoxification hospitalization. (3-29-10)

02. Detoxification Unit Able to Provide Services. The detoxification unit must have the capability, capacity, personnel, and services to provide appropriate care to the prospective client. The client cannot require a type of service for which the detoxification unit is not approved to provide. (3-29-10)

03. Monitoring Clients in Detoxification Unit. The level of monitoring in the detoxification unit of the client or the physical restrictions of the environment must be adequate to prevent the client from causing serious harm to self or others. (3-29-10)

04. Notification of Admission of Opiate/Methadone Client. The lead nurse must be notified that an opiate/methadone client was admitted to the detoxification unit. The name of the clinic where the client received the methadone must be documented in the client's record. (3-29-10)

321. -- 324. (RESERVED)

325. REQUIRED MINIMUM NURSING ASSESSMENT FOR CLIENTS OF DETOXIFICATION UNITS.
Each detoxification unit must complete a nursing assessment on each person who applies for admission to the detoxification unit prior to admission. (3-29-10)

326. -- 329. (RESERVED)

330. REQUIRED MINIMUM TREATMENT NEEDS ASSESSMENT FOR CLIENTS OF DETOXIFICATION UNITS.

01. Client Treatment Needs Assessment. A chemical dependency counselor, within twenty-four (24) hours of admission, or as soon as a client is able, must complete a treatment needs assessment for each client admitted to the detoxification unit. The assessment must establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and must evaluate the client's treatment needs. (3-29-10)

02. Treatment Needs Assessment Content. The treatment needs assessment must be recorded in the client's record and must include, at a minimum, the following: (3-29-10)

a. A summary of the client's alcohol or drug abuse history including substances used, date of last use, amounts used, frequency, duration, age of first use, patterns, and consequences of use; types of and responses to previous treatment, periods of sobriety, and any other information supporting any diagnostic recommendations or diagnosis made; (3-29-10)

b. A summary of the client's family, including family background, current family composition, substance use and abuse by family members, supportive or dysfunctional relationships, and other family-related issues; (3-29-10)

c. A summary of the client's educational background, including current educational status, levels of achievement, and educational problems or difficulties; (3-29-10)

d. A summary of the client's vocational and employment status including skills or trades learned, work record, and current vocational or employment problems; (3-29-10)

e. A summary of the client's past and current involvement with the criminal justice system; (3-29-10)

f. A general summary of the client's medical history including past or current major illnesses or injuries, afflictions with communicable diseases, or known health problems or needs; (3-29-10)

g. A summary of the client's financial status, including current income sources, family income, ability to pay for services, and insurance coverage; (3-29-10)

h. A social assessment of the client, including a summarization of the nature of and problems with the client's social relationships outside the family unit; (3-29-10)

i. Any history of emotional or behavioral problems, including any history of psychological or psychiatric treatment; (3-29-10)

j. A master problem list developed from client input and identified clinical problems; and (3-29-10)

k. A diagnostic summary and master problem list. (3-29-10)

331. -- 334. (RESERVED)

335. MINIMUM REQUIREMENTS FOR INDIVIDUALIZED DETOXIFICATION TREATMENT PLAN FOR CLIENTS OF DETOXIFICATION UNITS.

01. Develop Detoxification Treatment Plan. A chemical dependency counselor must develop an individualized treatment plan based upon the treatment needs assessment for each client admitted to the detoxification unit. (3-29-10)

02. Written Detoxification Treatment Plan. The individualized detoxification treatment plan must be signed and dated by both the client and the chemical dependency counselor. The signature of the counselor must be followed by the counselor's credentials. (3-29-10)

03. Client Records for Detoxification Treatment. The treatment plan must be recorded in the client's record and must include at a minimum the following: (3-29-10)

a. A statement of the client's current strengths. (3-29-10)

b. A statement of specific clinical problems to be addressed during treatment. (3-29-10)

c. A diagnostic statement and a statement of measurable treatment goals based on client input that relate to the problems identified. (3-29-10)

d. Measurable short-term objectives based on client input leading to the completion of goals including: (3-29-10)

i. Time frames for the anticipated dates of achievement or completion of each objective, or for reviewing progress towards objectives; and (3-29-10)

ii. Specification and description of the indicators to be used to assess progress based on client input. (3-29-10)

e. A description of the methods or treatment procedures proposed to assist the client in achieving the objectives, including: (3-29-10)

i. Type and frequency of services or assigned activities to be provided; (3-29-10)

ii. Referrals for needed services that are not provided directly by the facility; and (3-29-10)

f. A statement identifying the staff member responsible for facilitating the methods or treatment procedures. (3-29-10)

04. Detoxification Treatment Plan Review. The detoxification treatment plan must be reviewed by a chemical dependency counselor every three (3) days and documented in each client's record. The treatment plan review must include, at a minimum, the following: (3-29-10)

a. A statement of the client's progress or regress as it relates to the measurable goals and measurable objectives identified in the client's individualized treatment plan. (3-29-10)

b. Any additional clinical problems identified. (3-29-10)

c. A statement of the planned actions to be taken to address the identified clinical problems.(3-29-10)

336. -- 339. (RESERVED)

340. REQUIRED MINIMUM DISCHARGE PLANNING FOR CLIENTS OF DETOXIFICATION UNIT. According to physician-approved written discharge criteria, policies, and procedures, each detoxification unit must provide each client with a discharge plan that must include, at a minimum, the following. (3-29-10)

01. Discharge Criteria. A client with stable vital signs and stable laboratory results can be discharged from a detoxification unit when the client meets the discharge criteria specifications of the dimensions in Level III.2-D of the Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine incorporated by reference in Section 004 of these rules. (3-29-10)

02. Client Referral. Each client must be referred to the appropriate level of care upon discharge which may include community resources or state substance use disorders programs. (3-29-10)

03. Discharge Summary Content. The discharge summary must include: (3-29-10)

a. The reason for admission and original diagnosis; (3-29-10)

b. A summary of the client's clinical problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan; (3-29-10)

c. The reason for discharge and diagnoses at discharge; (3-29-10)

d. A continued care treatment plan and documentation of referrals made; and (3-29-10)

e. An inventory and proper accounting for all clothing and personal property returned to the client upon discharge. (3-29-10)

341. -- 400. (RESERVED)

ADDITIONAL REQUIREMENTS APPLICABLE TO SOBERING STATIONS
(Sections 400 - 499)

401. REQUIRED MINIMUM STAFFING STANDARDS APPLICABLE TO SOBERING STATIONS. Each detox/mental health diversion unit that chooses to maintain or operate a sobering station must, at a minimum, meet the following standards for staffing in the sobering station for direct care staff. (3-29-10)

01. Nurse. At least one (1) R.N. or L.P.N. must be on duty during posted hours of operation. (3-29-10)

02. Direct Care Staff. (3-29-10)

a. A sobering station with one (1) through eight (8) clients must have one (1) direct care staff member on duty during posted hours of operation. (3-29-10)

b. A sobering station with nine (9) through eighteen (18) clients must have two (2) direct care staff members on duty during posted hours of operation. (3-29-10)

c. A sobering station with nineteen (19) through thirty (30) clients must have three (3) direct care staff members on duty during posted hours of operation. (3-29-10)

d. A sobering station with more than thirty (30) clients must have one (1) additional direct care staff member beyond the three (3) staff required in Subsection 401.02.c of this rule for each additional ten (10) clients or fraction thereof during posted hours of operation. (3-29-10)

03. Physician Supervision. The services provided to each client must be under the supervision of a

physician. (3-29-10)

402. -- 409. (RESERVED)

410. REQUIRED MINIMUM SERVICES APPLICABLE TO SOBERING STATIONS.
Each detox/mental health diversion unit that chooses to maintain or operate a sobering station must provide the following services. (3-29-10)

01. Services to Reduce Acute Symptoms and to Monitor. A sobering station must provide services that reduce the client's acute symptoms in a safe structured setting. (3-29-10)

02. Planning Services on Release. A sobering station must provide a procedure to screen each client for planning needs on release. (3-29-10)

411. -- 419. (RESERVED)

420. REQUIRED MINIMUM INTAKE CRITERIA APPLICABLE TO SOBERING STATIONS.
Each detox/mental health diversion unit that maintains or operates a sobering station must develop and implement physician-approved written intake criteria, policies, and procedures that are uniformly applied to all clients.(3-29-10)

01. Intake to Sobering Station. A prospective client will be accepted into or retained only if he meets the following intake criteria: (3-29-10)

a. Must be brought to the sobering station by law enforcement or referred by a hospital or other medical care provider. (3-29-10)

b. Must be eighteen (18) years of age or older; and (3-29-10)

c. Demonstrates the capacity to benefit from sobering; (3-29-10)

d. The services available in the sobering station may reduce the prospective client's acute symptoms and may prevent the client from detoxification hospitalization. (3-29-10)

02. Sobering Station Able to Provide Services. The sobering station must have the capability, capacity, personnel, and services to provide appropriate care to the prospective client. (3-29-10)

a. The client does not require a type of service for which the facility is not approved to provide; and (3-29-10)

b. The level of monitoring of the client in the unit or the physical restrictions of the environment of the facility are adequate to prevent the patient from causing serious harm to self or others. (3-29-10)

03. Monitoring Clients in Sobering Station. A client admitted to a sobering station must be closely monitored. (3-29-10)

a. Qualified staff must check each client’s vital signs upon entry and throughout the client’s stay in the sobering station according to the written policies and procedures approved and signed by the medical director. (3-29-10)

b. The lead nurse must be notified that an opiate/methadone client was admitted to the sobering station and the name of the clinic where the client received the methadone must be documented. (3-29-10)

421. -- 424. (RESERVED)

425. REQUIRED MINIMUM PLANNING ON RELEASE APPLICABLE TO SOBERING STATIONS.
According to physician-approved written criteria, policies, and procedures, each sobering station must provide each client with a plan on release that must include, at a minimum, the following. (3-29-10)

01. Planning on Release. The facility must provide a procedure to screen each client for planning needs on release. (3-29-10)

a. A client must be released from a sobering station according to the criteria in Subsection 425.02 of this rule. (3-29-10)

b. A client must be referred to the appropriate level of care upon release which may include community resources and state substance use disorders programs. (3-29-10)

02. Summary on Release Content. The summary on release must include: (3-29-10)

a. Documented signs of being sober such as clear speech, steady gait, clear thinking, and appropriate behavior, including stable vital signs and stable laboratory results. (3-29-10)

b. Documented signs that the client is able to care for self or released as sober and responsible to a third party adult. (3-29-10)

c. A release executed by a sober third party adult into whose care the client has been discharged, if the client is not sober, and the sober third party adult has requested and agreed to assume responsibility for the client's well-being. (3-29-10)

d. Documentation that the client was encouraged to enter programs for ongoing recovery. (3-29-10)

e. An inventory and proper accounting for all clothing and personal property returned to the client upon discharge. (3-29-10)

426. -- 499. (RESERVED)

ADDITIONAL REQUIREMENTS APPLICABLE TO MENTAL HEALTH DIVERSION UNITS
(Sections 500 - 599)

500. REQUIRED MINIMUM POLICY STANDARDS APPLICABLE TO MENTAL HEALTH DIVERSION UNITS.

01. Crisis Stabilization for Mental Health Diversion Unit. Each mental health diversion unit issued a certificate of approval under these rules must offer intensive mental health services twenty-four (24) hours per day, seven (7) days per week, to persons with an urgent or emergent need for crisis stabilization services in a safe, structured setting. (3-29-10)

02. Focus of Mental Health Diversion Unit. Mental health diversion units are focused on short-term stabilization for up to a maximum of seven (7) days. In order to assure that adequate arrangements are in place to allow for a safe discharge of a client, the length of stay may be extended up to twenty-four (24) hours. (3-29-10)

03. Alternative to Inpatient Hospitalization. Services at this level of care are used as an alternative to inpatient hospitalization and include crisis stabilization, initial and continuing biopsychosocial assessment, care management, medication management, and mobilization of family or significant other support, and community resources. (3-29-10)

04. Initial Assessment. This level of care provides for an initial assessment by a licensed mental health professional followed by a face-to-face psychiatric evaluation within twenty-four (24) hours of admission or as soon as a client is able. (3-29-10)

05. Primary Diagnoses. The primary diagnoses treated in a mental health diversion unit are active symptomatology consistent with a DSM-IV-TR diagnosis (Axes I-V) as the principle diagnosis however, patients

may have additional physical, medical, or co-dependency issues. (3-29-10)

501. REQUIRED MINIMUM STAFFING APPLICABLE TO MENTAL HEALTH DIVERSION UNITS. Each mental health diversion unit must develop and implement policies and procedures to provide necessary and qualified staff in sufficient numbers to assure the health and safety of clients. The program's policies must define the types and numbers of clinical, direct care, and managerial staff needed to provide clients with treatment services in a safe and therapeutic environment. Each mental health diversion unit must, at a minimum, meet the following standards for staffing in the mental health diversion unit for direct care staff. (3-29-10)

01. Nurse. At least one (1) R.N. or L.P.N. must be on duty twenty-four (24) hours per day, seven (7) days per week. (3-29-10)

02. Direct Care Staff. At least one (1) direct care staff must be assigned direct-care responsibility for every four (4) clients. (3-29-10)

03. Psychiatrist. At least one (1) psychiatrist must be on call twenty-four (24) hours per day, seven (7) days per week. The psychiatrist must make daily rounds. Back up coverage for a psychiatrist may be a physician who must consult with the psychiatrist. (3-29-10)

04. Physician Supervision. The treatment of each client must be under the supervision of a physician. (3-29-10)

502. -- 509. (RESERVED)

510. REQUIRED MINIMUM SERVICES APPLICABLE TO MENTAL HEALTH DIVERSION UNITS. Each mental health diversion unit may provide its clients with a variety of services, but must, at a minimum, provide the mental health crisis treatment services in Subsections 510.01 through 510.13 of this rule. (3-29-10)

01. Psychological or Psychiatric Assessment Services. Psychological or psychiatric assessment services and planning that must include an evaluation relative to the client's treatment potential and a determination of the appropriate level of treatment sufficient to diagnose psychiatric disorders and organic brain impairment, and to determine the level of intellectual functioning; (3-29-10)

02. Social and Psychological Services. (3-29-10)

03. Counseling Services. Provide on-site counseling services, including individual and group counseling sessions that provide: (3-29-10)

a. Encouragement to remain in treatment for appropriate duration as determined in the treatment plan; and (3-29-10)

b. Encouragement to enter programs for ongoing treatment. (3-29-10)

04. Medical and Nursing Care Services. On-site medical and nursing care, including ongoing assessment and care of acute psychiatric problems. (3-29-10)

05. Vocational Evaluation and Counseling Services. (3-29-10)

06. Case Management Services. (3-29-10)

07. Client Advocacy Services. (3-29-10)

08. Educational Services. Education services regarding: (3-29-10)

a. Acute psychological or psychiatric disorders and the importance of care and treatment in the recovery process; and (3-29-10)

b. Tuberculosis and the human immunodeficiency virus; (3-29-10)

i. How each is transmitted; and (3-29-10)

ii. How to safeguard against transmission. (3-29-10)

09. Continued Care Planning Services. Provide continued care planning and a system for referral of clients for identified treatment needs if such services are not available at the mental health diversion unit. (3-29-10)

10. Discharge Criteria and Planning Services. According to physician-approved written discharge criteria, policies, and procedures, the facility must provide a procedure to screen each client for discharge planning needs. (3-29-10)

11. Other Services. A mental health diversion unit may provide other services not identified in this section of rule, if the provision of such services are consistent with the effective treatment of a client's crisis mental health or alcohol and drug related conditions. (3-29-10)

12. Recreation and Leisure Time Activities. (3-29-10)

13. Documentation of Services. Services received by the client through the mental health diversion unit must be recorded and documented in each client's record. (3-29-10)

511. -- 519. (RESERVED)

520. MINIMUM REQUIREMENTS FOR ADMISSION CRITERIA APPLICABLE TO MENTAL HEALTH DIVERSION UNITS.
According to physician-approved written admission criteria, policies, and procedures, each mental health diversion unit must develop and implement written admission criteria that are uniformly applied to all clients. (3-29-10)

01. Admission to Mental Health Diversion Unit. A prospective client will be admitted or retained only if he meets the following admission criteria: (3-29-10)

a. Demonstrates active symptomatology consistent with a DSM-IV-TR diagnosis (Axes I-V) as the principle diagnosis and demonstrates significant functional impairment related to his diagnosis such as self-injurious behavior or threats, current suicidal ideation with expressed intentions or a past history of self destructive, impulsive, or parasuicidal behavior, or grave disability; (3-29-10)

b. His symptoms do not exceed Level V of LOCUS Criteria; (3-29-10)

c. Must be eighteen (18) years of age or older; and (3-29-10)

d. Demonstrates the capacity to benefit from short-term stabilization and the services available at the facility may reduce the prospective client's acute symptoms and may prevent the client from psychiatric hospitalization. (3-29-10)

02. Mental Health Diversion Unit Able to Provide Services. The mental health diversion unit must have the capability, capacity, personnel, and services to provide appropriate care to the prospective client. The client cannot require a type of service for which the mental health diversion unit is not approved to provide. (3-29-10)

03. Monitoring Clients in Mental Health Diversion Unit. The level of monitoring the client in the mental health diversion unit or the physical restrictions of the environment of the unit must be adequate to prevent the client from causing serious harm to self or others. (3-29-10)

521. -- 529. (RESERVED)

530. MINIMUM REQUIREMENTS FOR TREATMENT NEEDS ASSESSMENT FOR CLIENTS OF MENTAL HEALTH DIVERSION UNITS.

01. Client Treatment Needs Assessment. Within twenty-four (24) hours of admission, or as soon as a client is able, a psychiatrist must complete a treatment needs assessment for each client admitted to the mental health diversion unit. The assessment must establish the historical development and diagnosis of the client's psychiatric disorders, organic brain impairment, and must evaluate the client's treatment needs. (3-29-10)

02. Treatment Needs Assessment Content. The treatment needs assessment must be recorded in the client's record and must include, at a minimum, the following: (3-29-10)

a. A summary of the client's alcohol or drug abuse history including substances used, date of last use, amounts used, frequency, duration, age of first use, patterns, and consequences of use; types of and responses to previous treatment, periods of sobriety, and any other information supporting any diagnostic recommendations or diagnosis made; (3-29-10)

b. A summary of the client's family including family background, current family composition, substance use and abuse by family members, supportive or dysfunctional relationships, and other family-related issues; (3-29-10)

c. A summary of the client's educational background including current educational status, levels of achievement, and educational problems or difficulties; (3-29-10)

d. A summary of the client's vocational and employment status including skills or trades learned, work record, and current vocational or employment problems; (3-29-10)

e. A summary of the client's past and current involvement with the criminal justice system; (3-29-10)

f. A general summary of the client's medical history including past or current major illnesses or injuries, afflictions with communicable diseases, or known health problems or needs; (3-29-10)

g. A summary of the client's financial status including current income sources, family income, ability to pay for services, and insurance coverage; (3-29-10)

h. A social assessment of the client including a summarization of the nature of and problems with the client's social relationships outside the family unit; (3-29-10)

i. Any history of emotional or behavioral problems including any history of psychological or psychiatric treatment; (3-29-10)

j. A master problem list developed from client input and identified clinical problems; and (3-29-10)

k. A diagnostic summary and master problem list that must be dated and signed psychiatrist followed by the psychiatrist's credentials. (3-29-10)

531. -- 534. (RESERVED)

535. MINIMUM REQUIREMENTS FOR INDIVIDUALIZED MENTAL HEALTH TREATMENT PLAN FOR CLIENTS OF MENTAL HEALTH DIVERSION UNITS.

01. Develop Mental Health Treatment Plan. A psychiatrist must develop an individualized treatment plan based upon the treatment needs assessment for each client admitted to the mental health diversion unit. (3-29-10)

02. Written Mental Health Treatment Plan. The individualized mental health treatment plan must be signed and dated by both the client and the psychiatrist. The signature of the psychiatrist must be followed by the psychiatrist's credentials. (3-29-10)

03. Client Records for Mental Health Treatment. The treatment plan must be recorded in the client's

record and must include, at a minimum, the following: (3-29-10)

a. A statement of the client's current strengths. (3-29-10)

b. A statement of specific clinical problems to be addressed during treatment. (3-29-10)

c. A diagnostic statement and a statement of measurable treatment goals that relate to the problems identified. (3-29-10)

d. Measurable short-term objectives leading to the completion of goals including: (3-29-10)

i. Time frames for the anticipated dates of achievement or completion of each objective, or for reviewing progress towards objectives; and (3-29-10)

ii. Specification and description of the indicators to be used to assess progress. (3-29-10)

e. A description of the methods or treatment procedures proposed to assist the client in achieving the objectives, including: (3-29-10)

i. Type and frequency of services or assigned activities to be provided; (3-29-10)

ii. Referrals for needed services that are not provided directly by the facility; and (3-29-10)

f. A statement identifying the staff member responsible for facilitating the methods or treatment procedures. (3-29-10)

04. Mental Health Treatment Plan Review. The mental health treatment plan must be reviewed by a psychiatrist every three (3) days and documented in each client's record. The treatment plan review must include, at a minimum, the following: (3-29-10)

a. A statement of the client's progress or regress as it relates to the measurable goals and measurable objectives identified in the client's individualized treatment plan. (3-29-10)

b. Any additional clinical problems identified. (3-29-10)

c. A statement of the planned actions to be taken to address the identified clinical problems.(3-29-10)

536. -- 539. (RESERVED)

540. MINIMUM REQUIREMENTS FOR DISCHARGE PLANNING FOR CLIENTS OF MENTAL HEALTH DIVERSION UNIT.
According to physician-approved written discharge criteria, policies, and procedures, each mental health diversion unit must provide a procedure to screen each client for discharge planning needs. (3-29-10)

01. Discharge Planning. A client must be discharged from a mental health diversion unit under the criteria provided in his discharge plan and the discharge criteria in Subsection 540.03 of this rule. (3-29-10)

02. Client Referral. Each client must be referred to the appropriate level of care upon discharge and to the extent available in the local community. (3-29-10)

03. Discharge Criteria. A client with stable vital signs and stable laboratory results may be discharged from this level of care when any of the following occurs. (3-29-10)

a. The client's documented treatment plan goals and objectives have been substantially met or a safe, continuing care program can be arranged at an alternative level of care; (3-29-10)

b. The client no longer meets admission criteria or meets criteria for a less or more intensive level of

care; (3-29-10)

c. The client voluntarily withdraws from treatment and does not meet criteria for involuntary treatment at another facility according to Sections 18-212, 66-326, 66-329, 66-406, or 66-1305, Idaho Code; (3-29-10)

d. Support systems that allow the client to be maintained in a less restrictive treatment environment have been thoroughly explored and secured; (3-29-10)

e. The client, family, guardian, or custodian, are competent but nonparticipatory in treatment or following program rules and regulations. Nonparticipation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address nonparticipation issues and it has been determined that he does not meet criteria for involuntary treatment at another facility under Sections 18-212, 66-326, 66-329, 66-406 or 66-1305, Idaho Code; or (3-29-10)

f. The client is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care and it has been determined that he does not meet criteria for involuntary treatment at another facility under Sections 18-212, 66-326, 66-329, 66-406, or 66-1305, Idaho Code. (3-29-10)

04. Discharge Summary Content. The discharge summary must include: (3-29-10)

a. The reason for admission and original diagnosis; (3-29-10)

b. A summary of the client's clinical problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan; (3-29-10)

c. The reason for discharge and diagnoses at discharge; (3-29-10)

d. A continued care treatment plan and documentation of referrals made; and (3-29-10)

e. An inventory and proper accounting for all clothing and personal property returned to the client upon discharge. (3-29-10)

541. -- 599. (RESERVED)

BUILDING CONSTRUCTION AND PHYSICAL STANDARDS REQUIREMENTS (Sections 600 - 699)

600. REQUIREMENTS FOR BUILDING CONSTRUCTION AND PHYSICAL STANDARDS.

01. Applicability. These rules apply to: (3-29-10)

a. All new construction of any building or facility for use as a Detox/Mental Health Diversion Unit. (3-29-10)

b. Conversion of any existing building or facility for use as a Detox/Mental Health Diversion Unit. (3-29-10)

c. All modifications, additions, alterations, upgrades, deletions, conversions, modernization, remodels, or significant, major and material changes to any existing buildings or facilities that affect the structural integrity of the building or facility, that change functional operation, that affect fire safety, or that add beds, departments, or services over those for which the Detox/Mental Health Diversion Unit is currently approved. (3-29-10)

02. Design Development Plans, Working Drawings, and Specifications. (3-29-10)

a. Prior to breaking ground and commencing any construction, a complete set of actual construction drawings, plans, and specifications must be submitted to and approved by the Department to assure compliance with these rules and regulations. The Department has up to sixty (60) days, after receiving a complete set of actual construction drawings, plans, and specifications, to notify the applicant of its determination. (3-29-10)

b. Ground breaking and actual construction must not be commenced until actual construction drawings, plans, and specifications have been approved by the Department. Any deviations from the approved actual construction drawings, plans, and specifications must be authorized in writing by the Department prior to breaking ground or commencing any work. Ground breaking and any actual construction commenced prior to Department approval is at the applicant's sole risk. All construction is subject to final visual inspection and systems testing. The requirement of Department approval may be waived in writing by the Department in connection with minor alterations provided the alterations comply with all applicable local standards, codes, rules and regulations. (3-29-10)

c. The actual construction drawings, plans, and specifications must be prepared by, or executed under, the immediate supervision of a licensed architect or engineer in Idaho. The requirement of a licensed architect or engineer may be waived in writing by the Department, if the Department determines the size of the project does not necessitate involvement of an architect or engineer, provided the alterations comply with all applicable local standards, codes, rules and regulations. (3-29-10)

d. The actual construction drawings, plans, and specifications must include, at a minimum, the following: (3-29-10)

i. The size and shape of the entire site. (3-29-10)

ii. The footprint showing orientation and location of all proposed buildings. (3-29-10)

iii. The location and description of any existing structures, adjacent streets, highways, sidewalks, railroads, etc., properly designated. (3-29-10)

iv. The size, characteristics, and location of all existing public utilities, including information concerning water supply available for fire protection, distance to nearest fire hydrant, parking, and any hazardous areas, e.g. cliffs, roads, hills, pools, etc. (3-29-10)

v. Floor plans and the assignment of all spaces, size of areas and rooms, and indicated in outline, the fixed and movable equipment and furniture, including overall dimensions of buildings. (3-29-10)

vi. The location and size of doors, windows, and other openings with swing of doors properly indicated. (3-29-10)

vii. A life safety plan showing all fire walls, exits, exit calculations, locations of smoke barriers if required, fire rated walls, locations of stairs, elevators, dumbwaiters, vertical shafts, and chimneys. (3-29-10)

viii. The location and size of all fixed equipment. (3-29-10)

ix. Outline specifications that include a general description of construction, including interior finishes and mechanical systems acoustical material, its extent and type of heating, electrical, and ventilation systems. (3-29-10)

e. The actual construction drawings, plans, and specifications must be drawn at a scale sufficiently large to clearly present the proposed design, but not less than a scale of one-eighth (1/8) inch equals one (1) foot. (3-29-10)

f. A plan for each floor, including the basement or ground floor, and approach or site plan, showing roads, parking areas, sidewalks, etc. (3-29-10)

g. The total floor area and number of beds shall be computed and noted on the development drawings, plans, and specifications. (3-29-10)

h. The actual construction drawings, plans, and specifications must be well prepared so that clear, distinct prints may be obtained, accurately dimensioned, and must include all necessary explanatory notes, schedules, legends, and be stamped with a licensed architect's or engineer's seal. (3-29-10)

i. The actual construction drawings, plans, and specifications must be complete and adequate for contract purposes and should include separate drawings for each of the following branches of work: architectural, mechanical, and electrical. (3-29-10)

j. Prior to commencing occupancy, the building or facility must be inspected and approved by the Department. The Department will make reasonable efforts to schedule an inspection within two (2) weeks of receiving a certificate of occupancy issued by the local governing authority, a city or county in Idaho or other evidence submitted by the applicant that the building or facility is ready for final inspection. (3-29-10)

601. CODES AND STANDARDS.
Each detox/mental health diversion unit must comply with all state and local building, fire, electrical, plumbing, zoning, heating, or other applicable codes in which the facility is located and that are in effect when construction is begun. Written evidence of compliance must be kept in the facility. (3-29-10)

01. Code Conflict. In the event of a conflict between codes, the most restrictive code requirements will apply. (3-29-10)

02. Compliance with Codes and Standards. Each detox/mental health diversion unit must be in compliance with the applicable provisions of the following codes and standards in Subsection 601.02.a. through 601.02.h. of this rule. (3-29-10)

a. 2000 Edition of the Life Safety Code, including mandatory references. (3-29-10)

b. American National Standard Specifications for Making Buildings and Facilities Accessible to and Usable by Physically Handicapped People (ANSI/ICC A117.1-2003). (3-29-10)

c. Idaho Department of Health and Welfare Rules, IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments," also known as the Idaho Food Code. (3-29-10)

d. National Electric Code. (3-29-10)

e. International Fire Code. (3-29-10)

f. Occupational Safety and Health Act of 1970 (OSHA). (3-29-10)

g. National Sanitation Federation. (3-29-10)

h. For facilities operating a sobering station, at least one (1) airborne infection isolation room must comply with (AII) 2006 AIA Guidelines for Design and Construction of Health Care Facilities. (3-29-10)

03. Evidence of Compliance with Local Building Codes. No facility will be approved unless the applicant provides evidence to the Department that responsible local officials (planning, zoning, and building) have approved the facility/building for code compliance. (3-29-10)

602. -- 609. (RESERVED)

610. SITE LOCATION REQUIREMENTS.
The location of each detox/mental health diversion unit in Idaho is governed by the following Subsections 610.01 through 610.07 of this rule. (3-29-10)

01. All Weather Road. The facility must be adjacent to an all-weather road, kept open to motor vehicles at all times of the year. (3-29-10)

02. Physician and Medical Facilities. The facility must be accessible to physician's services and medical facilities. (3-29-10)

03. Public Utilities. The facility must be accessible to public utilities. (3-29-10)

04. Fire District. The facility must be in a lawfully constituted fire district. (3-29-10)

05. Parking Space. The facility must have parking space to satisfy the minimum needs of clients, employees, staff, and visitors. In the absence of a local requirement, each facility will provide not less than one (1) space for each day shift staff member and employee, plus one (1) space for each five (5) client beds. This ratio may be reduced in areas convenient to a public transportation system or to public parking facilities provided that prior written approval of any reduction is obtained from the Department. Space must be provided for emergency and delivery vehicles. (3-29-10)

06. Natural or Man-Made Hazards. If natural or man-made hazards are present on the facility property or border the property, reasonable precautions such as suitable fences, guards, railings or a combination thereof must be taken for the protection of clients. (3-29-10)

07. Mitigation of Adverse Effects. If railroads, factories, airports or similar facilities, are located in close proximity to the facility, reasonable precautions must be taken to mitigate adverse effects of noise, odor, smoke, dust, and other nuisances. (3-29-10)

611. -- 619. (RESERVED)

620. BEDS AND SLEEPING AREAS FOR MEDICALLY-MONITORED RESIDENTIAL DETOXIFICATION UNIT.
Each medically-monitored residential detoxification unit must be in compliance with Subsections 620.01 through 620.11 of this rule. (3-29-10)

01. Number of Approved Beds for Detoxification Unit. The number of approved beds for detoxification is limited to the number stated on the certificate of approval. (3-29-10)

a. Each approved bed for detoxification must have, at a minimum, a single bed mattress in good repair with moisture-proof cover, sheets, blankets, bedspread, pillow and pillow cases. (3-29-10)

b. Roll-away type beds, cots, bunk-beds, and folding beds cannot be used and will not be approved. (3-29-10)

02. Location of Beds. Client beds for medical detoxification may be located within an area suitable for multiple beds ("suite"), provided the suite is surrounded by solid walls, floor to ceiling, and is constructed and maintained in accordance with Chapter 18 of the 2000 Edition of the Life Safety Code. (3-29-10)

03. Cubicle Curtains. Cubicle curtains of fire retardant material, capable of enclosing each approved bed must be provided in multiple-bed rooms or suites to ensure privacy for clients. (3-29-10)

04. Unacceptable Location of Beds. Client beds for detoxification must not be located in hallways, closets, attics, corridors, trailer houses, or in any room other than one approved for clients. (3-29-10)

05. Numbered Beds. Client beds for detoxification must be numbered. (3-29-10)

06. Square Footage Requirements. Square footage requirements for client sleeping areas must, at a minimum, provide not less than sixty (60) square feet of floor space per client. (3-29-10)

07. Visibility of Client Beds. Client beds for detoxification must be visible at all times to staff in the staff station. (3-29-10)

08. Occupants of Sleeping Areas. Solid walls or moveable partitions, floor to ceiling, must be used to ensure that sleeping areas and suites for detoxification are only occupied by individuals of the same sex. (3-29-10)

09. Safe and Secure Sleeping Areas. Sleeping areas for detoxification must be free of safety hazards, and appropriately lighted with no items or articles that a client might use to injure self or others. (3-29-10)

10. Separate and Distinct Client Areas. Solid walls, floor to ceiling, must be used to ensure that client areas for medically-monitored detoxification are separate and distinct from client areas for sobering and mental health. (3-29-10)

11. Prior Approval Needed for Reallocated or Relocated Beds. Once the Department has approved the actual construction drawings, plans, and specifications, approved beds for detoxification cannot be reallocated or relocated unless prior written approval has been obtained from the Department. (3-29-10)

621. -- 629. (RESERVED)

630. BEDS AND BEDROOMS FOR MENTAL HEALTH DIVERSION UNIT.
Each mental health diversion unit must be in compliance with the following Subsections 630.01 through 630.14 of this rule. (3-29-10)

01. Number of Approved Beds for Mental Health Diversion Unit. The number of approved beds for mental health diversion is limited to the number stated on the certificate of approval. (3-29-10)

a. Each approved bed for mental health diversion treatment must have, at a minimum, a single bed mattress in good repair with moisture-proof cover, sheets, blankets, bedspread, pillow and pillowcases. (3-29-10)

b. Roll away type beds, cots, bunk beds, and folding beds cannot be used and will not be approved. (3-29-10)

02. Cubicle Curtains. Cubicle curtains of fire retardant material, capable of enclosing each approved bed must be provided in multiple-bed rooms to ensure privacy for clients. (3-29-10)

03. Maximum Room Capacity. The maximum room capacity in each bedroom is two (2) clients. (3-29-10)

04. Staff Calling System. A staff calling system for each client must be installed in each bedroom and in each toilet, bath, and shower room. A staff call must be considered an emergency call and must register at the staff station. The staff calling system must be designed so that a signal light activated by the client will remain lit until turned off by a staff member at the client's calling station - bed, bath, or shower room. The staff calling system is not a substitute for supervision. (3-29-10)

05. Location of Client Beds. Client beds must not be located in hallways, closets, attics, corridors, trailer houses, or in any room other than one approved for clients. (3-29-10)

06. Numbered Bedrooms and Beds. Client bedrooms and beds must be numbered. (3-29-10)

07. Size of Client Sleeping Areas. Square footage requirements for client sleeping areas must provide for not less than sixty (60) square feet of floor space per client. (3-29-10)

08. Entrances to Client Bedrooms. Entrances to each client bedroom must be visible at all times to staff in the staff station. (3-29-10)

09. Ceiling Height. Ceiling heights must be a minimum of seven (7) feet, six (6) inches. (3-29-10)

10. Occupants of Bedrooms. A client bedroom used for mental health diversion must only be occupied by individuals of the same sex. (3-29-10)

11. Bedroom Door Requirements. Each client bedroom must have a ninety-degree (90º) swinging door, at a minimum, that will not block any corridor or hallway, that is no less than thirty-two (32) inches in width, with a vision window, and that opens out directly into a corridor visible at all times to staff in the staff station. (3-29-10)

12. Safe and Secure Client Bedrooms. Each client bedroom must be free of safety hazards, and appropriately lighted with no items or articles that a client might use to injure self or others. (3-29-10)

13. Separate and Distinct Client Areas. Solid walls, floor to ceiling, must be used to ensure that client areas for mental health diversion are separate and distinct from client areas for sobering and medically-monitored detoxification. (3-29-10)

14. Prior Approval Needed for Reallocated or Relocated Beds. Once the Department has approved the actual construction drawings, plans, and specifications, approved beds for mental health diversion cannot be reallocated or relocated unless prior written approval has been obtained from the Department. (3-29-10)

631. -- 639. (RESERVED)

640. SOBERING STATION.
A sobering station is an optional service that may be provided in a detox/mental health diversion unit. When a sobering station is provided it must be in compliance with Subsections 640.01 through 640.16 of this rule. (3-29-10)

01. Number of Clients in a Sobering Station. The number of clients that may be housed in the sobering station is limited to the number stated on the certificate of approval. (3-29-10)

02. Visible Client Areas. Client areas for sobering must be visible at all times to staff at the staff station. If vision windows are used they must provide for one-way vision into client areas for staff at the staff station and must be made of tempered, shatterproof glass. The Department will consider alternative design solutions to one-way vision which will accommodate the requirements for client area accessibility and monitoring. (3-29-10)

03. Disease Protection of Clients. Client areas must provide for disease protection and be maintained in a clean sanitary condition at all times. (3-29-10)

04. Furniture. Furniture located in client areas must be weighted or secured to the floor to ensure safety of staff and clients. (3-29-10)

05. Location of Client Areas. Client areas in a sobering station must not be located in hallways, closets, attics, corridors, trailer houses, or in any room other than one approved for clients. (3-29-10)

06. Numbered Rooms. Client rooms for a sobering station must be numbered. (3-29-10)

07. Size of Client Rooms. Square footage requirements for client rooms in a sobering station must provide for not less than thirty (30) square feet of floor space per client. (3-29-10)

08. Entrances to Client Rooms. Entrances to all sobering station client rooms must be visible at all times to staff at the staff station. (3-29-10)

09. Ceiling Height of Client Rooms. Ceiling heights for client rooms must be a minimum of seven (7) feet, six (6) inches. (3-29-10)

10. Floor Drain in Client Room. Client rooms in a sobering station must have at least one tamper resistant floor drain installed. (3-29-10)

11. Doors on Client Rooms. Client rooms in a sobering station must have a ninety-degree (90º) swinging door, at a minimum, that will not block any corridor or hallway, that is no less than thirty-two (32) inches in width, with a vision window, and that opens out directly into a corridor visible at all times to staff at the staff station. The Department will consider alternative design solutions to one-way vision which will accommodate the

requirements for client area accessibility and monitoring. (3-29-10)

12. Utilities in Client Rooms. Client rooms in a sobering station must have a toilet and hand-washing sink with solid walls or partitions to separate the toilet from the sleeping area, and have mechanical ventilation to the outside. (3-29-10)

13. Client Rooms Free of Hazards. Client rooms and areas in a sobering station must be free of safety hazards, and appropriately lighted with no items or articles that a client might use to injure self or others. (3-29-10)

14. Airborne Infection Isolation Room. Each sobering station must have at least one (1) private airborne infection isolation room with a toilet, hand-washing sink, and other accessory facilities that complies with (AII) 2006 AIA Guidelines for Design and Construction of Health Care Facilities. Private airborne infection isolation rooms must have no hardware, equipment, or furnishings that obstruct observation of a client, or that present a physical hazard, or a suicide risk. Private airborne infection isolation rooms must have at least sixty (60) square feet of floor space and a ceiling height of seven (7) feet, six (6) inches. (3-29-10)

15. Separate and Distinct Client Areas. Solid walls, floor to ceiling, must be used to ensure that client areas for sobering are separate and distinct from client areas for medically-monitored detoxification and mental health diversion. (3-29-10)

16. Prior Approval Needed for Reallocated or Relocated Beds. Once the Department has approved the actual construction drawings, plans, and specifications, approved beds for a sobering station cannot be reallocated or relocated unless prior approval has been obtained from the Department. (3-29-10)

641. -- 649. (RESERVED)

650. CLIENT TOILET AND BATHING FACILITIES.

01. Client Toilet Facilities. Client toilet facilities, must be in compliance with the following:(3-29-10)

a. Be conveniently located with solid walls or partitions to separate each toilet and bathroom from all adjoining rooms with at least one (1) flush toilet for every six (6) clients. (3-29-10)

b. Have mechanical ventilation to the outside from all inside toilets and bathrooms not provided with an operable exterior window. (3-29-10)

c. Have one (1) hand washing sink with a mirror convenient to every toilet. (3-29-10)

d. Have permanently wired light fixtures located and maintained so as to give adequate light to all parts of the room. (3-29-10)

e. Have arrangements for individual privacy for clients. (3-29-10)

f. Provide a privacy screen at each window. (3-29-10)

g. The minimum dimensions of a room containing only a toilet are three (3) feet by six (6) feet. Toilets must be accessible for use by persons with mobility and sensory impairments. (3-29-10)

02. Client Bathing Facilities. Client bathing facilities must comply with the following: (3-29-10)

a. Each tub, shower, and lavatory must have hot and cold running water with at least one (1) tub or shower for every eight (8) clients, not otherwise served by bathing facilities located in a client's room. (3-29-10)

b. Each tub or shower room or enclosure must provide space for private use of the bathing fixture, for drying and dressing and for a wheelchair and attendant. (3-29-10)

651. -- 654. (RESERVED)

655. ADMINISTRATIVE AREAS.
The following administrative areas must be located in the facility, or readily available to staff. The size and disposition of each administrative area will depend upon the number and types of approved beds to be served. Depending on the size of the facility and the number of clients served, there may be a need for more than one of the administrative areas listed below. Although identifiable spaces are required to be provided for each of the indicated functions, consideration will be given to design solutions which would accommodate some functions without specific designation of areas or rooms. Details of such proposals must be submitted to the Department for prior approval. Each administrative area must be in compliance with Subsections 655.01 through 655.10 of this rule. (3-29-10)

01. Staff Station. The facility must have one (1) or more staff stations centrally located in each distinct service area for the sobering station, the medically-monitored detoxification unit, and the mental health diversion unit, with adequate space for charting and storage for administrative supplies. (3-29-10)

02. Lounge and Toilets for Staff. The facility must have lounge and toilet rooms for staff. The toilet rooms may be unisex. (3-29-10)

03. Closets and Compartments. Individual closets or compartments, for the safekeeping of coats and personal effects of personnel, must be located convenient to the staff station or in a central location close to personnel. (3-29-10)

04. Clean Workroom or Clean Holding Room. If the room is used for work, it must contain a counter and hand-washing facilities. When the room is used only for storage as part of a system for distributing clean and sterile supplies, the work counter and hand-washing facilities can be omitted. (3-29-10)

05. Soiled Workroom and Soiled Holding Room. The soiled workroom must contain a clinical sink or equivalent flushing rim fixture and a sink for hand-washing, towel dispenser, work counter, waste receptacle, and soiled linen receptacle. (3-29-10)

06. Drug Distribution Station. The drug distribution station must be secure and convenient, with prompt twenty-four (24) hour availability of medicine. A secure medicine preparation area must be available and under the nursing staff's visual control and contain a work counter, refrigerator, and locked storage for controlled drugs, convenient to hand washing station and have a minimum area of fifty (50) square feet. A medicine dispensing unit can be located at the staff station, in the clean workroom, or in an alcove or other space convenient to staff and under staff control. (3-29-10)

07. Nourishment Station. The nourishment station must contain a sink equipped for hand-washing, towel dispenser, equipment for serving nourishment between scheduled meals, refrigerator, and storage cabinets. Ice for clients' must be provided only by icemaker-dispenser units. (3-29-10)

08. Equipment Storage Rooms. Rooms must be available for storage of equipment. (3-29-10)

09. Janitor's Closet. Rooms must be available for storage of janitorial supplies and equipment. (3-29-10)

10. Lockable Storage Area. A storage area of at least sixty-four (64) cubic feet (4x4x4), with segregated lockable storage compartments for client personal effects, must be maintained on-site. This storage area for client personal effects may be located in a separate area inside or outside of the facility's buildings. (3-29-10)

656. -- 659. (RESERVED)

660. ADDITIONAL ROOM AND AREA REQUIREMENTS.
The facility must comply with Subsections 660.01 through 660.05 of this rule for room and area requirements. (3-29-10)

01. Day Room. The following minimum requirements apply to day room areas: (3-29-10)

a. The facility must have an adequately ventilated separate day room or area for the exclusive use of clients, employees, and invited guests. (3-29-10)

b. The total area set aside for day use purposes must be at least twenty (20) square feet per approved bed with a minimum total area of at least two hundred twenty-five (225) square feet. The same area can be used for dining and day room space. (3-29-10)

02. **Dietary Facilities**. Food service, facilities, and equipment on-site and food service prepared by off-site contractors, must comply with Idaho Department of Health and Welfare Rules, IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments," also know as the Idaho Food Code. (3-29-10)

03. **Dining Room**. The following minimum requirements apply to dining areas: (3-29-10)

a. The facility must have an adequately ventilated separate dining room or area for the exclusive use of clients, employees, and invited guests. (3-29-10)

b. The total area set aside for dining purposes must be at least twenty (20) square feet per approved bed with a minimum total area of at least two hundred twenty-five (225) square feet. (3-29-10)

04. **Program Areas**. The following program areas must be located in the facility, or readily available to staff. Although identifiable spaces are required to be provided for each of the indicated functions, consideration will be given to design solutions which would accommodate some functions without specific designation of areas or rooms. Details of such proposals must be submitted to the Department for prior approval: (3-29-10)

a. Sufficient general or individual offices to assure privacy for interviews, client counseling and business transactions. (3-29-10)

b. One (1) or more multipurpose rooms for client social activities, meetings, group counseling. and health education purposes. (3-29-10)

c. One (1) or more medical examination rooms. (3-29-10)

d. Provision for secure and convenient on-site storage of medical records. (3-29-10)

e. Quiet social area for clients. (3-29-10)

05. **Public Areas**. Each Detox/Mental Health Diversion Unit must provide: (3-29-10)

a. Entrance at grade level, sheltered from the weather and able to accommodate persons with mobility and sensory impairments. (3-29-10)

b. Lobby space, including: (3-29-10)

i. Reception and information counter or desk; (3-29-10)

ii. Waiting area; (3-29-10)

iii. Public toilet facility; (3-29-10)

iv. Public telephone; and (3-29-10)

v. Drinking fountain. (3-29-10)

c. Outdoor areas that are secure and safe. (3-29-10)

661. -- 664. **(RESERVED)**

665. LINEN AND LAUNDRY FACILITIES AND SERVICES.
The facility must comply with Subsections 665.01 through 665.07 of this rule for linen and laundry facilities and services. (3-29-10)

01. Available Linen. Every Detox/Mental Health Diversion Unit must have available at all times a quantity of linen essential to the proper care and comfort of clients. (3-29-10)

02. Clean Linen. Linen must be of good quality, not thread-bare, torn or badly soiled or stained. (3-29-10)

03. Laundry Processing Area. If linen is processed on-site, the laundry processing area must have commercial type equipment with which a seven-days' supply can be processed within a regularly scheduled work week. (3-29-10)

04. Separate and Distinct Soiled Linen Processing Area. Separate and distinct soiled linen processing, receiving, holding, and sorting area with hand-washing facilities that maximize disease protection and clean sanitary conditions at all times. (3-29-10)

05. Separate and Distinct Clean Linen Inspection Area. Separate and distinct clean linen inspection, mending, processing, receiving, storage, issuing, and holding area that maximize disease protection and clean sanitary conditions at all times. (3-29-10)

06. Adequate Storage. Adequate storage must be provided for laundry supplies. (3-29-10)

07. Janitor's Closet. A Janitor's closet containing a floor receptor or service sink and storage space for housekeeping equipment and supplies must be provided. (3-29-10)

666. -- 679. (RESERVED)

670. DETAILS AND FINISHES FOR WALLS AND FLOOR SURFACES.
Walls and floors must be of such character to permit cleaning which meet the interior finish requirements of the 2000 Edition of the Life Safety Code. Walls and ceiling in kitchens, bathrooms, and utility rooms must have washable surfaces. (3-29-10)

671. -- 674. (RESERVED)

675. WATER.
Each detox/mental health diversion unit must have an adequate supply of running hot and cold water, installed and maintained in compliance with the local plumbing code. There must be a sufficient amount of water under adequate pressure to meet the sanitary requirements of the facility at all times. The water supply must meet the following minimum requirements in this rule. (3-29-10)

01. Approved Water Supply. An approved public or municipal water supply must be used whenever available. (3-29-10)

02. Private Water Supply. In areas where an approved public or municipal water supply is not available, a private water supply must be provided, and it must meet the standards approved by the Department. (3-29-10)

03. Requirements for Public or Private Water Supplies. Public or private water supplies must meet the Idaho Department of Environmental Quality Rules, IDAPA 58.01.08, "Idaho Rules for Public Drinking Water Systems." (3-29-10)

04. Water Samples from Private Supply. If water is from a private supply, water samples must be submitted to an approved laboratory for bacteriological examination at least quarterly. Copies of laboratory reports must be kept on file in the facility. (3-29-10)

676. -- 679. (RESERVED)

680. LIGHTING.
The facility must provide adequate and appropriate lighting in all client sleeping areas, dining rooms, living rooms, common and private areas, bathrooms and hallways. Adequate artificial light must be provided to include sufficient illumination for reading, observation, and activities. There must be a minimum of three hundred seventy-six (376) lumens in areas used for reading, study, or close work. Lighting in work areas must be a minimum of three hundred twenty-three (323) lumens. (3-29-10)

681. -- 684. (RESERVED)

685. VENTILATION.

01. Detox/Mental Health Diversion Unit Ventilation. Each detox/mental health diversion unit must be adequately ventilated and precautions must be taken to prevent offensive odors in compliance with the minimum requirements of the Uniform Mechanical Code. (3-29-10)

02. Sobering Station Ventilation. A facility with a sobering station, must have private airborne infection isolation rooms that are adequately ventilated and precautions must be taken to prevent offensive odors in compliance with the following minimum requirements of the 2006 AIA Guidelines for Design and Construction of Health Care Facilities:

TABLE 685.02 - MINIMUM REQUIREMENTS OF THE 2006 AIA GUIDELINES FOR DESIGN AND CONSTRUCTION OF HEALTH CARE FACILITIES - VENTILATION PRECAUTIONS FOR SOBERING STATIONS

Area	Air Movement/ Relation	Minimum Outdoor Air Changes/Hr	Total Air Changes/Hr	Exhausted
Isolation Room	In	2	12	Yes

(3-29-10)

686. -- 689. (RESERVED)

690. UTILITY REQUIREMENTS.

01. Plumbing. All plumbing in the facility must comply with state and local codes. All plumbing fixtures must be easily cleanable and maintained in good repair. The temperature of hot water at plumbing fixtures used by clients must be between one hundred five degrees (105ºF) Fahrenheit and one hundred twenty degrees (120ºF) Fahrenheit. Hot water capacity must be at least three (3) gallons per client bed per hour. (3-29-10)

02. Heating and Cooling. A heating and cooling system must be provided for the facility that is capable of maintaining a minimum temperature of seventy degrees (70ºF) Fahrenheit during the day and a minimum of sixty-two degrees (62ºF) Fahrenheit during the night. Wood stoves are not permitted as the sole source of heat and the thermostat for the primary source of heat must be remotely located away from any wood stove. (3-29-10)

03. Sewage Disposal. All sewage and liquid wastes must be discharged into a municipal sewerage system where such a system is available. Where a municipal sewerage system is not available, sewage and liquid wastes must be collected, treated, and disposed of in a manner approved by the Department. (3-29-10)

691. -- 694. (RESERVED)

695. ACCESSIBILITY FOR PERSONS WITH MOBILITY AND SENSORY IMPAIRMENTS.
For clients with mobility or sensory impairments, the facility must provide a physical environment which meets the requirements of the Americans with Disabilities Act Accessibility Guidelines (ADAAG) and must provide the necessary accommodations. (3-29-10)

01. **Ramps**. Ramps for clients who require assistance with ambulation must comply with the requirements of the ADAAG 4.8. (3-29-10)

02. **Bathrooms and Doors**. Bathrooms and doors large enough to allow the easy passage of a wheelchair as provided for in the ADAAG 4.13. (3-29-10)

03. **Grab Bars**. Grab bars in client toilet and bathrooms must be in compliance with ADAAG 4.26. (3-29-10)

04. **Toilet Facilities**. Toilet facilities must be in compliance with ADAAG 4.19. (3-29-10)

05. **Hand Railing**. Suitable hand railing must be provided on both sides of all stairs leading into and out of a building for clients who require the use of crutches, walkers, or braces. (3-29-10)

696. -- 999. **(RESERVED)**

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