



Office of Alcoholism and Substance Abuse Services

GUIDANCE FOR WRITING POLICIES AND PROCEDURES CHEMICAL DEPENDENCE PROVIDERS

This guideline is intended to serve as support in the development of a Policy and Procedure Manual for all levels of chemical dependence providers. The document gives general guidance in the writing of policies and procedures. Even though there are specific regulatory requirements for the content of a Policy and Procedure Manual; the policies and procedures themselves should be a reflection of the philosophy and actual practices of the agency. In other words, a policy and procedure manual should **not be** an exact recitation of the regulations, rather it should be the agency's way of implementing and being in compliance with the regulations.

An effective Policy and Procedure Manual is written in such a clear, concise, and easy to follow way that anyone, whether a new or veteran staff person, administrator, individual or family member, can read the manual and know:

- **For staff**, what is expected of them in their roles within the agency (i.e. as a counselor I do this task at this time and in this way);
- **For individuals and their family members**, what they can expect from the provider when receiving services (i.e. the admissions process takes this long; these are the rules I am expected to follow; this is what I can expect from the provider);
- **For everyone**, the philosophy of the agency; how things are done; and what resources are available for assistance and clarification (i.e. if I have a suggestion for change who do I talk to; why do we do things the way we do; if I feel I am being treated poorly what recourse do I have?).

A helpful way of envisioning a policy and procedure manual is to think of the questions ***“why, what, how, who, and when.”***

“Why” identifies the purpose and content of the policy. For example, the **“why”** (purpose) of an Admissions Policy in an OASAS Certified Program might be:

“To identify the step by step process for a person being admitted into treatment in accordance with regulations; as well as defining the roles of staff in this process and the timeframes for completion.”

“What” identifies what you expect to happen in the implementation of this process. Continuing to use Admissions as an example, the **“what”** might be:

“Conduct a pre-admissions interview with the person. Determine their appropriateness for this level of care using the LOCADTR 3.0; determine if the person meets admission criteria and develop an initial plan of services for the person based on their expressed immediate needs. Advise the person of their right to voluntary participation; confidentiality as defined in

42 CFR; rules and regulations; patient rights; and inform the prospective person of any determinations made regarding their admission.”

“**How**” identifies the method you will be using to complete this process:

“During face to face pre-admission assessment visit(s) we will interview the person asking questions regarding their reason for inquiring about treatment, their substance use history, previous treatment, mental health/medical status, and any other priority issues for the person. We will complete the OASAS LOCADTR 3.0 to determine the person’s appropriateness for the level of care. Based on the information gathered via interview, referral information, and any other collateral contact a Qualified Health Professional (QHP) will determine if the person meets the admission criteria of:

- Having a substance use disorder based on the most recent version of the Diagnostic and Statistical Manual (DSM) or International Classification of Diseases (ICD);
- Person reports no known or suspected infectious disease that can be a danger to others and that is spread through casual contact;
- The person has a physical or medical condition that cannot be provided in conjunction with this level of care or would prevent him/her from participating in the program; or
- Is a significant other(s) who manifest psychological, behavioral and/or emotional effects arising from another person’s chemical abuse or dependence, may be treated in their own right if it’s determined that the significant other can actively participate in and benefit from the treatment process.

The person will be notified by phone or in writing regarding the admission decision and any further action that may be needed.”

“**Who**” identifies the staff involved in this process and their role:

“The Administrative Assistant takes all phone calls and referral packets for the prospective person, prepares the intake packet and gives it to the intake counselor. The Intake Counselor reviews the information and makes any additional contacts as necessary; then calls the person to set up the interview process. The Intake Counselor meets with the person; gathers all required information; then discusses with QHP Level Supervisor. Case is presented at staff meeting where the multi-disciplinary team decides appropriateness for admission. The QHP signs off on the admission decision as evidenced by their signature and date; then assigns a primary counselor. Intake Counselor calls the person to relay the decision. If admission is not appropriate and requires further referral, Intake Counselor will let the person know and follow up with a letter regarding the decision and any referrals; a copy of this letter will be copied to the referral source. All process information will be documented in the person’s case record by the staff member who provided the service.”

“**When**” identifies the timeframe for the process:

“An intake session will be set up within 5 days of the first contact or receipt of referral packet. The admission decision will be made within 3 days of the completed assessment. Within 5 days of the decision on admission the Intake Counselor will inform the person by phone of their status. A follow up letter will also be sent within 10 days of the decision on admission.”

Though the questions “**why, what, how, who, and when**” help identify the elements of policy and procedure, it is not necessary for the provider to write their policy exactly in this format. The completed product would most likely include an integration of all the responses to these questions and answers.

A “**Sample**” Admissions Policy might read as follows:

Purpose: To identify the step by step process for a person being admitted into substance use disorder treatment in accordance with the appropriate regulations; as well as defining the roles of staff in this process and the timeframes for completion.

Process: The Administrative Assistant takes all phone calls and referral packets for persons calling to request services, prepares the intake packet and gives to the intake counselor. The Intake Counselor reviews the information and makes any additional contacts as necessary; then calls the person within one week of the referral receipt to set up the intake interview.

During pre-admission face to face sessions we will interview the person asking questions regarding their reason for inquiring about treatment, their substance abuse history, previous treatment, mental health/medical status, gambling history, and any other priority issues for the person. We will complete the OASAS LOCADTR 3.0 to determine the person’s appropriateness for this level of care, examine the person’s appropriateness for admission; and develop an initial plan of services based on the person’s expressed needs. We will advise the person of their right to voluntary participation; confidentiality as defined in 42 CFR; rules and regulations; patient rights; and inform the person of any determinations made regarding their admission.” All of this information will be documented in the person’s case record via progress note.

Based on the information gathered via interview, referral information, and any other collateral contact the person’s information is presented at a MDT Case Conference for discussion of appropriateness for admission as indicated by the below admission criteria:

- Having a substance use disorder based on the most recent version of the Diagnostic and Statistical Manual (DSM) or International Classification of Diseases (ICD);
- Person reports no known or suspected infectious disease that can be a danger to others and that is spread through casual contact;
- The person has a physical or medical condition that cannot be provided in conjunction with this level of care or would prevent him/her from participating in the program; or

- Is a significant other(s) who manifest psychological, behavioral and/or emotional effects arising from another person's chemical abuse or dependence, may be treated in their own right if it's determined that the significant other can actively participate in and benefit from the treatment process.

The responsible QHP signs off on the admission decision, as evidenced by their signature and date; then assigns a primary counselor. The admission decision should be made within 3 days of the completion of the admission assessment.

Within 5 days of the decision on admission the Intake Counselor will inform the person by phone of their status. A follow up letter will also be sent within 10 days of the decision on admission. If admission is not appropriate and requires further referral, Intake Counselor will let the person know and follow up with a letter regarding the decision and any referrals; a copy of this letter will be copied to the referral source. All process information will be documented in the person's case record by the staff member who provided the service.

The above "**Sample**" Admissions Policy example is but one of many ways of writing up this policy. What's important to remember is that the policy does cover regulatory requirements and answers the "**why, what, how, who, and when**" questions of **your** particular agency.

PLEASE NOTE: The required elements of policies and procedures can be found in each level of care's specific regulation as well as other supporting regulations, i.e. tobacco, patient rights, gambling, facilities, incident reporting, etc. You can add policies and procedures in addition to the ones given in regulation, but you **must** have those that are required by regulation.

If you have further questions regarding developing policies and procedures please contact the OASAS Division of Practice Innovation and Care Management at: PICM@oasas.ny.gov.