



This document will provide guidance to providers on how to address and describe program operations as necessary to facilitate compliance with the Part 820 Residential Services regulation that went into effect in December 2017. Specifically, it is intended to assist providers in the development of a Part 820 Policy and Procedure Manual (PPM) to address general program standards as required in Section 820.5(a)(1-17). These are exciting times that offer the field tremendous opportunity to enhance staffing and services for OASAS-certified residential programs. The Part 820 regulation is less prescriptive, allows providers more flexibility in their operation, and was designed to integrate:

- Part 816.9 Medically Monitored Withdrawal and Stabilization Services;
- Part 819.8 Intensive Residential Rehabilitation;
- Part 819.9 Community Residential; and
- Part 819.10 Supportive Living (congregate and scattered sites).

Please be reminded that completion of a PPM does not automatically ensure compliance with regulatory requirements. Program staff are ultimately responsible for ensuring that program operations meet all regulatory requirements, both within the scope of the Part 820 regulation and as required by any other applicable regulation or law (e.g., Parts 815, 836, 856, and Local Services Bulletins).

Each Part 820 provider must develop policies, procedures, and methods that capture the day-to-day operation of the program. The PPM should describe the philosophy of the program and specific information as to how to conduct everyday business. Even though there are specific requirements identified in regulations, a solid PPM should be based upon the philosophy and actual practices of the program. It is expected that certain policies and procedures may need to be revised after the program has been in operation and has had experience in the delivery of services.

A PPM **should not be** an exact recitation of the regulations only; rather **it should be** the program's way of implementing standards to comply with the regulations. In doing so, a program's PPM should address compliance with minimum regulatory standards and any additional aspects or nuances that the program identifies as important to its operation and control of the program.

An effective Policy and Procedure Manual is written in a clear, concise, and easy-to-follow manner that allows anyone, whether a new or veteran staff person, administrator, resident, or family member, to read and understand the manual, as follows:

Resident/Family: expectations from the program when receiving services (e.g., length of admission process; rules I am expected to follow; recourse if I feel I am being treated poorly).

Staff members: expectations of their role within the program and what the methods of documenting tasks are (e.g., tasks and methods of completion; documentation; available resources if assistance and/or clarification is needed).

Administrators: philosophy and framework for how the program is to be operated to ensure compliance with regulatory requirements and maintain quality resident care, as well as indicating how important functions are documented (e.g., policy statements; case record documentation; forms).

For Part 820 programs which host parents with children, please refer to Local Services Bulletin 2017-02 for guidance in the development of required policies and practices. For ALL Part 820 programs, specific recommended policy content includes, but is not limited to the following:

Section 1 – Admission and Discharge, including Transfer and Referral Procedures
Admission Criteria: Policy should identify the population served in each element. Each certified element has distinct characteristics; see Section 820.10(a) for Stabilization; Section 820.11(a) for Rehabilitation; and Section 820.12(b)(1-2) for Reintegration.
Initial Determination: Policy should include the process involved in determining the three specific criteria that indicate the need for SUD services; see Section 820.7(a)(1)(i-iii).
Level of Care Determination: Policy should identify which staff will be completing the level of care determination, who reviews and signs off, if applicable, and what protocol will be utilized (i.e. LOCADTR 3.0); see Section 820.7(a)(2).
Admission Decision/Assessment: Policy should identify which Qualified Health Professional (QHP) staff are responsible for making the admission decision and how this is documented in the case record. This decision documentation must identify the clinical staff who will provide an orientation to the individual and a preliminary schedule of activities, therapies and interventions; see Section 820.7(a)(4) and Section 820.7(a)(4)(v).
Admission Priorities: For funded providers, the policy must contain the identification of the order by which individuals who are waiting for admission must be selected, in accordance with Local Services Bulletins 2012-01 and 2014-11 for all OASAS providers.
Rules and Regulations; Confidentiality and Voluntary Participation: Policy must identify the process by which individuals are advised of the program rules, including rights and possible sanctions/interventions, and that the individual clearly understands them. Individuals must be provided with a written summary of the confidentiality requirements. The policy must denote how this process occurs, as well as informing the individual that admission is on a voluntary basis and the individual is able to discharge from the program at any time; see Section 820.7(a)(4)(ii-iii).
Transfer: Policy identifies the process the program utilizes which insures a seamless transition from one element to another. It should include the use of LOCADTR, a transfer summary to the next level of care with reference to the utilization review process.
Referral: Policy that includes a referral for individuals found not to be in need of the services provided at the program, including the provision to the individual as to the reason(s) they were found ineligible; see Section 820.7(a)(4)(iv). (NOTE: This does not apply to individuals presently receiving services from another provider)
Discharge Criteria: Policy that stipulates the criteria necessary for the discharge of a resident; see Section 820.9(b)(1-6).
Involuntary Discharge: Policy that includes the process that must be taken when a resident is being discharged against their wishes; see Section 815.7(a)(1-7).
Discharge Planning: Policy describing the discharge plan development, including appropriate content and required signatures; see Section 820.9(c)(1-3).
Discharge Summary: Policy denotes when the summary is to be completed and required contents; see Section 820.9(c)(5).

Section 2 – Treatment/Recovery/Service Plans

Treatment/Recovery/Service Plan: Provide a policy that describes staff and resident collaboration in developing the plan, who reviews it, who signs it and when. Policy should also contain expected plan elements. Completion time frames should reflect the average stay in specific elements; see Section 820.8(a)(1).

Treatment/Recovery/Service Plan Review: Policy will delineate the time frames and expectations for completion of a treatment/recovery/service plan review; see Section 820.8(a)(2).

Care Coordination: Describes the requirements to be included in plans relative to a resident who is receiving services off site; see Section 820.8(b)(1)(v).

Section 3 – Staffing

Policy will identify the various titles and respective qualifications appropriate to the element or elements requesting certification, as well as clinical supervision and a plan for staff training including the use of volunteers, peers, students or trainees; see Section 820.6(a-e), Section 820.10(b) for stabilization; Section 820.11(b) for rehabilitation; and Section 820.12(e)(1-4) for reintegration.

Section 4 – Screening and Referral Procedures for Associated Physical or Psychiatric Conditions

Medical assessment: The medical assessment will be utilized to determine the need for a physical examination. When developing this policy, please consider the shorter length of stay for stabilization as opposed to rehabilitation and reintegration; see Section 820.7(d)(2)(ii)-(4)(ii) for specifics with regard to time frames for completion.

Psychiatric assessment: A policy and procedure which stipulates that a psychiatric assessment will be conducted in the stabilization and rehabilitation elements; see Section 820.10(c)(3) and Section 820.11(c)(2)(i).

Physical exam: Policy must include a procedure that identifies a physical exam will be conducted based upon the results of the medical assessment for stabilization and rehabilitation. Consider the length of stay in stabilization; see Section 820.7(d)(2)(ii)-(4)(ii) for specifics with regard to time frames for completion.

Section 5 – Schedule of Fees for Services Rendered

Submit the fee schedule if one is available; if not, this requirement will be reviewed at the first recertification review.

Section 6 – Infection Control Procedures

Policy should be developed in consultation with medical staff and include universal precautions.

Section 7 – Cooperative Agreements

Provide a policy that includes copies of agreements and/or a listing of those entities that you have or will have cooperative agreements with.

Section 8 –(a) HIV/AIDS Education, Testing and Counseling;(b) Medication Supported Recovery

a) Policy should focus on the provision of HIV/AIDS services (including education, testing, pre- and post-test counseling), whether they are provided in house or by referral.

b) Policy contains a statement of the program’s provision of this service and its philosophy regarding this practice.

Section 9 – Alcohol and Drug Screening Tests

Policy should include the process and instances when a toxicology or Breathalyzer will be conducted (e.g., prior to admission; upon returning from an extended leave from the facility; randomly; suspected use). Policy should include how results of testing are documented in the resident case record. Chain of custody should be addressed. Policy should inform staff of the step-by-step collection process; see Section 815.8(a-b).

Section 10 – Ordering, Procuring, and Disposing of Medication, as well as Self-Administration

Ordering: Policy should identify who is responsible for ongoing monitoring and ordering of medication to ensure that residents have an ample and up-to-date supply.

Procurement: Policy should identify how medication is obtained from the pharmacy; trained staff should conduct a count upon receipt of medications, especially controlled substances.

Disposal: Policy should identify how medication and controlled substances are disposed, in accordance with Department of Health, Bureau of Narcotics Enforcement guidelines.

Self-Administration: Policy should include the step-by-step process for self-administration of medication. Providers who take possession of controlled medications must obtain an Institutional Dispenser Certificate. Residents should be observed when taking medication to reduce diversion. Staff should be trained in how to properly document the self-administration of medication in the Medication Administration Record (MARS).

Section 11 – Quality Improvement and Utilization Review

Quality Improvement: Policy must include identification of the QI committee members, the frequency of deliberations and responsibilities. Policy should include findings of other management activities i.e. utilization reviews, incident reviews, reviews of staff training, development and supervision needs, exit interviews, surveys of resident satisfaction and analysis of treatment data.

Key Performance Measures: This policy will identify the clinically relevant key performance measures relative to the specific element(s) of care.

Utilization Review Process: The utilization review process should include a procedure that ensures admissions are appropriate and discharge criteria are met. The utilization review plan should consider each resident’s need for continued treatment and utilize the LOCADTR 3.0. Policy should include how many charts will be reviewed and time frames. No counselor may conduct a utilization review of a resident on his/her caseload.

Section 12 – Emergencies

This policy and procedure provides staff with instruction on what specific steps to take in case of an emergency.

Section 13 – Incident Reporting and Review in accordance with Part 836

Responsibility: The Incident Reporting and Review policy and procedure must identify a staff responsible for administration of the incident management program.

Corrective Action Plans: The plan should identify procedures for the implementation of corrective action plans when required. The plan should ensure that corrective action is related from the committee or governing authority to the program representative responsible for implementation.

Incident Review Committee: Policy should identify the members of the incident review committee in accordance with Section 836.5(f)(1); the Executive Director may not serve as a member of the incident review committee. Policy should indicate that the committee will monitor the overall effectiveness of the incident management program and the related procedures. The policy should identify the minimum standards for investigation of incidents observed, discovered or alleged; see Section 836.5(b)(5)(i-iv).

Annual Review: Policy should include a reference to the annual review submitted by the committee to the governing body (e.g., Board of Directors).

Periodic training: Policy should include a reference to the provision of incident report training and code of conduct upon hire and annually thereafter.

Retention of Records: Policy should include a time frame (minimum of six years) that identifies the length of time to retain incident reports and meeting minutes of the incident review committee.

Recording and Reporting Procedures: Policy must include an overview of what constitutes a reportable incident to the Justice Center. Definitions should include Abuse, Neglect and Significant incidents, and the process a staff member must undertake when they witness or are told of a reportable incident. It is important that the policy clearly instructs staff that incidents are to be reported immediately upon discovery and then report to supervisory staff. The phone number and website to make a report to the Justice Center should be found in the policy.

Minimum Standards for Investigation: Policy must include a reference to how an incident will be investigated should the Justice Center and/or OASAS declare the program follow-up with an investigation, who will conduct and document the steps taken, and develop the final report.

Overall Effectiveness: The policy must contain a statement that the committee will develop a report after a review of incidents with regard to the type and frequency, and response recommendations to ascertain the committee's adequacy.

Section 14 – Recordkeeping

Recordkeeping: Policy should include the frequency of progress notes entered into the resident case record. Additionally, all individual groups and medical contacts for the purpose of assessing, diagnosing or treating the resident should be documented in the resident record by the staff member delivering the service. This policy needs to include the agency expectation as to the time frame for completion of notes into the case records; see Section 820.8(c)(2).

Type of System: Policy should identify type of record keeping system (e.g., electronic) and appropriate safeguards.

Section 15 – Educational Services for School Age Children

Policy should ensure that programs who provide services to school age children have the availability of required educational and childcare services.

Section 16 – Procurement, Storage, Preparation of Food and Nutritional Planning

Policy should describe who orders the food, how food is stored, how food is prepared and who approves the menu with regard to nutritional planning.

Section 17 – Records Retention

Policy should provide a time frame with regard to how long the resident case records will be maintained (minimum of 6 years after the date of discharge or last contact).
