



Office of Addiction Services and Supports

Current Part 822 and Updated Part 822 Regulations, Side by Side

**OASAS Certified
Outpatient Programs**

Part 822 – Amendments effective August 2, 2021

Contents

Introduction:	2
Definitions and General Program Standards.....	3
Case record vs Patient records/treatment planning	9
Admission, Initial Services, Transfers and Readmissions to Patient record/treatment planning	12
Treatment Recovery Plan	17
Documentation of Services – this section was deleted and integrated into the documentation of admission, treatment/recovery plan and progress notes sections which all contain requirements for documentation of services delivered	20
Level of Care Transition/Discharge planning to Patient records/treatment planning.....	20
Continuing Care	21
Additional Locations	22
Additional Requirements for Outpatient Rehabilitation.....	22
Additional requirements for Opioid Treatment Programs	23

Introduction:

The following pages are intended to provide a quick guide to the changes between the [Current Part 822 Outpatient Regulations](#) and the [Updated Part 822 Regulations](#) which become effective August 2, 2021. Similar regulatory sections are placed in context next to each other. Changes are highlighted within the document using the following color key:

- **RED** – Deleted from regulations
- **GREEN** – Added to regulation
- **YELLOW** – Additional information regarding the changes

Generally speaking, the following terms were changed or eliminated:

- Face to Face – eliminated
- Case Record changed to Patient Record
- Chemical Dependence changed to Substance Use Disorder or Addiction
- Opioid Agonist has been changed to Opioid Treatment program

While this document is comprehensive providers are required to review the regulations in their entirety for compliance purposes. If you have further questions on this document please send them to LEGAL@OASAS.ny.gov

Section	Previous requirements	Amended requirements	Section
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Definitions and General Program Standards			
Section	Previous requirements	Amended requirements	Section
822.5c	“Admission assessment” is a face-to-face pre-admission service between a prospective patient and clinical staff for the purpose of determining a preliminary diagnosis, appropriateness for service, initial plan of treatment, including identifying problem areas to be addressed in the treatment/recovery plan, and the type and level of services needed by the patient	“Admission assessment” is a service between a prospective patient and clinical staff for the purpose of determining a preliminary diagnosis, appropriateness for service, person-centered initial plan of treatment, including type(s) of services and frequency of services.	822.5c
822.5g	(g) “Brief treatment” is a face-to-face service between an active patient and clinical staff and must include a target behavior and an evidence-based or clinical practice upon which the treatment is based. Brief treatment may be used throughout the course of treatment to meet specific goals, motivate patients or support medicated supported recovery.	(g) “Brief treatment” is a service between an active patient and clinical staff and must include a target behavior or health need and an evidence-based or clinical practice upon which the treatment is based. Brief treatment may be used throughout the course of treatment to meet specific goals, motivate patients or support medicated supported recovery.	822.5g
822.5i	(i) “Chemical dependence outpatient rehabilitation services” (outpatient rehabilitation services) are services offered by programs which have been certified to provide outpatient rehabilitation services; such services are designed to assist individuals with more chronic conditions who are typically scheduled to attend the outpatient rehabilitation program three to five days per week for at least four hours per day	(ac) “Substance use disorder outpatient rehabilitation services” (outpatient rehabilitation services) are services offered by programs which have been certified to provide outpatient rehabilitation services; such services are designed to assist individuals with more chronic conditions as further defined in this Part who are typically scheduled to attend the outpatient rehabilitation program three to five days per week for at least two hours per day.	822.5ac

Section	Previous requirements	Amended requirements	Section
822.5j	<p>(j) “Chemical dependence outpatient program” is an Office certified program which provides outpatient services that assist individuals who suffer from substance use disorder and their family members and/or significant others and may also provide outpatient rehabilitation services and/or intensive outpatient services (IOS); and sites where opioid agonist medications are administered to treat opioid dependence following one or more medical treatment protocols as defined in this Part, known as an Opioid Treatment Program. This term encompasses medical and comprehensive support services including counseling, educational and vocational rehabilitation. The term also includes the Narcotic Treatment Program (NTP) as defined by the federal Drug Enforcement Agency (DEA) in 21 CFR Section 1301. An Opioid Treatment Program requires federal and state approval.</p>	<p>(ad) “Substance use disorder outpatient program” is an Office certified program which provides outpatient services that assist individuals with a substance use disorder and their family members and/or significant others and may also provide outpatient rehabilitation services and/or intensive outpatient services (IOS); and sites where addiction medications are administered to treat opioid use disorder, as well as other SUDs following one or more medical treatment protocols as defined in this Part. This term encompasses medical and comprehensive support services including counseling, educational and vocational rehabilitation. The term also includes the Narcotic Treatment Program (NTP) as defined by the federal Drug Enforcement Agency (DEA) in 21 CFR Section 1301. An NTP or Opioid Treatment Program (OTP) requires federal and state approval.</p>	822.5ad
822.5m	<p>(m) “Complex care coordination” is a service provided to or on behalf of a patient when a critical event occurs, or the patient’s condition requires significant coordination with other service providers. Complex care coordination is distinguished from routine case coordination and must occur within five working days of another service.</p>	<p>(k) “Complex care coordination” is an ancillary service provided to a patient when a critical event occurs, or the individual’s condition requires significant coordination with other service providers. Complex care coordination is distinguished from routine case coordination activities.</p>	822.5k

Section	Previous requirements	Amended requirements	Section
822.5n	(n) "Continuing care treatment" is a treatment protocol that offers clinical support for the ongoing disease management needs of patients. Patients have completed the goals of active treatment or an opioid full agonist taper and are admitted to continuing care.	(l) "Continuing care treatment" is a treatment protocol that offers clinical support for the ongoing disease management needs of patients. Patients have either completed the goals of active treatment and are discharged with referral to continuing care or opt for continuing care any time after discharge.	822.5l
822.5p/822.5ab	(p) "Initial services" are services provided between admission and the development of the treatment/recovery plan, focusing on issues that need to be addressed to ensure successful engagement in treatment and any other urgent or emergent issues. Initial services address priority goals based on presenting problem(s) identified during the patient's admission assessment and provide focus for the critical period of treatment engagement. (ab) "Pre-admission services" include services to prospective clients, including family members or significant others, provided in order to engage, assess and stabilize immediate needs. They may include peer support, brief intervention, assessment, medication management, and individual counseling.	(o) "Initial services or pre-admission services" are services prior to admission as the first step in developing a treatment/recovery plan, focusing on issues that need to be addressed to ensure successful engagement and admission into treatment and any other urgent or emergent issues. Initial/pre-admission services address priority goals based on presenting problem(s) identified during the patient's assessment and provide focus for the critical period of treatment engagement. Services which may be delivered preadmission will be identified by the Office.	822.5o
822.5z	(z) "Patient centered" is a collaborative care approach to individualized treatment resulting in a treatment/recovery plan that is respectful of the patient's needs and choices. It is guided by patients and	(y) "Person centered care" is a collaborative care approach to individualized treatment resulting in the development of treatment/recovery plan goals and service provision that is respectful of the patient's	822.5y

Section	Previous requirements	Amended requirements	Section
	<p>produced in partnership with care providers for treatment and recovery. It supports patient preferences and a recovery orientation.</p>	<p>needs and choices. It is guided by patients and produced in partnership with care providers for treatment and recovery. Person and family centered care planning is strength-based and focuses on individual capacities, preferences, and goals. It supports patient preferences and a recovery orientation and is developed within the professional responsibilities of providers and care teams.</p>	
		<p>(z) "Progress note" is documentation of each service delivered and serves as the treatment/recovery plan as it evolves to support person centered goals and ongoing service and care planning. Progress notes identify patient's clinical status, type of services, and may also include updates to goals, methods of treatment and types of services provided and includes challenges and achievements identified.</p>	822.5z
822.5af	<p>(af) "Treatment/recovery plan" is the plan developed by clinical staff with the patient and based on the admission assessment and initial services.</p>	<p>(af) "Treatment/recovery plan" is the plan developed by clinical staff with the patient and based on the admission assessment and initial services and includes goals, type and frequency of services and methods. Treatment/recovery plans shall be regularly updated using progress notes.</p>	822.5af

Section	Previous requirements	Amended requirements	Section
822.7a8i	<p>(i) In determining certified capacity for a program offering opioid full-agonist treatment medications, programs may exclude patients confirmed to be maintained on appropriate medications in hospital, nursing home or correctional facility and are expected to return to the program within 12 months upon discharge from such facility; (ii) Programs may include patients previously deemed ineligible for admission for reasons other than behavioral concerns.</p>	<p>(9) Certified Capacity. In determining certified capacity for an OTP, such programs may: (i) Exclude patients confirmed to be maintained on appropriate medications in a hospital, nursing home or correctional facility and who are expected to return to the program within 12 months upon discharge from such facility; (ii) Programs may include patients previously deemed ineligible for admission for reasons other than behavioral concerns; (iii) Exclude patients maintained on buprenorphine or naltrexone; in continuing care not receiving medication; or, enrolled in auxiliary withdrawal management; and (iv) Exclude a significant other(s).</p>	822.7a9
822.7f5i-v	<p>(f) Required services. Each program must directly provide the following: (1) admission assessment, including, if clinically indicated, a screen for problem gambling; (2) treatment/recovery planning and review; (3) trauma-informed individual and group counseling; (4) medication assisted treatment; (5) toxicology testing (not required for significant others unless clinically indicated): (i) Each program must conduct toxicology tests to be determined by the provider as clinically appropriate. At least eight random toxicology tests must be conducted per year, per patient in programs providing opioid full-agonist</p>	<p>(f) Required services. Each program must directly provide the following: (1) admission assessment, including, if clinically indicated, a screen for problem gambling; (2) treatment/recovery planning and review; (3) trauma-informed individual and group counseling; (4) medication assisted treatment; (5) toxicology testing (not required for significant others unless clinically indicated): (i) Each program must conduct toxicology tests to be determined by the provider as clinically appropriate provided, however, at least eight random toxicology tests must be conducted per year for each patient in an OTP. (ii) Each</p>	822.7f5i-iv

Section	Previous requirements	Amended requirements	Section
	<p>treatment, as clinically appropriate or as required by federal law. (ii) Each program must review and discuss with the patient the toxicology result. (iii) Each program must implement procedures, such as random collection of samples, to effectively minimize the possibility of false samples. (iv) Laboratories used for toxicology testing must be approved by the New York State Department of Health or, in the City of New York, the New York City Department of Health and Mental Hygiene. (v) Each program must use a method approved by the Food and Drug Administration (FDA) and Center for Substance Abuse Treatment (CSAT) for toxicology testing.</p>	<p>program must review and discuss with the patient the toxicology result. (iii) Laboratories used for toxicology testing must be approved by the New York State Department of Health or, in the City of New York, the New York City Department of Health and Mental Hygiene. (iv) Each program must use a method approved by the Food and Drug Administration (FDA) and Center for Substance Abuse Treatment (CSAT) for toxicology testing.</p>	
822.7f7	(7) medication administration and observation and medication management;	(7) medication administration and observation; (8) medication management;	822.7f7-8
822.7j5ii	(ii) patients' stability in treatment.	(ii) patients' stability and progress in treatment.	822.7j5ii
822.7j6	(6) Full-time staffing requirements. There must be at least one full-time Credentialed Alcoholism and Substance Abuse Counselor (CASAC); and there must be at least one full-time qualified health professional, as defined in Part 800 of this Title, qualified in a discipline other than substance use disorder counseling.	(6) Full-time staffing requirements. There must be at least one full-time Credentialed Alcoholism and Substance Abuse Counselor (CASAC); and there must be at least one full-time qualified health professional, as defined in Part 800 of this Title, qualified in a discipline other than substance use disorder counseling, that maintains a professional license other than a CASAC.	822.7j6

Section	Previous requirements	Amended requirements	Section
		(6) A clinical or non-clinical staff person shall be identified to serve as the program's Lesbian, Gay, Bisexual, Transgender, Questioning/Queer (LGBTQ) liaison.	822.7k6

Case record vs Patient records/treatment planning			
822.10a	All programs must maintain a case record (either electronic or paper) for each patient who receives services. The case record must demonstrate a chronological pattern of delivered medical and treatment services consistent with the patient's prior treatment history, if any, and the patient's evolving treatment/recovery plan	(a) General requirements for all patient records. All programs must maintain a patient record (either electronic or paper) for each patient who receives services. The patient record must demonstrate a chronological pattern of delivered medical and treatment services consistent with the patient's prior treatment history, if any, and the patient's evolving treatment/recovery plan, updated regularly through progress notes.	822.8a
822.10b1	(1) a notation that, prior to the first treatment visit, the patient received a copy of the program's rules and regulations, including patient's rights (Part 815) and a summary of the federal confidentiality requirements, that such rules and regulations were discussed with the patient, and that the patient indicated he/she understood them;	(2) a notation that, prior to the first treatment visit, the patient received a copy of the program's rules and regulations, including patient's rights (Part 815) and a summary of the federal confidentiality requirements, that such rules and regulations were discussed with the patient, including their ability to designate individuals to be notified in case of an emergency and that the patient indicated he/she understood them;	822.8a2
822.10b3	(3) any clinical or non-clinical documentation or determination applicable to the delivery of medical and treatment services for a	(3) any clinical or non-clinical documentation or determination applicable to the delivery of medical and treatment services for a patient	822.8a3

Section	Previous requirements	Amended requirements	Section
	particular patient and/or supporting the patient's evolving treatment/recovery plan;	and/or supporting the patient's evolving treatment/recovery plan;	
822.10b4	(4) the individual treatment/recovery plan and all reviews and updates thereto;	(4) the individual treatment/recovery plan and all reviews and updates thereto through progress notes;	822.8a4
822.10b6	(6) documentation of services in accordance with 822.11	(6) documentation of services in accordance with this Part;	822.8a6
822.10b7	(7) documentation of level of care determinations using the OASAS level of care protocol;	(7) documentation of level of care determinations using the OASAS level of care protocol for admission and level of care transition;	822.8a7
822.10b8	(8) discharge plan and summary , including the circumstances of the discharge;	(8) transition planning, including medication list, circumstances/reason, and referrals made;	822.8a8
822.10c	In addition to the requirements of subdivision (b) of this section case records must also include, documented within 30 days of occurrence unless otherwise specified;		
822.10c4	(4) include an order sheet that is displayed in the case record and signed (physical or electronic signature) by any medical professional licensed under the appropriate state law authorizing such change and noting the date for each approved medication order and dose change	(13) include an order sheet that is displayed in the patient record and signed (physical or electronic signature) by any medical professional licensed under the appropriate state law authorizing such change and noting the date for each approved medication order and dose change	822.8a13
822.10c5	discharge information, including but not limited to, a complete medication list, reason for discharge and any referrals made.		
822.10d	Transfers If patients are transferred between a chemical dependence outpatient program and outpatient rehabilitation	(n) Transfers. If patients are transferred between a SUD outpatient program and outpatient rehabilitation services within the	822.8n

Section	Previous requirements	Amended requirements	Section
	services within the same provider, a single case record may be maintained provided that it includes clinical justification for the transfer, the effective date of the transfer and a revised treatment/recovery plan, signed (physical or electronic signature) by a clinical staff member and their supervisor within seven (7) days of the transfer.	same provider, a single patient record may be maintained provided that it includes clinical justification for the transfer, the effective date of the transfer and a revised treatment/recovery plan, if necessary, signed (physical or electronic signature) by a clinical staff member and their supervisor.	
822.10e	Confidentiality. Case records maintained by the program are confidential and may only be disclosed consistent with the Health Insurance Portability and Accountability Act (HIPAA) and the federal regulations governing the confidentiality of alcohol and drug abuse patients' records as set forth in 42 CFR Part 2 and other applicable law.	(o) Confidentiality. Patient records maintained by the program are confidential and may only be disclosed consistent with the Health Insurance Portability and Accountability Act (HIPAA) and the federal regulations governing the confidentiality of patients' records as set forth in 42 CFR Part 2 and other applicable law.	822.8o
822.10f	Records retention. Case records must be retained for six (6) years after the date of discharge or last contact, or three (3) years after the patient reaches the age of eighteen, whichever time period is longer.	(p) Records retention. Patient records must be retained for six (6) years after the date of discharge or last contact, or three (3) years after the patient reaches the age of eighteen, whichever time period is longer.	822.8p
822.10g	Patient deaths. If a patient dies while in active treatment any known details must be documented in the case record.	(q) Patient deaths. If a patient dies while in active treatment any known details must be documented in the patient record	822.8q

Section	Previous requirements	Amended requirements	Section
Admission, Initial Services, Transfers and Readmissions to Patient record/treatment planning			
822.8a1	(1) The admission assessment or decision to admit must include identification of initial services needed until the development of the treatment/recovery plan.	(c) "Admission assessment" is a service between a prospective patient and clinical staff for the purpose of determining a preliminary diagnosis, appropriateness for service, person-centered initial plan of treatment, including type(s) of services and frequency of services.	822.5c
		(3) any clinical or non-clinical documentation or determination applicable to the delivery of medical and treatment services for a patient and/or supporting the patient's evolving treatment/recovery plan;	822.8a3
822.8a4	(4) The decision to admit an individual must be made by a clinical staff member who is a qualified health professional and must be documented by the dated signature (physical or electronic signature) of the qualified health professional and include the basis for admitting the patient	(3) Documentation of admission must: (iii) be made by a clinical staff member who is a qualified health professional and must be documented by the dated signature (physical or electronic) of the qualified health professional working within their scope of practice and include the basis for admitting the patient; and (iv) be approved by the dated signature (physical electronic) of a physician, physician's assistant, nurse practitioner, licensed psychologist, or licensed clinical social worker.	822.8b3
822.8a5	(5) Notwithstanding subdivision (b) of this section, patients admitted to a program providing opioid full agonist medication must be documented to have a minimum 12-month opioid use disorder confirmed by a complete physical examination;	(2) In order to administer the first medication dose, a patient must have an in-person evaluation, including a physical evaluation, to determine that they have had a physiological dependence on opioids for at least the previous 12-month period, and	822.8e2

Section	Previous requirements	Amended requirements	Section
	admission is by a physician only who also provides the initial medication dose.	must diagnose and document such, provided however:	
822.8a6	(6) If the presenting individual is determined to be inappropriate for admission to the program, a referral and connection to a more appropriate service must be made, unless the individual is already receiving chemical dependence services from another provider. Individuals deemed ineligible for admission must be informed of the reason	(5) If the presenting individual is determined to be inappropriate for admission to the program, a referral and connection to a more appropriate service must be made, unless the individual is already receiving substance use disorder services from another provider. Individuals deemed ineligible for admission must be informed of the reason.	822.8b5
822.8a7	(7) No individual may be denied admission to a program based solely on the individual's: (i) prior treatment history; (ii) referral source; (iii) pregnancy; (iv) history of contact with the criminal justice system; (v) HIV and AIDS status; (vi) physical or mental disability; (vii) lack of cooperation by significant others in the treatment process; (viii) toxicology test results; or (ix) use of medications for opioid dependence prescribed and monitored by a physician, physician's assistant or nurse practitioner.	(6) No individual that meets level of care criteria may be denied admission to a program based solely on the individual's: (i) prior treatment history; (ii) referral source; (iii) pregnancy; (iv) history of contact with the criminal justice system; (v) HIV and AIDS status; (vi) physical or mental disability; (vii) lack of cooperation by significant others in the treatment process; (viii) toxicology test results; (ix) use of any illicit or prescribed substance, including but not limited to, benzodiazepines; or (x) use of medications for substance use disorder prescribed and monitored by a physician, physician's assistant or nurse practitioner.	822.8a6
822.8a7	Note misnumbering – two (a)(7)s		
		(ii) For a significant other, the program must document that the individual is determined to have a diagnosis consistent with the presenting concerns related to a close	822.8b1ii

Section	Previous requirements	Amended requirements	Section
		relationship with someone who has a substance use disorder.	
	This section was previously 822.8b Post-admission		
		(iii) screened for co-occurring mental health conditions and behavioral health risk including suicide risk using validated screening instruments approved by the Office.	822.8c1(iii)
822.8b4	(4) For those patients who have not had a physical examination within one year prior to admission, each such patient must either be assessed face-to-face by a member of the medical staff to ascertain the need for a physical examination or referred for a physical examination. For those patients who have had a physical examination within one year prior to admission, or for those patients being admitted directly to the outpatient program from another chemical dependence service authorized by the Office, the existing medical history and physical examination documentation may be used to comply with the requirements of this subdivision, provided such documentation has been reviewed by a medical staff member and determined to be current. Notwithstanding the foregoing, the following shall be offered regardless of a documented history within the previous twelve months: HIV and viral hepatitis testing.	(4) For those patients who have not had a physical examination within one year prior to admission, each such patient must either be assessed by a member of the medical staff to ascertain the need for a physical examination or referred for a physical examination. For those patients who have had a physical examination within one year prior to admission, or for those patients being admitted directly to the outpatient program from another substance use disorder service authorized by the Office, the existing medical history and physical examination documentation may be used to comply with the requirements of this subdivision, provided such documentation has been reviewed by a medical staff member and determined to be current. Notwithstanding the foregoing, HIV and viral hepatitis testing shall be offered regardless of a documented history within the previous twelve months. OTPs are exempt from this requirement but must	822.8c4

Section	Previous requirements	Amended requirements	Section
		provide physical examinations in accordance with federal rules. Removed reference to face to face and exempt OTPs from this provision (federal rules re physical exams upon admission to OTP)	
822.8c	(c) Additional admission requirements for outpatient rehabilitation services. In addition to the requirements of paragraph (a) of this section, an individual must also meet the criteria in Section 822.15 of this Part to be admitted to an outpatient rehabilitation service.	(d) Additional admission requirements for outpatient rehabilitation services. In addition to the requirements of paragraph (a) of this section, an individual must also meet the criteria in Section 822.10 of this Part to be admitted to an outpatient rehabilitation service.	822.8d
822.8d	(d) Additional admission requirements for a program providing opioid full agonist treatment medications	(e) Additional admission requirements for OTPs.	822.8e
822.8d1	(1) The decision to admit a prospective patient for treatment is finalized on the date of administration of the initial approved medication dose after satisfaction of all applicable requirements of this Part. Prospective patients with a chronic immune deficiency or prospective patients who are pregnant and have a current opioid or past opioid dependency must be screened and admitted on a priority basis. No person under the age of 16 may be admitted without the prior approval of the Office.	(1) The decision to admit a prospective patient for treatment is finalized on the date of administration or prescription of the initial approved medication dose after satisfaction of all applicable requirements of this Part. Prospective patients with a chronic immune deficiency or prospective patients who are pregnant and have a current opioid or past opioid dependency must be screened and admitted on a priority basis. No person under the age of 16 may be admitted without the prior approval of the Office. The following requirements must be met for an individual to be admitted: Decision to admit is finalized on the date of administration or prescription	822.8e1

Section	Previous requirements	Amended requirements	Section
822.8d2ii	(ii) a prospective patient who is less than 18 years of age may be admitted if such patient has had at least two prior treatment episodes within a 12-month period and a dependence on opioids for a minimum period of twenty-four (24) months;	(ii) a prospective patient who is less than 18 years of age may be admitted if such patient has had at least two prior treatment episodes within a 12-month period and a dependence on opioids; Requirement of 24 month dependence on opioids for under 16 removed as admission requirement	822.8e2b(ii)
822.d3	(3) A physician must ensure that prior to first dose; the prospective patient is provided and signs (physical or electronic signature) an informed written consent to participate in opioid treatment, which shall include notice of the risks and benefits of a prescribed medicine.	(3) A physician, or other practitioner with federal approval , must ensure that prior to first dose, the prospective patient is provided and signs (physical or electronic signature) an informed written consent to participate in an opioid treatment program, which shall include notice of the risks and benefits of a prescribed medicine. Added reference to other practitioner with federal approval	822.8e3
822.8f	(f) Transfers between programs providing opioid full agonist medications. (1) Each program must develop procedures regarding the transfer of patients which must ensure that the program shall	(g) Transfers between OTPs . (1) Each program must develop procedures regarding the transfer of patients which must ensure that the program shall	822.8g
822.8fii	(ii) not include “temporary-to-permanent” conditions;	(ii) not include “temporary-to-permanent” conditions, whereby a patient is temporarily provided guest medication and then evaluated as to whether or not the OTP will permanently admit, unless otherwise authorized by the Office; Added description of temporary to permanent conditions	822.8g1(ii)

Section	Previous requirements	Amended requirements	Section
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Treatment Recovery Plan			
822.9a	(a) Each patient must have a written person-centered treatment/recovery plan developed by the clinical staff and patient as soon as possible after admission but not later than thirty (30) calendar days after admission	(h) Treatment/recovery plan. (1) Each patient must have a written person-centered treatment/recovery plan developed by the clinical staff person with primary responsibility for the patient, in collaboration with the patient and anyone identified by the patient as supportive to recovery goals. The treatment/recovery plan begins with the assessment incorporated into the patient record and is regularly updated with progress notes.	822.8h1
822.9a2	(2) For patients moving directly from one program to another, the existing treatment/recovery plan may be used if there is documentation that it has been reviewed and, if necessary, updated within fourteen (14) days of transfer.	(ii) Immediate transfer: For patients moving directly from one program to another, the existing treatment/recovery plan may be used if there is documentation that it has been reviewed and, if necessary, updated to reflect patient goals as appropriate. Removed 14 day time period	822.8h1(ii)
822.9b	(b) The treatment/recovery plan must: (1) include each diagnosis for which the patient is being treated; (2) address patient identified problem areas specified in the admission assessment and concerns which may have been identified subsequent to admission, and identify methods and treatment approaches that will be utilized to achieve the goals developed by the patient and primary counselor; (3) identify a single member of the clinical staff responsible for coordinating and managing the patient's treatment who shall approve and sign	(2) The treatment/recovery plan must: (i) include the assessment , which identifies each diagnosis for which the patient is being treated; (ii) be incorporated into the patient record through regular progress notes , including initial services to be offered prior to completion of the initial assessment; (iii) address patient goals as identified through the assessment process and regularly updated as needed through progress notes; (iv) identify a single member of the clinical staff responsible for coordinating and managing the patient's	822.8h2

Section	Previous requirements	Amended requirements	Section
	<p>(physical or electronic signature) such plan; (4) any significant medical issues identified prior to or after admission; and (5) be reviewed, approved and signed (physical or electronic signature) within 10 days of the development of the treatment plan by either a physician, physician's assistant, licensed psychologist, nurse practitioner, or licensed clinical social worker.</p>	<p>treatment who shall approve and sign (physical or electronic signature) such plan; (v) reference to any significant medical and psychiatric issues, including all medications, by acknowledging review of medical/psychiatric assessment and progress notes, as well as coordination with mental and psychiatric providers; and (vi) be reviewed and approved by the clinical staff person responsible for developing the plan, the patient and the clinical supervisor</p>	
822.9c	<p>(c) Continuing review of treatment/recovery plans. The treatment/recovery plan must be reviewed, and revised if necessary, at least once within every ninety (90) calendar days from the date of admission for the first year and at least once within every 180 calendar day window period thereafter. Reviews should occur more frequently when a patient is not responding to treatment as planned or if a significant incident occurs. Reviews of the treatment plan shall be signed (physical or electronic signature) by either a physician, physician's assistant, licensed psychologist, nurse practitioner, or licensed clinical social worker.</p>	<p>(i) Continuing review of treatment/recovery plans. The treatment/recovery plan must be reviewed through the ongoing assessment process and regular progress notes.</p>	822.8i
		<p>(j) Progress Notes. Progress notes are intended to document the patient's clinical status. Service delivery should be documented in the patient record through regular progress notes that include, unless otherwise indicated, the type, content,</p>	822.8j

Section	Previous requirements	Amended requirements	Section
		duration and outcome of each service delivered to or on behalf of a patient, described and verified as follows: (1) be written and signed (physical or electronic signature) by the staff member providing the service; (2) indicate the date the service was delivered; (3) record the relationship to the patient's developing treatment goals described in the treatment/recovery plan; and (4) include, as appropriate and relevant, any recommendations, communications, or determinations for initial, continued or revised patient goals and/or treatment.	
822.9e	(e) Referrals and Readmissions. If a patient is referred directly to the program from another service certified by the Office, including an office-approved DWI provider/practitioner, or is readmitted to the same program within sixty (60) days of discharge, any assessment created by such provider may be used, provided documentation is maintained demonstrating a review and update. Referrals + readmissions – this was deleted – should we issue guidance?		
822.9f	(f) Pregnancies. Treatment/recovery plans must include provisions for pre-natal care for all patients who are pregnant or become pregnant. If a pregnant patient refuses or fails to obtain such care, the provider must have the patient acknowledge in writing that	(l) Pregnancies. Treatment/recovery plans must include provisions for pre-natal care for all patients who are pregnant or become pregnant. If a pregnant patient refuses or fails to obtain such care, the provider must have the patient acknowledge in writing	822.8l



Section	Previous requirements	Amended requirements	Section
	pre-natal care was offered, recommended, and refused.	that pre-natal care was offered, recommended, and refused. The program should also offer to develop a plan of safe care with the patient and anyone identified by the patient, such offer should be noted in the patient record.	

Documentation of Services – this section was deleted and integrated into the documentation of admission, treatment/recovery plan and progress notes sections which all contain requirements for documentation of services delivered

Level of Care Transition/Discharge planning to Patient records/treatment planning			
822.12a	(a) Level of care transition or discharge criteria		822.8r
		Added discharge after 60 days no contact unless documentation to continue	822.8r1
822.12a1	(1) Individuals entering treatment should progress by meeting treatment milestones including: stabilization; engagement; goal setting; and attainment of patient-centered goals. Individuals should be considered for level of care transitions once they have stabilized and attained the support necessary to support their goals. If an individual leaving treatment expresses a preference for a level of care or services that preference should be included in the patient record.	(2) Individuals entering treatment should progress by meeting treatment milestones including: stabilization; engagement; goal setting; and attainment of patient-centered goals. Individuals should be considered for transitions to the community or another level of care once they have stabilized and attained the support necessary to support their goals. If an individual leaving treatment expresses a preference for a level of care or services that preference should be included in the patient record.	822.8r2

Section	Previous requirements	Amended requirements	Section
822.12b	(b) Level of care transition plan. (1) A transition plan must be developed in collaboration with the patient and any collateral person(s) the patient chooses to involve. Such plan shall specify needed referrals with appointment dates and times, all known medications (including frequency and dosage) and recommendations for continued care.	(4) Transition plan. (i) A transition plan must be developed in collaboration with the patient and any collateral person(s) the patient chooses to involve. Such plan shall specify needed referrals with appointment dates and times, all known medications (including frequency and dosage) and recommendations for continued care.	822.8r4
822.12d	(d) Within forty-five (45) days of the patient leaving treatment, a summary must be prepared and included in each patient's record. Removed requirement for discharge summary to be included in patient record within 45 days		

Continuing Care			
822.13(c)-(d)	(c) Individuals in continuing care may receive counseling or peer services. (d) Individuals in continuing care may receive rehabilitative support services including case management and medication management services as needed.	(2) Individuals in continuing care may receive counseling or peer services, rehabilitative support services including case management and medication management services as needed.	822.8s2
822.13e	(e) Persons receiving opioid full agonist medication treatment are not appropriate for continuing care as defined herein.	(3) Patients receiving OTP services are not appropriate for continuing care as defined herein Allows continuing care for OTP patients who are using addiction medicines other than methadone	822.8s3

Section	Previous requirements	Amended requirements	Section
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Additional Locations			
822.14a	(a) A certified provider of an outpatient program may operate at one or more additional locations with the approval of the commissioner pursuant to Part 810 of this Title. For purposes of this section, an “additional location” is a provider site providing chemical dependence outpatient treatment services which reports to a primary certified program for its operation, administration and supervisory activities.	(a) A certified provider of an outpatient program may operate at one or more additional locations with the approval of the commissioner pursuant to Part 810 of this Title. For purposes of this section, an “additional location” is a provider site providing outpatient addiction treatment services which reports to a primary certified program for its operation, administration, and supervisory activities.	822.9a
		(c) Opioid Treatment Programs must comply with federal statutes, regulations, and guidance regarding the development of additional locations and are not subject to the provisions of 822.7(f) of this Chapter. Added – OTP additional locations subject to federal rules and not subject to 822.7(f)	822.9c

Additional Requirements for Outpatient Rehabilitation			
822.15b	(b) As defined in 822.6 of this Part, outpatient rehabilitation services for individuals with more chronic conditions emphasize development of basic skills in prevocational and vocational competencies, personal care, nutrition, and community competency. The individual must have an inadequate support system and either	(b) As defined in 822.5 of this Part, outpatient rehabilitation services for individuals with more chronic conditions emphasize development of basic skills in prevocational and vocational competencies, personal care, nutrition, and community competency. The individual must have an inadequate support system and either	822.10b

Section	Previous requirements	Amended requirements	Section
	substantial deficits in interpersonal and functional skills or health care needs requiring attention or monitoring by health care staff. These services are provided in combination with all other clinical services provided by programs. It is expected that services will be provided three to five days per week for at least four hours per day.	substantial deficits in interpersonal and functional skills or health care needs requiring attention or monitoring by health care staff. These services are provided in combination with all other clinical services provided by programs. It is expected that services will be provided three to five days per week for at least two hours per day.	
822.15f	(f) A provider of outpatient rehabilitation services must assure the availability of one meal to each patient who receives outpatient rehabilitation services for four or more hours per day.	(f) A provider of outpatient rehabilitation services must assure the availability of one meal to each patient who receives outpatient rehabilitation services.	822.10f

Additional requirements for Opioid Treatment Programs			
822.16b1	(b) Medication administration. (1) A physician must determine a patient's initial medication dose and schedule of administration and document such orders in the patient's record.	(b) Medication administration. (1) A physician must determine a patient's initial medication dose and schedule of administration and document such orders in the patient's record. Another designated practitioner, such as a nurse practitioner or physician's assistant may determine a patient's initial medication dose and schedule of administration if a federal waiver has been approved. Added reference to additional practitioner ability subject to federal waiver	822.11b1
822.16b3	(3) Patients must be properly stabilized with a therapeutic dose of approved medications; a therapeutic dose means an amount sufficient to maintain comfort for at least	(3) Patients must be properly stabilized with a therapeutic dose of approved medications; a therapeutic dose means an amount sufficient to maintain comfort for at least	822.11b3

Section	Previous requirements	Amended requirements	Section
	<p>twenty-four (24) hours, alleviate opioid craving and stop continued opioid use. To assure effectiveness, measuring plasma levels and/or administering split medication doses, and/or conducting psychiatric evaluations may be considered as clinically indicated. Split medication doses require prior Office approval. Tests for plasma levels must be taken prior to a request to the Office for split dosing.</p>	<p>twenty-four (24) hours, alleviate opioid craving and stop continued opioid use. Split medication doses require prior Office approval. Removed reference to measuring plasma levels</p>	
822.16b4	<p>(4) If any medical staff member observes any condition or behavior on the part of a patient that may contraindicate a regularly scheduled dose of an opioid full agonist medication, such staff member must contact the prescribing professional immediately and advise of the patient's condition which may warrant an approved medication delay, withholding or adjustment. The prescribing professional must: (i) approve any medication delay, withholding or adjustment; and (ii) provide follow up consistent with emergency verbal orders as otherwise required by this section.</p>	<p>(4) If any medical staff member observes any condition or behavior on the part of a patient that may contraindicate a regularly scheduled dose of medication, such staff member must contact the prescribing professional immediately and advise of the patient's condition which may warrant an approved medication delay, withholding or adjustment. The prescribing professional must: (i) approve any medication delay, withholding or adjustment; and (ii) provide follow up consistent with emergency verbal orders as otherwise required by this section.</p>	822.11b4
822.16c3	<p>(3) A physician must review and confirm the appropriateness for take-home medication. Patients may be granted take-home medication pursuant to clinical consideration of federal criteria including time-in-treatment.</p>	<p>(2) Each patient's take-home schedule must comply with the federal regulatory time in treatment requirements (42 CFR Part 8.12), unless there is a clinical justification that takes into consideration the federal eight (8) point criteria, as to why the person is not stable enough to be granted the applicable take home schedule. The Medical Director</p>	822.11c2

Section	Previous requirements	Amended requirements	Section
		<p>must review and confirm the appropriateness for take-home medication. Federal time in treatment criteria do not apply to the provision of buprenorphine or naltrexone. Amended to require medical director to make take-home decision and reference federal time-in-treatment criteria for determining take-home decisions</p>	
822.16d2	<p>(2) Immediately after administration, drug containers must be purged by rinsing, inversion, or by an acceptable alternative method that must effectively prevent the accumulation of residual medication. Containers used in the program or for take-home medications may not be reused and must be destroyed. Each program must assure patients' take-home bottles and used containers are disposed of properly. Patients should return take-home bottles before receiving any subsequent take-home medication.</p>	<p>(2) Immediately after administration, drug containers must be purged by rinsing, inversion, or by an acceptable alternative method that must effectively prevent the accumulation of residual medication. Containers used in the program or for take-home medications must be in child resistant packaging, may not be reused and must be destroyed. Each program must assure patients' take-home bottles and used containers are disposed of properly. Patients should return take-home bottles before receiving any subsequent take-home medication. Added requirement that take-home containers be in child-resistant packaging</p>	822.11d2
822.16f	<p>(f) Opioid taper. (1) Voluntary Taper. Each program must provide an opioid taper at the program or arrange for taper at another program or in a facility approved to provide tapering as is medically and clinically appropriate: (i) Patients may request a voluntary taper at any time and may discuss</p>	<p>(f) Opioid taper. (1) MAT is the standard of care for OUD; however, an opioid taper may be appropriate in limited clinical situations and upon patient request. (2) Voluntary Taper. Each program must provide an opioid taper at the program or arrange for taper at another program or in a facility</p>	822.11f



Section	Previous requirements	Amended requirements	Section
	<p>reasons and circumstances with program staff who must provide clinical feedback regarding patient readiness. No reasonable request shall be denied; (ii) Each program must administer a voluntary taper at a pace tailored to the patient's individual needs, based on clinical judgment, medical evaluation, patient input and feedback at the start of the taper and continuously throughout.</p>	<p>approved to provide tapering as is medically and clinically appropriate: (i) Patients may request a voluntary taper at any time and may discuss reasons and circumstances with program staff who must provide clinical feedback regarding patient readiness. No reasonable request shall be denied; (ii) Each program must administer a voluntary taper at a pace tailored to the patient's individual needs, based on clinical judgment, medical evaluation, patient input and feedback at the start of the taper and continuously throughout. Added: MAT is standard of care for OUD – opioid taper subject to clinical appropriateness and patient request</p>	