PART 819

SUBSTANCE USE DISORDER [~~CHEMICAL DEPENDENCE~~] RESIDENTIAL SERVICES

(Statutory Authority: Mental Hygiene Law Sections 19.07(e), 19.09(b), 19.40, 32.01, 32.07(a))

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Section 819.1 Legal base.

(a) Section 19.07(e) of the Mental Hygiene Law authorizes the Commissioner of the Office of **Addiction Services and Supports** [Alcoholism and Substance Abuse Services] to adopt standards including necessary rules and regulations pertaining to **substance use disorder** [~~chemical dependence~~] services.

(b) Section 19.09(b) of the Mental Hygiene Law authorizes the Commissioner of the Office of **Addiction Services and Supports** [~~Alcoholism and Substance Abuse Services~~] to adopt regulations necessary and proper to implement any matter under **their** [~~his or her~~] jurisdiction.

(c) Section 19.40 of the Mental Hygiene Law authorizes the Commissioner of the Office **of Addiction Services and Supports** [~~Alcoholism and Substance Abuse Services~~] to issue operating certificates for the provision of **substance use disorder** [~~chemical dependence~~] services.

(d) Section 32.01 of the Mental Hygiene Law authorizes the Commissioner of the Office of **Addiction Services and Supports** [~~Alcoholism and Substance Abuse Services~~] to adopt any regulation reasonably necessary to implement and [~~effectively~~] exercise **effectively** the powers and perform the duties conferred by Article 32 of the Mental Hygiene Law.

(e) Section 32.07(a) of the Mental Hygiene Law authorizes the Commissioner of the Office of **Addiction Services and Supports** [~~Alcoholism and Substance Abuse Services~~] to adopt regulations to effectuate the provisions and purposes of Article 32 of the Mental Hygiene Law.

819.2 Definitions [~~Standards applicable to all residential service providers.~~]
For purposes of this Part, the following definitions are applicable:
(a) Substance use disorder residential service or residential service means a substance use disorder residential service providing an array of services for persons with substance use disorders, which may be provided directly or through cooperative relationships with other community service providers.

(b) Levels of service. There are three levels of service that can be offered in a residential setting which are distinguished by the complement of services available on site as well as the functional capacity of the patient served in each setting:

~~[(a) For purposes of this Part, Chemical dependence residential service or residential service means a chemical dependence residential service providing an array of services for persons [suffering from chemical dependence. Such services may be provided directly or through cooperative relationships with other community service providers. This Part applies to any entity certified by the Office to provide a chemical dependence residential service and governs all residential programs formerly certified by the Division of Alcoholism and Alcohol Abuse and/or the Office pursuant to Part 375 of this Title and all residential programs formerly licensed by the Division of Substance Abuse Services and/or the Office pursuant to Part 1030 of this Title. There are three levels of service that can be offered in a residential setting: intensive residential rehabilitation services, community residential services, and supportive living services. Each is distinguished by the complement of services available on site as well as the degree of dysfunction of the individual served in each setting. The three levels of residential services are defined as follows:]~~

(1) Intensive residential rehabilitation services means **substance use disorder** residential services requiring twenty four hours a day, seven days per week treatment in a structured environment for individuals whose potential for independent living in recovery is contingent upon [~~substantial~~] social habilitation or rehabilitation. An integral part of this service is the case management of additional services from other providers that are needed by the resident. This level of residential service requires established written agreements with other appropriately certified providers to furnish **physical and mental** [~~psychiatric and~~] health **treatment [~~care~~]** services, in addition to educational, social and vocational services. These services are appropriate for individuals who require **substance use disorder** [~~chemical dependence~~] services in a residential setting [~~due to previous non-compliance, or relapse, in outpatient service settings~~] as

determined by utilizing the OASAS level of care determination protocol [~~, or their life skills deficits require sustained intensive rehabilitation~~].

(2) Community residential services means **substance use disorder** [~~chemical dependence~~] residential services providing supervised services to persons making the transition to **independent** [~~abstinent~~] living. Persons appropriate for this service require the support of a **substance** [~~drug and alcohol~~]-free environment while receiving either outpatient services or educational and/or vocational services. These transitional residential services are for individuals who are completing or have completed a course of treatment, but who are not [~~yet~~] ready for independent living **yet** due to **unresolved** [~~outstanding~~] clinical issues or unmet needs for personal, social or vocational skills development. These services are appropriate for individuals who require ongoing clinical support.

(3) Supportive living services means **substance use disorder** [~~chemical dependence~~] treatment services which are designed to promote independent living in a supervised setting for individuals who have completed another course of treatment, are making the transition to independent living, and whose need for services does not require staffing on site **twenty-four hours a day** [~~on a twenty-four-hour-a-day basis~~]. These treatment services are for individuals who either require a long-term supportive environment following care in another type of residential service for an undetermined length of stay, or who are in need of a transitional living environment prior to establishing independent community living.

(c) Resident, for purposes of this Part, means the individual admitted to and receiving services from the residential service provider certified pursuant to this Part.

§819.3 Standards applicable to all residential service providers.

(a)[~~(b)~~] The **program sponsor must approve**[~~governing authority shall determine and establish~~] written policies, procedures and methods governing the provision of services to residents **in compliance with Office regulations and guidance** which shall include a description of each service provided, including procedures for making appropriate referrals to and from other services, when necessary. These policies, procedures, and methods[~~, which require review and approval by the governing authority~~], shall address, at a minimum, the following:

(1) **procedures and specific criteria for** admission, retention**, transfers, referrals,** and discharge, [~~including specific criteria relating thereto, as well as transfer procedures~~];

(2) level of care determinations **utilizing the OASAS level of care determination protocol**, comprehensive evaluations, treatment**/recovery** plans, and placement services;

(3) staffing **including, but not limited to, training and the use of students, peers, and** [~~plans, including the use of~~] volunteers**, and appropriate criminal history reviews as otherwise required by this Title**;

(4) **the provision of medical services, including** screening and referral procedures for associated physical [~~or psychiatric~~] conditions;

(5) the provision of psychiatric services, including the use of OASAS approved, validated screening instruments for co-occurring mental health conditions, and referral procedures for associated mental health conditions;

(6) a schedule of fees for services rendered;

[~~(5) the determination of fees for services rendered;~~]

(7) [~~(6)~~] infection control procedures;

[~~(7) public [health education and screening with regard to tuberculosis, sexually transmitted diseases, hepatitis, AIDS and HIV prevention and harm reduction~~];

(8) cooperative agreements with other **substance use disorder** [~~chemical dependence service~~] **treatment** providers and other providers of services that the resident may need;

(9) **compliance with other requirements of applicable local, state, and federal laws and regulations, OASAS guidance documents and standards of care regarding:** [~~a requirement that if acupuncture is provided as an adjunct to the services provided by the service, it must be provided in accordance with Part 830 of this Title;~~]

(i) education, counseling, prevention, and treatment of communicable diseases, including tuberculosis, viral hepatitis, sexually transmitted infections, HIV, and other infectious diseases, in accordance with guidance from the Office. Regarding HIV, such education, counseling, prevention and treatment shall include condom use, testing, and pre- and post-exposure prophylaxis and treatment;

(ii) the use of toxicology tests, in accordance with guidance issued by the Office;

(iii) medication and the use of medication for addiction treatment;

(iv) if acupuncture is provided as an adjunct to the services provided by the program, it must be provided in accordance with Part 830 of this Title.

[~~(10) a requirement that when HIV and AIDS education, testing and counseling are provided, such services must be provided in accordance with Article 27-F of the Public Health Law and this Title;~~]

~~(11) the use of alcohol and other drug screening tests, such as breath testing, urine screening and/or blood tests];~~]

(10) [~~(12)~~] procedures for the ordering, procuring, and disposing of medication, as well as the self-administration of medication;

(11) [~~(13)~~] quality improvement and utilization review;

(12) [~~(14)~~] clinical supervision and related procedures;

(13) [~~(15)~~] procedures for emergencies;

(14) [~~(16)~~] incident reporting and review in accordance with Part 836 of this Title;

(15) [~~(17)~~] record keeping procedures which ensure that documentation is accurate, timely, prepared by appropriate staff, and in conformance with the federal confidentiality regulations contained in 42 Code of Federal Regulations Part 2;

[~~(18) personnel;~~]

(16) [~~(19)~~] procedures by which required educational services are provided for school age children who are in residence as either an individual who is receiving treatment or as part of a family unit; [~~and~~]

(17) [~~(20)~~] procurement, storage, and preparation of food; [~~.~~]**and**

(18) record retention.

(b) Emergency Medical Kit. Pursuant to Part 800 of this Title, all programs must maintain an emergency medical kit at each certified or funded location; such kit must include basic first aid items and naloxone emergency overdose prevention kits sufficient to meet the needs of the program. Programs must develop and implement a plan to have staff and residents, where appropriate, trained in the prescribed use of a naloxone overdose prevention kit such that it is available for use during all program hours of operation, in accordance with guidance from the Office.

(1) All staff and residents should be notified of the existence of the naloxone prevention kit and the authorized administering staff.

(2) Nothing in this Part shall preclude residents from becoming authorized in the administration of the naloxone emergency overdose prevention kit, provided, however, the program director must be notified of the availability of any additional authorized users.

[~~(c) A provider of residential services may provide residential services to an individual who is on methadone or other approved opiate maintenance, or is being detoxified from methadone. Opiate maintenance or detoxification services must be provided through a written agreement with an appropriately certified methadone/opiate provider in accordance with applicable federal and state requirements including, but not limited to, regulations of the federal Center for Substance Abuse Treatment, the United States Drug Enforcement Administration, the New York State Department of Health, and the Office, including but not limited to Part 828 of this Title~~.]

(c) Medication for Addiction Treatment (MAT) for Substance Use Disorder (SUD)

(1) All programs shall maintain a patient with substance use disorder on approved medication, including those federal Food and Drug Administration (FDA) approved medications to treat substance use disorder, if deemed clinically appropriate and in collaboration with the patient's existing provider, and with patient consent, in accordance with federal and state rules and guidance issued by the Office. The program shall

document such contact with the existing program or practitioner prescribing such medications.

(2) To facilitate access to full opioid agonist medication for patients who are maintained on such medication at the time of admission or who choose to start such medication during admission, the program shall develop a formal agreement with at least one Opioid Treatment Program (OTP) certified by the Office to facilitate patient access to full opioid agonist medication, if clinically appropriate. Such agreements shall address the program and the OTPs responsibilities to facilitate patient access to such medication in accordance with guidance issued by the Office.

(3) The program shall provide FDA approved medications to treat substance use disorder to an existing patient or prospective patient seeking admission to an Office certified program in accordance with all federal and state rules and guidance issued by the Office.

(4) The program shall provide education to an existing patient or prospective patient with substance use disorder about approved medications for the treatment of substance use disorder if the patient is not already taking such medications, including the benefits and risks. The program shall document such discussion and the outcome of such discussion, including a patient's preference for or refusal of medication, in the patients record.

(5) The program shall ensure that the patient's discharge plan includes an appointment with a treatment provider or program that can continue the medication post-discharge.

(d) A substance use disorder residential service shall have as its goals: [~~(d) A chemical dependence residential service shall have as its goals:~~

~~(1) the promotion and maintenance of abstinence from alcohol and other mood-altering drugs and substances except those lawfully prescribed by a physician, physician's assistant, or nurse practitioner; however, if a residential service objects to a resident's continued use of such prescribed drugs or substances, the residential service shall document each of the following:~~

~~(i) obtain a signed consent form in accordance with the requirements of 42 Code of Federal Regulations Part 2 which authorizes the release of patient identifying information to the physician, physician's assistant, or nurse practitioner who prescribed the drug or substance to the resident ("the prescribing professional");~~

~~(ii) consult with the prescribing professional to ascertain their knowledge and awareness of the resident's history of chemical dependence, and if the prescribing professional is unaware of the resident's history of chemical dependence, inform the prescribing professional accordingly; and~~

~~(iii) after the required consultation in (ii) above, if the prescribing professional believes that the resident should be permitted to continue to use the drug or substance, the resident must be permitted to continue to use the drug or substance;~~]

(1) [~~(2)~~] the improvement of functioning and development of coping skills necessary to enable the resident to be **treated** safely, adequately and responsibly [~~treated~~] in the least intensive environment; and

(2) [~~(3)~~] the utilization of individualized treatment/**recovery** [~~service~~] plans to support the maintenance of recovery and the attainment of self-sufficiency, including, where appropriate, the ability to be [~~functionally~~] employed **functionally**, and the improvement of the resident's quality of life.

(e) All residential services shall provide, either directly or through referral to appropriate agencies, habilitative and rehabilitative services consistent with identified needs and **treatment/recovery** plans for services for individual residents. The following services shall be provided to residents as clinically indicated:

(1) **Psychosocial Treatment** [~~Counseling~~]. Each residential service shall make available to its residents individual, group and family [~~counseling~~] services **as appropriate that are evidence-based, person-centered, and trauma-informed** [~~as appropriate~~].

(i) Group counseling sessions must be structured in size and duration to maximize therapeutic benefit for each participant. Program policies must include a process for determining group size, group purpose, monitoring resident experience, and assessing group efficacy. These sessions shall contain no more than fifteen residents. [~~A group therapy session shall contain no more than fifteen persons~~].

(ii) These treatments must be evidence-based, person-centered, and trauma-informed, and individualized to the needs of the resident per the clinical assessment, in accordance with guidance and standards from the Office.

(iii) [~~(ii)~~] **Evidence-based, person-centered, trauma informed** [Chemical dependence] individual, group and family counseling must be provided by a [~~clinical~~] staff member **operating within their scope of practice**.

(iv) [~~(iii)~~] Family counseling services **that** include [~~services to~~] significant others **are provided by program staff with appropriate training or by referral to community providers with this expertise.**

(v) [~~(iv)~~] Peer support may occur in a peer group setting where the group is facilitated by residents who have greater experience or seniority within the service. Such counseling must be [~~directly~~] supervised **directly** by a clinical staff member in attendance.

(2) Supportive services. Each service shall ensure that a comprehensive and appropriate range of support services are available to each resident. Such services shall include, as needed and as appropriate, legal, **medical,** mental health, **recovery, wellness,** and social services, as well as vocational assessment and **activities** [~~counseling~~].

(3) Educational and childcare services. Each residential service **that** [~~which~~] provides services to school-age children must make arrangements to ensure the availability of required educational and childcare services.

(4) Structured activity and recreation. Residents shall be afforded the opportunity to participate in **recovery and wellness** activities designed to develop skills to enable them to make effective use of leisure time as well as improve social skills, self esteem and responsibility.

(5) Orientation to community services. Each **substance use disorder** [~~chemical dependence~~] residential service shall provide orientation **to**, [~~advice~~] and instruction in identifying and obtaining needed community **recovery and wellness** services, including housing and other necessary case management services, to each resident.

(f) The certified bed capacity of each residential service may not be exceeded at any time except in cases of emergency and unexpected surges in demand where no alternative options are available, when the failure to [~~temporarily~~] accept individuals **temporarily** into the service would jeopardize their immediate health and safety, and where the excess of capacity would be time limited. Standards and procedures for such exceptions that are based upon the availability of adequate space, supplies and staff must be established with the prior approval of the Office.

(g) Food and nutrition.

(1) Intensive residential rehabilitation services shall ensure the availability of three meals each day to each resident and community residences shall ensure the availability of two meals each day to each resident. Such meals shall furnish sufficient nutrients and calories to meet normal needs as well as the special needs of persons in recovery. Supportive living services shall ensure the availability of adequate food to all participants.

(2) **Intensive** [~~For intensive~~] residential rehabilitation services and community residences[, the facility] shall have available snacks and beverages between meals. A qualified dietician, dietetic technician, nutritionist, or other appropriately qualified personnel **working within their scope of practice** shall provide menu planning services. Other suitable staff shall be responsible for the procurement of food supplies and the training and directing of food preparation and serving personnel. Copies of menus shall be kept on file for a period of one year.

819.[~~3~~]4 Admission procedures.

(a) Admission requirements for all programs.

(1) The admission assessment or decision to admit must include identification of initial services needed until the development of the treatment/recovery plan.

(2) Unless otherwise authorized, the program must document that the individual is determined to have a substance use disorder based on the criteria in the most recent

version of the Diagnostic and Statistical Manual (DSM) or the International Classification of Diseases (ICD), as incorporated by reference in Part 800 of this Title.

(3) 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) of the qualified health professional and include the basis for admitting the individual. [~~An individual who appears at the residential service seeking or having been referred for treatment or evaluation shall have an initial determination made and documented in a written record by a qualified health professional, or other clinical staff under the supervision of a qualified health professional, which states the following:~~

~~(1) that the individual appears to be in need of chemical dependence services;~~

~~(2) that the individual appears to be free of serious communicable disease that can be transmitted through ordinary contact; and~~

~~(3) that the individual appears to be not in need of acute hospital care, acute psychiatric care, or other intensive services which cannot be provided in conjunction with residential care or would prevent him/her from participating in a chemical dependence service.~~

~~(b) The determinations made pursuant to the above shall be based upon service provider records, reports from other providers and/or through a face-to-face contact with the individual, all of which must be documented.~~

~~(c)~~] **(b)** Level of care determination. If an individual is determined to **meet criteria** [~~be appropriate~~] for [~~chemical dependence~~] **substance use disorder residential** services, a level of car**e** determination shall be made by a clinical staff member who shall be provided clinical oversight by a qualified health professional. The level of care determination shall be signed and dated by the clinical staff member. The level of care determination shall be made promptly [~~and in no event not later than one day~~] after the **individual's** [~~resident's~~] first on site contact with the service.

[~~(d)~~] **(c)** The level of care determination process must be in accord**ance** with the governing authority's policy and procedures and incorporate the use of the OASAS Level of Care for Alcohol and Drug Treatment Referral Protocol (LOCADTR) or another Office-approved protocol.

[~~(e)~~] **(d)** Prohibition against discrimination. **Individuals that meet level of care criteria for residential services, in accordance with this Part, may not otherwise be denied admission in accordance with the provisions of Part 815 of this Title.** [~~No individual shall be denied admission to the residential service based solely on the individual's:~~

~~(1) prior treatment history;~~

~~(2) referral source;~~

~~(3) [maintenance on methadone or other medication prescribed and monitored by a physician, physician's assistant or nurse practitioner; however, if a residential service objects to an individual's continued use of such prescribed drugs or substances, the residential service shall document each of the following:~~

~~(i) obtain a signed consent form in accordance with the requirements of 42 Code of Federal Regulations Part 2 which authorizes the release of patient identifying information to the physician, physician's assistant, or nurse practitioner who prescribed the drug or substance to the individual ("the prescribing professional");~~

~~(ii) consult with the prescribing professional to ascertain their knowledge and awareness of the individual's history of chemical dependence, and if the prescribing professional is unaware of the individual's history of chemical dependence, inform the prescribing professional accordingly; and~~

~~(iii) after the required consultation in (ii) above, if the prescribing professional believes that the individual should be permitted to continue to use the drug or substance, the individual must be permitted to continue to use the drug or substance;~~

~~(4)]~~ (3) ~~pregnancy;~~

~~[(5)]~~ (4) ~~history of contact with the criminal justice system;~~

~~[(6)]~~ (5) ~~HIV and AIDS status;~~

~~[(7)]~~ (6) ~~physical or mental disability; or~~

~~[(8)]~~ (7) ~~lack of cooperation by significant others in the treatment process.~~

~~(8) toxicology test results;~~

~~(9) use of medications for the treatment of substance use disorders prescribed and monitored by a physician, physician's assistant or nurse practitioner;~~

~~(10) use of any illicit or prescribed substance, including but not limited to, benzodiazepines; or~~

~~(11) prior ineligibility for admission for other than behavioral concerns including, but not limited to, a history of violent or self-harming behavior or suicide attempts, in accordance with clinical guidance issued by the Office.~~

[~~(f)~~] (e) Admission criteria. To be admitted for residential services, the individual must be determined to [~~be able to achieve or maintain abstinence and~~] **have** recovery goals with the application of residential services and[~~:~~

~~(1) the individual must~~] meet the admission criteria identified in **this Part for the applicable level of service.** [~~Section 819.8 for intensive residential rehabilitation services; or~~

~~(2) the individual must meet the admission criteria identified in Section 819.9 for community residential services; or~~

~~(3) the individual must meet the admission criteria identified in Section 819.10 for supportive living services.~~]

[~~(g)~~] **(f)** If the individual **does not meet admission criteria** [~~is deemed inappropriate~~] for residential services, unless the individual **already** is [~~already~~] receiving **substance use disorder treatment services** [~~chemical dependence services~~] from another provider, a referral to a [~~more appropriate~~] service **that can meet the individual's treatment needs** shall be made. The reasons for denial of any admission to the residential service must be provided to the individual and documented in a written record maintained by the residential service.

[~~(h) If determined appropriate for the residential service, the individual shall be admitted. The decision to admit an individual shall be made by a clinical staff member who is a qualified health professional authorized by the policy of the governing authority to admit individuals. The name of the qualified health professional who made the admission decision, along with the date of admission, must be documented in the case record~~].

[~~(i)~~] **(g)** There must be a notation in the **resident's** [~~case~~] record that **they** [the resident] received a copy of the residential service's rules and regulations, including resident rights and a summary of federal confidentiality requirements, and a statement that notes that such rules were discussed with the resident, and that the resident indicated that **they** [~~he/she~~] understood them.

[~~(j)~~] **(h)** All **prospective** residents shall be informed that admission is on a voluntary basis and that a resident shall be free to discharge **themselves** [~~himself or herself~~] from the service at any time. For **prospective** residents under an external mandate, the potential consequences for premature discharge shall be explained, **including that the external mandate does** [~~but this shall~~] not alter the voluntary nature of admission and continued treatment. This provision shall not be construed to preclude or prohibit attempts to persuade a resident to remain in the service in **their** [~~his or her~~] own best interest.

819.5[4] Post admission procedures.

(a) As soon as possible after admission, if not completed already, all programs must:

(1) offer viral hepatitis testing (testing may be done by referral);

(2) offer HIV testing (testing may not be conducted without a resident's written informed consent in accordance with public health law and may be done on site or by referral). Residents on a regimen of pre- or post- exposure prophylaxis must be permitted to continue the regimen until consultation with the prescribing professional occurs.

(3) Screen for co-occurring mental health conditions and behavioral health risks, including suicide risk, using validated screening instruments approved by the Office.

(4) If clinically appropriate, all programs must:

(i) conduct a blood-based tuberculosis test (testing may be done on site or by referral with results as soon as possible after testing); residents with a positive test result should be referred for further tuberculosis evaluation;

a. an intradermal PPD may be placed in those circumstances when a blood-based tuberculosis test cannot be performed unless the patient is known to be PPD positive;

b. PPD placement may done on site with medical staff interpreting the results or by referral with results as soon as possible after testing

(ii) **offer testing for other sexually transmitted infections (testing may be done on site or by referral);**

(iii) **offer immunizations either on site or by referral;**

(iv) **offer pregnancy tests to persons of childbearing potential (testing may be done on site or by referral);**

(v) **provide or recommend any other tests the examining physician or other medical staff member working within their scope of practice deems necessary including, but not limited to, an ECG, a chest X-ray or other diagnostic tests.**

(5) **As soon as possible after testing, programs must review and discuss any blood, urine, and skin test results, ECG results, chest X-ray results, or other diagnostic test results where applicable with the residents.**

(6) **Any significant medical issues, including risk of communicable diseases, identified prior to or after admission must be addressed in the treatment/recovery plan and documented in the resident's record. Treatment/recovery plans must include provisions for the prevention, care, and treatment of HIV, viral hepatitis, tuberculosis, sexually transmitted infections, and other infectious diseases when present. If a resident chooses not to obtain such care and treatment, the provider must have the resident acknowledge in writing that such care and treatment were offered and declined.**

(b) Comprehensive evaluation.

(1) The goal of the comprehensive evaluation shall be to obtain **information from the resident and other sources, including family members and significant others if possible and where appropriate, that is necessary to develop an individualized, person-centered treatment/recovery plan** [~~that information necessary to develop an individual treatment plan~~].

(2) [~~The comprehensive evaluation shall obtain that information necessary to determine whether a diagnosis of alcohol related or psychoactive substance related use disorder in accordance with the International Classification of Diseases, Ninth Revision or another Office approved protocol is indicated.~~

~~(3) Each comprehensive evaluation shall be based, in part, on clinical interviews with the resident, and may also include interviews with significant others, if possible and appropriate.~~

~~(4)~~] No later than fourteen days after admission, staff shall complete the resident's comprehensive evaluation which shall include a written report of findings and conclusions addressing, at a minimum, the resident's:

(i) identifying and emergency contact information;

(ii) the source of referral, date of commencing service, and name of the clinical staff member with primary responsibility for the resident;

(iii) both recent and history of substance use;

(iv) substance use disorder treatment history;

(viii) comprehensive psychosocial history, including, but not limited to the following:

[~~(i) chemical use, abuse and dependence history;~~

~~(ii) history of previous attempts to abstain from chemicals and previous treatment experiences;~~

~~(iii) comprehensive psychosocial history, including, but not limited to, the following:~~]

(A) legal **history** [involvements];

(B) **communicable disease risk assessment** (HIV [~~and AIDS~~], tuberculosis, **viral** hepatitis**, sexually transmitted infections, and other communicable diseases** [~~or other communicable disease risk assessment~~];

(C) ~~relationships with, history of the use of chemicals by, and the impact of the use of chemicals on, significant others;~~]

[~~(D)~~] an assessment of the resident's individual, social and educational strengths **and limitations** [~~and weaknesses~~], including, but not limited to, the resident's literacy level, daily living skills and use of leisure time;

[~~(E)~~] **(D)** the resident's **current medical conditions, current mental health conditions, past medical history, past mental health history, and an assessment of the resident's risk of harming self or others.** [~~medical history, mental health history, current status, and the resident's lethality (danger to himself/herself or to others) assessment; and~~]

~~(F) a specific diagnosis of alcohol related or psychoactive substance related use disorder in accordance with the International Classification of Diseases, Ninth Revision or another Office-approved protocol.~~]

(3) The comprehensive evaluation must include diagnoses, including substance-related, medical, and psychiatric diagnoses in official nomenclature with associated diagnostic codes in the most recent version of the Diagnostic and Statistical Manual (DSM) or the International Classification of Diseases (ICD).

[~~(5)~~] **(4)** The comprehensive evaluation shall bear the names of the clinical staff members who **evaluated**[~~participated in evaluating~~] the **resident [**~~individual~~] and must be signed **(physically or electronically) and dated** by the qualified health professional responsible for the evaluation.

[~~(b)~~] **(c)** Medical history **and physical examination. Providers shall make every effort to execute appropriate consents to obtain and share medical information with the resident's other medical providers as appropriate.**

(1) [~~For those r~~]**R**esidents who do not have **an** available ~~[a]~~ medical history and **have not had a** [~~no~~] physical examination [~~has been~~] performed within **the last** 12 months **prior to admission must have a medical history recorded, and a physical examination performed and documented in the resident's record by a physician, physician assistant, or a nurse practitioner working within their scope of practice** within forty five days after admission.[~~, within forty-five days after admission the resident's medical history shall be recorded and placed~~

~~in the resident's case record and the resident shall receive a physical examination by a physician, physician's assistant, or a nurse practitioner.~~] The physical examination may include but shall not be limited to the investigation of, and if appropriate, screenings for infectious diseases; pulmonary, cardiac or **gastrointestinal** [~~liver~~] abnormalities; and physical, **neurological, and/or psychological** [~~and/or mental~~] limitations or disabilities which may require special services or attention during treatment. The physical examination shall also include the following laboratory tests:

(a) complete blood count and differential;

(b) routine and microscopic urinalysis;

(c) if medically or clinically indicated, urine **toxicology test** [~~screening for drugs~~];

(d) pregnancy test for persons of childbearing potential;

[~~(d)~~] **(e) blood-based tuberculosis test**

(i) an intradermal PPD **may be placed in those circumstances when a blood-based tuberculosis test cannot be performed, with the results [**~~given and~~] interpreted by the medical staff **working within the scope of their practice** unless the resident is known to be PPD positive;

[~~(e)~~] **(f)** [~~or~~] any other tests the examining physician or other medical staff members working within their scope of practice [~~member~~] deem[~~s~~] to be necessary, including, but not limited to, an **ECG** [~~EKG~~], a chest X-ray, or **other diagnostic tests** [~~a pregnancy test~~].

(2) If the **resident** [~~patient~~] has a medical history available and has had a physical examination performed within 12 months prior to admission, or if the resident [~~is being~~] **has been**-admitted directly to the residential service from another **substance use disorder** [~~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 Part, provided that such documentation has been reviewed and determined to be current and accurate. **Notwithstanding the forgoing, the following shall be offered regardless of a documented history within the previous twelve months: HIV and viral hepatitis testing.**

(a) a focused medical history shall be taken and/or physical examination shall be performed and/or laboratory tests and other diagnostic tests shall be ordered if the examining physician, physician assistant, or nurse practitioner working within the scope of their practice determine that the elements of the existing medical history and/or physical examination and/or results of laboratory and other diagnostic tests require reevaluation based on the clinical judgment of the examining physician or other medical staff;

(b) a focused medical history shall be taken and/or physical examination shall be performed and/or laboratory and other diagnostic tests shall be ordered if the resident has a physical complaint that was not addressed in the existing medical history and/or physical examination, and/or the resident has a new complaint that developed since the existing medical history was taken and/or existing physical examination was performed.

(3) Resident records shall include a summary of the **medical history and the** results of the physical examination**, laboratory tests, and other diagnostic tests** and shall also demonstrate

that appropriate medical care**, including mental health care,** is recommended to any resident **who needs** [~~whose health status indicates the need for~~] such care.

(c) After the comprehensive evaluation is completed, a resident shall be retained in such treatment [~~only~~] if the resident[~~:~~

~~(1)]~~ has a diagnosis of **a substance use disorder in accordance with the most recent edition of the Diagnostic and Statistical Manual (DSM) or the International Classification of Diseases (ICD) and** [~~alcohol- related or psychoactive substance related use disorder in accordance with the International Classification of Diseases, Ninth Revision or another Office-approved protocol~~];

[~~(2)~~] continues to meet the admission criteria **required by** [~~in~~] this Part**.**[~~;~~

~~(3) is free of serious communicable diseases that can be transmitted through ordinary contact with other residents;~~

~~(4) has no medical or surgical condition or mental disability requiring acute care in a general or psychiatric hospital;~~

~~(5) is not in need of medically managed detoxification; and~~

~~(6) can benefit from continued treatment in a residential service~~].

(d) If the comprehensive evaluation indicates that the **resident** [~~individual~~] needs services beyond the capacity of the residential service to provide either alone or in conjunction with another program, referral to appropriate services shall be made. Identification of such referrals and the results of those referrals to identified program(s) shall be documented in the resident record.

(e) If a resident is referred directly to the residential service from another service certified by the Office, or is readmitted to the same service within sixty (60) days of discharge, the existing level of care determination and comprehensive evaluation may be used, provided that **the documentation has been reviewed and, if necessary, updated within fourteen (14) days of transfer** [~~documentation is maintained demonstrating a review and update~~].

(f) **Treatment/recovery plan.** [~~An~~] **A person-centered,** initial treatment/**recovery**[~~service~~] plan addressing the resident's individual needs must be developed within three days of admission, or **readmission** [~~read mission~~], to the **substance use disorder** [~~chemical dependence~~] residential service**. The treatment/recovery plan shall be developed by the clinical staff member with primary responsibility for the resident ("the responsible clinical staff member") in collaboration with the resident and anyone identified by the resident as supportive of their recovery goals.** [~~and shall be prepared in consultation with the resident, as documented by the resident's signature on the treatment/service plan.~~] This initial treatment/**recovery**[~~service~~] plan must contain a statement which documents that the **resident** [~~individual~~] **meets admission criteria [**~~is appropriate~~] for this level of care, identifies the assignment of a named clinical staff member with the responsibility to provide orientation to the **resident** [~~individual~~], and includes a preliminary schedule of activities, therapies and interventions.

(g) A **treatment/recovery plan,** [~~comprehensive treatment/service plan ("treatment/service plan"),~~] based on the admitting evaluation, shall be prepared within thirty days of development of the initial treatment/**recovery**[~~service~~] plan to meet the identified needs of the resident, and shall take into account cultural and social factors as well as the particular characteristics, conditions and circumstances of each resident. For [~~individuals~~] **residents** moving directly from one **substance use disorder** [~~chemical dependence~~] service 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 the resident's goals as appropriate** [~~an updated treatment/service plan shall be acceptable if it is in conformance with the requirements of this Section~~].

(h) The treatment/**recovery**[~~service~~] plan shall:

(1) be developed **by the responsible clinical staff member(s) in collaboration with the resident and anyone identified by the resident as supportive of their recovery goals** [~~in collaboration with the resident as evidenced by the resident's signature thereon~~];

(2) be based on the admitting evaluations specified above and any additional evaluation(s) **the resident has received or is** determined to be required;

(3) specify **measurable treatment** goals for each problem identified;

(4) specify the objectives **that** [~~to be achieved while the resident is receiving services which~~] shall be used to measure progress toward attainment of goals;

(5) include schedules for the provision of all services prescribed; **where a service is to be provided by any other service or facility offsite, the treatment/recovery plan must contain a description of the nature of the service, a record that referral for such service has been made, the results of the referral, and procedures for ongoing care coordination and discharge planning**;

(6) identify the **responsible** [~~single member of the~~] clinical staff [~~responsible~~] for coordinating and managing the resident's **treatment, who shall approve and sign (physically or electronically) such plan** [~~care ("the responsible clinical staff member")~~];

(7) reference any significant medical and mental health issues, including applicable medications, identified as part of the medical assessment process;

[~~(7)~~] **(8)** include **each** [~~the~~] diagnosis for which the resident is being treated; [~~and~~]

(9) be reviewed, approved, signed (physically or electronically), and dated by the supervisor of the responsible clinical staff member within seven (7) days after the finalization of the treatment/recovery plan. If the supervisor of the responsible clinical staff member is not a qualified health professional, another qualified health professional must be designated to sign (physically or electronically) the plan; and

(10) Pregnancies. Treatment/recovery plans must include provisions for prenatal care for all residents who are pregnant or become pregnant. If a pregnant resident chooses not to obtain such care, the provider must have the resident acknowledge in writing that prenatal care was offered, recommended, and declined. The program should offer to

develop a plan of safe care with the resident and anyone identified by the resident, and such offer should be noted in the resident's record.

(11) Communicable disease. Treatment/recovery plans must include provisions for the prevention, care, and treatment of HIV, viral hepatitis, tuberculosis, and/or sexually transmitted infections when present. If a resident chooses not to obtain such care and treatment, the provider must have the resident acknowledge that such care and treatment were offered, recommended, and declined.

(j) Treatment according to the treatment/recovery plan. The responsible clinical staff member shall ensure that the treatment/recovery plan is included in the resident record and that all treatment is provided in accordance with the treatment/recovery plan.

(1) If, during the course of treatment, revisions to the treatment/recovery plan are determined to be clinically necessary, a multidisciplinary case conference will be held with the resident to determine what revisions to the treatment plan are needed to help the resident achieve their goals.

[~~(8) be signed by the responsible clinical staff member and approved and signed by the clinical staff member's supervisor or another supervising QHP within seven days.~~

~~(i) Where a service is to be provided by any other service or facility off site, the treatment/service plan must contain a description of the nature of the service, a record that referral for such service has been made, the results of the referral, and procedures for ongoing coordination of care.~~

~~(j) Treatment according to the treatment/service plan. The clinical staff member shall ensure that the treatment/service plan is included in the resident record and that all treatment is provided in accordance with the treatment/service plan.~~

~~(k) The case of any resident who is not responding to treatment, is not meeting goals defined in the comprehensive treatment/service plan, including educational and vocational goals, or who is disruptive to the service must be discussed at a case conference, or by the clinical supervisor and the clinical staff member in a supportive living service, and the treatment/service plan revised accordingly.~~]

~~(l) Documentation of service~~]

(k) Progress notes.

(1) Progress notes shall be written, signed **(physically or electronically)** and dated by the responsible clinical staff member **or another clinical staff member familiar with the resident's care** no less often than once every two weeks. **Progress towards all treatment/recovery plan goals that are made during the two-week period must be documented in the applicable progress note** [~~All treatment plan life areas that are addressed in the two-week period must be documented in the applicable progress note~~].

(2) Progress notes shall provide a chronology of the resident's progress related to the goals established in the treatment/**recovery**[~~service~~] plan and be sufficient to delineate the course and

results of treatment[~~/services~~]. The progress notes shall indicate the resident's participation in all significant services that are provided.

(m) Resident deaths. If a resident dies while in active treatment any known details must be documented in the resident record.

[~~(m)~~] **(n)** Discharge planning. Discharge planning shall begin **upon admission and shall** [~~as soon as the resident is admitted,~~] be considered [~~as~~] part of the treatment/**recovery**[~~service~~] planning process**.**[~~,~~] **The plan for discharge shall be developed by the responsible clinical staff member in collaboration with the resident and anyone the resident identifies as supportive of their recovery.** [~~and be provided by the responsible clinical staff member. The discharge plan shall be developed in collaboration with the resident and any significant other(s) the resident chooses to involve.~~] If the resident is a minor, the discharge plan must also be developed in consultation with **their** [~~his or her~~] parent or guardian, unless the minor is being treated without parental consent as authorized by Section 22.11 of the Mental Hygiene Law. **Information pertaining to testing and treatment of sexually transmitted infections including HIV cannot be shared with the minor resident's parent or guardian without the resident's consent in accordance with applicable laws and regulations.**

(1) A resident discharged from the program must be discharged for a documented reason. Residents discharged involuntarily must be discharged consistent with Part 815 of this Title.

[~~(1)~~] **(2)** The discharge plan shall be based on the **resident's** [~~individual's~~] self-reported confidence in **their recovery** [~~maintaining abstinence~~] and following an individualized **recovery support** [relapse prevention] plan, an assessment of the resident's home environment, suitability of housing, vocational/educational/employment status, and relationships with significant others to establish the level of social resources available to the resident and the need for services to significant others. **In accordance with guidance and standards issued by the Office,** [~~The~~] **the** discharge plan shall include but not be limited to:

(i) identification of continuing **substance use disorder** [~~chemical dependence~~] services**, medical and mental health services,** [~~and any other treatment,~~] rehabilitation, **recovery, wellness,** [~~self help~~]and vocational, educational and employment services the resident will need after discharge;

(ii) identification of specific providers of these needed services; and

(iii) specific referrals **with appointment dates and times for any needed services;** [~~and initial appointments for these needed services.~~]

(iv) identification of the type of residence that the resident will need after discharge;

(v) prescriptions and/or other arrangements to ensure access to medications including medications for addiction treatment for substance use disorders; and

(vi) overdose prevention education, naloxone education and training, and a naloxone kit or prescription for the resident and their family/significant other(s).

(n) No resident shall be discharged without a discharge plan [~~which~~] **that** has been reviewed **and approved** by the **responsible clinical staff member and the** clinical supervisor

or designee prior to the discharge of the resident. [~~This does not apply to residents who leave the service without permission or otherwise fail to cooperate in the discharge planning process. A~~] The portion of the discharge plan [~~which~~] **that** includes referrals for continuing care shall be given to the resident upon discharge. **Documentation detailing why a discharge plan was not provided to the resident prior to discharge must be placed in the resident record if the resident did not receive the plan.**

(o) Discharge criteria. A resident shall be appropriate for discharge from the residential service and shall be discharged when **they** [~~he or she~~] meet[~~s~~] one or more of the following criteria:

(1) the resident has accomplished the goals and objectives which were identified in the **treatment/recovery plan** [~~comprehensive treatment/service plan~~];

(2) the resident **declines** [~~refuses~~] further care;

(3) the resident has been referred to other **treatment that meets their individual needs and cannot be provided in conjunction with the residential service** [~~appropriate treatment which cannot be provided in conjunction with the residential service~~];

(4) the resident has been removed from the service by the criminal justice system or other legal process;

(5) the resident has received maximum benefit from the service; and/or

(6) the resident **does not adhere to the written behavioral standards of the facility, provided that the resident is offered a referral and connection to another treatment program. A discharge for behavioral reasons with a referral and connection to another treatment program shall occur only after the program has utilized interventions to help the resident manage their behavior in a manner consistent with the written behavioral standards of the facility, and in accordance with guidance from the Office.** [~~is disruptive to the service and/or fails to comply with the reasonably applied written behavioral standards of the facility.~~]

(p) A discharge summary which includes the course and results of **treatment**[~~care~~] must be prepared and included in each resident's record within thirty (30) days of discharge.

819.6[~~5~~] Record keeping.

(a) **Substance Use Disorder** [~~Chemical dependence~~] residential services must maintain individual [case] records for each resident served. These **resident** records must, at a minimum, include the information required in this Part, as well as the source of referral, documentation of any case conferences or case reviews, reports of other evaluations and case consultations, medical orders, if applicable, and consent forms.

(1) the resident record shall include documentation that the resident and their family/significant other(s) were offered overdose prevention education, naloxone education and training, and a naloxone kit or prescription.

(i) documentation should include the reasons why overdose prevention education, naloxone education and training, and a naloxone kit or prescription were not

offered, if applicable, or the reasons why the resident and their family members/significant other(s) declined overdose prevention education, naloxone education and training, and a naloxone kit or prescription.

(b) Resident records maintained by **substance use disorder** [~~chemical dependence~~] residential services are confidential and **only** may [~~only~~] be disclosed **consistent** [in conformity] with **the Health Insurance Portability and Accountability Act (HIPAA) and the** federal regulations **governing** [relating to] the confidentiality of **patient/resident** records as set forth in 42 Code of Federal Regulations Part 2 and other applicable law.

(c) Any medical **and/or mental health treatments provided**[~~procedures required~~], including [~~use of any~~] medication**s**, shall be maintained in accord**ance** with the requirements of federal and state law and approved policies and procedures.

(d) All medical **or psychiatric** services provided must be provided pursuant to **the orders of a physician**[~~'s~~], physician assistant[~~'s~~], or nurse practitioner **working within their scope of practice** [~~'s order~~].

(e) In the event that more than one **substance use disorder** [~~chemical dependence~~] service is offered by a facility, the resident record shall identify the service in which the resident is [~~currently~~] participating **currently**.

(f) Statistical information shall be reported to the Office as required and on the prescribed forms therefor.

819.7[~~6~~] **Quality improvement and utilization review.**

(a) Each **substance use disorder** [~~chemical dependence~~] residential service shall establish and implement a quality improvement plan and utilization review plan in accordance with this section. The utilization review requirement may be met by the following:

(1) the service may perform its utilization review process internally; or

(2) the service may enter into an agreement with another organization, competent to perform utilization review, to complete its utilization review process.

(b) The utilization review plan shall include procedures for ensuring that admissions are **based on the program's admission criteria** [~~appropriate,~~] that retention and discharge criteria are met, and that services are appropriate. The utilization review plan shall consider each resident's need for continued treatment, the **severity** [~~extent~~] of the resident's **substance use disorder(s)** [~~chemical dependence problem~~], and the continued effectiveness of, and progress in, treatment.

(c) Each residential service shall establish a written quality improvement plan in accordance with this section.

(1) The quality improvement plan shall identify clinically relevant quality indicators that are based upon professionally recognized standards of care. This process shall include but not be limited to:

(i) no less than quarterly self-evaluations which may include an independent peer review process as discussed below, to ensure compliance with applicable regulations and performance standards;

(ii) findings of other management activities, including but not limited to; utilization reviews, incident reviews, and reviews of staff training, development and supervision needs;

(iii) surveys of resident satisfaction; and

(iv) analysis of treatment outcome data.

(2) The residential service shall prepare an annual report and submit it to the governing authority. This report shall document the effectiveness and efficiency of the service in relation to its goals and indicate any recommendations for improvement in its services to residents, as well as recommended changes in its policies and procedures.

(3) The purpose of independent peer review is to review the quality and appropriateness of residential services. The review is to focus on such services and the **substance use disorder** [~~chemical dependence~~] service system rather than on the individual practitioners. The intent of the independent peer review process is to [~~continuously~~] improve **continuously** the residential services **provided** to [~~chemically dependent~~] individuals **with substance use disorders**.

819.8[~~7~~] General staffing.

(a) General Staffing Requirements.

(1) Former residents. Staff members shall not be former residents who recently have received treatment in the program and/or who have completed the program less than one year prior to their employment application, per guidance and standards issued by the Office.

(2) Adequate coverage. There shall be sufficient staff to ensure that there is adequate coverage of all critical tasks necessary to the safe care of residents in the program, per guidance and standards issued by the Office.

(i) Residents in the program shall not be asked or required to perform staff duties. For valid therapeutic reasons and when included in the treatment/recovery plan, residents may be asked to perform certain duties under the direct supervision of staff members, in accordance with guidance and standards issued by the Office.

(A) Residents shall not operate motor vehicles belonging to the program under any circumstances.

(B) Residents shall not serve as overnight awake staff.

(ii) Programs shall have arrangements with outside entities such as staffing agencies to ensure adequate staffing coverage during times of staff shortages.

[~~(a)~~] **(b)** Staff may be [~~either specifically~~] assigned **either specifically** to the **substance use disorder** [~~chemical dependence~~] residential service or may be part of the staff of the facility within which the **substance use disorder** [~~chemical dependence~~] residential service is located. However, if these staff members are part of the general facility staff, they must have specific training and experience in the treatment of **substance use disorders** [~~chemical use, abuse and~~

~~dependence~~] specific to the services provided. The percentage of time that each shared staff is assigned to the **substance use disorder** [~~chemical dependence~~] residential service must be documented.

[~~(b)~~] **(c)** Staff Training. Each residential program must provide clinical supervision and ensure and document that all clinical staff have training plan based on individual employee needs. Such training may be provided directly or through outside arrangements and must be provided at least every **one year** [~~three years~~]. Training must be ongoing and documented in each employee's personnel record. Training in suggested relevant topics includes, but it not limited to: [~~chemical dependence; individual, group and family counseling;~~]

(i) substance use disorders;

(ii) evidence-based, trauma-informed, and person-centered individual, group and family counseling;

(iii) child abuse and domestic violence;

(iv) therapies and other activities supportive of recovery;

(v) co-occurring disorders;

(vi) communicable diseases such as tuberculosis, sexually transmitted **infections** [~~diseases~~], **viral** hepatitis, HIV[~~/AIDS~~];

(vii) infection control procedures;

(viii) clinical supervision;

(ix) quality improvement;

(x) vocational rehabilitation and employment preparation services;

(xi) cultural diversity and cultural competence;

(xii) tobacco **use disorder** [~~dependence~~];

(xiii) problem gambling; [~~and~~]

(xiv) community based recovery supports and services[~~.~~] **;**

(xv) trauma-informed care;

(xvi) medications for addiction treatment;

(xvii) overdose prevention education;

(xviii) naloxone and naloxone administration; and

(xix) agency policies and procedures.

(c) All **substance use disorder** [~~chemical dependence~~] residential services shall identify a clinical supervisor who shall be responsible for the day-to-day clinical operation of each residence and provide routine supervision for the staff. The clinical supervisor shall be a qualified health professional with at least three years of administrative and clinical experience in **substance use disorder** [~~chemical dependence~~] residential services.

(d) All **substance use disorder** [~~chemical dependence~~] residential services shall have sufficient clinical staff who have received training in, and are designated by the clinical supervisor to perform, the following tasks:

(1) evaluation of resident needs, development and implementation of individualized treatment/**recovery** [~~service~~] plans for each resident, including individual, group and family counseling;

(2) participation with staff and, as necessary, other services and agencies to assure the development, management and implementation of comprehensive services for each resident, reflecting **substance use disorder treatment needs** [~~both chemical dependence issues~~] and other habilitation or rehabilitation needs; and

(3) preparation and maintenance of case records for each individual resident.

(e) At least twenty-five per cent of all clinical staff members shall be qualified health professionals. [~~For three years following the effective date of this Part, when determining the number of qualified health professionals pursuant to the foregoing, a residential service may count all of the qualified health professionals that are employed by, or at the direction of, the residential service at all of the residential service's facilities located within the State of New York, including Public Health Law Article 28 facilities. Individuals who have completed a minimum of 350 education and training clock hours in the areas required by Part 853 of this Title governing Credentialed Alcoholism and Substance Abuse Counselors, as well as individuals who have completed a minimum of 4000 hours of appropriate work experience and a minimum of 85 clock hours of education and training related to knowledge of [alcoholism and] substance use disorders [abuse] as required by Part 853 of this Title governing Credentialed Alcoholism and Substance Abuse Counselors, may be counted towards satisfying the twenty-five percent requirement provided that such individuals, also known as CASAC Trainees, may not be considered qualified health professionals for any purpose under this Part. Notwithstanding the foregoing, during the three year period following the effective date of this Part, each residential service shall have sufficient qualified health professional staffing levels to meet the requirements of this Part which mandate that certain duties be performed by, under the supervision of, or at the direction of, a qualified health professional.~~]

(f) Each residential service shall have a qualified individual designated as the Health Coordinator who will ensure the provision of education, risk reduction, counseling and referral services to all residents regarding HIV [~~and AIDS~~], tuberculosis, **viral** hepatitis, sexually transmitted **infections** [~~diseases~~], and other communicable diseases.

(g) There shall be sufficient staff available to ensure that the space and equipment of the service is clean and maintained in working order to minimize the need for treatment staff to perform nontreatment functions and to optimize operational efficiency.

(h) Clinical staff members who are not qualified health professionals shall have qualifications appropriate to their assigned responsibilities as set forth in the service's personnel policies and shall be subject to appropriate professional staff supervision and continuing education and training.

(i) In addition to staffing requirements of this Part, a residential service may utilize volunteers, students or trainees, on a salaried or non-salaried basis if such volunteers, students or trainees are provided close professional staff supervision and necessary didactic education from both internal and external sources.

819.9[8] Additional requirements for intensive residential rehabilitation.

(a) Admission criteria. In addition to the admission criteria applicable to residential services generally, an individual admitted to intensive residential rehabilitation services must meet the following criteria:

(1) The individual must have demonstrated an inability to participate in [~~or comply with~~] treatment outside of a twenty-four hour setting as indicated by one or more of the following:

(i) recent unsuccessful attempts at abstinence; or

[~~(ii) a history of prior treatment episodes, including a demonstrated inability to complete outpatient treatment; or~~

~~(iii)~~] **(ii)** substantial **limitations** [~~deficits~~] in functional skills evidencing the need for extensive habilitation or rehabilitation in order to achieve lasting recovery in an independent setting.

(b) Clinical services. Intensive residential services are required to provide a minimum of forty hours per week within a structured therapeutic environment, consisting of the services identified in Section 819.4 of this Part and include the following:

(1) Rehabilitation and/or habilitation services.

(i) Each service shall ensure that a comprehensive and appropriate range of rehabilitative services are available to each resident. Such services include, but are not limited to:

(A) vocational services such as vocational assessment, job skills training, and employment readiness training;

(B) educational remediation services; and

(C) life, parenting and social skills training.

(ii) These services may be provided directly by the service or by referral.

(iii) These services shall be reflected in the resident's comprehensive treatment/**recovery** [~~service~~] plan and the resident's progress shall be documented **in the resident's record**.

(2) Personal, social, and community skills training and development. Residents shall receive training in community **and adult** living skills, [~~personal hygiene and personal care skills~~] as needed by each individual. Such skill development shall include, but is not limited to, social interaction and leisure activities.

(c) Comprehensive treatment/**recovery** plan update.

(1) Each comprehensive plan, once established, must be reviewed and revised at least every three months thereafter by the responsible clinical staff member in consultation with the resident and reviewed and signed **(physically or electronically)** by the supervisor.

(2) A summary of the resident's progress in each of the specified goals shall be prepared and documented in the resident's record as part of the plan update.

(d) Staffing.

(1) Each residential facility shall have a full-time **on-site Director** [~~manager on site~~] whose duties shall include overseeing the day-to-day operations of the service.

(2) There shall be sufficient staff available to all residents at all times. During late evening and night shifts, there shall be at least one responsible staff person awake and on duty.

(3) In addition to the twenty four hour per day, seven day per week coverage, all intensive residential rehabilitation services shall have sufficient staff to **ensure**[~~insure~~] that counseling and rehabilitation services are available and responsive to the needs of each **resident**[~~individual~~]. An intensive residential rehabilitation service will have no less than one clinical staff member for every fifteen residents.

(4) For those residential rehabilitation services that serve children, at least one clinical staff member with training and experience in childcare shall be available.

819.10[~~9~~] Additional requirements for community residential services.

(a) Admission criteria. In addition to the admission criteria applicable to residential services generally, an individual admitted to community residential services must meet the following criteria:

(1) The individual must be homeless or must have a living environment not conducive to recovery.

(2) The individual must be determined to need outpatient treatment services and/or other support services such as vocational or educational services, in addition to the residential services provided by the community residence.

(b) Clinical services.

(1) In addition to the service elements required of all residential services, community residential services are [~~specifically~~] required **specifically** to provide a structured therapeutic environment designed to facilitate the individual's progress toward recovery from **a substance use disorder(s)**[~~chemical dependence or abuse~~].

(2) The service shall maintain a focus on the development and improvement of the skills necessary for recovery.

(3) Specific services to be provided shall include the following:

(i) Each community residential service shall ensure that its residents have access to **evidence-based, person-centered, and trauma-informed** individual, group and family counseling services as needed and appropriate.

(ii) Each community residence shall have written referral agreements with one or more **substance use disorder**[~~chemical dependence~~] outpatient services to provide outpatient treatment services, as necessary.

(iii) The community residence shall ensure that such services are integrated with the **recovery and wellness** activities and services provided by the residence and incorporated in the individual's service plan.

(iv) Each community residence shall ensure that a comprehensive and appropriate range of rehabilitative procedures are available to each resident. Such services include but are not limited to:

(A) vocational services such as vocational assessment(s);

(B) job skills training, and employment readiness training;

(C) educational remediation; and

(D) life, parenting and social skills training.

(4) Rehabilitation services may be provided directly by the service or by referral.

(5) Rehabilitation services shall be identified in the resident's comprehensive **treatment/recovery** [~~service~~] plan.

(6) Personal, social, and community skills training and development. Residents shall receive training in community living skills **and adult living** [~~personal hygiene and personal care~~] skills as needed by each resident. Such skill development shall include, but is not limited to, a program of social interaction and leisure activities.

(c) **Treatment/recovery** [~~Service~~] plan review.

(1) Each **treatment/recovery** [~~service~~]plan, once established, must be [~~completely~~] reviewed **completely** and revised at least every three months thereafter by the responsible clinical staff member in consultation with the resident and reviewed and signed by the supervisor.

(2) Any resident who is **having challenges meeting agreed upon goals defined in the treatment/recovery plan shall be engaged in a case conference with members of the multidisciplinary team who will collaborate with the resident to create revisions to the treatment/recovery plan that meet the resident's treatment needs** [~~not responding to treatment, is not meeting goals defined in the comprehensive service plan, including educational and vocational goals, or who is disruptive to the service, shall have the same noted in the case file and the circumstances addressed at a case conference, and the service plan revised accordingly~~].

(d) Staffing.

(1) Each community residence shall have a full time **house** manager responsible for the day-to-day operation of the service.

(2) There shall be staff on site twenty-four hours per day, seven days per week.

(3) All community residential services shall have sufficient staff to insure that supportive and rehabilitation services are available and responsive to the needs of each resident. In

addition to the twenty-four **hours** a day coverage, community residential services will have at least one clinical staff member for every fifteen residents.

819.11[~~10~~] Additional requirements for supportive living services.

(a) Admission criteria. In addition to the admission criteria applicable to residential services generally, an individual admitted to a supportive living service must meet the following criteria:

(1) the individual requires support of a residence that provides **a substance-** [~~an alcohol- and drug-~~]free environment;

(2) the individual requires the peer support of fellow residents to maintain abstinence;

(3) the individual does not require twenty-four hour a day on-site supervision by clinical staff; and

(4) the individual exhibits the skills and strengths necessary to maintain **recovery** [~~abstinence~~] and readapt to independent living in the community while receiving the minimal clinical and peer support provided by this residential environment.

(b) Clinical services. There shall be scheduled clinical interaction at least one time per week designed to support residents in their efforts to **readapt to independent living in the community while maintaining their recovery and wellness** [~~maintain abstinence and reduce the probability of relapse~~].

(c) **Treatment/recovery** [~~Service~~] plan review. Each **treatment/recovery** [~~service~~] plan, once established, must be reviewed at least every six months thereafter, at which time the progress toward accomplishing the goals and objectives is reviewed. **Any resident who is having challenges meeting agreed upon goals described in the treatment/recovery plan shall be engaged in a case conference where members of the multidisciplinary team will collaborate with the resident to create revisions to the treatment/recovery plan.** [~~The case of any resident who is not making progress toward accomplishing goals or who is disruptive to the service must be discussed and the service plan revised accordingly. The service plan must be signed by the resident and the clinical staff member~~].

(d) Staffing. Supportive living services shall be staffed as follows:

(1) there shall be at least one full-time equivalent clinical staff member for each fifteen residents; and

(2) there shall be sufficient clinical staff members to ensure at least one visit to each supportive living service once per week, in order to assure the proper maintenance of the living site and that residents are maintaining an environment and schedule appropriate to and supportive of each [~~individual~~]**resident**'s [~~abstinent,~~] independent living; and

(3) there shall be sufficient clinical staff members to ensure that each resident is contacted personally at least once a week by staff to assure safety, adherence to the established service plan and support for daily independent living, through guidance, training, and assistance, as necessary.

819.12[~~11~~] Severability.

If any provision of this Part or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of this Part which can be given effect without the invalid provisions or applications, and to this end the provisions of this Part are declared to be severable.