



AMENDED PART 830 EFFECTIVE OCTOBER 1, 2022

4 NYCRR PART 830: Designated Services

(Statutory authority: Mental Hygiene Law §§1.03(6), 19.07(c), 19.07(e), 19.09(b), 19.21(d), 32.01, 32.02, 32.05(b), 32.07(a) and 32.09(b); Education Law, Article 160; Public Health Law §3351(5), Article 29G; Executive Law, Article 15; 21 USC 829.)

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§ 830.1 Applicability

The provisions of this Part are applicable to all OASAS certified, approved or otherwise authorized programs seeking to offer or provide certain services or therapies including, but not limited to, acupuncture and telehealth, or other such services, therapies or program endorsements as may be defined in this Part. Such services may require application for an operating certificate “designation” indicating approval by the Office to provide such services.

§ 830.2 Legal base

- (a) Section 1.03(6) of the Mental Hygiene Law defines “facility” as any place in which services for the mentally disabled are provided.
- (b) Section 19.07(c) of the Mental Hygiene Law authorizes the commissioner to adopt standards ensuring the personal and civil rights of persons seeking and receiving addiction services, care, treatment and rehabilitation are adequately protected.
- (c) Section 19.07(e) of the Mental Hygiene Law authorizes the commissioner to adopt standards including necessary rules and regulations pertaining to addiction services.
- (d) Section 19.09(b) of the Mental Hygiene Law authorizes the commissioner to adopt regulations necessary and proper to implement any matter under his or her jurisdiction.
- (e) Section 19.21(d) of the MHL requires the Office to establish reasonable performance standards for providers of services certified by the Office.
- (f) Section 32.01 of the Mental Hygiene Law authorizes the commissioner to adopt any regulation reasonably necessary to implement and effectively exercise the powers and perform the duties conferred by Article 32 of the Mental Hygiene Law.
- (g) Section 32.05(b) of the MHL provides that a controlled substance designated by the commissioner of the New York State Department of Health (DOH) as appropriate for such use may be used by a physician to treat an individual with a substance use disorder pursuant to section 32.09(b) of the MHL.
- (h) Section 32.07(a) of the MHL authorizes the commissioner to adopt regulations to effectuate the provisions and purposes of Article 32 of the MHL.
- (i) Section 32.09(b) of the MHL provides that the commissioner may, once a controlled substance is approved by the commissioner of DOH as appropriate for such use, authorize the use of such controlled substance in treating an individual with a substance use disorder.
- (j) Article 160 of the Education Law provides for the licensure or certification of acupuncturists and limited practice of unlicensed persons in treatment of substance use disorder.
- (k) Article 29-G of the Public Health Law relates to reimbursement and requirements for health care services delivered via “telehealth.”
- (l) Section 3351 of the Public Health Law authorizes the prescribing or dispensing of controlled substances for the purposes of substance use disorder treatment.
- (m) Section 829 of Title 21 of the United States Code governs the law concerning internet prescribing of controlled substances.
- (n) Article 15 of the Executive Law enacts the Human Rights Law prohibiting discrimination against protected classes of New Yorkers including on the basis of sexual orientation and gender identity or expression.

830.3 Definitions

As used in this Part, the following terms shall have the following meanings:

- (a) “Acupuncture therapist” means licensed, certified, or unlicensed clinical staff who have documented successful completion of acupuncture training for the treatment of substance use disorder in an educational program acceptable to the Education Department pursuant to Article 160 of the Education Law.
- (b) “Telehealth” means the use of two-way real-time interactive telecommunication system for the purpose of providing addiction services at a distance.
- (c) “Designated program” means a certified, approved or otherwise authorized program which has complied with the requirements of this Part and any applicable standards and guidance issued by the Office and has received an operating certificate designation indicating Office approval.
- (d) For purposes of Telehealth, the following terms shall have the following meanings:
 - (1) “Distant site” means the site at which the practitioner delivering the service is located at the time the service is provided via the interactive telecommunications system, which may include the practitioner’s place of residence, office, or other identified space within the United States.
 - (2) “Originating site” means the site at which the patient is located at the time the service is being provided via the interactive telecommunications system, which may include the patient’s place of residence, other identified location, or other temporary location out-of-state.
 - (3) “Practitioner” means:
 - (i) a prescribing professional eligible to prescribe buprenorphine pursuant to federal regulations;
 - (ii) other staff credentialed or approved by the Office providing addiction services consistent with their scope of practice and as authorized pursuant to this Part and Article 29G of the public health law.
 - (4) “Telecommunication system” means a dedicated secure interactive audio and/or video linkage system approved by the Office to transmit data between an originating and distant site for purposes of providing services delivered via telehealth.
- (e) “Gender identity or expression” means a person’s actual or perceived gender-related identity, appearance, behavior, expression, or other gender-related characteristics regardless of the sex assigned to that person at birth, including, but not limited to, the status of being transgender. One’s gender identity may also innately reside somewhere in between the ends of the gender binary (man/woman) or somewhere outside the boundaries of the gender binary and can be fluid for some individuals. Gender identity and expression may be expressed in self-image, physical appearance, and with behavior.
- (f) “Program Endorsement” means a designation offered pursuant to the requirements of this Part and any Standards and guidance issued by the Office. It is a demonstration of a program’s proficiency in meeting additional standards identified by the Office.
- (g) “Adolescent” for purposes of this Part, means an individual under the age of twenty-one (21).

(h) “Open access services” for purposes of this Part, means on demand access to addiction treatment services including immediate peer services, clinical assessments, connections to appropriate level of care and rapid access to approved addiction medication for substance use disorder.

830.4 Acupuncture therapy

(a) *Initial services.* Acupuncture may be effective in some patients to reduce cravings and relieve anxiety, thereby assisting patients in achieving and sustaining recovery from substance use disorder.

(1) Acupuncture shall not be the exclusive method of treatment for any patient. In an outpatient program, when acupuncture is provided it must be part of an office visit including at least one other service.

(2) Acupuncture therapy, administered pursuant to this section, may be an initial service provided on demand to stabilize and engage a patient during the period of treatment/recovery plan development or a service included in and administered pursuant to a patient’s treatment/recovery plan.

(b) *Physician approval; monitoring.* (1) A program’s medical director shall, in consultation with the acupuncturist, develop a protocol to determine if a patient requires a medical evaluation prior to acupuncture therapy. No patient requiring a medical evaluation in accordance with such protocol shall receive acupuncture therapy unless a physician has reviewed the patient’s medical condition and provided written authorization for acupuncture therapy.

(2) Any patient receiving acupuncture therapy shall be monitored by a clinical staff member during the conduct of an acupuncture therapy session to ensure counseling and clinical intervention as necessary.

(3) All acupuncture therapy sessions must be documented in a patient case record and signed by both the therapist and the monitoring clinical staff member.

(c) *Treatment/Recovery plan.* (1) Acupuncture therapy is limited to the treatment of addictive disorders as indicated in the treatment/recovery plan.

(2) The individual treatment/recovery plan must contain a schedule of acupuncture sessions tailored to the patient's initial and evolving needs including, frequency, duration and clinical justification.

(3) Acupuncture therapy must be provided either immediately preceding or following an otherwise permissible clinical service.

(d) *Staffing.* Acupuncture therapy in OASAS certified facilities shall only be performed by the following persons:

(1) a licensed or certified Acupuncturist who has had at least one year of employment experience in the treatment of addictive disorders or completed a training program in the treatment of addictive disorders during the first six (6) months of employment; or

(2) an acupuncture detoxification therapist who is not licensed or certified but who is a clinical staff member who has successfully completed a course of acupuncture training acceptable to the state Education Department under Article 160 of the Education Law and who practices acupuncture under the supervision of:

- (i) a licensed or certified Acupuncturist pursuant to paragraph (1) of this subdivision; and
- (ii) the clinical supervisor or medical director of the program.

(e) *Policies.* Programs providing acupuncture therapy must develop and implement policies and procedures in consultation with the program Medical Director including, but not limited to, the following:

- (1) training of all acupuncture therapists regarding infection control, body fluids;
- (2) recommended vaccinations;
- (3) regular on-site clinical supervision of licensed and unlicensed acupuncture therapists;
- (4) written patient informed consent;
- (5) space requirements;
- (6) use of and disposal of needles or other acupuncture implements consistent with NYS public health law and environmental conservation law.

§ 830.5 Telehealth

(a) *Limitations.* (1) Services delivered via Telehealth, as defined in this Part, may be authorized by the Office for the delivery of addiction services provided by practitioners employed by, or pursuant to a contract or Memorandum of Understanding (MOU) with a program certified by the Office. All services may be delivered via telehealth unless otherwise specified by the Office in the *Telehealth Standards for OASAS Designated Providers*, as incorporated in this Title (hereafter the *Telehealth Standards*), posted on the Office website.

(2) The Office supports the use of telehealth as an appropriate component of the delivery of addiction services to the extent that it is in the best interests of the person receiving services; is performed in compliance with applicable federal and state laws and regulations, the provisions of this Part, and the *Telehealth Standards* in order to address legitimate concerns about privacy, security, patient safety, and interoperability; and is delivered by appropriate staff working within their scope of practice.

(3) Services may be delivered via telehealth by a practitioner from a site distant from the location of the patient, provided both practitioner and patient are located in sites approved by the Office pursuant to the policies and procedures submitted by a certified program in an application for a telehealth designation.

(4) Telehealth does not include an electronic mail message, a text message or facsimile transmission between a program and a patient or a consultation between two practitioners, although these activities may support the delivery of services via telehealth.

(5) An Office certified program must obtain prior written authorization from the Office pursuant to this section before implementing telehealth service; services shall be limited to those authorized and approved by the Office.

(b) *Designation.* (1) Requests for designation to provide telehealth services shall be in the form of policies and procedures and an attestation, found in the *Telehealth Standards* posted on the agency website, and submitted by a certified provider to the Office Bureau of Certification and the Regional Office serving the area in which the applicant site is located. Such Regional Office may make an on-site visit to either or both linked sites prior to final approval and designation which will be issued by the Bureau of Certification.

(2) Office approval and operating certificate designation will be based on review of the policies and procedures and attestation addressing the following criteria, including but not limited to:

(i) service delivery via telehealth must be conducted via telecommunication systems employing acceptable authentication and identification procedures by both the sender and the receiver; applicant must document a relationship with a credible technology service provider;

(ii) delivery of services via telehealth meet federal and state confidentiality requirements including, but not limited to, 42 C.F. R. Part 2, and 45 C.F.R. Parts 160 and 164 (HIPAA Security Rules);

(iii) confidentiality requirements applicable to written medical records shall apply to services delivered via telehealth including the actual transmission of the service, any recordings made during the transmission, and any other electronic records;

(iv) spaces occupied by the patient and the practitioner must both meet minimum privacy standards consistent with patient-practitioner interaction and confidentiality;

(v) culturally competent and affirming interpretation and translation services must be provided when the patient and practitioner do not speak the same language;

(vi) a written procedure detailing the availability of in-person services by medical staff in an emergency situation;

(vii) written procedures for a contingency plan in the event of a transmission failure or other technical difficulties which may render the service undeliverable;

(viii) when applicable, a written and executed contract or MOU between an applicant provider and an individual practitioner or a corporate entity encompassing multiple practitioners regarding the above criteria and including billing, payment, record sharing, background checks, and any other relevant details necessary for implementation;

(ix) a practitioner must be licensed or credentialed to practice in New York State and be in good standing with the appropriate licensing or credentialing authority and be physically located in the USA when providing services via telehealth;

(x) the provision of buprenorphine prescribing and monitoring via telehealth must comply with applicable state and federal laws and regulations; additional guidance may be found in the *Telehealth Standards*.

(c) *Implementation.* (1) The patient shall be seeking services from a program certified by the Office.

(i) The practitioner shall prepare appropriate documentation of the service and, if appropriate, securely forward said documentation to the designated program as a condition of reimbursement;

(ii) If services delivered via telehealth are a regular part of an admitted patient's treatment/recovery plan, the practitioner must coordinate with the responsible professional at the patient's designated program to prepare and/or update the treatment/recovery plan in accordance with this Title to permit the patient's program to be reimbursed for continuing services;

(iii) The patient must be provided basic information about telehealth including alternatives, possible delays in service, possible need to travel to an approved originating site to receive services, risks associated with not having the services provided; the patient must acknowledge in writing having received such information;

(iv) The patient may refuse to receive services via telehealth.

(v) Patients and prospective patients must be evaluated to determine if service delivery via telehealth is appropriate; additional evaluations may be required for medication for addiction treatment using controlled substances.

(2) Service delivery via telehealth must be included in a provider's quality review process.

(3) The distant site practitioner must directly render the service delivered via telehealth;

(4) If the distant site is a hospital, the practitioner must be credentialed and privileged by such hospital, consistent with applicable accreditation standards.

(5) Telehealth sessions shall not be recorded without the patient's consent, which shall be documented in the clinical record.

(6) Unless otherwise required, persons receiving services via telehealth may be accompanied by a staff member during the session or may be alone. If the initial evaluation or a subsequent treatment/recovery plan recommends that the patient be accompanied during telehealth sessions, the patient must be accompanied for the session to be reimbursed.

(d) *Medicaid Reimbursement.* (1) For purposes of billing for Medicaid reimbursement, both the practitioner and/or facility employing the practitioner, and the designated program must be Medicaid enrolled

(2) For purposes of this subdivision, services delivered via telehealth shall be considered face-to-face contacts.

(3) To be eligible for Medicaid reimbursement, services delivered via telehealth must meet all requirements applicable to service delivery in accordance with Part 841 and the Part pursuant to which the

designated program operating certificate is issued and must exercise the same standard of care as services delivered on-site or in-community.

(4) Services delivered via telehealth will be reimbursed at the same rates for identical procedures provided by practitioners in person and delivered on-site or in-community unless otherwise specified by the Office.

(5) The designated program is the primary billing entity; reimbursement for practitioners at a distant site must be pursuant to a contract or MOU. Delivery of services via telehealth are covered when medically necessary and under the following circumstances:

(i) the patient is located at an originating site and is seeking a service(s) from a certified program;

(ii) the practitioner is employed by or contracted with a program certified by the Office;

(iii) the patient or significant other is present during the telehealth session;

(iv) the request for a telehealth session and the rationale for the request are documented in the patient's case record;

(v) the patient case record includes documentation that the telehealth session occurred and the results and findings were communicated to the designated provider.

(6) If the person receiving services or a significant other are not present during the telehealth session[~~service~~], the service is not eligible for third party reimbursement and any incurred costs remain the responsibility of the designated provider.

(7) Services delivered via telehealth may only be delivered via technological means approved by the federal Center for Medicaid and Medicare Services (CMS), provided such means are compliant with federal confidentiality requirements.

(8) If all or part of a service delivered via telehealth is undeliverable due to a failure of transmission or other technical difficulty, reimbursement shall not be provided.

(e) *Contracts or Memorandum of Understanding (MOU) for the Provision of Telepractice services.* (1)

Prior approval of the Office is not required before entering into such contracts or MOU;

however, notice of such contracts or agreements must be provided by the OASAS certified provider to the Office Bureau of Certification within thirty (30) days after execution of such contract or MOU or as part of the application for designation.

(2) The designated OASAS program is the default billing entity. Reimbursement of practitioners for services delivered via telehealth shall be pursuant to such contract or MOU; services are not separately billable by the practitioner unless agreed to in writing in advance of any service delivery.

(3) Designated programs or approved practitioners shall not engage in any service delivery via telehealth not otherwise authorized by the Office.

(4) Practitioners under contract or MOU with a certified and designated program must comply with the provisions of Part 805 of this Title related to criminal history information reviews or provide documentation that such security checks have been conducted and satisfied.

(5) Designated programs shall notify the Office Bureau of Certification of any change in practitioners pursuant to a contract or MOU and compliance with provisions of Part 805 of this Title.

(f) *Telehealth Standards.* The Office shall post standards on its public website to assist in compliance with the provisions of this Part and in achieving treatment goals through the provision of service delivery via telehealth. Such standards shall include, but not be limited to:

(1) Technology guidelines, including:

(i) The minimum technology thresholds (i.e., equipment, bandwidth, videoconferencing software, network specifications, carrier selection, hub/bridge, and security specifications), which shall be updated as new technology is approved; and

(ii) The form or format regarding the technology and communications to be used.

(2) Clinical standards, including but not limited to, the prescribing of medication for addiction [assisted] treatment (MAT), including controlled substances, via telehealth.

(g) *Policies and procedures.* A program designated to deliver services via telehealth must have written policies and procedures submitted by the program for designation approval, and the applicable requirements of this Part.

(h) *Medication for Addiction Treatment.* Initiation and prescribing of medications for addiction treatment must be done in accordance any and all applicable federal rules and regulations; guidance may be found in the *Telehealth Standards* posted on the agency website.

§830.6 Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Program Endorsement

(a) Intent. All OASAS providers must meet minimum requirements for the provision of culturally competent and appropriate services for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ) patients or clients in accordance with state and federal law, this Title, Local Services Bulletins, Standards and guidance issued by the Office. This program endorsement identifies additional criteria programs must meet as outlined in the *LGBTQ Affirming Program Endorsement Standards for OASAS-Certified Programs* (hereafter the *LGBTQ Standards*), as incorporated in this Title, for the provision of LGBTQ affirming addiction treatment services.

(b) Application. Requests for the LGBTQ Program Endorsement shall be in the form of a written application, to include a program self-assessment and attestation found in the *LGBTQ Standards* posted on the agency website, and submitted by a certified program to the Office Bureau of Certification and the appropriate

Regional Office serving the area in which the applicant is located. Office staff may make an on-site visit to the program prior to issuing the Program Endorsement Designation.

(c) Approval. Office approval and operating certificate designation will be based on submission of the attestation and the program self-assessment as well as any additional documentation requested by the Office and as set forth by the Office in this Part and the applicable *Standards* and guidance.

(d) Certification. Programs receiving the endorsement remain subject to all applicable rules and regulations pertaining to the Part under which they are certified.

(e) Program Self-Assessment. Programs seeking the LGBTQ Program Endorsement designation shall develop and implement policies and procedures consistent with the *LGBTQ Standards* set forth by the Office, including but not limited to:

(1) Physical environment. The program shall cultivate a welcoming and affirming physical environment for LGBTQ patients, staff, and family members.

(2) Program staff. The program shall establish an inclusive, non-discriminatory workplace environment for LGBTQ employees and actively recruit LGBTQ staff.

(i) At least one staff person identified as the LGBTQ Liaison is tasked with monitoring compliance with all required staff training and maintaining a resource directory and creating referral relationships with LGBTQ affirming providers.

(ii) All program staff shall receive training as identified in the *Standards*.

(iii) Non-discrimination. Providers shall have policies addressing non-discrimination and encouraging diversity, in hiring and compensation and benefits.

(3) Patient Rights. The program shall implement policies prohibiting discrimination in the delivery of services to LGBTQ patients and their families. Agency Patient Rights will reflect LGBTQ affirming policies and shall be linguistically appropriate.

(4) Service Provision. Staff and patient interaction shall be inclusive, affirming, and meet the needs of LGBTQ patients of all ages and their families, as indicated by:

(i) use of culturally appropriate and affirming language;

(ii) all forms and electronic health record (EHR) use inclusive language and provide for optional self-identification related to, at a minimum, name, gender marker, pronoun(s), sexual orientation, gender identity or expression, legal and correct name and partnership/marital status;

(iii) availability of referrals for LGBTQ patients and their families to providers within and outside of the agency.

(5) Patient interaction. The program shall address and identify staff responsibilities in creating a welcoming atmosphere and responding to negative patient interactions, including opportunities for addressing harassment among patients.

(6) Confidentiality. The program shall ensure the confidentiality of all patient data, including information about sexual orientation, gender identity or expression, gender pronoun information, legal name and any other identifying information.

(f) Agency Forms. All agency forms shall be updated to include LGBTQ affirming language.

§830.7 Adolescent Outpatient Program Endorsement

(a) Intent: Developmentally informed treatment is recognized as reducing substance use symptomology and assists in achieving and sustaining person-centered recovery from a substance use disorder. Programs certified pursuant to Part 822 of this Title seeking to implement adolescent initial and ongoing services in accordance with the *Clinical Practice Standards for Adolescent Programs for OASAS Designated Providers (hereinafter the Adolescent Endorsement Standards)*, incorporated by reference in this Title, are eligible to apply for an Adolescent Endorsement.

(b) Application Process. (1) Requests for designation for the Adolescent Program Endorsement shall be in the form of an application and attestation, found in the *Adolescent Endorsement Standards* posted on the agency website, incorporated by reference in this Title, and submitted by a certified outpatient program to the Office Bureau of Certification and the Regional Office serving the area in which the applicant site is located. Programs are required to submit Policies and Procedures in accordance with the aforementioned Adolescent Endorsement Standards. Office Adolescent Services and Regional Office staff may make an on-site visit prior to final approval and designation which will be issued by the Bureau of Certification.

(2) Office approval and operating certificate designation will be based on a review of the application, policies and procedures, and attestation addressing the following criteria, including but not limited to:

(i) Policies and procedures specific to the adolescent population addressing at a minimum:

- a) Outreach, engagement, and retention strategies;
- b) HIPAA messaging compliance (if applicable);
- c) Mental health treatment;
- d) Reporting for injuries and emergencies;
- e) Filing of client complaints;
- f) Emotional and physical safety of youth, including bullying;
- g) Availability and use of Medication for Addiction Treatment for youth.

(ii) Staff Qualification and training. Accessible staff includes providers such as a psychologist, psychiatrist, or nurse practitioner with knowledge of the adolescent population and at least one Master's level clinician. Staff shall have ongoing training on the principles of emerging best practices relevant to trauma-informed care and other trainings relevant to youth treatment and recovery.

(iii) Treatment services are available to adolescents in a developmentally appropriate manner including using appropriate Evidenced Based Practices, age-appropriate grouping of patients for group services and prosocial activities, and presenting information based on patient maturity level.

(iv) Formal and informal services for the family and/or significant others identified by adolescent patients.

(v) Mental Health services are available on site or by referral.

(vi) Availability of Medication for Addiction Treatment, including appropriate linkage with a certified Opioid Treatment Program.

§830.8 Ancillary Withdrawal Outpatient Designation

(a) Intent. Ancillary Withdrawal utilizes medication management to address the symptoms of mild to moderate or persistent withdrawal in outpatient settings. In combination with other outpatient services, Ancillary Withdrawal allows individuals to physically tolerate their symptoms while staying in their treatment/recovery community where they can continue to build long term support.

(b) Application for Designation. (1) Providers certified pursuant to Part 822 of this Title shall submit a request to the Office Bureau of Certification on the Attestation Form for Withdrawal Management Medical protocols at OASAS Certified Programs, which can be found on the Office website. On such form providers shall attest to compliance with Office issued guidance in the following areas, where there are deviations from the Office guidance providers shall submit an explanation on said form:

- (i) Objective monitoring;
- (ii) Safety;
- (iii) Involvement of medical professionals;
- (iv) Stabilization of medication for addiction treatment;
- (v) Patient comfort;
- (vi) Level of care assessment; and,
- (vii) Transition to continued care.

(2) Providers agree to service delivery consistent with the *Guidance on Medical Protocols for Withdrawal Management for OASAS Certified Programs*, posted on the OASAS website.

§830.9 Open Access Services Designation

(a) Intent: Open access services (OAS) facilitate on demand access to addiction treatment services. All OAS designated providers offer immediate peer services, clinical assessments, connection to appropriate level of care, and rapid access to approved medication(s) for addiction treatment for substance use disorder.

(b) Application for designation. (1) Programs certified pursuant to Part 822 of this Title seeking to implement open access services in accordance with the *Standards for Open Access Services for OASAS Designated Providers (hereinafter the OAS Standards)*, incorporated by reference in this Title, are eligible to apply for an OAS designation.

(2) Requests for the OAS designation shall be in the form of submission of an application, operational plan and evidence of provider referral agreements as set forth in the *OAS Standards* posted on the agency website, and submitted by a certified outpatient program to the Office Bureau of Certification and the Regional Office serving the area in which the applicant site is located. OASAS staff from the Bureau for Addiction Treatment and Recovery and the Regional Office may make an on-site visit prior to final approval and designation which will be issued by the Bureau of Certification.

(3) Office approval and operating certificate designation will be based on a review of the application, operational plan, and evidence of referral agreements.

(c) Operational plan. Consistent with the *OAS Standards*, providers shall submit an operational plan addressing, at minimum:

(1) Immediate access: The provision of immediate access to services, 24 hours a day, 7 days a week, 365 days a year.

(2) Screening, assessment and connection to care: the process for determining an individual's immediate needs and connecting them to the appropriate level of care.

(3) Medication for Addiction Treatment: Immediate access to approved medication(s) for addiction treatment for substance use disorder.

(4) Staffing: Staffing patterns to provide an immediate response, including the provision of peer services for immediate engagement and follow-up.

(d) Linkage agreements. OAS designated providers shall have extensive linkage agreements with community-based providers to ensure immediate access to services and linkage with the appropriate level of care. Evidence of such agreement shall be submitted with the application for designation.

§830.10 Revocation of Designation

(a) Failure to maintain minimum standards for designation, implementation and/or reimbursement may result in disciplinary action against a program's operating certificate. In the event the Office determines that a designation must be revoked, the Office will notify the program in writing. The program may request an administrative review of such decision pursuant to this paragraph.

(i) The program must request such review in writing within fifteen (15) days of receipt of the notice of revocation of designation. The request shall state the reasons the program considers the revocation of designation incorrect and shall include any supporting documentation;

(ii) the commissioner shall notify the program, in writing, of the results of the administrative review within twenty (20) days of receipt of the request for review. Failure to notify the program within twenty (20) days shall be deemed confirmation of revocation of a designation.

(iii) The commissioner's determination after administrative review shall be final and not subject to further review.

§830.11 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 provision or applications, and to this end the provisions of the Part are declared to be severable.