

Department of Health Care Services
Certification for Alcohol and Other Drug Programs

§1. Application and Purpose of Chapter.

(a) These requirements shall apply to all alcohol and other drug programs certified under Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the Health and Safety Code.

(b) Programs shall comply with the provisions of Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the Health and Safety Code and the requirements contained herein.

§2. Definitions.

(a) The following general definitions shall apply to terminology in these requirements, except where specifically noted otherwise:

(1) "Admission" means a program accepting an individual for AOD services and the individual signing a consent for those services.

(2) "Agent" means a person who has been delegated the authority to obligate or act on behalf of an applicant or program.

(3) "Alcohol and Other Drug (AOD) Counselor" means an individual registered or certified by an approved certifying organization in accordance with Chapter 8 (commencing with Section 13000), Division 4, Title 9 of the California Code of Regulations.

(4) "Alcohol and Other Drug (AOD) Services" means treatment services, recovery services, detoxification services, and/or medications for addiction treatment services.

(5) "Applicant" means any business entity, including a sole proprietorship, partnership, corporation, limited liability company, county, city, public agency or other governmental entity and the officers, directors, owners, or agents thereof, who applies to the Department for certification to operate a program.

(6) "Care Coordination" means a collaborative process to provide support to a client with resources for services designed to restore a client to their best possible functional level.

(7) "Certification Action" means any administrative action taken by the Department that would adversely affect the certification of a program, including:

(A) Denial of an initial application for certification;

(B) Denial of an application for certification amendment(s);

(C) Denial of an application for certification amendment to relocate operation of a program;

(D) Denial of an application for certification renewal;

(E) Assessment of a civil penalty; or

(F) Suspension or revocation of a certification.

(8) "Client" means an individual who is admitted to receive AOD services from a program.

(9) "Completed Application" means an application that includes all the required fees, information and forms, as required in Sections 10, 10.5, 11 or 12.

(10) "Counseling Services" means individual counseling or group counseling provided in person or through synchronous interaction.

(11) "Day" means calendar day unless otherwise specified.

(12) "Department" means the Department of Health Care Services or any representative of the

Department of Health Care Services.

(13) “Director” means the Director of the Department of Health Care Services.

(14) “Education Session” means a planned, structured, didactic presentation of information related to alcoholism and or drug abuse.

(15) “Group Counseling” means counseling, where one or more AOD counselors or HCPs treat two or more clients at the same time, focusing on the clients’ treatment or recovery needs.

(16) “Health Care Practitioner (HCP)” means a person duly licensed and regulated under Division 2 (commencing with Section 500) of the Business and Professions Code, who is acting within the scope of their license or certificate.

(17) “Individual Counseling” means confidential one-on-one counseling, where an AOD counselor or HCP treats a single client, focusing on the client’s recovery or treatment needs.

(18) “Medication” means a medication prescribed by a physician or other person authorized to prescribe or over-the-counter medication.

(19) “Medications for Addiction Treatment (MAT)” also known as “Medication Assisted Treatment” means the use of any drug approved by the United States Food and Drug Administration to treat substance use disorders.

(20) “Outpatient Detoxification Services” means services designed to support and assist a client experiencing withdrawal from alcohol and/or other drugs in a non-residential setting.

(21) “Owner” means having an ownership interest of 5% or greater in a business entity.

(22) “Physical Check” means entering the space where a client is present to observe their appearance, behavior, and activity.

(23) “Physician” means a person licensed as a physician and surgeon by the Medical Board of California or by the Osteopathic Medical Board of California.

(24) “Program” means the entity identified on the certification issued by the Department that provides outpatient treatment services, recovery services, detoxification services, and/or medications for addiction treatment in accordance with the provisions of Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the Health and Safety Code and these requirements.

(25) “Program Director” means the individual responsible for the overall management of a program.

(26) “Progress Note” means a written entry made by an AOD counselor or HCP at or near the time at which a service was rendered that describes the AOD service, the intervention, and the next steps, including planned actions by an AOD counselor, HCP or client and any other relevant client information.

(27) “Recovery Services” means any assistance provided to a client to maintain abstinence from the use of alcohol and/or other drugs, sobriety, or any goal achieved during treatment for a substance use disorder. Recovery services may include care coordination, counseling services, and education sessions.

(28) “Resident” means an individual who resides in and receives detoxification services, recovery services and/or treatment services from a licensed residential alcoholism or drug abuse recovery or treatment facility.

(29) “Residential Detoxification Services” means services designed to observe, support and assist a client experiencing withdrawal from alcohol and/or other drugs in a residential setting.

(30) "Return to Use" means relapse or recurrence of use of alcohol or drugs after a period of abstinence.

(31) "Screening" means a review conducted by an AOD counselor or HCP of a client's current and past substance use and treatment.

(32) "Site Visit" means a physical or virtual inspection of a program conducted by any authorized employee of the Department.

(33) "Slot count" means the maximum number of individuals who can receive AOD services at the program at any given time on any given day. The slot count cannot exceed the total building capacity as approved by the local fire authority.

(34) "Staff" means employees, interns, or volunteers at a program other than HCPs.

(35) "Substantial Compliance" means the absence of any deficiencies.

(36) "Synchronous Interaction" means the same as defined in Business and Professions Code Section 2290.5(a)(5). Synchronous interaction shall be provided in compliance with the privacy and security requirements contained in the Health Insurance Portability and Accountability Act of 1996 found in Parts 160 and 164 of Title 45 of the Code of Federal Regulations, Part 2 of Title 42 of the Code of Federal Regulations, and any other applicable state and federal statutes and regulations.

(37) "Treatment Services" means any assistance provided to a client to obtain any goal associated with recovery from a substance use disorder. Treatment services may include care coordination, counseling services, and education sessions.

(38) "Volunteer" means uncompensated staff.

§3. Departmental Authority to Certify.

The Department shall certify a program pursuant to the provisions of Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the Health and Safety Code and these requirements.

§4. Requirement for Certification.

(a) Except for programs exempt pursuant to Health and Safety Code section 11832.3, subdivision (b), no business entity, including a sole proprietorship, partnership, corporation, limited liability company, county, city, public agency, or other governmental entity shall establish, operate, manage, conduct, or maintain a program without first obtaining a current, valid certification from the Department.

(b) Except for programs exempt pursuant to Health and Safety Code section 11832.3, subdivision (b), no business entity, including a sole proprietorship, partnership, corporation, limited liability company, county, city, public agency or other governmental entity shall hold out, advertise, or represent by any means that it is establishing, operating, managing, conducting, or maintaining a program without first obtaining a current, valid certification from the Department.

§5. Prohibition against False Claims Regarding Certification.

No program, officer, or employee of a program shall make or disseminate any false or misleading statement regarding certification of the program or any of the AOD services provided by the program.

§6. Requirement to Post Certification.

The program shall:

(a) Post the certification in a conspicuous place in the program, where it can be seen by

anyone entering the program, and

(b) Make the certification available for inspection upon request.

§7. Alteration of a Certification.

No program, officer, or employee of a program shall alter a certification or disseminate an altered certification.

§8. Adherence to Express Conditions of Certification.

A program shall not operate a program beyond the conditions and limitations specified on the certification.

§9. How to Obtain Application Information.

Application information may be obtained by visiting the Department's website, by contacting the Department electronically at LCDQuestions@dhcs.ca.gov, by mail at Department of Health Care Services, P.O. Box 997413, MS 2600, Sacramento, CA 95899-7413, or by telephone at (916) 322-2911.

§10. Initial Application for Certification.

(a) To apply for a certification to operate a program, an applicant shall submit to the Department an Initial Application for Certification form DHCS 6040, herein incorporated by reference, the required fees, and the following information and forms:

- (1) Business entity formation documents, if applicable;
- (2) Board minutes, if applicable;
- (3) Current business license, as required by the local jurisdiction;
- (4) Fictitious business name statement, if applicable;
- (5) Property deed, lease or rental agreement, or written authorization for use of the property;

- (6) Fire authority information;
- (7) Administrative organizational chart of the business entity;
- (8) Community resources;
- (9) Outline of activities and services;
- (10) Program description;
- (11) Continuous quality management plan;
- (12) Job descriptions;
- (13) Written policies and procedures for admission and readmission;
- (14) Admission agreement;
- (15) Written policy for establishing and collecting fees;
- (16) Written policies and procedures in the event of an emergency or disaster;
- (17) Written policies and procedures for medications;
- (18) Written policies and procedures for a medication audit to track and account for client medications;
- (19) Written policies and procedures following a client's return to use or appearance of being under the influence;
- (20) Written policies and procedures for MAT, consistent with Section 47;
- (21) Written policy that prohibits guns, knives (other than kitchen utensils), or other weapons (except for law enforcement officers or security guards acting in the line of duty) at the program;
- (22) Disclosure to the Department of Health Care Services (DHCS) form DHCS 5140, herein

incorporated by reference;

(23) Staff and Health Care Practitioner (HCP) Information form DHCS 5050, herein incorporated by reference, if applicable;

(24) Program Director Information form DHCS 5082, herein incorporated by reference;

(25) Administrative Organization – Corporation, Nonprofit Corporation, Limited Liability Company, General Partnership or Limited Partnership form DHCS 5083, herein incorporated by reference, if applicable;

(26) Administrative Organization – Public Agency or Sole Proprietor form DHCS 5084, herein incorporated by reference, if applicable;

(27) Designation of Administrative Responsibility form DHCS 5085, herein incorporated by reference, if applicable; and

(28) Weekly activity information, as required by the Schedule of Recovery and Treatment Services form DHCS 5086;

(29) Management services/professional services agreement(s); and

(30) Proof of liability insurance or proof of bond.

§10.5. Application for Existing Certified Program to Obtain Initial Certification for New Program.

(a) A certified program may apply for a new certification to operate another AOD program that provides identical treatment, recovery, detoxification and/or medications for addiction treatment services to the existing certified program identified in the application.

(b) At the time of application, a program shall be in compliance with the provisions of Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the Health and Safety Code

and the requirements contained herein.

(c) Except as required by Section 19, an existing program may apply for an initial certification for a new program pursuant to this section.

(d) To obtain a certification for a new program, an existing certified program may submit to the Department an Initial Application For An Existing Certified Program to Obtain Initial Certification for New Program DHCS 6041, herein incorporated by reference, the required fees, and the following information and forms:

- (1) Location specific management services/professional services agreement(s);
- (2) Property deed, lease or rental agreement, or written authorization for use of the property;
- (3) Fire authority information;
- (4) Business license, as required by the local jurisdiction;
- (5) Program description;
- (6) Job descriptions;
- (7) Admission agreement;
- (8) Written policies and procedures in the event of an emergency or disaster;
- (9) Written policies and procedures for MAT, consistent with Section 47;
- (10) Disclosure to the Department of Health Care Services (DHCS) form DHCS 5140, herein incorporated by reference;
- (11) Staff and Health Care Practitioner (HCP) Information form DHCS 5050, herein incorporated by reference, if applicable;
- (12) Program Director Information form DHCS 5082, herein incorporated by reference;

(13) Designation of Administrative Responsibility form DHCS 5085, herein incorporated by reference, if applicable; and

(14) Weekly activity information, as required by the Schedule of Recovery and Treatment Services form DHCS 5086.

(e) The new certified program shall adopt and comply with all policies and procedures that are currently approved by the Department for the existing certified program identified in the application, except for the policies and procedures listed in subsection (d). Any updates made to the existing certified program's policies and procedures after an application is approved shall not change or update the new program's policies and procedures. Programs shall update DHCS program policies and procedures in accordance with Section 34.5.

§11. Application for Certification Amendment(s).

(a) The following changes to a program certification require approval from the Department:

(1) Adding/removing outpatient treatment, recovery, intensive outpatient, detoxification or medications for addiction treatment services;

(2) Increasing/decreasing slot count;

(3) Relocating operation of a program;

(4) Adding/removing building, room or suite number to existing program address;

(5) Changing the name of the program; and

(6) Changing the name of the business entity.

(b) To apply for approval to change a program certification, a program shall submit an Application for Certification Amendment(s) form DHCS 6042, herein incorporated by reference,

together with any required fees and the following information, if applicable:

(1) Disclosure to the Department of Health Care Services (DHCS) form DHCS 5140, herein incorporated by reference;

(2) Staff and Health Care Practitioner (HCP) Information form DHCS 5050, herein incorporated by reference, if applicable;

(3) Program Director Information form DHCS 5082, herein incorporated by reference;

(4) Administrative Organization – Corporation, Nonprofit Corporation, Limited Liability Company, General Partnership or Limited Partnership form DHCS 5083, herein incorporated by reference, if applicable;

(5) Administrative Organization – Public Agency or Sole Proprietor form DHCS 5084, herein incorporated by reference, if applicable;

(6) Designation of Administrative Responsibility form DHCS 5085, herein incorporated by reference, if applicable; and

(7) Weekly activity information, as required by the Schedule of Recovery and Treatment Services form DHCS 5086.

§12. Application for Certification Renewal.

(a) To apply for certification renewal, a program shall submit to the Department, at least ninety (90) days prior to the expiration of certification, the Application for Certification Renewal form DHCS 6043, herein incorporated by reference, the required fees, and the following information and forms:

(1) Staff and Health Care Practitioner (HCP) Information form DHCS 5050, herein

incorporated by reference, if applicable;

(2) Weekly activity information, as required by the Schedule of Recovery and Treatment Services form DHCS 5086;

(3) Disclosure to the Department of Health Care Services (DHCS) form DHCS 5140, herein incorporated by reference;

(4) Program Director Information form DHCS 5082, herein incorporated by reference;

(5) Designation of Administrative Responsibility form DHCS 5085, herein incorporated by reference, if applicable; and

(6) Fire authority information.

(b) Failure to submit an application for certification renewal pursuant to subsection (a) shall result in automatic termination of the certification at the end of the two-year period.

§13. Where to Submit Applications and Written Requests.

(a) Applications, forms, and written requests may be submitted electronically to LCDQuestions@dhcs.ca.gov or by mail to the Department of Health Care Services, P.O. Box 997413, MS 2600, Sacramento, CA 95899-7413. The Department shall not accept an application for review without submission of the required fees.

§14. Review of Initial Application for Certification.

(a) Within forty-five (45) working days of receipt of an Initial Application for Certification form DHCS 6040, the required fees, and information and forms specified in Section 10, the Department shall provide written notification to the applicant if the application is:

(1) Complete, including the required fees, information and forms specified in Section 10 and

accepted for review; or

(2) Incomplete, and the Department shall specify the missing information, forms, or fees. The applicant shall have sixty (60) days from the date of the notice to provide missing information or forms. The Department shall terminate review of the application if the applicant does not provide all required information or forms within these sixty (60) days. Termination of the review shall not constitute a certification action. An applicant may reapply by submitting a new application, the required fees, information and forms to the Department in accordance with Section 10.

(b) Within one-hundred twenty (120) working days after the completed application is accepted for review, the Department shall conduct a site visit and provide written notice to the applicant to either:

(1) Approve the initial application for certification, collect the initial biennial certification fee and then issue a certification in accordance with Section 20; or

(2) Deny the initial application for certification in accordance with Section 23.

(c) The Department may terminate the review of an application if:

(1) The applicant was formerly licensed to operate a residential alcoholism or drug abuse recovery or treatment facility and the license was administratively suspended or revoked pursuant to Section 11500 et seq. of the Government Code within five (5) years from the date the application was received; or

(2) The applicant was formerly certified to operate a program and the certification was administratively suspended or revoked within five (5) years from the date the application was received.

(d) Termination of the review shall not constitute a certification action.

(e) If the Department terminates a review pursuant to paragraph (2) of subsection (a) or subsection (c), the Department shall provide written notice to the applicant of the termination.

(f) An applicant may reapply by submitting a new application, the required fees, information and forms to the Department in accordance with Section 10.

§14.5. Review of Application for Existing Certified Program to Obtain Initial Certification for New Program.

(a) Within forty-five (45) working days of receipt of an Application for Existing Certified Program to Obtain Initial Certification for New Program form DHCS 6041, the required fees, and information and forms specified in Section 10.5, the Department shall provide written notification to the applicant if the application is:

(1) Complete, including the required fees, information and forms specified in Section 10.5 and accepted for review; or

(2) Incomplete, and the Department shall specify the missing information, forms, or fees. The applicant shall have forty-five (45) days from the date of the notice to provide missing information or forms. The Department shall terminate review of the application if the applicant does not provide all required information or forms within these forty-five (45) days. Termination of the review shall not constitute a certification action. An applicant may reapply by submitting a new application, the required fees, information and forms to the Department in accordance with Section 10.5.

(b) Within ninety (90) working days after the completed application is accepted for review, the Department shall conduct a site visit and provide written notice to the applicant to either:

(1) Approve the initial application for certification, collect the initial biennial certification fee and then issue a certification in accordance with Section 20; or

(2) Deny the initial application for certification in accordance with Section 23.

(c) The Department may terminate the review of an application if:

(1) The applicant was formerly licensed to operate a residential alcoholism or drug abuse recovery or treatment facility and the license was administratively suspended or revoked pursuant to Section 11500 et seq. of the Government Code within five (5) years from the date the application was received; or

(2) The applicant was formerly certified to operate a program and the certification was administratively suspended or revoked within five (5) years from the date the application was received.

(d) Termination of the review shall not constitute a certification action.

(e) If the Department terminates a review pursuant to paragraph (2) of subsection (a) or subsection (c), the Department shall provide written notice to the applicant of the termination.

(f) An applicant may reapply by submitting a new application, the required fees, information and forms to the Department in accordance with Section 10.5.

§15. Review of Application for Certification Amendment(s).

(a) The Department shall review an application for certification amendment(s) to relocate operation of a program in accordance with Section 16.

(b) Within forty-five (45) working days of receipt of an Application for Certification Amendment(s) form DHCS 6042, the required fees, and information and forms specified in Section

11, the Department shall provide written notice to the program if the application is:

(1) Complete, including the required fees, information and forms specified in Section 11, and accepted for review; or

(2) Incomplete, and the Department shall specify the missing information or forms. The program shall have thirty (30) days from the date of the notice to provide missing information or forms. The Department shall terminate review of the application if the program does not provide all required information or forms within these thirty (30) days. Termination of the review shall not constitute a certification action. A program may reapply by submitting a new application, the required fees, information and forms to the Department in accordance with Section 11.

(c) Within sixty (60) working days after the completed application is accepted for review, the Department may conduct a site visit and shall provide written notice to the program to either:

(1) Approve the application for certification amendment(s) and issue a revised certification by certified mail; or

(2) Deny the application for certification amendment(s) in accordance with Section 23.

(d) Denial of an application for certification amendment(s) does not affect the program's existing certification.

§16. Review of Application for Certification Amendment to Relocate Operation of a Program.

(a) Within forty-five (45) working days of receipt of an Application for Certification Amendment(s) form DHCS 6042, to relocate operation of a program, the required fees, information and forms specified in Section 11, the Department shall provide written notice to

the program if the application is:

(1) Complete, including the required fees, information and forms specified in Section 11, and accepted for review; or

(2) Incomplete, and the Department shall specify the missing information or forms. The program shall have thirty (30) days from the date of the notice to provide missing information or forms. The Department shall terminate review of the application if the program does not provide all required information or forms within these thirty (30) days. Termination of the review shall not constitute a certification action. A program may reapply by submitting a new application, the required fees, information and forms to the Department in accordance with Section 11.

(b) Within sixty (60) working days after the completed application is accepted for review, the Department shall conduct a site visit and provide written notice to the program to either:

(1) Approve the application for certification amendment to relocate operation of a program and issue a revised certification by certified mail; or

(c) Deny the application for certification amendment to relocate operation of a program in accordance with Section 23.

(d) Denial of an application for certification amendment to relocate operation of a program does not affect the program's existing certification.

(e) If the program fails to obtain approval from the Department prior to relocating, the certification shall terminate as of the date the operation of the program relocates.

(f) A program may relocate its operation without prior approval from the Department due to an emergency that threatens the health and safety of clients. If a program relocates due to an emergency that threatens the health and safety of clients, the program shall:

(1) Within one (1) working day from the date of relocation, inform the Department, by telephone, of the address of the new location, the specific date of the relocation, and the reason for the relocation;

(2) Within seven (7) working days from the date of relocation, inform the Department, in writing, of the address of the new location, the specific date of the relocation, the reason for the relocation, and evidence of the emergency; and

(3) Within thirty (30) working days from the date of relocation, submit to the Department an Application for Certification Amendment(s) form DHCS 6042, the required fees, and information and forms specified in Section 11. The Department shall review this application in accordance with this section.

(g) If the program relocates its operation due to an emergency and fails to comply with the requirements of subsection (e), the certification shall terminate on the thirty-first (31st) working day after the date of the relocation.

§17. Review of Application for Certification Renewal.

(a) At least one-hundred twenty (120) days prior to the expiration date noted on the certification, the Department shall send written notice to inform the program:

(1) The date when the current period of certification will expire;

(2) The application for certification renewal requirements set forth in Section 12; and

(3) That failure to comply with Section 12 shall result in the expiration of the certification and that continued operation of the program beyond the date of expiration is prohibited.

(b) Within forty-five (45) working days of receipt of the Application for Certification Renewal form DHCS 6043, the required fees, information and forms specified in Section 12, the Department shall provide written notice to the program if the application is:

(1) Complete, including the required fees, information and forms specified in Section 12 and accepted for review; or

(2) Incomplete, and the Department shall specify the missing information or forms. The program shall have thirty (30) days from the date of the notice to provide missing information or forms. The Department shall terminate review of the application if the program does not provide all required information or forms within these thirty (30) days. Termination of the review shall not constitute a certification action. A program may reapply by submitting a new initial application, the required fees, information and forms to the Department in accordance with Section 10.

(c) Within thirty (30) working days after the completed application is accepted for review, the Department shall provide written notice to the program to either:

(1) Approve the application for certification renewal, collect the biennial certification fee and then issue a certification by certified mail, which shall be valid for two (2) years; or

(2) Deny the application for certification renewal in accordance with Section 23.

(d) A certification shall expire on the date specified on the certification if:

(1) The program does not comply with the requirements of Section 12, or the requirements of

subsection (b)(2);

(2) The program fails to pay all certification fees and/or civil penalties, assessed pursuant to Section 31 and adjudicated pursuant to Section 33; or

(3) The Department has begun proceedings against the program pursuant to Health and Safety Code Section 11832.14.

§18. Withdrawal of an Application.

(a) The program or applicant may withdraw an application for certification by mail or through email to the Department of Health Care Services, P.O. Box 997413, MS 2600, Sacramento, CA 95899-7413.

(b) Withdrawal shall not prohibit the Department from taking a certification action.

§19. Changes Requiring a New Initial Application for Certification.

(a) The following changes require submission of a new Initial Application for Certification form DHCS 6040, in accordance with Section 10:

(1) Change of the business entity (e.g., limited liability company to corporation);

(2) Sale of the program; or

(3) Transfer of ownership of fifty-one percent (51%) or greater.

§ 20. Issuance of Certification.

The Department shall issue a certification to the applicant by certified mail if it determines, based on its review of the application for certification pursuant to Section 10, 10.5, 14, and 14.5 that the applicant is in compliance with the provisions of Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the Health and Safety Code and these requirements.

§21. Termination of a Certification.

(a) A certification shall automatically terminate by operation of law whenever the program:

- (1) Sells a program;
- (2) Transfers ownership of fifty-one (51%) percent or greater;
- (3) Voluntarily surrenders the certification to the Department;
- (4) Relocates operation of a program to a new location without prior approval;
- (5) Dies (only if the program is a sole proprietor); or
- (6) Actually or constructively abandons the program.

(b) To reapply, after a program voluntarily surrenders the certification to the Department, an applicant shall:

(1) Submit a new application, the required fees, information and forms to the Department in accordance with Section 10; and

(2) Pay all outstanding certification fees and all unpaid civil penalties, assessed pursuant to Section 31 and adjudicated pursuant to Section 33.

§22. Period of Certification.

Certifications shall be valid for two (2) years unless extended by the Department, pursuant to Section 17.

§23. Denial of Application.

(a) The Department may deny an initial application for certification for any of the following reasons:

- (1) Review of the application indicates that the applicant is not in compliance with the

provisions of Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the Health and Safety Code and these requirements;

(2) The applicant fails to correct any deficiency identified during the site visit pursuant to these requirements;

(3) The applicant identified on the application, information and forms has operated or been affiliated with a program that has a history of non-compliance with the provisions of Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the Health and Safety Code and these requirements;

(4) The applicant identified on the application, information and forms is operating an uncertified program prior to certification;

(5) The applicant has unpaid civil penalties, assessed pursuant to Section 31 and adjudicated pursuant to Section 33;

(6) The applicant misrepresents a material fact to the Department or conceals a material fact or circumstance;

(7) The applicant refuses to allow the Department entry into the program to determine compliance with these requirements; or

(8) The applicant is on the Medi-Cal Suspended and Ineligible Provider List.

(b) The Department may deny an application for certification amendment(s) for any of the following reasons:

(1) Review of the application indicates that the program is not in compliance with the provisions of Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the Health and

Safety Code and these requirements;

(2) The program fails to correct any deficiency identified during the site visit pursuant to these requirements;

(3) The program has unpaid civil penalties, assessed pursuant to Section 31 and adjudicated pursuant to Section 33;

(4) The program misrepresents a material fact to the Department or conceals a material fact or circumstance;

(5) The program has repeatedly violated these requirements;

(6) The program has permitted the violation of, or any repeated violation of, these requirements;

(7) The program has operated the program in a manner that is inimical to the health and safety of the clients;

(8) The program refuses to allow the Department entry into the program to determine compliance with these requirements; or

(9) The program is on the Medi-Cal Suspended and Ineligible Provider List.

(c) The Department may deny an application for certification renewal for any of the following reasons:

(1) Review of the application indicates that the program is not in compliance with the provisions of Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the Health and Safety Code and/or these requirements;

(2) The program fails to correct any deficiency identified pursuant to these requirements;

(3) The program has unpaid civil penalties, assessed pursuant to Section 31 and adjudicated pursuant to Section 33;

(4) The program misrepresents a material fact to the Department or conceals a material fact or circumstance;

(5) The program has repeatedly violated these requirements;

(6) The program has permitted the violation of, or any repeated violation of, these requirements;

(7) The program has operated in a manner that is inimical to the health and safety of the clients; or

(8) The program is on the Medi-Cal Suspended and Ineligible Provider List.

(d) If the Department denies an initial application for certification, the Department shall send a written notice of denial to the applicant by certified mail that shall:

(1) Explain the reason(s) for denial; and

(2) Inform the applicant of their right to a hearing in accordance with the provisions of Chapter 5, (commencing with Section 11500) of Part 1, Division 3, Title 2 of the Government Code.

(e) If the Department denies an application for certification amendment(s), the Department shall send a written notice of denial to the program by certified mail that shall:

(1) Explain the reason(s) for denial;

(2) Inform the program that they may reapply by submitting a new application, the required fees, information and forms to the Department in accordance with Section 10;

(3) Inform the program that denial of an application for certification amendment(s) does not affect the program's existing certification; and

(4) Inform the program of their right to a hearing in accordance with the provisions of Chapter 5, (commencing with Section 11500) of Part 1, Division 3, Title 2 of the Government Code.

(f) If the Department denies an application for certification renewal, the Department shall send a written notice of denial to the program by certified mail that shall:

(1) Explain the reason(s) for denial;

(2) Inform the program that they shall cease operation by the expiration date on the current certification;

(3) Request the program relinquish the issued certification and return it to the Department upon its expiration;

(4) Inform the program of their right to a hearing in accordance with the provisions of Chapter 5, (commencing with Section 11500) of Part 1, Division 3, Title 2 of the Government Code.

§24. Written Notice of Deficiency.

(a) A written notice of deficiency shall specify the following:

(1) The issuance date;

(2) The legal citation for each statute or requirement that has been violated;

(3) The manner in which the program failed to comply with a specified statute or requirement;

(4) The correction date by when all deficiencies shall be corrected by the program; and

(5) The information regarding the civil penalty to be assessed in accordance with Section 31

if the program fails to correct the deficiencies by the correction date.

(b) The deficiencies shall be corrected by a program within thirty (30) days of the issuance date specified on the written notice of deficiency unless the Department determines, based on review, that the deficiency is sufficiently serious to require correction within a shorter period of time. In that event, the Department shall specify a correction date by which a program shall correct the deficiency and explain how the deficiency jeopardizes the health or safety of the clients.

§25. Investigation of Complaints Regarding Uncertified Programs.

(a) Any person may file a complaint with the Department requesting an inspection of an uncertified program, by contacting the Department in person, by telephone, in writing, by email, or any other electronic means.

(b) The Department shall not disclose the identity of a complainant unless:

(1) The complainant authorizes disclosure in writing; or

(2) The complainant submits a complaint in their official capacity.

(c) Within ten (10) working days of receipt of the complaint, the Department shall provide written notice to the complainant acknowledging receipt.

(d) The Department may conduct an investigation into any complaint alleging that a business entity is establishing, operating, managing, conducting, or maintaining an uncertified program in violation of Chapter 7.1 (commencing with Section 11832) of Part 2 of Division 10.5 of the Health and Safety Code.

(e) The Department shall conduct a site visit of an alleged uncertified program, with or without advance notice, at any time, upon presentation of proper identification, in order to

determine if an alleged uncertified program is operating in violation of Chapter 7.1 (commencing with Section 11832) of Part 2 of Division 10.5 of the Health and Safety Code.

(f) The Department may interview any client or individual working at an alleged uncertified program and inspect relevant records without prior consent. The interviews shall occur in private, outside the presence of the other individuals working at the alleged uncertified program.

(g) If the Department determines, as the result of its investigation, that an uncertified program is in violation of Chapter 7.1 (commencing with Section 11832) of Part 2 of Division 10.5 of the Health and Safety Code, the Department shall issue to the uncertified program a notice of operation in violation of law. This notice shall inform the business entity establishing, operating, managing, conducting, or maintaining the uncertified program that it is acting in violation of Section 11832.7 of the Health and Safety Code. The notice shall be issued in person, electronically or by certified mail.

The notice shall:

(1) Order the business entity establishing, operating, managing, conducting, or maintaining the uncertified program to cease providing all AOD services immediately upon receipt of the notice of operation in violation of law.

(2) Order the business entity establishing, operating, managing, conducting, or maintaining the uncertified program to respond in writing to the Department advising that the uncertified program has ceased providing all AOD services. This written response shall be postmarked or electronically submitted no later than seven (7) days from receipt of the notice.

(3) Specify that the Department may take action in accordance with subsection (i) if the uncertified program fails to cease providing all AOD services immediately upon receipt of the notice

and fails to respond to the Department no later than seven (7) days from the receipt of the notice.

(h) If the uncertified program fails to cease providing all AOD services immediately upon receipt of the notice of operation in violation of law and fails to notify the Department of such cessation within seven (7) days of the receipt of the notice, on the eighth (8th) day the Department shall assess a civil penalty of two thousand (\$2,000) dollars per day against any business entity establishing, operating, managing, conducting, or maintaining the uncertified program.

(1) If the business entity establishing, operating, managing, conducting, or maintaining the uncertified program or their agents subsequently provides written notice to the Department that the uncertified program has ceased providing all AOD services, the civil penalty shall cease as of the date the notice is postmarked or the electronic submission date.

(2) The Department may conduct a site visit to verify that the uncertified program is no longer in violation of Chapter 7.1 (commencing with Section 11832) of Part 2 of Division 10.5 of the Health and Safety Code. If the site visit indicates that the uncertified program is still in violation of Chapter 7.1 (commencing with Section 11832) of Part 2 of Division 10.5 of the Health and Safety Code, the Department shall assess the two thousand (\$2,000) dollars per day civil penalty without interruption from the date the uncertified program received the notice of operation in violation of law.

(i) In addition to assessing a civil penalty as described in subsection (h), the Department may petition the superior court in the county in which the violation occurred to enjoin the business entity from establishing, operating, managing, conducting, or maintaining an uncertified program. Any such action shall conform to the requirements of Chapter 3 (commencing with Section 525), Title 7, Part 2 of the Code of Civil Procedure, except that the Director shall not be required to allege

facts necessary to show or tending to show lack of adequate remedy at law or irreparable damage or loss.

(j) All civil penalties, assessed pursuant to this section and adjudicated pursuant to Section 33, shall be due and payable upon receipt of a notice of final adjudication of civil penalty issued by the Department, and shall be paid by certified check or money order made payable to the Department.

§26. Investigation of Complaints Regarding Certified Programs.

(a) Any person may file a complaint with the Department requesting an inspection of a program by contacting the Department in person, by telephone or in writing, by email or any other electronic means.

(b) The Department shall not disclose the identity of a complainant unless:

(1) The complainant authorizes disclosure in writing; or

(2) The complainant submits a complaint in their official capacity.

(c) Within ten (10) working days of receipt of the complaint, the Department shall provide written notice to the complainant acknowledging receipt.

(d) The Department may conduct a site visit of the program, with or without advance notice, at any time, upon presentation of proper identification, in order to determine compliance with the provisions of Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the Health and Safety Code, and these requirements.

(e) The Department may interview current or past clients, staff, and/or HCPs and inspect relevant program records without the prior consent of the program. The interviews shall occur in

private. Only the person being interviewed, and the Department representative shall be present during the interview.

(f) If the complaint investigation discloses deficiencies, the Department shall prepare a written notice of deficiency, in accordance with Section 24 that lists all deficiencies. The Department shall provide a written notice of deficiency to the program or their agent, in person, electronically, or by certified mail.

§27. Certification Compliance Reviews.

(a) The Department shall review each program to determine compliance at least once during every period of certification.

(b) Any authorized employee of the Department may conduct a site visit of any program at any time, upon presentation of proper identification, with or without advance notice, to determine compliance with the provisions of Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the Health and Safety Code and these requirements.

(c) The Department may interview current or past clients, staff, and/or HCPs, and inspect relevant program records without the prior consent of the program. The interviews shall occur in private. Only the person being interviewed, and the Department representative shall be present during the interview.

(d) At the completion of the compliance review, the Department shall issue either a certification report when there are no deficiencies identified, or a written notice of deficiency, in accordance with Section 24.

(e) The Department shall provide the written notice of deficiency to the program or their agent

in person before leaving the program, electronically, or by certified mail, upon the completion of the certification compliance review.

§28. Written Verification of Correction.

(a) For any deficiency, the program shall submit to the Department a written verification of correction. The written verification of correction shall demonstrate the correction of the deficiency through submission of documents or photographs.

(b) The Department shall, within fifteen (15) working days of receipt of a written verification of correction, determine whether the written verification of correction demonstrates the correction of the deficiency and notify the program in writing that:

(1) The written verification of correction is approved; or

(2) The written verification of correction is not approved.

(c) If the Department does not approve the written verification of correction or the program fails to submit a written verification of correction, the Department shall assess civil penalties pursuant to Section 31 from the day after the correction date specified in the written notice of deficiency.

(d) In addition to assessing civil penalties, the Department may seek suspension or revocation of certification pursuant to Section 32.

§29. Corrective Action Plan.

(a) A program, who is unable to demonstrate the correction of a deficiency prior to the correction date specified in the written notice of deficiency, shall submit to the Department, a written corrective action plan that is postmarked or electronically submitted no later than the correction date

specified in the written notice of deficiency.

(b) The written corrective action plan shall:

(1) Explain why each deficiency cannot be corrected by the correction date specified in the written notice of deficiency;

(2) Describe the steps the program has or will take to correct each deficiency; and

(3) State when the program will submit a written verification of correction for each deficiency in accordance with Section 28.

(c) The Department shall, within fifteen (15) working days of receipt of a written corrective action plan, determine whether the written corrective action plan meets the requirements of subsection (b) and notify the program in writing that:

(1) The corrective action plan is approved; or

(2) The corrective action plan is not approved.

(d) If a program fails to correct the deficiency by the correction date specified in the approved corrective action plan, the Department may assess civil penalties pursuant to Section 31 from the day after the correction date specified in the approved corrective action plan.

(e) If the Department does not approve the corrective action plan, the Department shall assess civil penalties pursuant to Section 31 from the day after the correction date specified in the written notice of deficiency.

§30. Follow-up Site Visit to Verify Correction of Deficiency.

(a) The Department may conduct an unannounced follow-up site visit to determine if the program has corrected all deficiencies specified in the written notice of deficiency or the approved

corrective action plan.

(b) If a follow-up site visit indicates that a deficiency has not been corrected on or before the correction date specified in the written notice of deficiency or approved corrective action plan, the Department shall assess civil penalties, pursuant to Section 31.

§31. Assessment of Civil Penalties for Failure to Correct Deficiencies.

(a) If the Department assesses a civil penalty for any of the reasons identified in Sections 29 and 30, the civil penalty shall be as indicated below:

(1) The Department shall assess a civil penalty of two hundred fifty (\$250) dollars per day against the program for each deficiency.

(2) The maximum daily civil penalty for all deficiencies shall not exceed one thousand (\$1,000) dollars.

(b) The Department shall assess civil penalties from the day after the correction date specified in the written notice of deficiency or in the approved corrective action plan until the date the program submits written verification of correction pursuant to Section 25. The date of submission by the program shall be the date the written verification of correction is postmarked or the electronic submission date. If the written verification of correction is not approved or a follow-up site visit determines that the program failed to correct the deficiency, the civil penalty shall continue to accrue from the day after the correction date specified in the written notice of deficiency or from the day after the correction date specified in the approved corrective action plan.

(c) If the program repeats the same deficiency within a twenty-four (24) month period, the Department shall assess an immediate civil penalty of five hundred (\$500) dollars. Additionally, the

Department shall assess a civil penalty of seven hundred fifty (\$750) dollars for each day the deficiency continues until the program submits written verification of the correction pursuant to Section 28. The date of submission by the program shall be the date the written verification of correction is postmarked or the electronic submission date. If the written verification of correction is not approved or a follow-up site visit determines that the program failed to correct the deficiency, the civil penalty shall continue to accrue from the date of discovery of the repeated deficiency.

(d) If a program, who was assessed a civil penalty in accordance with subsection (c), repeats the same deficiency within twenty-four (24) months of the second deficiency, the Department shall assess an immediate civil penalty of five hundred (\$500) dollars. Additionally, the Department shall assess a program a civil penalty of one- thousand (\$1,000) dollars for each day the deficiency continues until the program submits written verification of the correction pursuant to Section 28. The date of submission by the program shall be the date the written verification of correction is postmarked or the electronic submission date. If the written verification of correction is not approved or a follow-up site visit determines that the program failed to correct the deficiency, the civil penalty shall continue to accrue from the date of discovery of the repeated deficiency.

(e) If the Department assesses a civil penalty, the Department shall provide to the program a written notice of civil penalty, which shall specify:

- (1) The amount of the civil penalty;
- (2) The date upon which the civil penalty shall begin;
- (3) The date payment is due;
- (4) The address to which the payment is to be mailed or delivered; and

(5) The program's right to administrative review, pursuant to Section 33.

(f) Civil penalties, assessed pursuant to this section and adjudicated pursuant to Section 33, shall be paid by certified check or money order payable to the Department.

(g) If a program fails to pay civil penalties, assessed pursuant to this section and adjudicated pursuant to Section 33, the Department may file a claim in a court of competent jurisdiction or take other disciplinary action as necessary to recover the amount of the civil penalties.

§32. Suspension or Revocation of Certification.

(a) The Department may seek suspension or revocation of a certification, in accordance with Chapter 5 (commencing with Section 11500) of Part 1, Division 3, Title 2 of the Government Code, upon any of the following grounds:

(1) Violation by the program of any provision of these requirements or governing statutes;

(2) Fails to correct any deficiency by the date specified in the written notice of deficiency;

(3) Repeated violation by the program of any of the provisions of these requirements or governing statutes;

(4) Aiding, abetting, or permitting the violation of, or any repeated violation of, any of the provisions described in paragraph (1) or (3);

(5) Conduct in the operation of a program that is inimical to the health, morals, welfare, or safety of an individual receiving services from the program or to the people of the State of California;

(6) Misrepresentation of any material fact in obtaining certification, including, but not limited to, providing false information or documentation to the Department;

(7) Refusal to allow the Department entry into the building to determine compliance with these requirements or governing statutes;

(8) Failure to pay any civil penalties assessed by the Department;

(9) Holds multiple certifications issued by the Department, or holds a five percent (5%) or greater ownership interest in one or more certified programs, and the Department revokes one or more of those certifications;

(10) Has been issued a notice of operation in violation of law within the past five (5) years from the date of submission of the Initial Application for Certification form DHCS 6040, Application for Certification Renewal form DHCS 6043 or Application for Certification Amendment(s) form DHCS 6042; or

(11) Has had the fire clearance of the program suspended, revoked, or terminated by the local fire authority.

(b) The Department shall issue to the program, in person, electronically or by certified mail, an accusation and notice of suspension or revocation, that shall:

(1) Inform the program that the program's certification is being suspended or revoked and the effective date of the suspension or revocation;

(2) Explain the reason(s) for the suspension or revocation;

(3) Order the program to suspend operation of the program as of the date specified on the notice; and

(4) Inform the program of their right to a hearing and the procedure for requesting a hearing, in accordance with the provisions of Chapter 5 (commencing with Section 11500) of Part 1, Division 3,

Title 2 of the Government Code.

(c) Within fifteen (15) days of the date of receipt of the program's notice of defense to the accusation, the Department shall request the Office of Administrative Hearings to set the matter for hearing.

(d) Department action to suspend or revoke certification shall comply with the requirements set forth in Chapter 5 (commencing with Section 11500) of Part 1, Division 3, Title 2 of the Government Code.

(e) Expiration, forfeiture, surrender, or termination by operation of law of a certification shall not prohibit the Department from taking a certification action to deny, suspend, or revoke certification pursuant to the provisions of Chapter 7.1 (commencing with Section 11832), Division 10.5, of the Health and Safety Code or this chapter.

(f) The Department may suspend certification of a program prior to hearing when such action is necessary to protect clients of the program from physical or mental abuse, abandonment or any other substantial threat to the clients' health or safety. If the Department takes such action, the notice of suspension shall specify the program's legal right to petition the court to enjoin closure of the program pursuant to Chapter 3 (commencing with Section 525), Title 7, Part 2 of the Code of Civil Procedure, in addition to the requirements of subsection (b).

§33. Administrative Review of Civil Penalties.

(a) The program may appeal a written notice of civil penalty by submitting a written request for review electronically to LCDQuestions@dhcs.ca.gov or by mail to the Department of Health Care Services, P.O. Box 997413, MS 2600, Sacramento, CA 95899-7413.

(b) The written request for review shall be postmarked or emailed within fifteen (15) working days of receipt by the program of the written notice of civil penalty. The written request for review shall include:

(1) A statement of the statute or requirement which is at issue and the legal basis for the program's appeal.

(2) A statement of the facts supporting the program's position.

(c) Failure of the program to timely submit the written request for review shall be deemed a waiver of administrative review.

(d) Within thirty (30) working days of receipt of the written request for review, the Director or the Director's representative shall schedule and hold an informal conference with the program, unless the Director or the Director's designee and the program agree to settle the matter based upon the information submitted with the written request for review.

(e) Failure to hold the informal conference within thirty (30) working days of the receipt of the written request for review shall be deemed a waiver of the civil penalties by the Department unless the program:

(1) Fails to attend the informal conference as scheduled;

(2) Waives the thirty (30) working day requirement; or

(3) Waives their right to the informal conference.

(f) The program shall have the following rights at the informal conference:

(1) The right to be represented by legal counsel;

(2) The right to present oral and written evidence; and

(3) The right to explain any mitigating circumstances.

(g) A representative of the Department shall attend the informal conference and present evidence and information, oral or written, in substantiation of the alleged violation.

(h) The informal conference shall be conducted as an informal proceeding and shall not be conducted in the manner of a judicial hearing under the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) Part 1, Division 3, Title 2 of the Government Code), and need not be conducted according to the technical rules relating to evidence and witnesses.

(i) Neither the program nor the Department shall have the right to subpoena any witness to attend the informal conference. However, both the program and the Department may produce any witness to present evidence and information on its behalf at the informal conference.

(j) The proceedings at the informal conference may be audio recorded by either party.

(k) The Director or the Director's designee's decision to affirm, modify, or dismiss the written notice of civil penalty shall be mailed to the program no later than ten (10) working days from the date of the informal conference. The decision shall state the reason for affirming, modifying, or dismissing the written notice of civil penalty. A copy of the informal conference decision shall be transmitted to each party to the appeal.

(l) The informal conference decision shall include a statement from the Director or the Director's designee notifying the program of the right of further administrative appeal to the decision made at the informal conference in accordance with Chapter 5 (commencing with Section 11500) Part 1, Division 3, Title 2 of the Government Code.

(m) The program may appeal the decision made at the informal conference by submitting a written request for an administrative hearing electronically to LCDQuestions@dhcs.ca.gov or by mail to the Department of Health Care Services, P.O. Box 997413, MS 2600, Sacramento, CA 95899- 7413, that shall be postmarked or emailed no later than ten (10) working days from the date of the decision. Upon receipt of the request for appeal, the Department shall initiate administrative review and request that the matter be set for hearing. The Department shall notify the program of the time and place of the hearing.

(1) Failure of the program to timely submit the written request for an administrative hearing shall be deemed a waiver of further administrative review and the decision of the Director or the Director's designee shall be deemed the final decision of the Department.

(n) In the event the program appeals the Department's proposed assessment of civil penalties, collection of the civil penalties shall be subject to the outcome of the final administrative appeal.

(o) A civil penalty shall be deemed final if:

(1) The program fails to appeal the civil penalty in a timely manner, pursuant to subsections (c) or (e) (1) (2); or

(2) A final determination has been made on an action previously pending administrative review.

(p) After deemed final, the program shall pay the civil penalty to the Department within sixty (60) days of receipt of the notice of final adjudication of civil penalty.

§34. Reporting Requirements.

(a) A program shall report to the Department within one (1) working day, either telephonically

at (916) 322-2911 or electronically at LCDQuestions@dhcs.ca.gov, any of the following events:

(1) Death of any person that occurs at the program.

(2) Injury of any client at the program that requires emergency medical treatment.

(3) Cases of communicable disease reportable under Sections 2500 and 2502 of Title 17, California Code of Regulations. These cases shall also be reported to the local health officer.

(4) Catastrophes such as flooding, tornado, earthquake or any other natural disaster.

(5) Fires or explosions which occur in or on the premises.

(b) The report required pursuant to subsection (a) shall include, at minimum, all of the following, as applicable:

(1) Client's name, age, gender identity, and date of admission;

(2) Date, time, location, and nature of the event; and

(3) Attending HCP's name, findings, and treatment, if any.

(c) In addition to the reporting requirements in subsection (a) and (b), the program shall submit a written report to the Department within seven (7) days of the event by completing an Incident, Injury or Death Report form DHCS 5079.

(d) A program shall report to the Department, in writing, within ten (10) working days of the following:

(1) Changes to the organizational structure. The program shall provide such notification by submitting to the Department a new Administrative Organization – Corporation, Nonprofit Corporation, Limited Liability Company, General Partnership or Limited Partnership form DHCS 5083; Administrative Organization – Public Agency or Sole Proprietor form DHCS 5084; and/or

Designation of Administrative Responsibility form DHCS 5085, as appropriate.

(2) Change in the program's mailing address, phone number, or email address. The program shall provide such notification electronically at LCDQuestions@dhcs.ca.gov.

(3) Change of the program director. The program shall provide such notification by submitting to the Department a new Program Director Information form DHCS 5082 and Designation of Administrative Responsibility form DHCS 5085.

§34.5. Additional or Updated Written Policies and Procedures.

(a) Any additions or updates to a program's written policies and procedures required for certification pursuant to these requirements, shall be approved by the Department prior to implementation.

(b) A program shall submit additional or updated written policies and procedures to the Department under the following circumstances:

(1) When applying for certification amendment as specified in Section 11;

(2) When applying for certification renewal as specified in Section 12, if applicable;

(3) When required as part of a written verification of correction as specified in Section 28 or corrective action plan as specified in Section 29;

(4) When required to comply with a new law or change in law; or

(5) When the program determines additional or updated policies and procedures are necessary to enhance the safety and well-being of clients.

§35. Accountability.

A program is accountable for the general supervision of the alcohol or other drug program and the establishment and implementation of policies concerning its operation.

§35.5 Responsibility for Provision of Services.

A certified program is responsible for the provision of all AOD services. A certified program shall not enter into a contract with an individual or business entity permitting that individual or business entity to control, operate, manage, conduct, or maintain the program's provision of services.

§36. Staff and HCP Requirements and Qualifications.

(a) Program Director Requirements and Qualifications

(1) A certified program shall have a program director.

(2) The program director shall have a minimum of two (2) years of work experience in the field of substance use disorders and related behavioral health conditions that demonstrates ability and competency in the following areas:

(A) Knowledge of the requirements for providing the AOD services needed by clients.

(B) Knowledge of and ability to comply with applicable laws and regulations.

(C) Ability to direct the work of others, when applicable.

(D) Ability to develop and manage the AOD services and budget.

(E) Ability to recruit, employ, train, and evaluate qualified staff and/or HCPs, and to terminate employment of staff and/or HCPs, if applicable to the program.

(3) The program shall make provision for continuing operation and administration during any absence of the program director.

(4) Any officer, director, or agent of the program shall be permitted to be the program director provided that the individual meets the qualifications specified in this section, and in these requirements.

(b) Staff Qualifications

(1) Staff shall be competent to provide the services necessary to meet client needs and shall be adequate in numbers necessary to meet such needs. Competence shall be demonstrated by work, personal, and/or educational experience and/or on-the-job performance.

(2) The Department shall have the authority to require any program to provide additional staff whenever the Department determines and documents that existing staff is unable to provide services as described in the program staffing information, as required by the Staff and Health Care Practitioner (HCP) Information form DHCS 5050 submitted to the Department. The program shall be informed in writing of the reasons for the Department's determination. The following factors shall be taken into consideration in determining the need for additional staff:

(A) Needs of the particular clients;

(B) Extent of the services provided by the program; and

(C) Physical arrangements of the particular program.

(3) Staff shall be trained or shall have experience which provides knowledge of the skills required in the following areas, as appropriate to the job assigned, and as evidenced by safe and effective job performance:

(A) General knowledge of AOD services and MAT.

(B) Principles of communicable disease prevention and control.

(C) Recognition of early signs of illness and the need for professional assistance.

(D) Availability of community services and resources.

(E) Recognition of individuals under the influence of alcohol and/or drugs.

(4) Staff who provide or supervise residential detoxification services shall meet the following requirements:

(A) Complete six (6) hours of orientation training that specifically addresses the provision of detoxification services including physical checks and appropriate documentation, prior to providing or supervising these services.

(B) Repeat orientation training specified in paragraph (4)(A) after a break in employment of more than one hundred eighty (180) consecutive days.

(C) Complete eight hours (8) of training on an annual basis that covers the needs of clients who receive detoxification services.

(5) Staff who provide or supervise outpatient detoxification services shall meet the following requirements:

(A) Complete six (6) hours of orientation training that specifically addresses the provision of detoxification prior to providing or supervising these services.

(B) Repeat orientation training specified in paragraph (5)(A) after a break in employment of more than one hundred eighty (180) consecutive days.

(C) Complete eight hours (8) of training on an annual basis that covers the needs of clients who receive detoxification services.

(c) In addition to the requirements of subsection (b) staff who provide counseling services

shall be certified or registered to obtain certification pursuant to Chapter 8 (commencing with Section 13000) of Title 9, California Code of Regulations, and comply with the code of conduct, pursuant to Section 13060.

(1) Individuals identified in Health and Safety Code section 11833, subdivision (d), are exempt from the requirement in subsection (c) to be registered or certified.

(d) Staff and/or HCPs shall be in good physical health.

(1) Good physical health shall be verified through a health screening, by a primary care provider, including a test for tuberculosis, not more than sixty (60) days prior to or seven (7) days after employment, with tuberculosis testing renewable every year. Staff and/or HCPs with a known history of tuberculosis shall be screened for symptoms annually.

(2) A health screening signed by the person performing such screening shall be made for each person specified above, and shall indicate the following:

(A) The person's physical qualifications to perform assigned duties.

(B) The presence of any health condition that would create a hazard to the person, clients or other staff members.

(e) Staff and/or HCPs with evidence of physical illness that poses a threat to the health and safety of clients shall be temporarily relieved of their duties.

(f) When assigned staff and/or HCPs are absent, there shall be coverage by other staff and/or HCPs capable of performing assigned tasks as evidenced by on-the-job performance, experience or training. Clients shall not be utilized to fulfill this requirement.

(g) Staff and/or HCPs shall provide services without physical or verbal abuse, exploitation, or prejudice.

(h) Staff and/or HCPs shall be instructed to report observation or evidence of violations of a client's personal rights as specified in Section 43.

(i) The program shall develop, maintain, and implement an ongoing training program for all staff and/or HCPs in the areas identified in subsection (b)(3) in addition to specific training related to their duties. Staff and/or HCPs participation in the training program shall be documented and maintained on file for three (3) years.

§37. Personnel Records.

(a) Each program shall complete and maintain personnel records for all staff and/or HCPs. The personnel records shall be available to the Department for review, and shall contain all of the following information for each person:

(1) Full name.

(2) Driver's license number, class, and expiration date if the person transports clients.

(3) Start date of employment, contract, or volunteer position.

(4) Home address and phone number.

(5) Employment application and proof that document past experience, including types of employment and former employers.

(6) Current duty statement that includes:

(A) Position title and classification;

(B) Duties and responsibilities;

(C) Lines of supervision; and

(D) Education, training, work experience, and other qualifications required for the position.

(7) Performance evaluations.

(8) Personnel actions including commendations and/or discipline.

(9) Records of the training required pursuant to Section 36 (b)(3), (4) and (5) including the type of training, date(s), number of hours, and method(s) of instruction.

(10) Records of the health screening required pursuant to Section 36 (d).

(11) Termination date, if no longer employed by the program.

(b) Personnel records for staff and/or HCPs who provide counseling services shall also contain:

(1) Documentation of a current license from the appropriate licensing board; or

(2) Documentation of certification or registration pursuant to Chapter 8 (commencing with Section 13000) and a signed copy of the code of conduct pursuant to Section 13060.

(c) A program shall maintain all paper and/or electronic personnel records at the program location or a central administrative location. A program storing records at a central administrative location shall make those records available either electronically or by hard copy to the Department at the program location upon request. The Department will accept personnel records until the conclusion of the site visit. If the personnel records are not received by the conclusion of the site visit, the program shall be cited for a deficiency.

(d) A program shall retain personnel records for three (3) years after the termination date of employment, the contract, or a volunteer position.

§38. Admission Requirements.

(a) A program shall have written admission criteria for determining if an individual should be admitted to the program.

(b) An individual must be seeking treatment for a substance use disorder. Prior to admission to the program:

(1) An AOD counselor or HCP shall conduct a screening of the individual utilizing the Health Questionnaire and Screening form DHCS 5103, herein incorporated by reference. The AOD counselor or HCP may conduct the screening in person or through synchronous interaction.

(2) An AOD counselor or HCP and individual shall sign and date the Health Questionnaire and Screening form DHCS 5103.

(c) Upon completing a screening, an AOD counselor or HCP shall determine if the individual meets the admission criteria and is appropriate for the level of care offered at the program.

(d) A program shall not admit an individual if they do not meet the admission criteria or the level of care offered at the program is not appropriate. A program shall not admit an individual who presents a danger to self or others or who requires immediate medical care or emergency medical care.

(e) Upon admission to the program:

(1) An AOD counselor or HCP and client shall sign and date the completed admission agreement that meets the requirements of Section 39.

(2) A program shall provide a client a copy of the signed admission agreement.

(3) A program shall provide a client a written list of mental health, dental and medical

providers available in the community.

§39. Admission Agreements.

(a) A program shall have an admission agreement that specifies all of the following:

(1) Name of the program;

(2) Physical address(es) of the program;

(3) Types of AOD services provided at the program;

(4) Fees and costs charged by the program for the AOD services;

(5) Payment schedule that identifies when fees and costs are due;

(6) Refund policy including a timeframe to refund fees and costs;

(7) Actions, circumstances, or conditions that may result in a client's discharge from the program;

(8) Plan of action following a client's return to use; and

(9) Conditions under which a client or a program may terminate the admission agreement.

(b) An AOD counselor or HCP and client shall sign and date the admission agreement within twenty-four (24) hours following a client's admission to the program.

(c) A program shall modify its admission agreement to reflect any changes to the information specified in subsection (a) within twenty-four (24) hours. An AOD counselor or HCP and client shall sign and date any modification to the admission agreement.

(d) A program shall retain the original admission agreement and any modifications to the agreement and provide copies to a client.

(e) A program shall comply with all terms and conditions set forth in the admission agreement.

§40. Fiscal Practices.

(a) A program funded through a county shall have a method for assessing fees with documented approval from the county.

(b) A program shall have a refund policy that includes a procedure for refunding fees if the program certification is suspended or revoked. The policy shall be provided to clients upon admission.

(c) A program shall have liability insurance coverage or be bonded.

§ 41. Client Health Screening.

(a) Every client shall have a completed Health Questionnaire and Screening form DHCS 5103, which shall identify any health problems or conditions which require medical attention, or which are of such a serious nature as to preclude the person from participating in the program.

(b) Staff and/or HCPs shall carefully review each client's health questionnaire, interview each client regarding information given, and facilitate a client:

(1) Referral to medical or dental assistance for any significant health problems; or

(2) Referral to an appropriate facility which can provide required service.

(c) The program is responsible for ensuring that each client is provided with a safe, clean, and healthy environment.

§42. Client Record.

(a) A program shall maintain a separate, complete, and current record for each client in the program.

(b) Each client record shall contain the following information and documentation:

(1) Name;

(2) Birthdate;

(3) Gender identity;

(4) Date of admission;

(5) Type of service(s) to be provided;

(6) Permanent address;

(7) Phone number;

(8) Ethnic background;

(9) A signed copy of the admission agreement specified in Section 39;

(10) Completed Health Questionnaire and Screening form DHCS 5103;

(11) Record of any illness or injury requiring medical or dental care and for which the program provided assistance or referral for a client in meeting necessary medical and dental needs;

(12) Record of any permitted current medication including the name of the person who prescribed the medication and instructions for its use;

(13) Progress notes that specify if the service was provided via synchronous interaction, or in-person. If the counseling service was provided via synchronous interaction, the address of the location where the client received the service must be included in the note;

(14) Test results;

(15) Referrals to medical, mental health, or dental services, if applicable;

(16) Client discharge summary; and

(17) Written consent from the client to follow-up after discharge.

(c) In addition to the requirements of subsection (b), each record of a client receiving outpatient detoxification services shall also contain documentation as specified in Section 46.

(d) All information and records obtained from or regarding clients shall be confidential and maintained in conformity with Title 42, Chapter I, Subchapter A, Part 2 Sections 2.1 through 2.67, Code of Federal Regulations, hereby incorporated by reference into these requirements.

(e) A program shall update a client's record as necessary to ensure the accuracy.

(f) A program shall comply with all client record requirements specified in this chapter and maintain client records in paper or electronic format.

(g) A program shall retain all client records in paper or electronic format for at least three (3) years following termination of service to a client.

(h) A program shall maintain client records in a confidential, secure location at the program or in a secure electronic medical record system.

§43. Personal Rights.

(a) Each client shall have personal rights which include, but are not limited to, the following:

(1) To confidentiality as provided for in Title 42 Chapter I, Subchapter A, Part 2 Sections 2.1 through 2.67, Code of Federal Regulations.

(2) To be accorded dignity in personal relationships with staff and other persons.

(3) To be accorded safe, healthy, and comfortable accommodations to meet their needs.

(4) To be free from intellectual, emotional, verbal and/or physical abuse, exploitation, prejudice, or inappropriate sexual behavior.

(5) To be informed by the program of the provisions of law regarding complaints including but not limited to the address and phone number of the Department.

(6) To be afforded access to emergency medical or dental care.

(7) To be free from discrimination based on race, color, ancestry, national origin, religion, creed, age, disability, sex, sexual orientation, gender identity or expression, marital status, medical condition, or military or veteran status.

(8) To be afforded access to their client records.

(9) To be treated for the life-threatening, chronic disease of substance use disorder with honesty, respect, and dignity, including privacy in treatment and in care of personal needs.

(10) To be informed by the treatment provider of all the aspects of treatment recommended to the client, including the option of no treatment, risks of treatment, and expected result or results.

(11) To be treated by treatment providers with qualified staff.

(12) To receive evidence-based treatment.

(13) To be treated simultaneously for co-occurring behavioral health conditions, when medically appropriate and when the treatment provider is authorized to treat co-occurring conditions.

(14) To receive an individualized, outcome-driven treatment plan or progress notes.

(15) To remain in treatment for as long as the treatment provider is authorized to treat the client.

(16) To receive support, education, and treatment for their families and loved ones, if the treatment provider is authorized to provide these services.

(17) To receive care in a treatment setting that is safe and ethical.

(18) To be free from mental and physical abuse, exploitation, coercion, and physical restraint.

(19) To be informed of these rights once enrolled to receive treatment, as evidenced by written acknowledgment or by documentation by staff in the clinical record that a written copy of these rights was given.

(20) To receive ethical care that covers and ensures full compliance with the requirements set forth in Chapter 5 (commencing with Section 10500) of Division 4 of Title 9 of the California Code of Regulations and the alcohol and other drug program certification standards adopted in accordance with Section 11832, as applicable.

(b) All clients shall be personally advised of, and given at admission, a copy of the rights specified in subsection (a)(1) through (20).

(c) The program shall post a copy of the client rights in a location visible to all clients and the public.

(d) Any program conducting research using clients as subjects shall comply with all standards of the California Research Advisory Panel and the federal regulations for protection of human subjects (Part 46 of Title 45 of the Code of Federal Regulations).

§44. Health-Related Services.

(a) A program shall ensure that clients receive necessary first aid, cardiopulmonary resuscitation, and transportation to urgent or emergency care.

(b) A program shall provide clients information about and/or referral to needed medical, mental

health, or dental services.

(c) During the provision of AOD services there shall be at least one staff or HCP on duty and physically present at the program at all times, who is capable of providing cardiopulmonary resuscitation and first aid. Staff providing cardiopulmonary resuscitation and first aid shall be qualified by the American Red Cross or other recognized agencies.

(d) First aid supplies shall be maintained and be readily available in the program and contain, at minimum, the following:

(1) A current edition of a first aid manual approved by the American Red Cross, the American Medical Association or a state or federal health agency;

(2) Sterile first aid dressings;

(3) Bandages or roller bandages;

(4) Adhesive tape;

(5) Scissors;

(6) Thermometers; and

(7) Antiseptic solution.

(e) The following information shall be readily available in the program:

(1) The name, address and phone number of emergency agencies, including but not limited to the fire department, crisis center or paramedical unit.

(2) The name and phone number of an ambulance service.

(f) The program shall have specific written policies and procedures to follow if a person on the premises is under the influence, or appears to be under the influence, of alcohol or drugs or has

used alcohol or drugs within the past twenty-four (24) hours.

(g) Medications shall be controlled as specified by the program's written policies and procedures.

(h) A program shall have written policies and procedures for a medication audit to track and account for client medications stored at a program that include:

(1) Establishing a baseline count of each medication;

(2) Performing medication counts at regularly scheduled intervals;

(3) Requiring a minimum of two (2) staff when medication is counted;

(4) Specifying an HCP or staff authorized to perform a medication audit;

(5) Specifying an HCP or staff authorized to attest to the validity of a medication audit;

(6) Documenting the date, time, and results of a medication audit and the staff performing and attesting to the validity of the medication audit; and

(7) Addressing missing medication or other discrepancies identified as a result of a medication audit.

(i) The program director or their designee shall be responsible for the destruction of medication.

(1) Medication shall be destroyed no more than thirty (30) days from the date of any of the following:

(A) The expiration date of the medication;

(B) The date the medication was discontinued for the client; or

(C) The date of discharge if the client did not take their medication upon leaving the

program.

(2) The destruction of medication shall be witnessed by one additional staff.

(3) The program director or their designee shall document the destruction of the medication by signing a record that includes the name of the client, the prescription number and name of the pharmacy, the name of the medication and strength, the quantity destroyed, and the date of destruction.

§45. Counseling Service Requirements.

(a) For residential, a client shall be provided a minimum of five (5) hours per week of counseling services.

(b) For outpatient, a client shall be provided a maximum of nine (9) hours per week of counseling services.

(c) For intensive outpatient, a client shall be provided a minimum of nine (9) hours per week with a maximum of nineteen (19) hours per week of counseling services.

(d) Services received by a client may exceed the maximum hours based on individual medical necessity.

(e) Programs providing only MAT services are not required to comply with subsections (a) - (d) of this section.

(f) Counseling services may not be provided to individuals at a location that would otherwise require a residential alcoholism or drug abuse recovery or treatment facility license in order to provide the service.

§46. Outpatient Detoxification Services.

(a) Outpatient detoxification services include recovery and/or treatment services together with the following additional services:

(1) Screening, evaluation, and management of client withdrawal symptoms, including vitals checks, by staff trained in providing detoxification services.

(2) Prescribing, adjusting, or discontinuing a client's detoxification medications as needed and identified by an HCP.

(3) Overseeing a client's self-administered medications.

(4) Referrals to appropriate facilities for clients requiring a higher level of care.

(b) A program shall conduct a client screening and evaluation within the first 24 hours following admission. The screening and evaluation include:

(1) Obtaining and reviewing medical history as specified in Section 41;

(2) Drug testing.

(3) If a non-HCP staff completes the screening, it must be reviewed and approved by an HCP within the first seventy-two (72) hours after admission.

(c) Vital checks must be completed by staff trained in providing detoxification services. A client shall be checked upon arrival at the program and once every 6 hours for the first seventy-two (72) hours following admission for outpatient detoxification services. Vital checks are required while a client is physically present at the program. Staff shall document the vital checks in the client file or electronic medical records.

(d) Staff shall monitor the activity and location of a client every 60 minutes while a client

receives outpatient detoxification services. Monitoring is required while a client is physically present at the program unless a client is attending a group or individual counseling session. Staff shall document the activity and location of a client in the client file.

§47. Medications for Addiction Treatment.

(a) The program shall either offer MAT directly to clients or have a MAT referral process in place. A referral process shall include:

- (1) An established relationship with a provider who offers MAT, and
- (2) Transportation to appointments for MAT.

(b) If a client is referred to a provider who offers MAT, staff shall document the referral in the client's record.

(c) The program shall have written policies and procedures for MAT.

§48. Client Discharge Summary.

(a) An AOD counselor or HCP shall develop a discharge summary for each client upon leaving the program within seven (7) days of the client's discharge.

(b) The discharge summary shall include the following:

- (1) Summary of the services provided;
- (2) Date of termination of services;
- (3) Reason for termination of services; and
- (4) Referral(s), if any.

§49. Buildings and Grounds.

(a) Programs shall be clean, safe, sanitary and in good repair at all times for the safety and

well-being of clients, staff, HCPs, and visitors.

(b) Programs shall be kept free from all of the following:

(1) Broken glass, filth, litter, or debris.

(2) Flies, insects, or other vermin.

(3) Toxic chemicals or noxious fumes and odors.

(4) Exposed electrical wiring.

(5) Other health or safety hazards.

(c) Programs shall ensure that all carpets and floors are free from filth, holes, cracks, tears, broken tiles, or other safety hazards.

(d) Programs shall safely dispose of contaminated water and chemicals used for cleaning.

(e) Clients shall be protected against hazards within the program through provision of protective devices including, but not limited to, nonslip material on rugs, smoke alarms, and fire extinguishers.

(f) All outdoor and indoor passageways, stairways, inclines, ramps, open porches and other areas of potential hazard shall be kept free of obstruction and lighted for visibility.

(g) Program equipment and supplies shall be stored in an appropriate space.

(h) Program shall maintain a valid fire clearance.

§50. Community Relations.

(a) A written description of a program's services, admission criteria and procedures shall be provided to the clients, to the general public, and to cooperating referral sources that may include emergency room personnel, law enforcement agencies, and self-help groups such as Alcoholics

Anonymous.

(b) A program shall make continuing efforts to cooperate with other service providers and enhance relations with neighbors through a good neighbor policy.

§51. Hours of Operation.

(a) A program shall post its hours of operation.

(b) When a program is closed during non-operational hours, it shall post information regarding the availability of short-term emergency counseling or referral services, including, but not limited to, emergency telephone services.

§52. Voluntary Certification of Statutorily Exempt Programs.

(a) Any alcohol or other drug program operating in a setting that is exempt from mandatory certification under subdivision (b) of Health and Safety Code Section 11832.3 may voluntarily apply to the Department for certification.

(b) To apply for certification, a program shall submit to the Department an Initial Application for Certification form DHCS 6040. An application for voluntary certification shall be reviewed and processed in accordance with Section 14 of these requirements.

(c) If a program seeking voluntary certification holds a license from the Department, or any other California State department, the license shall be valid and in good standing.

(d) Any program that voluntarily obtains certification is subject to Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the Health and Safety Code and these requirements.

(e) Any alcohol or other drug program that voluntarily obtains certification pursuant to this section may renew the certification pursuant to Section 12 of these requirements.

§53. Additional Requirements for Licensed Residential Facilities.

In addition to the requirements specified above, the sections below shall only apply to an alcoholism or drug abuse recovery or treatment facility licensed by the Department under Chapter 7.5 (commencing with Section 11834.01), Part 2, Division 10.5 of the Health and Safety Code.

§54. Licensure Requirement.

(a) In order for an alcoholism or drug abuse recovery or treatment facility to obtain a certification, it shall be licensed in accordance with Chapter 7.5 (commencing with Section 11834.01), Part 2, Division 10 of the Health and Safety Code and shall remain in compliance with all applicable state licensing statutes and regulations.

(b) Certification of a licensed alcoholism or drug abuse recovery or treatment facility shall automatically terminate upon the suspension or revocation of its license.

§55. Additional Policies and Procedures.

(a) In addition to the policies and procedures identified in Section 10, a licensed alcoholism or drug abuse recovery or treatment facility shall have a program manual that contains the following:

- (1) Program mission and philosophy statement(s);
- (2) Program goals and objectives;
- (3) Program evaluation plan;
- (4) Recreational activities;
- (5) Fiscal practices;
- (6) Confidentiality; and
- (7) Community Relations as specified in Section 50.

§56. Continuous Quality Improvement.

(a) A licensed alcoholism or drug abuse recovery or treatment facility shall maintain written policies and procedures for continuous quality improvement. The continuous quality improvement offerings shall, at a minimum, include:

(1) Seminars, webinars, and educational classes for staff to discuss new developments in the field and to provide a forum for sharing individual experiences. All events shall be documented.

(2) Professional journals, web-based research, and other relevant publications available for staff to review.

(3) Education to address ethics, boundaries, and communicable diseases.

(b) All continuous quality improvement offerings shall be documented and available for Department review.

§57. Code of Conduct.

(a) A licensed alcoholism or drug abuse recovery or treatment facility shall have a written code of conduct for staff.

(b) The code of conduct shall address the following:

(1) Use of alcohol and/or other drugs on the premises and off the premises;

(2) Personal or business relationships with clients;

(3) Prohibition of sexual contact with clients;

(4) Sexual harassment;

(5) Unlawful discrimination;

(6) Conflict of interest;

(7) Confidentiality; and

(8) Verbal, emotional, and physical abuse.

(c) Staff shall sign, and date, a copy of the code of conduct.

(d) A signed copy of the code of conduct shall be placed in the personnel file for each staff.

§58. Residential Detoxification Services.

(a) During the first seventy-two (72) hours following admission of a resident for detoxification services, staff shall perform a:

(1) Physical check at least once every thirty (30) minutes; and

(2) Vital signs check including blood pressure, pulse oximetry, heart rate, and respiratory rate, at least once every six (6) hours.

(b) Staff shall document the physical check and vital signs check at the time performed. The failure to document shall be deemed by the Department as a missed physical check and/or missed vital signs check.

(c) The documentation requirement as specified in subsection (b) shall be met using one of the following as appropriate:

(1) A Detoxification Observation - Physical Check Log form DHCS 6046, herein incorporated by reference and a Detoxification Observation - Vital Signs Check Log form DHCS 6045, herein incorporated by reference; or

(2) An electronic medical record system that incorporates fields for:

(A) A physical check as required by the Detoxification Observation - Physical Check Log

form DHCS 6046; and

(B) A vital signs check as required by the Detoxification Observation - Vital Signs Check Log form DHCS 6045.

(d) Documentation of the physical check and vital signs check shall be included in a resident's record.

(e) Staff providing detoxification services may conduct physical checks more frequently than every 30 minutes and vital signs checks more frequently than every six (6) hours, as specified in subsection (a). Staff providing detoxification services shall document the start date, reason for the increase in frequency and the new frequency of physical checks and vital signs checks in a resident's record.

(f) When the decision is made to revert to conducting physical checks every 30 minutes and vital signs checks every six hours, as specified in subsection (a), staff providing detoxification services shall document the start date and reason for the decrease in frequency of the physical checks and vital signs checks in a resident's record.

(g) After seventy-two (72) hours following the admission of a resident for detoxification services:

(1) Staff providing detoxification may continue to conduct physical checks every 30 minutes and vital signs checks every six (6) hours, as specified in subsection (a). Staff providing detoxification services shall document the reason for the continued physical checks and vital signs checks in a resident's record.

(2) When the decision is made to discontinue physical checks and vital signs checks, the

staff shall document the date and reason the physical checks and vital signs checks were discontinued, and a plan for the continuum of recovery or treatment services as appropriate for each resident, in a resident's record.

(3) Staff providing detoxification services may conduct physical checks less frequently than every 30 minutes and vital signs checks less frequently than every six (6) hours, as specified in subsection (a). Staff providing detoxification services shall document the start date, reason for the decrease in frequency and new frequency of physical checks and vital signs checks in a resident's record.

(4) When the decision is made to discontinue physical checks and vital signs checks, the staff shall document the date and reason the physical checks and vital signs checks were discontinued, and a plan for the continuum of recovery or treatment services as appropriate for each resident, in a resident's record.

(5) Staff providing detoxification services may discontinue physical checks and vital signs checks as specified in subsection (a). Staff providing detoxification services shall document the date and reason the physical checks and vital signs checks were discontinued, and a plan for the continuum of recovery or treatment services as appropriate for each resident, in a resident's record.

(h) For every fifteen (15) residents receiving detoxification services, a licensee shall have a minimum of one (1) staff trained in providing detoxification services who is on duty, awake, physically present at the facility, and assigned exclusively to provide detoxification services. During the provision of detoxification services, a licensee shall have a minimum of one (1) staff trained in providing cardiopulmonary resuscitation and first aid, who is on duty, awake and physically present

at the facility.

§59. Resident Discharge Summary.

(a) In addition to the discharge summary requirements identified in Section 48, a licensed alcoholism or drug abuse recovery or treatment facility shall include the following additional information:

- (1) Description of treatment episodes;
- (2) Description of recovery services completed;
- (3) Current alcohol and/or other drug usage;
- (4) Vocational and educational achievements; and
- (5) Client's comments.