DEPARTMENT OF COMMUNITY HEALTH

MENTAL HEALTH AND SUBSTANCE ABUSE ADMINISTRATION

SUBSTANCE USE DISORDERS SERVICE PROGRAM

(By authority conferred on the director of the department of community health by section 6231 of 1978 PA 368, MCL 333.6231 and Executive Reorganization Order Nos. 1991-3, 1996-1, and 1997-4, MCL 333.36321, 330.3101, and 333.26324)

PART 1. GENERAL PROVISIONS

R 325.14101 Definitions; A to D.

Rule 101. As used in these rules:

(a) "Act" means 1978 PA 368, MCL 333.1101 et seq.

(b) "Administrative record" means the formal written documents that record administrative actions of a governing authority, including minutes of meetings, resolutions, and guidelines.

(c) "Admission" means the point at which an individual is formally accepted into a substance use disorder service program and services are initiated.

(d) "Aftercare" means the process of providing continued services to a client which support and increase the gains made during treatment.

(e) "Casefinding" means the process of systematically interacting with the community for the purposes of identifying persons in need of services, alerting persons and their families to the availability of services, locating needed services, and enabling persons to enter the service delivery system.

(f) "Casefinding--screening and assessment, referral, follow-up" or "SARF" means the performance of a range of activities necessary to make preliminary assessments of problems. The object of these activities, which may include interviews, psychological tests, and other diagnostic or assessment tools, is to effect referrals to appropriate treatment or assistance resources if indicated.

(g) "Case Management" means a substance use disorder case management program that coordinates, plans, provides, evaluates and monitors services or recovery from a variety of resources on behalf of and in collaboration with a client who has a substance use disorder. A substance use disorder case management program offers these services through designated staff working in collaboration with the substance use disorder treatment team and as guided by the individualized treatment planning process.

(h) "Detoxification treatment" means a medically acute or subacute, systematic reduction of the amount of a drug in the body, or the elimination of a drug from the body concomitant with supportive treatment services. April 26, 2006

(i) "Discharge" means the point at which the client's active involvement with a substance use disorder service is terminated and the program no longer maintains active responsibility for services to the client.

History: 1981 AACS; 2006 AACS.

R 325.14102 Definitions; E to Q.

Rule 102. As used in these rules:

(a) "Early intervention" means a specifically focused treatment program including stage-based intervention for individuals with substance use disorders as identified through a screening or assessment process including individuals who may not meet the threshold of abuse or dependence.

(b) "Follow-up" means activities designed to determine the present status of persons previously discharged by a program or referred by that program to services from another program.

(c) "Full time" means employment of not less than 35 hours per week.

(d) "Inpatient care" means substance use disorder treatment services that are provided to persons within a hospital setting under medical supervision.

(e) "Integrated treatment for persons with mental health and substance use disorders" means a program that offers and provides both substance use disorder and mental health treatment in an integrated manner as evidenced by staffing, services and program content. The program is designed for

individuals determined through an assessment process to have both distinct substance use and mental health disorders. Services must be provided through one service setting and through a single treatment plan and represent appropriate clinical standards including stage-based interventions. Programs that focus primarily on one disorder but are able to address the interaction between the disorders and/or coordinate services with other providers do not require a service category license as an integrated treatment program.Inpatient care may include both emergency services and nonemergency services.

(f) "Intimate parts" means the primary genital area, groin, inner thigh, buttock, or female breast of a human being.

(g) "Maintenance treatment" means the use of relatively stable dosages of the drugs methadone, levo-alpha-acetylmethadol (LAAM), or propoxyphene napsylate (Darvon-N) as oral substitutes for heroin or other morphine-like drugs for an individual dependent on heroin on a continuing basis for more than 21 days and in conjunction with the provision of appropriate rehabilitative social and medical services.

(h) "Methadone treatment" means chemotherapy using the drugs methadone or LAAM (levo-alpha-acetylmethadol) as rehabilitation tools in conjunction with other treatment and rehabilitation care.

(i) "Outpatient care" means scheduled, periodic care, including diagnosis and therapy, in a nonresidential setting. Correctional institutions are considered nonresidential settings.

(j) "Peer recovery and recovery support" means recovery support programs that are designed to support and promote recovery and prevent relapse through supportive services that result in the knowledge and skills necessary for an individual's recovery. Peer recovery programs are designed and delivered primarily by individuals in recovery and offer social emotional and/or educational supportive services to help prevent relapse and promote recovery.

(k) "Prevention" means services that reduce the risk that an individual will develop problems which might require that the individual enter the substance use disorder treatment system.

(l) "Prevention CAIT" means a prevention service that provides at least 1 of the following services:

(i) Community change.

(ii) Alternatives.

(iii) Information.

(iv) Training.

(m) "Prevention-community change" means planned efforts which are designed to change specific conditions so as to reduce the probability that substance use problems will occur among residents of the community.

(n) "Prevention-information" means providing information to the public which is designed to reduce the risk that an individual will develop problems which might require that he or she enter the substance use disorders treatment system.

(o) "Prevention-problem assistance" means helping a person with an acute personal problem involving or related to substance use disorders to reduce the risk that the person might be required to enter the substance use disorders treatment system.

(p) "Prevention-training" means providing activities which are designed to improve the personal and social skills of a person who wishes to avoid substance use problems or who is in a position to help others avoid problems with substance use.

(q) "Program director" means an individual who is appointed by the governing authority of the program or its authorized agent to act on its behalf in the overall management of the program.

(r) "Qualified handicapped," in relation to employment, means a handicapped person who, with reasonable accommodation, can perform the essential functions of the job in question. In relation to substance use disorders services, "qualified handicapped" means a handicapped person who meets the eligibility requirements for the receipt of substance use disorders services.

History: 1981 AACS; 2006 AACS.

R 325.14103 Definitions; R to T.

Rule 103. (1) As used in these rules:

(a) "Recipient" means an individual who receives services from a licensed substance use disorders program in the state of Michigan. "Client" is synonymous with "recipient" when used in these rules.

(b) "Recipient abuse" means either of the following:

(i) An intentional act by a staff member which inflicts physical injury upon a recipient or which results in sexual contact with a recipient.

(ii) A communication made by a staff member to a recipient, the purpose of which is to curse, vilify, intimidate, or degrade a recipient or to threaten a recipient with physical injury.

(c) "Recipient neglect" means that a recipient suffers injury, temporarily or permanently, because the staff or other person responsible for the recipient's health or welfare has been found negligent.

(d) "Residential care" means substance use disorders services that are provided in a full or partial residential setting. Such services may be supplemented with diagnostic services, counseling, vocational rehabilitation, work therapy, or other services which are judged to be valuable to clients in a therapeutic setting.

(e) "Sexual contact" means the intentional touching, by a staff member, of the recipient's intimate parts or the intentional touching of the clothing covering the immediate area of the recipient's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or gratification.

(f) "Staff" means an individual who is not a client and who works, with or without remuneration, for a licensed substance use disorders program.

(g) "Substance use disorder program" means a public or private firm, association, organization, or group offering or purporting to offer specific substance use disorders treatment, rehabilitation, casefinding, or prevention services. "Program" is synonymous with "substance use disorders program" when used in these rules. Substance use disorders program does not include those activities necessary for the purposes of determining eligibility, authorization and/or administration of the substance abuse services system.

(h) "Substance" means a chemical, including alcohol and other drugs, which, upon entering a human body, alters the body's physical or psychological status, or both.

(i) "Substantial violation" means an infraction of a rule or of a provision of the act which is damaging to the intent of the rule or provision of the act and which may be evidenced by any 1 of the following:

(i) The violation is continuing, repetitive, intentional, or has proved damaging to specific clients.

(ii) The violation is likely to result in damage to clients.

(iii) The violation is likely to retard or prevent progress in client rehabilitation.

(iv) The violation does not closely conform to essential components of a rule.

(j) "Termination" means the point at which the client's active involvement with a substance use disorders service is discontinued by the program and the program no longer maintains active responsibility for services to the client.

(k) "Triage" means the prompt evaluation of all incoming patients to determine the nature of the problem and the level of urgency, to identify the kind of service needed, and to assign for attention.

(2) The terms defined in the act have the same meaning when used in these rules.

History: 1981 AACS; 2006 AACS.

R 325.14104 Waivers of rules.

Rule 104. (1) In addition to the specific cases cited, the administrator may grant waivers or variances of any of these rules for good cause shown.

(2) A rule shall not be waived if such action would result in an activity which would endanger the health, safety, or welfare of a recipient.

(3) A request for waiver shall be submitted by the program director to the administrator and local coordinating agency for review on forms provided by the office. The form shall be fully completed and signed by the program director.

(4) The administrator shall notify the originator of the waiver request and the coordinating agency in writing of the decision reached concerning each waiver requested.

(5) A waiver that is granted under this rule shall not be in effect longer than the program license. A request for extension of a waiver shall be made at the time of license renewal. The administrator may modify or revoke the waiver as a condition of renewal.

History: 1981 AACS.

R 325.14105 Relationships with coordinating agencies.

Rule 105. (1) A program shall designate at least 1 staff member to act as liaison with the city or single- or multi-county coordinating agency which is established or designated for that program by the administrator.

(2) A program shall submit reports to the designated coordinating agency which are required in order for the coordinating agency to fulfill its responsibilities under the act.

History: 1981 AACS.

R 325.14106 Reports.

Rule 106. A program shall furnish to the office all required regular and special reports necessary to implement the act and promulgated rules.

History: 1981 AACS.

R 325.14107 Operating manual.

Rule 107. A program shall have an operating procedures manual which shall be clear and shall accurately reflect program activity. The governing authority of the program shall annually review the updating of the operating procedures manual. The operating procedures manual shall contain all of the following:

(a) Intake procedure.
(b) Admission criteria.
(c) Discharge and termination criteria.
(d) Confidentiality procedures.
(e) Follow-up procedure after termination.
(f) Organizational structure.
(g) Incorporated status in the state of Michigan.
(h) Aftercare procedures.
(i) Recipient rights procedures.

History: 1981 AACS.

R 325.14108 Hours of operation.

Rule 108. Hours of operation shall be posted.

History: 1981 AACS.

R 325.14109 Governing authority.

Rule 109. (1) A program shall have a governing authority which has the authority and responsibility for the overall operation of the program and which shall ensure that the program complies with licensing standards. Program employees shall not serve as voting members of the governing authority.

(2) The governing authority shall adopt written bylaws and policies. The policies of the governing authority may be part of the bylaws or may be contained in a separate document. The bylaws or policies shall include all of the following:

(a) The method of selecting members.

(b) The number of members.

(c) The terms of appointment or election of members, officers, and chairpersons of governing authority meetings.

(3) Governing authority meetings shall be held at least quarterly.

(4) Minutes of all governing authority meetings shall be kept and made available for inspection.

(5) The governing authority or its authorized agent shall appoint a program director whose authority and duties are defined in writing.

History: 1981 AACS.

R 325.14110 Program director.

Rule 110. The program director shall be responsible to the governing authority or its authorized agent for the overall operation of the program.

History: 1981 AACS.

R 325.14111 Program compliance with federal, state, and local statutes and regulations; provisions to assure that handicapped individuals receive services.

Rule 111. (1) In addition to the requirements of the act, a program shall comply with all federal, state, and local statutes, rules, and regulations that apply.

(2) Provision shall be made for assuring that qualified physically handicapped individuals are able to receive services. This assurance shall be provided by operating a barrier-free design facility or by developing a written plan which describes how comparable, alternative services can be made available to individuals with physical handicaps.

(3) Physical facilities shall be adequate for the specific type of service provided.

History: 1981 AACS.

R 325.14112 Personnel management.

Rule 112. (1) A program shall have written personnel policies and procedures, including a description of the grievance process for employees who are charged with conduct which might result in disciplinary action, including suspension or dismissal.

(2) The governing authority or its authorized agent shall give written approval to personnel policies and practices before their implementation. The date of such approval shall be documented.

(3) Personnel policies and practices shall be reviewed by the program director or his or her superior and, if necessary, updated at least annually.

(4) There shall be written job descriptions for all positions. Each job description shall specifically identify all of the following:

(a) Job title.

(b) Tasks and responsibilities.

(c) The skills, knowledge, training, education, and experience required for the job.

(5) Job descriptions shall accurately reflect the actual job situation and shall be revised when there is a change in the required qualifications, duties, supervision, or other job tasks.

(6) A staff member shall be given a copy of his or her written job description and a written description of the program's personnel policies and procedures.

(7) A program shall not refuse employment to individuals solely on the grounds of prior substance abuse or prior criminal history. A qualified handicapped person shall not be subjected to discrimination in employment on the basis of his or her handicap.

(8) There shall be an orientation program for all staff members to introduce them to the program's philosophy, goals, policies, and procedures.

(9) A personnel record shall be kept on each staff member.

(10) A staff member shall be evaluated at least annually, shall be encouraged to review and comment on the evaluation, and shall be asked to sign the evaluation to verify that he or she has been informed of the evaluation's contents.

(11) An appropriate staff member who is designated by the program director to be responsible for overseeing the operation of the program shall be physically on-site when the program director is absent.

History: 1981 AACS.

R 325.14113 Program evaluation.

Rule 113. (1) Documentation of program evaluation methods that measure progress and results relative to current objectives shall be maintained by the program and shall be available for review by the office.

(2) A written statement of the program's measurable goals and objectives, developed as a result of a planning process, in conjunction with available information, shall serve as the basis for evaluation.

(3) A program shall develop a written evaluation plan based on the measurable goals and objectives of the program. The written evaluation plan shall be reviewed by the governing authority and updated at least annually.

(4) An annual evaluation progress report shall be prepared by a program.This report shall contain details on how the program intends to improve its performance in areas needing improvement.

History: 1981 AACS.

R 325.14114 Staff development program.

Rule 114. (1) A program director shall be responsible for the establishment of a staff development program. The program shall include all of the following:

(a) Orientation for entry level staff.

(b) On-the-job training.

(c) Inservice education.

(d) Opportunity for continuing job-related education.

(2) A program shall develop written policies and procedures which specify what the staff development program is comprised of and how it operates. These policies and procedures shall be made available to all program staff and shall be available for review by the office.

(3) A record shall be kept of staff members who have participated in each staff development activity.

History: 1981 AACS.

R 325.14115 Referrals to other resources.

Rule 115. (1) A program shall maintain a written list of resources which are willing and able to provide services to program service recipients.The list shall contain sufficient detail to allow a staff member making a referral to determine the name and location of the resource, the types of services the resource will provide, and the resource's criteria for determining an individual's eligibility for service.

(2) If a program is not part of a comprehensive mental health system, it shall enter into referral agreements with mental health facilities for provision of acute and long-term psychiatric services when necessary.

(3) An agreement shall exist between the licensee and 1 or more licensed medical service facilities for the provision of emergency inpatient and ambulatory medical services. If such a facility does not exist within 40 miles of the licensee's facility, an agreement shall exist between the licensee and a physician to provide emergency services.

History: 1981 AACS.

R 325.14116 Confidentiality of client case records.

Rule 116. (1) A client's records shall be kept confidential and shall be maintained in compliance with section 6111 of the act and with other applicable federal and state statutes and rules, including the requirements of 42 C.F.R. SS2.1 to 2.67-e, June 9, 1987. The provisions of 42 C.F.R. SS2.1 to 2.67-e, June 9, 1987, are adopted by reference in these rules. Copies of the provisions of 42 C.F.R. SS2.1 to 2.67-e, June 9, 1987, are available from the Superintendent of Documents, United States Government Printing Office, Washington, DC 20402, or from the Licensing Section, Center for Substance Abuse Services, 3423 N. Martin Luther King, Jr. Blvd., P.O. Box 30195, Lansing, Michigan 48909, at no cost.

(2) An authorization for the release of information shall become part of the client's permanent case record.

History: 1981 AACS; 1988 AACS.

R 325.14117 Discontinuation of substance abuse programs.

Rule 117. (1) The governing authority of a program shall adopt a written policy governing the disposal of client case records.

(2) A licensed substance abuse program shall, on forms provided by the office, notify the office and coordinating agency not less than 30 days before closure of a program.

(3) It is the responsibility of the governing authority to ensure that client records are properly disposed of pursuant to 42 C.F.R. SS2.1 to 2.67-1, July, 1975.

(4) All clients who are still in treatment when a program discontinues its operations shall be notified of the date of closing, where they can obtain continued treatment, and how their records can be transferred to another program. They shall also be notified of the procedure to be followed if, after the program has closed, the client wants information contained in his or her record or wants the entire record transferred to another agency or person. Client consent forms shall be signed before such transfer of information.

(5) Programs shall obtain the approval of the pertinent regulatory agencies, such as the center for substance abuse services, the national institute on drug abuse, the state board of pharmacy, the federal food and drug administration, and the federal drug enforcement agency, before destruction of records.

(6) The governing authority of the program shall be responsible for destroying client files if arrangements for an appropriate transfer of files cannot be made.

History: 1981 AACS.

R 325.14125 Rescission.

Rule 125. R 325.4001 to R 325.4084 of the Michigan Administrative Code, appearing on pages 2033 to 2049 of the 1979 Michigan Administrative Code, are rescinded.

History: 1981 AACS.

LICENSING OF SUBSTANCE USE DISORDER PROGRAMS

(By authority conferred on the director of the department of community health by section 6231 of 1978 PA 368, MCL 333.6231 and Executive Reorganization Order Nos. 1991-3, 1996-1, and 1997-4, MCL 333.36321, 330.3101, and 333.26324)

R 325.14201 Establishment or maintenance and operation of program without license prohibited.

Rule 201. A person shall not establish or maintain and operate a substance abuse program unless licensed by the office in accordance with the act and these rules.

History: 1981 AACS.

R 325.14202 Time of application.

Rule 202. An application for initial licensure may be made at any time.All licenses shall be renewed annually. Renewal applications shall be received by the office 30 days before license expiration. Licensees not meeting the 30-day requirement will only be eligible to be issued a temporary permit.

History: 1981 AACS.

R 325.14203 Content of application.

Rule 203. (1) An application for an initial or renewed license shall be made on a form authorized and provided by the office which shall be completed in full in accordance with instructions that are attached to the application. The application form shall be accompanied by the attachments, additional data, and information required by the office.

(2) A complete application shall include, at a minimum, all of the following:

(a) Philosophy and goals/objectives.

(b) Admission procedure.

(c) Use of other community resources.

(d) Discharge policies.

(e) Follow-up policies.

(f) Additional information specified in the instructions to determine compliance with the act and these rules.

(g) A copy of recipient rights policies and procedures.

(h) Name, occupation, place of employment, home address, and blood or marital relationship of the program director, board members, stockholders, and officers to any program staff.

History: 1981 AACS.

R 325.14204 Processing the application.

Rule 204. (1) The office shall determine whether an application is complete and shall notify the applicant in writing if additional information is required to complete the application or determine compliance with the act and these rules. The office shall investigate and consider each completed application.

(2) By applying for or accepting a license or a permit, an applicant or licensee authorizes the office and its representatives to conduct the inspections and investigations necessary to determine compliance with applicable licensing standards.

History: 1981 AACS.

R 325.14205 Investigations and inspections.

Rule 205. (1) The office shall conduct an investigation of a substance abuse treatment program for initial licensure within the 3-month period following receipt of the application or, in the case of renewals, within the 3-month period before the expiration date of the current license. The office shall not issue or renew a license until such an investigation is completed and a favorable determination by the office is on file.

(2) The office may make additional visits, inspections, and investigations as it determines necessary for the purpose of enforcement of these rules and the act in accordance with the act.

(3) Investigations may include all of the following:

(a) Inspections of the program and its operation.

(b) Inspection and copying of program records, patient clinical records, and other documents maintained by the program.

(c) The acquisition of other information, including otherwise privileged or confidential information, from any other persons who may have information bearing on the applicant's or licensee's compliance, or ability to comply, with the applicable requirements for licensure.

History: 1981 AACS.

R 325.14206 Action on applications for licensure.

Rule 206. (1) On the basis of the information supplied by the applicant and any other information available to the office, including facility inspection and investigation, the office may take the following action with respect to any application for licensure:

(a) Issue or renew the license.

(b) Issue or renew a provisional license pursuant to section 6238 of the act.

(c) Issue a temporary nonrenewable permit pursuant to section 6238 of the act.

(d) Deny any initial or renewed license.

(e) Take other action consistent with the purposes of the act.

(2) Action by the office pursuant to subrule (1)(d) of this rule shall be preceded by a notice of intent and an opportunity for a hearing in accordance with section 6243 of the act. In all other cases, the determination of the office shall be final.

History: 1981 AACS.

R 325.14207 Denial, suspension, or revocation or license.

Rule 207. (1) A license may be denied, suspended, or revoked for 1 or more of the following reasons:

(a) Violation by the program, its director, or staff of any rule promulgated by the office.

(b) Permitting, aiding, or abetting the commission of an unlawful act.

(c) Conduct or practices found by the administrator to be harmful to the welfare of a recipient in the program.

(d) Deviation by the program from the plan of operation originally licensed which, in the judgment of the administrator, adversely affects the character, quality, or scope of services being provided to recipients.

(e) Submission of false information to the office which is related and material to the requirements of applying for or holding a license.

(f) Failure to demonstrate reasonably sufficient honesty and integrity to warrant the operation, or continuing operation, of a program.

(g) Suspension, revocation, refused renewal, or refused issuance of a federal registration to distribute or dispense methadone or other controlled substances.

(h) Failure of an applicant or licensee to cooperate with the office in connection with a licensing inspection or investigation.

(2) When the administrator determines that an applicant or a licensed program has committed an act or engaged in conduct or practices which justify the denial, suspension, or revocation of a license, the administrator shall notify the program by certified mail, return receipt requested, of his or her intent to suspend, deny, or revoke the license. The notification shall contain the date and time for an informal conference to provide the applicant or licensee with an opportunity to show compliance. If the licensee does not show compliance at the informal conference, does not respond to the notice, or fails to attend the informal conference, the department shall schedule a formal hearing pursuant to Act No. 306 of the Public Acts of 1969, as amended, being S24.201 et seq. of the Michigan Compiled Laws, to consider the items of noncompliance cited in the notice. If the licensee also fails to appear at the formal hearing, the office shall proceed in the licensee's absence.

(3) Pursuant to section 92 of Act No. 306 of the Public Acts of 1969, as amended, being S24.292 of the Michigan Compiled Laws, if the administrator finds that the public health, safety, or welfare requires emergency action and incorporates this finding in the order, summary suspension of a license may be ordered effective on the date specified in the order or on service of a certified copy of the order on the licensee.

(4) A hearing to determine issues relating to the denial, suspension, or revocation of a license shall conform to Act No. 306 of the Public Acts of 1969, as amended, being S24.201 et seq. of the Michigan Compiled Laws.

History: 1981 AACS.

R 325.14208 Service categories.

Rule 208. (1) A single license shall be issued to a qualifying substance use disorder program. The following are categories of service for which programs are licensed:

(a) Prevention--CAIT. To receive a CAIT license, a program shall provide 1 or more of the following CAIT services:

(i) Community change.

(ii) Alternatives.

(iii) Information and training.

(b) Casefinding--SARF. To receive a SARF license, a program shall provide all of the following SARF services:

(i) Screening and assessment.

(ii) Referral.

(iii) Follow-up.

(c) Inpatient.

(d) Residential.

(e) Outpatient.

(f) Case management.

(g) Integrated treatment.

(h) Early intervention.

(i) Peer recovery and support.

(2) A program shall be limited to providing only those services endorsed on the face of the license.

(3) Before starting an additional service category which is not shown on a program's existing license, a program shall obtain the office's approval. The office shall determine whether a new license application shall be submitted.

History: 1981 AACS; 2006 AACS.

R 325.14209 Term of license renewals.

Rule 209. A license shall expire on the date shown on its face or 1 year after the date of issuance, whichever is sooner, unless renewed or terminated in accordance with the act or these rules.

History: 1981 AACS.

R 325.14210 Provisional licenses.

Rule 210. (1) In lieu of denying an application for licensure, the office may issue a provisional license to an applicant. A provisional license shall expire on the date set forth on its face or the first anniversary of its issuance, whichever is sooner. The holder of a provisional license shall be reinspected for compliance with these rules not less than 30 days before the expiration date of the provisional

license. The office may renew or extend a provisional license for a period not to exceed 1 year if, in its sole discretion, the office determines that the purposes of the act will be served thereby. The decision of the office with respect to the issuance or renewal of a provisional license in lieu of a standard license is final and is not subject to administrative appeal. A provisional license which has not been renewed or which has been renewed 1 time shall expire automatically on its expiration date without notice or hearings.

(2) A program that receives a provisional license shall, within 10 working days, submit to the office, for approval, a plan for correction of the deficiencies found during the inspection. Failure to submit a correction plan may result in revocation or suspension of the program license.

History: 1981 AACS.

R 325.14211 Temporary permits.

Rule 211. (1) In lieu of denying an application for licensure, the office may issue a temporary permit to an applicant when, at the office's sole discretion, additional time is needed for the office's inspection or investigation of the applicant or additional time is needed for the applicant, including the initial applicant and applicants applying because of changes in ownership, to undertake remedial action.

(2) A temporary permit shall expire on the date set forth on its face or 3 months after the date of its issuance, whichever is sooner. A temporary permit is not renewable and shall expire automatically on its expiration date without notice or hearing. The decision of the office to issue a temporary permit in lieu of a license is final and is not subject to administrative appeal.

History: 1981 AACS.

R 325.14212 Change in circumstances; transfer of license; posting.

Rule 212. (1) A license is issued on the basis of information available to the office on the date of issuance. An applicant or licensee shall give written notice to the office of any change of ownership, governing authority, or location. Such a change shall be submitted to the office 30 days before such change takes effect and shall result in a new application being required.

(2) A license is not transferable between buildings, properties, or owners; from one location to another; or from one part of an institution to another.

(3) The license of a program that has discontinued or relocated is immediately void and shall be returned to the office. A license is not transferable.

(4) The office shall be notified in writing of the intent to merge one substance abuse program with another before such merger. Such merged programs shall be inspected within 90 days of such notification.

(5) The current license shall be posted in a conspicuous public place in the program. For purposes of this rule, the term "license" includes a provisional license or a temporary permit.

(6) When a document is required by the act or these rules to be posted in a "public place" or in an area "accessible to patients, employees, or visitors," the term means any of the following locations in a program:

(a) The main entry or hallway.

(b) The reception area or foyer.

(c) The dining room or multipurpose room.

History: 1981 AACS.

R 325.14213 Prohibited entities; waivers.

Rule 213. (1) A city, single county, or multicounty coordinating agency designated by the administrator shall not be licensed under these rules and shall not establish, maintain, conduct, or take part in, the operation of a substance use disorder program.

(2) A request for a waiver to allow a coordinating agency to provide substance use disorder treatment rehabilitation or prevention services shall be made to the office by a coordinating agency. Specific situations for which such a waiver will be considered include all of the following:

(a) Emergencies. If an established, licensed, substance use disorder program unexpectedly and suddenly terminates operation in such a manner as to jeopardize the protection and well-being of clients receiving services from the program, a waiver may be issued on an interim basis until the well-being of the clients is insured through alternative services.

(b) Lack of operating service providers. If a licensed service provider does not exist in a geographical area to provide services for which the coordinating agency has shown a documented need and no providers can be found, a waiver may be considered. A request for waiver under these circumstances shall contain information as to the steps being taken to develop a licensed service provider in the geographical area. If attempts to develop a provider have been made and a provider cannot be found, and if the coordinating agency intends to continue to provide services, a plan to transfer coordinating agency designation to another agency shall be part of the waiver request.

(c) Development of demonstration projects. If development of a demonstration project for innovative or specialized services requires that substance use disorder services be provided, a waiver may be requested for a period of time sufficient to complete an evaluation of the demonstration project and must document how waiver requirements have been met. The waiver may be renewed annually if the CA performs an evaluation of the project that demonstrates the project is effective while maintaining quality of service and the CA has conducted a good faith effort and has been unable to locate a willing and capable provider.

(3) When a waiver is granted for subdivisions (b) and (c) of this subrule, the coordinating agency shall be required to be licensed for the waiver period and shall comply with all conditions for receipt of a license. The coordinating agency may be required by the administrator to comply with all statistical, client, management, or financial reporting requirements required or programs providing similar services.

History: 1981 AACS; 2006 AACS.

R 325.14214 Relationship to funding.

Rule 214. The issuance of a license to a program is not a commitment by the office to fund the program.

History: 1981 AACS.

RECIPIENT RIGHTS

(By authority conferred on the director of the department of community health by section 6231 of 1978 PA 368, MCL 333.6231 and Executive Reorganization Order Nos. 1991-3, 1996-1, and 1997-4, MCL 333.36321, 330.3101, and 333.26324)

R 325.14301 Construction; effective date.

Rule 301. (1) R 325.14302 to R 325.14306 shall not be construed to expand or diminish other remedies at law which are available to a recipient under the act or the statutory and common law of this state.

(2) This part shall take effect 120 days following the effective date of these rules.

History: 1981 AACS.

R 325.14302 Policy and procedures.

Rule 302. (1) A program shall, by a formal vote of the governing authority, adopt official written policies and procedures to assure compliance with recipient rights rules and procedures. Copies of the recipient rights policies and procedures and any revisions thereto shall be submitted with the annual licensing renewal application or with the initial license application for transmittal to the office recipient rights coordinator.

(2) The recipient rights policies and procedures shall be reviewed at least annually by the governing authority to consider any revisions that might be necessary. Such review and approval shall become a part of the administrative record of the program.

(3) The recipient rights policies and procedures shall meet all of the following requirements:

(a) Require the program director to designate a staff member to function as the program rights advisor who shall do all of the following:

(i) Attend training offered by the office concerning recipient rights procedures.

(ii) Receive and investigate all recipient rights complaints independent of interference or reprisal from the program administration.

(iii) Communicate directly with the coordinating agency rights consultant when necessary.

Where staffing permits, the program rights advisor shall not be a provider of counseling services.

(b) Outline the method of filling recipient requests to review, copy, or receive a summary of recipient treatment or prevention service case records.

(c) Provide simple mechanisms for notifying recipients of their rights, reporting apparent rights violations, determining whether in fact violations have occurred, and for ensuring that firm, consistent, and fair remedial action is taken in the event of a violation of these rules.

(4) Copies of recipient rights policies and procedures shall be provided to each member of the program staff. Each staff member of the program shall review the policies and procedures and shall sign a form provided by the office which indicates that he or she understands, and shall abide by,

the policies and procedures. The form shall be explained to the staff by the program director. A signed copy shall be maintained in the staff personnel file and a signed copy shall be retained by the staff member.

(5) A treatment program may choose to restrict specific rights of a recipient based on the program policies and procedures. For example, program policy may call for restricted access to money or visitors during the initial stage of treatment. Such restrictions are permissible only under all of the following conditions:

(a) The written policies and procedures developed by the program shall describe what rights are to be restricted, for what therapeutic purpose, and for what period of time.

(b) Further individual limitation of rights shall be based on individual treatment plans which are approved by the program director and which are included in the client's case record. These limitations shall not be for more than 30 days without being renewed in writing in the case record. Such documentation shall be written by the program staff member who is designated in the treatment plan as having major responsibility for implementing the plan and shall be co-signed by the program director.

(c) The provisions for restrictions and limitations on recipient rights outlined in this subrule shall not be construed to permit any abuse or neglect as defined in these rules.

(6) As part of the admission procedure to a program, a recipient shall receive all of the following:

(a) If incapacitated, receive the procedures described in this subrule as soon as feasible, but not more than 72 hours after admission to an approved service program.

(b) A written description of the rights of recipients of substance abuse services.

(c) A written description of any restrictions of the rights based on program policy.

(d) An oral explanation of the rights in language which is understood by the recipient.

(e) A form approved by the office which indicates that the recipient understands the rights and consents to specific restrictions of rights based on program policy. The recipient shall sign this form. One copy of the form shall be provided to the client and 1 copy shall become a part of the client's record.

(7) A recipient of prevention services shall be notified of his or her rights by a notation on any program announcement, brochure, or other written communication that describes the program services to recipients or to the general public. Such notification shall state the following: "Recipients of substance abuse services have rights protected by state and federal law and promulgated rules. For information, contact (staff name, address, phone) or the Center for Substance Abuse Services, Recipient Rights Coordinator, P.O. Box 30035, 3500 North Martin Luther King, Jr. Blvd., Lansing, Michigan 48909."

(8) When a prevention service maintains case records that include the recipient's name and information about the recipient's substance use or abuse, the recipient shall be provided with the notification in subrule (7) of this rule and a summary of specific rights. Phone callers shall be informed that a summary of recipient rights will be mailed to them on request if such records are maintained.

(9) Rights of recipients shall be displayed on a poster provided by the office in a public area of all licensed programs. The poster shall indicate the program rights advisor's name and phone number.

(10) The administrator of the office, with approval of the coordinating agency, shall designate a staff member of a local coordinating agency to act as the coordinating agency recipient rights consultant. The designation shall be renewed annually. The coordinating agency recipient rights consultant shall conduct recipient rights activities according to procedures outlined by the office.

History: 1981 AACS.

R 325.14303 Recipient rights violations; complaints; procedures; remedies.

Rule 303. (1) A complaint of a recipient rights violation shall be made on a form provided by the office, whether made by a client or another person on behalf of a client or group of clients, and shall be distributed to the client, the program, the coordinating agency, and the office. All recipient rights communications shall comply with state and federal confidentiality rules and regulations.

(2) When circumstances prevent completion of the procedures outlined in subrules (3) and (5) of this rule, the rights advisor or rights consultant, whoever is responsible in the specific subrule, shall submit a

written report to the office rights coordinator stating the reasons for tardiness and the actions being taken to expedite completion of the procedures.

(3) An initial complaint of a recipient rights violation shall be investigated by the program rights advisor. The investigation shall be initiated within 10 working days of receipt of the complaint by the program rights advisor.

(4) A written report, including the procedures followed in the conduct of the investigation, findings, conclusions, and recommended remedial actions, if any, to be implemented by the program, shall be completed within 25 working days of receipt of the initial complaint. Copies of the report shall be submitted within 5 working days of completion to the complainant, coordinating agency recipient rights consultant, and to the office rights coordinator. This report shall serve as notice of the rights advisor's final recommendation for resolution of the complaint.

(5) Recommended remedial action shall include time limits for implementation. The coordinating agency recipient rights consultant shall monitor the implementation of remedial actions recommended by the program rights advisor and shall notify the office rights coordinator of situations where time limits appear unreasonably short or long or where unforeseen problems cause a delay in implementation of recommended remedial actions.

(6) If a complainant is not satisfied with the program's findings, conclusions, recommended remedial action, or implementation of recommended remedial action, the complainant may appeal within 15 working days of receipt of the written report to the coordinating agency rights consultant on forms provided by the office and distributed to programs by the coordinating agency. Copies of such appeals shall be distributed to the complainant and to the program and office rights coordinator within 5 working days of receipt of the appeal by the coordinating agency rights consultant.

(7) An appeal received by the coordinating agency shall be reviewed by the coordinating agency rights consultant within 10 working days of receipt, unless the time limitation is waived in writing by the complainant. The coordinating agency

rights consultant may hold an informal conference involving the complainant and the program director to determine the basis of the complaint and the position of the program.

(8) If the coordinating agency recipient rights consultant finds that the findings, conclusions, and recommended remedial action or implementation of recommended remedial action by the program resolves the problem that caused the complaint, such finding, including the rationale for such finding, shall be submitted in a written report and shall be mailed to the complainant, the program, and the office rights coordinator within 15 working days of receipt of the appeal. This report shall serve

as notice of the rights consultant's final recommendation for resolution of the complaint.

(9) If the coordinating agency recipient rights consultant determines that the findings, conclusions, and recommended remedial action or implementation of recommended remedial action by the program do not appear to resolve the problem that caused the complaint, or if the coordinating agency rights consultant feels the issues cannot be satisfactorily resolved at an informal conference, then the coordinating agency rights consultant shall initiate an investigation of the case within 15 working days of receipt of the appeal.

(10) A written report, including the procedures followed in the conduct of the investigation, findings, conclusions, and recommended remedial action to be implemented by the program director shall be completed by the coordinating agency rights consultant within 25 working days of receipt of the appeal at the coordinating agency. Copies of the report shall be submitted within 5 working days of completion to the complainant, the program, and to the office rights coordinator. Such report shall serve as

notice of the coordinating agency rights consultant's final recommendation for resolution of the complaint.

(11) Any recommended remedial action shall include time limits for implementation and shall be evaluated by the coordinating agency recipient rights consultant for its effectiveness in resolving the problem that caused the complaint.

(12) The complainant may appeal within 15 working days of receipt of the written report to the office rights coordinator on a form provided by the office and distributed by the coordinating agency. The office rights coordinator shall distribute copies of the appeal to the program and

coordinating agency within 5 working days of receipt. The office rights coordinator shall review the appeal within 10 working days of the receipt of the appeal. The office rights coordinator may hold an informal conference of concerned parties to further explore the issues.

(13) If the office rights coordinator concurs with the coordinating agency, the complainant shall be so notified within 15 working days of receipt of the appeal by the office. Such notification shall include the rationale for the decision. The complainant shall also be informed that he or she may subsequently request, from the office administrator, a hearing pursuant to Act No. 306 of the Public Acts of 1969, as amended, being S24.201 et seq. of the Michigan Compiled Laws, if not satisfied with the decision of the office rights coordinator. Such request may be made in a letter to the

administrator from the complainant within 15 working days of receipt of the notification from the office rights coordinator.

(14) If the office rights coordinator decides to reinvestigate the case, the complainant shall be so notified within 10 working days of receipt of the appeal. Copies of such notification shall be sent to the program rights advisor and to the coordinating agency rights consultant.

(15) A written report of the investigation procedures, findings, and administrative or licensing action recommended to the office administrator and resulting from the office rights coordinator's investigation shall be completed within 25 working days of receipt of the appeal and shall be submitted to the administrator. Copies shall be distributed to the coordinating agency rights consultant and to the program rights advisor. Findings and recommended action shall be submitted to the complainant within 30 working days of receipt of the appeal. Such findings may be appealed in a letter to the administrator from the complainant within 15 working days of receipt of the findings.

History: 1981 AACS.

R 325.14304 Recipient rights generally.

Rule 304. (1) A recipient shall not be denied appropriate service on the basis of race, color, national origin, religion, sex, age, mental or physical handicap, marital status, sexual preference, or political beliefs.

(2) The admission of a recipient to a treatment program or receipt of prevention services shall not result in the recipient being deprived of any rights, privileges, or benefits which are guaranteed to individuals by state or federal law or by the state or federal constitutions.

(3) A recipient may present grievances or suggest changes in program policies and services to the program staff, to governmental officials, or to another person within or outside the program. In this process, the program shall not in any way restrain the recipient.

(4) A recipient has the right to review, copy, or receive a summary of his or her program records, unless, in the judgment of the program director, such action will be detrimental to the recipient or to others for either of the following reasons:

(a) Granting the request for disclosure will cause substantial harm to the relationship between the recipient and the program or to the program's capacity to provide services in general.

(b) Granting the request for disclosure will cause substantial harm to the recipient.

If the program director determines that such action will be detrimental, the recipient is allowed to review nondetrimental portions of the record or a summary of the nondetrimental portions of the record. If a recipient is denied the right to review all or part of his or her record, the reason for the denial shall be stated to the recipient. An explanation of what portions of the record are detrimental and for what reasons, shall be stated in the client record and shall be signed by the program director.

(5) A program staff member shall not physically or mentally abuse or neglect or sexually abuse a recipient.

(6) A recipient has the right to review a written fee schedule in programs where recipients are charged for services. Policies on fees and any revisions thereto shall be

approved by the governing authority of the program and shall be recorded in the administrative record of the program.

(7) A recipient is entitled to receive an explanation of his or her bill, regardless of the source of payment.

(8) A recipient has the right to information concerning any experimental or research procedure proposed as a part of his or her treatment or prevention services and has the right to refuse to participate in the experiment or research without jeopardizing his or her continuing services. A program shall comply with state and federal rules and regulations concerning research which involves human subjects.

History: 1981 AACS.

R 325.14305 Treatment programs; specific rights; fingerprints.

Rule 305. (1) A recipient shall participate in the development of his or her treatment plan.

(2) A recipient has the right to refuse treatment and to be informed of the consequences of that refusal. When a refusal of treatment prevents a program from providing services according to ethical and professional standards, the relationship with the recipient may be terminated upon reasonable notice.

(3) A recipient shall be informed if a program has a policy for discharging recipients who fail to comply with program rules and shall receive, at admission and thereafter upon request, a notification form that includes written procedures which explain all of the following:

(a) The types of infractions that can lead to discharge.

(b) Who has the authority to discharge recipients.

(c) How and in what situations prior notification is to be given to the recipient who is being considered for discharge.

(d) The mechanism for review or appeal of a discharge decision.

A copy of the notification form signed by the recipient shall be maintained in the recipient's case file.

(4) A recipient shall have the benefits, side effects, and risks associated with the use of any drugs fully explained in language which is understood by the recipient.

(5) A recipient has the right to give prior informed consent, consistent with federal confidentiality regulations, for the use and future disposition of products of special observation and audiovisual techniques, such as 1-way vision mirrors, tape recorders, television, movies, or photographs.

(6) Fingerprints may be taken and used in connection with treatment or research or to determine the name of a recipient only if expressed written consent has been obtained from the recipient. Fingerprints shall be kept as a separate part of the recipient's records and shall be destroyed or returned to the recipient when the fingerprints are no longer essential to treatment or research.

History: 1981 AACS.

R 325.14306 Inpatient and residential programs; specific rights.

Rule 306. (1) A recipient has the right to associate and have private communications and consultations with his or her physician and attorney.

(2) A program shall post its policy concerning visitors in a public place.

(3) Unless contraindicated by program policy or individual treatment plan, a recipient is allowed visits from family members, friends, and other persons of his or her choice at reasonable times, as determined by the program director or according to posted visitors' hours. A recipient shall be informed in writing of visitors' hours upon admission to the program.

(4) To protect the privacy of all other recipients, a program director shall ensure, to the extent reasonable and possible, that the visitors of recipients will only see or have contact with the individual they have reason to visit.

(5) A recipient has the right to be free from physical and chemical restraints, except those authorized in writing by a physician for a specified and limited time. Written policies and procedures which set forth the circumstances that require the use of restraints and which designate the program personnel responsible for applying restraints shall be approved in writing by a physician and shall be adopted by the program governing authority. Restraints may be applied in an emergency to protect the recipient from injury to self or others. The restraint shall be applied by designated staff. Such action shall be reported to a physician immediately and shall be reduced to writing in the client record within 24 hours.

(6) A recipient has the right to be free from doing work which the program would otherwise employ someone else to do, unless the work and the rationale for its therapeutic benefit are included in program policy or in the treatment plan for the recipient.

(7) A recipient has the right to a reasonable amount of personal storage space for clothing and other personal property. All such items shall be returned upon discharge.

(8) A recipient has the right to deposit money, earnings, or income in his or her name in an account with a commercial financial institution. A recipient has the right to get money from the account and to spend it or use it as he or she chooses, unless restricted by program policy or by the treatment plan for the recipient. A recipient has the right to receive all money or other belongings held for him or her by the program within 24 hours of discharge.

History: 1981 AACS.

METHADONE TREATMENT AND OTHER CHEMOTHERAPY

(By authority conferred on the director of the department of community health by section 6231 of 1978 PA 368, MCL 333.6231 and Executive Reorganization Order Nos. 1991-3, 1996-1, and 1997-4, MCL 333.36321, 330.3101, and 333.26324)

R 325.14401 Drug treatment; license required.

Rule 401. A program shall not employ a treatment modality using a controlled substance unless it is licensed to provide service in the outpatient, inpatient, or residential service category and complies with R 325.14402 to R 325.14423.

History: 1981 AACS.

R 325.14402 Prescription drugs; nonexistence of federal or state rules for use in treatment programs.

Rule 402. If neither federal nor state rules exist specific to the use of prescription drugs in treatment programs, the treatment programs that use such drugs shall include, at a minimum, a complete medical history, comprehensive physical examination, and the necessary laboratory tests for each patient at admission.

History: 1981 AACS.

R 325.14403 Medical staffing patterns.

Rule 403. (1) A program licensed under this part shall employ 1 full-time physician, duly licensed and registered, per 300 clients to deliver the medical services described in this part. This ratio shall be maintained in programs serving less than 300 clients.

(2) A program licensed under this part shall employ 2 full-time nurses, duly licensed and registered, per 300 clients to administer medication and deliver other nursing services. This ratio shall be maintained in programs serving less than 300 clients.

(3) A physician's assistant, duly licensed and registered, may be utilized to meet up to 30% of the physician's hours if supervised by an approved physician as specified in section 16103(1) of the act.

History: 1981 AACS.

R 325.14404 Medical director; designation; medical director and other physicians; responsibilities; minimum client-physician encounters.

Rule 404. (1) A program shall have a designated medical director who assumes responsibility for the administration of all medical services performed by the program. The medical director and other authorized program physicians shall be

licensed to practice in the jurisdiction in which the program is located. The medical director shall be responsible for ensuring that the program complies with all federal, state, and local laws, rules, and regulations regarding medical treatment of narcotic addiction.

(2) The responsibilities of the medical director and other authorized physicians within the program shall include all of the following:

(a) Ensuring that evidence of current physiologic dependence, length of history of addiction, or exceptions to criteria for admission are documented in the patient's record before the patient receives the initial methadone dose.

(b) Ensuring that a medical evaluation, including a medical history and physical examination, has been performed before the patient receives the initial methadone dose. However, in an emergency situation the initial dose of methadone may be given before the physical examination.

(c) Ensuring that appropriate laboratory studies have been performed and reviewed.

(d) Signing or countersigning all oral medical orders as required by federal or state law. Such medical orders include all of the following:

(i) Initial medication orders.

(ii) Subsequent medication order changes.

(iii) Changes in the frequency of take-home medication.

(iv) Medication orders for additional take-home methadone for emergency situations.

(e) Reviewing and countersigning treatment plans as follows:

(i) The program physician or counselor shall review, reevaluate, and alter, where necessary, each client's treatment plan at least once every 60 days.

(ii) The program physician shall ensure that the treatment plan becomes part of each client's chart and that it is signed and dated in the client's chart by the counselor and is countersigned and dated by the supervisory counselor.

(iii) At least once a year, the program physician shall date, review, and countersign the treatment plan recorded in each client's chart and shall ensure that each client's progress or lack of progress in achieving the treatment goals is entered in the client's counseling record. When appropriate, the treatment plan and progress notes shall deal with the client's mental and physical problems, apart from drug abuse, and shall include reasons for prescribing any medication for emotional or physical problems.

(f) Ensuring that justification is recorded in the patient's record when the frequency of clinic visits for observed medication is reduced.

(3) There shall be a minimum of 1 client per physician encounter every 60 days. This contact shall be documented in the client's record.

History: 1981 AACS.

R 325.14405 Ancillary medical services.

Rule 405. A client record shall indicate that ancillary medical services were made available to a client whose physical exam, medical history, or complaints indicated abnormalities that could require ancillary medical services.

History: 1981 AACS.

R 325.14406 Urinalysis services.

Rule 406. (1) Urinalysis shall be performed for clients in maintenance treatment at least once a week for opiates, methadone, barbiturates, amphetamines, cocaine, and other drugs as appropriate. Urine shall be collected randomly in a manner which minimizes falsification of the samples.

(2) If the patient has maintained drug-free urines for a period of 6 months, and for as long as the patient maintains drug-free urines, urinalysis may be performed on a monthly basis for opiates, methadone, barbiturates, amphetamines, cocaine, and other drugs as appropriate. A positive urine for drugs other than methadone or legally prescribed drugs shall require resumption of a weekly schedule of urinalysis.

History: 1981 AACS.

R 325.14407 Vocational rehabilitation services.

Rule 407. (1) A program shall provide opportunities, directly or through referral to community resources, for those patients who desire, or who have been deemed ready by the program staff, to participate in education or job training programs or to obtain gainful employment. A program shall

maintain a list of referral resources if vocational rehabilitative activities are not directly provided. The referral resources shall include agencies with resources to provide vocational training, education, and employment in addition to the community resources that might be available to provide assistance for such activities.

(2) A client's needs and readiness for vocational rehabilitation, education, and employment shall be evaluated and recorded in the client's records during the preparation of the initial treatment plan and shall be reviewed and updated, as appropriate, in subsequent treatment plan evaluations. It is recognized that some clients are not ready for, or are not in need of, these services. Such a statement in the record shall suffice to meet the requirement of subrule (1) of this rule. For a client who is deemed ready and who is referred for such services, a program staff member shall document in the client's record the type of referral made and the results of the referral.

History: 1981 AACS.

R 325.14408 Informed consent.

Rule 408. (1) There shall be a fully completed and signed FD-2635 "Consent to Methadone Treatment" form for all active clients. A new consent form shall be completed for any readmission or for a client who transfers from another program either permanently or temporarily. Care

shall be exercised to indicate the pregnancy status for females.

(2) Upon being informed of the benefits and hazards of the drug ordered by the physician, the client or parent or guardian shall sign a consent form authorizing the program to commence such chemotherapy. The consent form shall be witnessed and dated and shall become part of the client's case record.

History: 1981 AACS.

R 325.14409 Methadone maintenance program; minimum standards for admission.

Rule 409. (1) Each person who is selected as a client for a methadone maintenance program, regardless of age, shall be determined by a staff physician to be currently physiologically dependent upon narcotics and shall have first become physiologically dependent at least 1 year before admission to methadone maintenance treatment. A 1-year history of drug dependence means that an applicant for admission to a methadone maintenance program has been continuously physiologically addicted to a narcotic for at least 1 year before admission to a program.

(2) In determining current physiologic dependence, the physician shall consider signs and symptoms of intoxication, a positive urine specimen for a narcotic drug, and old or fresh needle marks. Other evidence of current physiologic dependence can be obtained by noting early signs of withdrawal, such as lacrimation, rhinorrhea, pupilary dilatation, and piloerection, during the initial period of abstinence. Withdrawal signs may be observed during the initial period of hospitalization or while the person is an outpatient undergoing diagnostic evaluation, such as medical and personal history, physical examinations, and laboratory studies. Increased body temperature, pulse rate, blood pressure, and respiratory rate are also signs of withdrawal, but their detection may require inpatient observation. It is unlikely, but possible, that a person could be currently dependent on narcotic drugs without having a positive urine test for narcotics. Thus, a urine sample that is positive for narcotics is not a requirement for admission to detoxification or maintenance treatment.

(3) A patient who has been treated and subsequently detoxified from methadone maintenance treatment may be readmitted to methadone maintenance treatment without evidence to support findings of current physiologic dependence up to 6 months after discharge provided that prior methadone maintenance treatment of 6 months or more is documented from the program attended and that the admitting program physician, in his or her reasonable clinical judgment, finds readmission to methadone maintenance treatment to be medically justified. For patients meeting these criteria, the quantity of take-home medication shall be determined in the reasonable clinical judgment of the program physician, but in no case shall the quantity of take-home medication be greater than would have been allowed at the time that person terminated previous treatment. Documented evidence of prior treatment and evidence of all other findings and criteria used to determine such findings shall be recorded in the patient's chart by the admitting program physician or program personnel under supervision of the

admitting program physician. The admitting program physician shall date and sign the recordings or date, review, and countersign such recordings in the patient's chart prior to the administration of the initial methadone dose to the patient.

(4) Documented evidence of prior treatment and evidence of all other findings and criteria used to determine such findings shall be recorded in the client's chart by the admitting program physician or program personnel under supervision of the admitting program physician. The admitting program physician shall date, review, and countersign such recordings in the client's chart before the administration of the initial methadone dose to the client.

(5) A person who is between the ages of 16 and 18 years shall have had 2 documented attempts at detoxification and at least a 1-year history of addiction before admission to maintenance. A 1-year history of dependence means that an applicant for admission to a maintenance program shall have been continuously physiologically dependent to a narcotic for at least 1 year before admission to a program. A person under 16 years of age is not eligible for methadone maintenance treatment without the prior approval of the state methadone authority and the food and drug administration. This subrule does not preclude a person who is under 16 years of age and who is currently physiologically dependent on a narcotic from being detoxified with methadone if it is deemed medically appropriate by the program physician and is in accordance with the requirements for detoxification.

History: 1981 AACS.

R 325.14410 Detoxification treatment; minimum standards.

Rule 410. (1) For detoxification from narcotic drugs, methadone shall be administered daily by the program under close observation in reducing dosages over a period of not more than 21 days. All requirements that pertain to maintenance treatment apply to detoxification treatment, with the following exceptions:

(a) Take-home medication shall not be allowed during detoxification.

(b) A history of a 1-year physiologic dependence shall not be required for admission to detoxification.

(c) Clients who have been determined by the program physician to be currently physiologically dependent on narcotics may be detoxified with methadone regardless of age.

(d) Urine testing is not required, except for initial drug screening.

(e) An initial treatment plan and periodic treatment plan evaluation are not required, except that a counselor shall be assigned to monitor the client's progress toward achievement of realistic short-term goals designed to be completed by the client within 21 days.

(2) A waiting period of at least 1 week shall be required between detoxification attempts. Before a detoxification attempt is repeated, the program physician shall document in the client's record that the client continues to be or is again physiologically dependent on narcotic drugs.

(3) Detoxification treatment is not recommended for a pregnant client.

History: 1981 AACS.

R 325.14411 Admission procedures.

Rule 411. (1) A program shall provide its clients access to a comprehensive range of medical services and shall inform a new client in writing which services are available on-site and which are available by referral as part of an orientation procedure.

(2) A program that is licensed and authorized to use controlled substances shall have the results of a complete physical examination, a medical history, and a personal history before dispensing or administering medication. Appropriate lab work shall be entered in the client's file within 30 days of admission.

(3) A prior physical examination that is completed by a physician may be utilized if it meets the criteria outlined in R 325.14412 and if it is dated not more than 90 days before the current admission date. The staff physician shall document his or her evaluation of the prior examination.

History: 1981 AACS.

R 325.14412 Physical examination.

Rule 412. (1) A complete physical examination shall consist of all of the following:

(a) A physical examination stressing infectious disease; pulmonary, liver, and cardiac abnormalities; dermatologic sequelae of addiction; and possible concurrent surgical problems.

(b) A complete blood count and differential.

(c) Serologic tests for syphilis.

(d) Routine and microscopic urinalysis.

(e) Urine screening for drugs (toxicology).

(f) Sequela multiple analyzer 12/60 or equivalent.

(g) Australian antigen test.

(h) Tuberculin skin test or chest x-ray.

(i) Sickle cell test, as appropriate.

(j) A test for pregnancy, as appropriate.

(2) The licensed staff physician shall document the number of years that the individual has been dependent on, or addicted to, opiates or opiate-like drugs.

History: 1981 AACS.

R 325.14413 Medical history.

Rule 413. (1) A complete medical history shall contain all of the following information:

(a) Head injuries.

(b) Nervous diseases.

(c) Convulsive diseases.

(d) Major and minor operations.

(e) Major accidents.

(f) Fractures.

(g) Venereal infections.

(h) Cardiovascular diseases.

(i) Respiratory diseases.
(j) Endocrine diseases.
(k) Rheumatic diseases.
(l) Gastrointestinal diseases.
(m) Allergic diseases.
(n) Gynecological-obstetrical history.
(2) The licensed staff physician shall document his or her review of the medical history.

History: 1981 AACS.

R 325.14414 Personal history.

Rule 414. A complete personal history shall contain all of the following information:
(a) Name, address, and telephone number.
(b) Educational history.
(c) Date of birth and sex.
(d) Psychosocial and family history.
(e) Employment and vocational history.
(f) Prior treatment experience or attempts at detoxification, or both.
(g) Legal or court-related history.
(h) Thorough substance abuse history.
(i) Name of referring agency, when appropriate.
(j) Name, address, and telephone number of nearest relative in case of emergency.
(k) Name, address, and telephone number of most recent family or private physician.

History: 1981 AACS.

R 325.14415 Take-home medication.

Rule 415. (1) Take-home medication shall be formulated in such a way as to minimize parenteral abuse and shall be packaged pursuant to section 3 of the poison prevention packaging act, 15 U.S.C. S1472.
(2) Take-home medication shall be labeled with all of the following information:
(a) The name of the medication.
(b) The treatment center's name, address, and phone number.
(c) Client name or code number.
(d) Medical director's name.
(e) Directions for use.
(f) Date to be used.
(g) A cautionary statement that the drug should be kept out of the reach of children.

History: 1981 AACS.

R 325.14416 Take-home methadone; determination of client responsibility.

Rule 416. (1) Take-home methadone shall only be given to a client who, in the reasonable clinical judgment of the program physician, is responsible in the handling of methadone. Before reducing the frequency of clinic visits, the rationale for this decision shall be recorded in the client's chart by a program physician or one of his or her designated staff. If a physician's designated staff member records the rationale for the decision, a program physician shall review, countersign, and date the client's record. Additionally, take-home methadone shall only be dispensed in an oral, liquid form so as to minimize its potential for abuse.

(2) It is recommended practice that this liquid vehicle be non-sweetened and contain a preservative so that a client can be instructed to keep take-home methadone out of the refrigerator in an attempt to minimize the likelihood of accidental overdoses by children and fermentation of the vehicle.

(3) The program physician shall, in the exercise of his or her reasonable clinical judgment, utilize all of the following information in determining whether or not a client is responsible enough to handle take-home methadone:

(a) Background and history of the client.

(b) General and special characteristics of the client and the community in which the client resides.

(c) Absence of recent abuse of non-narcotic drugs, including alcohol.

(d) Absence of current abuse of non-narcotic drugs and alcohol and narcotic drugs, including methadone.

(e) Regularity of clinic attendance.

(f) Absence of serious behavioral problems in the clinic.

(g) Stability of the client's home environment and social relationships.

(h) Absence of recent criminal activity.

(i) Length of time in methadone maintenance treatment.

(j) Assurance that take-home medication can be safely stored at home.

(k) Whether the rehabilitative benefit to the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion.

History: 1981 AACS.

R 325.14417 Take-home medication; procedures, exceptions.

Rule 417. (1) A client who is in maintenance treatment shall ingest the drug under observation daily or not less than 6 days a week for a minimum of the first 3 months.

(2) If, in the judgment of the program physician, a client demonstrates satisfactory adherence to program rules for not less than 3 months; has made substantial progress in rehabilitation; is responsible in the handling of methadone; and is working, enrolled in an educational or training program, or has homemaking responsibilities, and if the client's rehabilitative progress will be enhanced by decreasing the frequency of clinic attendance, the client may be permitted to reduce the frequency of clinic attendance for drug ingestion under observation to 3 times weekly. Such a client shall not receive more than a 2-day take-home supply of methadone.

(3) If, in the judgment of the program physician, a client demonstrates satisfactory adherence to program rules for not less than 2 years from the time of entrance into the program; has made substantial progress in rehabilitation; is responsible in the handling of methadone; and is

working, enrolled in an educational or training program, or has homemaking responsibilities, and if the client's rehabilitative progress will be enhanced by decreasing the frequency of clinic attendance, the client may be permitted to reduce the frequency of clinic attendance for drug ingestion under observation to twice weekly. Such a client shall not receive more than a 3-day take-home supply of methadone.

(4) In calculating 2 years of methadone maintenance treatment, the period shall be considered to begin upon the first day of administration of methadone or upon readmission of a client who has had a continuous absence of 90 days or more. Cumulative time spent by the client in more than 1 program shall be counted toward the 2 years of treatment, unless there has been a continuous absence of 90 days or more.

(5) If a client is found to have a physical disability which interferes with his or her ability to conform to the applicable mandatory schedule, he or she may be permitted a temporarily or permanently reduced schedule if he or she is also found to be responsible in the handling of methadone as specified in R 325.14416 (3)(a) to (k).

(6) If because of exceptional circumstances, such as illness or personal or family crisis, a client is unable to conform to the applicable mandatory schedule, he or she may be permitted a temporarily reduced schedule if he or she is also found to be responsible in the handling of methadone as specified in R 325.14416 (3)(a) to (k). In any event, a client shall not be given more than a 1-week supply of methadone at one time without the prior approval of the state methadone authority and the food and drug administration.

History: 1981 AACS.

R 325.14418 Methadone treatment; voluntary withdrawal; discontinuation of use.

Rule 418. (1) A client in treatment shall be given careful consideration for discontinuation of methadone use. Social rehabilitation shall have been maintained for a reasonable period of time. A client shall be encouraged to pursue the goals of eventual voluntary withdrawal from methadone and of becoming completely drug-free. Upon successfully reaching a drug-free state, the client shall be retained in the program for as long as necessary to assure stability in the drug-free state, with the frequency of his or her required visits adjusted in accordance with the treatment plan.

(2) Maintenance treatment shall be discontinued within 2 years after such treatment has begun, unless, based on the recorded clinical judgment of the staff physician, justification is provided to continue maintenance beyond the 2-year limitation. This justification shall be reviewed and updated every year thereafter by the staff physician.

History: 1981 AACS.

R 325.14419 Client records.

Rule 419. (1) A client record shall be maintained by a program for a period of 3 years after services are terminated.

(2) A client record shall contain, at a minimum, all of the following information:

(a) A signed consent form (use federal food and drug administration form FD 2635).

(b) The date of each visit for medication or counseling, or both.

(c) The amount of methadone dispensed for take-out or administered on-site.

(d) The results of each urinalysis.

(e) A detailed account of any adverse reactions to medication (use federal food and drug administration form 1639, "Drug Experience Report").

(f) Any significant physical or psychological disability and plans for referral or on-site treatment.

(g) If the client's treatment plan identifies a need for counseling services and includes the provision of these services, then signed and dated progress reports by the counselor must be included in the clinical record.

(h) The termination and readmission evaluation written or endorsed and dated by the program physician.

(i) Monthly medical progress notes by the dispensing nurse.

(j) Monthly renewal of the methadone order.

(k) Documentation of a physician-client encounter every 60 days.

(l) Documentation of methadone authority approval of any exceptions to the applicable rules and regulations.

(m) The initial, and any subsequent, treatment plan.

(n) The periodic treatment plan evaluation by the program physician or counselor at least once every 60 days.

(o) The annual treatment plan review by the program physician.

(3) Deaths which may be methadone related shall be reported to the federal food and drug administration on form FD 1639, "Drug Experience Report" within 2 weeks of the death. Births to clients that are premature or show signs of adverse reaction to methadone shall also be reported on form FD 1639.

History: 1981 AACS; 2006 AACS.

R 325.14420 Holiday dispensing.

Rule 420. (1) Where it is not contrary to state law and where the state methadone authority has given approval, a 1-day's supply of methadone may be dispensed to all clients, regardless of time in treatment, for the following holidays:

(a) July 4.

(b) Thanksgiving day.

(c) Christmas day.

(d) New Year's day.

(2) Subject to state law and the state methadone authority's approval, an additional 1-day supply of methadone may be provided to all clients for the holidays in subrule (1)

of this rule which fall on Monday. The client who has to ingest methadone 6 days per week would be dispensed a supply for Sunday and Monday. A client who is allowed a 2-day take-home supply of methadone would be allowed a 3-day take-home supply when he or she presents himself or herself for medication on the Friday preceding the Monday holiday. When 1 of the above holidays falls on Friday, clients who must attend the program 6 days per week to obtain medication may be given a take-home supply for that Friday. These clients shall report on Saturday to obtain the usual seventh day take-home dose normally allowed, if Sunday is the customary day to provide the 1 take-home dose. The remainder of the clients may be provided additional quantities of take-home methadone.

(3) Subject to state law and the state methadone authority's approval, an additional 1-day supply of take-home medication may be given for official state holidays without prior FDA approval. These holidays are as follows:

(a) New Year's day.

(b) Lincoln's and Washington's birthdays.

(c) Memorial day.

(d) July 4.

(e) Labor day.

(f) Veterans' day.

(g) Thanksgiving day.

(h) Christmas day.

(4) Not more than a 3-day supply of methadone shall be dispensed to any client because of holidays without prior approval from the state methadone authority.

History: 1981 AACS.

R 325.14421 Security of drug stocks and dispensing area.

Rule 421. (1) A program of adequate security shall be maintained over drug stocks. The storage of drug stocks shall be in accordance with federal drug enforcement administration criteria for controlled substances, 21 C.F.R. SS1301.71-1301.93 (April 1, 1979). The criteria set forth in 21 C.F.R. SS1301.71-1301.93 may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, at a cost of $4.25 or from the Center for Substance Abuse Services, Department of Public Health, 3500 North Martin Luther King, Jr.Blvd., P.O. Box 30035, Lansing, Michigan 48909, at a cost of $4.25.Records shall be maintained which show the dates that shipments of methadone are received, the quantity received, and the lot numbers. The inventory of methadone stocks shall reflect daily usage and balance on hand.

(2) Accurate drug dispensing records shall be maintained which show all of the following information:

(a) The date of client visit.

(b) The amount dispensed.

(c) Whether the drug was ingested on-site or was dispensed for take-home purposes.

(d) The client's signature.

(e) The signature or initials of the dispensing licensed practitioner.

(3) If a client fails to show for a visit, his or her absence shall be recorded and the record shall be signed or initialed by the dispensing licensed practitioner. Information shall be recorded for each client as he or she is seen. Dispensing records and records that document receipt of substances shall comply with the provisions of 21 C.F.R. SS1304.28 and 1304.29 (April 1, 1979). The criteria set forth in 21 C.F.R. SS1304.28 and 1304.29 are incorporated in these rules by reference. Copies of 21 C.F.R. SS1304.28 and 1304.29 may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, at a cost of $4.25 or from the Center for Substance Abuse Services, Department of Public Health, 3500 North Martin Luther King, Jr. Blvd., P.O. Box 30035, Lansing, Michigan 48909, at a cost of $4.25.

(4) A program that is involved in dispensing or administering medication as a part of its treatment regimen shall not allow any person inside the dispensing area who is not a licensed practitioner. Exceptions may be granted on an individual basis by the state methadone authority. Under exceptional circumstances, for specific purposes, other individuals may be allowed to accompany the licensed practitioner inside the dispensing area. The reasons for these exceptional cases shall be documented by the practitioner and the record shall be maintained in the dispensing area.

History: 1981 AACS.

R 325.14422 Medication control; qualification of individual in charge; formulation of written policies and procedures required; written policy for medication removal in absence of pharmacist required; reporting medication errors and adverse drug reactions; dispensing medication orders and prescriptions; orders that involve abbreviations and chemical symbols; prescribing drugs with abuse potential; informing client of benefits and hazards of drug; observation of medication ingestion during clinic visit; provision for self-administration of drugs with abuse potential.

Rule 422. (1) The individual in charge of medication control shall be a duly licensed physician or duly licensed pharmacist, unless another licensed medical staff member is authorized in writing by the physician or pharmacist. A registered nurse or licensed practical nurse, in conjunction with the licensed physician, shall formulate written policies and procedures for all of the following:

(a) The safe storage, handling, prescribing, and dispensing of drugs, especially controlled substances, investigational drugs, and hazardous drugs and chemicals.

(b) Controlling the activities of representatives of pharmaceutical manufacturers and suppliers who make contact with the program.

(c) Procuring drugs, chemicals, and pharmaceutical preparations in accordance with the provisions of 21 C.F.R. SS1305 and 1301.74(2).

(d) Pharmaceutical services to be provided by outside resources.

(e) Recordkeeping.

(2) There shall be a written policy that designates which licensed practitioner is authorized to remove medications from the pharmacy or bulk storage area when a pharmacist is not available. This policy shall assure that only prepackaged, properly labeled drugs are removed and removed only in amounts sufficient to meet

immediate therapeutic needs. A written record of such withdrawals shall be made and shall be verified by a pharmacist.

(3) A medication error and adverse drug reaction shall be reported promptly to the responsible physician and to the coordinator of the medication control component. A dated entry of the medication given and any drug reaction shall be recorded in the client's case record. The coordinator shall take steps to insure that any unexpected or significant adverse drug reactions are reported to the federal food and drug administration and to the manufacturer and are reported in a manner that does not violate the client's right to confidentiality.

(4) Only medication orders and prescriptions that originate within the program shall be dispensed by the program pharmacy or administered by licensed medical staff members.

(5) An order that involves abbreviations and chemical symbols shall be carried out only if it appears on a list of approved abbreviations and symbols. An order for medication and a dose of medication administered on-site shall be recorded in the client's case record using a standardized form and in a manner that complies with established program policy.

(6) The prescribing of drugs that have abuse potential shall be undertaken only when all of the following requirements have been met:

(a) There is a written set of policies and procedures covering the use of these drugs in the program.

(b) A staff physician has reviewed the client's case record and has entered into the record the reasons for prescribing the given drug.

(c) The drug to be prescribed appears in the program's formulary.

(7) Before the initiation of chemotherapy utilizing controlled substances other than methadone, the client and, where required by law, the parent or guardian shall be informed both orally and in writing, in the client's native language if possible, of the benefits and hazards of the drug to be ordered. The information given shall include all of the following:

(a) The drug to be ordered.

(b) What the drug is expected to accomplish.

(c) The method and frequency of administration.

(d) The drug's ability to bring about a state of physiological or psychological dependence, or both.

(e) Where applicable, the nature of the tolerance that may develop with continued use, as well as the ordered drug's ability to affect the client's tolerance to other drugs.

(f) The dangers of the use of the ordered drug in conjunction with other drugs.

(g) A general description of adverse reactions.

(h) Emergency procedures to be followed when there is an adverse reaction, overdose, or withdrawal.

(i) What alternative therapies exist to treat the problem and what the risks and benefits are of each.

(8) At the time of a clinic visit, a client shall ingest medication under the direct observation of the dispensing licensed practitioner. There shall be only 1 client in the dispensing area at a time.

(9) When drugs with abuse potential are dispensed to clients for self-administration, the reasons shall be clearly documented in the client's case record.

(10) If a program permits the self-administration of drugs with abuse potential, there shall be a written policy governing such activity. The policy shall require that decisions to permit self-administration be based on individual needs and be undertaken in a manner that complies with any laws and regulations applicable to such acts. Such policy shall be approved by the governing authority.

(11) A client who receives drugs for self-administration shall be given instructions concerning the safe storage and usage of such drugs and the appropriate emergency procedures, especially when there are children living with the client.

History: 1981 AACS.

R 325.14423 Additional medication controls; labeling and packaging; compiling list of pharmaceutical reference materials; automatic stop orders; monthly review of client case record; development of written emergency procedure for programs using controlled substances as part of chemotherapeutic regimen; development of formulary of pharmaceuticals; control records; inspections; development of policies to define qualifications of staff members; verbal orders for medication;

acceptance and receipt of controlled substances.

Rule 423. (1) A dispensed drug shall be labeled and packaged according to R 338.479, administered by the board of pharmacy of the Michigan department of commerce, and the regulations of the food and drug administration and the consumer product safety commission. The provisions of 21 C.F.R. S291.505 (April 1, 1978) and 16 C.F.R. S1700.14 (May 14, 1973) are incorporated in these rules by reference. Copies of 21 C.F.R. S291.505 and 16 C.F.R. S1700.14 may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, at a cost of $4.25 or from the Center for Substance Abuse Services, Department of Public Health, 3500 North Martin Luther King, Jr.Blvd., P.O. Box 30035, Lansing, Michigan 48909, at a cost of $4.25.

(2) The coordinator of the medication control component shall compile a list of up-to-date pharmaceutical reference materials to be procured and made available on-site.

(3) There shall be automatic stop orders in dispensing all medications.

(4) A program that uses controlled substances as part of a chemotherapeutic regimen shall develop a written emergency procedure to be implemented in the case of an employee strike, fire, or other emergency situation which would stop, or substantially interfere with, normal dispensing procedures. The emergency procedure shall include all of the following:

(a) Arrangements with security providers for immediate security of drug stocks.

(b) Written agreements, updated annually, with back-up medical personnel, such as a physician or nurses, for the coverage of dispensing and other medical needs if regular personnel are not available.

(c) A reliable system to confirm the identities of clients before dispensing.

(d) Written agreements, updated annually, for the use of an alternate program, hospital, or other site for dispensing during an emergency period.

(5) The individual in charge of medication control shall, with the advice of licensed staff physicians, develop a formulary of those pharmaceuticals that are to be used in the program. The formulary shall serve as a program's catalog of approved therapeutic agents and shall include information regarding the use, dosage, contraindications, and unit dispensing size of the agents. There shall be a procedure for adding drugs and dosage forms to, or deleting them from, the formulary. There shall be a mechanism for notifying appropriate staff members of changes in the formulary.

(6) Prescriptions, medication orders, narcotic records, and inventory control records shall be kept in an organized and easily retrievable manner, shall be maintained in accordance with federal and state law, and shall be retained by a program for not less than 5 years.

(7) At least quarterly, the individual in charge of medication control shall make an inspection of all drug storage areas, medication centers, and nurse stations to insure that these areas are maintained in compliance with federal, state, and local regulations. A dated record of these inspections shall be maintained to verify that all of the following requirements are met:

(a) Disinfectants and drugs for external use are stored separately from oral and injectable drugs.

(b) Drugs that require special conditions for storage to insure stability are properly stored.

(c) Containers for bulk storage for flammable liquids comply with local fire safety regulations.

(d) No outdated drugs are stocked.

(e) Distribution, administration, and receipt of controlled drugs are adequately documented.

(f) Controlled substances and other abusable drugs are stored in accordance with federal, state, and program rules and regulations.

(g) Drugs listed in the formulary are in adequate and proper supply.

(h) Copies of the formulary and other program drug-related rules and regulations are available in appropriate areas.

(i) Metric and apothecary weight and measure conversion charts are posted where needed.

(8) A program shall develop policies that define the qualifications for staff members who dispense and administer medications. These policies shall be in accordance with laws and regulations governing such acts and shall be approved in writing by the governing authority.

(9) A verbal order for medication shall be given only by a program physician and shall be received only by another physician, a pharmacist, or a registered or licensed practical nurse. When a verbal or telephone order is given, it shall be authenticated in writing by a physician not later than 48 hours after the order was originally given.

(10) A supply of controlled substances that is delivered to a program shall be accepted and receipted by a licensed physician, pharmacist, registered nurse, or licensed practical nurse.

History: 1981 AACS.

PREVENTION

(By authority conferred on the director of the department of community health by section 6231 of 1978 PA 368, MCL 333.6231 and Executive Reorganization Order Nos. 1991-3, 1996-1, and 1997-4, MCL 333.26321, 330.3101, and 333.26324)

R 325.14501 Records.

Rule 501. (1) Identification records shall be maintained on the groups or individuals receiving prevention--CAIT services.

(2) When services are provided to groups with established identities, such as school populations, civic groups, and professional groups, only group identification records need be maintained. These records shall include all of the following information:

(a) The group's name or descriptive title and number of service recipients.

(b) The name, phone number, and address of a responsible member of the group.

(c) The type of service provided.

(d) The date of service delivery.

(e) The name of the staff member providing the service.

(3) When services are provided to individuals, and when the services are a part of a formal, planned program of service delivery, records shall include all of the following information:

(a) A notation that an individual received services. The name of the individual is not required.

(b) The type of service provided.

(c) The date of service delivery.

(d) The name of the staff member providing the service.

History: 1981 AACS.

SUBPART 2. PROBLEM ASSISTANCE

R 325.14521 Rescinded.

History: 1981 AACS; 2006 AACS.

R 325.14522 Rescinded.

History: 1981 AACS; 2006 AACS.

R 325.14523 Rescinded.

History: 1981 AACS; 2006 AACS.

R 325.14524 Rescinded.

History: 1981 AACS; 2006 AACS.

R 325.14525 Rescinded.

History: 1981 AACS; 2006 AACS.

R 325.14526 Rescinded.

History: 1981 AACS; 2006 AACS.

R 325.14527 Rescinded.

History: 1981 AACS; 2006 AACS.

R 325.14528 Rescinded.

History: 1981 AACS; 2006 AACS.

R 325.14529 Rescinded.

History: 1981 AACS; 2006 AACS.

R 325.14530 Rescinded.

History: 1981 AACS; 2006 AACS.

CASE FINDING

(By authority conferred on the director of the department of community health by section 6231 of 1978 PA 368, MCL 333.6231 and Executive Reorganization Order Nos. 1991-3, 1996-1, and 1997-4, MCL 333.26321, 330.3101, and 333.26324)

R 325.14601 Referral resources.

Rule 601. (1) A program shall maintain a current comprehensive and dated listing of referral resources. The listing shall be reviewed, updated, and verified annually.

(2) Referral resources utilized by a SARF program shall include the following service capabilities:

(a) Substance abuse, prevention, and treatment.
(b) Mental health services.
(c) Educational services.
(d) Vocational counseling and training.
(e) Job development and placement.
(f) Financial counseling.
(g) Legal counseling.
(h) Spiritual counseling.
(i) Nutritional education and counseling.
(j) Financial aid services.

(3) A program shall maintain written referral agreements with referral sources.

(4) A program shall maintain a monthly log of the source of referrals to the program. The following information shall be included in the log:

(a) Referral source.
(b) Date and method of referral.
(c) Client identifier.
(d) Presenting problem.
(e) Disposition.

History: 1981 AACS.

R 325.14602 Procedures.

Rule 602. A program shall develop written policies and procedures governing:

(a) Procedures to be followed when accepting referral for SARF services.
(b) Procedures governing the assessment process.
(c) Procedures to be used in follow-up.

History: 1981 AACS.

R 325.14603 Client records.

Rule 603. The following information shall be collected and recorded on all individuals assessed for referral:

(a) Name, address, and telephone number, when applicable.

(b) Date of birth and sex.
(c) Family and social history.
(d) Educational history.
(e) Occupation.
(f) Legal and court-related history.
(g) Present substance abuse problem.
(h) Date the information was gathered.
(i) Signature of the staff member gathering the information.
(j) Name of referring agency, when appropriate.
(k) Address, telephone number, and name of nearest relative to contact in case of emergency.
(l) History of current and past substance abuse or other counseling services received. The agency, type of service, and the date the service was received shall be indicated.
(m) Name, address, and telephone number of the most recent family or private physician.
(n) A substance abuse history, including information about prescribed drugs and alcohol, which indicates, at a minimum, all of the following information:
(i) Substances used in the past, including prescribed drugs
(ii) Substances used recently especially those used within the last 48 hours.
(iii) Substances of preference.
(iv) Frequency with which each substance is used.
(v) Previous occurrences of overdose, withdrawal, or adverse drug or alcohol reactions.
(vi) History of previous substance abuse treatment received.
(vii) Year of first use of each substance.
(o) Results of an assessment for referral shall be entered in the client record and shall include a summary of presenting problems, a needs assessment, and any referral resources deemed appropriate to meet the individual's needs.
(p) Outcome of the referral shall be documented in the client record.

History: 1981 AACS.

SUBPART 2. ORGANIZATIONAL DEVELOPMENT

R 325.14621 Rescinded.

History: 1981 AACS; 2006 AACS.

R 325.14622 Rescinded.

History: 1981 AACS; 2006 AACS.

R 325.14623 Rescinded.

History: 1981 AACS; 2006 AACS.

PART 7. OUTPATIENT PROGRAMS

(By authority conferred on the director of the department of community health by section 6231 of 1978 PA 368, MCL 333.6231 and Executive Reorganization Order Nos. 1991-3, 1996-1, and 1997-4, MCL 333.36321, 330.3101, and 333.26324)

R 325.14701 Program staffing; admissions; criteria; forms; policies and procedures; information; eligibility.

Rule 701. (1) The equivalent of 1 or more full-time counselors shall be available for approximately 40 clients.

(2) Clearly stated written criteria for determining the eligibility of individuals for admission shall be developed.

(3) Information gathered in the course of the intake and assessment process shall be recorded on internally standardized forms. The completed forms shall become part of the applicant's case record.

(4) A program shall develop written policies and procedures to govern the intake process which shall set forth both of the following:

(a) The procedures to be followed when accepting referrals from outside agencies or organizations.

(b) The procedures to be followed, including those for referrals, when an applicant is found ineligible for admission.

(5) All of the following information shall be collected and recorded for all applicants before, or at the time of, admission:

(a) Name, address, and telephone number, when applicable.

(b) Date of birth and sex.

(c) Family and social history.

(d) Educational history.

(e) Occupation.

(f) Legal and court-related history.

(g) Present substance abuse problem.

(h) Date the information was gathered.

(i) Signature of the staff member gathering the information.

(j) Name of referring agency, when appropriate.

(k) Address, telephone number, and name of nearest relative to contact in case of emergency.

(l) History of current and past substance abuse or other counseling services received. The agency, type of service, and the date the service was received shall be indicated.

(m) Name, address, and telephone number of the most recent family or private physician.

(n) A substance abuse history, including information about prescribed drugs and alcohol which indicates, at a minimum, all of the following information:

(i) Substances used in the past, including prescribed drugs.

(ii) Substances used recently, especially those used within the last 48 hours.

(iii) Substances of preference.

(iv) Frequency with which each substance is used.

(v) Previous occurrences of overdose, withdrawal, or adverse drug or alcohol reactions.

(vi) History of previous substance abuse treatment received.

(vii) Year of first use of each substance.

(6) During the admission process, every effort shall be made to assure that an applicant understands all of the following:

(a) General nature and objectives of the program.

(b) Rules that govern client conduct and infractions that can lead to disciplinary action or discharge from the program.

(c) Hours during which services are available.

(d) Costs to be borne by the client, if any.

History: 1981 AACS.

R 325.14702 Withholding information.

Rule 702. (1) An applicant shall retain the right to withhold any information that is not demonstrably necessary to the treatment process or to essential program operations.

(2) If a program finds it necessary to require certain information in addition to that described in R 325.14701(5) and (6) as a condition of admission, there shall be a written policy delineating such information.

(3) If an applicant refuses to divulge such additional and necessary information, the refusal shall be noted in the client case record.

History: 1981 AACS.

R 325.14703 Admission ineligibility.

Rule 703. If an applicant is found to be ineligible for admission, the reason shall be recorded in the client case record and, if appropriate, are ferral to an appropriate agency or organization shall be attempted.

History: 1981 AACS.

R 325.14704 Medical examination and information.

Rule 704. (1) A program that does not require a medical examination for admission shall make a determination of the necessity or advisability of a medical examination for each client.

(2) At the time of admission, inquiry shall be made to determine if a client has any physical disabilities, limitations, or ailments. Disabilities, limitations, and ailments shall be recorded in the client file.

(3) Based upon medical information provided by the client, referrals shall be made to a licensed physician as deemed appropriate by the counselor. Action taken shall be recorded in the client file.

History: 1981 AACS.

R 325.14705 Treatment plans.

Rule 705. (1) There shall be an assessment of each client's social and psychological needs. The areas of concern shall include a determination of the following:

(a) Current emotional state.

(b) Cultural background.

(c) Vocational history.

(d) Family relationships.

(e) Educational background.

(f) Socioeconomic status.

(g) Any legal problems that may affect the treatment plan.

(2) Based upon the assessments made of a client's needs, a written treatment plan shall be developed and recorded in the client's case record. A treatment plan shall be developed as soon after the client's

admission as feasible, but before the client is engaged in extensive therapeutic activities. The treatment plan shall conform to all of the following:

(a) Be individualized based upon the assessment of the client's needs and, if applicable, the medical evaluation.

(b) Specify those services planned for meeting the client's needs.

(c) Include referrals for services which are not provided by the outpatient care component.

(d) Contain clear and concise statements of the objectives the client will be attempting to achieve, together with a realistic time schedule for their achievement.

(e) Define the services to be provided to the client, the therapeutic activities in which the client is expected to participate, and the sequence in which services will be provided.

(3) Review of, and changes in, the treatment plan shall be recorded in the client's case record. The date of the review of change, together with the names of the individuals involved in the review, shall also be

recorded. A treatment plan shall be reviewed at least once every 90 days by the program director or his or her designee.

History: 1981 AACS.

R 325.14706 Client counseling.

Rule 706. Two or more hours of formalized individual, group, or family counseling shall be available to each client each week. The hours of counseling actually provided should vary according to the needs of the client.

History: 1981 AACS.

R 325.14707 Progress notes.

Rule 707. (1) A client's progress and current status in meeting the objectives established in the treatment plan, together with a statement of the efforts by staff members to help the client achieve these stated objectives, shall be recorded in the client's case record for every formal client counseling session. A progress note shall be dated and signed by the individual who makes the entry.

(2) If a client is receiving services at an outside resource, the program shall attempt to secure a written case summary, case evaluation, and other client records from that resource. These records shall be added to the client's case record.

(3) The ongoing assessment of the client's progress in respect to achieving treatment plan objectives shall be used to update the treatment plan.

History: 1981 AACS.

R 325.14708 Client discharges.

Rule 708. (1) Within 2 weeks after discharge, the counselor shall enter in the client's case record a discharge summary describing the rationale for discharge, the client's treatment and rehabilitation status or condition at discharge, and the instructions given to the client about aftercare and follow-up.

(2) Unless a client leaves voluntarily before his or her course of treatment is completed, a client shall not be discharged from a program while physically dependent upon a drug prescribed for him or her by the program physician, unless the client is given an opportunity to withdraw from the drug under medical supervision and at a rate determined by the program physician or the client is referred to an outside resource which is willing to continue administering the drug.

(3) The offer to provide withdrawal or referral to another resource shall be made both orally and in writing. If the client refuses such an offer, the program shall attempt to secure a signed statement from the client which verifies that the offer was made to, and was rejected by, the client. Failing that, a progress note shall be recorded documenting the attempt.

History: 1981 AACS.

R 325.14709 Aftercare plan.

Rule 709. (1) If a program provides aftercare services, a written aftercare plan shall be developed in partnership with the client before the completion of treatment. The aftercare plan shall state the objectives

for the client for a reasonable period following discharge. The plan shall also contain the description of the services the program will provide during the aftercare period, the procedure the client is to follow in reestablishing contact with the program, especially in times of crisis, and the frequency with which the program will attempt to contact the client for purposes of follow-up.

(2) The date, method, and results of attempts at contact shall be entered in the client's case record and shall be signed by the individual who makes the entry. If follow-up information cannot be obtained, the

reason for failing to obtain the information shall be entered in the client's case record.

(3) Regardless of the method of contact utilized, the program shall protect the confidentiality of the client. Mailing envelopes that are identifiable as originating from the program shall not be mailed to a client. A post office box number may be used to determine if mail was undeliverable and to facilitate follow-up.

History: 1981 AACS.

R 325.14710 Confidentiality of follow-up.

Rule 710. If the program attempts to determine the status of clients who have been discharged, and if this attempt is made for purposes other than determining the disposition of a referral or for research purposes, such follow-up shall be limited to methods which either assure client confidentiality or require formal written consent of the client.

History: 1981 AACS.

R 325.14711 Maintenance of client records.

Rule 711. (1) There shall be a case record for each client. All of the following items shall be filed in the case record, if applicable:

(a) Results of all examinations, tests, and other assessment information.

(b) Reports from referring sources.

(c) Treatment plans.

(d) Records of referrals to outside resources.

(e) Reports from outside resources, which shall include the name of the resource and the date of the report. These reports shall be signed by the person who makes the report or by the program staff member who receives the report.

(f) Case conference and consultation notes, including the date of the conference or consultation, recommendations made, and actions taken.

(g) Correspondence related to the client, including all letters and dated notations of telephone conversations relevant to the client's treatment.

(h) Treatment consent forms.

(i) Information release forms.

(j) Progress notes. Entries shall be filed in chronological order and shall include the date any relevant observations were made, the date the entry was made, and the signature and staff title of the person who makes the entry.

(k) Records of services provided. Summaries of services provided shall be sufficiently detailed so that a person who is not familiar with the program can identify the types of services the client has received. General terms such as "counseling" or "activities" shall be avoided in describing services.

(l) Aftercare plans.

(m) Discharge summary.

(n) Follow-up information.

(2) A program shall provide sufficient facilities for the storage, processing, and security of client case records. These facilities shall include suitably locked and secured rooms and files.

(3) Appropriate records shall be readily accessible to those staff members who provide services directly to the client.

(4) A client case record shall be maintained for not less than 3 years after services are discontinued.

(5) If a program stores client data on magnetic tape, computer files, or other types of automated information systems, security measures shall be developed to prevent inadvertent or unauthorized access to data files.

History: 1981 AACS.

R 325.14712 Support and rehabilitative services.

Rule 712. (1) All of the following support and rehabilitative services shall be available to all clients either internally or through the referral process:

(a) Education.

(b) Vocational counseling and training.

(c) Job development and placement.

(d) Financial counseling.

(e) Legal counseling.

(f) Spiritual counseling.

(g) Nutritional education and counseling.

(2) A program shall maintain a current listing of services available on-site and by referral. This listing shall be reviewed with each client as part of the program's orientation procedure.

History: 1981 AACS.

PART 8. INPATIENT PROGRAMS

(By authority conferred on the director of the department of community health by section 6231 of 1978 PA 368, MCL 333.6231 and Executive Reorganization Order Nos. 1991-3, 1996-1, and 1997-4, MCL 333.36321, 330.3101, and 333.26324)

R 325.14801 Hospital standards.

Rule 801. A facility which provides inpatient substance abuse treatment services, but which is not operated by the state department of mental health, shall conform to the state minimum standards for hospitals promulgated by the department, being R 325.1021 to R 325.1027 of the Michigan Administrative Code.

History: 1981 AACS.

R 325.14802 Medical director.

Rule 802. An inpatient program shall have a licensed physician as medical director.

History: 1981 AACS.

R 325.14803 Admissions.

Rule 803. (1) All of the following information shall be collected and recorded for all applicants before, or at the time of, admission:

(a) Name, address, and telephone number, when applicable.

(b) Date of birth and sex.

(c) Family and social history.

(d) Educational history.

(e) Occupation.

(f) Legal and court-related history.

(g) Present substance abuse problem.

(h) Date the information was gathered.

(i) Signature of the staff member gathering the information.

(j) Name of referring agency, when appropriate.

(k) Address, telephone number, and name of nearest relative to contact in case of emergency.

(l) History of current and past substance abuse or other counseling services received. The agency, type of service, and the date the services were received shall be indicated.

(m) Name, address, and telephone number of the most recent family or private physician.

(n) A substance abuse history, including information about prescribed drugs and alcohol, which indicates, at a minimum, all of the following information:

(i) Substances used in the past, including prescribed drugs.

(ii) Substances used recently, especially those used within the last 48 hours.

(iii) Substances of preference.

(iv) Frequency with which each substance is used.

(v) Previous occurrences of overdose, withdrawal, or adverse drug or alcohol reactions.

(vi) History of previous substance abuse treatment received.

(vii) Year of first use of each substance.

(2) There shall be an assessment of a client's social and psychological needs made as soon after admission as possible. This history shall be sufficient to make a written assessment of the type of treatment needed and the appropriate referrals to be made upon discharge.

History: 1981 AACS.

R 325.14804 Counselors; availability.

Rule 804. At least the equivalent of 1 full-time counselor shall be available for approximately every 10 clients.

History: 1981 AACS.

R 325.14805 Treatment plans.

Rule 805. (1) Treatment plans shall be developed for each client and shall be reviewed and evaluated periodically by treatment personnel.

(2) A client's progress and current status in meeting the objectives established in the treatment plan, together with a statement of the efforts by staff members to help the client achieve these stated objectives, shall be recorded in the client's case record for every formal client counseling session. A progress note shall be dated and signed by the individual who makes the entry.

History: 1981 AACS.

R 325.14806 Client activities.

Rule 806. Ten or more hours per week of scheduled activities shall be available to a client. Included in these activities shall be 2 or more hours of formalized individual, group, or family counseling for each client. The hours of counseling actually provided should vary according to the needs of the client.

History: 1981 AACS.

R 325.14807 Support and rehabilitative services.

Rule 807. (1) All of the following support and rehabilitative services shall be available to all clients either internally or through the referral process:

(a) Education.

(b) Vocational counseling and training.

(c) Job development and placement.
(d) Financial counseling.
(e) Legal counseling.
(f) Spiritual counseling.
(g) Nutritional education and counseling.

(2) A program shall maintain a current listing of services available on-site and by referral. This listing shall be reviewed with each client as part of the program's orientation procedure.

History: 1981 AACS.

PART 9. RESIDENTIAL PROGRAMS

SUBPART 1. GENERAL PROVISIONS

(By authority conferred on the director of the department of community health by section 6231 of 1978 PA 368, MCL 333.6231 and Executive Reorganization Order Nos. 1991-3, 1996-1, and 1997-4, MCL 333.36321, 330.3101, and 333.26324)

R 325.14901 Staffing.

Rule 901. (1) A program shall have 1 full-time staff member or a person designated by the program director on the premises at all times.

(2) The equivalent of 1 full-time counselor shall be available for every 10 residents.

History: 1981 AACS.

R 325.14902 Admission procedures.

Rule 902. (1) Clearly stated written criteria for determining the eligibility of individuals for admission shall be developed by the residential program.

(2) Information gathered in the course of the admission and assessment process shall be recorded on internally standardized forms. The completed forms shall become part of the applicant's case record.

(3) The program shall have written policies and procedures governing the admission process which set forth both of the following:

(a) The procedures to be followed when accepting referrals from outside agencies or organizations.

(b) The procedures to be followed, including those for referrals, when an applicant is found to be ineligible for admission.

(4) All of the following information shall be collected and recorded for all applicants before, or at the time of, admission:

(a) Name, address, and telephone number, when applicable.

(b) Date of birth and sex.

(c) Family and social history.

(d) Educational history.

(e) Occupation.

(f) Legal and court-related history.

(g) Present substance abuse problem.

(h) Date the information was gathered.

(i) Signature of the staff member gathering the information.

(j) Name of referring agency, when appropriate.

(k) Address, telephone number, and name of nearest relative to contact in case of emergency.

(l) History of current and past substance abuse or other counseling services received. The agency, type of service, and the date the service was received shall be indicated.

(m) Name, address, and telephone number of the most recent family or private physician.

(n) A substance abuse history, including information about prescribed drugs and alcohol, which indicates, at a minimum, all of the following information:

(i) Substances used in the past, including prescribed drugs.

(ii) Substances used recently, especially those used within the last 48 hours.

(iii) Substances of preference.

(iv) Frequency with which each substance is used.

(v) Previous occurrences of overdose, withdrawal, or adverse drug or alcohol reactions.

(vi) History of previous substance abuse treatment received.

(vii) Year of first use of each substance.

(5) During the admission process, every effort shall be made to assure that an applicant understands all of the following:

(a) General nature and objectives of the program.

(b) Rules that govern client conduct and infractions that can lead to disciplinary action or discharge from the program.

(c) Hours during which services are available.

(d) Costs to be borne by the client, if any.

History: 1981 AACS.

R 325.14903 Withholding information.

Rule 903. (1) An applicant shall retain the right to withhold any information that is not demonstrably necessary to the treatment process or to essential program operations.

(2) If a program finds it necessary to require certain information in addition to that described in R 325.14902 (4) and (5) as a condition of admission, there shall be a written policy delineating such information.

(3) If an applicant is found to be ineligible for admission, the reason shall be recorded in the client case record and, if appropriate, a referral to an appropriate agency or organization shall be attempted.

History: 1981 AACS.

R 325.14904 Medical examination.

Rule 904. (1) A client who has not had a medical examination within 6 months prior to admission shall have a medical examination performed under the supervision of a licensed physician as soon as practicable, but not later than 14 days after admission.

(2) Evidence of such examination and information relevant to the client's health status shall be included in the client's record.

History: 1981 AACS.

R 325.14905 Treatment plans.

Rule 905. (1) A client's social and psychological needs shall be assessed. The areas of concern shall include a determination of all of the following:

(a) Current emotional state.

(b) Cultural background.

(c) Vocational history.

(d) Family relationships.

(e) Educational background.

(f) Socioeconomic status.

(g) Any legal problems that may affect the treatment plan.

(2) A written treatment plan based upon the assessment made of a client's needs shall be developed and recorded in the client's case record. A treatment plan shall be developed as soon after the client's admission as feasible, but before the client is engaged in extensive therapeutic activities. The written treatment plan shall comply with all of the following:

(a) Be individualized based upon the assessment of the client's needs and, if applicable, the medical evaluation.

(b) Specify those services planned for meeting the client's needs.

(c) Include referrals for services that are not provided by the residential program.

(d) Contain clear and concise statements of the objectives the client will be attempting to achieve, together with a realistic time schedule for their achievement.

(e) Define the services to be provided to the client, the therapeutic activities in which the client is expected to participate, and the sequence in which services will be provided.

(3) The client shall participate in the development of the treatment plan and its objectives. The nature of this participation shall be described in the client's record.

(4) Review of, and changes in, the treatment plan shall be recorded in the client's case record. The date of the review or change, together with the names of the individuals involved in the review, shall also be recorded. The treatment plan shall be reviewed at least once every 90 days by the program director or his or her designee.

History: 1981 AACS.

R 325.14906 Client activities.

Rule 906. Ten or more hours per week of scheduled activities shall be available to a client. Included in these activities shall be 2 or more hours of formalized individual, group, or family counseling for each client. The hours of counseling actually provided should vary according to the needs of the client. There shall be documentation of planned social, educational, and recreational activities consistent with the needs of the client. Activities shall include all clients and shall take place days, evenings, and weekends if clients are present during these times.

History: 1981 AACS.

R 325.14907 Progress notes.

Rule 907. (1) A client's progress and current status in meeting the objectives established in the treatment plan, together with a statement of the efforts by staff members to help the client achieve these stated objectives, shall be recorded in the client's case record for every formal client counseling session. A progress note shall be dated and signed by the individual who makes the entry.

(2) All progress notes shall be dated and signed by the individual who makes the entry.

(3) If a client is receiving services at an outside resource, the program shall attempt to secure a written case summary, case evaluation, and other client records from that resource. These records shall be added to the client's case record.

(4) The ongoing assessment of the client's progress with respect to achieving treatment plan objectives shall be used to update the treatment plan.

History: 1981 AACS.

R 325.14908 Support and rehabilitative services.

Rule 908. (1) All of the following support and rehabilitation services shall be available to all clients either internally or through the referral process:

(a) Education.

(b) Vocational counseling and training.

(c) Job development and placement.

(d) Financial counseling.

(e) Legal counseling.

(f) Spiritual counseling.

(g) Nutritional education and counseling.

(2) A program shall maintain a current listing of services available on-site and by referral. This listing shall be reviewed with each client as part of the program's orientation procedure.

History: 1981 AACS.

R 325.14909 Client discharge and aftercare.

Rule 909. (1) Within 2 weeks after discharge, there shall be entered in the client's case record a discharge summary describing the rationale for discharge, the client's treatment and rehabilitation status or condition at discharge, and the instructions given to the client about aftercare and follow-up.

(2) Unless a client leaves voluntarily before his or her course of treatment is completed, a client shall not be discharged from a program while physically dependent upon a drug prescribed for him or her by the program physician, unless the client is given an opportunity to withdraw

from the drug under medical supervision and at a rate determined by the program physician or the client is referred to an outside resource which is willing to continue administering the drug.

(3) The offer to provide withdrawal or referral to another resource shall be made both orally and in writing. If the client refuses such an offer, the program shall attempt

to secure a signed statement from the client which verifies that the offer was made to, and was rejected by, the client. Failing that, a record shall be entered documenting the attempt.

(4) If a program provides aftercare services, a written aftercare plan shall be developed in partnership with the client before the completion of treatment. The aftercare plan shall state the client's objectives for a reasonable period following discharge. The plan shall also contain a description of the services the program will provide during the aftercare period, the procedure the client is to follow in reestablishing contact with the program, especially in times of crisis, and the frequency with which the program will attempt to contact the client for purposes of follow-up.

(5) The date, method, and results of attempts at contact shall be entered in the client's case record and shall be signed by the individual who makes the entry. If follow-up information cannot be obtained, the reason for failing to obtain the information shall be entered in the client's case record.

(6) Regardless of the method of contact utilized, the program shall protect the confidentiality of the client. Mailing envelopes that are identifiable as originating from the program shall not be mailed to a client. A post office box number may be used to determine if mail was undeliverable and to facilitate follow-up.

(7) If the program wishes to determine the status of clients who have been discharged, such follow-up shall be limited to methods which either assure client confidentiality or require formal written consent of the client.

History: 1981 AACS.

R 325.14910 Client records; content; maintenance.

Rule 910. (1) There shall be a case record for each client. All of the following items shall be filed in the case record, if applicable:

(a) Results of all examinations, tests, and other assessment information.

(b) Reports from referring sources.

(c) Treatment plans.

(d) Records of referrals to outside resources.

(e) Reports from outside resources, which shall include the name of the resource and the date of the report. These reports shall be signed by the person who makes the report or by the program staff member who receives the report.

(f) Case conference and consultation notes, including the date of the conference or consultation, recommendations made, and actions taken.

(g) Correspondence related to the client, including all letters and dated notations of telephone conversations relevant to the client's treatment.

(h) Treatment consent forms.

(i) Information release forms.

(j) Progress notes. Entries shall be filed in chronological order and shall include the date any relevant observations were made, the date the entry was made, and the signature and staff title of the person who makes the entry.

(k) Records of services provided. Summaries of services provided shall be sufficiently detailed so that a person who is not familiar with the program can identify

the types of services the client has received. General terms such as "counseling" or "activities" shall be avoided in describing services.

(l) Aftercare plans.

(m) Discharge summary.

(n) Follow-up information.

(2) A program shall provide sufficient facilities for the storage, processing, and handling of client case records. These facilities shall include suitably locked and secured rooms and files.

(3) Appropriate records shall be readily accessible to those staff members who provide services directly to the client.

(4) Client case records shall be maintained for not less than 3 years after services are discontinued.

(5) If a program stores client data on magnetic tape, computer files, or other types of automated information systems, security measures shall be developed to prevent inadvertent or unauthorized access to data files.

History: 1981 AACS.

R 325.14911 Residential detoxification program.

Rule 911. Residential programs which detoxify clients from alcohol or other drugs, but which are not designated as approved services programs, shall comply with all rules in subpart 2 of this part applicable to approved service programs with the exception of R 325.14921(2), R 325.14927(8), R 325.14927(9), and R 325.14927(12).

History: 1981 AACS.

SUBPART 2. APPROVED SERVICE PROGRAMS

R 325.14921 Approved service program licensing.

Rule 921. (1) A program that is designated by the administrator as an approved service program shall be licensed by the office as a residential program and shall comply with R 325.14922 to R 325.14928.

(2) An approved service program shall have access to duly licensed laboratories to conduct chemical testing to determine blood alcohol level.

History: 1981 AACS.

R 325.14922 Annual review; documentation.

Rule 922. There shall be documentation of an annual review, updating, and approval of all of the following by the governing body of the program:

(a) The triage process.

(b) Procedures for medical evaluation.

(c) Treatment protocol for incapacitated persons.

(d) The transportation plan.

(e) The plan for training staff and supportive personnel.

History: 1981 AACS.

R 325.14923 Training; documentation; written plan.

Rule 923. (1) There shall be documentation which verifies that approved service program staff and supporting personnel who work directly with clients are appropriately trained.

(2) There shall be a written plan for providing training.

(3) There shall be documentation that the written plan is developed in consultation with a physician.

History: 1981 AACS.

R 325.14924 Control register and client records.

Rule 924. (1) A program shall establish a control register which includes all of the following information:

(a) The name of the client.

(b) The date and time of client's arrival.

(c) The client's means of arrival and by whom transported.

(2) A program shall keep client records which shall include all of the following information:

(a) The medical exam and evaluation.

(b) The treatment plan.

(c) An evaluation of social and psychological needs.

(d) The discharge summary.

History: 1981 AACS.

R 325.14925 Physician and physician's designated representative; staffing requirements.

Rule 925. (1) An approved service program shall have a written agreement with a licensed physician.

(2) There shall be a licensed physician on call 24 hours a day, 7 days a week.

(3) An approved service program shall be staffed 24 hours per day, 7 days per week by a licensed physician or by a designated representative of a licensed physician. The designation of a representative shall be written and signed by the licensed physician.

(4) The physician shall review and countersign all medical evaluations, diagnoses, and treatment records at least once every 72 hours.

History: 1981 AACS.

R 325.14926 Triage process.

Rule 926. An approved service program shall have a written description of its triage process. There shall be documentation that this process is developed in conjunction with a licensed physician. The description shall include all of the following:

(a) The method used in determining the level of urgency of need of each individual client.

(b) Identification of the services to be performed, including transportation if necessary.

(c) The method of assigning the priority of required services.

History: 1981 AACS.

R 325.14927 Medical examination; substance abuse history; medical history; treatment of unconscious person and persons with severe medical complications prohibited; agreements with emergency medical departments; incapacitated persons; treatment plan for persons undergoing detoxification required; protective custody.

Rule 927. (1) A medical examination shall be performed every time a person who is apparently incapacitated is brought to an approved service program, unless the individual has been transferred from an emergency medical service where an examination was performed and documentation of

the examination is available to the program. If the examination is performed at the approved service program, it shall be performed by a physician or his or her designee.

(2) The medical examination that is performed upon arrival at the approved service program shall include an examination for illness and injury.

(3) Substance abuse history information shall be obtained as soon after admission as is practicable. This history shall include all of the following:

(a) Substances used in the past, including prescribed drugs.

(b) Substances used recently, especially those used within the last 48 hours.

(c) Substances of preference.

(d) Frequency with which each substance is used.

(e) Previous occurrences of overdose, withdrawal, or adverse drug or alcohol reactions.

(f) History of previous substance abuse treatment received.

(g) Year of first use of each substance.

(4) A complete medical history shall be obtained. The history shall contain all of the following information:

(a) Head injuries.

(b) Nervous diseases.

(c) Convulsive diseases.

(d) Major and minor operations.

(e) Major accidents.

(f) Fractures.

(g) Venereal infections.

(h) Cardiovascular diseases.

(i) Respiratory diseases.
(j) Endocrine diseases.
(k) Rheumatic diseases.
(l) Gastrointestinal diseases.
(m) Allergic diseases.
(n) Gynecological-obstetrical history, as appropriate.

(5) An approved service program shall not treat unconscious persons or persons with severe medical complications. These persons shall be transported to the nearest hospital which is capable of providing the necessary services. This transportation plan shall be included in the written triage process.

(6) Approved service programs shall have written agreements with emergency medical departments to provide services beyond the medical capacity of approved service programs.

(7) An approved service program shall have a written description of its procedures for a medical evaluation. This description shall be approved by the program physician.

(8) If an individual in an incapacitated condition is to be admitted to an approved service program, there shall be documentation in his or her medical exam records which explicitly attests to the individual's incapacitated condition. The basis of the decision, including blood alcohol level, if taken, shall be specified.

(9) If an individual is found not to be incapacitated, the approved service program medical records shall so state. An individual found not to be incapacitated cannot be held in protective custody, but may be voluntarily admitted for residential care services.

(10) Approved service programs shall have a written description of the protocol for treatment of incapacitated individuals. This protocol shall be approved by the program physician.

(11) There shall be a treatment plan for each client who undergoes detoxification at an approved service program. A standard of care procedure specifying an appropriate treatment regimen may be utilized. The treatment plan shall include all of the following:

(a) Those services necessary to meet the client's medical needs.

(b) Referrals to be made for medical and nursing services which are not provided by the program.

(c) Documentation that the treatment plan has been periodically evaluated and updated.

(12) The approved service program shall not keep an individual in protective custody more than 72 hours. If the physician deems it appropriate, an individual may voluntarily remain in the approved service program for more than 72 hours. The physician shall document the need for additional approved service program services beyond 72 hours in the client's medical records. The physician shall also enter documentation of the need for additional services in the medical records for each 24-hour period beyond 72 hours.

History: 1981 AACS.

R 325.14928 Discharge.

Rule 928. (1) Unless a client leaves voluntarily before his or her course of treatment is completed, a client shall not be discharged from an approved service program while physically dependent upon a drug prescribed for him or her by the program physician, unless the client is provided with an opportunity to withdraw from the drug or the client is referred to an outside resource which is willing to continue administering the drug.

(2) The offer to provide withdrawal or referral to another resource shall be made both orally and in writing. If a client refuses such an offer, the program shall attempt to secure a signed statement from the client which verifies that the offer was made to, and rejected by, the client. Failing that, a record shall be entered documenting the attempt.

(3) There shall be documentation that an evaluation of the social and psychological needs of the client has been completed before discharge from the approved service program. A referral to treatment shall be made if appropriate and if desired by the client.

(4) After discharge from the approved service program, a discharge summary that describes the rationale for discharge, the client's medical condition at discharge, referrals made, and instructions given to the client shall be entered into the client's case record.

History: 1981 AACS.