

**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 AACCS; 2006 AACCS.

**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 AACCS; 2006 AACCS.

### **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 AACCS; 2006 AACCS.

### **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 AACCS.

**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 AACCS.

**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 AACCS.

**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 AACCS.

**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 AACCS.

**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 AACCS.

#### **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 AACCS.

#### **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 AACCS.

#### **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 AACCS; 1988 AACCS.

### **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 AACCS.

### **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 AACCS.