

## **Title 20. Public Health and Welfare**

### **Chapter XI. Division of Aging, Adult, and Behavioral Health Services,**

#### **Department of Human Services**

##### **Subchapter A. Generally**

###### **Part 433. Licensure Standards for Substance Abuse Treatment Programs**

**Codification Notes.** This part as promulgated prior to codification into the Code of Arkansas Rules provided as follows:

###### **"AUTHORITY**

The Department of Human Services, Division of Behavioral Health Services, Office of Alcohol and Drug Abuse Prevention (OADAP) is vested by A.C.A. § 20-64-901 et seq. with the authority and duty to establish and promulgate rules for licensure of substance abuse treatment programs in Arkansas. All persons, partnerships, associations, or corporations establishing, conducting, managing or operating and holding themselves out to the public as an alcohol and other drug abuse treatment program must be licensed by OADAP, unless expressly exempted from these requirements. Programs administered by the Department of Defense, the Veterans Administration, acute care hospital based alcohol and drug abuse treatment programs governed by § 20-9-201, § 20-10-213 and § 20-64-903, and persons exempted from licensure under Arkansas Code § 20-64-903 are not required to be licensed by OADAP, but may voluntarily seek licensure.

The OADAP is designated as the State Authority (SA) governing opioid treatment in Arkansas. Opioid Treatment Programs (OTPs) providing opioid treatment services shall comply with the applicable Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs including the specific standards for opioid treatment developed by OADAP. Opioid treatment services shall comply with all applicable federal, state and local laws and regulations including those under the jurisdiction of the Substance Abuse Mental Health Services Administration (SAMHSA), Center for Substance Abuse

Treatment (CSAT), the Drug Enforcement Administration (DEA) and the State Authority (SA).

As a condition of OADAP licensure approval, or funding, programs must comply with all laws and rules regarding alcohol or drug treatment, programming, services, accreditation, or education.

## HISTORY

Act 644 of 1977 created the Arkansas OADAP and charged the office with the responsibility for developing and promulgating standards, rules for accrediting alcohol and other drug abuse prevention and treatment programs/facilities within the state. Accreditation standards for alcohol and other drug abuse treatment programs were implemented in response to state and federal legislation, as well as the changing needs of the alcohol and drug abuse treatment programs. The first accreditation standards were adopted and implemented on January 1, 1983. Act 597 of 1989 delegated OADAP as the sole agency responsible for accrediting all alcohol and other drug abuse treatment programs. Revisions to the Accreditation Manual were promulgated on September 1, 1989. Act 173 of 1995 changed the accreditation process to a licensure process.

With the advent of the 1995 legislation, the Standards were promulgated and implemented as a Licensure Manual on July 1, 1995. The first Methadone Treatment Program Standards were developed and promulgated by OADAP on October 1, 1993. The Methadone/LAAM Treatment Program Standards were revised to include LAAM treatment on July 1, 1997. Subsequently LAAM treatment has been discontinued as a practice. More recently Buprenorphine has been recognized for use as an Opioid treatment. Thus, per designation of OADAP, the State Methadone Authority (SMA) has given way to the current designation of OADAP as the State Opioid Treatment Authority (SOTA) governing opioid treatment in Arkansas.

## ABSTRACT

The Licensure Standards for Substance Abuse Treatment Programs Manual are State issued rules governing the licensure process. The Manual includes:

- (1) Procedures for Licensure
- (2) Licensure Types
- (3) Substance Abuse Treatment Standards
- (4) Application for Licensure

The Procedures for Licensure explains the licensure process for treatment programs, the Standards Review Team and other issues regarding licensure.

The Application for Licensure must be completed by all programs seeking licensure as an alcohol and/or other drug abuse treatment program in Arkansas prior to the on-site initial review.

An alcohol and other drug abuse treatment program must be in compliance with all applicable Standards in order for a program to obtain a one year or a three year license.

Questions concerning the licensure of alcohol and other drug abuse treatment programs in Arkansas may be directed to:

Department of Human Services

Physical Address:

Division of Behavioral Health Services

4800 West Seventh Street

The Office of Alcohol and Drug Abuse Prevention  
Little Rock, AR 72205

Director, Program Compliance and Outcome Monitoring  
305 South Palm Street, Administration Little Rock, Arkansas 72205

Phone: 501-686-9866

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<http://www.arkansas.gov/dhhs/dmhs/>

## **Subpart 1. General Provisions**

### **20 CAR § 433-101. Definitions.**

As used in this part:

(1)(A) "Addiction Severity Index (ASI)" means a semi-structured assessment instrument designed to be used with clients presenting for substance abuse treatment.

(B)(i) It covers seven (7) important areas of a client's life:

(a) Medical;

(b) Employment/support;

(c) Drug and alcohol use;

(d) Legal;

(e) Family/social;

(f) Opinions about alcohol and drug use; and

(g) Psychological.

(ii) The instrument documents lifetime difficulties in these seven (7) areas and focuses on difficulties in the thirty (30) days prior to assessment;

(2) "Administrative detoxification" means the gradual, medically controlled withdrawal of methadone;

(3) "Admission" means the point in an alcohol or drug abuser's relationship with the program at which the:

(A) Intake process has been completed; and

(B) Individual is entitled to receive services;

(4)(A) "Aftercare" means the component of the treatment program which ensures the provision of continued contact with the client following the termination of services from a primary care modality, designed to support and to increase the gains made to date in the treatment process.

(B) Aftercare plan development should start prior to discharge but is not implemented until discharge;

(5) "Alcohol and Drug Management Information System (ADMIS)" means the management information system for the collection and reporting of client-related data prescribed by the state;

(6) "Alcohol or drug abuser" means a person who voluntarily uses alcohol or other drugs in such a way that their social or economic functioning is disrupted;

(7) "Alcohol or drug addict" means a person who is physically and/or psychologically dependent on alcohol or other drugs and has little or no control over the amounts consumed, leading to substantial health endangerment, or social functioning disruption and economic functioning disruption;

(8) "Applicant" means any individual who has applied for admission to a treatment program, but is not yet admitted to the program;

(9) "Applicant screening" means the act of determining eligibility for treatment;

(10) "Assessment" means the process of collecting sufficient data to enable evaluation of an individual's strengths, weaknesses, problems, and needs so that a treatment plan can be developed;

(11) "Chief executive officer" means the individual appointed by the governing board to set in behalf of the overall daily management of the organization;

(12) "Client" means an individual who has an alcohol or other drug abuse problem, for whom intake procedures have been completed, who is admitted to the program, and remains active in the treatment provided by the program, and has not been discharged;

(13) "Counselor" means an individual who, by virtue of education, training or experience, provides treatment, which includes advice, opinion, or instruction to an individual or in a group setting to allow opportunities for a person to explore their problems related directly or indirectly to alcohol and/or other drug abuse or dependence;

(14) "Definitive laboratory results" means confirmatory tests conducted by a National Institute of Drug Abuse (NIDA)-certified laboratory;

(15) "Detoxification" means the withdrawal of a person from a physiologically addicting substance;

(16) "Detoxification treatment for opioid dependence" means the dispensing of a narcotic drug in decreasing doses to an individual to alleviate adverse physiological and psychological effects of withdrawal from the continuous or sustained use of a narcotic drug and as a method of bringing the individual to a narcotic drug-free state within such period;

(17) "Direct care" means any individual who provides chemical dependency education or counseling of treatment related activities;

(18) "Documentation" means the provision of written, dated, and authenticated evidence, signed by person's name and title, to substantiate compliance with standards, e.g., minutes of meetings, memoranda, schedules, notices, announcements;

(19) "Emergency admission" means an admission that does not meet the intake process due to the extreme nature of the circumstances involved;

(20) "Emergency care" means a network of services that provides all persons having acute problems related to alcohol and other drug use and abuse readily available diagnosis and care, as well as appropriate referral for continuing care after emergency treatment;

(21) "Family" means individuals as defined by law, or significant others that claim relationship to the client;

(22)(A) "Fiscal management system" means the procedures that provide management control of the financial aspects of program operations.

(B) Such procedures include cost accounting, program budgeting, materials purchasing, and client billing standards;

(23) "Governing board" means that person or persons with the ultimate authority and responsibility for the overall operation of the program;

(24) "Intake" means the process of collecting and assessing information to determine the appropriateness of admitting an individual in an alcohol and drug abuse treatment program;

(25) "Licensure" means the process by which the Office of Alcohol and Drug Abuse Prevention determines if a person, partnership, association, or corporation may operate an alcohol and drug abuse treatment program;

(26) "Licensure Standards for Alcohol and/or Other Drug Abuse Treatment Programs" means the standards developed by the Office of Alcohol and Drug Abuse Prevention, with which licensed treatment programs shall comply;

(27) "May" means a term in the interpretation of a standard to reflect an acceptable method that is recognized but not necessarily preferred;

(28)(A) "Medical Director" means a physician licensed to practice medicine in the State of Arkansas who assumes responsibility for the administration of medical services performed by the program, ensuring that the program is in compliance with federal, state, and local laws and regulations.

(B) In an opioid treatment program, the Medical Director assumes the responsibility regarding the medical treatment of narcotic addiction with a narcotic drug;

(29) "Methadone hydrochloride" means an opioid, a synthetic opiate, that is primarily used for the treatment of narcotic addiction in detoxification or maintenance programs;

(30) "Narcotic dependent" means an individual who physiologically needs an opiate or a synthetic opiate to prevent the onset of signs of withdrawal;

(31) "NCPI" means the Crisis Prevention Institute's training in nonviolent crisis prevention and intervention;

(32)(A) "Observation detoxification" means monitoring on a twenty-four-hour-per-day basis of a client who is undergoing mild withdrawal in a residential/live-in setting.

(B)(i) Monitoring will consist of taking the client's vital signs.

(ii) Vital signs will be taken by a staff member trained and certified by:

(a) The Office of Alcohol and Drug Abuse Prevention;

(b) A medical doctor;

(c) A registered nurse;

(d) A licensed psychiatric technical nurse; or

(e) A licensed practical nurse.

(C)(i) The facility shall establish approved emergency medical procedures.

(ii) These services shall be available should the client's condition deteriorate and emergency procedures be required;

(33) "Opioid maintenance" means the dispensing of methadone for more than one hundred eighty (180) days in the treatment of an individual for dependence on opiates;

(34) "Opioid treatment program" means an entity that:

(A) Administers or dispenses an approved narcotic drug to a narcotic addict for maintenance or detoxification treatment;

(B) Provides a comprehensive range of medical and rehabilitative services;

(C) Is approved by the State Methadone Authority (SMA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT);

(D) Is registered with the United States Drug Enforcement Administration to use a narcotic drug for the treatment of narcotic addiction; and

(E) Is open at least six (6) days a week;

(35) "Outpatient program" means a non-live-in program offering treatment or rehabilitation services to alcohol or drug abusers on a scheduled or nonscheduled basis;

(36) "Outpatient service – family" means counseling provided in an outpatient environment to a substance abuse client and family members or significant other;

(37) "Outpatient service – group" means counseling provided in an outpatient environment to more than one substance abuse client;

(38) "Outpatient service – individual" means care provided to a substance abuse client in an outpatient environment;

(39)(A) "Outreach public education and information" means the dissemination of relevant information specifically aimed at increasing the awareness, receptivity, and sensitivity of the community and stimulating social action to increase the services provided for people with problems associated with the use of alcohol and/or other drugs.

(B) It also includes the process of reaching into a community systematically for the purpose of:

(i) Identifying persons in need of services;

(ii) Informing individuals and their families as to the availability of services;

(iii) Locating additional services; and

(iv) Enhancing the entry into the service delivery system;

(40)(A) "Partial day treatment" means care provided to a substance abuse client who is not ill enough to need admission to medical detoxification or observation detoxification, but who has need of more intensive care in the therapeutic setting.

(B)(i) This service shall include at a minimum:

(a) Intake;

(b) Individual and group therapy;

(c) Psychological education;

(d) Case management; and

(e) One (1) hot meal per day.

(ii) Partial day treatment shall be a minimum of four (4) hours per day for five (5) days per week.

(iii) In addition to the minimum services, treatment may include:

- (a) Drug testing;
- (b) Medical care other than detoxification; and
- (c) Other appropriate services;

(41) "Presumptive laboratory results" means screening test results that have not been confirmed by a National Institute of Drug Abuse (NIDA)-certified laboratory;

(42) "Program" means an individual, partnership, corporation, association, government subdivision, or public or private organization that provides treatment services;

(43) "Program component" means a category into which a specific group of interrelated services can be classified, e.g., outpatient care;

(44) "Program sponsor" means a person, or representative of an organization, who is:

(A) Responsible for the operation of a program and who assumes responsibility for its employees, including practitioners, agents, or other persons providing services at the program; and

(B) Knowledgeable of substance abuse treatment issues;

(45)(A) "Progress note" means that portion of the client's case which describes the progress of the client and his or her current status in meeting the goals set in the treatment plan, as well as describing the efforts of staff members to help the client achieve those stated goals.

(B) Progress notes also include documentation of those events and activities related to the client's treatment;

(46) "Referral agreement" means a written document defining a relationship between the program and an outside resource for the provision of client services not available within the alcohol and/or other drug abuse treatment program;

(47) "Regional Alcohol and Drug Detoxification (RADD) services" means a process providing the client with up to three (3) days detoxification services and aftercare plan;

(48)(A) "Regional detoxification specialist" means a person trained and certified by the Office of Alcohol and Drug Abuse Prevention.

(B) Training will provide competency, at a minimum, in the following areas:

(i) Current regional alcohol and drug detoxification services program policies and procedures;

(ii) Taking of vital signs, such as:

(a) Temperature;

(b) Pulse;

(c) Respiration; and

(d) Blood pressure;

(iii) Evaluation of presenting symptoms and compiling an accurate substance abuse history;

(iv) Current certification in cardiopulmonary resuscitation (CPR);

(v) Current certification in a first aid course;

(vi) Current nonviolent crisis intervention certification in defusing hostile situations; and

(vii) Knowledge of alternate social, rehabilitation, and emergency referral resources;

(49)(A) "Rehabilitation" means the restoration of a client to the fullest physical, mental, social, vocational, and economic usefulness of which he or she is capable.

(B) Rehabilitation may include, but is not limited to:

(i) Medical treatment;

(ii) Psychological therapy;

(iii) Occupational training;

(iv) Job counseling;

(v) Social and domestic rehabilitation; and

(vi) Education;

(50)(A) "Residential program" means a twenty-four-hour, seven-day-per-week, nonmedical, live-in facility offering treatment and rehabilitation services to facilitate the alcohol and/or other drug abuser's ability to live and work in the community.

(B) Includes care provided to a substance abuse client who is not ill enough to need admission to medical detoxification or observation detoxification, but who has need of more intensive care in the therapeutic setting with supportive living arrangements.

(C)(i) This service shall include at a minimum:

- (a) Intake;
- (b) Individual and group therapy;
- (c) Case management; and
- (d) Room and board.

(ii) In addition to the minimum services, residential service may include:

- (a) Drug testing;
- (b) Medical care other than detoxification; and
- (c) Other appropriate services;

(51) "Services" are program components rendered to clients which shall include, but are not limited to, medical evaluations, counseling, and rehabilitative and other social programs, such as vocational and educational guidance or employment placement, which shall support the client in becoming a productive member of society;

(52) "Shall" means a term used to indicate a mandatory statement, the only acceptable method under the present standards;

(53) "Significant other" means an individual who has an intimate relationship with another but who is not related by heredity or law;

(54)(A) "Specialized Women's Services (SWS)" means, at facilities designated as SWS, a unit of service will be one (1) day for a family.

(B) A family is considered one (1) mother and up to two (2) children below the age of seven (7).

(C) Services at a minimum include:

- (i) Case management;
- (ii) Alcohol and other drug treatment;
- (iii) Child care;

- (iv) Transportation;
- (v) Medical treatment;
- (vi) Housing;
- (vii) Education/job skills training;
- (viii) Parenting skills;
- (ix) Aftercare;
- (x) Family education and support; and
- (xi) House rules;

(55) "Staff" means any individual who provides services to the program on a regular basis as a paid employee;

(56) "Standards" means the specifications representing the minimal characteristics of an alcohol and/or other drug abuse treatment program, which are acceptable for the licensing of a program;

(57) "State Authority (SA)" means the director, or designee, of the Division of Aging, Adult, and Behavioral Health Services of the Department of Human Services, Office of Alcohol and Drug Abuse Prevention, or its successor;

(58) "State opioid treatment authority" means the director, or designee, of the Arkansas Department of Human Services, Division of Aging, Adult, and Behavioral Health Services, Office of Alcohol and Drug Abuse Prevention, or its successor;

(59)(A) "Structured treatment" means an activity facilitated by:

- (i) A staff member;
- (ii) An appropriate volunteer; or
- (iii) A representative from an outside agency.

(B) Client meditation and study groups are not structured treatment;

(60)(A)(i) "Substance abuse treatment" means a process whereby services are provided to an individual with the intent of the cessation of harmful or addictive use of alcohol and/or other drugs.

(ii) Treatment must include, but should not be limited to, counseling.

(B) Treatment promotes the ultimate goal of the individual reaching their fullest physical, mental, social, vocational, and economic capabilities possible;

(61) "Take-home medication" means those doses of methadone consumed by the client under conditions of no direct observation by a medical provider;

(62) "Treatment plan" means a written plan developed after assessment, which specifies the goals, activities, and services appropriate to meet the objective needs of the client;

(63) "Treatment program" means any program that delivers alcohol and/or other drug abuse treatment services to a defined client population;

(64) "Treatment staff" means the group of personnel of the alcohol and/or other drug abuse treatment program, which is directly involved in client care or treatment;

(65) "Update" means a dated and signed review of a report, plan, or program with or without revision;

(66)(A) "Volunteer" means any person who of their own free will provides goods or service without any financial gain.

(B) Volunteers may not supplant paid staff; and

(67) "Working agreement" means a written contract, letter of document, or other document that defines the relationship.

**Authority.** Arkansas Code § 20-64-903.

### **20 CAR § 433-102. Procedures for licensure.**

(a) Licensure is required of any individual, partnership, association, or corporation operating or seeking to operate a substance abuse treatment program in the State of Arkansas.

(b) Upon promulgation of revisions to the standards, the Office of Alcohol and Drug Abuse Prevention will provide to each of the programs known to be operating within Arkansas a copy of the newly issued Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs manual.

(c)(1) A schedule for the licensure process for each treatment program with the participation of the program under review will be developed by the office.

(2) The entire licensure process for a program is shown below, with explanatory comments following:

(A) **Step 1.**

(i) Programs currently licensed shall be notified by the office of the upcoming licensure review.

(ii) First-time applicants seeking licensure shall submit a completed application for licensure to the office.

(iii) Unlicensed alcohol and other drug abuse treatment programs will be notified by the office of the need to make application for licensure;

(B) **Step 2.**

(i) Receipt by the office of the program's completed application for licensure.

(ii) First-time applicants shall submit a nonrefundable seventy-five dollar (\$75.00) application fee.

(iii) All licensed programs are billed annually by the office for a seventy-five dollar (\$75.00) renewal fee;

(C) **Step 3.** The office staff shall develop the schedule and requirements for the review of the program;

(D) **Step 4.** The office will provide written confirmation and notification to the program to include:

(i) Timetable developed in Step 1 through Step 3 above;

(ii)(a) Members of the standards review team for that program.

(b) See standards review team member selection process; and

(iii)(a) Notice of Requirement form.

(b) The form must be signed and returned to the office prior to the start of the licensure review;

(E) **Step 5.** Formal on-site reviews by the office's standards review team;

(F) **Step 6.** Report by the office standards review team and recommendations to the Director of Program Compliance and Outcome Monitoring, Office of Alcohol and Drug Abuse Prevention;

(G) **Step 7.** Formal report to the program including findings and recommendations of the office's standards review team with the type of license awarded;

(H) **Step 8.** When applicable, responses to the program's appeal and/or scheduling of a follow-up licensure review; and

(I) **Step 9.**

(i) Submission to the office, by the program, of a one thousand five hundred dollar (\$1,500) nonrefundable licensure review fee, for first-time applicants only, due after the review.

(ii) **Note.** The formal license will only be issued upon receipt of payment of the licensure review fee.

**Authority.** Arkansas Code § 20-64-903.

**20 CAR § 433-103. Application process for opioid treatment programs.**

(a) An OTP shall not operate in the State of Arkansas prior to completion of the application process.

(b) The following criteria must be met:

(1) Program has approval from the United States Drug Enforcement Administration on file with the Office of Alcohol and Drug Abuse Prevention;

(2) Program has approval from the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment; and

(3) The program has received licensure as an alcohol and other drug abuse treatment program.

**Authority.** Arkansas Code § 20-64-903.

**Codification Notes.** "OTP" means opioid treatment program.

**20 CAR § 433-104. New programs commencing operation.**

(a) Programs seeking licensure, or required to receive a licensure review, will complete all steps specified in the application process.

(b)(1) The Office of Alcohol and Drug Abuse Prevention shall review standards applicable to programs that have not yet provided substance abuse treatment.

(2) If the program has met the requirements outlined below, the office will issue a six-month operational permit:

- (A) Governing board authority and procedures;
- (B) Program planning and evaluation processes;
- (C) Employment and personnel practices;
- (D) Program services, to include applicable specialized services applied

for;

- (E) Inspection of the physical plant;
- (F) Articles of incorporation/by-laws on file with the Secretary of State;
- (G) Board minutes on file;
- (H) Insurance documentation;
- (I) Evidence of current valid certifications of building, fire, safety, and

health inspections;

- (J) Policies and procedures manual; and
- (K) Client handbook.

(3)(A) Prior to expiration of the six-month operational permit, a formal review with a Standards Review Team (SRT) will be performed to determine the program's level of compliance with all applicable standards.

(B) If the program under review is found to be in full compliance with all applicable standards, then the SRT shall recommend a one-year license.

**Authority.** Arkansas Code § 20-64-903.

**20 CAR § 433-105. Standards review team.**

(a) The members of the Standards Review Team (SRT) for each program will consist of members who participate in the formal on-site review.

(b) The Office of Alcohol and Drug Abuse Prevention reserves the right to adjust the size of the SRT as appropriate to conform to the size and complexity of the program under review.

(c) The SRT ordinarily will be composed of representatives from:

(1)(A) At least one (1) team member from the office.

(B) If more than one (1) member, one (1) member will be designated as "team leader"; and

(2)(A) At least one (1) team member from another treatment program, as selected by the office.

(B) A representative or representatives from other organizations or agencies may be selected as deemed appropriate by the office.

(d)(1) The program to be reviewed will be notified prior to the licensure review as to the composition of the SRT.

(2) If, for a valid reason, the program objects to a particular team member from another treatment program, the office may select a different member.

(e)(1) The minimum requirements for a SRT member from another treatment program are:

(A) A minimum of three (3) years' experience in program administration and/or substance abuse treatment;

(B) The SRT member must not be a current or former employee or client of the program to be reviewed;

(C) The SRT member must currently hold a license or certification that would allow the signing of comprehensive treatment plans as specified in the Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs; and

(D) Peer reviewer information will be forwarded for background check thirty (30) days prior to a review at the Division of Correction.

(2) **Note.** A SRT member reviewing only administrative functions is not required to hold the credentials specified in subdivision (e)(1)(C) of this section.

**Authority.** Arkansas Code § 20-64-903.

**20 CAR § 433-106. Formal licensure review.**

(a) The SRT shall make a formal on-site review.

(b)(1) Minimally, the Office of Alcohol and Drug Abuse Prevention shall inspect the facilities prior to the expiration of the program's license.

(2) The office may extend a program's license for no longer than six (6) months.

(c)(1) The licensure review will include:

(A) Examination of program documents and records;

(B) Client case records;

(C) Fiscal audits;

(D) Interviews with staff and clients in accordance with confidentiality laws; and

(E) Interviews with various community agencies/individuals.

(2)(A) Other sources may be used to determine compliance as applicable.

(B) The office reserves the right to contact former clients of the program under review to determine compliance with applicable standards.

(d)(1) Prior to the exit interview, there will be a meeting of the SRT members.

(2)(A) During the meeting, each member will present his or her findings and recommendations on the area or areas assigned to him or her.

(B) All areas in terms of strengths, weaknesses, or deficiencies, as well as the decision of compliance on each applicable standard, will be discussed and evaluated.

(e) **Exit interview.**

(1) Following the SRT meeting, the SRT will meet with the Chief Executive Officer, Program Director or Clinical Director, and at least one (1) member of the governing board, if applicable.

(2) The team members will present the review findings.

(3) The purpose of this meeting will be to discuss and clarify the findings and recommendations noted by the team members.

(4) The Director of the Office of Alcohol and Drug Abuse Prevention will make the final determination as to whether licensure will be granted.

**Authority.** Arkansas Code § 20-64-903.

**Codification Notes.** "SRT" means standards review team.

**20 CAR § 433-107. Licensure determination.**

(a)(1) Within fifteen (15) working days of the last day of the on-site review, a written report will be completed by the SRT team leader and forwarded to the program director.

(2) Based upon this report, the Office of Alcohol and Drug Abuse Prevention shall award the appropriate type of license.

(b)(1) The office reserves the right to contact the clients of licensed programs to aid in the determination of compliance with specific standards.

(2) The office reserves the right to conduct a full licensure review prior to the expiration of the program's current license.

(3) In addition, the office reserves the right to use peer reviewers, as deemed appropriate, to assist in:

- (A) Audits;
- (B) Client record reviews;
- (C) Investigations; or
- (D) Other monitoring/compliance processes.

**Authority.** Arkansas Code § 20-64-903.

**Codification Notes.** "SRT" means standards review team.

**20 CAR § 433-108. Licensure revocation.**

(a) The Office of Alcohol and Drug Abuse Prevention may, at its discretion, revoke the operational permit of any program applying for licensure unable to meet compliance with the Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs.

(b) The office shall also initiate action to revoke the license of any program found not to be in full compliance with the standards.

**Authority.** Arkansas Code § 20-64-903.

**20 CAR § 433-109. Compliance review.**

(a) In addition to the licensure review, the Office of Alcohol and Drug Abuse Prevention will conduct at least two (2) announced or unannounced compliance reviews.

(b) A compliance review will primarily consist of a case record review, but could include the review of any or all of the Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs.

(c) Opioid treatment programs will receive unannounced reviews, at least quarterly, to determine the program's ongoing compliance with opioid treatment specific standards.

**Authority.** Arkansas Code § 20-64-903.

**20 CAR § 433-110. Alcohol and Drug Management Information System compliance.**

(a) All alcohol and other drug abuse treatment programs in Arkansas are required to report client-related data in accordance with the requirements of the current ADMIS.

(b) For acute care, hospital-based alcohol and drug abuse treatment programs, failure to report may result in notification to the Division of Health Facility Services of the Department of Health, of failure to comply with requirements of Acts 1991, No. 25.

(c)(1) Licensure awarded automatically pursuant to Acts 1995, No.173, shall not be affected by failure to report.

(2) For all other treatment programs, failure to report may result in the loss of the Office of Alcohol and Drug Abuse Prevention-required licensure.

**Authority.** Arkansas Code § 20-64-903.

**Codification Notes.** "ADMIS" means the Alcohol and Drug Management Information System.

## **Subpart 2. Types of Licenses**

### **20 CAR § 433-201. Six-month operational permit.**

(a) If the program seeking licensure is not currently licensed, the Office of Alcohol and Drug Abuse Prevention staff, along with any appropriate outside agencies, shall perform an initial licensure review of those Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs applicable to programs not currently licensed.

(b) If the program is in substantial compliance with all applicable standards, as determined by the office staff at the time of the review, then the office will issue a six-month operational permit.

(c) No later than six (6) months after the according of the permit, a formal review with a standards review team will be performed to determine the program's level of compliance with all applicable standards.

(d) A one-time six-month extension of the operational permit will be considered for extenuating circumstances.

**Authority.** Arkansas Code § 20-64-903.

### **20 CAR § 433-202. One-year license.**

Following completion of a licensure review by an SRT, a one-year license will be accorded to a program that previously held a six-month operational permit, if all

applicable Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs are found to be in full compliance.

**Authority.** Arkansas Code § 20-64-903.

**Codification Notes.** "SRT" means standards review team.

**20 CAR § 433-203. Three-year license.**

(a) All applicable standards must be in compliance at the time of the formal licensure review to be accorded a three-year license.

(b) A program operating under a one-year or three-year license may be accorded a three-year license.

**Authority.** Arkansas Code § 20-64-903.

**20 CAR § 433-204. Probationary license.**

(a) A license can be revoked at any time the Office of Alcohol and Drug Abuse Prevention determines, by licensure or compliance reviews, that a program is not in compliance with the licensure standards.

(b)(1) A six-month probationary license will be accorded to allow the program to bring the program into full compliance with the standards.

(2) The probationary license shall not exceed six (6) months from the date of its issue.

(c) Any programs issued a probationary license shall submit a corrective action plan to the Director of Program Compliance and Outcome Monitoring within thirty (30) calendar days from receipt of the probationary license.

(d) Once in compliance, they will be accorded a one-year license, and continue to operate.

(e) If the program fails to fully comply with applicable standards during the probationary period, and fails to bring standards into full compliance prior to the end of

the six-month period and formal review, that would allow a one-year license, then the program will become nonlicensed, (see 20 CAR § 433-205).

(f) The program may request that the review be performed prior to the end of the probationary license.

(g) Programs with a probationary license shall not receive an extension.

**Authority.** Arkansas Code § 20-64-903.

**20 CAR § 433-205. Nonlicensed.**

(a) Programs failing to comply with all applicable Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs after the expiration of a six-month operational permit or a probationary license shall receive a nonlicensed status.

(b) Programs receiving a nonlicensed status shall:

(1) Not be allowed to operate as an alcohol or other drug abuse treatment program in the State of Arkansas; and

(2) Wait a minimum of six (6) months before they can apply for a six-month operational permit.

**Authority.** Arkansas Code § 20-64-903.

**20 CAR § 433-206. Commission on Accreditation of Rehabilitation Facilities-, Joint Commission on the Accreditation of Health Care Organizations-, and Council on Accreditation-accredited programs.**

(a) Programs meeting the alcohol and drug abuse treatment standards of the Commission on Accreditation of Rehabilitation Facilities (CARF), The Joint Commission, or the Council on Accreditation (COA) shall automatically receive the Office of Alcohol and Drug Abuse Prevention licensure as licensed alcohol and drug abuse treatment programs provided they also met Licensure Standards for Alcohol and/or Other Drug Abuse Treatment Programs in the following areas:

(1) Treatment plan development;

- (2) Progress note development;
- (3) Treatment plan reviews;
- (4) Clinical supervision;
- (5) Health and safety issues; and
- (6) Physical plant requirements.

(b) The license shall be awarded by the office upon presentation by the program of:

- (1) Evidence of accreditation by:
  - (A) The Joint Commission;
  - (B) CARF; or
  - (C) COA; and

(2) Verification of compliance of the above listed areas by the office personnel.

(c)(1) This section does not apply to methadone treatment programs operating in the State of Arkansas.

(2) All methadone treatments programs shall be licensed by the office.

**Authority.** Arkansas Code § 20-64-903.

**20 CAR § 433-207. Appeal process.**

(a) If, for any reason, a program does not agree with the licensure decision, the program may appeal the adverse decision in accordance with the provisions of Section VII, 6.00, Appeal Process for Adverse Action, set out in the Office of Alcohol and Drug Abuse and Prevention Rules of Practice and Procedure.

(b)(1) Written notification must be received by the Chair of the Arkansas Alcohol and Drug Abuse Coordinating Council, no later than thirty (30) calendar days after the program's receipt of the licensure decision.

(2) The appeal must contain:

- (A) A statement of the specific action which is being appealed;
- (B) The reason the licensure applicant believes the adverse action was incorrect; and

(C) The specific outcome requested.

(c)(1) When the written appeal is received, the chair will establish a date for the administrative hearing and notify the parties in writing.

(2) All hearings shall be conducted in accordance with the Arkansas Administrative Procedure Act, Arkansas Code § 25-15-201 et seq.

**Authority.** Arkansas Code § 20-64-903.

**20 CAR § 433-208. Compliance required.**

(a) As a condition of the Office of Alcohol and Drug Abuse Prevention, licensed programs must comply with all laws and rules regarding alcohol or drug treatment.

(b)(1) Programs licensed under these standards are not authorized to provide educational services to DUI or DWI offenders.

(2) In order to provide these services, programs must be an Office of Alcohol and Drug Abuse Prevention-contracted alcohol education program.

**Authority.** Arkansas Code § 20-64-903.

**Codification Notes.** "DUI" means driving under the influence.

"DWI" means driving while intoxicated.

**Subpart 3. Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs**

**20 CAR § 433-301. Governing body.**

(a)(1) The governing authority or legal owner of a program has the primary responsibility to create and maintain the organization's core values and mission via a well-defined and annually updated strategic plan which sets out authority over and responsibility for all programs.

(2) The authority shall ensure compliance with all applicable legal and regulatory requirements and supervise the recruiting of staff members that are competent and representative of the specific cultures and populations served.

(3) The governing body shall advocate for needed resources to carry out the mission of the organization and actively collaborate with the management staff to ensure the success of day-to-day operations.

(b)(1) There shall be a governing body which has the ultimate authority for the overall operation of a program, which is one (1) of the following as verified by the program's articles of incorporation:

(A) A public, nonprofit organization;

(B) A private, nonprofit organization;

(C) A private, for-profit organization; or

(D) A foreign corporation authorized to do business in Arkansas.

(2) Each program shall have a governing body or other responsible person that is accountable for the development of policies and procedures to guide the daily operations.

(c) If a program is governed by a board of directors, minutes and records of the board of directors meetings shall document that the program administrator has reported to the governing body or its designated representative a minimum of four (4) times per year.

(d) Each program shall retain written documentation that describes the means by which the governing body shall maintain written documentation for all of the following:

(1) The election or appointment of its officers and members;

(2) The orientation of new governing body members and any subsequent training;

(3) The appointment of committees as necessary to effectively discharge responsibilities;

(4) The scheduling of meetings;

(5) The determination of quorum requirements; and

(6) The keeping of minutes of all meetings.

(e)(1) The governing body shall hold meetings and keep minutes that include:

- (A) Date or dates;
- (B) Names of the members attending;
- (C) Summary of discussion;
- (D) Actions taken; and
- (E) Target dates for implementation and recommendations.

(2) The minutes shall be:

- (A) Signed by a member, as designated by the governing body; and
- (B) Available to staff, persons served, and the general public upon

request, applicable to non-profit organizations only.

(f) The governing body for the organization shall:

(1) Delegate a chief executive officer for the program that is not a member of the governing body, applicable to nonprofit organizations only;

(2) Prohibit any employee from being a voting member of the governing body;

(3) Delegate authority and responsibility to the Chief Executive Officer for the management of the program in accordance with established policy; and

(4) Perform an employment evaluation of the Chief Executive Officer at least annually;

(g) The governing body shall:

(1) Maintain an authorized policy and procedures manual that describes the rules, principles, and guidelines that determine the substance abuse treatment program operations; and

(2)(A) Review and update the policy and procedures manual as needed, but at least annually, as verified in the board minutes.

(B) This policy and procedures manual shall be made available to the public upon request, applicable to nonprofit organizations only.

**Authority.** Arkansas Code § 20-64-903.

**20 CAR § 433-302. Program planning and evaluation.**

(a) A program plan will be developed and approved by the governing body which addresses outcome measures and includes:

(1) A written statement of the substance abuse treatment program goals and objectives;

(2) A written plan for implementation of the goals and objectives; and

(3) An organizational chart that includes the structure including:

(A) Lines of:

(i) Authority;

(ii) Responsibility; and

(iii) Communication; and

(B) Staff assignments.

(b)(1) The governing body will evaluate the plan annually based on the goals and objectives of the program.

(2) This includes operational definitions of the criteria to be applied in determining achievements of established goals, objectives, and a mechanism for:

(A) Assessing the progress toward attainment of the goals;

(B) Documenting program achievements not related to original goals;

(C) Assessing the effective utilization of staff and program resources;

(D) Documenting verification of the implementation of the evaluation

plan; and

(E) Identifying the results of the evaluation process.

**Authority.** Arkansas Code § 20-64-903.

**20 CAR § 433-303. Fiscal management.**

(a)(1) The governing body shall oversee the management of a program which:

(A) Maintains a comprehensive written schedule of service fees and charges; and

(B) Offers a reasonable payment plan that takes into account the clients':

(i) Income;

- (ii) Resources; and
- (iii) Dependents.

(2) This will be reviewed and approved annually by the governing body and shall be accessible to the public, applicable to nonprofit organizations only.

(b)(1) The governing body shall ensure that the program has liability insurance that provides for the protection of the physical and financial resources of the program:

- (A) To cover its clients, staff, and general public;
- (B) To include coverage of the:
  - (i) Building;
  - (ii) Equipment; and
  - (iii) Vehicles.

(2) If part of a governmental agency, in lieu of liability insurance, the program has other proper means of protection for the items specified.

**Authority.** Arkansas Code § 20-64-903.

**20 CAR § 433-304. Financial evaluation — Clients.**

(a) Each client shall receive a financial evaluation that includes all sources of income.

(b)(1) The sources shall be verified and documented.

(2) Sources must include all household income, i.e., public assistance, retirement, social security, and Veterans Affairs.

(3) If specific amounts are unavailable, averages or reasonable estimates may be used.

(c) A client's insurance coverage shall be documented.

**Authority.** Arkansas Code § 20-64-903.

**20 CAR § 433-305. Administrative operations.**

The program shall have written policy and procedures with supporting documentation for all the following:

(1)(A) Ownership change.

(B) The program shall provide written notification to the Office of Alcohol and Drug Abuse Prevention at least thirty (30) calendar days prior to any change of name, ownership, location, control of the facility, or make major programmatic changes using the office's form;

(2)(A) Access policy.

(B) The program has a policy defining the program's areas that may be accessed by clients and visitors that includes medication areas, dispensing, and food preparation areas;

(3)(A) Directory.

(B) The program shall maintain a log of all visitors to the program to protect client confidentiality in accordance with 42 C.F.R. pt. 2;

(4)(A) Tobacco products.

(B)(i) The program shall have a written policy and procedure prohibiting the use of any tobacco products within the facility in accordance with the Arkansas Clean Indoor Air Act of 2006, Arkansas Code § 20-27-1801 et seq.

(ii) If the program provides a designated smoking area, it shall be located a minimum of twenty-five feet (25') from any entrance to the facility and shall not be in a common area that nonsmoking individuals must transverse to gain access into the facility.

(C) In addition the program shall prohibit the use of alcohol, tobacco, and illicit drugs by staff which includes:

(i) Providing, distributing, or facilitating the access of tobacco products to clients;

(ii) Using tobacco products in the presence of clients or visitors; and

(iii) Prohibiting the public display of tobacco products by staff;

(5)(A) HIV/AIDS.

(B) The program shall implement a written policy that states the program shall not deny treatment to a person based on his or her actual or perceived:

- (i) Serostatus;
- (ii) HIV-related condition; or
- (iii) AIDS;

(6)(A) Advertising.

(B)(i) The program shall not use incentives or rewards or unethical advertising practices to attract new clients.

(ii) This shall not forbid the program from rewarding clients that maintain exemplary compliance with program rules and their individualized treatment plans;

(7)(A) Privacy.

(B)(i) The private counseling area used provides sufficient privacy to maintain confidentiality of the communication between counselor and client.

(ii) A private meeting area shall be available for clients to meet with:

*(a)* Their:

- (1)* Legal representatives;
- (2)* Service providers;
- (3)* Family members; or

*(b)* Persons providing assistance in attaining treatment goals;

(8)(A) Emergency or natural disaster.

(B)(i) The program shall develop written policies and procedures for continued safety and treatment of clients in the event of an emergency or natural disaster.

(ii) Emergency policy and procedures are readily available to all staff.

(iii) The program has a written internal disaster plan which includes the training of staff in disaster and evacuation procedures, a list of alternate resources, and the monthly rehearsal of various disastrous scenarios of the procedure are documented;

(9)(A) Critical care referral.

(B) The program will have policies and procedures for referring clients for services needed at a critical care facility;

(10)(A) Workforce safety.

(B) The program has implemented work practice controls and provided personal protective equipment to reduce exposure to bodily fluids through the normal performance of their duties;

(11)(A) Infection control.

(B) The program shall have written policies for infection control, which are in compliance with the Centers for Disease Control and Prevention guidelines;

(12)(A) STD control.

(B) The program shall have policies and procedures describing the program's services for HIV/AIDS, sexually transmitted diseases (STDs), tuberculosis (TB), and hepatitis to include:

(i) The provision of testing and treatment at the program or through a written referral agreement with a medical entity qualified to provide such services;

(ii) Testing shall be available to all clients upon request;

(iii) All testing shall be voluntary;

(iv) All clients shall receive HIV/AIDS, STDs, hepatitis, and TB education per admission; and

(v) There will be documentation of all above;

(13)(A) Client handbook.

(B)(i) The client handbook shall clearly state that the program shall not be held responsible for any medical costs incurred by clients or children occupying the program and transported to medical appointments.

(ii) The provider's responsibility is limited to arranging for the clients to access these services and providing transportation for them;

(14)(A) Grievance policy.

(B) The program shall have a grievance policy which states that there is a reasonable, specific deadline for completing the grievance process.

(C)(i) At the program level, once received, client grievances must be reviewed and a decision reached in accordance of the program's policies and procedures.

(ii) Grievances to be reviewed by the governing board shall be heard no later than the board's next scheduled meeting;

(15) The program will maintain a publicly listed or local telephone number;

(16) Hours of operation are scheduled to make services accessible to clients and the general public;

(17)(A) There shall be no less than one (1) staff on duty at all times per twenty-five (25) clients, per physical site.

(B) This is not applicable to the criminal justice system;

(18) There shall be no less than one (1) treatment staff per twenty (20) clients during scheduled treatment activities;

(19) A counselor's caseload shall not exceed the twenty-five to one (25:1) client/counselor ratio;

(20)(A) The program has at least one (1) staff person present during operating hours who maintains a valid certification in:

(i) First aid;

(ii) Cardiopulmonary resuscitation (CPR); and

(iii) Nonviolent crisis prevention and intervention (NCPI).

(B) All specialized women's services programs will have at least one (1) staff person who is certified in child and infant CPR.

(C) This documentation will be verified by the staff member's personnel record;

(21)(A) The program has procured an agreement with a mental health provider licensed or certified in the State of Arkansas to provide consulting services for dually diagnosed treatment applicants or clients.

(B) The agreement must be updated every two (2) years;

(22) The program maintains a comprehensive resource directory, updated every two (2) years, of local community and government agencies within the service area which contains at least:

- (A) The name and location of the resources;
- (B) The type of services provided by the resource;
- (C) The eligibility criteria for the resource; and
- (D) The phone number or numbers and name or names of the contact person or persons;

(23) Documenting outreach and referral activities necessary to educate judges, prosecuting attorneys, law enforcement personnel, community service providers, substance abuse treatment programs, and the public as to the operations of the program;

(24)(A) The program will provide written referral to, or coordinate introduction of, available resources and services through community and government agencies that will assist with specialized needs to maintain a continuum of client care.

(B) These agreements shall include:

- (i) The services the resource agrees to provide;
- (ii) The duration of the agreement;
- (iii) The procedures to be followed in making referral;
- (iv) A statement of conformity to federal, state, and program confidentiality requirements; and
- (v) Date, time, and signatures of both parties.

(C) The agreements must be updated every two (2) years;

(25)(A) Services are available to provide a variety of diagnostic and primary substance abuse treatment on both a scheduled and nonscheduled basis.

(B) Services provided by the program include, but are not necessarily limited to, the following:

- (i) Case management;
- (ii) Orientation to the program's operations and procedures;

(iii) Screening of applicants for substance abuse treatment service for referral or treatment purposes;

(iv) Individual, group, and family counseling sessions;

(v) Crisis intervention; and

(vi) Interdisciplinary treatment services;

(26)(A) Residential services are provided seven (7) days per week, twenty-four (24) hours per day and provide a minimum of:

(i) Twenty-eight (28) hours of structured treatment weekly;

(ii) Five (5) hours daily, Monday through Friday; and

(iii) Three (3) hours daily on Saturday and/or Sunday.

(B) See Definitions, 20 CAR § 433-101, for an explanation of structured treatment;

(27) Partial day treatment programs provide services at a minimum of four (4) hours per day and at least five (5) days per week;

(28)(A) Protocol for administrative discharge to include:

(i) Threats of violence or actual bodily harm;

(ii) Disruptive behavior;

(iii) Sexual misconduct;

(iv) Loitering;

(v) Sale, purchase, or use of drugs or alcohol; and

(vi) Continued unexcused absences from counseling.

(B) When a program determines to administratively discharge a client, the program shall provide a written statement containing:

(i) The reason or reasons for discharge;

(ii) Written notice of his or her right to request review of the decision by the Program Director or his or her designee; and

(iii) A copy of the appeal procedures.

**Authority.** Arkansas Code § 20-64-903.

**Codification Notes.** "HIV" means human immunodeficiency virus.

"AIDS" means acquired immunodeficiency syndrome.

**20 CAR § 433-306. Human resources.**

(a) The governing body shall ensure that the program has written personnel policies and procedures that apply to employees and those working under the supervision of individuals employed by the program, i.e., contracted workers, interns, volunteers, visitors.

(b) These shall include, but not be limited to, the following:

(1) Ensuring compliance with all legal, ethical, and regulatory codes in accordance with Title VI and Title VII of the Civil Rights Act of 1964, Equal Employment Opportunities Commission, i.e., race, color, sex, religion, national origin, age, or disability;

(2) Prohibiting harassment of any nature including that of:

- (A) Race;
- (B) Color;
- (C) Religion;
- (D) Age;
- (E) Sexual orientation;
- (F) Physical or mental disability; and
- (G) Unwanted sexual advances;

(3) The program shall designate an employee who will monitor the program's compliance with the Americans with Disabilities Act (ADA) and educate all staff;

(4) Consequences for unethical conduct and violations of the harassment policy will include:

- (A) Steps for reporting violations;
- (B) Process for investigating allegations; and
- (C) Disciplinary process for violations;

(5) Background investigations shall be required for all staff that have direct contact with clients or client records;

(6)(A) A program cannot employ any person currently receiving substance abuse treatment services.

(B) This also prohibits the use of clients to monitor the program;

(7) Former substance abuse clients shall not provide direct treatment services for twelve (12) months after their discharge from substance abuse treatment;

(8) An employee assistance program or provisions for referral to such services must be available;

(9)(A) Employee grievance protocol which is reviewed, updated, and approved annually by the governing body.

(B) Documentation of employee grievances shall be confidential and shall be stored separately from personnel records;

(10) Personnel shall meet all local, state, or federal legal requirements for their position, e.g. licensing and certification;

(11)(A) All noncertified or nonlicensed staff, including volunteers providing counseling and treatment related services, shall be registered with the Arkansas Substance Abuse Certification Board.

(B) An exception is granted for those staff involved in an internship or practicum from another human services or behavioral discipline;

(12) Students or interns shall be supervised by a paid staff member and shall not be used to supplant direct treatment service employees;

(13)(A) A counselor-in-training shall provide evidence that a minimum of thirty (30) clock hours of continuing education is obtained per year toward the certification process.

(B)(i) Counselors-in-training providing direct treatment services must receive at least one (1) hour of individual supervision or ninety (90) minutes of group supervision weekly.

(ii) Such supervision must be documented and must be performed by persons authorized to approve treatment plans, as specified in this part;

(14)(A) Policy includes a specific process for completion of a comprehensive evaluation of personnel performance on at least an annual basis for all staff.

(B) The process for evaluation of personnel performance requires:

(i) A written report; and

(ii) Documentation that the evaluation is reviewed with the employee;

(15)(A) The program has established an appropriate staff development plan for all employees and volunteers.

(B) The plan is to include:

(i) An orientation program for each staff person, which includes a documented review of the program's policies and procedures; and

(ii)(a) A training program based upon the identified needs of:

(1) Staff;

(2)(A) Volunteers.

(B) Volunteers working less than ten (10) hours monthly are exempt; and

(3) A designated staff development representative.

(b) The needs are identified and documented at least annually.

(iii) The plan must include:

(a) Staff signatures; and

(b) Employee's signature;

(16) Personnel records will be kept on all employees, volunteers, and professionals contracted to provide direct treatment services that contain at least:

(A) Job descriptions for all positions, which will be reviewed annually and include:

(i) Qualifications to include education, experience, licensing, and certifications relevant to the position;

(ii) Reporting supervisor's position;

(iii) Position or positions supervised; and

(iv) Duties and responsibilities;

(B) Application/resume;

- (C) License/certification, where applicable;
- (D) Proof of professional liability insurance, if required by license or certification;
- (E) Verification of academic records, when required by job descriptions;
- (F) Results of criminal background checks, if required for the position;
- (G) A signed statement acknowledging receipt and compliance with the following:
  - (i) Confidentiality of Alcohol and Drug Abuse Patient Records as found in 42 C.F.R. pt. 2;
  - (ii) Health Insurance Portability and Accountability Act, 45 C.F.R pts.160 and 164;
  - (iii) Client rights as listed in this part;
  - (iv) Program policy and procedure manual;
  - (v) Employee assistance plan;
  - (vi) Emergency policies;
  - (vii) Organizational chart;
  - (viii) Job description; and
  - (ix) Annual employee evaluation; and
- (17) Employee records are stored in a secure and confidential place.

**Authority.** Arkansas Code § 20-64-903.

**Codification Notes.** Americans with Disabilities Act is codified primarily as 42 U.S.C. § 12101 et seq.

The Health Insurance Portability and Accountability Act of 1996 was enacted as Pub. L. No. 104-191.

**20 CAR § 433-307. Clinical procedures.**

The program will have written policies and procedures for the following:

(1)(A) The program shall comply with state and federal regulations governing confidentiality of alcohol and drug abuse client records and other client-identifying information.

(B)(i) Existing federal regulations include the Health Insurance Portability and Accountability Act and 42 C.F.R. pt. 2.

(ii) Both regulations provide for safeguarding files or other client-identifying information from disclosure or access by unauthorized individuals, and require that records be maintained in a secure manner.

(iii) The Office of Alcohol and Drug Abuse Prevention shall review records for the purpose of monitoring execution of the policies and standards required by these rules;

(2) Documentation shall not contain:

(A) Slang;

(B) Technical jargon; or

(C) Abstract terms;

(3)(A) Errors in the treatment chart should never be corrected:

(i) With "white-out" or marker;

(ii) By pasting paper over the error; or

(iii) By any other method which would obliterate the original words.

(B)(i) When an error is corrected, the original text must remain readable.

(ii) A single line is to be drawn through the error, the correct information added with the date and initials of the person making the correction;

(4) No documentation shall be signed and dated prior to completion;

(5) The program's treatment services, lectures, and written material shall be:

(A) Appropriate to the clients served;

(B) Age-appropriate; and

(C) Easily understood by clients;

(6) There is documentation of planned programs, consistent with the needs of the clients, for social, educational, and recreational activities for all clients for:

- (A) Daytime;
- (B) Evenings; and
- (C) Weekends;

(7)(A) The program shall retain all documentation for at least six (6) years and shall ensure that all individual client records are disposed of in a secure manner.

(B) The written policies and procedures shall ensure:

(i) The program exercises its responsibility for safeguarding and protecting loss, tampering, or unauthorized disclosure of information, and the file cabinets and files are marked "CONFIDENTIAL";

(ii) Client case records are readily accessible to those individuals specifically authorized by program policy;

(iii) Content and format of client records are kept uniform;

(iv) Entries in the client record are:

(a) Signed;

(b) Dated; and

(c) Time-noted;

(v) Client records which are part of an unresolved audit, investigation, or other legal process shall be maintained for a minimum of six (6) years, or at least until the audit, investigation, or other legal process is resolved;

(vi) Forms in each client record are bound in such a manner to minimize accidental loss;

(vii) Allergies and/or other serious conditions are flagged on the outside of the record;

(viii) The program shall make records available to the office upon request; and

(ix) Each new admission, readmission, or transfer admission is interviewed, and the interview is documented in the client record;

(8) The program has a standardized screening protocol to determine applicants' eligibility and appropriateness for admission to treatment;

(9) The program has a uniform intake process, and documentation shall include:

(A) The types of information to be gathered on all clients;

(B) Procedures to be followed when accepting referrals;

(C) Offering case management, withdrawal risk assessment, outpatient services, education, and referral to another licensed program when the program is at full capacity; and

(D) Procedures for the provision of emergency services (i.e. after hour admission, medical emergencies) and other special circumstances;

(10)(A) A client handbook is made available to all clients and a receipt must be in the client record.

(B) The client handbook shall include the following:

(i) A written statement of the services provided by the program and a description of the kinds of problems and types of clients the program can serve;

(ii) A written statement describing admission and discharge procedures;

(iii) A written statement describing living conditions and standards of behavior expected; and

(iv) The organization's client grievance process;

(11)(A) Personal property inventory shall be taken upon admission to a residential environment.

(B) Items of value shall be securely stored by the program at the request of the client.

(C) The inventory list will include the:

(i) Stored items;

(ii) Date received and returned; and

(iii) Signatures of staff and client; and

(12) The program shall provide a specialized plan for treatment by assessment and then addressing the specialized needs of each client of the program.

**Authority.** Arkansas Code § 20-64-903.

**Codification Notes.** Health Insurance Portability and Accountability Act of 1996 was enacted as Pub. L. No. 104-191.

**20 CAR § 433-308. Case management.**

The program shall ensure that the following services are provided to the clients:

(1) Arranging and facilitating for the provision of all services as documented in the treatment plan;

(2) Holding regular and as-needed meetings with the client to monitor and reevaluate the individualized comprehensive plan;

(3) Holding regular and as-needed meetings with the program staff and others involved in the delivery of services to the client to monitor and evaluate progress;

(4) Maintaining records of other documentation of all services delivered to the client; and

(5) Developing an aftercare plan with the client prior to discharge.

**Authority.** Arkansas Code § 20-64-903.

**20 CAR § 433-309. Screening and initial assessment.**

(a)(1) A preadmission screening shall be used to determine a client's eligibility and appropriateness.

(2) It is to include:

(A) Substance use history;

(B) Current detoxification level determination;

(C) Past psychiatric treatment;

(D) Past chemical dependency treatment;

- (E) Significant medical history;
- (F) Current health status;
- (G) Current medications;
- (H) Known food allergies;
- (I) Known drug allergies; and
- (J) Current emotional state and behavioral functioning.

(b) Documentation of client information and history is to include:

- (1) Confirmation of identity;
- (2) Name;
- (3) Address, including:
  - (A) Street and number;
  - (B) Town;
  - (C) County;
  - (D) State; and
  - (E) Zip code;
- (4) Phone;
- (5) Current housing arrangements;
- (6) Guardianship, if applicable;
- (7) Photograph of client;
- (8) Social security number;
- (9) Client's:
  - (A) Date of birth;
  - (B) Sex; and
  - (C) Race ethnicity;
- (10)(A) Name of referral source.
  - (B)(i) Document if treatment was mandated by the referral source.
    - (ii) If treatment was mandated, the complete address and telephone number of the referral source;
  - (C) Documented conditions of referral and/or information needs of the referral source;

- (11) Types of problems experienced by the client that are in need of resolution;
- (12)(A) Substance abuse history to include:
  - (i) Most recent use patterns, such as amount per type, route of administration;
  - (ii) Ages of first use per substance; and
  - (iii) Age of regular and/or addictive patterns.
- (B) Document any injection use;
- (13) Document the client's family history to include:
  - (A) Current marital status;
  - (B) Effect of substance use on current and past relationships;
  - (C) History of family members' use;
  - (D) Any family members "in recovery";
  - (E) Names and ages of dependents; and
  - (F) Who has custody of dependents while the client is in treatment;
- (14)(A) Client's highest grade completed, major if applicable, and effect of substance use on the client's educational process.
  - (B) The client's reading and writing levels must be evaluated when appropriate;
- (15) Current/most recent vocations, including:
  - (A) Any trained skills;
  - (B) Effect of substance use on employment; and
  - (C) Adequacy of current employment;
- (16) Legal history, which includes:
  - (A) The dates and type of charges;
  - (B) Arrests;
  - (C) Convictions; and
  - (D) Sentences;
- (17) Medical and health history to include:
  - (A) Chronic medical problems;

- (B) Significant medical/physical events;
- (C) Problems that could influence treatment;
- (D) Medical conditions that could prompt a crisis;
- (E) Special diet needs;
- (F) Current medications, including does client have sufficient supply during treatment;
- (G) Purpose of current medications;
- (H) History of alcohol or other drug-related conditions, i.e. blackouts, delirium tremens, etc.;
- (I) "At-risk" behaviors, e.g., multiple sex partners, unprotected sex;
- (J) Pregnancy status; and
- (K)(i) Allergies.
  - (ii) Allergies and/or other serious conditions are flagged on the outside of the record;

(18) Medication records for both prescriptions and over-the-counter medications, including:

- (A) Drug type;
  - (B) Dosage strength;
  - (C) How many;
  - (D) Time/date of dispersion; and
  - (E) Who dispensed/witnessed dosing;
- (19) Psychological/psychiatric treatment history to include:
- (A) Dates of any treatment;
  - (B) Type of problem or problems;
  - (C) Who provided treatment;
  - (D) Outcome of treatment; and
  - (E) Any current psychotropic medications;
- (20) Other relevant information to include:
- (A) Military service, to include:
    - (i) Branch of service;

- (ii) Dates of service;
- (iii) Discharge status;
- (iv) Highest rank;
- (v) Classifications; and
- (vi) Any combat experience;

(B) Copies of court or parole orders; and

(C) Other information that will aid in assessing the client;

(21)(A) A completed Addiction Severity Index.

(B) When applicable, results of other tests or standardized assessment tools;

(22) Readmissions and transfers to another environment are clearly delineated;

(23) Summary of client problems and corresponding needs, as based on client information;

(24) Summary of the client's strengths and weaknesses, as based on the client information; and

(25)(A) Based upon the assessment, each client will be assigned a Diagnostic and Statistical Manual for Mental Disorders substance abuse disorder diagnosis and code.

(B) Only staff authorized to approve comprehensive treatment plans as specified in this part will assign the diagnosis code.

(C)(i) Counseling personnel registered as Counselors in Training with the Arkansas Substance Abuse Certification Board may assign the diagnosis, provided the diagnosis is approved in writing by personnel authorized to sign comprehensive treatment plans.

(ii) The diagnosis and code will meet the current substance abuse disorder criteria as per the Diagnostic and Statistical Manual of the American Psychological Association.

(c)(1) An assessment to determine severity and environment placement to include a completed Addiction Severity Index for adults or an equivalent assessment tool for adolescents is to be completed within seventy-two (72) hours of admission.

(2) When applicable, results of other tests or standardized assessments, including the ASAM patient-placement criteria or other nationally recognized placement tool must also to be included.

**Authority.** Arkansas Code § 20-64-903.

**Codification Notes.** "ASAM" means American Society of Addiction Medicine.

**20 CAR § 433-310. Initial treatment plan.**

The initial treatment plan is to be developed and implemented within twenty-four (24) hours, based on assessments that determined all immediate problems and needs such as:

- (1) Medical condition;
- (2) Nutrition;
- (3) Clothing;
- (4) Personal hygiene;
- (5) Legal issues;
- (6) Emergency contacts; and
- (7) The actions taken to meet those needs.

**Authority.** Arkansas Code § 20-64-903.

**20 CAR § 433-311. Comprehensive, master, treatment plan (CTP).**

(a) The comprehensive treatment plan is to be developed and implemented no later than seven (7) days from admission to residential services and partial day treatment and no later than twenty-one (21) days from admission to outpatient services and is to include:

- (1) A clear and objective statement of the client's needs to be addressed;
  - (2) Clearly stated goals and objectives that the client is capable of understanding;
  - (3) The means of achieving each goal is documented;
  - (4) The method and frequency of treatment per goal or objective are documented;
  - (5) The projected date of completion, per goal, is documented;
  - (6) The staff person responsible for carrying out the treatment plan is specified; and
  - (7) The CTP is signed and dated by both the counselor and client.
- (b) All comprehensive treatment plans are reviewed and approved by one (1) of the following, as licensed or certified in the State of Arkansas:
- (1) Advanced certified alcohol and drug counselor;
  - (2) Certified alcohol and drug counselor;
  - (3) Certified clinical supervisor;
  - (4) Licensed marriage and family therapist;
  - (5) Licensed clinical social worker;
  - (6) Licensed master social worker;
  - (7) Licensed physician;
  - (8) Licensed psychologist;
  - (9) Licensed professional counselor;
  - (10) Licensed psychological examiner;
  - (11) Licensed alcoholism and drug abuse counselor;
  - (12) Licensed associate alcoholism and drug abuse counselor;
  - (13)(A) Certified criminal justice professional.
- (B) Applies to the Division of Correction and Division of Community Correction only;
- (14) Certified co-occurring disorder professional — Diplomat; and
  - (15) Certified co-occurring disorder professional — Bachelor.

(c)(1) The client's progress in meeting treatment plan goals is reviewed no later than every:

(A) Seven (7) days in the residential environment, unless clinically contraindicated; and

(B) Ninety (90) days in an outpatient environment.

(2)(A) The review must be approved by an individual specified in subsection (b) of this section.

(B) Not applicable to criminal justice system.

(d) The client's progress in meeting treatment plan goals will be assessed at the time of discharge.

**Authority.** Arkansas Code § 20-64-903.

**Codification Notes.** "CTP" means comprehensive treatment plan.

**20 CAR § 433-312. Progress notes.**

(a) Progress notes shall contain:

(1) The date and time the session ended;

(2) The purpose of the session;

(3) Topics discussed;

(4) Client behavior and response to the treatment provided during the session;

(5) Significant events; and

(6) The name, signature, and title of the staff person conducting the session.

(b) Group and individual treatment sessions progress shall be documented per session.

(c) Outpatient treatment is documented per session.

(d) Partial day treatment notes contain information required by but may be compressed into a single note that addresses treatment provided on a per-day basis.

(e) Residential treatment shall be documented at least daily.

(f) The client's progress in meeting treatment plan goals will be assessed at the time of discharge.

(g)(1) Significant client events that fall within the provisions of the "Incident Reporting Policy" shall be documented as soon as possible after the event.

(2) The administration of first aid to a client shall be documented as soon as possible.

(3) Any client behavior that could lead to a disciplinary action shall be documented as soon as possible.

(4) Any other event that could affect the client's treatment shall be documented as soon as possible.

(h) When a client refuses to divulge information and/or follow the recommended course of treatment, this refusal is noted in the case client record.

(i) When a client transfers from one program to another, the transferring program shall send copies of the transferring client's records to the licensed receiving program prior to admission.

**Authority.** Arkansas Code § 20-64-903.

**20 CAR § 433-313. Aftercare plan.**

(a)(1) The aftercare plan will be written one (1) week prior to target date of completion.

(2) The aftercare plan, implemented at discharge, shall minimally contain:

(A) A summary of client needs not treated;

(B) Established goal or goals that address the untreated needs; and

(C) The means by which the goals will be met.

(3) The staff person responsible for the aftercare plan is documented.

(4) There is evidence of the client's participation in, and understanding of, the treatment and aftercare planning process, e.g., client's signature.

(5) Upon request by the client, the program shall provide a copy of the plans to the client.

(b) Discharge summary shall include but not be limited to the:

- (1) Date;
- (2) Time;
- (3) Conditions of discharge;
- (4) Environmental change;
- (5) Client's perception of treatment offered;
- (6) Referrals made;
- (7) Date and signature; and
- (8) Credentials of staff.

(c)(1) The program shall have written policy and procedures denoting protocol for discharging clients abruptly to ensure the safety and welfare of clients during discharge.

(2) Documentation for such discharges shall include:

- (A) Reason for discharge;
- (B) Staff present at time of discharge;
- (C) All actions taken by program to remedy the situation to avoid discharge;
- (D) Notification of persons listed on emergency contact list;
- (E) Signed statement that personal property and medications have been returned to client upon discharge; and
- (F) The transportation arrangement assistance offered, available, and the method ultimately taken.

(d) In the case where a client is discharged against medical advice, for noncompliance, or in abstentia, the program shall document that the aftercare has not been developed for these specific reasons.

**Authority.** Arkansas Code § 20-64-903.

**20 CAR § 433-314. Client confidentiality.**

(a) There are written policies and procedures for the protection of client's privacy with regard to program visitors which require:

- (1) The clients are informed in advance of scheduled visitations; and
- (2) Visitations are conducted when they will minimally interrupt the client's usual activities and therapeutic programs.

(b)(1) A client's authorization shall be obtained before releasing information.

(2) A proper consent form must be in writing and contain the following items:

(A) The name or general designation of the program or programs making the disclosure;

(B) The name of the individual or organization that will receive the disclosure;

(C) The name of the client who is the subject of the disclosure;

(D) The purpose or need for the disclosure;

(E) A description of how much and what kind of information will be disclosed;

(F) The client's right to revoke the consent in writing, and the exceptions to the right to revoke or, if the exceptions are included in the program's notice, a reference to the notice;

(G) The program's ability to condition treatment, payment, enrollment, or eligibility of benefits on the client agreeing to sign the consent, by stating either that the program may not condition these services on the client signing the consent, or the consequences for the client refusing to sign the consent;

(H) The date, event, or condition upon which the consent expires if not previously revoked;

(I) The signature of the client, and/or other authorized person; and

(J) The date on which the consent is signed.

(c) The program has written procedures for responding to requests for confidential client information:

(1) When presented with:

(A) Telephone inquiries;

(B) Written inquiries;

(C) Subpoenas;

- (D) Court orders;
  - (E) Search warrants; and
  - (F) Arrest warrants; and
- (2) For reporting child abuse.

(d) Every authorization for release of information becomes part of the client's permanent case record and, according to the Health Insurance Portability and Accountability Act of 1996, programs must provide the client with copies of all signed authorizations.

(e) In a life-threatening situation or where an individual's condition or situation precludes the possibility of obtaining written consent, the program does allow for the release of pertinent medical information to the medical personnel responsible for the individual's care without a client or applicant's authorization, and without the authorization of the Chief Executive Officer or his or her designee, if obtaining such authorization would cause an excessive delay in delivering treatment to the individual.

(f) In the event information has been released without the individual's authorization, the staff member responsible for the release of information enters into the individual's case record all details pertinent to the transaction, including at least:

- (1) The date the information was released;
- (2) Persons to whom the information was released;
- (3) The reason the information was released; and
- (4) The nature and details of the information given.

(g) The client or applicant is informed that the confidential information was released as soon as possible after the incident occurs.

**Authority.** Arkansas Code § 20-64-903.

**Codification Notes.** Health Insurance Portability and Accountability Act of 1996 was enacted as Pub. L. No. 104-191.

**20 CAR § 433-315. Client rights.**

(a)(1) There are policies and procedures to inform all clients of their legal and human rights.

(2) At the time of admission, each client shall be informed of his or her rights in a language that he or she understands, and shall receive a written copy of these rights, which shall include:

(A) To be fully informed, as evidenced by a client's written acknowledgment, of the rights, responsibilities, and rules that apply to the client's conduct and the consequences of noncompliance;

(B) To the receipt of adequate and humane services, regardless of sources of financial support;

(C) To the receipt of services within the least restrictive environment possible;

(D) To receive an assessment that is used to develop an individual comprehensive treatment plan;

(E) To participate in the planning of his or her treatment plan and to treatment based on same;

(F) To a periodic staff review of the client's treatment plan;

(G) To access or amend their individual client record in accordance with the Health Insurance Portability and Accountability Act of 1996 laws;

(H) To an adequate number of competent, qualified, and experienced professional clinical staff to implement and supervise the treatment plan;

(I) To be informed of treatment alternatives or alternative modalities;

(J) To be encouraged and assisted throughout treatment to understand and exercise his or her rights as a client and a citizen, including:

(i) The right to report any cases of suspected abuse, neglect, and exploitation of clients being served in the program, in accordance with applicable state law and abuse reporting procedures;

(ii) The right to a grievance and appeal process; and

(iii) The right to recommend changes in policies and services;

(K) To be informed regarding the financial aspects of treatment, including the consequences of nonpayment of required fees;

(L) To be informed of the extent and limits of confidentiality, including the use of identifying information for central registry and/or program evaluation purposes;

(M) To receive a copy of consent for a release of confidential information after the form is signed by the client;

(N) To give informed consent prior to being involved in research projects;

(O) To not be used for the solicitation of funds or other contributions by the program;

(P) To communicate with family and significant others outside the program including:

(i) To conduct private telephone conversations with family and significant others, unless justified in the client's case record and explained to the client;

(ii)(a) To send and receive mail in uncensored condition.

(b) Mail may be inspected in the presence of a staff member;

and

(iii) To be informed if visitors are expected at the program; and

(Q) Appeal treatment decisions made by staff in accordance with the program's grievance policy.

**Authority.** Arkansas Code § 20-64-903.

**Codification Notes.** Health Insurance Portability and Accountability Act of 1996 was enacted as Pub. L. No. 104-191.

### **20 CAR § 433-316. Physical environment.**

(a)(1) The program will apply these standards to all sites operated by the program regardless of ownership.

(2) The primary concern of the program should always be the safety and well-being of the clients and staff.

(b) Programs are to ensure compliance with all local, state, and federal laws and regulations regarding the condition and maintenance of its facility.

(c)(1) Provide evidence of current valid certifications, which are maintained on site of all applicable buildings, fire and safety, health, and all other applicable inspections.

(2) All items of concern noted in these inspections shall immediately be addressed/corrected.

(d) Private residences shall not be used to provide treatment unless:

(1) There is a separate entrance to areas in which services are rendered; and

(2) Services are provided in an area used exclusively for treatment.

(e) Provide adequate physical facilities for the storage, processing, and handling of client records by means of suitable locked, secured rooms or file cabinets.

(f) Maintain a suitably stocked first aid kit or first aid kits, with contents as defined in the program's policies and procedures at all sites.

(g) Maintain fire extinguisher or fire extinguishers that:

(1) Are accessible;

(2) Are in working order; and

(3) Have attached documentation of annual inspection.

(h) Evacuation routes are prominently posted throughout all facilities.

(i) All exits must be clearly marked.

(j) The program's telephone number or numbers and actual hours of operation will be posted at all public entrances.

(k) Conspicuous warning signs must be posted at all public entrances informing staff, volunteers, clients, and visitors as to the following requirements:

(1) No alcohol or illicit drugs are allowed in the facilities;

(2) No firearms, or other dangerous weapons, are allowed in the facilities with the exception of law enforcement while in the performance of their duties; and

(3) The use of tobacco is not allowed in the facilities.

(l) A copy of compliance with Title VI/Title VII of the Civil Rights Act of 1964 shall be prominently displayed for the viewing public.

(m) Programs must provide a safe and sanitary environment.

(n) Residential facilities shall provide:

- (1) Separate bedroom areas for males and females, adults and adolescents (thirteen (13) through seventeen (17) years of age;
- (2) Separate bathroom facilities for males and females, adults and adolescents (thirteen (13) through seventeen (17) years of age;
- (3) Adequate barriers to divide the population, as determined by the Office of Alcohol and Drug Abuse Prevention;
- (4) Window coverings to allow for privacy;
- (5) Sufficient lighting so as to avoid injury;
- (6) Sufficient clean linens with covered storage; and
- (7) Sleeping areas that shall have at least:
  - (A) Fifty (50) usable square feet per person in single occupancy rooms;
  - (B) Forty-eight (48) usable square feet per person in multiple occupancy rooms;
  - (C) Individual storage for clothes and personal items; and
  - (D) Bedrooms used for detoxification must have single beds (no bunk beds allowed).

(o)(1) Adult clients shall remain separated from the adolescent population during all times with the exception of mixed therapy sessions.

- (2) Programs will maintain this separation by any means necessary, including:
  - (A) A structural separation;
  - (B) Continuous monitoring; or
  - (C) Any combination of efforts required to ensure compliance with this standard.

(p)(1) Plumbing must be in working condition to avoid any health threat.

- (2) All toilets, sinks, and showers shall be clean and in working order.
- (3) There shall be at least one (1) toilet, one (1) sink, and one (1) shower or tub per every eight (8) residential clients.

(q)(1) Laundry facilities shall be available in the facility or on a contractual basis.

- (2) When provided at the facility, laundry rooms shall be kept separate from:

- (A) Bedrooms;
- (B) Living areas;
- (C) Dining areas; and
- (D) Kitchen.

(r)(1) Storage will be at least twelve inches (12") above the floor.

(2) A secure locked storage is available for client valuables when requested.

(3) Separate storage areas are provided and designated for:

- (A) Food, kitchen, and eating utensils;
- (B) Clean linens;
- (C) Soiled linens and soiled cleaning equipment; and
- (D) Cleaning supplies and equipment.

(s) When handling soiled linen or other potentially infectious material Universal Precautions are to be followed.

(t) Hazardous and regulated waste is disposed of in accordance with federal requirements.

(u) Poisons, toxic materials, and other potentially dangerous items shall be stored in a secured location.

**Authority.** Arkansas Code § 20-64-903.

### **20 CAR § 433-317. Medication.**

If the program maintains, administers, or dispenses medications, the medication distribution services shall be in conformance with all appropriate state and federal pharmacy laws and shall adopt written policies and procedures for the following:

(1)(A) The documentation of:

- (i) Handling;
- (ii) Observation and self-administration;
- (iii) Witnessed disposal process;
- (iv) Medication errors;
- (v) Adverse reactions; and

(vi) Use of medication.

(B) Chain of custody will be maintained at all times;

(2)(A) Medication errors and adverse reactions are to be reported to the Office of Alcohol and Drug Abuse Prevention following the Incident Reporting Policy.

(B) The office will receive follow-up reports throughout the program's process of investigation and bringing the incident to a close;

(3)(A) A list of prescription medications and over-the-counter medications to be kept in stock on units that dispense medication shall be developed.

(B)(i) Both lists will be developed in conjunction with the program's physician who shall sign and date denoting his approval.

(ii) Any future additions and deletions must follow the same procedure.

(C) The medication list shall be reviewed at least annually;

(4) Programs that do not employ or contract with a medical doctor shall not maintain stocked prescription medications;

(5) The program shall use an effective inventory system to track and account for all prescription medications;

(6) A system is in place to monitor and to dispose of all outdated medication in compliance according to the program's disposal policy;

(7)(A) Medication orders may be given by telephone to licensed or registered nurse.

(B) The orders must then be signed by the authorizing physician ordering the medication within seventy-two (72) hours;

(8)(A) Medications shall be stored at appropriate temperatures based on the manufacturer's product inserts.

(B) Medications requiring refrigeration shall be stored in a locked compartment separate from food;

(9) External use medications in liquid, tablet, capsule, or powder form shall be stored separately from medications for internal use;

(10) Urine or blood samples shall not be stored with food or medicines;

(11)(A) The program shall keep all prescriptions and nonprescription medications, syringes, and needles in locked storage.

(B) Medications, syringes, and needles shall be accessible only to staff who are authorized to provide medication; and

(12) Used needles and syringes shall be placed in secure, rigid, puncture-proof containers and disposed of according to United States Occupational Safety and Health Administration hazardous waste standards.

**Authority.** Arkansas Code § 20-64-903.

**20 CAR § 433-318. Food and nutrition.**

(a) If the program prepares meals on site, the program shall have a current food establishment health inspection as required by the Department of Health.

(b) When meals are provided by a food service, a written contract shall be maintained and shall require the food service to have a current food establishment health inspection as required by the Department of Health.

(c) A licensed dietitian or certified dietary manager shall approve menus and written guidelines for substitutions in advance, including:

(1) Approve a meal planning manual with sample menus and guidelines for substitutions;

(2) Approve age-appropriate menus and healthy food choices for children residing in specialized women's services facilities;

(3) Approve menus prepared by new staff before they plan meals independently;

(4) Review a sample of menus served at least annually; and

(5) Provide kitchen staff training as needed.

(d)(1) The program shall provide modified diets to residents who medically require them as determined by a licensed dietitian or certified dietary manager.

(2) Special diets shall be prepared in consultation with a licensed dietitian or certified dietary manager.

(e) The program shall provide at least three (3) meals daily, with no more than fourteen (14) hours between any two (2) meals.

(f) Clients in a partial day treatment setting shall be offered a minimum of one (1) meal per day provided by the program.

(g) Outpatient programs shall allow a meal break after five (5) consecutive hours of scheduled activities.

(h) All food shall be stored, prepared, and served in a safe, healthy manner.

(i)(1) Nonperishable items shall not be used that contain a sell-by date that has expired by more than two (2) years.

(2) Perishable items shall not be used once they exceed their sell-by date.

(j) Documentation of a negative tuberculosis test, within one (1) year, will be required for all persons working in the kitchen or meal preparation environment.

(k) All persons working in the kitchen or meal preparation environment shall wear hairnets and gloves.

(l) If menu planning and independent meal preparation are part of the client's treatment program, a licensed dietician or certified dietary manager shall provide training or approve a training program for staff who instruct and supervise clients in meal preparation.

(m) The program shall define duties in writing and have written instructions posted or easily accessible to clients.

(n) Clients in detoxification treatment shall not prepare meals.

**Authority.** Arkansas Code § 20-64-903.

**20 CAR § 433-319. Detoxification services.**

(a) Programs funded by the Office of Alcohol and Drug Abuse Prevention to provide detoxification services shall, in addition to the General Standards, meet the requirements of the standards listed in this section.

(b) The Regional Alcohol and Drug Detoxification Program will not admit any client under eighteen (18) years of age.

(c) While a client is in observation detoxification, with or without medical supervision, a doctor or doctors of medicine, registered or licensed practical nurses, or regional detoxification specialists must be present and specifically assigned to monitor the client on a twenty-four-hour basis.

(d)(1) Clients in detoxification services will receive three (3) meals per day, with no more than fourteen (14) hours between any two (2) meals.

(2)(A) Their meals will be served separately from other residential clients.

(B) If eating in a common area, they will receive their meal prior to or after other clients have vacated the area.

(e)(1) Only a regional detoxification specialist, doctor of medicine, or registered or licensed nurse is authorized to document:

(A) Progress notes;

(B) Vital signs;

(C) Fluid and food intake;

(D) Withdrawal risk assessments; and

(E) Stabilization plans.

(2) All documentation is to include the authorized person's signature and credentials.

(f) A regional detoxification specialist must hold current certifications in the following:

(1) Cardiopulmonary resuscitation (CPR);

(2) First aid;

(3) Nonviolent physical crisis intervention (NPCI); and

(4) Regional alcohol and drug detoxification (RADD) training.

(g) All staff assigned to monitor detoxification clients shall know:

(1) The signs and symptoms of withdrawal;

(2) The implication of those signs and symptoms; and

(3) Emergency procedures as defined in facility policy and procedure manual.

(h)(1) Clients in detoxification services will have their vital signs taken upon admission and documented at least every two (2) hours thereafter, until within normal limits for eight (8) consecutive hours.

(2) **Exception.**

(A) Once vital signs are within normal limits for eight (8) consecutive hours, they will be taken no less than every six (6) hours.

(B)(i) At this time, blood pressure, temperature, and pulse may be omitted one (1) time per twenty-four-hour period.

(ii)(a) Observation will continue as evidenced by documentation of:

(1) Reason for vital sign omission;

(2) Client behavior observed; and

(3) Respiration count.

(b) E.g., vital signs completed at 10:00 p.m., description of behavior client exhibiting at midnight, and resume vital signs at 2:00 a.m.

(i) Observation detoxification, with or without medical supervision, will include:

(1) Gender-separate sleeping areas with:

(A) One-level bed, i.e., no bunk beds;

(B) Individual storage for clothing and personal items;

(C) Window coverings to allow for privacy; and

(D) Sufficient clean linen; and

(2) Gender-separate bathroom/shower areas with:

(A) Sufficient lighting so as to avoid injury;

(B) Plumbing in working condition so as to avoid any threat to health; and

(C) Sufficient clean linen supply.

(j)(1) A complete set of vital signs will include:

(A) Blood pressure reading, systolic and diastolic;

(B) Temperature;

(C) Pulse; and

(D) Respirations.

(2)(A) Once vital signs are within normal limits for eight (8) hours, they will be taken no less than every six (6) hours.

(B) There will be documentation in the client's case record verifying each vital sign taken during the client's stay in detoxification.

(k)(1) Oral fluids and food shall be easily accessible to clients.

(2) There will be documentation of meals offered, consumed and/or refused, and the amount consumed or refused, every two (2) hours.

(3) There will be documentation of consumption of oral fluids indicating amount offered, consumed, or refused every (2) hours.

(4) There will be documentation of reason for not offering nutrition, e.g. client absent during meal time to see personal physician.

(l) Medication that is prescribed to an individual for withdrawal must be documented in the:

(1) Withdrawal risk assessment;

(2) Stabilization plan; and

(3) Progress notes.

(m)(1) A file will be maintained for each client, per admission.

(2) It will contain:

(A) Proof of client identity;

(B) A signed voluntary admission agreement, or involuntary admission agreement, as appropriate;

(C) Consent to treat agreement signed prior to admission:

(i) Must obtain signed, dated, and timed consent, even if client is impaired by substance; and

(ii) Must obtain another signed, dated, and timed consent once said substance no longer impairs client;

(D)(i) The withdrawal risk assessment will be initiated on admission, completed, and filed in the client record within four (4) hours of admission.

(ii) If an emergency of the client's physical condition prevents documentation within four (4) hours, staff will explain the circumstances in the client record and obtain the information as soon as possible.

(iii)(a) Qualified staff member or members, such as physicians, registered and/or licensed practical nurses, or regional detoxification specialists, will perform the withdrawal risk assessment.

(b) It will include:

- (1) Substance use history;
- (2) Current detoxification level determination;
- (3) Past psychiatric treatment;
- (4) Past chemical dependency treatment;
- (5) Significant medical history;
- (6) Current health status;
- (7) Current medications;
- (8) Known food allergies;
- (9) Known drug allergies;
- (10) Current living situation;
- (11) Current employment situation; and
- (12) Current emotional state and behavioral functioning;

(E) Completed and signed authorization or authorizations to release confidential information, as appropriate;

(F)(i) Medication records, as appropriate, in programs utilizing:

- (a) MDs;
- (b) LPNs;
- (c) LPTNs ; and/or
- (d) RNs.

(ii)(a) Clients must provide all previously prescribed prescription medications during admission.

(b) All previously prescribed prescription medications must be documented in the client file including:

- (1) Type of medication;
- (2) Amount and dosage;
- (3) Route in which medication is administered;
- (4) How often medication is taken;
- (5) Medical condition for prescription;
- (6) Prescribing physician; and
- (7) Count of medication provided at admission;

(G) Personal property inventory, signed by staff or authorized agent and client;

(H) Confirmation of client receiving and understanding of handbook; and

(I) Confirmation of client receiving notice of federal confidentiality regulations, to be signed when client is capable of rational communication.

(n)(1) A staff person authorized by the program will identify the client's short-term needs based on the withdrawal risk assessment and medical history, and develop an appropriate detoxification plan, i.e. stabilization plan.

(2) A regional detoxification specialist, licensed practical nurse, licensed psychiatric technician nurse, registered nurse, or doctor of medicine will sign the plan.

(3) The client will sign the detoxification plan, unless medically contraindicated, and staff will explain the circumstances in the client record and obtain the signature as soon as possible.

(4) The completed and signed detoxification plan will be filed in the client record within eight (8) hours of admission.

(5) The program will review and, if necessary, revise the detoxification plan (stabilization plan) every twenty-four (24) hours, or more often should client needs change significantly.

(6)(A) The program will implement the detoxification plan (stabilization plan) and document the client's response to interventions in the progress notes.

(B) Progress notes in detoxification will be documented every two (2) hours until stable for eight (8) hours, with additional notes documented as appropriate, and will include:

- (i) The client's physical condition observed by staff (signs);
- (ii) Client statements about the client's condition (symptoms);
- (iii) Client statements about their needs;
- (iv) The client's mood and behavior;
- (v) Any medications that have been prescribed by the program's Medical Director (for programs utilizing medical staff); and
- (vi) Information about the client's progress or lack of progress in relation to detoxification (stabilization) goals.

**Authority.** Arkansas Code § 20-64-903.

**Codification Notes.** "MD" means medical doctor.

"LPN" means licensed practical nurse.

"LPTN" means licensed psychiatric technician nurse.

"RN" means registered nurse.

**20 CAR § 433-320. Adolescent treatment — Residential and outpatient.**

(a) The program shall limit admissions to adolescents thirteen (13) through seventeen (17) years of age.

(b) The policies and procedures shall specify any exceptions to this requirement, and the Office of Alcohol and Drug Abuse Prevention must be notified and a waiver obtained prior to admission.

(c) The program shall address the special needs (i.e., self-esteem, peer pressure, classes, etc.) of adolescents and protect their rights.

(d) The program shall provide separate groups and activities for adolescents.

(e) The program shall obtain consent for admission and authorization to obtain medical treatment at the time of admission for all clients under eighteen (18) years of age, unless adjudicated as an emancipated minor.

(f) Residential and day treatment programs shall have policies and procedures that govern access to client education as required by the Department of Education.

(g) The program shall:

(1) Allow regular communication between an adolescent client and the client's family; and

(2) Not arbitrarily restrict any communication without clear, written individualized clinical justification documented in the client record.

(h) Program staff that plan, supervise, or provide chemical dependency education or counseling to adolescents shall have the following:

(1) Qualified credentials for counselors; and

(2)(A)(i) Direct care employees shall have documentation of continuing education in:

(a) Human adolescent development;

(b) Family systems;

(c) Adolescent psychopathology and chemical dependency and addiction in adolescents; and

(d) Adolescent socialization issues.

(ii) This may include in-service training.

(i)(1) Clients shall be under direct supervision at all times.

(2) In public places, clients shall be within eyesight at all times.

(3)(A) Staff shall conduct visual checks at least once every hour.

(B) Bed checks will be made and documented every four (4) hours.

(j) All incidents will be recorded and reported as appropriate.

(k) The treatment plan shall address adolescent specific needs and issues.

(l) The program shall involve the adolescent's family or an alternate support system in the treatment process or document why this is not happening.

(m)(1) The program shall prohibit adolescent clients from using tobacco products.

(2) The program shall prohibit tobacco products within the confines of any program housing adolescents.

(n) Staff employed with adolescent programs will have training specific to the clients served, such as:

- (1) Impact of substance abuse on children;
- (2) Identifying domestic violence;
- (3) Abuse;
- (4) Neglect;
- (5) Empowering the client and families to restore family functioning;
- (6) Development and age appropriate behaviors;
- (7) Parenting skills;
- (8) Self-esteem;
- (9) Peer pressure; and
- (10) Bullying.

**Authority.** Arkansas Code § 20-64-903.

**20 CAR § 433-321. Specialized women’s services.**

(a) Programs authorized by the Office of Alcohol and Drug Abuse Prevention to provide specialized women’s services shall, in addition to the General Standards, meet the requirements of the standards listed in this section.

(b)(1) The program shall address the specialized needs of the parent and include services for children.

(2) These services may be provided on the premises or through written service agreements with other providers.

(c) Treatment shall include intensive primary treatment, and clients must participate in at least thirty (30) hours of therapeutic services per week, including:

- (1) Substance abuse group counseling;
- (2) Education;
- (3) Parenting;

- (4) Family reunification; and
- (5) Child development services.

(d) **Job skills.**

- (1) The program shall ensure that residents:
  - (A) Attend general education degree classes;
  - (B) Receive job training skills; or
  - (C) Are employed.
- (2) At a minimum, all clients shall register at the Division of Workforce Services.
- (3)(A) At a minimum, all women shall register at the Division of Workforce Services.
  - (B) If employed, the client shall receive a minimum of fifteen (15) hours per week of therapeutic services as determined by the client's treatment plan.

(e) **Parenting skills.**

- (1) The program will ensure all adult residents receive training in early child development and other parenting skills.
- (2) These services may be provided on the premises or the clients may be transported to other locations.
- (f) Children in the facility shall receive age-appropriate therapy as needed.
- (g)(1) All clients with children will attend and participate in parent/child interactive education, either individual or group, for one (1) hour minimum per week.
  - (2) The program shall assess and document parent-child interaction weekly and any identified needs shall be addressed in treatment.
- (h) Residential programs shall not accept dependents over the age of six (6), unless the program has prior written approval from the office.

(i) The program shall inform and educate pregnant clients of the Child Abuse Prevention and Treatment Act in accordance with state and federal laws.

- (j) Programs will provide training specific to the clients served, such as:
  - (1) Substance abuse impact on children;
  - (2) Identifying domestic violence;

- (3) Abuse;
- (4) Neglect;
- (5) Empowering the client and families to restore family functioning;
- (6) Child development and age-appropriate behaviors;
- (7) Parenting skills;
- (8) Self-esteem;
- (9) Peer pressure; and
- (10) Bullying.

(k) The program shall inform and educate pregnant clients of the dangers and effects that alcohol and illicit drug use has on the fetus.

(l) Other education to be provided will include, but not be limited to, the topics of:

(1) Human immunodeficiency virus (HIV)/Acquired immunodeficiency syndrome (AIDS);

(2) Sexually transmitted diseases;

(3) Tuberculosis;

(4) Family planning;

(5) Nutrition;

(6) Sexual abuse; and

(7) Spousal abuse.

(m) **Family education and support.**

(1) The program shall establish a family counseling program for each client.

(2) Family members shall receive basic drug abuse prevention information and support skills, especially in:

(A) Relapse prevention;

(B) Family dynamics; and

(C) Communication.

(n) **Aftercare.** Prior to discharge, the program shall be responsible for establishing an aftercare plan and will encourage the client to participate in support activities.

(o) The program will provide access and referral to the fullest possible range of medical care for clients and children, to include but not be limited to:

- (1) Prenatal and postpartum health care;
- (2) Emergency health care;
- (3) Health screening;
- (4) Dental;
- (5) Well-child health care;
- (6) Screening in speech and language;
- (7) Hearing and vision; and
- (8) Verification of immunization records.

(p) **Child care.**

(1) The program shall ensure parents or qualified childcare providers directly supervise the children at all times.

(2) The program is always responsible for providing oversight and guidance to ensure children receive appropriate care when they are supervised by clients.

(3) Child care for residents with small children/day care will be provided either on the program's premises by an authorized child care provider, or through a licensed day care center.

(4)(A) Child care shall be arranged for services delivered in the evenings, such as an Alcoholics Anonymous meeting, or for an emergency.

(B) Clients cannot provide this service.

(5) The program shall have a current schedule showing who is responsible for the children at all times.

(6) Physical discipline by program staff is strictly prohibited.

(7) The program shall provide a variety of age-appropriate:

(A) Equipment;

(B) Toys; and

(C) Learning materials.

(8) Transportation shall be provided for any other services necessary to meet treatment goals.

(9)(A) Program shall have policies and procedures that state staff shall not allow anyone except the legal guardian or a person authorized by the legal guardian to take a child away from the facility.

(B) If an individual shows documentation of legal custody, staff shall record the person's identification before releasing the child.

(q) The program will provide room, board, and laundry services.

(r)(1) Pregnant women, women with children, and children will be fed apart from other clients.

(2) If being fed in a common area, they will receive their meals prior to, or after, other clients have vacated the area.

(s) The program may assess any amount for rent not to exceed the actual cost per day.

(t) The program staff are mandatory reporters, and the program shall have a procedure to use if a parent abuses or neglects a child, including:

- (1) Reporting;
- (2) Intervention; and
- (3) Documentation.

(u) The program must provide a safe and sanitary environment appropriate for children, to include at a minimum:

- (1) Heating equipment shall be cool to touch safely;
- (2) Heavy furniture and equipment shall be securely installed to prevent tipping or collapsing;
- (3) Electrical outlets accessible to children shall have child-proof covers or safety devices;
- (4) There shall be no cords or strings hanging within reach of a child;
- (5) Cupboards, cabinets, closets, and refrigerators shall be secured to prevent trapping a child inside;
- (6) Air conditioners, fans, and heating units shall be mounted out of children's reach or have safety guards;
- (7) Grounds shall be kept free of standing water and sharp objects;

(8) Tap water shall be no hotter than one hundred ten degrees Fahrenheit (110° F);

(9) Items potentially dangerous for children (i.e. poison, bleach, etc.) shall be stored in a secure, locked environment;

(10) Areas that are more than two feet (2') above ground level, such as stairs, porches, and platforms, shall have railings low enough for children to reach;

(11) Outdoor play areas shall be enclosed by a fence at least four feet (4') high and shall not be viewable by the general public or anyone not associated with the specialized women's services program;

(12) Tanks, ditches, sewer pipes, dangerous machinery, and other hazards on the grounds shall be fenced;

(13) Outdoor play equipment shall be in a safe location and securely anchored, unless portable by design;

(14) Buildings, furniture, and equipment shall not have openings or angles that could trap or injure a child or any part of the child's body; and

(15) Swing seats shall be:

(A) Durable;

(B) Lightweight; and

(C) Relatively pliable.

(v) Neither staff nor clients will use tobacco products within twenty-five feet (25') of any program housing children.

**Authority.** Arkansas Code § 20-64-903.

**Codification Notes.** Child Abuse Prevention and Treatment Act was originally enacted as Pub. L. No. 93-247.

**20 CAR § 433-322. Criminal justice system.**

(a) Programs requesting licensure to provide alcohol and drug treatment within the criminal justice system that may include therapeutic community or drug court shall, in

addition to the General Standards, meet the requirements of the appropriate standards as it relates to their program found in this section.

(b)(1) Any person providing direct treatment services must receive at least four (4) hours of individual supervision or six (6) hours of group supervision monthly.

(2) Such supervision must be documented.

(3) Persons authorized to approve treatment plans, as specified in this part, must perform this supervision.

(c) Provides sufficient privacy to maintain confidentiality of the communication between counselor and client.

(d) If the program uses space provided by another organization, there is a written agreement specifying the terms of such usage.

(e) The program has at least one (1) staff person present at all times who maintains a valid certification in first aid, CPR, and nonviolent crisis intervention.

(f) The program shall not operate a new treatment site or make major programmatic changes at a present site without the Office of Alcohol and Drug Abuse Prevention approval.

(g)(1) Residential treatment provides for a minimum of twenty (20) hours weekly, Sunday through Saturday, of structured treatment.

(2) See 20 CAR § 433-101 for an explanation of structured treatment.

(h) A counselor's caseload shall not exceed the twenty-five (25) to one (1) client/counselor ratio.

(i) The initial treatment plan is completed within seven (7) days of admission.

(j) The comprehensive treatment plan is developed and implemented no later than:

(1) Twenty-one (21) days from admission to residential services;

(2) Thirty (30) days to outpatient services, including drug courts; and

(3) Within forty-five (45) days from admission to therapeutic community programs.

(k)(1) Residential treatment shall be documented at least weekly and shall minimally document:

(A) Treatment provided during the week;

- (B) The time frame that the note covers;
- (C) The client's response to the treatment provided;
- (D) Significant client events that occurred; and
- (E) The name, signature, and title of the staff person who wrote the note.

(2)(A) Therapeutic community programs will meet this requirement using a monthly (every thirty (30) days), treatment plan review.

(B) Additionally, therapeutic community units will adhere to the following standards:

(i) Develop and implement a written mission and philosophy that addresses the beliefs, attitudes, and purpose of the therapeutic community;

(ii) The therapeutic community program operates within a distinct space separate from the main prison population;

(iii)(a) The therapeutic community shall provide a handbook or manual providing an explicit and comprehensive outline of:

(1) The program;

(2) Its mission; and

(3) Its philosophy.

(b) The handbook will be given to each participant upon entering the program and each staff member upon onset of employment.

(c) The handbook shall provide a comprehensive section on the therapeutic community perspective on the substance abuse disorder;

(iv) The program will ensure that confrontation and consequence tools used by the therapeutic community shall not infringe upon the clients rights as defined and posted; and

(v) The staff member facilitating the confrontation group shall closely monitor and provide appropriate supervision.

**Authority.** Arkansas Code § 20-64-903.

**Codification Notes.** "CPR" means cardiopulmonary resuscitation.

**20 CAR § 433-323. Opioid treatment.**

(a) Programs seeking licensure as an opioid treatment program shall in addition to the General Standards meet the requirements of the standards listed in this section.

(b) The Division of Aging, Adult, and Behavioral Health Services of the Department of Human Services, Office of Alcohol and Drug Abuse Prevention has developed these standards specifically for the administration of opioid treatment programs in Arkansas.

(c)(1) The goal of opioid treatment is total rehabilitation of the client.

(2)(A) While eventual withdrawal from the use of drugs, including methadone/buprenorphine, may be an appropriate treatment goal, some clients may remain on opioid maintenance for relatively long periods of time.

(B)(i) Periodic consideration of withdrawing from methadone/buprenorphine maintenance is appropriate only if it is in the individual client's interest.

(ii) Such considerations are between the client and the treatment program.

(C) The program shall be progressive in nature, addressing the client's individual need with methadone/buprenorphine as only one component of comprehensive treatment services.

(d)(1) The program shall make records available to the office upon request.

(2) In addition, access by the Center for Substance Abuse Treatment and the United States Drug Enforcement Administration is also allowed for determination of compliance with Center for Substance Abuse Treatment and United States Drug Enforcement Agency regulations.

**(e) Applicant screening.**

(1) Applicant screening shall be extensive and thorough and shall form the basis for effective, long-term treatment planning.

(2) It shall include a staff assessment as to:

(A) Appropriateness of treatment;

(B) That admission is voluntary; and

(C) The client understands the:

- (i) Risks;
- (ii) Benefits; and
- (iii) Options.

(3)(A) Prescription methadone is a highly addictive substance and entry into a program is a critical decision for both the client and the program.

(B) Before admitting an applicant to methadone treatment, the program shall satisfy itself that the applicant fully understands the reasons for and ramifications of administrative detoxification and that the applicant voluntarily enters the program with that knowledge.

(f) **Admission criteria.**

(1) The program shall verify the applicant's:

- (A) Name;
- (B) Address;
- (C) Date of birth; and
- (D) Other critical identifying data.

(2)(A) The program shall document a one-year history of addiction and current physiological dependence.

(B) A one-year history of addiction means a period of continuous or episodic addiction for the one-year period immediately prior to application for admission to the program.

(C) Documentation may consist of the applicant's past treatment history, with presence of clinical signs of addiction, such as:

- (i) Old and fresh needle marks;
- (ii) Constricted or dilated pupils; or
- (iii) An eroded or perforated nasal septum.

(3)(A) For applicants who are under the age of eighteen (18), the program shall document two (2) unsuccessful attempts at drug-free treatment prior to being considered for admission to a program.

(B) **Note.** No person under the age of eighteen (18) years of age shall be admitted to maintenance treatment unless a parent, legal guardian, or responsible adult designated by the relevant state authority consents in writing to such treatment.

(4) The program shall give admission priority to pregnant women.

(5)(A) The Medical Director may refuse treatment with a narcotic drug to a particular client if, in the reasonable clinical judgment of the Medical Director, the client would not benefit from such treatment.

(B) Prior to such a decision, appropriate staff may be consulted, as determined by the Medical Director.

(6) Upon admission, the program shall:

(A) Obtain the applicant's signature on a voluntary agreement admitting the applicant to the program;

(B)(i) Verify the applicant's identification, including name, address, date of birth, and other critical identifying data from a social security card, birth certificate, driver's license, etc.

(ii) Copies of this identifying information shall include social security card and official photo identification and will become a part of the client's record;

(C)(i) Obtain a complete medical history from each client being admitted to treatment.

(ii) The medical and laboratory examination of each client shall include:

(a) Investigation of the possibility of infectious disease and possible concurrent surgery problems;

(b) The complete blood count and differential;

(c) Serological tests for syphilis;

(d) Routine and microscopic urinalysis toxicology screening for drugs;

(e) Multiphase chemistry profile;

(f) Intradermal tuberculin purified protein derivative (PPD) administered and interpreted; and

(g) A chest x-ray, pap smear, biological test for pregnancy, or screening for sickle cell disease if the examining medical personnel request these tests.

(iii)(a)(1) The program shall not require a medical examination for a client transferring to a new program who received a medical and laboratory examination within three (3) months prior to admission to the new program.

(2) The program physician may request a medical and laboratory examination for a transferring client.

(b)(1) However, the new program physician shall have, as part of the transfer summary, a medical summary and statement from the client's previous program that indicates a significant medical problem.

(2) The transferred record shall include copies of the previous examination prior to admission;

(D)(i) Conduct and complete a counseling intake interview and develop a narrative psychosocial history within twenty-one (21) days of the client's admission date.

(ii) This psychosocial narrative shall form the basis for preparing future treatment plans;

(E) Develop a written statement, signed by the Medical Director, that the applicant is competent to sign the voluntary agreement admitting them to the program; and

(F) Verify that the client is not currently enrolled in another opioid treatment program.

**(g) Readmission criteria.**

(1) Readmission to a program depends on whether a client who is seeking readmission previously withdrew from methadone on a voluntary basis or as a result of an administrative decision due to the client's violation of program policies.

(2) A client, treated and later voluntarily detoxified from methadone maintenance treatment, may be readmitted to the program without evidence to support findings of current physiological dependence up to two (2) years after discharge, if the:

(A) Program attended is able to document prior opioid maintenance treatment of six (6) months or more; and

(B) Admitting physician, in his or her reasonable clinical judgment, finds readmission to opioid maintenance treatment medically justified.

(3)(A) Clients seeking readmission to a program after an administrative detoxification shall at a minimum wait thirty (30) days prior to applying for readmission.

(B) If a program administratively detoxifies a client twice in a year, then the client shall wait twelve (12) months to reapply for readmission.

(h) **Exceptions to minimum admissions requirements.**

(1) An applicant who has been residing in a correctional institution for one (1) month or longer may enroll in a program within fourteen (14) days before release or discharge or within six (6) months after release from such an institution without evidence of current physiological dependence on narcotics provided that prior to his or her institutionalization the client would have met the one (1) year admission criteria.

(2)(A) A program shall place a pregnant applicant on a maintenance regimen if the applicant has had a documented narcotic dependency in the past and may be in direct jeopardy of returning to narcotic dependency, with its attendant dangers during pregnancy.

(B) The applicant need not show evidence of current physiological dependence on narcotic drugs if a program physician certifies the pregnancy and, in his or her reasonable clinical judgment, justifies medical treatment.

(i) **Services to women.**

(1) The program shall test women of childbearing age for pregnancy at the time of admission unless medical personnel determine that the test is unnecessary.

(2) In addition to federal laws and regulations regarding pregnant clients, the program shall implement written policies and procedures to ensure the accessibility of services to pregnant women.

(3) The program shall:

(A) Give priority to pregnant women in its admission policy; and

(B) Arrange for medical care during pregnancy by appropriate referral, and verify that the client receives medical care as planned.

(4) The program shall inform pregnant clients of the Child Abuse Prevention and Treatment Act in accordance with state and federal laws.

(5) The program will have specific policies and procedures developed to educate pregnant clients of the dangers and effects that alcohol and illicit drug use has on the fetus.

(6)(A) Conduct a special staffing with the entire treatment team to provide intensive case management for pregnant clients who are noncompliant with phase requirements.

(B) The Medical Director will develop specific protocols to ensure the safety of the fetus.

**(j) Treatment structure.**

(1) The program shall provide the client a full range of treatment and rehabilitative services.

(2) The absence of the use of controlled substances, except as medically prescribed, social, emotional, behavioral, and vocational status, and other individual client needs shall determine the frequency and extent of the services.

(3)(A) The assessment and treatment team shall consist of a Medical Director, medical staff, and counselors who shall assess the client's needs and, with the client's input, develop a treatment plan.

(B) As part of developing a treatment plan, the client shall have input in establishing or adjusting dosage levels.

(4) The assessment and treatment team shall staff each case at least once each thirty (30) days during the first ninety (90) days of treatment and at least once each ninety (90) days thereafter.

(5) The Medical Director shall sign off on the initial treatment plan, when developed, and the comprehensive treatment plan on an annual basis.

(6) Services to each client shall include individual, group, and family counseling at the following minimum levels:

**(A) Phase I.**

(i) Phase I consists of a minimum of a ninety-day period in which the client attends the program for observation daily or at least six (6) days a week.

(ii) During the first ninety (90) days of treatment, the take-home supply is limited to a single dose each week.

(iii)(a) Phase I requires at least four (4) hours of counseling per week.

(b) The counseling sessions at a minimum shall consist of two (2) hours of group therapy sessions, one (1) hour of individual counseling, and one (1) hour of twelve-step/self-help meetings per week.

(iv)(a) The assessment and treatment team and the client shall determine the client's assignment of group therapy attendance.

(b) The issues to be discussed in group therapy sessions shall, at minimum, consist of the following without limitation:

(1) Family or significant others;

(2) Living skills;

(3) Methadone maintenance;

(4) Peer confrontation;

(5) Positive drug screen;

(6) Educational training;

(7) Vocational training and/or employment; and

(8) Acquired immunodeficiency syndrome (AIDS) education

as related to human immunodeficiency virus (HIV).

(v)(a) Prior to a client moving to Phase II, the client shall demonstrate a level of stability as evidenced by the following:

(1) Absence of recent, i.e., past thirty (30) days, abuse of drugs, opioid or non-narcotic, including alcohol;

(2) Clinic attendance as required in Phase I;

(3) Absence of serious behavioral problems at the clinic;

(4) Absence of known criminal activity within the last thirty (30) days, e.g., drug dealing;

(5) Stability of the client's home environment and social relationships;

(6) Length of time in comprehensive maintenance treatment;

(7) Assurance that take-home medication can be safely stored within the client's home; and

(8) Whether the rehabilitative benefit the client derived from decreasing the frequency of attendance outweighs the potential risks of diversion.

(b) In addition, the client shall provide assurance to the program regarding safe transportation and storage of take-home medication;

**(B) Phase II - Level 1.**

(i) A client admitted more than ninety (90) days and successfully completing Phase I shall attend the program no less than four (4) times weekly.

(ii) The program may issue no more than two (2) take-home doses per week.

(iii) A client must have continuous clean drug screens for the past thirty (30) days, while in Phase I, prior to advancement into Phase II - Level 1.

(iv)(a) A client must spend a minimum of ninety (90) days in Phase II - Level 1.

(b) Prior to a client moving to Phase II - Level 2, the client shall demonstrate a level of stability as evidenced by the following:

(1) Absence of recent, past sixty (60) days, abuse of drugs, opioid or non-narcotic, including alcohol;

(2) Clinic attendance as required in Phase II – Level 1;

(3) Absence of serious behavioral problems at the clinic;

(4) Absence of known criminal activity within the last sixty (60) days, e.g., drug dealing;

(5) Stability of the client's home environment and social relationships;

(6) Length of time in comprehensive maintenance treatment;

(7) Assurance that take-home medication can be safely stored within the client's home; and

(8) Whether the rehabilitative benefit the client derived from decreasing the frequency of attendance outweighs the potential risks of diversion;

**(C) Phase II - Level 2.**

(i) A client, admitted more than one hundred and eighty (180) days and successfully completing Phase II – Level 1, shall attend the program no less than three (3) times per week.

(ii) The program may issue no more than three (3) take-home doses per week.

(iii)(a) A client must spend a minimum of ninety (90) days in Phase II – Level 2.

(b) Prior to a client moving to Phase II – Level 3, the client shall demonstrate a level of stability as evidenced by the following:

(1) Absence of recent, past ninety (90) days, abuse of drugs, opioid or non-narcotic, including alcohol;

(2) Clinic attendance as required in Phase II – Level 2;

(3) Absence of serious behavioral problems at the clinic;

(4) Absence of known criminal activity within the last ninety (90) days, e.g., drug dealing;

(5) Stability of the client's home environment and social relationships;

(6) Length of time in comprehensive maintenance treatment;

(7) Assurance that take-home medication can be safely stored within the client's home; and

(8) Whether the rehabilitative benefit the client derived from decreasing the frequency of attendance outweighs the potential risks of diversion;

**(D) Phase II - Level 3.**

(i) A client admitted more than two hundred and seventy (270) days and successfully completing Phase II – Level 2 shall attend the program no less than one (1) time per week.

(ii) The program may issue no more than six (6) take-home doses at a time.

(iii) A client must spend a minimum of ninety (90) days in Phase II - Level 3.

(iv)(a) During Phase II - Level 1, a client shall attend at least two (2) hours of counseling, one (1) of which shall be individual, and two (2) self-help group meetings per week.

(b) For the remainder of Phase II - Levels 2 and 3, the client, primary counselor, Medical Director, and other appropriate members of the treatment team shall determine a client's counseling and self-help activities provided that the minimum level of service delivery shall be one (1) hour of counseling per month and one (1) self-help group meeting per week;

**(E) Phase III.**

(i) A client admitted more than one (1) year and successfully completing Phase II shall attend the program no less than one (1) time biweekly, not to exceed fifteen (15) calendar days.

(ii) The program may issue no more than fourteen (14) take-home doses in fifteen (15) calendar days at a time.

(iii) A client must have at least six (6) months of continuous clean screens while in Phase II, prior to advancement into Phase III.

(iv)(a) The client, primary counselor, and Medical Director shall determine a client's counseling and self-help activities provided that the minimum level of service delivery shall be one (1) hour of counseling per month and two (2) self-help group meetings per month.

*(b)* The one (1) hour counseling may be either individual counseling or group therapy, as determined by staff and client;

**(F) Phase IV.**

(i) The program may provide a twenty-eight (28) day supply of methadone if a client admitted for two (2) years has successfully completed Phase III.

(ii) A client must have at least twelve (12) months of continuous clean screens while in Phase III prior to advancement into Phase IV.

(iii) Phase IV requires at least one (1) hour of counseling per month in addition to attendance at one (1) self-help group meeting per month as long as the client maintains a twenty-eight-day take-home medication status; and

**(G) Phase V.**

(i) During the above four (4) phases a client, in consultation with the assessment and treatment team, may elect to enter Phase V.

(ii)(a) This phase implements the methadone detoxification plan.

*(b)* The program physician determines the take-home dosage schedule for the client.

*(c)* The primary counselor determines the number of counseling sessions provided during this phase based on the clinical judgment of the primary counselor with input from the client.

(iii) At the onset of Phase V, the client may require an increased level of support services, i.e., increased levels of individual, group counseling, etc.

(iv) Prior to successful completion of Phase V, the primary counselor and client shall develop a plan that shall integrate the client into a drug-free treatment regimen for ongoing support.

(v) The client's use of controlled substances except as medically prescribed, deterioration of social, emotional, vocational, or behavioral status, and or other individual needs shall result in increased frequency and extent of treatment and rehabilitation services.

(vi)(a) The program shall assess each client for referral, if appropriate, to:

- (1) The Division of Workforce Services;
- (2) Vocational training; and or
- (3) Enrollment in school.

(b) The program shall conduct a follow-up at least every thirty (30) days.

(vii)(a) The assessment and treatment team and the client shall negotiate a methadone detoxification plan with potential target dates for implementation in Phase V.

(b) Such a plan may be short-term or long-term in nature based on the client's need and may include intermittent periods of methadone/buprenorphine maintenance between detoxification attempts.

(k) **Special staffing.**

(1) The program shall conduct a special staffing to determine an appropriate response whenever a client has two (2) or more drug screenings in a one-year period that are positive for illicit drugs other than methadone/buprenorphine.

(2)(A) The Medical Director shall use test results as a guide to change treatment approaches and not as the sole criteria to force a client out of treatment.

(B) When using test results, the Medical Director shall distinguish presumptive laboratory results from definitive laboratory results.

(3) Clients in Phase II – Level 3 having a positive drug screen for illicit drugs and alcohol will be placed in Phase II – Level 2 to be completed in its entirety prior to moving back to Phase II – Level 3.

(4) Clients in Phase III or IV having a positive drug screen for illicit drugs and alcohol will be placed in Phase II - Level 3 to be completed in its entirety prior to moving back to Phase III.

(5)(A) Patients who are noncompliant with all requirements of their current phase level(i.e. positive toxicology screens and unexcused dosing and counseling absences) shall result in a decrease in phase level and take-home dose privileges.

(B) In addition, program staff must conduct a special staffing with the client present to determine corrective action protocol.

**(l) Program policies.**

(1) The program shall implement a written policy that states the program shall not deny treatment to a person based on:

- (A) His or her actual or perceived serostatus;
- (B) Human immunodeficiency virus (HIV)-related condition; or
- (C) Acquired immunodeficiency syndrome (AIDS).

(2) Program staff shall receive yearly training on the subject of HIV and hepatitis C infection and treatment of HIV and hepatitis C infected clients.

(3) The program shall have written policies for infection control, which are in compliance with the Centers for Disease Control and Prevention guidelines.

(4)(A) The program shall provide AIDS education to clients and shall provide or refer clients for HIV pretest counseling and voluntary HIV testing.

(B)(i) If the program does test for AIDS, it shall be with the informed consent of the client.

(ii) The program shall ensure the provision of pre- and post-test counseling for the clients.

(5) The program shall provide annual medical evaluations to clients as appropriate for dose-level serostatus and identified medical concerns.

(6)(A) The program shall provide or refer clients for tuberculosis and sexually transmitted disease testing upon admission and at least annually thereafter.

(B) However, programs shall not require clients to receive HIV/AIDS testing.

(7) The program shall:

(A) Develop written policies and procedures for continued treatment with methadone or buprenorphine in the event of an emergency or natural disaster;

(B) Have hours which provide for early-morning or late-evening services to meet the needs of its client population;

(C) Implement written policies and procedures to ensure positive identification of the client before methadone or buprenorphine is administered;

(D)(i) Develop written policies regarding the recording of client medication intake and a daily methadone/buprenorphine inventory.

(ii) These policies shall comply with the United States Drug Enforcement Agency, Arkansas State Board of Pharmacy, and Arkansas State Medical Board, as appropriate;

(E)(i) Develop and implement written policies and procedures to contact other opioid treatment programs within a two hundred-mile radius to prevent duplication of services to an individual.

(ii) The policy shall be in accordance with federal confidentiality regulations, 42 C.F.R. pt. 2;

(F) Monitor a client's progress and shall satisfy itself that the client is continuing to benefit from treatment; and

(G)(i) Not use incentives or rewards or unethical advertising practices to attract new clients.

(ii) This shall not forbid the program from rewarding clients that maintain exemplary compliance with program rules and their individualized treatment plans.

(8)(A) The program has the right to randomly schedule telephone requests to clients who have take-home privileges requiring them to report to the treatment facility and to bring their remaining take-home medication with them.

(B) At least twice annually, the program shall randomly select at least five percent (5%) of these clients who have take-home privileges for this purpose.

(9) Programs shall be responsible for contacting the previous programs of transferring clients regarding such issues as their stability in treatment and take-home status before initiating take-home privileges for these clients.

(10) To prevent relapse, programs shall place transferring clients with take-home privileges on an increased drug screening surveillance schedule for the first thirty (30) days after admission.

(11) Client-to-counselor ratios shall not exceed forty to one (40:1).

(12) Programs shall employ at least one (1) full-time medical doctor, as licensed to practice medicine in the State of Arkansas, for every three hundred (300) clients.

(13) The Medical Director of an opioid treatment program will be ASAM certified, have documented references of working experience in an opioid treatment program, or have documented continuing education in addiction treatment.

(14) The Medical Director will be available to the program on a continual basis, seven (7) days per week, twenty-four (24) hours per day.

(15)(A) Direct observation shall be used in collecting urine specimens.

(B) Observation shall be conducted professionally, ethically, and in a manner which respects clients' privacy and does not damage the client-clinic relationship.

(16) Random, periodic testing, including breathalyzer tests for alcohol, shall be done to ascertain use of other substances for clients with a history of abusing these substances.

(17)(A) The program has policies and procedures that address the dangers associated with the use of benzodiazepines when taking methadone.

(B)(i) This will include provisions for admission/discharge protocol for illicit use and obtaining a release of information with the prescribing physician's acknowledgement that the patient is also being prescribed methadone.

(ii) The patient must sign and date an informed consent of the program's policy.

(18) When appropriate, family involvement shall be requested through a consent form to release information to family members.

(19) Each client whose daily dose is above one hundred milligrams (100 mg) is required to be under observation while ingesting the drug at least six (6) days per week irrespective of the length of time in treatment, unless the program has received prior approval from the State Authority.

(20) In addition to federal reporting requirements, the program will have specific policies and procedures to report lost or stolen doses, theft and diversion, and

fatalities of overdose to the Office of Alcohol and Drug Abuse Prevention per the incident reporting policy.

(21) The program will have specific policies and procedures delineating staff access into the medication storage area or areas.

(m) **Exceptional take-home.**

(1)(A) Take-home medication exceptions must be approved in writing by the State Authority prior to dispensing.

(B)(i) Exceptional take-homes will not normally be granted to Phase I, Phase II, Phase III, and Phase IV clients.

(ii) Reasons for exceptional requests may include, but are not limited to the following:

*(a)(1)* A client is found to have a physical disability which interferes with his or her ability to conform to the applicable mandatory schedule.

*(2)* The client may be permitted a temporary or reduced schedule, provided the client is also responsible in handling narcotic drugs;

*(b)(1)* A client, because of exceptional circumstances such as illness, personal or family crisis, travel, or other hardship, is unable to conform to the applicable mandatory schedule, provided the client is also responsible in handling narcotic drugs.

*(2)(A)* The rationale for the exception shall be based on the reasonable clinical judgment of the program's physician.

*(B)(i)* The client's record shall document the rationale.

*(ii)* The rationale is endorsed via the physician's signature;

*(c)(1)* If the program is not in operation due to the observance of an official state holiday, clients may be permitted one (1) extra take-home dose and one (1) fewer program visit per week on the day in which the holiday occurs.

*(2)* An official state holiday is the day on which state agencies are closed and routine state government business is not conducted; and

(d)(1) In the event that a winter storm watch is issued by the National Weather Service, a three-day take-home dose may be dispensed.

(2) Additional days shall require State Authority approval.

(3) The State Authority retains the right to reduce or revoke the take-home dosing.

(2) The dosing area or areas used will be a separate area that provides sufficient privacy to maintain confidentiality of the client's identity and communication between staff and the client.

(3) Any client receiving a one hundred milligram (100 mg) or larger methadone dose shall not be allowed exceptional take-home privileges unless approved via the State Methadone Authority.

(4)(A) All requests for methadone take-home medication exceptions must be submitted to the State Methadone Authority in writing or through Substance Abuse Mental Health Services Administration/Center for Substance Abuse Treatment extranet.

(B) Each request must document the following:

(i) The name of the client for whom the request is made;

(ii) The address, phone number, and social security number of the client;

(iii) Date of admission;

(iv) Date of last request;

(v) Program number;

(vi) The dates for the requested take home;

(vii) The rationale for the exceptions;

(viii) The current dosing amount;

(ix) Date of last positive drug screen;

(x) Current phase; and

(xi) Medical Director's signature.

(C) These requests submitted in writing can be mailed, hand-delivered, or faxed to:

Division of Aging, Adult, and Behavioral Health Services of the  
Department of Human Services  
Alcohol and Drug Abuse Prevention  
Director of Program Compliance and Outcome Monitoring  
305 South Palm Street, Administration  
Little Rock, Arkansas 72205  
FAX: (501) 686-9035

(D) Patient exception requests must be submitted online via the Substance Abuse Mental Health Services Administration's Opioid Treatment Program extranet site.

(n) **Program security.**

(1)(A) Programs are subject to United States Drug Enforcement Administration regulations concerning the Registration of Manufacturers, Distributors, and Dispensers of Controlled Substances (Chapter II, 21 C.F.R. pts. 1301 – 1307).

(B) Clients shall be physically separated from the narcotic storage and dispensing area.

(2) The program shall not allow clients to congregate or loiter on the grounds or around the building or buildings wherein the program operates.

(3) Entrances that have windows will be tinted or have coverings so the client's identity and confidentiality are protected from the view of the public.

(o) **Client records.** In addition to client record criteria, the opioid treatment program shall also contain:

- (1) Documents and test results as generated by activities on admission;
- (2) Client progress in treatment case notes;
- (3) Results of case staffing;
- (4) Results of drug screening tests; and
- (5) Such treatment plan reviews as required by 20 CAR § 433-311(b); and
- (6) Any other client-related material deemed appropriate by the program.

(p) **Drug screening.**

(1) The program shall:

(A) Complete an initial drug screening test or analysis for each client upon admission;

(B)(i) Conduct new client drug screening weekly for the first three (3) months in treatment.

(ii) The program may place a client who completes three (3) months of drug screening showing no indications of drug abuse on a monthly urine-testing schedule;

(C) Implement procedures, including the random collection of samples, to effectively minimize the possibility of falsification of the sample; and

(D)(i) Use drug screening as a clinical tool for the purposes of diagnosis and the development of treatment plans.

(ii) After admission, the results of a single screening report shall not determine significant treatment decisions.

(2) Clients on a monthly schedule for whom screening reports indicate positive results for drugs other than methadone shall return to a weekly schedule for a period of time clinically indicated by the physician.

(3) The program shall analyze each sample for opiates, methadone, amphetamines, crack/cocaine, benzodiazepines, marijuana, and other drugs as may be indicated by clients' use patterns.

(4) Laboratories that perform the testing required under this rule shall be in compliance with applicable:

(A) Federal proficiency testing and licensing standards; and

(B) State standards.

**(q) Dosage reporting requirements.**

(1)(A) The Medical Director may order methadone dosages in excess of one hundred milligrams (100 mg) but less than one hundred twenty milligrams (120 mg) only where medically indicated.

(B) The Medical Director shall fully document the reasons for the dosage level and report such orders to the State Methadone Authority.

(2) The Medical Director shall obtain prior written approval from the State Authority for methadone dosage orders in excess of one hundred twenty milligrams (120 mg).

**(r) Take-home medication.**

(1)(A) The requirement of time in treatment is a minimum reference point after which a client may be eligible for take-home medication privileges.

(B) The time reference does not mean that a client in treatment for a particular time has a specific right to take-home medication.

(C)(i) Since the use of take-home privileges creates a danger of not only diversion, but also accidental poisoning, the Medical Director must make every attempt to ensure that take-home medication is given only to clients who will benefit from it and who have demonstrated responsibility in handling methadone.

(ii) Thus, regardless of time in treatment, a Medical Director may, in his or her reasonable judgment, deny or rescind the take-home medication privileges of a client.

(iii) Concurrently, the client shall provide assurance to the program that take-home medication can be safely transported and stored by the client for the client's use only.

(2) Warning labels identifying the dangers associated with the ingestion of methadone shall be placed on every take-home dose.

**(s) 24-hour emergency services.**

(1) Clients shall have access to the program in case of an off-hour emergency.

(2) The program shall maintain a twenty-four-hour emergency hotline with individuals designated as on-call to handle client emergencies.

**(t) Transferring or visiting clients.**

(1) When a client transfers from one program to another, the transferring program shall send copies of the transferring client's records to the licensed receiving program prior to admission.

(2)(A) Transferring clients shall enter Phase I for a minimum of two (2) weeks.

(B) With successful completion of Phase I, they enter the appropriate treatment phase.

(3)(A) Individuals visiting the State of Arkansas who are part of a methadone treatment program, shall have their home program provide information to a licensed program prior to the individual's arrival in the state.

(B)(i) The Arkansas program shall provide qualified visiting clients up to twenty-eight (28) days of methadone medication.

(ii) However, take-home privileges shall not be greater than the privileges accorded by the home program, and in no case for longer than six (6) days.

(u) **Discharge procedures.**

(1) In order to remain in the program and to successfully move through treatment, clients shall be in compliance with program rules or risk administrative detoxification from methadone.

(2) For the purpose of these standards, an infraction means:

(A) Threats of violence or actual bodily harm to staff or another client;

(B) Disruptive behavior;

(C) Community incidents, such as:

(i) Loitering;

(ii) Diversion of methadone; and

(iii) Sale or purchase of drugs;

(D) Continued unexcused absences from counseling; and

(E) Other serious rule violations.

(3)(A) Clients may also be discharged for failure to benefit from the program.

(B) When a program determines to discharge a client, the program shall provide a written statement containing:

(i) The reason or reasons for discharge;

(ii) Written notice of his or her right to request review of the decision by the program director or his or her designee; and

(iii) A copy of the appeal procedures.

(v) **Community liaison and concerns.**

(1)(A) A program shall instruct clients not to cause unnecessary disruption to the community by loitering in the vicinity of the program or engaging in disorderly conduct or harassment.

(B) The program may discharge clients who cause such disruption to the community pursuant to the standards.

(2)(A) Each program shall provide the State Authority with a specific plan to avoid disrupting the community and the actions it shall take to ensure responsiveness to community needs.

(B)(i) The plan will include forming a committee of representative members of the community.

(ii) Such committee shall meet at least once annually.

(C) Further actions include assigning a staff member to act as community liaison to establish an open dialogue between the community and the program administration.

(D) Educational material shall be made available to the immediate community regarding the treatment of opioid addiction.

**(w) Staff training.**

(1) In an effort to maintain quality care, the program shall develop a training plan for personnel that fosters consistency of care in accordance with rapidly evolving knowledge in the opioid treatment field.

(2) The program shall develop a method of rapidly disseminating information about pharmacological issues and other advances in the field.

**(x) Record keeping and reporting requirements.**

(1) The program shall keep records and make such reports required by the United States Drug Enforcement Administration regulation on Records and Reports of Registrants, 21 C.F.R. pt. 1304.

(2)(A) The program shall adhere to record keeping and reporting requirements of the Center for Substance Abuse Treatment, United States Department of Health and Human Services, 21 C.F.R. § 291.505(d)(13) [removed].

(B) These records shall include but not be limited to:

- (i) Client care;
- (ii) Drug dispensing; and
- (iii) Client's records.

(3) The program shall provide other reports as required by the State Opioid Treatment Authority with records as required by the United States Drug Enforcement Administration and the Center for Substance Abuse Treatment regulations.

(4) The program shall provide other reports as required by the State Opioid Treatment Authority.

**(y) Client appeal rights.**

(1)(A) Decisions regarding a client's treatment by staff are subject to appeal.

(B)(i) The program shall develop appeal procedures that allow clients to directly appeal to the State Opioid Treatment Authority.

(ii) The authority shall approve the procedures.

(C) In addition, procedures shall include a provision that a central file of client appeals be maintained at the program site for review by the State Opioid Treatment Authority staff.

(2) The program shall post a list of client's rights in a conspicuous place for the public.

**(z) Program appeal rights.**

(1) An entity may appeal the disapproval of an application or program closure by the State Opioid Treatment Authority.

(2) Refer to Section 6.00 of Alcohol and Drug Abuse Prevention's Rules of Practice and Procedure for the Appeal Process for Adverse Action.

**(aa) Program closure.**

(1) Failure of the program to adhere to the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment/United States Drug Enforcement Administration regulations or standards of the State Authority may result in revocation of program approval and/or licensure.

(2) The State Authority shall report programs recommended for closure to the Substance Abuse and Mental Health Services Administration Center for Substance

Abuse Treatment/United States Drug Enforcement Administration for revocation of the right to receive shipments of narcotic drugs in accordance with 21 C.F.R. § 291.505(h) [removed].

**Authority.** Arkansas Code § 20-64-903.

**Codification Notes.** 291 of Title 21 of the Code of Federal Regulations and the provisions of that part cited in this section were removed by Opioid Drugs in Maintenance and Detoxification Treatment of Opiate Addiction, 66 Fed. Reg. 4,076 (Jan. 17, 2001).

"ASAM" means the American Society of Addiction Medicine.

"SMA" means State Methadone Authority.

"SAMHSA/CSATEXTRANET" means Substance Abuse Mental Health Services Administration/Center for Substance Abuse Treatment extranet.