

**Department of Health Care Services**

**Certification for Alcohol and Other Drug Programs 1.0**

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Application and Purpose of Standards

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

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Definitions

**Admission** – A program accepting an individual for AOD services and the individual signing consent for those services.

**Alcohol or Drug Abuse Services (AOD Services)** – Treatment services, recovery services, detoxification services, and/or medications for addiction treatment services.

**Alcohol and Drug-Free Environment** – An environment that is free from the use of alcohol and/or illicit drugs.

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

**Applicant** – An entity that submits an application pursuant to Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the HSC and these requirements. Any firm, partnership, association, corporation, county, city, public agency, or other governmental entity operating an alcohol and/or other drug program may apply for certification under Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the HSC and these requirements.

**Assessment** – An in-depth review of a client in order to determine the appropriate level of care and client strengths and needs including, but not

limited to, alcohol and/or other drug use, physical and mental health, employment, legal, social, family, environment and ancillary needs.

**Case Management** – A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet a client's needs. Communication and available resources are used to promote quality and cost-effective outcomes.

**Client** – An individual who receives alcohol and/or other drug services.

**Client File** – The file that contains the information required by Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the HSC and these requirements that is established for each client upon admission to a program.

**Constructive Abandonment** – The failure of a program to provide substance use disorder services to clients due to the program's insolvency, eviction, or seizure of assets or equipment.

**Counseling Services** – Any of the following activities:

- c. Evaluating a client's alcohol and other drug (AOD) treatment and/or recovery needs, including screening prior to admission, intake, and assessment of need for services at the time of admission;
- d. Developing and updating a treatment and/or recovery plan;
- e. Implementing the treatment and/or recovery plan;
- f. Continuing assessment and treatment planning;
- g. Conducting individual counseling sessions, group counseling sessions, face-to-face interviews, interventions, or counseling for families, couples, and other individuals significant in the life of the participants, patients, or residents; and
- h. Documenting counseling activities, assessment, treatment or recovery planning, clinical reports related to treatment provided, progress notes, and discharge summaries.

**Counselor** – An individual who provides counseling services. Only those individuals registered or certified pursuant to California Code of Regulations, Title 9, Division 4, Chapter 8, or licensed professionals acting within their scope of practice may provide counseling services.

**Deficiency** – The noncompliance of a program or applicant with a specific provision of Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the HSC and these requirements.

**Department** – The Department of Health Care Services.

**Detoxification Services** – A service designed to support and to assist a client in the substance use withdrawal process. These services may be provided in a nonmedical residential or outpatient setting.

**Grievance Procedure** – A written procedure by which a client or staff may protest an alleged violation of client rights.

**Group Counseling Session** – An interaction in which one or more counselors treat two or more clients at the same time, focusing on the client's treatment or recovery needs.

**Incidental Medical Services** – An optional service approved by the Department to be provided at a licensed adult alcoholism or drug use treatment or recovery facility by or under the supervision of a health care practitioner that addresses medical issues associated with either detoxification or substance use.

**Individual Counseling Session** – A treatment and/or recovery service consisting of a private interaction with a counselor and client that focuses on the client's treatment or recovery needs.

**Intake** – The process by which the program obtains information about an individual seeking admission for alcohol and/or other drug services.

**Intensive Outpatient** – An organized non-residential service that is provided to clients at least nine hours per week which provides a planned regimen of treatment. Intensive outpatient treatment is designed to assist a client's ability to move toward long-term recovery. Services can be provided in- person, by telephone, or by telehealth.

**May** – Permissive.

**Medication Assisted Treatment Services** – The use of any drug approved by the United States Food and Drug Administration to treat substance use disorders.

**Outpatient Service** – An organized non-residential service delivered in a variety of settings in which staff provide professionally directed evaluation in treatment of substance related, addictive, and co-occurring disorders. Services may include the following: detoxification, treatment planning or recovery planning, educational sessions, social/recreational activities, individual and group counseling sessions, family education and parenting, case management, client file review, relapse prevention and information about and assistance in obtaining, health services, social services, vocational services and other

community services.

**Program** – An alcohol and/or other drug treatment program.

**Program Director** – The individual responsible for the overall management of an alcoholism or drug abuse treatment or recovery program. The program Director must meet the requirements of section 13005 and must otherwise fulfill the responsibilities set forth in Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the HSC and these requirements on behalf of the AOD program.

**Recovery Plan** – A set of goals and objectives to improve health, wellness, and rehabilitation from a client's substance use disorder developed under the guidance of a counselor.

**Recovery Service** – Any assistance provided to a client to maintain abstinence from the use of alcohol and/or other drugs, sobriety, or any goal achieved during treatment for a substance use disorder. Recovery services may include care coordination, counseling services, and education sessions.

**Shall** – Mandatory.

**Structured Therapeutic Activities** – Organized program activities that are designed to meet treatment goals and objectives for increased social responsibility, self-motivation, and integration into the larger community. Such activities would include participation in the social structure of the residential or outpatient program. It also includes the client's progression, with increasing levels of responsibility and independence.

**Substance Use Disorder** – The continued use of alcohol and/or other drugs despite significant problems related to cognitive, behavioral, and physiological symptoms.

**Treatment Plan** – A plan written by a counselor that establishes client-specific goals and a continuum of recovery and/or treatment objectives to improve health, wellness, and recovery from alcohol or drugs.

**Treatment Service** – Any assistance provided to a client to obtain abstinence from the use of alcohol and/or other drugs, sobriety, or any goal associated with recovery from a substance use disorder. Treatment services may include care coordination, counseling services, and education sessions.

**Working Days** – The period of 9 a.m. to 5 p.m., Monday through Friday, excluding State holidays.

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Requirement for Certification

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

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Certification of Adult Residential Program

- a. In order for an adult residential program to obtain certification under Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the HSC and these requirements, it shall be licensed in accordance with all applicable state licensing statutes and regulations as an adult alcoholism or drug abuse recovery or treatment facility in accordance with Division 10.5, Part 2, Chapter 7.5 of the Health and Safety Code and shall remain in compliance with all applicable state licensing such statutes and regulations.
- b. Certification under Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the HSC and these requirements of a licensed adult alcoholism or drug abuse recovery or treatment facility shall automatically terminate upon the suspension or revocation of the license.

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Initial Application

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

- b. Applicants for initial certification shall complete an Initial Treatment Provider Form DHCS Form 6002 including all requested supporting documents and the required fee.
- c. The applicant shall sign the application.
  - 1. If the applicant is a partnership, each partner shall sign the application.
  - 2. If the applicant is a firm, association, corporation, county, city, public agency or other governmental entity, the chief executive officer or the individual legally responsible for representing the firm, association, corporation, county, city, public agency, or other governmental entity shall sign the application.
- d. Outpatient facilities shall submit approval from the local agency authorized to provide a building use permit. A local use permit satisfies this requirement. If the local agency authorized to provide a building use permit does not require a use permit, the applicant shall submit the local code showing that a permit is not required.

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Where to Submit Application

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

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Departmental Review of Initial Application

- a. The Department shall review the application for certification and attached documentation to determine completeness.
- b. Within 45 working days of receipt of the application, the Department shall notify the applicant whether the application is complete or incomplete.
- c. If the application is incomplete, the Department shall specify the information or documentation that is missing, and the applicant shall be given up to 45 working days from the date of the notification to provide the missing information or documentation. If the missing information or documentation is not received within the 45 working days, as determined by postmark date, the review of the application shall be terminated, and

the applicant notified of the termination. Termination of the application review process shall not constitute denial of certification. If the review of an application has been terminated, the applicant must submit a new application to be considered for certification.

- d. If the application has been determined to be complete, the Department shall schedule an on-site compliance review pursuant to Section 4000 to determine if the program is in compliance with Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the HSC and these requirements.
- e. The Department may terminate the review of an application if:
  1. The applicant was formerly licensed to operate a residential alcoholism or drug abuse recovery or treatment facility and the license was administratively suspended or revoked pursuant to Section 11500 et seq. of the Government Code within five (5) years from the date the application was received.
  2. The applicant was formerly certified to operate a program and the certification was administratively suspended or revoked within five (5) years from the date the application was received.
  3. Termination of review does not constitute a denial of certification.

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Withdrawal of Initial Application

The applicant may withdraw an application for certification by submitting a written request to the Behavioral Health Licensing and Certification Division.

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Issuance of Initial Certification

The Department shall issue a certificate to the applicant by mail if it determines that the applicant is in compliance with the provisions of Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the HSC and these requirements, based on the Department's review of the application for certification pursuant to section 2040 and upon completion of an on-site compliance review and correction by the applicant of any cited deficiencies.

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Denial of Initial Certification

- a. The Department may deny the issuance of initial certification for any of the following reasons.
1. The application indicates that the applicant is not in compliance with Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the HSC and these requirements.
  2. On-site compliance review indicates the applicant is not in compliance with Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the HSC and these requirements.
  3. The applicant fails to remedy each deficiency identified pursuant to Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the HSC and these requirements.
  4. The applicant has had a certification or residential license revoked within five years of the date of the application.
  5. The applicant has failed to demonstrate the ability to comply with Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the HSC and these requirements and/or Division 4 of Title 9 of the California Code of Regulations.
  6. The applicant is on the Medi-Cal Suspended and Ineligible Provider List.
  7. The Department finds that the applicant, any partner, officer, director, ten (10) percent or greater shareholder, or person proposed to be employed by the applicant:
    - A. Committed any act involving fraud, dishonesty, or deceit, with the intent to substantially benefit himself or herself or another or substantially injure another, and the act is substantially related to the qualification, functions, or duties of, or relating to, a certified program.
    - B. Was convicted of any crime substantially related to the qualifications, functions, or duties of, or relating to, a certified program.



- C. Has not complied with all applicable local, state, and federal laws and regulations and/or violated Division 10.5 of the Health and Safety Code and/or Division 4 of Title 9 of the California Code of Regulations.
- b. If the Department denies an initial application for certification, the Department shall send a written notice of denial to the applicant by certified mail that shall:
  - 1. Explain the reason(s) for denial; and
  - 2. Inform the applicant of their right to a hearing in accordance with the provisions of Chapter 5, (commencing with Section 11500) of Part 1, Division 3, Title 2 of the Government Code.

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Application for Renewal of Certification

- a. An alcohol and/or other drug program is eligible to renew its certification every two years provided the program remains in compliance with Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the HSC and these requirements, corrects deficiencies in accordance with section 5000, pays any outstanding civil penalties in accordance with section 5030, and does not have its certification suspended, terminated, or revoked.
- b. At least 120 days prior to the expiration date shown on the certificate, the program shall submit the Request for License and/or Certification Extension DHCS Form 5999 (Revised 03/2020), all required supporting documentation, and renewal fees to the Department.
- c. Upon receipt of the application, the Department shall review it for completeness and compliance with Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the HSC and these requirements.
- d. If the application is incomplete, the Department shall notify the program in writing. The program shall have 20 working days from the date of the notice to supply any necessary documentation to complete the application. If the program does not submit the documentation necessary to complete the application, the application for renewal of the certification shall be denied and the certification shall automatically expire as of the date specified on the certificate. If the Department denies an application for certification renewal, the Department shall send a written notice of denial to the program by mail.

- e. The certification shall expire on the date specified on the current certification if:
  - 1. The program fails to comply with subsection b. or;
  - 2. The Department determines that the program is not in compliance with all laws, regulations and standards.
  
- f. If the Department denies an application for certification renewal, the Department shall send a written notice of denial to the program by certified mail that shall:
  - 1. Explain the reason(s) for denial;
  - 2. Inform the program that they shall cease to operate the program by the expiration date on the current certification;
  - 3. Request the program to relinquish the issued certification and return it to the Department upon its expiration; and
  - 4. Inform the program of their right to a hearing in accordance with the provisions of Chapter 5, (commencing with Section 11500) of Part 1, Division 3, Title 2 of the Government Code.

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Contents of Renewal Application

- a. The certification renewal application shall consist of a completed Request for License and/or Certification Extension DHCS Form 5999, required fees, and any necessary supporting documentation.

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Certification Compliance Reviews

- a. Initial Compliance Reviews
  - 1. Prior to granting initial certification, the Department shall conduct an on-site review of each program to determine compliance with Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the HSC and these requirements.
  - 2. If deficiencies are noted and not corrected prior to the conclusion of the compliance review, the Department shall provide the applicant with a written certification report that shall

be left with the applicant or mailed to the applicant, postmarked within 10 working days after the review. The written certification report shall specify:

- A. The section number and title of each Standard that the applicant has failed to comply with; and
  - B. The manner in which the applicant failed to comply with a specified Standard.
3. The certification report shall require the applicant to correct deficiencies within 20 working days of the date of the certification report. The applicant shall correct the deficiencies identified in the certification report prior to certification in accordance with section 5000(a) of these requirements.
  4. If the applicant fails to correct the deficiencies identified in the certification report, or if the Department determines that the written verification of correction is deficient, the application for certification shall be denied. If the application is denied, the Department shall issue a written notification of denial to the applicant.
- b. Extension Compliance Reviews
1. The Department shall conduct an on-site review of each certified program to determine compliance with Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the HSC and these requirements at least once during the two-year period of certification.
  2. Any authorized employee or agent of the Department may enter and inspect any alcohol and/or other drug program at any time, upon presentation of proper identification, to determine compliance with the provisions of Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the HSC and these requirements. Advance notice is not required for conducting an investigation of a complaint or an on-site review at a certified program.
  3. The Department may interview clients and/or program staff in private and inspect relevant program records without the prior consent of the program.
  4. At the conclusion of the compliance review, the Department

may conduct a face-to-face exit interview with the program director or his/her designee if the program director or his/her designee is on-site and available to discuss any deficiencies noted.

5. The Department shall prepare a written certification report that shall specify:
  - A. The section number and title of each Standard that the applicant has failed to comply with;
  - B. The manner in which the program failed to comply with a specified Standard; and
  - C. The date by which each deficiency shall be corrected.
6. The Department shall provide the written certification report to the program director or his/her designee:
  - A. In person before leaving the program; or
  - B. By mail, postmarked within 10 working days of the completion of the certification compliance review.
7. The certification report shall require the program to correct deficiencies within 20 working days of the date of the certification report unless the Department determines, based on the review, that the deficiency jeopardizes the health or safety of clients and requires correction within a shorter period of time. In that event, the report shall explain how the deficiency jeopardizes the health or safety of clients.

4010                      Investigation of Complaints Regarding Certified Programs

- a. Any person may file a complaint concerning a certified program by contacting the Department in person, telephonically, or in writing, or by any other automated or electronic means.
- b. The Department shall not disclose the identity of the complainant unless:
  1. The complainant authorizes disclosure in writing; or
  2. The complainant submits a complaint in their official capacity.

- c. Within ten (10) working days of receipt of the complaint, the Department shall provide written notice to the complainant acknowledging receipt.
- d. The Department may conduct a site visit of the program, with or without advance notice, at any time, upon presentation of proper identification, in order to determine compliance with the provisions of Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the Health and Safety Code, and these requirements.
- e. The Department may interview current or past clients, staff, and/or HCPs and inspect relevant program records without the prior consent of the program. The interviews shall occur in private between the interviewee and the Department.
- f. The complaint investigation discloses deficiencies, and the Department shall prepare a written notice of deficiency in accordance with Section 4010 that lists all deficiencies. The Department shall provide a written notice of deficiency to the program or their agent, in person, electronically, or by certified mail.

4020            Investigation of Complaints Regarding Uncertified Programs

- a. Any person may file a complaint with the Department requesting an inspection of an uncertified program, by contacting the Department in person, telephonically or in writing, by email or any other electronic means.
- b. The Department shall not disclose the identity of a complainant unless:
  - 1. The complainant authorizes disclosure in writing; or
  - 2. The complainant submits a complaint in their official capacity.
- c. Within ten (10) working days of receipt of the complaint, the Department shall provide written notice to the complainant acknowledging receipt.
- d. The Department may conduct an investigation into any complaint alleging that an individual or business entity is establishing, operating, managing, conducting, or maintaining an uncertified program in violation of Chapter 7.1 (commencing with Section 11832) of Part 2 of Division 10.5 of the Health and Safety Code.
- e. The Department shall conduct a site visit of an alleged uncertified program, with or without advance notice, at any time, upon presentation of

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

- f. The Department may interview any client or individual working at an alleged uncertified program and inspect relevant records without prior consent. The interviews shall occur in private, outside the presence of other individuals working at the alleged uncertified program.
- g. If the Department determines, as the result of its investigation, that an uncertified program is in violation of Chapter 7.1 (commencing with Section 11832) of Part 2 of Division 10.5 of the Health and Safety Code, the Department shall issue to the uncertified program a Notice of Operation in Violation of Law. This notice shall inform the individual or business entity establishing, operating, managing, conducting, or maintaining the uncertified program that it is acting in violation of Section 11832.7 of the Health and Safety Code. The notice shall be issued in person, electronically or by certified mail. The notice shall:
  - 1. Order the individual or business entity establishing, operating, managing, conducting, or maintaining the uncertified program to cease providing all AOD services immediately upon receipt of the Notice of Operation in Violation of Law.
  - 2. Order the individual or business entity establishing, operating, managing, conducting, or maintaining the uncertified program to respond in writing to the Department advising that the uncertified program has ceased providing all AOD services. This written response shall be postmarked or electronically submitted no later than seven (7) days from receipt of the notice.
  - 3. Specify that the Department may take action in accordance with subsection (i) if the uncertified program fails to cease providing all AOD services immediately upon receipt of the notice and fails to respond to the Department within seven (7) days from receipt of the notice.
- h. If the uncertified program fails to cease providing all AOD services immediately upon receipt of the Notice of Operation in Violation of Law and fails to notify the Department of such cessation within seven (7) days of receipt of the notice, on the eighth (8<sup>th</sup>) day the Department shall assess a civil penalty of two thousand (\$2,000) dollars per day against the individual or business entity establishing, operating, managing, conducting, or maintaining the uncertified program.

1. If the individual or business entity establishing, operating, managing, conducting, or maintaining the uncertified program or their agents subsequently provide written notice to the Department that the uncertified program has ceased providing all AOD services, the civil penalty shall cease as of the date the notice is postmarked or the electronic submission date.
2. The Department may conduct a site visit to verify that the uncertified program is no longer in violation of Chapter 7.1 (commencing with Section 11832) of Part 2 of Division 10.5 of the Health and Safety Code. If the site visit indicates that the uncertified program is still in violation of Chapter 7.1 (commencing with Section 11832) of Part 2 of Division 10.5 of the Health and Safety Code, the Department shall assess two thousand (\$2,000) dollars per day in civil penalties without interruption from the date the uncertified program received the Notice of Operation in Violation of Law.
  - i. In addition to assessing a civil penalty as described in subsection (h), the Department may petition the superior court in the county in which the violation occurred to enjoin the individual or business entity establishing, operating, managing, conducting, or maintaining an uncertified program. Any such action shall conform to the requirements of Chapter 3 (commencing with Section 525), Title 7, Part 2 of the Code of Civil Procedure, except that the Director shall not be required to allege facts necessary to show or tending to show lack of adequate remedy at law or irreparable damage or loss.
  - j. All civil penalties, assessed pursuant to this section and adjudicated pursuant to Section 5030 shall be due and payable upon receipt of a notice of final adjudication of civil penalty issued by the Department and shall be paid by certified check or money order made payable to the Department.

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Written Verification of Correction

- a. For any deficiency, the program shall submit to the Department a written verification of correction. The written verification of correction shall demonstrate the correction of the deficiency through submission of documents or photographs.
- b. The Department shall, within fifteen (15) working days of receipt of a written verification of correction, determine whether the written verification of correction demonstrates the correction of the deficiency and notify the program in writing that:

1. The written verification of correction is approved; or
  2. The written verification of correction is not approved.
- c. If the Department does not approve the written verification of correction or the program fails to submit a written verification of correction, the Department shall assess civil penalties pursuant to Section 5030 from the day after the correction date specified in the written notice of deficiency.
- d. In addition to assessing civil penalties, the Department may seek suspension or revocation of certification pursuant to Section 6020.

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Corrective Action Plan

- a. A program, who is unable to demonstrate the correction of a deficiency prior to the correction date specified in the written notice of deficiency, shall submit to the Department, a written corrective action plan that is postmarked or emailed no later than the correction date specified in the written notice of deficiency.
- b. The written corrective action plan shall:
1. Explain why each deficiency cannot be corrected by the correction date specified in the written notice of deficiency;
  2. Describe the steps the program has or will take to correct each deficiency; and
  3. State when the program will submit a written verification of correction for each deficiency in accordance with Section 5000.
- c. The Department shall, within ten (10) working days of receipt of a written corrective action plan, determine whether the written corrective action plan meets the requirements of subsection (b) and notify the program in writing that:
1. The corrective action plan is approved; or
  2. The corrective action plan is not approved.



- d. If a program fails to correct the deficiency by the correction date specified in the approved corrective action plan, the Department may assess civil penalties pursuant to Section 5030 from the day after the correction date specified in the approved corrective action plan.
- e. If the Department does not approve the corrective action plan, the Department shall assess civil penalties pursuant to Section 5030 from the day after the correction date specified in the written notice of deficiency.

5020                      Follow-up Site Visit to Verify Correction of Deficiency

- a. The Department may conduct an unannounced follow-up site visit to determine if the program has corrected all deficiencies specified in the written notice of deficiency or the approved corrective action plan.
- b. If a follow-up site visit indicates that a deficiency has not been corrected on or before the correction date specified in the written notice of deficiency or approved corrective action plan, the Department shall assess civil penalties, pursuant to Section 5030.

5030                      Assessment of Civil Penalties for Failure to Correct Deficiencies

- a. If the Department assesses a civil penalty for any of the reasons identified in Sections 5010 and 5020, the civil penalty shall be as indicated below:
  - 1. The Department shall assess a civil penalty of two hundred fifty (\$250) dollars per day against the program for each deficiency.
  - 2. The Department may assess civil penalties in amounts greater than specified in paragraph (1) if the Department determines that the nature or seriousness of the violation or the frequency of the violation warrants a higher civil penalty.
  - 3. The maximum daily civil penalty for all deficiencies shall not exceed one-thousand (\$1,000) dollars.
- b. The Department shall assess civil penalties from the day after the correction date specified in the written notice of deficiency or approved corrective action plan until the date the program submits written verification of correction pursuant to Section 5000. The date of submission by the program shall be the date the written verification of correction is postmarked or the electronic submission date. If the written verification of correction is not approved or a follow-up site visit determines that the

program failed to correct the deficiency, the civil penalty shall continue to accrue from the day after the correction date specified in the written notice of deficiency or from the day after the correction date specified in the approved corrective action plan.

- c. If the program repeats the same deficiency within a twenty-four (24) month period, the Department shall assess an immediate civil penalty of five hundred (\$500) dollars. Additionally, the Department shall assess a civil penalty of seven hundred fifty (\$750) dollars for each day the deficiency continues until the program submits written verification of the correction pursuant to Section 5000. The date of submission by the program shall be the date the written verification of correction is postmarked or the electronic submission date. If the written verification of correction is not approved or a follow-up site visit determines that the program failed to correct the deficiency, the civil penalty shall continue to accrue from the date of discovery of the repeated deficiency.
- d. If a program, who was assessed a civil penalty in accordance with subsection (c), repeats the same deficiency within twenty-four (24) months of the second deficiency, the Department shall assess an immediate civil penalty of five hundred (\$500) dollars. Additionally, the Department shall assess a program a civil penalty of one-thousand (\$1,000) dollars for each day the deficiency continues until the program submits written verification of the correction pursuant to Section 5000. The date of submission by the program shall be the date the written verification of correction is postmarked or the electronic submission date. If the written verification of correction is not approved or a follow-up site visit determines that the program failed to correct the deficiency, the civil penalty shall continue to accrue from the date of discovery of the repeated deficiency.
- e. If the Department assesses a civil penalty, the Department shall provide to the program a written notice of civil penalty, which shall specify:
  1. The amount of the civil penalty;
  2. The date upon which the civil penalty shall begin;
  3. The date payment is due;
  4. The address to which the payment is to be mailed or delivered; and
  5. The program's right to administrative review, pursuant to Section 5040
- f. Civil penalties, assessed pursuant to this section and adjudicated pursuant to Section 5040, shall be paid by certified check or money order payable to the Department.

- g. If a program fails to pay civil penalties, assessed pursuant to this Section and adjudicated pursuant to Section 5040, the Department may file a claim in a court of competent jurisdiction or take other disciplinary action as necessary to recover the amount of the civil penalties.

5040                      Administrative Review of Civil Penalties

- a. The program may appeal a written notice of civil penalty by submitting a written request for review electronically to [LCDQuestions@dhcs.ca.gov](mailto:LCDQuestions@dhcs.ca.gov) or by mail to the Department of Health Care Services, P.O. Box 997413, MS 2600, Sacramento, CA 95899-7413.
- b. The written request for review shall be postmarked or emailed within fifteen (15) working days of receipt by the program of the written notice of civil penalty. The written request for review shall include:
  - 1. A statement of the statute or requirement which is at issue and the legal basis for the program's appeal.
  - 2. A statement of the facts supporting the program's position.
- c. Failure of the program to timely submit the written request for review shall be deemed a waiver of administrative review.
- d. Within thirty (30) working days of receipt of the written request for review, the Director or the Director's representative shall schedule and hold an informal conference with the program, unless the Director or the Director's designee and the program agree to settle the matter based upon the information submitted with the written request for review.
- e. Failure to hold the informal conference within thirty (30) working days of the receipt of the written request for review shall be deemed a waiver of the civil penalties by the Department unless the program:
  - 1. Fails to attend the informal conference as scheduled;
  - 2. Waives the thirty (30) working day requirement; or
  - 3. Waives their right to the informal conference.
- f. The program shall have the following rights at the informal conference:
  - 1. The right to be represented by legal counsel;

2. The right to present oral and written evidence; and
  3. The right to explain any mitigating circumstances.
- g. A representative of the Department shall attend the informal conference and present evidence and information, oral or written, in substantiation of the alleged violation.
  - h. The informal conference shall be conducted as an informal proceeding and shall not be conducted in the manner of a judicial hearing under the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) Part 1, Division 3, Title 2 of the Government Code), and need not be conducted according to the technical rules relating to evidence and witnesses.
  - i. Neither the program nor the Department shall have the right to subpoena any witness to attend the informal conference. However, both the program and the Department may produce any witness to present evidence and information on its behalf at the informal conference.
  - j. The proceedings at the informal conference may be audio recorded by either party.
  - k. The Director or the Director's designee's decision to affirm, modify, or dismiss the written notice of civil penalty shall be mailed to the program no later than ten (10) working days from the date of the informal conference. The decision shall state the reason for affirming, modifying, or dismissing the written notice of civil penalty. A copy of the informal conference decision shall be transmitted to each party to the appeal.
  - l. The informal conference decision shall include a statement from the Director or the Director's designee notifying the program of the right of further administrative appeal to the decision made at the informal conference. A hearing may be requested in accordance with Chapter 5 (commencing with Section 11500) Part 1, Division 3, Title 2 of the Government Code.
    1. The program may appeal the decision made at the informal conference by submitting a written request for an administrative hearing electronically to [LCDQuestions@dhcs.ca.gov](mailto:LCDQuestions@dhcs.ca.gov) or by mail to the Department of Health Care Services, P.O. Box 997413, MS 2600, Sacramento, CA 95899-7413, that shall be postmarked or emailed no later than ten (10) working days from the date of the decision. Upon receipt of the request for appeal, the Department shall initiate an administrative review and request that the matter be

set for hearing. The Department shall notify the program of the time and place of the hearing.

2. Failure of the program to timely submit the written request for an administrative hearing shall be deemed a waiver of further administrative review and the decision of the Director or the Director's designee shall be deemed the final decision of the Department.
3. In the event the program appeals the Department's proposed assessment of civil penalties, collection of the civil penalties shall be subject to the outcome of the final administrative appeal.
4. A civil penalty shall be deemed final if:
  - A. The program fails to appeal the civil penalty in a timely manner, pursuant to subsections (c) or (l)(2); or
  - B. A final determination has been made on an action previously pending administrative review.
5. After deemed final, the program shall pay the civil penalty to the Department within sixty (60) days of receipt of the notice of final adjudication of civil penalty.

6000

Termination of a Certification

- a. A certification shall automatically terminate by operation of law whenever the program:
  1. Sells a program;
  2. Transfers ownership of fifty-one (51%) percent or greater;
  3. Voluntarily surrenders the certification to the Department;
  4. Relocates operation of a program to a new location without prior approval;
  5. Dies (only if the program is a sole proprietor); or
  6. Actually or constructively abandons the program.
- b. To reapply, after a program voluntarily surrenders the certification to the Department, an applicant shall:

1. Submit a new application, the required fees, information, and forms to the Department in accordance with Section 10; and
2. Pay all outstanding certification fees and all unpaid civil penalties, assessed pursuant to Section 5030 and adjudicated pursuant to Section 5040.

6010

Change in Location

- a. To prevent the termination of the certification in the event that the program moves operation of the program to a new location, at least 30 working days prior to the move, the program shall submit the following:
  1. Supplemental Application Request for Additional Services DHCS Form 5255 (Revised 9/16) and fees; and
  2. Outpatient facilities shall submit approval from the local agency authorized to provide a building use permit. A local use permit satisfies this requirement. If the local agency authorized to provide a building use permit does not require a use permit, the program shall submit the local code showing that a permit is not required.
- b. To prevent a lapse in certification in the event that the program moves operation of the program to a new location due to an emergency (e.g., earthquake, fire, flood, 20 working days or less notice of loss of lease), within 45 working days after the date of the move, the program shall submit to the Department written notification and documentation that includes at least the following:
  1. Supplemental Application Request for Additional Services DHCS Form 5255 (Revised 9/16) and fees; and
  2. A description of the emergency necessitating the move.
  3. Outpatient facilities shall submit approval from the local agency authorized to provide a building use permit. A local use permit satisfies this requirement. If the local agency authorized to provide a building use permit does not require a use permit, the program shall submit the local code showing that a permit is not required.
- c. If the program fails to comply with the requirements of subsection a. of this section, the certification shall terminate as of the date

that the operation of the program is moved (except as specified in subsection b. of this section).

- d. If the program fails to comply with the requirements of subsection b. of this section, the certification shall terminate as of the 46th working day after the date of the move.
- e. Following program relocation, the Department may conduct an on-site compliance review to determine compliance with Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the HSC and these requirements.
- f. If the Department denies a Supplemental Application request for relocation, the Department shall send a written notice of denial to the program by certified mail that shall:
  1. Explain the reason(s) for denial;
  2. Inform the program that they may reapply by submitting a new Supplemental Application, the required fees, and associated documentation to the Department in accordance with Section 6010;
  3. Inform the program that denial of a Supplemental Application request for relocation does not affect the program's existing certification; and
  4. Inform the program of their right to a hearing in accordance with the provisions of Chapter 5, (commencing with Section 11500) of Part 1, Division 3, Title 2 of the Government Code.

## 6020

## Suspension and Revocation

- a. The Department may seek suspension or revocation of a certification, in accordance with Chapter 5 (commencing with Section 11500) of Part 1, Division 3, Title 2 of the Government Code, upon any of the following grounds:
  1. Violation by the program of any provision of these requirements or governing statutes;
  2. Failure by the program to correct any deficiency by the date specified in the written notice of deficiency;

3. Repeated violation by the program of any of the provisions of these requirements or governing statutes;
  4. Aiding, abetting, or permitting the violation of, or any repeated violation of, any of the provisions described in paragraph (1) or (3);
  5. Conduct in the operation of a program that is inimical to the health, morals, welfare, or safety of an individual receiving services from the program or to the people of the State of California;
  6. Misrepresentation of any material fact in obtaining certification, including, but not limited to, providing false information or documentation to the Department;
  7. Refusal to allow the Department entry into the building to determine compliance with these requirements or governing statutes;
  8. Failure to pay any civil penalties assessed by the Department;
  9. The owner of the program holds multiple certifications issued by the Department, or holds a five percent (5%) or greater ownership interest in one or more certified programs, and the Department revokes one or more of those certifications;
  10. Has been issued a notice of operation in violation of law within the past five (5) years from the date of submission of the Initial Treatment Provider Application form DHCS 6002 (06/16), Request for License and/or Certification Extension form DHCS 5999 (Revised 03/2020) or Supplemental Application Request for Additional Services form DHCS 5255 (Revised 09/16); or
  11. Has had the fire clearance of the program suspended, revoked, or terminated by the local fire authority.
- b. The Department shall issue to the program, in person, electronically or by certified mail, an accusation and notice of suspension or revocation, that shall:
1. Inform the program that the program's certification is being suspended or revoked and the effective date of the suspension or revocation;
  2. Explain the reason(s) for the suspension or revocation;



3. Order the program to suspend operation of the program as of the date specified on the notice; and
  4. Inform the program of their right to a hearing and the procedure for requesting a hearing, in accordance with the provisions of Chapter 5 (commencing with Section 11500) of Part 1, Division 3, Title 2 of the Government Code
- c. Within fifteen (15) days of the date of receipt of the program's notice of defense to the accusation, the Department shall request the Office of Administrative Hearings and Appeals to set the matter for hearing.
  - d. Department action to suspend or revoke certification shall comply with the requirements set forth in Chapter 5 (commencing with Section 11500) of Part 1, Division 3, Title 2 of the Government Code.
  - e. Expiration, forfeiture, surrender, or termination by operation of law of a certification shall not prohibit the Department from taking a certification action to deny, suspend, or revoke certification pursuant to the provisions of Chapter 7.1 (commencing with Section 11832), Division 10.5, of the Health and Safety Code or this chapter.
  - f. The Department may suspend the certification of a program prior to hearing when such action is necessary to protect clients of the program from physical or mental abuse, abandonment, or any other substantial threat to the client's health or safety. If the Department takes such action, the notice of suspension shall specify the program's legal right to petition the court to enjoin the closure of the program pursuant to Chapter 3 (commencing with Section 525), Title 7, Part 2 of the Code of Civil Procedure, in addition to the requirements of subsection (b).

## 7000

### Admission, Readmission and Intake

A client must have a substance use disorder in order to be admitted to a certified program. A substance use disorder shall be the primary criterion for admission to the program.

- a. The program shall have written admission and readmission criteria for determining the individual's eligibility and suitability for treatment and services, which shall be available to the individual and the general public. An initial interview shall determine whether or not the individual meets the admission criteria. All clients admitted shall meet the admission criteria and this shall be documented in the client's file and signed by client and counselor. The admission criteria shall include:

1. Identification of alcohol and/or illicit drug(s) used;
  2. Documentation of social, mental health, physical and/or behavioral problems related to substance use; and
  3. A statement of nondiscrimination requiring that admission shall not be denied on the basis of ethnic group identification, religion, age, gender, race, disability, or sexual orientation. The above shall not preclude programs from emphasizing services for specific populations.
- b. Programs shall address the needs of special populations, taking into consideration the disabilities, cultural, linguistic, and sexual orientation among such populations. Programs shall ensure that their policies, procedures, practices, and rules and regulations do not discriminate against the above special populations. Whenever the needs of the client cannot be reasonably accommodated, efforts shall be made to make referrals to appropriate programs. All clients shall be physically and mentally able to comply with the program rules and regulations.

No individual shall be admitted who:

1. Exhibits behavior dangerous to staff, self, or others; or
  2. Requires an immediate medical evaluation or higher level of physical or mental health care. Programs shall immediately refer an individual who needs a higher level of care to an appropriate facility.
- c. Each program shall have a policy on client possessions.

7010

Intake

- a. If a client is admitted to the program, the following information shall be gathered:
1. Social, economic, and family history.
  2. Education.
  3. Employment history.
  4. Criminal history and legal status.

5. Physical and mental health history.
  6. Alcohol and/or other drug history
- b. Upon completion of the intake process, the client shall sign and date the admission agreement. A copy shall be provided to the client and the original shall be placed in the client's file.
  - c. Upon admission, the program shall provide a written, annotated list of community resources available to clients.
  - d. Within 72 hours after admission, each client shall attend an orientation, which shall describe the functions and requirements of the program.

7020

Health Questionnaire

The health questionnaire shall be completed for all clients. Programs may use DHCS Form 5103 (6/16) for the health questionnaire or may develop their own health questionnaire provided it contains, at a minimum, the information requested in DHCS Form 5103 (6/16). The health questionnaire is a client's self-assessment of their current health status. The health questionnaire shall be completed and signed within 24 hours of the client's admission to the program and filed in the client's file.

Program staff shall review each completed health questionnaire. When appropriate, the client shall be referred to licensed medical professionals for physical, psychiatric, and laboratory examinations. A medical clearance or release shall be obtained prior to re-admission whenever a client is referred to licensed medical professionals.

The referral and medical clearance shall be documented in the client's file.

7030

Medications

- a. All programs shall have a written policy regarding the use of prescribed medications by clients.
- b. Prescription and over-the-counter medications which expire and other bio-hazardous pharmaceuticals including used syringes or medications which are not removed by the client upon termination of services shall be disposed of by the program director or a designated substitute, and one other adult who is not a client. Both shall sign a record, to be

retained for at least one year which lists the following:

1. Name of the client.
  2. The prescription number and the name of the pharmacy.
  3. The drug name, strength, and quantity destroyed.
  4. The date of destruction.
- c. There shall be at least one program staff on duty at all times trained to adequately monitor clients for signs and symptoms of their possible misuse of prescribed medications, adverse medication reactions and related medical complications.

7040

Medication Assisted Treatment (MAT)

- a. The program shall either offer MAT directly to clients or have a MAT referral process in place. A referral process shall include:
  1. An established relationship with a provider who offers MAT, and
  2. Transportation to appointments for MAT.
- b. If a client is referred to a provider who offers MAT, staff shall document the referral in the client's record.
- c. The program shall have written policies and procedures for MAT.

7050

Drug Screening

Programs shall have a written policy regarding drug screening. For situations where drug screening is deemed appropriate and necessary by the program, the program shall:

- a. Establish procedures that protect against the falsification and/or contamination of any specimen sample collected for drug screening;  
and
- b. Document results of the drug screening in the client's files.

7060                    Referral for Physical Health, Mental Health and Emergency Services

Programs shall have written policies and procedures for obtaining physical health, mental health, and emergency services.

Within the first six months of employment, all program staff having direct contact with clients shall be trained in infectious disease recognition, crisis intervention referrals, and to recognize physical and psychiatric symptoms that require appropriate referrals to other agencies.

For purposes of this section, program staff shall include counselors, licensed clinical staff, program director, program supervisor, and anyone providing alcohol and/or other drugs services to clients.

The program shall have readily available and posted in a place visible to clients the name, address, and telephone number of the fire department, a crisis center, local law enforcement, and a paramedical unit or ambulance service.

7070                    Referral Arrangements

If the client is assessed and determined to be in need of additional services, the program shall provide the client with a referral to the appropriate services.

Programs shall maintain and make available to clients a current list of resources within the community that offer services that are not provided by the program. At a minimum, the list of resources shall include physical health, dental, mental health, social services, and where to apply for the determination of eligibility for state, federal, or county entitlement programs.

Program policies and procedures shall identify the conditions under which referrals are made. The details of the referral and any follow-up services shall be documented in the client's file.

7080                    Alcohol and/or Drug-Free Environment

Programs shall provide an alcohol and drug-free environment. The use of medications for the treatment of mental illness, substance use disorders, or physical conditions, shall be allowed and controlled as specified by the program's written policies and procedures. Programs shall have written policies regarding service delivery after a relapse episode. These policies shall be supportive of and consistent with the alcohol and drug-free environment of the program.

7090

Treatment Planning

Programs shall develop treatment plans for all clients.

- a. The process for creating a treatment plan shall be the following:
  1. Each client shall have an individual written treatment plan that is based on the information given in the intake and assessment processes.
  2. The treatment plan shall be goal and action-oriented with objective and measurable criteria.
  3. The treatment plan and any update shall be signed and dated by the client and counselor at the time the treatment plan is developed or updated and placed into the client's file.
- b. The treatment plan shall include the following:
  1. Statement of problems experienced by the client to be addressed;
  2. Statement of objectives to be reached that address each problem;
  3. Statement of actions that will be taken by the program and/or client to accomplish the identified objectives; and
  4. Target date(s) for accomplishment of actions and objectives.
- c. The counselor shall develop the treatment plan with guidance from the client in accordance with the timeframe specified below:
  1. For residential programs, the treatment plan shall be developed within 10 calendar days from the date of the client's admission.
  2. For outpatient programs, the treatment plan shall be developed within 30 calendar days from the date of the client's admission. The client's progress shall be reviewed and documented within 30 calendar days after signing the treatment plan and not later than every 30 calendar days thereafter.
  3. A counselor shall ensure and document that the client reviews and updates, as necessary, the treatment plan when a change in problem identification or focus of treatment occurs, or no later than 90 calendar days after signing the treatment plan and no later than every 90 calendar days thereafter, whichever comes first.

7100

Recovery Planning

- a. If a program develops a recovery plan, it shall include the following:
  - 1. A statement of challenges the client expects to encounter during recovery.
  - 2. A statement detailing methods of handling the challenges of recovery.
  - 3. A statement of actions that will be taken by the program and/or client to prepare for the challenges of recovery.
- b. Clients shall develop the recovery plan with input from the counselor in accordance with the timeframe below:
  - 1. For residential programs, the recovery plan shall be developed within 10 calendar days from the date of the client's admission.
  - 2. For outpatient programs, the recovery plan shall be developed within 30 calendar days from the date of the client's admission.
- c. Staff shall review and document the client's progress in achieving the objectives of the recovery plan in accordance with the timeframe specified below:
  - 1. For residential programs, the staff shall review the client's recovery plan and document progress within 10 calendar days after signing the recovery plan and not later than every 10 calendar days thereafter.
  - 2. For outpatient programs, the staff shall review the client's recovery plan and document progress within 30 calendar days after signing the recovery plan and not later than every 30 calendar days thereafter.
- d. The counselor and the client shall review and update the recovery plan when a change in problem identification or focus of recovery or treatment occurs, or no later than 90 calendar days after signing the recovery plan and no later than every 90 calendar days thereafter, whichever comes first.

7110

Continuing Recovery or Discharge Plan

Before active program participation is concluded and prior to program approved discharge, a counselor shall meet with each client to develop a continuing recovery plan that includes individual strategies to assist the client in sustaining long-term recovery. The continuing recovery or discharge planning process shall be inclusive of the goals identified in the treatment plan and the previous recovery plan and shall include referrals to appropriate resources.

7120

Discharge Summary

Programs shall have written policies and procedures regarding client discharge. These procedures shall contain the following:

- a. Written criteria for discharge defining:
  1. Successful completion of program;
  2. Unsuccessful discharge;
  3. Involuntary discharge; and
  4. Transfers and referrals.
- b. A discharge summary that includes:
  1. Reason for discharge, including whether the discharge was voluntary or involuntary and whether the client successfully completed the program;
  2. Description of treatment episodes;
  3. Description of recovery services completed;
  4. Current alcohol and/or other drug usage;
  5. Vocational and educational achievements;
  6. Client's continuing recovery or discharge plan signed by counselor and client;
  7. Transfers and referrals; and
  8. Client's comments.



8000

Individual and Group Counseling Sessions

- a. The program shall provide individual and group counseling sessions for clients. Family members and other persons who are significant in the client's treatment and recovery may also be included in sessions. Individual and group counseling sessions shall be directed toward concepts of withdrawal, recovery, relapse prevention and familiarization with related community recovery resources. Emphasis shall be placed on the recovery continuum appropriate to clients' needs.
- b. Counseling services may only be provided by individuals registered or certified pursuant to California Code of Regulations, Title 9, Division 4, Chapter 8 or by a licensed professional acting within their scope of practice.
- c. The following documentation of attendance at each individual counseling session and group counseling session shall be placed in the client's file:
  1. Date of each session attended;
  2. Type of session (i.e., individual or group);
  3. Signature of the counselor who conducted the session; and
  4. Notes describing progress toward achieving the client's treatment plan or recovery plan goals;
    - A. The progress notes shall include one or more of the following:
      - i. Client's progress towards one or more goals in the client's treatment plan or recovery plan;
      - ii. Client's attitude towards change;
      - iii. New issues or problems that affect the client's treatment or recovery plan;
      - iv. Types of support or interventions provided by the program or other appropriate health care providers; and/or
      - v. A plan for upcoming session.

- B. Programs shall document each client's progress for each individual or group counseling session attended.
  - C. Residential programs shall document each client's progress on a weekly basis.
- d. Frequency of Service
- 1. Residential – A client shall be provided a minimum of five (5) hours per week of counseling.
  - 2. Outpatient - A maximum of nine (9) hours per week of counseling services shall be provided for each client in accordance with the client's treatment plan or recovery plan. Services may be provided by a counselor in-person, by telephone or telehealth, or in any appropriate setting in the community.
  - 3. Intensive Outpatient - A client shall be provided a minimum of nine (9) hours per week with a maximum of nineteen (19) per week of counseling services. Services received by a client may exceed the maximum based on individual medical. Services may be provided by a counselor in-person, by telephone or telehealth, or in any appropriate setting in the community.
  - 4. Exceptions to the above frequency of services may be made for individual clients where it is determined by a counselor that fewer contacts are appropriate and that progress toward treatment or recovery goals is being maintained. Such exceptions shall be noted in the client's file.
- e. Types of Services
- 1. The need for the following minimum services shall be assessed and, when needed, shall be provided directly or by referral to an ancillary service. These services include, but are not limited to:
    - A. Education opportunities;
    - B. Vocational counseling and training;
    - C. Job referral and placement;
    - D. Legal services;
    - E. Physical health, mental health, or dental services;

- F. Social/recreational services; and
  - G. Individual and group counseling sessions for clients, spouses, parents and other significant people.
2. Referrals to ancillary services shall be documented in the client's file.

9000

Alumni Involvement

If an alcohol and/or other drug program includes activities for alumni, the program shall encourage former clients to make return visits and to serve as volunteers.

10000

Recreational Activities

Residential programs shall provide the opportunity for clients to participate in planned recreational activities.

11000

Detoxification Services

- a. Detoxification services are optional services that may be provided in either a residential or outpatient setting.
- b. Detoxification protocols shall be documented in the policies and procedures manual.
- c. All detoxification services shall be documented. The documentation shall be signed by program staff and placed in the client's file.

11010

Referral Plans

Detoxification services shall support a smooth transition for clients from detoxification to treatment services. Detoxification programs shall develop and document a referral plan appropriate for each client.

11020

Levels of Detoxification Services

Each program shall establish policies and procedures to identify clients who are in need of physical health services beyond the capacity of the program and to refer or transfer such clients to more appropriate levels of service. All referrals to another level of service shall be documented in the client's file. The level of detoxification service is contingent upon the severity of use, characteristics of the substance used, current physical health status of the client, current level of functioning of the client, and the availability of support services. Detoxification services shall be provided, or the client shall be referred to another level of service in accordance with the criteria for the following levels of detoxification services:

a. Outpatient detoxification

Outpatient detoxification services shall be provided to clients in regularly scheduled sessions and shall be delivered under a defined set of policies and procedures or medical protocols. Organized outpatient detoxification services may be delivered in an office setting by trained clinicians who provide medically supervised evaluations, withdrawal management, and referral services according to a predetermined schedule.

b. Monitored residential detoxification

Monitored residential detoxification services are appropriate for clients assessed as not requiring medication for the management of withdrawal but require this level of service to complete detoxification and enter into continued treatment or self-help recovery because of inadequate home supervision or support structure. This level is characterized by its emphasis on peer and social support.

c. Medically-managed residential detoxification

Medically-managed residential detoxification services are appropriate for clients whose level of physiological dependence upon alcohol and/or other drugs requires prescribed medication for the management of withdrawal, but whose withdrawal signs and symptoms do not require the full resources of a medically-monitored inpatient detoxification facility. Residential programs must obtain approval from the Department to provide incidental medical services.

11030

Residential Detoxification Practices

- a. The program shall closely observe and physically check each client receiving detoxification services at least every 30 minutes during the first 72 hours following admission. Physical checks must be face-to-face.
- b. At least one staff member trained to provide detoxification services shall be assigned to the observation of detoxification clients at all times.
- c. After 24 hours, close observations and physical checks may be discontinued or reduced based upon a determination by a staff member trained in providing detoxification services. Documentation of the information that supports a decrease in close observation and physical checks shall be recorded in the client's file.
- d. Documentation of observations and physical checks shall be recorded and signed by program staff.
- e. Only program staff that have been trained in the provisions of detoxification services may conduct observations and physical checks of clients receiving detoxification services. Training shall include information on detoxification medications, and signs and symptoms that require referral to a higher level of care. Training shall also include first aid and cardiopulmonary resuscitation. Copies of detoxification training records shall be kept in personnel files.

11040

Residential Detoxification Staffing

During the provision of detoxification services, the minimum staffing or volunteer ratios and health-related requirements shall be as follows:

- a. In a program with 15 or fewer clients who are receiving detoxification services, there shall be at least one staff member or volunteer on duty and awake at all times with a current cardiopulmonary resuscitation certificate and current first aid training.
- b. In a program with more than 15 clients who are receiving detoxification services, there shall be at least two staff members or volunteers, per every 15 clients, on duty and awake at all times, one of whom shall have a current cardiopulmonary resuscitation certificate and current first aid training.

- c. Clients shall not be used to fulfill the requirements of this section.

12000

Program Administration

Each program shall comply with all applicable local, state and federal laws and regulations. The program shall develop written procedures to ensure that the program is maintained in a clean, safe, sanitary, and alcohol and drug-free environment.

12010

Program Policies

All program policies and procedures shall be contained in a manual that is located at each certified site and that shall be available to staff and volunteers. The manual shall contain, but not be limited to, the following:

- a. Program mission and philosophy statement(s).
- b. Program description.
- c. Program objectives.
- d. Program evaluation plan.
- e. Policies and procedures for:
  - 1. Admission and readmission;
  - 2. Intake;
  - 3. Discharge;
  - 4. Individual and group sessions;
  - 5. Alumni involvement;
  - 6. Use of volunteers;
  - 7. Recreational activities;
  - 8. Detoxification services, if applicable;
  - 9. Program administration;

10. Personnel practices;
11. Client grievances/complaints;
12. Fiscal practices;
13. Continuous quality improvement;
14. Client rights;
15. Nondiscrimination in provision of employment and services;
16. Confidentiality;
17. Community relations;
18. Maintenance of program in a clean, safe and sanitary physical environment;
19. Use of prescribed medications by clients;
20. Maintenance and disposal of client files;
21. Drug screening;
22. Staff code of conduct as specified in section 13020 of these requirements; and
23. Client code of conduct.

12020

Client Files

- a. A separate, complete, and current record shall be maintained at the program for each client. Programs shall develop any necessary forms. All client files shall contain demographic information sufficient to identify the client and to satisfy data collection needs of the program and funding agencies.
- b. At a minimum, each client file shall contain the following:
  1. Demographic and Identifying Data
    - A. Client identifier (i.e., name, number, etc.);
    - B. Date of birth;

- C. Gender;
- D. Race/ethnic backgrounds;
- E. Address;
- F. Telephone number;
- G. Next of kin or emergency contact (include phone number and consent of client to notify contact);
- H. A signed copy of the admission agreement specified in section 15000 of these requirements;
- I. Health Questionnaire as specified in section 7020 of these requirements;
- J. Record of any illness or injury requiring treatment by a physician or dentist and for which the program provided assistance or referral for the client in meeting necessary medical needs;
- K. Record of any permitted current medication including the name of the person who prescribed the medication and instructions for its use; and
- L. Documentation of client living arrangements while attending the program.

2. Admission and Intake Data

All data gathered during admission and intake including:

- A. Information gathered to determine if the client is appropriate for admission;
- B. Date and type of admission (i.e. new, readmission, etc.);
- C. Referral source and reason for referral;
- D. Authorization to release information; and
- E. A signed copy of the client rights as specified in section 16000 of these requirements.



3. Other Data
  - A. Medical referrals and clearances;
  - B. Referrals for additional services including the procedure for making and following up the referral and the agency to which the referral was made; and
  - C. Individual treatment or recovery plans with supporting documentation;
  - D. Exceptions to the frequency of services specified in section 8000 of these requirements;
  - E. Correspondence with or regarding the client;
  - F. Discussions and action taken against the client for not complying with program rules and requirements; and
  - G. Drug screening results.
4. Closed File Data
  - A. Continuing recovery or treatment exit plans written prior to discharge;
  - B. Discharge summary including the date and reason for discharge; and
  - C. Written consent from the client to follow up.
- c. All client files shall be maintained, and information released in accordance with HIPAA and Title 42, Code of Federal Regulations, Part 2.
- d. Other Requirements
  1. Client records shall be updated as necessary to ensure current accuracy.
  2. The documents contained in the client's file shall be written legibly in ink or typewritten. All client files shall be accessible to the Department's staff for review.
  3. All entries shall be signed and dated.

4. All significant information pertaining to a client shall be included in the client's file. A standard format shall be used for all client files. These files shall be easily accessible to staff providing services to the clients.
- e. Disposal and Maintenance of Client Files
1. Closed programs - In the case of a program closing, client files shall be stored as follows:
    - A. Client files of county funded clients shall be stored in an appropriate confidential manner by the County Alcohol and Drug Program Administrator for not less than three years.
    - B. Client files of all non-county funded clients shall be stored for not less than three years in an appropriate confidential manner by the entity that was certified to operate the program.
  2. Closed cases - There shall be a written policy in all programs regarding the maintenance and disposal of client files. All client files shall be stored in an appropriate confidential manner for not less than three years from the date they are officially closed.
  3. Client files shall be destroyed in a manner that ensures the confidentiality of clients.

12030

Continuous Quality Improvement

Each program shall maintain written policies and procedures for continuous quality improvement and shall document compliance with the procedures in client files. The procedures shall include the following:

a. Continuity of Activities

Program staff shall monitor and assure that the following activities take place:

1. A treatment or recovery plan is developed within the timeframe specified in section 7090 or section 7100 of these requirements.

2. The services required as part of the client's treatment or recovery plan are provided and documented in the client's file.
3. If a client fails to keep a scheduled appointment, the program shall discuss the missed appointment with the client and shall document the discussion and any action taken in the client's file.
4. Progress in achieving the objectives identified in the treatment or recovery plan is assessed and documented within the timeframe specified in section 7090 or section 7100 of these requirements. The treatment or recovery plan is reviewed by the counselor and the client and updated as necessary at least every 90 calendar days.
5. The client's file contains all required documents identified in section 12020 of these requirements.
6. When possible, the program shall follow-up with the client after the completion of program services.

b. Client File Review

At minimum, program staff shall review client files at intake, when treatment or recovery plan revision is appropriate, and at discharge. The purpose of the documented client file review is to ensure that:

1. The treatment or recovery plan is relevant to the stated problem(s).
2. The services provided are relevant to the treatment or recovery plan.
3. Record keeping is in accordance with Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the HSC and these requirements.

c. Treatment Plan or Recovery Plan Review

The treatment or recovery plan review shall occur as specified in section 7090 and section 7100 of these requirements and shall:

1. Assess progress to date;
2. Re-assess needs and services; and

3. Identify additional problem areas and formulate new goals, when appropriate.

13000Personnel Practices13005Program Director

- a. All programs shall have a program director. The program director shall be designated by the entity to act on its behalf in the overall management and operation of the program. The program director shall have knowledge of alcohol and/or other drug related problems and the treatment and recovery process and shall have sufficient administrative and personnel skills to direct the program. The program director shall be responsible for implementing budgetary and policy decisions.
- b. The program director shall have no less than two years of work in the field of substance use disorder treatment and recovery or other related fields.

13010Personnel Policies

- a. The program shall establish and maintain personnel policies that:
  1. Are written and revised as needed.
  2. Are applicable to all employees and are available to, and reviewed with new employees.
  3. Comply with applicable local, state, and federal employment practice laws.
  4. Contain information about the following:
    - A. Recruitment, hiring process, evaluation, promotion, disciplinary action, and termination.
    - B. Equal employment opportunity, nondiscrimination, and sexual harassment policies as applicable.
    - C. Salary schedules, merit adjustments, severance pay, and employee rules of conduct.

- D. Employee safety and injuries.
  - E. Physical health status including a health screening report or health questionnaire, and tuberculosis test results.
- b. The program shall maintain personnel files on all employees. Each personnel file shall contain all of the following:
- 1. Application for employment and resume.
  - 2. Employment confirmation statement.
  - 3. Job description and duty statement.
  - 4. Salary schedule and salary adjustment information.
  - 5. Employee performance evaluations.
  - 6. Health records including a health screening report or health questionnaire, and tuberculosis test results as required. Programs may use DHCS Form 5105 (7/13) for the health questionnaire.
  - 7. Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries).
- c. If a program utilizes the services of volunteers, it shall develop and implement written policies and procedures, which shall be available for, and reviewed with all volunteers. The policies and procedures shall address all of the following:
- 1. Recruitment;
  - 2. Screening;
  - 3. Selection;
  - 4. Training and orientation;
  - 5. Duties and assignments;
  - 6. Supervision;
  - 7. Protection of client confidentiality; and
  - 8. Code of conduct.

- d. The program shall maintain personnel files on all volunteers. Each personnel file shall contain:
  - 1. Health records including a health screening report or health questionnaire, and tuberculosis test result records as required;
  - 2. Program code of conduct statement;
  - 3. Protection of confidentiality statement; and
  - 4. Job description including lines of supervision.
- e. The program shall develop and establish written procedures for access to and confidentiality of personnel records.
- f. The program shall develop and revise, as needed, job descriptions for each employee and volunteer. The job descriptions shall include all of the following:
  - 1. Position title and classification;
  - 2. Duties and responsibilities;
  - 3. Lines of supervision; and
  - 4. Education, training, work experience and other qualifications for the position.

13020                      Program Code of Conduct

- a. The program shall have a written code of conduct that pertains to and is signed by staff, paid employees, and volunteers.
- b. The code of conduct shall include the program policies regarding at a minimum the following:
  - 1. Use of alcohol and/or other drugs on the premises and when off the premises;
  - 2. Personal or business relationships with clients;
  - 3. Prohibition of sexual contact with clients;
  - 4. Sexual harassment;

5. Unlawful discrimination;
  6. Conflict of interest;
  7. Confidentiality; and
  8. Verbal, emotional, and physical abuse.
- c. The program shall post the written program code of conduct in a public area that is available to clients.
  - d. Each staff, paid employee, and volunteer shall sign a copy of the program code of conduct, and the program shall place the signed copy in the personnel file of the individual.
  - e. Each staff, paid employee, and volunteer shall be instructed to report any observation or evidence of violations of client rights specified in section 16000 of these requirements.

13030

Health Screening and Tuberculosis Requirements

- a. All staff and volunteers whose functions require or necessitate contact with clients or food preparation shall complete a health screening report or a health questionnaire.
  1. If the program uses a health screening report, it shall be signed by the health professional performing the screening and shall indicate the following:
    - A. The staff's or volunteer's physical ability to perform assigned duties; and
    - B. The presence of any health condition that would create a hazard to clients or other staff and volunteers.
  2. If the program uses a health questionnaire, the questionnaire shall contain, at a minimum, the information requested in the Staff Health Questionnaire DHCS Form 5105 (7/13). The health questionnaire shall be completed, signed, and placed in the staff or volunteer file.

- b. All staff and volunteers whose functions require or necessitate contact with clients or food preparation shall be tested for tuberculosis.
  - 1. The tuberculosis test shall be conducted under licensed medical supervision not more than 45 working days prior to or 5 working days after employment and renewed annually from the date of the last tuberculosis test.
  - 2. Staff and volunteers with a known record of tuberculosis or a record of positive testing shall not be required to obtain a tuberculosis skin test. Unless there is documentation that the staff or volunteer completed at least 6 months of preventive therapy, the staff or volunteer shall be required to obtain, within 30 working days of employment, a chest x-ray result and a physician's statement that he/she does not have communicable tuberculosis and has been under regular care and monitoring for tuberculosis. A chest x-ray within the prior 6 months is acceptable. The physician's statement shall be renewed annually.
  - 3. Any staff or volunteer who has the symptoms of tuberculosis or an abnormal chest x-ray consistent with tuberculosis shall be temporarily barred from contact with clients and other program staff until a written physician's clearance is obtained.
  - 4. At the discretion of the program director, tuberculosis testing need not be required for support or ancillary staff whose functions do not necessitate contact with clients or food preparation, and who are not headquartered at the program.

13040

Staff Training

The program shall foster and encourage the continuing development of staff expertise and staff attendance at appropriate training programs.

- a. The program shall have a written plan, updated annually, for the training needs of staff. All staff training events shall be documented and maintained as part of the training plan. Training may be conducted in-person or web-based.



- b. Staff seminars, webinars, educational classes, and programs shall be held to discuss new developments in the field and to provide a forum for sharing individual experiences. All events shall be documented.
- c. Professional journals, web-based research, and other pertinent publications shall be available to the staff.
- d. Programs shall incorporate educational topics including ethics and boundaries and communicable diseases in the training plan.
- e. Staff shall be trained in medication management and the fundamentals of MAT, including how medications work to treat addiction, information about addiction as a chronic disease, and the importance of removing stigma from the use of medications in an SUD treatment plan.

14000

Fiscal Practices

- a. All programs shall have a written policy for establishing and collecting fees.
- b. Programs funded through the county shall have a method for assessing fees with documented approval by the county.
- c. Each program shall:
  - 1. Maintain written policies and procedures that govern the fiscal management system (i.e., purchasing authority, accounts receivable, cash, billings, and cost allocation).
  - 2. Have a written procedure for assessing and assuring the integrity of the financial records at least once every three years.
  - 3. Have a uniform, consistent and reasonable procedure for determining costs of services provided.
  - 4. Develop a reporting mechanism that indicates the relation of the budget to actual income and expenses to date.
  - 5. Have an accounting system, based on accepted accounting principles.

6. Have a refund policy that is provided to clients upon admission to the program. The policy must contain a procedure on refunding fees if the facility is suspended or revoked.
  7. Prepare a projection of revenues and expenditures (a line-item budget) for each fiscal year that correlates with quarterly and annual written operation reports.
- d. All programs shall have liability insurance coverage or be bonded. Documentation of the liability insurance coverage or bond shall be placed in the administration file.

15000

Admission Agreement

The program shall have a written admission agreement that shall be signed and dated by the client and program staff upon admission. The program shall place the original signed admission agreement in the client's file and a copy shall be given to the client. The admission agreement shall inform the clients of all of the following:

- a. Services to be provided.
- b. Address where services are provided.
- c. Payment provisions
  1. Amount to be paid;
  2. Payment scheduled; and
  3. Refund policy.
- d. Those actions, circumstances or conditions, which may result in client eviction from the facility.
- e. The consequences if a client relapses and consumes alcohol and/or non-health sustaining drugs.
- f. Conditions under which the agreement may be terminated.

16000

Client Rights

- a. Each client shall have rights that include, but are not limited to, the following:
  1. The right to confidentiality as provided for in HIPAA and Title 42, Code of Federal Regulations, Part 2.
  2. The right to be accorded dignity in contact with staff, volunteers, board members and other persons.
  3. The right to be accorded safe, healthful and comfortable accommodations to meet his or her needs.
  4. The right to be free from verbal, emotional, physical abuse and/or inappropriate sexual behavior.
  5. The right to be informed by the program of the procedures to file a grievance or appeal discharge. The right to be free from discrimination based on ethnic group identification, religion, age, gender, race, sexual orientation, or disability.
  6. The right to be accorded access to his or her file.
  7. The right to take medications prescribed by a licensed medical professional for medical, mental health, or substance use disorders.
- b. Each client shall review, sign, and be provided at admission, a copy of the client rights specified in subsection a (1) through a (8) above. The program shall place the original signed client rights document in the client's file.
- c. The program shall post a copy of the client rights in a location visible to all clients and the general public.
- d. The follow-up after discharge cannot occur without a written consent from the client.
- e. Any program conducting research using clients as subjects shall comply with all standards of the California Research Advisory Panel and the federal regulations for protection of human subjects (Part 46 of Title 45 of the Code of Federal Regulations).

17000                      Nondiscrimination in Provision of Services

Programs shall not discriminate in the provision of services on the basis of ethnic group identification, religion, age, gender, race, sexual orientation, or disability, pursuant to Title VI of the Civil Rights Act of 1964 (section 2000d, Title 42, United States Code), the Rehabilitation Act of 1973 (section 794, Title 29, United States Code); the Americans with Disabilities Act of 1990 (section 12132, Title 42, United States Code); Section 11135 of the California Government Code; and Chapter 6 (commencing with Section 10800), Division 4, Title 9 of the California Code of Regulations.

18000                      Confidentiality

Programs shall assure confidentiality of the client and the client's files and information in accordance with HIPAA and Part 2 of Title 42 of the Code of Federal Regulations, and when state funds are used, Health and Safety Code, Sections 11812(c) and 11977. A copy of the federal regulations shall be available at each program. The federal regulations can be obtained from:

Superintendent of Documents  
U. S. Government Printing  
Office Washington,  
D.C. 20402

A written statement regarding confidentiality when answering the telephone and confidentiality regarding files shall be included in the program's operation manual. Client files shall be accessible only to authorized personnel.

19000                      Community Relations

A written description of the program's services and admission criteria and procedures shall be provided to the clients, to the general public, and to cooperating referral sources that may include emergency room personnel, law enforcement agencies, and self-help groups such as Alcoholics Anonymous. Continuing efforts shall be made to guarantee coordination and cooperation with other service providers and enhance relations with neighbors through a good neighbor policy.

20000

Physical Environment

- a. Programs shall be clean, safe, sanitary, and in good repair at all times for the safety and well-being of clients, employees, and visitors.
  1. The program shall be free from all of the following:
    - A. Broken glass, filth, litter, or debris.
    - B. Flies, insects, or other vermin.
    - C. Toxic chemicals or noxious fumes and odors.
    - D. Exposed electrical wiring.
    - E. Other health or safety hazards.
  2. The program shall ensure that all carpets and floors are free from filth, holes, cracks, tears, broken tiles, or other safety hazards.
  3. The program shall safely dispose of contaminated water and chemicals used for cleaning purposes.
  4. The program shall have a written policy that prohibits individuals from possessing guns, knives (other than kitchen utensils), or other weapons (except for law enforcement officers or security guards acting in the line of duty) at the program site.
  5. All clients shall be protected against hazards within the program through provision of protective devices including, but not limited to, nonslip material on rugs, smoke alarms, and fire extinguishers.
  6. All outdoor and indoor passageways, stairways, inclines, ramps, open porches and other areas of potential hazard shall be kept free of obstruction and lighted for the visibility and safety of all clients.
  7. Program equipment and supplies shall be stored in an appropriate space and shall not be stored in a space designated for other activities.

20010

Fire Safety

The program shall maintain a valid fire clearance.

20020

Hours of Operation

Programs shall post the hours of operation to inform the general public and clients. When closed, programs shall provide information concerning the availability of short- term emergency counseling or referral services, including, but not limited to, emergency telephone services.

21000

Prohibition of Remuneration

- a. The program and following persons shall not give or receive remuneration or anything of value for the referral of a person who is seeking alcoholism or drug abuse recovery or treatment services;
  - 1. Owner
  - 2. Partner
  - 3. Officer
  - 4. Director
  - 5. Shareholder who holds an interest of at least 10 percent in the program
  - 6. A person employed by, or working for the program.

22000

Reporting Requirements

- a. A program shall report to the Department within one (1) working day, either telephonically at (916) 322-2911 or electronically at LCDQuestions@dhcs.ca.gov, any of the following events:
  - 1. Death of any person that occurs at the program.
  - 2. Injury of any client at the program that requires emergency medical treatment.
  - 3. Cases of communicable disease reportable under Sections 2500 and 2502 of Title 17, California Code of Regulations. These cases shall also be reported to the local health officer.

4. Catastrophes such as flooding, tornado, earthquake or any other natural disaster.
  5. Fires or explosions which occur in or on the premises.
- b. The report required pursuant to subsection (a) shall include, at minimum, all of the following, as applicable:
1. Client's name, age, gender identity, and date of admission;
  2. Date, time, location, and nature of the event; and
  3. Attending HCP's name, findings, and treatment, if any.
- c. In addition to the reporting requirements in subsections (a) and (b), the program shall submit a written report to the Department within seven (7) days of the event setting forth the following:
1. The type of event under subsection (a);
  2. The date and time event occurred;
  3. The identity of clients affected; and
  4. A detailed narrative description of the event.
- d. A program shall report to the Department, in writing, within ten (10) working days of the following:
1. Changes to the organizational structure. The program shall provide such notification by submitting to the Department a new Administrative Organization – Public Agencies, Partnerships, Sole Proprietor, and Other Associations form DHCS 5084 (01/15); and/or Designation of Administrative Responsibility form DHCS 5085 (01/17), as appropriate.
  2. Change in the program's mailing address, phone number, or email address. The program shall provide such notification electronically at [LCDQuestions@dhcs.ca.gov](mailto:LCDQuestions@dhcs.ca.gov).
  3. Change of the program director. The program shall provide such notification by submitting to the Department a new Administrator/Director Information form DHCS 5082 (01/15) and Designation of Administrative Responsibility form DHCS 5085 (01/17).