

**DEPARTMENT OF MENTAL HEALTH  
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES  
ADMINISTRATIVE CODE**

**580-2-20  
PROGRAM OPERATION**

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580-2-20-.02 Governing Body. The agency shall maintain and have the following documents/information available for review onsite:

- (1) Each agency shall have written board-approved operational policies.
- (2) Each agency shall have articles of incorporation (or charter) and bylaws.
- (3) Each agency shall have a current organizational chart.
- (4) Each agency shall have a written mission statement that is approved by the Governing Body/Board of Directors.
- (5) Each agency shall have in written form the responsibilities of the Governing Body/Board of Directors.
- (6) Records/minutes of Governing Body/Board of Directors meetings shall be maintained and available for review.
- (7) The Governing Body/Board of Directors shall assure compliance with 580-3-26, Human Rights Committee in ADMH Certified Programs.

(8) The Governing Body/Board of Directors shall assure compliance with applicable federal, state, and local laws. Reviews by the Alabama Department of Mental Health only certify compliance with Administrative Code issued by it.

(9) The Governing Body/Board of Directors shall have a policy and procedure for reviewing and approving agency's policies and procedures. The Governing Body/Board of Directors shall have procedures on when implementation of updates to agency's policies and procedures will take effect.

(10) The Governing Body/Board of Directors shall ensure agency has indexed Policies and Procedures Manual which shall, minimally, contain each of the required written policies, procedures, practices, plans, and processes as specified by MHS Administrative Code. All policies and procedures contained within the Policies and Procedures Manual shall:

(a) Obtain advisory input by the programs' staff, clients, their families, and client advocates, as appropriate that may be garnered from surveys, advisory committees, suggestions, etc.

(b) Be consistent with ADMH Mental Health and Substance Abuse Services Administrative Code relative to recipient protection.

(11) The Policies and Procedures Manual shall be:

(a) Updated as needed and approved according to written procedures established by the Governing Body/Board of Directors.

(b) Reviewed and approved, at least, on an annual basis by the Governing Body/Board of Directors with this review process documented in writing.

(c) Easily accessible to all agency personnel and available at each certified service/program location.

(d) Accessible for review by ADMH upon request.

**Author:** Division of Mental Health and Substance Abuse Services,  
**DMH Statutory Authority:** Code of Ala. 1975, §22-50-11.

**History: New Rule: Filed:** February 21, 2020. **Effective:** May 15, 2020.

**580-2-20-.03 Personnel**

(1) There shall be a full-time executive director who has overall responsibility for the operation of the agency. The executive director shall:

(a) Have at least a master's degree in Public Health, Business Administration, Public Administration, Psychology, Counseling, Social Work or related field and at least five (5) years managerial experience in a mental health or substance abuse treatment setting; or

(b) Have a Bachelor's Degree in Public Health, Business Administration, Public Administration, Psychology, Counseling, Social Work or related field and at least ten (10) years managerial experience in mental health or substance abuse treatment setting.

(c) Notify MHSAS of changes in Executive Director.

(d) Be verified for compliance with ADMH Administrative Code by ADMH MHSAS certification process.

(2) There shall be a full-time Clinical Director (in addition to the Executive Director) who has full-time responsibility for the quality of clinical care and the appropriateness of clinical programs as delineated in the job description. The Clinical Director shall:

(a) Have a minimum of either a master's degree in psychology, social work, counseling, or psychiatric nursing and have a minimum of 3 years post master's relevant clinical experience or be a physician who has completed an approved residency in psychiatry.

(b) For agencies who provide substance abuse treatment services, have a license or a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Abuse Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc.

(c) Notify MHSAS of changes in Clinical Director.

(d) Be verified for compliance with ADMH Administrative Code by ADMH MHSAS certification process.

(3) There shall be a Business Manager/Chief Financial Officer or equivalent:

(a) The financial accounting operations of a service provider organization with a total annual budget exceeding \$750,000 shall be supervised by a full time employee or contracted service who has the following qualifications:

1. At least a bachelor's degree in accounting or business, finance, management, public administration, with at least three (3) college accounting courses.

2. At least two (2) years accounting experience.

(b) The financial accounting operations of a service provider organization with a total annual budget less than \$750,000 shall be supervised by an employee or contracted service who/which has the following qualifications:

1. Demonstrated familiarization with Generally Accepted Accounting Principles and;

2. At least two (2) years accounting/bookkeeping experience.

(4) An individual who met the requirements of the Administrative Code 580-9-44-.02 Personnel effective March 2012 or Administrative Code 580-2-9-.03 MI Program Staff July 2010 and was employed prior to the approval of these rules shall be in good standing.

**Author:** Division of Mental Health and Substance Abuse Services, DMH **Statutory Authority:** Code of Ala. 1975, §22-50-11.

**History: New Rule: Filed:** August 15, 2018. **Effective:** November 20, 2018

**580-2-20-.04 Recipient Protection.** Recipient definition - a person with serious emotional disturbance, serious mental illness and/or substance use disorder served in program programmatically certified by ADMH.

(1) There must be written policies and procedures that protect the recipient's welfare, the manner in which the

recipient is informed of these protections, and the means by which these protections will be enforced. The legal guardian of a minor, except where the minor is above the age of fourteen (14) and chooses not to involve parents consistent with state law, will be given a copy of the recipient's rights and a copy of the grievance policies. Documentation must exist, unless waived by a minor at or above the age of fourteen (14) that demonstrates that family members of a minor receive a copy of the recipient's rights, written information and grievance policies. Any reference to "written" notification in these rules indicates that the recipient is entitled to receive information in their preferred language and manner understood by the recipient.

(2) Upon admission, and as soon as clinically appropriate, recipients are informed on an individual basis concerning services offered and fees for these services, with information presented in the recipient's preferred language and in terms appropriate to the recipient's condition and ability to understand. The program shall provide the recipient/lawful representative with written notification upon admission and when any changes or limitations in services or fees occur. Recipients who are primarily responsible for payment of charges for services are informed in writing of their eligibility for reimbursement by third party payers for service rendered and assisted as needed with application.

(3) The agency shall develop, maintain, and document implementation of written policies and procedures that:

(a) Describe the mechanisms utilized for implementation and protection of recipient rights, which shall include at a minimum:

1. Informing the recipient of his/her rights at the time of admission in recipient's preferred language and in a manner understood by the recipient, and as needed throughout the service delivery process.

2. Providing the recipient with a copy of the rights, in a medium that the recipient understands, at admission and documenting this process in the recipient's record.

3. Prominently posting copies of the rights throughout the facility in which services are provided.

(4) The written policies and procedures shall, at a minimum, address the following rights:

(a) To privacy.

(b) To confidentiality.

(c) To be informed of the person(s) who has primary responsibility for the recipient's treatment and clinical care.

(d) To participate fully in all decisions related to treatment and clinical care provided by the agency.

(e) To be provided with appropriate information to facilitate informed decision making regarding treatment.

(f) To the provision of services in a manner that is responsive to and respectful of the recipient's strengths, needs, and abilities and preferences, including preference of language.

(g) To the development of an individualized unique service/treatment plan formulated in partnership with the program's staff, and to receive services based upon that plan.

(h) To the availability of an adequate number of competent, qualified, and experienced professional clinical staff to ensure appropriate implementation of the recipient's service/treatment plan.

(i) To the provision of care as according to accepted clinical practice standards within the least restrictive and most integrated setting appropriate.

(j) To be educated about the possible significant adverse effects of the recommended treatment, including any appropriate and available alternative treatments, services, and/or providers.

(k) To express preference regarding the selection of service provider(s).

(l) To service delivery that is absent of abuse and neglect including but not limited to:

1. Physical abuse.

2. Sexual abuse.
3. Harassment.
4. Physical punishment.
5. Psychological abuse, including humiliation.
6. Threats.
7. Exploitation.
8. Coercion.
9. Fiduciary abuse.

(m) To be protected from harm including any form of abuse, neglect, or mistreatment.

(n) To report without fear of retribution, any instances of perceived abuse, neglect, or exploitation.

(o) To provide input into the agency's service delivery processes through recipient satisfaction surveys and other avenues provided by the governing body.

(p) To access upon requests all information in the recipient's mental health, substance abuse, medical, and financial records consistent with applicable laws and regulations.

(q) To manage personal funds.

(r) To access funds when the provider is payee.

(s) To complaint and grievance procedures.

(t) To be informed of the financial aspects of treatment.

(u) To be informed of the need for parental or guardian consent for treatment, if applicable.

(v) To a written statement of services to be provided.

(w) To give informed consent prior to being involved in research or experimental projects.

(x) To have access to and privacy of mail, telephone communications, and visitors for recipients in residential or inpatient settings.

(y) To have access to courts and attorneys.

(z) To enforce rights through courts or appropriate administrative proceedings.

(aa) To be informed of commitment status, if any.

(bb) If committed, to be included in the community with appropriate and adequate supports on completion of or in conjunction with the terms of commitment.

(cc) To be accorded human respect and dignity on an individual basis in a consistently humane fashion.

(dd) To refuse services without reprisal except as permitted by law.

(ee) To be informed of the means for accessing advocates, an ombudsman, or rights protection services.

(ff) To be free from seclusion, restraint, drugs, or other interventions administered for purposes of punishment, discipline, or staff convenience.

(gg) To a well-balanced diet that meets his/her daily nutritional and special dietary needs if in inpatient or residential.

(hh) To assistance in accessing medical and dental care, including vision and hearing services if in residential or inpatient.

(ii) To access and utilization of appropriately prescribed medication.

(5) Each program affords every recipient the right to privacy relative to their treatment and care, unless contraindicated by clinical determination made by professional staff for therapeutic or security purposes. The agency shall ensure:



(a) Emergency determinations limiting privacy shall be reviewed and documented frequently.

(b) Each program respects recipients' privacy during toileting, bathing, and personal hygiene activities.

(c) Each program allows recipients to converse privately with others and to have private access to telephone and visitors at reasonable hours.

(d) Searches of a recipient or his/her living area and personal possessions are only conducted when it is documented that the program director deems such to be necessary for the safety and security of the recipient, others, and/or the physical environment. The recipient and a witness must be present during a search unless there is documentation why the recipient could not be present.

(e) Each program has procedures established for conducting searches, which observe and adhere to the recipient's right to be accorded human respect and dignity on an individual basis in a consistently humane manner.

(f) In residential programs, written policies and procedures require that staff alert recipients prior to entering recipient living areas.

(g) Written and informed consent must be signed by the lawful representative of a recipient less than 14 years of age before photographs are taken and the photograph is to be returned to the lawful representative upon request when the recipient is discharged.

(6) Confidentiality and Privacy. The agency shall develop, maintain, and document implementation of written policies and procedures that govern confidentiality and privacy of recipient information that includes, at a minimum, the following specifications:

(a) Policies and procedures shall comply with all state and federal laws and regulations relative to confidentiality and privacy of recipient information, including but not limited to, Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and Part 8, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 & 164.

(b) Each program ensures that access to clinical records is restricted to individuals, entities, and instances permitted by applicable state and federal laws and regulations.

(c) No recipient's record(s) is released to other individuals or agencies without the written, informed consent of the recipient except for requests in accordance with state and federal laws and regulations (e.g. emergencies) and so documented.

(d) Each program is responsible for the safekeeping of each recipient's records and for securing it against loss, destruction, or use by unauthorized persons.

(7) Each program has established procedures regarding the content of a recipient's records and procedures for release or disclosure of parts thereof, in accordance with state and federal laws and regulations.

(a) Upon request by a recipient/lawful representative for access to the contents of his/her records, the program makes a clinical assessment to determine whether such access would or would not be detrimental to the recipient's health or present a threat of physical harm to a third party. Additional requests may be made at any time.

(b) Each program has established an appeals procedure regarding denial of the disclosure of the content of a recipient's records.

(8) Prior to or promptly upon admission, each program provides every recipient/lawful representative a concise written statement and verbal orientation, in their preferred language and terms appropriate for the recipient to understand, of rights and responsibilities and complaint procedures along with procedures to be followed to initiate, review, and resolve allegations of rights violations.

(a) Each program obtains from the recipient a written verification of receipt of statement of rights and grievance procedure information.

(b) At a minimum, the complaint/grievance procedures shall include:

1. The name and telephone number of a designated local contact within the program. The designated person shall be able to inform recipients of the means of filing grievances and of accessing advocates, ombudsmen, or right protection services within or outside the program.

2. Rights information is posted in commonly used public areas of outpatient and residential facilities where recipients receive services.

3. Such notices shall include the 800 numbers of the DMH Advocacy Program, Federal Protection and Advocacy System, and local Department of Human Resources.

4. Programs assure recipient access to advocates and the grievance/complaint process occurs without reprisal.

(9) Recipients shall manage their personal funds unless there is a payee, guardian, or similar appointee who manages the account for them.

(a) Program admissions shall not be contingent upon payee status.

(b) Any limitations placed by the provider on a recipient's right to manage his or her personal funds shall be time limited and can only be made:

1. After a specific assessment of the recipient's ability to manage funds,

2. After the recipient has been fully informed of the limitation, and

3. In consideration of the recipient's individual treatment plan as it relates to personal finances.

(c) The provider must establish a written, Board approved policy addressing:

1. The procedures for recipients to gain access to their personal funds when the provider is the representative payee or otherwise the custodian of the recipients' personal funds.

2. Any limitations on the manner and frequency in which funds can be accessed.

3. Any limitations on the amount of funds that can be kept in the recipient's personal possession in a residential program.

4. Requirements for the provider on the management, at least quarterly accounting of all expenditures, and reporting of recipient personal funds when the provider is the representative payee or custodian of personal funds.

5. Requirements for obtaining the consent of the recipient or lawful representative for the provider to manage recipient's personal funds when the provider is not the representative payee.

6. Any expenditure must be exclusively for the recipient's use or benefit.

(d) Funds in excess of what is needed to maintain the recipient's personal fund account will be placed in an interest bearing account accrued to the recipient's account.

(10) Recipients are informed of the need for parental or guardian consent for treatment, if appropriate.

(11) Each program will provide any recipient/lawful representative who is asked to participate in a research or experimental project full information regarding procedures to be followed before consent is sought. The information presented shall follow the General Requirements for Informed Consent as cited in the Code of Federal Regulations 45 CFR 46.116, Department of Health and Human Services, National Institute of Health, Office for Protection from Research Risks: "Protection of Human Subjects".

(a) Each program obtains the written, informed consent of the recipient/lawful representative for participation in research or experimental procedures.

(b) The recipient/lawful representative may withdraw or withhold consent at any time.

(c) The recipient's/lawful representative's withdrawal of consent to participate in an experimental or research project will not be used in a coercive or retaliatory manner against the recipient.

(12) Without regard to competency or legal restrictions all recipients shall receive treatment and care in an environment which is safe, humane, and free from physical, verbal, or sexual abuse, neglect, exploitation, or mistreatment.

(a) Each program actively investigates and maintains investigation documentation for any suspected abuse and/or neglect of recipients.

(b) Acts or alleged acts which are applicable under state and local laws are reported for investigation and/or disciplinary action.

(c) Each program provides each staff upon employment or promptly thereafter a written policy statement regarding abuse and neglect. The statement is prominently displayed and available in the program or facility.

(d) Each day and residential program employs sufficient numbers of qualified staff in accordance with approved program descriptions to protect recipients from abuse and neglect.

(e) Each program will inform the lawful representative of a recipient less than fourteen (14) years of age of all special incidents verbally and in writing as documented in the recipients file with the time and number called and the letter is sent the next business day after the incident.

(13) Unless contraindicated for individualized therapeutic or security reasons, each program has in place procedures affording recipients privacy in receiving visitors, receiving and sending communications by sealed mail, direct contact and telephone communications with persons both inside and outside the facility or program.

(a) Every recipient is allowed visitation and opportunity for private conversation with members of his/her family, friends, and significant others.

(b) Recipients who are deaf or hard of hearing shall have ready access to adaptive telecommunication devices in order to make and receive telephone calls.

(c) Recipients are allowed to send and receive mail without hindrance.

(d) Recipients are provided adequate opportunities for interaction with members of the opposite sex. Specific interactions may be prohibited by the rules of the program and/or state and local laws.

(e) No restrictions are imposed by the program which would prohibit the recipient from communicating with advocacy officials, the court which ordered confinement, or the recipient's legal counsel, family or significant others, or personal physician, unless legally restricted.

(14) Attorneys and/or court representatives are allowed to visit privately and communicate with recipients at reasonable times.

(a) Every recipient is free to access courts, attorneys, and administrative procedures or to participate in those activities generally requiring legal representation, without fear or reprisal, interference, or coercion unless otherwise restricted by a court order.

(15) Promptly upon admission, each program or facility provides each legally committed recipient a concise written statement describing his/her commitment status, the requirements of the commitment, and the length of the commitment.

(a) Information regarding recipient rights complaint and appeal procedures relative to legal commitment is made available to recipients in their preferred language and in terms appropriate for them to understand.

(16) Recipients legally committed to mental health services do not lose any rights to be included in the community with appropriate and adequate supports on completion of or in conjunction with the terms of commitment except as provided in the commitment order.

(a) Prior to termination of the commitment order, the program develops, with the active participation of the recipient, a transition plan which includes referral to community support services necessary to ensure the recipient's successful transition.

(17) Recipients are, without fear of reprisal, able to refuse treatment, except when refusals are not permitted under

applicable law. Such refusal of treatment shall be documented in the recipient's record.

(18) Without fear of restraint, coercion, interference, discrimination, reprisal, or threat of discharge, recipients and others acting on their behalf are free to access available protection and advocacy services.

(19) Recipients are advised whenever special equipment, such as two-way mirrors or cameras, is used. A written, informed consent must be signed by the recipient, when used in non-emergency situations. Exceptional circumstance may exist when ADMH ODS provides services to recipients who are language dysfluent and incapable of giving informed consent.

(20) Each recipient's personal liberty must be respected with services provided in the least restrictive environment necessary. Liberty and/or rights must not be abridged without notification to recipient and agency compliance with due process.

(21) Recipients of mental health and substance abuse services have the same general rights as other citizens of Alabama. A provider of such services shall assure that such rights are not abridged by the provider's policies, procedure, or practices. These rights include but are not limited to the following rights:

(a) To exercise rights as a citizen of the United States and the State of Alabama.

(b) To be served through general services available to all citizens.

(c) To choose to live, work, be educated, and recreate with persons who do not have disabilities.

(d) To be presumed competent until a court of competent jurisdiction, abiding by statutory and constitutional provisions, determines otherwise.

(e) To vote and otherwise participate in the political process.

(f) To free exercise of religion.

(g) To own and possess real and personal property. Nothing in this section shall affect existing laws pertaining to conveyance of personal property.

(h) To make contracts.

(i) To obtain a driver's license on the same basis as other citizens.

(j) To social interaction with members of either sex.

(k) To marry and divorce.

(l) To be paid the value of work performed.

(m) To exercise rights without reprisal.

(22) Each program provides recipients in residential programs with safe and humane physical and psychological environment(s) in accordance with applicable federal and state laws and DMH standards of certification and licensure. Each program provides safety precautions to promote the individual welfare of all recipients. The environment shall at a minimum provide:

(a) Comfortable living and sleeping areas.

(b) Clean and private bathroom facilities.

(c) Attractive and adequately furnished visiting and living rooms.

(d) Clean and comfortable dining facilities.

(e) Facilities and equipment for laundering services.

(f) Safe and sturdy furnishings in good repair.

(g) Adequate provisions for smoking and/or non-smoking preference.

(h) Adequate and decorative room décor.

(i) Space and materials for leisure time and recreational activities.

(j) Each program ensures regular housekeeping and



maintenance to assure safe and clean conditions throughout the facility or program.

(k) Unless contraindicated for therapeutic or security purposes, recipients are allowed regular access to the outdoors.

(23) The recipient's personal health and hygiene needs are recognized and addressed in a safe and humane manner.

(24) In addition to treatment for mental or substance use disorders, every recipient is provided prompt assistance in accessing medical and dental treatment.

(a) Recipients are either provided or referred to other health and/or dental services as deemed necessary by qualified staff.

(b) No program prohibits a recipient from accessing dental or medical services of his/her choice. Such should not be construed to be an obligation for the program to provide/pay for such services.

**Author:** Division of Mental Health and Substance Abuse Services,  
**DMH Statutory Authority:** Code of Ala. 1975, §22-50-11.

**History: New Rule: Filed:** August 15, 2018. **Effective:** November 20, 2018

#### **580-2-20-.05 Infection Control**

(1) The entity shall develop, maintain, and document compliance with a written plan for exposure control relative to infectious diseases that shall, at a minimum, include the following requirements:

(a) The plan shall be inclusive of the entity's staff, recipients, and volunteers.

(b) The plan shall be consistent with protocols and guidelines established for infection control in healthcare settings by the Federal Center for Disease Control, and shall at a minimum include:

1. Policies and procedures to mitigate the potential for transmission and spread of infectious diseases within the agency.

2. All staff shall be trained in infection control upon hire. Direct care staff shall be trained annually thereafter.

3. Risk assessment and screening of recipients reporting high risk behavior and symptoms of communicable disease.

4. Procedures to be followed for recipients known to have an infectious disease.

5. Provisions to offer directly or by referral, as needed, to recipients who voluntarily accept the offer for HIV/AIDS early intervention services to include, HIV pre-test and post-test counseling and case management and referral services for medical care.

6. Infection Control training shall be provided as follows:

i. Mental Illness only: Residential and Day programs within ten (10) days of admission.

ii. Substance Use Disorders Only: All program recipients within ten (10) days of admission and annually thereafter.

7. The entity shall document compliance with all laws and regulations regarding reporting of communicable diseases to the Alabama Department of Public Health.

8. Substance Use Disorder Only: A formal process for screening all program admissions for TB.

9. Substance Use Disorder Only: The provision of HIV/AIDS, Hepatitis, STD, and TB education for all program admissions either provided by the agency or by referral.

**Author:** Division of Mental Health and Substance Abuse Services,  
**DMH Statutory Authority:** Code of Ala. 1975, §22-50-11.

**History: New Rule: Filed: March 11, 2020. Effective: May 15, 2020. Revised Rule: Filed: October 30, 2022. Effective: March 17, 2023**

**580-2-20-.06 Incident Management**

(1) Each provider shall develop and implement written policies and procedures to support compliance with the most recent published ADMH MHSAS Incident Management Plan.

(2) The provider's Incident Management Plan shall comply with all local, state and federal laws.

(3) The provider shall provide training for all staff prior to initiation of duties and as needed thereafter on agency's policies and procedures to support compliance with the most recent published ADMH MHSAS Incident Management Plan.

(4) The provider shall provide training for all staff prior to initiation of duties and annually thereafter on agency's policies and procedures regarding abuse and neglect.

(5) Agency staff members responsible for conducting/supervising investigations shall attend training(s) as required by ADMH.

**Author:** Division of Mental Health and Substance Abuse Services,

**DMH Statutory Authority:** Code of Ala. 1975, §22-50-11.

**History: New Rule: Filed: February 21, 2020. Effective: May 15, 2020.**

**580-2-20-.07 Performance Improvement.**

(1) The Performance Improvement (PI) System shall provide meaningful opportunities for input concerning the operation and improvement of services from recipients, family members, recipient groups, advocacy organizations, and advocates. The provider shall operate and maintain a Performance Improvement (PI) System that is designed to:

(a) Identify and assess important processes and outcomes.

(b) Correct and follow-up on identified problems.

(c) Analyze trends.

(d) Improve the quality of services provided, and to improve recipient and family satisfaction with services provided.

(2) The PI System shall be described in writing and shall include, at a minimum, the following characteristics:

- (a) Identifies and covers all program service areas and functions including subcontracted recipient services.
- (b) Is reviewed and approved by the Board of Directors/Governing Body at least every two (2) years and when revisions are made.
- (c) Outlines the agency's mission related to Performance Improvement.
- (d) Contains the agency's goals and objectives related to Performance Improvement.
- (e) Defines the organization of PI activities and the person(s) responsible for coordinating the PI System.
- (f) Defines the methodology for the assessment, evaluation, and implementation of improvement strategies for important processes and outcomes.
- (g) Specifies the manner in which communication of Performance Improvement findings and recommendations for all six (6) PI components is done at the governing body, clinical and administrative supervisory levels, staff levels, recipients, families and advocates and the manner in which it is documented.
- (h) At a minimum, identifies and monitors important processes and outcomes for the six (6) components of Performance Improvement, Quality Improvement, Incident Prevention and Management, Utilization Review, Recipient and Family Satisfaction, Review of Treatment Plans, and Seclusion and Restraint (if applicable) consistent with the definitions described in this section.
- (i) Specifies that the agency will participate in all required performance indicators and Quality Improvement Reporting requirements as specified by the ADMH Mental Health and Substance Abuse Services.
- (j) Requires that the person(s) responsible for coordinating the agency's PI System or designee attend training on ADMH MHSAS approved Incident Management process.
- (k) Specifies the manner of cross-departmental and cross-discipline staff input from all levels of the agency

regarding the selection of QI indicators to be monitored and improvement activities to be implemented.

(l) Specifies the manner of recipient and family member input regarding the selection of QI indicators to be monitored and improvement activities to be implemented.

(m) Where applicable, ensures that the manner of data collection assures recipient/family member confidentiality.

(n) The plan is implemented as written.

(3) The Quality Improvement component of the PI System shall, at a minimum, include indicators to be monitored including any system level performance measures as specified by the ADMH MHSAS and the following:

(a) A description of a process for periodic and timely review of any deficiencies, requirements, and Quality Improvement suggestions related to critical standards from DMH Certification site visits, Advocacy visits, and/or from other pertinent regulatory, accrediting, or licensing bodies. This shall include a specific mechanism for the development, implementation, and evaluation of the effectiveness of Action Plans designed to correct deficiencies and to prevent reoccurrence of deficiencies cited.

(b) A description of a process for conducting an administrative review of a representative sample of recipient records to determine that all documentation required by these standards and agency policy/procedure is present, complete, and accurate. This function may be performed by the agency's Electronic Health Record (EHR).

(c) A review of aggregate findings from the administrative review of recipient records at least annually with recommendations and actions taken for improvement as indicated by the data, unless performed by the agency's EHR.

(d) The Plan shall specify frequency of monitoring for each indicator and the period of time that monitoring will continue after goal attainment is achieved.

(e) The Plan shall specify that the agency shall participate in System Level activities (including the use of DMH sanctioned External Monitoring) to assess and to identify actions for improvement.

(f) Substance Abuse Only Outcome Measures:

1. At a minimum, the entity shall collect information at time of assessment and at transfer or discharge to provide measures of outcome as specified in the following domains:

(i) Reduced Morbidity:

(I) Outcome: Abstinence from drug/alcohol use.

(II) Measure: Reduction/no change in frequency of use at date of last service compared to date of first service.

(ii) Employment/Education:

(I) Outcome: Increased/Retained Employment or Return to/Stay in School.

(II) Measure: Increase in/no change in number of employed or in school at date of last service compared to first service.

(iii) Crime and Criminal Justice:

(I) Outcome: Decreased criminal justice involvement.

(II) Measure: Reduction in/no change in number of arrests in past thirty (30) days from date of first service to date of last service.

(iv) Stability in Housing:

(I) Outcome: Increased stability in housing.

(II) Measure: Increase in/no change in number of recipients in stable housing situation from date of first service to date of last service.

(v) Social Connectedness:

(I) Outcome: Increased social supports/social connectedness.

(II) Measure: Increase in or no change in number of recipients in social/recovery support activities from date of first service to date of last service.

2. The entity shall provide reports of outcomes to DMH in the manner, medium and period specified.

(4) The Incident Prevention and Management System component of the PI System shall include, at a minimum, the following:

(a) PI review of special incident data.

(b) Includes and describes a process for the timely and appropriate review of special incident data at least quarterly via the PI System. Such reviews shall focus on the identification of trends and actions taken to reduce risks and to improve the safety of the environment of care for recipients, families, and staff members.

(c) Identify and implement a quality improvement plan for medication errors for residential programs.

(d) Findings and recommendations from the quarterly Special Incident reviews shall be reported at least quarterly to the executive and clinical leaders including the Board of Director/Governing Body.

(e) Pertinent data regarding improvement strategies shall be communicated to staff level employees.

(5) The Recipient and Family Satisfaction component of the PI System shall include tools to assess the satisfaction of recipients and families with services provided and to obtain input from recipients and their families regarding factors which impact the care and treatment of recipients. This component shall include at a minimum the following characteristics:

(a) A description of the mechanism for obtaining recipient input regarding satisfaction with service delivery and outcomes.

(b) A description of the mechanisms for obtaining family member input regarding satisfaction with service delivery and outcomes for recipients.

(c) A description of the mechanism for obtaining input from recipients and family members when either are deaf, limited English proficient, or illiterate.

(d) A periodic review (at least annually) of data collected via the tools as described above.

(e) A periodic review (at least annually) of complaints/grievances filed according to the process required in 580-2-9-.02(3).

(f) Identifies agency specific performance indicators for recipient and family satisfaction.

(g) Substance abuse agency's shall assess the satisfaction of recipients and families, including but not limited to the following:

1. The recipient's perception of the outcome of services.

2. The recipient's perception of the quality of the therapeutic alliance.

3. Other perceptions of recipients and families that impact care and treatment, including, but not limited to:

(i) Access to care.

(ii) Knowledge of program information.

(iii) Staff helpfulness.

(6) The Utilization Review (UR) component of the PI system shall include the following:

(a) The agency shall perform at least quarterly reviews of the findings from the UR monitor for all MI residential programs and for all SA levels of care. At a minimum, this review will assess the agency's compliance with Length of Stay (LOS) expectations and will determine and implement actions to improve performance when variations in Length of Stay (LOS) expectations occur.

(b) The agency shall review at least annually a representative sample in each certified program to assess the



appropriateness of admission to that program relative to published admission criteria.

(7) The treatment review component shall include, at a minimum, the following characteristics:

(a) A description of the process for conducting a clinical review of a sample of all direct service staff records every 12 months to determine that the case has been properly managed. The review shall include an assessment of the following:

1. The appropriateness of admission to that program is relative to published admission criteria.

2. Treatment plan is timely.

3. Treatment plan is individualized.

4. Documentation of services is related to the treatment plan and addresses progress toward treatment objectives.

5. There is evidence of attempts to actively engage recipient, family and collateral supports in the treatment process to include linguistic and/or auxiliary support services for people who are deaf, hard of hearing, or limited English proficient as well as any other accommodations for other disabilities.

6. Treatment plan modified (if needed) to include linguistic and/or auxiliary support services for people who are deaf, hard of hearing, or limited English proficient as well as any other accommodations for other disabilities.

(b) An aggregate review of the clinical review findings described above at least annually to assess trends and patterns and to determine actions for improvement based on findings.

(8) The organization collects restraint and seclusion data in order to ascertain that restraint and seclusion are used only as emergency interventions, to identify opportunities for incrementally improving the rate and safety of restraint and seclusion use, and to identify any need to redesign care process.

(9) Using a recipient identifier, data on all restraint and seclusion episodes are collected from and classified for all settings/units/locations at the frequency determined by the agency on by:

- (a) Time.
- (b) Staff and title of who initiated the process.
- (c) Length of each episode.
- (d) Date and time each episode was initiated.
- (e) Date and time each episode was ended.
- (f) Day of the week each episode was initiated.
- (g) Type of restraint used.
- (h) Description of injuries sustained by the individual or staff, if applicable.
- (i) Age of the individual.
- (j) Gender of the individual.
- (k) Multiple instances of restraint or seclusion experienced by an individual within a 12-hour timeframe.
- (l) Number of episodes per individual.
- (m) Instances of restraint or seclusion that extend beyond two (2) consecutive hours.
- (n) Use of psychoactive medications, including name of medication and dosage, as an alternative to, or to enable discontinuation of, restraint and seclusion.

(o) Documentation of the one hour face to face physical and behavioral assessment.

(p) Documentation of the debriefing/trauma check within twenty-four (24) hours.

**Author:** Division of Mental Health and Substance Abuse Services,

**DMH Statutory Authority:** Code of Ala. 1975, §22-50-11.

**History: New Rule: Filed:** August 15, 2018. **Effective:** November 20, 2018

**580-2-20.08 Recipient Records.**

(1) A single case file must be established for each recipient which includes any clinical and case management documentation. The case file may be maintained in physical or electronic format. All requirements in this section apply regardless of format.

(2) If the recipient is involved in more than one program, ready access to recipient information necessary for the safety of the recipient, obtaining emergency medical attention and coordination of services across programs shall be assured.

(3) The provider organization shall establish a formal system to control and manage access to recipient records that shall include, at a minimum:

(a) Procedures for control and management of access to paper and electronic records.

(b) Establish a system to secure recipient records from unauthorized access.

(c) Designated staff position(s) responsible for the storage and protection of recipient records.

(d) A process in which the location of a record can be tracked and documented at all times.

(e) Identification of program personnel with access to recipient records.

(f) A process for providing recipients access to their records.

(g) A process for storing closed recipient records and for disposing of outdated records.

(h) Recipient records shall be retained after termination, discharge, or transfer of the recipient for a minimum of seven (7) years.

(i) Adolescent recipient records shall be retained after termination, discharge, or transfer of the recipient for a minimum of seven (7) years after age of majority for children/adolescents.

(4) All entries and forms completed by the service provider in the recipient record shall be:

(a) Dated and signed.

(b) Made in ink and be legible or recorded in an electronic format.

(c) Appropriately authenticated in the electronic system for organizations that maintain electronic records.

(5) Corrections are made in a manner that clearly identifies what is being corrected, by whom, and the date of correction. White-out in paper record is not permitted. Corrections in electronic records shall have an audit trail.

(6) The following information shall be documented in the recipient record:

(a) Case number.

(b) Recipient name.

(c) Date of birth.

(d) Sex assigned.

(e) Race/ethnic background.

(f) Hearing status.

(g) Language of preference.

(h) Home address.

- (i) Current telephone number.
- (j) Next of kin or person to be contacted in case of emergency.
- (k) Marital status.
- (l) Social Security number.
- (m) Referral source.
- (n) Reason for referral.
- (o) Presenting problem(s).
- (p) Admission type (new, readmission).
- (q) Date of admission to the program/service.
- (r) Substance Use Only - date of treatment initiation (first day of service within level of care).
- (s) Family history.
- (t) Educational history.
- (u) Mental Illness Only: Educational/Employment/vocational goals and/or aspirations, as appropriate.
- (v) Relevant medical background.
- (w) Employment/vocational history.
- (x) Psychological/psychiatric treatment history.
- (y) Military status.
- (z) Legal history.
- (aa) Alcohol/drug use history.
- (bb) Mental status examination. If receiving Mental Illness Targeted Case Management only, this is not required.
- (cc) History of trauma.
- (dd) Thoughts and behavior related to suicide.

- (ee) Thoughts and behavior related to aggression.
- (ff) Initial diagnostic formulation.
- (gg) Identification of initial services, referrals and/or recommendations for subsequent treatment and/or assessment.
- (hh) Referral to other medical, professional, or community services as indicated.
- (ii) Special supports for recipients who have mobility challenges, hearing or vision loss, and/or limited English Proficiency.
- (jj) Screening tool(s), as appropriate.
- (kk) Intake/Assessment tool(s).
- (ll) A written authorization for disclosure covering each instance in which information concerning the identity of diagnosis, prognosis, treatment, or case management of the recipient is disclosed. Each authorization for disclosure shall contain all the following information:
  - 1. The name of the agency that is to make the disclosure.
  - 2. The name or title of the person to whom, or organization to which, disclosure is to be made.
  - 3. The full name of the recipient.
  - 4. The specific purpose or need for the disclosure.
  - 5. The extent and/or nature of information to be disclosed.
  - 6. A statement that the authorization is subject to revocation by the recipient or recipient's lawful representative at any time except to the extent that action has been taken in reliance thereon and in accordance with 42 CFR Part 2 and HIPPA.
  - 7. A specification of the date (no more than 2 years as long as the original purpose/need still exists), event, or

condition upon which the authorization will expire without express revocation.

8. The date on which the authorization is signed.

9. The signature of the recipient (or lawful representative, if applicable).

(i) There should be 2 witnesses to the recipient's signature if the recipient signs with a mark (e.g. signs with an "X").

(ii) If authorization is given by telecommunication, it shall be documented in recipient record. When authorization is given by telecommunication, the recipient's actual signature is obtained at the earliest opportunity. Signature can be obtained electronically or in person.

(iii) If the recipient is under the age of consent or adjudicated incompetent, the parent/lawful representative must sign the written authorization.

10. Documentation that authorization was obtained through interpretation or translation when the recipient is deaf or limited English proficient.

(mm) A consent for follow up form which authorizes contact for up to one year after case closure.

(7) There shall be in the record of each recipient who is deaf or has limited English proficiency an approved ADMH Office of Deaf Services notification of free language assistance form which includes the following:

(a) Signatures of the recipient and witnessed by a staff person fluent in the recipient's preferred language or an interpreter completed at intake/assessment and annually thereafter. Signatures shall be obtained by the following procedures:

1. For deaf recipients, this form shall be witnessed by a staff person from the Office of Deaf Services or approved by the Office of Deaf Services.

2. For hearing persons with limited English proficiency the following shall apply:

(i) When agency staff fluent in the language of preference of the recipient is utilized, the agency staff shall sign this form.

(ii) When a face-to-face interpreter is utilized, the interpreter shall sign this form.

(iii) When telephonic interpreter services are utilized, the name of telephonic service, interpreter's identification number and name of interpreter and credentials, if given, shall be documented on this form.

(8) For each event/service interpreter(s) are utilized, the interpreter's name and credentials shall be documented in the recipient's record.

(a) If telephonic interpreter services are utilized, the name of telephonic service and interpreter's identification number are documented in recipient record.

(9) Individual Service/Treatment Planning Process. Each entity shall develop, maintain, and document implementation of written policies and procedures defining the recipient's service/treatment planning process that shall include, at a minimum, the following components:

(a) Mental Illness Only: An initial individualized service/treatment plan shall be completed by the fifth face to face outpatient service, within ten working days after admission into all day programs or residential programs, or within other time limits that may be specified under programs specific requirements.

(b) Substance Use Only: An initial individualized service/treatment plan shall be completed by the tenth calendar day after admission into an outpatient program or completed by the fifth calendar day after admission to a residential program.

(c) The service/treatment plan shall include the following:

1. Identification of clinical issues that will be the focus of treatment.

2. Specific services necessary to meet recipient's needs.



3. Referrals as appropriate for needed services not provided directly by the agency.

4. Identification of expected outcomes toward which the recipient and treatment provider will be working to impact upon the specific clinical issues.

5. Upon completion of a communication assessment, identify any language supports necessary to implement service/treatment plan for recipients who are deaf, hard of hearing and/or Limited English Proficiency.

6. Identification of needed safety interventions based on history of harm to self or others.

7. All treatment goals and objectives shall be measurable.

8. Mental Illness Only:

(i) Represents a person-centered recovery-oriented treatment planning process through which recipients are assisted to articulate their vision and hope for how their lives will be changed for the better within three to five years (long term recovery vision) and to identify short-term outcomes that will assist in achieving the recovery goal (treatment goals).

(ii) Uses strength-based approach to treatment planning by identifying recipient and environmental positive attributes that can be used to support achievement of goals and objectives.

(iii) Identifies psychiatric, psychological, environmental, and skills deficits that are barriers to achieving desired outcomes.

(iv) Identifies treatment supports that are needed to address barriers to achieving desired therapeutic goal.

(d) The plan shall be developed in partnership with the recipient and/or lawful representative, as appropriate, based upon the recipient's goals.

(e) The recipient will sign/mark the service/treatment plan to document the recipient's participation in developing and/or revising the plan. If the recipient is under the age of consent or adjudicated incompetent, the parent/lawful representative must sign the service/treatment plan.

(f) The agency shall specify the processes used to ensure that the recipient:

1. Will be an active participant in the treatment/service planning process.
2. Is provided the opportunity to involve family members or significant others of his/her choice in formulation, review, and update of the service/treatment plan.

(g) The treatment/service plan must be approved in writing or electronically by any of the following:

1. Physician, physician assistant, a Certified Nurse Practitioner, or a registered nurse with a master's degree in psychiatric nursing. Shall be licensed under Alabama law and practicing within the guidelines of their licensure boards,
2. Licensed psychologist, licensed professional counselor, licensed master's social worker, licensed independent clinical social worker, licensed marriage and family therapist. Shall be licensed under Alabama law and practicing within the guidelines of their licensure boards,
3. Substance Use Only: QSAP I.

(h) Mental Illness Only: After completion of the initial treatment plan, staff shall review and update the recipient's treatment plan:

1. Once every three months for all residential and day programs or earlier if needed.
2. Outpatient treatment plans every twelve months or within other time limits that may be specified under program specific requirements to determine the recipient's progress toward treatment objectives, the appropriateness of the services furnished, and the need for continued treatment.
3. Providers must document this review in the recipient's record by noting on the treatment plan or a treatment plan review form that the treatment plan has been reviewed and updated or continued without change.

(i) Substance Use Only: After completion of the initial treatment plan, staff shall review and update the recipient's treatment plan as specified in level of care.

(j) Treatment/service plan shall be maintained as a working document throughout the recipient's treatment and/or care process with modifications to the treatment/service plan based on the recipient's progress, the lack of progress, recipient preferences, or other documented clinical issues.

(k) Document in recipient's record that recipient was offered a copy of treatment/service plan. If copy is refused, document reason for refusal.

(10) Substance Use Only: Continuing Care Plan. Each recipient shall develop a continuing care plan as a part of their service planning process that begins at the initiation of services/treatment. The continuing care plan shall support the recipient's recovery efforts after discharge from treatment and be based on recipient's individual needs and available resources.

(a) A copy of the continuing care plan shall be filed in the recipient's case record.

(b) Continuing care plan shall be signed by recipient and qualified substance abuse professional who assisted recipient in the development of plan.

(11) Clinical Documentation. Documentation in the recipient's record for each session, service, or activity shall include:

(a) The identification of the specific services rendered.

(b) The date and the amount of time that the services were rendered to include the time started and time ended.

(c) The signature and credentials of the staff person who rendered the service(s) or as specified within service/program requirements.

1. Printed name of staff person who rendered the service(s) shall be below or next to signature.

2. Shall be appropriately authenticated in the electronic system for electronic records.

(d) The identification of the setting in which the service(s) were rendered.

(e) A written assessment of the recipient's progress, or lack thereof, related to each of the identified clinical issues discussed.

(f) All entries must be legible and complete.

(g) Documentation of recipient's signatures shall be entered on a sign-in sheet, service receipt, or any other record, to include electronic, that can be used to indicate the recipient's signature and the date of service for services received. Recipient's signature is only required one time per day that services are provided.

1. The following services do not require recipient signatures:

(i) Any ADMH approved non-face to face services that are provided remotely or indirectly .

(ii) Crisis Intervention and mental health care coordination.

(iii) Mental Illness only: Assertive Community Treatment (ACT), Program for Assertive Community Treatment (PACT), Child and Adolescent In-Home, High Intensity Care Coordination (HICC), Low Intensity Care Coordination (LICC), pre-hospitalization screening, psychoeducation.

(h) Documentation shall not be repetitive.

(i) Documentation of services provided shall not be preprinted or predated. After each service provided in a group setting, progress notes shall:

1. Identify the number of participants, the topic, and a general description of the session. This information may be copied for each participant.

2. Each recipient shall have individualized documentation relative to the recipient's specific interaction in the group and how it relates to their treatment/service plan.

(j) Documentation of services received by recipient and recipient's progress shall match the goals on the recipient's treatment/service plan and the plan shall match the needs of the recipient. The interventions shall be appropriate to meet the goals. There shall be clear continuity in the recipient record.

(k) Documentation must provide enough detail and explanation to justify the service.

(l) Substance Use Only: Documentation must be completed and placed in recipient record within two (2) business days of service being provided.

(m) Mental Illness Only: Documentation must be completed and placed in recipient record after completion of services as outlined below:

1. For each outpatient contact within two (2) business days.

2. For residential programs, a written assessment of the recipient's progress, or lack thereof, related to each of the identified clinical issues discussed shall be documented for every two (2) weeks and placed in record within two (2) business days.

3. For partial hospitalization, each service delivered shall be documented every day and placed in record within two (2) business days.

4. For Intensive Day Treatment and Child and Adolescent Day Treatment on a weekly basis a progress note written or co-signed by the program coordinator/case responsible staff member with equivalent credentials and placed in record within two (2) business days.

5. For Rehabilitative Day Programs every two (2) weeks a progress note written or co-signed by the program coordinator/case responsible staff member with equivalent credentials and placed in record within two (2) business days.

(12) All medication information shall be documented within the recipient record. If recipient reports no

medication(s), documentation shall indicate no medications. The medication information shall contain all the following information:

(a) A list of all medication(s) reported by the recipient at intake/assessment.

(b) All medications, to include but not limited to psychotropic, and non-psychotropic, prescribed by the provider and by other practitioners.

(c) Non-prescription medications.

(d) For all medications prescribed by the agency, documentation shall include:

1. The name of medication.
2. Strength and dosage of the medication.
3. The date prescribed.
4. Number of refills permitted.
5. The prescriber's name.

(e) The provider shall have a system for tracking due dates for injections administered by the provider and scheduling recipients accordingly.

(f) Mental Illness Only: Medications shall be updated at least annually.

(g) Substance Use Disorder Only: Medications shall be reviewed at each Case Review.

(13) Transfer. Documentation of transfer to a separate program/level of care within same agency shall be clearly documented as a transfer that shall include the following:

(a) Information related to the transfer within the agency to different level of care/program.

(b) Document that transfer was discussed with recipient or recipient's lawful representative.

(c) If not discussed with recipient, documentation shall include reason why transfer was not discussed with recipient or recipient's lawful representative.

(14) Discharge. Documentation of the discharge shall:

(a) Be entered into each recipient's record and shall include a description of the reasons for discharge, regardless of discharge type.

(b) The summary shall include:

1. A summary of goals for continuing care after discharge.

2. An evaluation of the recipient's progress toward goals established in the service/treatment plan and participation in the program.

3. The discharge summary shall be signed by the recipient, when possible, the primary counselor, and for Substance Use Disorder only, the clinical director or designee.

4. A copy of the discharge summary shall be provided to the recipient upon discharge, when possible.

5. Mental Illness Only: In the event of loss of contact or death, an administrative discharge shall be completed. A summary is not required and only the reason for discharge shall be documented.

(c) Mental Illness Only: Be entered into each recipient's record within fifteen (15) days after discharge or up to one hundred eighty (180) days after receipt of last service specifying the status of the case.

(d) Substance Use Disorder Only: Be entered into each recipient's record within five (5) days after discharge or thirty (30) days after receipt of last service.

(e) Substance Use Disorder Only: Notify the recipient's referral source of recipient's discharge with written informed consent of the recipient. Agency shall follow all federal regulations and laws regarding confidentiality and privacy i.e., 42 CFR Part 2 and HIPPA and shall document notification in recipient's record.

**Author:** Division of Mental Health and Substance Abuse Services,  
**DMH Statutory Authority:** Code of Ala. 1975, §22-50-11.

**History: New Rule: Filed:** October 19, 2022. **Effective:** March 17, 2023.

### **580-2-20-.09 General Clinical Practice**

(1) Any reference to "written" notification in these rules indicates that the recipient is entitled to receive information in their preferred language and in a manner understood by the recipient.

(2) A program description shall be maintained for each level of care or program provided by the agency. The program description shall include:

(a) The nature and scope of the program or the level of care.

(b) Service area for the program or level of care.

(c) Staffing pattern to include the number and credentials of staff assigned to the program or level of care as required by specific program standards.

(d) Admission criteria.

(e) Discharge/transfer criteria and procedures.

(3) Each recipient admitted for treatment must be assigned to an appropriately qualified staff member or clinical treatment team who has the primary responsibility for coordination/ implementation of the treatment/service plan.

(4) In accordance with all local, state and federal law(s), the provider must have written policies that protect the recipient against discrimination in the provision of services regardless of the recipient's age, race, creed, national origin, language of preference, sex, social status, disability status or length of residence in the service area except that specialized services/programs may be developed for specific target populations.

(5) The program shall make good faith efforts to follow up within a reasonable time for missed appointments for all high-risk recipients with clinical indicators such as but not limited to the following:



(a) Recipients who were discharged from psychiatric inpatient services (local or state) in the past year.

(b) Recipients who were decompensating on the last visit.

(c) Recipients who are considered to have intent to harm self or others.

(d) Substance Use Disorders Only: Pregnant women and individuals who inject drugs.

(6) Provider shall have and implement written policies and procedures to ensure recipients physical access to structures and individualized access to services that address the needs of recipients, family members or significant others.

(7) The provider shall have and implement written policies and procedures that prohibit creation after the fact, alteration, or falsification of original administrative or clinical documentation.

(8) The provider shall have and implement written policies and procedures to assure that recipients who are deaf or who have limited English proficiency are provided culturally and linguistically appropriate access to services to include but not limited to the following:

(a) Free language assistance shall be offered to recipients with limited English proficiency or who are deaf. All interpreters must be qualified as defined by state and federal law to work in the assigned setting with preference given to Qualified Mental Health Interpreters as defined by Administrative Code 580-3-24.

(b) While face-to-face interpreter services are preferable, procedures shall specify how services will be secured when face-to-face interpreters are not available. Procedures shall include the following:

1. For recipients needing spoken language assistance, telephonic or video remote interpreting services may be used.

2. Video remote interpreters may be used for deaf recipients using sign language.

3. Video relay services shall not be used for deaf recipients using sign language when providing treatment.

4. Video relay services may be used for making appointments.

(c) If qualified interpreters are offered and refused, refusal shall be documented on an approved ADMH Office of Deaf Services notification of free language assistance form in the recipient's file.

(d) If family members are used to interpret, this shall be documented on an approved ADMH Office of Deaf Services notification of free language assistance form.

(e) Individuals under the age of 18 shall not be utilized as interpreters.

(f) For recipients who are deaf, hard of hearing, or physically disabled, appropriate environmental and/or communication accommodations shall be provided on an individually assessed basis.

1. Treatment shall be modified to effectively serve recipients who are hard of hearing.

(g) Treatment for recipients who are deaf or who have limited English proficiency shall be offered by staff fluent in the language of the recipient's choice or by using qualified interpreters. This shall be documented on an approved ADMH Office of Deaf Services notification of free language assistance form.

1. Staff providing direct services to deaf recipients shall be fluent, defined as advanced or better on the Sign Language Proficiency Interview or an equivalent rating on an assessment approved by ADMH Office of Deaf Services, prior to providing services.

(h) Treatment will be modified to effectively serve recipients who are deaf as determined by a communication assessment conducted by the Office of Deaf Services or staff approved by the Office of Deaf Services. This communication assessment shall be filed in the recipient's record.

(9) Screening. The provider shall have and implement written policies and procedures for a screening process to

briefly screen individuals prior to initiation of a behavioral health assessment or diagnostic interview examination. At a minimum, this process shall:

- (a) Describe the screening process.
  - (b) Specify the instrument(s) or process utilized to conduct the screening process. Substance Use Disorder providers shall use the ADMH approved screening instrument(s). Mental Health providers shall use an ADMH approved screening instrument(s) when applicable.
  - (c) Describe the procedures followed when the screening process:
    1. Identifies risk factors for mental health, substance use or co-occurring disorder(s).
    2. Does not identify risk factors for a mental health, substance use or co-occurring disorder(s).
    3. Identifies the need for crisis intervention.
    4. Identifies special supports for recipients who have mobility challenges, hearing or vision loss, and/or Limited English proficiency.
  - (d) Specify the procedures for documenting the screening process and that the results of the screening were explained to the recipient and recipient's lawful representative as appropriate.
- (10) Intake/Assessment. All providers seeking to have a recipient admitted to an ADMH certified level of care/service shall have and implement written policies and procedures to:
- (a) Intake/assessment shall be a clinical interview with recipient, and may include family members, lawful representative, significant other, as appropriate.
  - (b) Substance Use Disorder Only:
    1. Conduct or receive from an ADMH certified provider an ADMH approved placement assessment or receive an assessment from noncertified agency containing an evaluation of each recipient's level of functioning in the six (6) ASAM dimensions.

2. Scheduling a placement assessment and how this information is publicized.

3. Identify any additional tools the provider chooses to utilize in the assessment process.

4. Addressing request by other organizations to conduct a placement assessment.

5. Develop a level of care recommendation based upon the Placement Assessment, which shall describe the role of the recipient and significant others/lawful representative in this process.

6. Describe the procedure when the placed level of care is different from the assessed level of care.

(c) Mental Illness Only:

1. Conduct an assessment/intake, utilizing an ADMH approved assessment tool, if applicable, in developing service/treatment planning processes:

(i) Shall be completed prior to development of initial treatment plan and at discharge, if applicable.

(ii) Updates shall be conducted within other time limits specified under programs specific requirements.

(iii) Shall be placed in the recipient record, if applicable.

(iv) Case Management services do not require a clinical intake. However, case management does require an ADMH approved assessment tool to be completed.

2. Assignment of a diagnosis (most current DSM or ICD). The diagnosis must be signed by a licensed physician, a licensed psychologist, a licensed professional counselor, a licensed marriage and family therapist, a certified registered nurse practitioner, or licensed physician's assistant licensed under Alabama law and operating within licensee's scope of practice.

3. Development of an initial treatment/service recommendations for subsequent treatment and/or evaluation.

(d) Initiate service delivery including referral(s), as appropriate, based upon the recipient's level of care or service recommendation, which shall identify the procedures followed when the placement assessment or intake identifies the need for:

1. An available level of care or service(s).
2. A level of care or service that is otherwise unavailable at assessing provider.
3. Crisis intervention.

(e) The entity shall submit placement assessment/intake data to the ADMH Management Information System according to the most recent edition of Data Reporting Guidelines established and published by ADMH.

(11) Referral Policies/Community Linkage. The provider shall have and implement written policies and procedures for referring recipients to outside services based on individual needs and receiving recipient referrals from other service providers.

(12) Admission Criteria. Each provider shall have and implement compliance with the following written criteria that shall, at a minimum:

(a) Specify the unique characteristics of the program's target population.

(b) Define the admission criteria for each level of care or program provided.

(c) Describe the process implemented when an individual is found to be ineligible for admission. This process shall include the following procedures, at a minimum:

1. Upon request, a written rationale that objectively states or describes the reasons for service denial shall be provided to recipients who have been determined ineligible for admission within five (5) working days.

2. Provide referrals appropriate to the prospective recipient's needs.

3. A description of the appeal policies and procedures for persons denied admission, which shall include the process in which recipients are informed of this right.

(d) Substance Use Disorder Only: Describe the process utilized for prioritizing admission requests and specify that priority access to admission for treatment will be given to the following groups in order of priority:

1. Individuals who are pregnant and have a substance use disorder(s) and whose route of administration is intravenous.

2. Individuals who are pregnant and have a substance use disorder(s).

3. Individuals who have a substance use disorder(s) and whose route of administration is intravenous.

4. Women with dependent children and have a substance use disorder(s).

5. Individuals who are HIV positive and have a substance use disorder(s).

6. All others with substance use disorders.

(13) Readmission Criteria. Each provider shall have and implement policies and procedures regarding criteria and process for readmission.

(14) Exclusionary Criteria. Each provider shall have and implement policies and procedures regarding criteria used to deny admission or readmission of recipients into the program. Any program's exclusionary criteria shall comply with federal, state and local law. The provider's policies, procedures and practices shall not support admission denials based exclusively on:

(a) Pregnancy status.

(b) Educational achievement and literacy.

(c) Income level and ability to pay. This shall not apply to certified substance use disorder treatment providers who do not have a contract with ADMH.

(d) Need for or current use of medication assisted therapy.

(e) Existence of a co-occurring mental illness and substance use disorder.

(f) HIV status.

(g) Previous admissions to the program.

(h) Prior withdrawal from treatment against clinical advice.

(i) Referral source.

(j) Involvement with the criminal justice system.

(k) Relapse.

(l) Disability.

(m) Language of preference.

(15) Substance Use Disorder Only: Case Review. Each provider shall have and implement written policies and procedures that define a case review that shall, at a minimum, incorporate the following elements:

(a) Completed by recipient's primary counselor.

(b) Conducted at intervals as defined in level of care.

(c) Continuing Service/Transfer/ Discharge Criteria which consist of the following:

1. Making progress.

2. Not yet making progress, but able to in the current level of care/program.

3. New problems have been identified but these can be handled in the current level of care/program.

4. Achieved goals set but requires chronic disease management at a less intensive level of care/program.

5. Unable to resolve problems despite amendments to the treatment/service plan.

6. Intensification or introduction of new problems that require a different level of care/program.

7. Recipient preferences.

8. Goals have been met to the extent that the services are no longer needed.

(d) Narrative supporting the above choice.

(e) Document the case review was discussed with the recipient and others designated by the recipient as active participants in the decision-making process.

(16) Waiting List Maintenance. The provider shall establish a formal process to address requests for services when space is unavailable in the program/service. This process shall include, at a minimum:

(a) Written procedures for management of the waiting list that shall include, at a minimum, provisions for:

1. Referral for emergency services.

2. Maintaining contact with a recipient or referral source while awaiting space availability.

3. Adding and removing a recipient from the waiting list.

4. Substance Use Disorder Only: Recipient access to interim services while awaiting program admission shall be made available no later than forty-eight (48) hours after the initial request for admission. At a minimum, interim services provided by the agency shall include:

(i) Counseling and education about HIV and TB.

(ii) Risk of needle sharing.

(iii) Risks of transmission of HIV to sexual partners and infants.



(iv) Steps that can be taken to ensure that HIV and TB transmission does not occur.

(v) Referral for HIV or TB treatment, if necessary.

(vi) Pregnant individuals with substance use disorders receive counseling on the effects of alcohol and drug use on the fetus.

(vii) Pregnant individuals with substance use disorders are referred for pre-natal care, if not already receiving pre-natal care.

5. Substance Use Only: Specify that priority access to admission for treatment will be given to the priority population outlined in 580-2-20-.09 (12).

(b) The provider shall identify and designate staff position(s) who has responsibility for management of the waiting list(s).

(c) The provider shall comply with requests from ADMH for data reports relative to waiting list maintenance and management i.e., compliance with ADMH Data Management System(s).

(17) Drug Testing. The agency shall have and implement written policies and procedures addressing circumstances under which drug screening of recipients may be utilized and how recipients will be notified of drug testing procedures. If it is utilized at any point, the program shall:

(a) Identify circumstances under which drug testing of recipients will occur.

(b) Indicate specimens used for testing including breath, blood, urine, hair and saliva.

(c) Establish chain of custody procedures that protect against the falsification and/or contamination of any specimen.

(d) Demonstrate that the individual's privacy is protected each time a specimen is collected.

(e) Define method of observation.

(f) Location of where the specimen will be collected.

(g) Individualized drug screen procedures, which include:

1. Frequency of testing based on needs of the recipient or as identified in level of care/program.
2. Procedures used to ensure that drug test screening results are not used as the sole basis for treatment decisions or termination of treatment.
3. Procedures to ensure that drug testing is used as a treatment tool and is addressed with the recipient.
4. Procedures to review for false-negative and false-positive results.

(h) The provider shall establish a reasonable timeframe to discuss with the recipient and document all drug testing results, confirmation results and related follow-up therapeutic interventions in the recipient record.

(18) The provider shall have and implement written policies and procedures governing tobacco use at the provider's physical facility(ies) by the program's staff and recipients that includes compliance with federal, state, and local ordinances. Tobacco use includes, but is not limited to, cigarettes, smokeless tobacco, and e-cigarettes and other vaping products.

(a) Substance Use Only: Provide services that address tobacco use either directly or by referral for all recipients enrolled in each level of care who have requested these services.

(19) Transportation. When a provider provides transportation, the provider shall have and implement written policies and procedures that govern recipient transportation and include, at a minimum, the following specifications:

(a) Document that vehicles operated by the provider to transport recipients shall have:

1. Properly operating seat belts or child restraint seats.
2. Provide for seasonal comfort with properly functioning heat and air conditioning.

3. Vehicles are in good repair and have regular maintenance inspections.

(b) The number of recipients permitted in any vehicle shall not exceed the number of seats, seat belts and age-appropriate child restraint seats.

(c) Vehicles operated by the provider shall carry proof of:

1. Accident and liability insurance.
2. The vehicle's current registration.

(d) Vehicles operated by the provider shall have an operational fire extinguisher and a first aid kit that are not expired.

(e) The driver of any vehicle used in recipient transportation shall carry, at all times, the name and telephone number of the program's staff to notify in case of a medical or other emergency.

(f) The driver of any vehicle used in recipient transportation shall be:

1. At least eighteen (18) years old and in possession of a valid driver's license.
2. Prohibited from the use of tobacco/vaping/e-cigarette and smokeless tobacco products, cellular phones or other mobile devices, or from eating while transporting recipients.
3. Prohibited from leaving a recipient unattended in the vehicle at any time.
4. Prohibited from making stops between authorized destinations, altering destinations, and taking recipients to unauthorized locations.

(g) The provider shall provide an adequate number of staff for supervision of recipients during transportation to ensure the safety of all passengers.

(h) Substance Use Only: All vehicles operated by the agency to transport recipients shall not be identifiable as a vehicle belonging to a substance use disorder treatment program.

**Author:** Division of Mental Health and Substance Abuse Services,  
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