

May 2023

**General Clinical Practice**

**580-2-20-.09**

(1) **Agency ABC** maintains compliance and understanding that 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) **ABC** has a program description maintained for each level of care or program provided by ABC. The program description includes:

- (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 is 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) **Non-Discrimination Policy**

**ABC** does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits of any of its programs and activities or in employment therein, whether carried out by ABC, directly or through a contractor or any other entity with whom ABC arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act of 2010, and Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations Part 80, 84, and 91. (Other Federal Laws and regulations provide similar protection against discrimination on the grounds of sex and creed.)

In case of questions concerning this policy, or event of a desire to file a complaint alleging violations on the above please contact:

Provider Name: **ABC**

Contact Person/Section 504 Coordinator: John Doe

Telephone Number: 1-555-555-555

TDD or State Relay Number: 1-800-555-5555 TTY  
1-800-555-5555 Voice

ABC is maintains compliance with all local, state and federal law(s), ABC does not discriminate against any person based on race, color, national origin, or age in admission, treatment, or participation in its programs, services and activities, or in employment, 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)** ABC program staff 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.

**(6)** No staff member will be allowed to create after the fact, alter, or falsify any original administrative or clinical documentation in order to make it appear that the documentation is original, factual, or occurred at some time other than it actually did to give the appearance of ongoing compliance with DMH standards or other applicable regulations.

ABC has and implements written policies and procedures that prohibit creation after the fact, alteration, or falsification of original administrative or clinical documentation as follows:

Proper Error Correction Procedure

When an error is made in a medical record entry, proper error correction procedures must be followed:

Draw line through entry (thin pen line). Make sure that the inaccurate information is still legible.

Initial and date the entry.

State the reason for the error (i.e. in the margin or above the note if room).

Document the correct information. If the error is in a narrative note, it may be necessary to enter the correct information on the next available line/space documenting the current date and time and referring back to the incorrect entry.

Do not obliterate or otherwise alter the original entry by blacking out with marker, using white out, writing over an entry, etc.

Correcting an error in an electronic/computerized medical record systems should follow the same basic principles. ABC EHR has the ability to track corrections or changes to the entry once the entry has been entered or authenticated. When correcting or making a change to an entry in a computerized medical record system, the original entry should be viewable, the current date and time should be entered, the person making the change should be identified, and the reason should be noted. In situations where there is a hard copy printed from the electronic record, the hard copy must also be corrected.

#### Handling Omissions in Documentation

At times it will be necessary to make an entry that is late (out of sequence) or provide additional documentation to supplement entries previously written.

#### Making a Late Entry

When a pertinent entry was missed or not written in a timely manner, a late entry should be used to record the information in the medical record.

Identify the new entry as a "late entry".

Enter the current date and time – do not try to give the appearance that the entry was made on a previous date or an earlier time.

Identify or refer to the date and incident for which late entry is written.

If the late entry is used to document an omission, validate the source of additional information as much as possible (where did you get information to write late entry). For example, use of supporting documentation on other facility worksheets or forms. Note why documentation is late.

When using late entries document as soon as it is discovered documentation was not completed on time.

#### Entering an Addendum

An addendum is another type of late entry that is used to provide additional information in conjunction with a previous entry. With this type of correction, a previous note has been made and the addendum provides additional information to address a specific situation or incident. With an addendum, additional information is provided, but would not be used to document information that was forgotten or written in error. When making an addendum:

Document the current date and time.

Write "addendum" and state the reason for the addendum referring back to the original entry.

Identify any sources of information used to support the addendum.

When writing an addendum, complete it as soon after the original note as possible.

#### Entering a Clarification

Another type of late entry is the use of a clarification note. A clarification is written to avoid incorrect interpretation of information that has been previously documented. For example, after reading an entry there is a concern that the entry could be misinterpreted. To make a clarification entry:

Document the current date and time.

Write "clarification", state the reason and refer back to the entry being clarified.

Identify any sources of information used to support the clarification.

When writing a clarification note, complete it as soon after the original entry as possible.

#### Omissions on Medication, Treatment Records, Graphic and other Flowsheets

Facilities should use concurrent monitoring (self-monitoring, shift-to-shift review, etc.) to assure that the documentation is complete and timely for all medications and treatments administered. When systemic problems are identified corrective action should be implemented. If an omission is older than 24 hours or the staff member does not have a clear recollection or there is not supporting documentation (i.e. worksheets, narcotic records, drug delivery records, initialed punch cards, etc.), the record should be left blank. At no time should the records be audited after a period of time (i.e. end of month) with the intent of identifying omissions and filling in "holes."

#### Documenting Care Provided by a Colleague

Documentation must reflect who performed the action. If it is absolutely necessary to document care given by another person, document factual information. For example, if a call is received from a nurse from the previous shift who indicates that he/she forgot to chart something in the record, enter the date and time of the telephone call and note: "At 16:00 Louise Jackson, R.N., called to report that at 11:00 this morning, Mr. Smith indicated he had a headache and requested Tylenol. Tylenol 650mg p.o. was given by Ms. Jackson at 11:05am. Ms. Jackson stated that Mr. Smith verbalized he was free of pain at 12:00 noon." (Signed by Penelope E. Olson, RN). Also place initials on the medication record as follows: "PEO for LJ." When Louise returns to work, she should review your note for accuracy and countersign it. She should also place her initials by your entry on the medication record. If there is not adequate room on the medication record, the initials are entered on the medication record and the entry is circled. On the back of the medication record document the above entry.

(7) **ABC** has and implements 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. **ABC** and all its programs and activities are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, blind or who have other sensory impairments. Access features include:

- a. Convenient off-street parking designated specifically for disabled persons.
- b. Curb cuts and ramps between parking areas and buildings.
- c. Level access into first floor level and level access into second floor level.
- d. Fully accessible offices, meeting rooms, bathrooms, public waiting areas, cafeteria, client treatments areas, including counseling rooms and group rooms and examining rooms.
- e. A full range of assistive and communication aids provided to persons with impaired hearing, vision, speech, or manual skills, without additional charge.

**ABC** treatment team is willing to reasonably accommodate the needs of the recipients. Any additional aids discussed with the treatment team will be addressed with administration.

(8) **ABC** is committed to ensuring individuals with limited proficiency in English, because of their national origin, have a meaningful opportunity to apply for, receive or participate in, or benefit from the services offered. Individuals with sensory or speech impairments will have an opportunity equal to, or as effective as, that afforded others to apply for, receive or participate in, or benefit from the services offered. A full range of assistive and communication aids provided to person who are deaf, hard of hearing, blind or with other sensory impairments. There is no additional charge for such aids. Some of these aids include:

- Qualified sign language interpreters for persons who are deaf or hard of hearing.
- A twenty-four hour (24) telecommunication device (TTY/TDD) which can connect the caller to a designated staff member
- Readers and taped material for the blind and large print materials for the visually impaired.
- Flash cards, alphabet boards and other communication boards.
- Assistive devices for person with impaired manual skills.

#### Procedure for Communicating Information to Persons with Sensory Impairments

**ABC** will take steps necessary to ensure that qualified persons with disabilities, including those with impaired sensory or speaking skills, receive effective notice concerning benefits or services or written material concerning waivers of rights or consent to treatment. All aids needed to provide this notice are provided without cost to the person being served.

For persons with Hearing Impairments: Qualified sign-language interpreter for persons who are deaf/hearing impaired and who use sign-language as their primary means of communication, the following procedure has been developed and resources identified for obtaining the services of a qualified sign-language interpreter to communicate both verbal and written information:

**ABC** will comply with the Alabama Department of Mental Health Standards on who qualifies and the procedures thereof to be a qualified sign language interpreter. The Clinical Director or designee is authorized to obtain an interpreter, **ABC** has a contracted provided to assist with LEP and utilizes the Alabama Department of Mental Health Interpreter services to coordinate care for individuals. **ABC** has annual training in relation to effective methods of communication with Sensory Impaired individuals. **ABC** does allow for family members or friends to assist with interpreting only if: 1) the individual/recipient has been made aware of the availability of qualified sign-language interpreters at no additional charge and, without any coercion whatsoever, chooses the services of family members or friends.) 2.) If no interpreters are available within 30 miles of **ABC** facility.

For Persons with Visual Impairments: Reader/**ABC** staff member will communicate the content of written materials concerning benefits, services, waivers of rights, and consent to treatment forms by reading them out loud to visually impaired persons.

For Persons with Speech Impairments: Writing materials and computers are available to facilitate communication concerning program services and benefits, waivers of rights, and consent to treatment forms.

#### Procedure for Communication with Persons of Limited English Proficiency

It is the policy of **ABC** to provide communication aids (at no cost to the person being served) to Limited English Proficient (LEP) persons, including current and prospective patients, recipients, family members, interested persons, et al., to ensure them a meaningful opportunity to apply for, receive or participate in, or benefit from the services offered. The procedures outlined below will reasonably ensure that information about services, benefits, consent forms, waivers of rights, financial obligations, etc., is communicated to LEP persons in a language which they will understand.

The Clinical Director or designee will be responsible for implementing methods of effective communication with LEP persons. The Clinical Director or designee will:

- Maintain and routinely update a list of all bilingual persons, organizations, and staff members who are available to provide bilingual services, and
- Develop written instruction on how to gain access to these services, i.e., contact persons, telephone numbers, addresses, languages available, hour's available, fees and conditions under which the person(s) are available.

**ABC** is committed to ensuring effective communication and to protect the confidentiality of (recipient/patient) information and privacy, the (recipient/patient) will be informed that the services of a qualified interpreter are available to him/her at no additional charge. Only after having been so informed, the (recipient/patient) may choose to rely on a family member or friend in a particular situation. The choice of the (recipient/patient) and presence of an interpreter will be documented after every visit.

ABC has and implements 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, if face-to-face interpreters are not available for recipients needing spoken language assistance, telephonic or video remote interpreting services may be used. Additionally, video remote interpreters may be used for deaf recipients using sign language, video relay services shall not be used for deaf recipients using sign language when providing treatment, and video relay services may be used for making appointments. All coordination of acceptable services will be overseen by the Clinical Director or designee.
- (c) If qualified interpreters are offered and refused, refusal is 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, is documented on an approved ADMH Office of Deaf Services notification of free language assistance form.
- (e) ABC will not allow individuals under the age of 18 to 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.

ABC will provide treatment to effectively serve recipients who are hard of hearing. 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 will be documented on an approved ADMH Office of Deaf Services notification of free language assistance form. ABC 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.

ABC treatment will 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.** ABC has and implements written policies and procedures for a screening process to briefly screen individuals prior to initiation of a behavioral health assessment or diagnostic interview examination. The screening process allows for open access to care. ABC has a designated staff member assigned to briefly assess recipients based on a validated screening tool that will determine the level of

care, to include the need for crisis intervention, Substance Use Treatment, Mental Illness Treatment, Crisis Stabilization, Co-Occurring Treatment, LEP, mobility, visual impairments or other disabilities that will need additional assistance. ABC will utilize an ADMH approved screening tool at time of screening. For Substance Use Treatment Programs, ABS will utilize the UNCOPE for Adults and the CRAFTT for Adolescents. If risk factors are indicated at the time of screening for Substance Use or Co-Occurring a referral will be made to the New Directions facility before the session is completed. When mental illness is identified at the time of assessment the individual will be referred to open access. If no identified problem is founded or a problem outside the scope of care at ABC is founded an appropriate referral will be made. When crisis intervention is needed, identified personnel is contacted to immediately assist and respond. This also include staff that can assist with resolution to the crisis and make appropriate referrals. Once the screening process is completed, ABC staff will review the results and explain recommendations to the recipient and/or recipient's lawful representative as appropriate.

**Commented [BB1]:** Only include if you are applying to provide Substance Use Treatment.

(10) Intake/Assessment. ABC has and implements policies and procedures for admission to an ADMH certified level of care/service as follows:

(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:**

- 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.
- Scheduling a placement assessment and how this information is publicized.
- Identify any additional tools the provider chooses to utilize in the assessment process.
- Addressing request by other organizations to conduct a placement assessment.
- 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.
- Describe the procedure when the placed level of care is different from the assessed level of care.

**Commented [BB2]:** Only include if you are applying to provide Substance Use Treatment.

(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.

**Commented [BB3]:** Only include if you are applying to provide Mental Illness Services/Treatment.



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

2. **ABC** will utilize the assignment of a diagnosis based on the 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. **ABC** develops an initial treatment/service recommendations for subsequent treatment and/or evaluation.

(d) **ABC** initiates 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) **ABC** will 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.** **ABC** has and implements written policies and procedures for referring recipients to outside services based on individual needs and receiving recipient referrals from other service providers. **ABC** is a community partner that understands the needs of its recipients and stakeholders in the community. **ABC** will link and refer with appropriate release of information to gain services/resources for the recipients we serve. The treatment team will drive the referrals identified and obtain documentation needed in order to best serve the recipient.

**(12) Admission Criteria.** **ABC** has and implements 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) When an individual is found to be ineligible for admission, the program director will staff the case with the Clinical Director and a formal discussion will be documented and the outcome will be provided to the recipient.

This process shall include the following procedures, at a minimum:

1. Upon request, **ABC** shall provide a written rationale that objectively states or describes the reasons for service denial and will be provided to recipient(s) 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, will be discussed with the recipient. **ABC** staff will review/document the process in which recipients are informed of this right. Within each **ABC** program description exclusionary criteria are identified. In addition, the Executive Director, Clinical Director or attending medical provider can make a determination to deny the level of care based on safety to other recipients, staff or harm to self.

(d) **Substance Use Disorder Only**: **ABC** has prioritizing admission requests and priority access to admission for treatment will be given to the following groups in order of priority:

**Commented [BB4]:** Only include if you are applying to provide Substance Use Treatment.

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.** **ABC** has and implements policies and procedures regarding criteria and process for readmission. Recipients who clinically qualify for readmission for treatment and availability is present will be readmitted upon approval of all parties identified in the admission criteria.

**(14) Exclusionary Criteria.** **ABC** has and implements 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. See program Descriptions for additional information. **ABC** 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. ABC case review shall incorporate the following elements:

**Commented [BB5]:** Only include if you are applying to provide Substance Use Treatment.

- (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) **ABC** will 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.** **ABC** has established a formal process to address requests for services when space is unavailable in the program/service. This process includes, 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 is available 24 hours a day/7 days a week at **ABC**.

2. **ABC** maintains contact with a recipient or referral source while awaiting space availability frequently. In addition, interim services will be offered on the Substance Use Division.

3. Adding and removing a recipient from the waiting list is based on the recipient need for treatment. Recipients will be placed in the least restrictive environment based on the severity of their symptoms. Individuals on waiting list for treatment will still be engaged with **ABC**. **ABC** will admit individuals on the waiting list based on priority placement identified from the Alabama Department of Mental Health. Removal of recipients will be based on loss of contact, a different level of care needed, seeking services elsewhere, or requested by the individual.

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 **ABC** 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:** **ABC** Specifies that priority access to admission for treatment will be given to the priority population outlined in 580-2-20-.09 (12).

(b) **ABC** identifies and designates staff position(s) who has responsibility for management of the waiting list(s).

**Commented [BB6]:** Only include if you are applying to provide Substance Use Treatment.

**Commented [BB7]:** Only include if you are applying to provide Substance Use Treatment.

(c) **ABC** complies 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.** **ABC** has and implements 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. When drug screening is utilized, **ABC** provides the urinalysis screening kit to the identified member of the treatment team. The treatment team member will observe the recipient while obtaining the urinalysis; while maintaining the privacy, dignity and respect for the individual. The team member will monitor the recipient to protect against falsification or contamination of the specimen.

(a) **ABC** can drug test recipients can occur if the recipient if any of the following occur:

(1) The results of a drug test are positive.

(2) The drug offender requests a screening.

(3) The drug offender admits to substance use or abuse within the year preceding the arrest for the present charge.

(4) The present charge involves a violation of the controlled substances or impaired driving statutes.

(5) Request of the attending psychiatrist/medical prescriber.

(b) **ABC** can collect specimens used for testing including blood, urine, hair and saliva.

(c) **ABC** maintains a chain of custody that protect against the falsification and/or contamination of any specimen.

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

(e) **ABC** identified staff will visually observe individuals while collecting a saliva or urine test.

(f) **ABC** has an identified location of where the specimen will be collected at each location.

(g) Individualized drug screen procedures, which include: the **ABC** frequency of testing is based on the needs of the recipient or as identified in level of care/program; drug test screening results are not used as the sole basis for treatment decisions or termination of treatment; drug testing is used as a treatment tool and is addressed with the recipient; review for false-negative and false-positive results will be referred to LabCorb for validation.

**ABC** has a policy addressing circumstances under which drug screening of consumers by urinalysis may be utilized. When drug screening is utilized, **ABC** provides the urinalysis screening kit to the identified member of the treatment team. The treatment team member will observe the consumer while obtaining the urinalysis; while maintaining the privacy, dignity and respect for the consumer. The member will monitor the consumer to protect against falsification or contamination of the specimen.

(h) **ABC** establishes 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 which is within 72 hours of receipt of results.

**(18)** **ABC** has 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. **ABC** follows all local and state law related to the governance of tobacco. In addition, facilities at **ABC** that are non-residential have a designated smoking area 50 feet from an entrance into the facility. Smoking in outdoor spaces at **ABC** programs are allowed with the exception of the locked Crisis Residential Program.

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

**Commented [BB8]:** Only include if you are applying to provide Substance Use Treatment.

**(19)** Transportation. **ABC** provides transportation in certain programs therefore **ABC** has and implements written policies and procedures that govern recipient transportation and include, at a minimum, the following specifications:

(a) Document that vehicles operated by **ABC** 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 **ABC** shall carry proof of:

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

(d) Vehicles operated by **ABC** will 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) ABC will 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 ABC to transport recipients shall not be identifiable as a vehicle belonging to a substance use disorder treatment program.

**Commented [BB9]:** Only include if you are applying to provide Substance Use Treatment.

See van checklist below:

<b>*ABC Van Driver Checklist*      VAN #:</b>		
<b>ABC provides transportation in certain programs therefore ABC has and implements written policies and procedures that govern recipient transportation and include, at a minimum, the following specifications:</b>		
<b>Activity</b>	<b>Yes</b>	<b>No</b>
Properly operating seat belts or child restraint seats.	<input type="checkbox"/>	<input type="checkbox"/>
Provide for seasonal comfort with properly functioning heat and air conditioning.	<input type="checkbox"/>	<input type="checkbox"/>
Vehicles are in good repair and have regular maintenance inspections.	<input type="checkbox"/>	<input type="checkbox"/>
The number of recipients permitted in any vehicle shall not exceed the number of seats, seat belts and age-appropriate child restraint seats.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vehicles operated by ABC shall carry proof of:</b>		
Accident and liability insurance.	<input type="checkbox"/>	<input type="checkbox"/>
The vehicle's current registration.	<input type="checkbox"/>	<input type="checkbox"/>
Vehicles operated by ABC will have an operational fire extinguisher and a first aid kit that are not expired.	<input type="checkbox"/>	<input type="checkbox"/>

<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>The driver of any vehicle used in recipient transportation shall be:</p>		
<p>At least eighteen (18) years old and in possession of a valid driver's license.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Prohibited from leaving a recipient unattended in the vehicle at any time.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Signature below certifies that all items were checked:</p>		
<p style="text-align: center;">   <hr/> Signature </p>	<p style="text-align: center;">   <hr/> Date </p>	