

Where does the Department's authority to regulate drug and alcohol services come from?

- Act 50 of 2010, previously Act 63 of 1972 (71 P.S. §1690.102 through §1690.115), is the primary body of Pennsylvania Commonwealth law providing the Department with the authority to regulate drug and alcohol treatment services
- Pertinent Chapters of the Pennsylvania Code:
 - 4 Pa. Code § 255.5
 - 28 Pa. Code §§ 701, 704, 705, 709, 711 and 715
- Act 50 of 2010 derives authority from Titles IX and X of the Public Welfare Code

Basic Guidelines for Submission of Application Materials/Supplemental Submissions

- **Submit information electronically via e-mail as PDF**
 - RA-licensureapps@pa.gov
- **If needed, supplemental submissions**
 - **MUST include Application Tracking #**
 - **Provided in the application acknowledgement letter**
- **Use the approved legal/project names in all communications**
- **Identify policies and procedures by the citation or reference numbers listed in the regulations**
- **IF PAPER**
 - **Do not send originals**
 - **All materials must be typewritten**
 - **Mail all materials to Division of Drug and Alcohol Program Licensure, 132 Kline Village, Suite A, Harrisburg, PA 17104**

Business Structure

- **Legal structure/governing body – examples include sole proprietor, corporations, limited liability company (LLC), partnerships, limited liability partnerships (LLP), etc**
- **Business structure documentation must be submitted with the application and will be reviewed by the Department's legal counsel**
- **Following acknowledgement of the application, the application packet and manual are assigned to a Licensing Specialist who will review the manual**

Process for a New Project

Step # 1

- **Call the Division of Program Licensure**
- **717-783-8675**
- **Request an application for a new project**
- **Provide e-mail address for the individual handling the application process**

Process for a New Project

Step # 3

- The applicant completes the application and supporting documentation
- This includes:
 - Documentation of a valid Certificate of Occupancy
 - Proof of Zoning approval for drug and alcohol treatment services
 - Complete floor plans including:
 - Location of all exits
 - Location of each smoke detector, interconnect smoke detectors (if applicable), fire pull stations (if applicable) , smoke alarms/detectors, fire extinguisher
 - Location of smoking area (if applicable)
 - Proposed use of each room
 - Bedroom diagram (if applicable)
 - Bathroom diagram

Documentation on a Certificate of Occupancy

- **Certificate of Occupancy to include the following:**
 - **The permit number and address of the building, structure or facility.**
 - **The permit holder's name and address.**
 - **A description of the portion of the building, structure or facility covered by the occupancy permit.**
 - **The name of the building code official who issued the occupancy permit.**
 - **The applicable construction code edition applicable to the occupancy permit.**

Documentation on a Certificate of Occupancy

- The use and occupancy classification under Chapter 3 (Use and Occupancy Classification) of the “International Building Code,” when designated.
- The type of construction defined in Chapter 6 (Types of Construction) of the “International Building Code,” when designated.
- Special stipulations and conditions relating to the permit and board of appeals’ decisions and variances for accessibility requirements granted by the Secretary.
- The date of the final inspection.

Process for a New Project

Step # 4

- **Application is submitted to Division of Program Licensure via e-mail**
- **An initial review of submitted materials occurs**
- **Application Checklist needs to be completed and all required documentation provided**
 - **If not, application is rejected**
 - **If completed, application is forwarded for processing**

Process for a New Project

Step # 5

- **Upon approval of all materials**
- **A date for an on-site initial inspection will be conveyed to the applicant**

Process for a New Project

Step # 6

- **License will be issued when full compliance has been determined**

Process for an Already Licensed Project

Step # 1

- **Call Division of Program Licensure**
 - **717-783-8675**
- **Request an application**
 - **Adding a new site**
 - **Adding a new activity**
- **Provide e-mail address for the individual dealing with the application process**

Process for an Already Licensed Project

Step # 2

- Application and guideline material will be sent to the applicant via e-mail
- Application must be submitted with required materials
- New location must include:
 - Documentation of a valid Certificate of Occupancy
 - Proof of Zoning approval for drug and alcohol treatment services

Process for an Already Licensed Project Step # 3

- **Application is submitted to Division of Program Licensure via e-mail**
- **An initial review of submitted materials occurs**
- **Application Checklist needs to be completed and all required documentation provided**
 - **If not, application is rejected**
 - **If completed, application is forwarded for processing**

Process for an Already Licensed Project

Step # 4

- **Assigned to Licensing Specialist**

Process for an Already Licensed Project

Step # 5

- **Upon approval of all materials**
- **A date for an on-site initial inspection will be conveyed to the applicant if it's a new site**
- **Adding a new activity may or may not require an on-site inspection**

Process for an Already Licensed Project

Step # 6

- **License will be issued when full compliance has been determined**

Process for an Application



REQUEST FOR LICENSING APPLICATION PACKET

APPLICANT/OWNER NAME: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____ COUNTY: _____

- BRAND NEW FACILITY (No other facilities or affiliates in the Commonwealth of Pennsylvania)
- ADDING A NEW ACTIVITY TO AN EXISTING FACILITY
- ADDING A NEW SITE TO AN EXISTING PROJECT

SELECT ALL THE PROPOSED DRUG AND ALCOHOL ACTIVITIES TO BE PROVIDED BY THE FACILITY BELOW:

FREE STANDING NONHOSPITAL AFFILIATED ACTIVITIES:

- INTAKE, EVALUATION AND REFERRAL
- OUTPATIENT
- INPATIENT NONHOSPITAL RESIDENTIAL TREATMENT AND REHABILITATION
- PARTIAL HOSPITALIZATION
- INPATIENT NONHOSPITAL SHORT TERM DETOXIFICATION
- INPATIENT NONHOSPITAL (TRANSITIONAL LIVING FACILITY)
- NARCOTIC TREATMENT PROGRAM (**REQUIRES OUT PATIENT DRUG-FREE LICENSE FIRST**)

HOSPITAL AFFILIATED ACTIVITIES:

- INTAKE, EVALUATION AND REFERRAL
- OUTPATIENT
- INPATIENT NONHOSPITAL RESIDENTIAL TREATMENT AND REHABILITATION
- PARTIAL HOSPITALIZATION
- INPATIENT NONHOSPITAL (SHORT TERM DETOXIFICATION)
- INPATIENT NONHOSPITAL (TRANSITIONAL LIVING FACILITY)
- NARCOTIC TREATMENT PROGRAM (**REQUIRES OUT PATIENT DRUG-FREE LICENSE FIRST**)
- INPATIENT HOSPITAL TREATMENT AND REHABILITATION
- INPATIENT HOSPITAL DETOXIFICATION

Please return this form to RA-licensureapps@pa.gov to continue with the application process.

Process for an Application

Attached you will find an APPLICATION TO ADD A NEW NON-HOSPITAL SITE , CLINICAL STAFFING INFORMATION form, FLOOR PLAN checklist, Facility Director Staffing Information, New Facility Application, Ownership and Business Management Form and Project Director Staffing Information Form.

Please complete the attached documents and email them back to this email address: RA-licensureapps@pa.gov. If you have any questions, please feel free to email me or call 717-783-8675. Additionally, you will find valuable information at the following locations:

[Chapter 704-Staffing Requirements for Drug & Alcohol treatment Activities](#)

[Chapter 705-Physical Plant Standards](#)

[Residential Facilities](#)

[Non-Residential Facilities](#)

[Chapter 709-Standards for Licensure of Freestanding Treatment Facilities](#)

[Chapter 711-Standards for Certification of Treatment Activities Which are a Part of a Health Care Facility](#)

Process for an Application

CHAPTER 705. PHYSICAL PLANT STANDARDS

Subch.

- A. [RESIDENTIAL FACILITIES](#)
- B. [NONRESIDENTIAL FACILITIES](#)

Authority

The provisions of this Chapter 705 issued under Articles IX and X of the Public Welfare Code (62 P. S. § § 901—922 and 1051—1059); and the Pennsylvania Drug and Alcohol Abuse Control Act (71 P. S. § § 1690.101—1690.114), unless otherwise noted.

Source

The provisions of this Chapter 705 adopted March 1, 2002, effective March 2, 2002, 32 Pa.B. 1183, unless otherwise noted.

(Editor's Note: (1) For currently licensed facilities, compliance will be required by December 2, 2002; (2) For any facility that applies for licensure after March 2, 2002, compliance will be required as part of the licensure process; and (3) For any facility that has applied for licensure before March 2, 2002, but is not licensed until after March 2, 2002, compliance will be required as part of the licensure process.)

Cross References

This chapter cited in 28 Pa. Code § 715.3 (relating to approval of narcotic treatment programs).

Subchapter A. RESIDENTIAL FACILITIES

Sec.

- [705.1](#) General requirements for residential facilities.
- [705.2](#) Building exterior and grounds.
- [705.3](#) Living rooms and lounges.
- [705.4](#) Counseling areas.
- [705.5](#) Sleeping accommodations.
- [705.6](#) Bathrooms.
- [705.7](#) Food service.
- [705.8](#) Heating and cooling.
- [705.9](#) General safety and emergency procedures.
- [705.10](#) Fire safety.
- [705.11](#) Child care.

§ 705.1. General requirements for residential facilities.

The residential facility shall:

- (1) Hold a license under Chapter 709 (relating to standards for licensure of freestanding treatment facilities) or a certificate under Chapter 711 (relating to standards for certification of treatment activities which are part of a health care facility).
- (2) Have a certificate of occupancy from the Department of Labor and Industry or its local equivalent.
- (3) Comply with applicable Federal, State and local laws and ordinances.

Process for an Application



OUTPATIENT ACTIVITIES LICENSING CHECKLIST

FACILITY NAME:

NOTE: This checklist must accompany the application and if *all information* (items on checklist) is not submitted at the time of application, the application **will be rejected**.

CHECKLIST ITEMS:

- Completed Checklist** *(All applicable policies and procedures must be submitted with checklist)*
- Completed Application**
- A copy of the articles of incorporation, certificate of registration, certificate of incorporation, charter, certificate of organization, or other articles, statements or documents establishing the legal existence of the facility for the license/certificate of approval. This submission shall include applicable Pennsylvania Department of State filings and approvals. For foreign entities, provide a copy of the applicable Pennsylvania Department of State filings and approvals to conduct business in Pennsylvania. This should include legal documents from inception through the present.
- A copy of the by-laws, operating agreement, partnership agreement, or other rules adopted for the regulation or management of the facility for the license/certificate of approval, regardless of the name used to describe those rules.
- Documentation of the project's organizational structure
- Summary of project's purpose and philosophy directly related to drug and alcohol services.
- Ownership and Business Management Form and all required supporting documentation
- Certificate of Occupancy
- Proof of zoning approval
- Floor Plans *(see floor plan checklist for all required items on floorplan)*
- Copy of proposed client consent to release information form
- Clinical staff information form
- Project Director Information form and resume
- Facility Director Information form and resume (if applicable)

Process for an Application



ADDING NEW SITE TO EXISTING PROJECT

OUTPATIENT ACTIVITIES LICENSING CHECKLIST

FACILITY NAME: _____

NOTE: This checklist must accompany the application and if **all information** (items on checklist) is not submitted at the time of application, the application **will be rejected**.

CHECKLIST ITEMS:

- Completed Checklist
- Completed Application
- A copy of the articles of incorporation, certificate of registration, certificate of incorporation, charter, certificate of organization, or other articles, statements or documents establishing the legal existence of the facility for the license/certificate of approval. This submission shall include applicable Pennsylvania Department of State filings and approvals. For foreign entities, provide a copy of the applicable Pennsylvania Department of State filings and approvals to conduct business in Pennsylvania. This should include legal documents from inception through the present. *(Only if changes have been made from original application).*
- A copy of the by-laws, operating agreement, partnership agreement, or other rules adopted for the regulation or management of the facility for the license/certificate of approval, regardless of the name used to describe those rules. *(Only if changes have been made from original application).*
- Documentation of the project's organizational structure
- Ownership and Business Management Form and all required supporting documentation *(Only if changes have been made from original application).*
- Certificate of Occupancy
- Proof of zoning approval
- Floor Plans *(see floor plan checklist for all required items on floor plan)*
- Proof of fire retardant mattresses
- Copy of proposed client consent to release information form
- Clinical staff information form
- Project Director Information form and resume
- Facility Director Information form and resume (if applicable)

NOTE: *If a facility is unable to attest to the use of the project's existing approved plans, policies or procedures in any of the areas, the applicable documentation must be submitted. Additionally, where specified, the applicable documents must be provided.*

Process for an Application



ADDING NEW SITE TO EXISTING PROJECT

OUTPATIENT ACTIVITIES LICENSING CHECKLIST

28 Pa. Code § 704.2. Compliance plan

- A written compliance plan to insure that the staff persons affected by this chapter meet the appropriate educational and experiential qualifications and receive training as stipulated in this chapter.
- I attest the new site will utilize the project's existing plan.*

28 Pa. Code § 704.3. General requirements for projects

- A written policy to address relapse of recovering clinical personnel. The project's policy shall also address the discipline of nonrecovering employees who abuse alcohol and other drugs.
- A written policy that addresses the recruitment and hiring of staff persons who are appropriate to the population to be served.
- I attest the new site will utilize the project's existing policies.*

28 Pa. Code § 704.11. Staff development program

- A comprehensive staff development program for agency personnel including policies and procedures for the program indicating who is responsible and the time frames for completion of the following components:
 - (1) An assessment of staff training needs.
 - (2) An overall plan for addressing these needs.
 - (3) A mechanism to collect feedback on completed training.
 - (4) An annual evaluation of the overall training plan.
- I attest the new site will utilize the project's existing policies and procedures.*

Process for an Application



ADDING NEW SITE TO EXISTING PROJECT

OUTPATIENT ACTIVITIES LICENSING CHECKLIST

Please note it is the responsibility of the applicant to review ALL regulations pertaining to the activities they are applying to provide.

I (the applicant) acknowledge that my signature is verification that I have completed this checklist truthfully and accurately, and I understand that my statements herein are made subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities).

APPLICANT SIGNATURE

DATE

Flex Beds

Dear [REDACTED];

Attached you will find the Request to Flex Beds Form, that must be completed. If you are requesting to flex beds in more than one facility, you must submit a separate form for each facility. The end date must not exceed the expiration date of your current licenses for the facility. If approved, at the time of the license renewal you may request another exception to flex beds. Additionally, you may apply for a shorter time period if that is desired.

Please reply to this email directly with your completed form(s) at your earliest convenience.

I look forward to assisting you.

Flex Beds



REQUEST TO FLEX BEDS

Facility Name: Facility Number:

Facility Address:

Provide information regarding the two activities in which the flex beds will occur:

Activity #1: [Choose an item.](#)

Approved Capacity: Current Census:

Activity #2: [Choose an item.](#)

Approved Capacity: Current Census:

Requested # of beds to be flexed:

Time frame for flexing beds: [Click here to enter a date.](#) TO [Click here to enter a date.](#)

Justification for flexing beds:

Measures to be used to accommodate flex beds:

Signature of Facility or Project Director

Date

Detox to Drug Free

Capacity Changes

Dear [REDACTED];

Attached you will find the **Request For Change in Facility Capacity Form**. If you are requesting to increase capacity in more than one facility you must submit a separate form for each Facility.

Please reply to this email directly with your completed form(s) at your earliest convenience.

Capacity Changes



REQUEST FOR CHANGE IN FACILITY CAPACITY Narcotic Treatment Provider

Facility Name: _____ Facility Number: _____

Facility Address: _____

Type of requested capacity change: Increase Decrease

Licensed capacity: _____ Current census _____ Requested capacity _____

Justification for the change in capacity:

If seeking a capacity increase, describe how the facility will accommodate the change *(if applicable, include any changes in operational and/or dispensing hours and parking)*:

STAFFING:

Current # of FTE counseling staff: _____ Proposed # of FTE counseling staff: _____
Current # of FTE dispensing staff: _____ Proposed # of FTE dispensing staff: _____

** Attach a copy outlining the name and discipline for *each* medical staff, proposed hours worked weekly upon approval of request.

NOTE:

- 1) A recent floor plan must be attached to the request.
- 2) If renovation and/or expansion require a revised Certificate of Occupancy, it must be submitted with request.

Signature of Facility or Project Director

Date



REQUEST FOR CHANGE IN FACILITY CAPACITY Non-Narcotic Treatment

COMPLETE ONE FORM PER ACTIVITY

Facility Name: _____ Facility Number: _____

Facility Address: _____

Type of requested capacity change: Increase Decrease

Specify activity impacted by request: _____

Licensed capacity: _____ Current census _____ Requested capacity _____

Justification for the change in capacity:

If seeking a capacity increase, describe how the facility will accommodate the change:

STAFFING:

Current # of FTE counseling staff: _____ Proposed # of FTE counseling staff: _____

NOTE:

- 1) A recent floor plan must be attached to the request.
- 2) If renovation and/or expansion require a revised Certificate of Occupancy, it must be submitted with request.

Signature of Facility or Project Director

Date

Please!

**Only send your information
to us once!**

TO:

RA-licensuredivision@pa.gov



DIVISION OF PROGRAM LICENSURE
EMAIL REGISTRATION REQUEST FOR FACILITY DIRECTORS OR THEIR
DESIGNEE

New Request Change in POC email address

NOTE: A separate Registration is required for each facility location.

Facility License Number as shown on your certificate of licensure/compliance:

Facility Name:

Facility Director:

The following email address is the address the above facility has designated for the electronic transmission of survey results and related licensing correspondence and materials. This email address is the address which is assigned to or accessible by the facility director or designee.

Enter email address:

Confirm email address:

I certify that the above email address will be utilized to accept and respond to survey results and related correspondence and materials concerning on-site licensure inspections by the Division of Drug and Alcohol Program Licensure.

Facility Director Signature and Date:

Once the above email address has been entered into the Survey Agency Information System, a confirmation email will be sent. Attached to this confirmation email will be a Password Agreement for Facility Directors which must be signed by the Facility Director and returned to the Division immediately. An instruction booklet on Electronic Submission of the Plan of Correction will also be attached to the confirmation email.

Questions on the electronic plan of correction process may be directed to the Administrative Officer. RA-licensureapps@pa.gov. You may mail the form to 132 Kline Plaza, Suite A, Harrisburg, PA 17104, or Fax to 717-787-3188, or scan the document and email to the email address listed above.

For Division of Program Licensure use only

Entered _____

Security Agreement Received _____

File No. _____



DIVISION OF PROGRAM LICENSURE
PASSWORD AGREEMENT FOR FACILITY DIRECTORS

I, [name of facility director], hereby certify that I am the Facility Director for [name of facility], facility number [] and that I am responsible for submitting a Plan of Correction in response to deficiencies cited by the Pennsylvania Department of Drug and Alcohol Programs, Division of Program Licensure on Form 2567, Statement of Deficiencies. Further,

- 1) I acknowledge receipt of the facility identification number and my individual password from the Pennsylvania Department of Drug and Alcohol Programs (facility ID and password will be sent upon receipt of this signed agreement);
2) I agree to maintain the confidentiality of both the facility identification number and my password;
3) I accept and acknowledge that the use of my password to electronically submit a Plan of Correction in response to deficiencies cited in the Statement of Deficiencies report identifies me as the signer of the Plan of Correction; and,
4) I further recognize and acknowledge that the use of my password in conjunction with the submission of a Plan of Correction, authorizes the Pennsylvania Department of Drug and Alcohol Programs to conclusively accept that electronic Plan of Correction as my authorized submission.

I have read and understand this Agreement and hereby agree to the above statements.

(Facility Director's signature)

(Witness signature)

(Date)

(Date)

(Facility Director's email address)

Please return original signed agreement to: PA Department of Drug and Alcohol Programs
Division of Program Licensure
132 Kline Plaza, Suite A
Harrisburg, PA 17104
717-783-8675 OR Fax to 717-787-3188

09/29/2015

PLAN OF CORRECTIONS

<https://sais.health.pa.gov/commonpoc/Login/Login.aspx>



Pennsylvania Department of Health

POC/Online Licensing - Login Page

Login ID

Password

Login

Change Password

[Forget Your Password or Disabled Account?](#)

ALL



Message Board

Please note: Passwords must be changed every 60 days. Accounts that are inactive for 180 consecutive days will be disabled. If your account has been disabled, please contact the appropriate Department of Health office to get your account activated.

[POC Instructions \(NCF\)](#)

[POC Instructions \(non-NCF\)](#)

[POC Instructions \(D/A\)](#)

[POC Instructions \(ADC/ALR\)](#)

[ONL Manuals](#)

DOES YOUR PLAN OF CORRECTION ANSWER THESE 6 QUESTIONS?

- Does it address how the facility will correct the deficiency?
- Does it address how or what steps the facility will take to ensure this deficiency does not recur?
- Does it indicate who is responsible for ensuring the corrective action(s) is implemented?
- Does it indicate the date when the corrective action(s) will be completed?
- Does it indicate a reasonable or realistic time frame for correcting the deficiency?
- Does it appropriately and/or completely address the deficiency?

Top 10 Treatment Program Deficiencies for 704's ~ Staffing Regulations

1. HIV/AIDS & STD Training ~ 116 citations
2. Counselor Training Hours (25 hours) ~ 67 citations
3. FTE Maximum Client/Staff ~ 40 citations
4. Individual Training Plan ~ 38 citations
5. CPR Certification ~ 28 citations
6. Clinical Supervisor Core Curriculum Training ~ 24 citations
7. Full-time Clinical Supervisor (FTE's) ~ 23 citations
8. Project / Facility Director Training Hours (12) ~ 18 citations
9. Staff Development Programs (outside trainings) ~ 17 citations
10. FTE Maximum Client/Counselor Ratios ~ 15 citations

Top 10 Treatment Program Deficiencies for 705's ~Physical Plant

1. Unannounced Fire Drills (nonresidential) ~ 31 citations
2. Instruct Staff on Fire Extinguishers (nonresidential) ~ 24 citations
3. Unobstructed Exits (nonresidential) ~ 22 citations
4. Alternate Exits Used during Fire Drills (nonresidential) ~ 18 citations
5. Unobstructed Exits (residential) ~ 15 citations
6. Conduct Fire Drills during Sleeping Hours (residential) ~ 15 citations
7. Instruct Staff on Emergency Procedures (nonresidential) ~ 15 citations
8. Privacy of Counseling Areas (residential) ~ 13 citations
9. Privacy of Counseling Areas (nonresidential) ~ 13 citations
10. Portable Heaters (residential) ~ 12 citations

Top 10 Treatment Program Deficiencies
for
709's ~ General Standards

1. Confidentiality (Consent Forms) ~ 138 citations
2. Annual Report ~ 37 citations
3. Annual Audit ~ 36 citations
4. Notification of Termination ~ 35 citations
5. Confidentiality of Client Identity & Records ~ 28 citations
6. Individual Staff Performance Evaluations ~ 15 citations
7. Copy of Consent Offered to Clients ~ 14 citations
8. 24 – Hour Emergency Psychiatric / Medical Coverage ~ 13 citations
9. Informing Staff of their Rights ~ 10 citations
10. Verbal Orders ~ 10 citations

Top 10 Treatment Program Deficiencies for 709.51 ~ Inpatient Non-Hospital Rehabilitation

1. Complete Client Records ~ 41 citations
2. Physical Examinations ~ 15 citations
3. Psychosocial Evaluations ~ 12 citations
4. Treatment Plan Updates ~ 8 citations
5. Individual Treatment Plans ~ 7 citations
6. Type and Frequency of Treatment Services ~ 6 citations
7. Proposed Type of Support Services ~ 6 citations
8. Preliminary Treatment and Rehabilitation Plan ~ 5 citations
9. Follow-up Information ~ 5 citations
10. Counseling Services are Provided According to Treatment Plan ~ 4 citations

Top 10 Treatment Program Deficiencies for 709.81 ~ Partial Hospitalization

1. Individual Counseling (at least twice weekly) ~ 7 citations
2. Intake and Admission: Medical History ~ 5 citations
3. Complete Client Record ~ 5 citations
4. Psychosocial Evaluation ~ 4 citations
5. Counseling Shall be Provided on a Regular Basis ~ 4 citations
6. Individual Treatment Plan ~ 3 citations
7. Treatment Plan Updates ~ 3 citations
8. Client Orientation to the Project Policies ~ 2 citations
9. Personal History ~ 2 citations
10. Requirements for Completion of Treatment ~ 1 citation

Top 10 Treatment Program Deficiencies for 709.91 ~ Outpatient Activities

1. Complete Client Record ~ 100 citations
2. Psychosocial Evaluation ~ 53 citations
3. Treatment Plan Updates ~ 43 citations
4. Proposed Type of Support Service ~ 27 citations
5. Counseling Services are Provided According to Treatment Plan ~ 27 citations
6. Individual Treatment Plan ~ 25 citations
7. Type and Frequency of Treatment Services ~ 23 citations
8. Medical History ~ 17 citations
9. Preliminary Treatment Plans ~ 14 citations
10. Consent to Treatment ~ 13 citations

Top 10 Treatment Program Deficiencies for 715's ~ Narcotic Treatment Programs

1. Urine Testing ~ 29 citations
2. Face-to-Face Determination ~ 22 citations
3. Psychotherapy Service Hours ~ 21 citations
4. Medication Control ~ 19 citations
5. Patient Termination ~ 17 citations
6. Verifying Client Identity ~ 15 citations
7. Informed Patient Consent ~ 14 citations
8. Medication Dosage ~ 12 citations
9. Annual Physical ~ 12 citations
10. Confidentiality of Patient Records ~ 11 citations

Technical Assistance

Department of Drug and Alcohol Programs

132 Kline Village

Harrisburg, PA 17104

Phone Number: (717) 783-8675

Email: RA-licensedivision@pa.gov

Attention: Gregory Tracy, Administrator Officer

Confidentiality

Organizational Type

Licensing regulations are divided into separate chapters to accommodate different organizational types.

- Chapter 710 (formally Chapter 157) – Standards for certification of drug and alcohol inpatient hospital detoxification or inpatient hospital treatment and rehabilitation services delivered in general or acute care hospitals. (medical bed – 4A, 4B)
- Chapter 709 – Standards for licensure of free-standing treatment activities (includes drug and alcohol services provided in a psychiatric hospital)
- Chapter 711 – Standards for certification of treatment activities which are part of a health care facility
- Chapter 715 – Standards for Narcotic Treatment Program (NTP)

***** for purposes of this presentation, Chapter 709 will be used*****

General Standards

- **The general standards for free-standing treatment activities deal largely with the legal and administrative organization of the facility and outline many of the operational requirements under 28 Pa. Code**
- **Areas covered include: governing body, project director, treatment/rehabilitation management, fiscal management, personnel management, confidentiality policy procedure/documentation in the client records, client rights, data collection, medication control and reporting of unusual incidents**

Review of the General Standards

- **General standards also addresses project director, and treatment/rehabilitation management written procedures**
- **Much of the content of the policy and procedure manual will address the requirements of the general standards**

Governing Body

- **Can be an individual or group of individuals with full legal responsibility for the overall operation of the project**
- **Provides the vision and oversight for the direction of the project**
- **Has specific responsibilities under 28 Pa. Code Chapters 704, 709, 711, 705, and 715**

General Standards

(continued)

Governing Body

- **The governing body is the individual or group of individuals invested with full legal responsibility for the overall operation of the project**

- **Duties of governing body includes:**
 - **Designating the position to serve as project director**
 - **Identifying the project's purpose and philosophy directly related to drug and alcohol services**
 - **Documenting the project's organizational structure**

- **If publicly funded, annual report with required information**

Treatment & Rehabilitation Management

- **Target population**
 - **Description of the general population(s) to include geographical area you plan to serve**
 - **Policy statement describing what population(s) you are targeting**

- **Treatment models and practices used – (be sure to include definitions of each) – for example:**
 - **Reality Therapy**
 - **Cognitive Behavioral Therapy**
 - **Behavioral Modification Therapy**
 - **REBT (Rational Emotive Behavioral Therapy)**

Treatment & Rehabilitation Management (continued)

- **What are the procedures to be followed from the time someone calls the program for the initial contact until they are seen by staff for evaluation?**
- **The written procedures should be very specific**

Referral Procedures / Resource Listing

- **Written procedures for referral outlining cooperation with other service providers including, but not limited to, provisions for access to emergency services**
- **Maintain a current community resource listing of other health and social service agencies**

Fiscal Management

- **The regulations require an annual financial audit by an independent certified public accountant**
- **This must be in accordance with generally accepted accounting principles which include reference to the drug and alcohol treatment activities (See 709.25)**

Personnel Management

- **Personnel policies and procedures are required if the project hires employees or uses volunteers. If all staff are contract staff, signed contracts are required**
- **Governing body adoption is required**

Confidentiality

- **What is the purpose of client confidentiality?**
- **Confidentiality at times can be overwhelming and obscure, and difficult to understand**
- **Federal and State requirements work together to ensure protection of drug and alcohol clients**



Confidentiality

- **Written procedure shall be developed which shall comply with 4 Pa. Code § 255.5 (relating to projects and coordinating bodies: disclosure of client-oriented information)**
- **The procedure must include, but not be limited to:**
 - **Confidentiality of client identity and records**
 - **Identification of project staff having access to records, and the methods by which staff gain access**
- **The project shall secure hard copy client records within locked storage containers**
- **Electronic records must be stored on secure, password protected data bases**

Client Records and Rights

- **§709.29(a) identifies responsibilities for maintaining client records**
- **§709.30 identifies client rights**
 - **Client needs to be informed of these rights and written acknowledgment by clients**

*****See specific 711 chapter for client records*****

Medication Control

- **The regulations listed under §709.32 address the requirements for medication procurement, management, documentation and security**

*****See specific 711 chapter for medication*****

Medication Control

- **Written policies and procedures are required for all programs**
- **If you do not intend to store, dispense or administer medications, the policy statement should state that (§709.32(c)(1))**

*****See specific 711 chapter for medication*****

Reporting of Unusual Incidents

The project shall develop and implement policies and procedures to respond to the following unusual incidents:

- **Policies and procedures must include all the areas under §709.34(b)(1-5)**
- **Filing of written unusual incident report with the Department within 3 business days following an unusual incident under §709.34(c)(1-5)**

Staffing Requirements

Chapter 704, Staffing Requirements for Drug and Alcohol Treatment Activities

- **The staffing requirements contain regulations that require specific policy and procedure related to staff qualifications and training**

Staffing Requirements (continued)

- **§ 704.11(a) requires a complete policy on an agency-wide training plan**
- **§ 704.11(a)(1)–(4) addresses the specific documentation components required for the agency training plan**
- **§ 704.11(b) addresses a written individual training plan for each employee**

Staffing Requirements (continued)

- **§ 704.11 (c)-(d) addresses general training requirements and training requirements for various positions within the project**

Licensing Alerts

- Division of Program Licensure Licensing Alert 01-14
 - **OUTPATIENT CLIENTS RECEIVING DIRECT COUNSELING SERVICES LESS THAN TWICE PER MONTH – CLIENT TO COUNSELOR CASELOADS AND DEPARTMENT APPROVED CAPACITY**
- Division of Program Licensure Licensing Alert 01-15
 - **SUPERVISION OF COUNSELOR ASSISTANTS**
- Division of Program Licensure Licensing Alert 02-15
 - **STAFFING REGULATIONS: REQUIREMENTS FOR QUALIFICATION FOR THE POSITION OF COUNSELOR**
- Division of Program Licensure Licensing Alert 03-15
 - **STAFFING REGULATIONS: PROJECT WIDE VERSUS FACILITY SPECIFIC ENFORCEMENT**

Contact Information

Department of Drug and Alcohol Programs

Division of Program Licensure

132 Kline Village, Suite A

Harrisburg, PA 17104

717-783-8675 telephone

717-787-3188 fax

www.ddap.pa.gov/dapl

RA-licensuredivision@pa.gov