

## Substance Abuse Treatment Certification Rule

### Chapter 8 – Alcohol and Drug Abuse

#### Subchapter 4

#### **1.0** Authority

1.1 This rule is adopted pursuant to 8 V.S.A § 4089b and 18 V.S.A § 4806.

#### **2.0** Purpose

2.1 This rule provides the Vermont Department of Health, Alcohol and Drug Abuse Programs (ADAP) Approved Providers and Preferred Providers certification and operational requirements.

#### **3.0** Definitions

3.1 **“Accreditation body”** means an organization that issues credentials or certifies third parties pursuant to official standards.

3.2 **“Aftercare”** means services supportive of therapeutic gains to person’s served who have completed a level of treatment within the past 60 days.

3.3 **“Applicant”** means any individual(s), partnership, corporation, association, or organization that has submitted a written application to operate a certified substance abuse program or service.

3.4 **“Approved provider”** means any substance abuse organization who has attained a certificate of operation from ADAP, but does not currently have an existing contract or grant from ADAP to provide substance abuse treatment.

3.5 **“Assessment”** means a process of evaluation and documentation of an individual(s) social, mental, and physical past history and current status to determine if the person(s) has a diagnosable condition and is in need of treatment services.

3.6 **“Commissioner”** means the Commissioner of Health.

3.7 **“Component”** means an organizational subsection of a program, either on-site or at another location. For example, multiple treatment units, community education, outreach, and emergency services might all be components of a substance abuse program.

3.8 **“Counseling”** means the interaction between a counselor and a person served intended to result in a positive change in that person’s social, mental and/or physical status.

- 3.9 **“Counselor”** means an individual employed by a substance abuse treatment program to provide counseling services.
- 3.10 **“Department”** means the Vermont Department of Health.
- 3.11 **“Diagnosis”** means the process of identifying the specific nature and type of disease and/or problems of an individual based on an assessment of the person’s social, mental, and physical past history and current status, and of documenting the opinion using the criteria and format of the current edition of the Diagnostic and Statistical Manual of Mental Disorders – of the American Psychiatric Association.
- 3.12 **“Executive director”** means the chief executive officer (CEO) or managing director of an organization responsible for the design, development and implementation of the strategic plans for their organization, as well as the day-to-day operations including managing committees and staff and developing business plans in collaboration with the board for the future of the organization.
- 3.13 **“Full certificate”** means a certificate that identifies a facility as being in compliance with these regulations, the ADAP Service Guidelines, other relevant provision of the ADAP grant/contract assurances, and any other applicable laws and rules.
- 3.14 **“IOP”** means Intensive Outpatient Treatment Program which provides treatment for at least three hours per day for at least three days per week for a period of consecutive weeks.
- 3.15 **“Licensed Alcohol & Drug Abuse Counselor (LADC)”** means an individual who has met the requirements for alcohol and drug treatment counselor as outlined in the Alcohol and Drug Abuse Counselor Licensing Rules, and Title 26 Chapter 62.
- 3.16 **“Long-Term Residential”** means the average length of stay in the residential program is greater than thirty days.
- 3.17 **“Medication Assisted Therapy (MAT)”** means the use of medications, in combination with counseling and behavioral therapies, to provide a comprehensive approach to the treatment of opioid substance use disorders.
- 3.18 **“Outpatient served program”** means the provision of assessment and treatment services in a non-residential setting.
- 3.19 **“Outreach”** means the development and implementation of a plan to interact with a community or geographic area and its organizations for the purpose of identifying persons in need of services, alerting individuals and organizations to the availability and location of services, encouraging and assisting persons to accept and enter program services, and developing organizational affiliations to

facilitate the referral of persons served when necessary.

- 3.20 **“Policy”** means a written and dated statement or course of action designed to determine and govern the decisions, activities, procedures and/or operations of a program and its employees and representatives.
- 3.21 **“Preferred provider”** means any substance abuse organization who has attained a certificate of operation from ADAP, and has an existing contract or grant from ADAP to provide substance abuse treatment.
- 3.22 **“Procedure”** means a series of activities designed to implement program goals or policy.
- 3.23 **“Program”** means an organizational entity, which provides treatment services to persons with substance abuse problems. A program may be an identified administrative unit within a larger organization; it may also consist of more than one component.
- 3.24 **“Provisional certificate”** means a certificate that is given when an organization is not in full compliance with these regulations, applicable laws and rules, ADAP’s Service Guidelines, and all other ADAP grant/contract assurances.
- 3.25 **“Residential programs”** means an organized service provided by trained staff with 24-hour supervision, observation, and support to ensure the provision of treatment services to a person served who resides on the premises during the course of treatment.
- 3.26 **“Risk management plan”** means a document prepared to foresee risks, estimate impacts, and define responses to issues.
- 3.27 **“Screening”** means a simple test performed to identify those who are likely to have a specified disease.
- 3.28 **“Short-term Residential”** means the average length of stay in the residential program is thirty days or less.
- 3.29 **“Treatment plan”** means a written document created to guide the course of treatment that is developed with the participation of the person served, which is appropriate to meet the person’s needs, and which specifies goals, activities, and services determined through the process of assessment.
- 3.30 **“Withdrawal management services”** means the provision of medical and/or social services in a facility staffed 24 hours per day to persons served who are experiencing or are at risk for experiencing physical withdrawal from alcohol or other drugs. Social setting withdrawal management services take place in a non-medical facility, a unit of which has been specifically structured and staffed to provide the above services. Medical monitored withdrawal management services

are delivered by medical and nursing professionals and the symptoms of the person served are severe enough to 24-hour inpatient care.

#### **4.0 Certification**

- 4.1 Certification pursuant to this rule is required for any substance abuse treatment organization that wishes to seek state or federal funding.

#### **5.0 Types of Certification**

##### 5.1 Full

- 5.1.1 Full Certification means that the organization has demonstrated compliance with all parts of this rule, applicable laws, ADAP's Service Guidelines, and all other relevant ADAP grant/contract assurances.
- 5.1.2 Full Certification allows a provider to operate a substance abuse treatment facility and to receive state and federal funding.
- 5.1.3 Full Certification may be granted for a period of not more than three years.

##### 5.2 Provisional

- 5.2.1 Provisional Certification allows an organization to temporarily operate a substance abuse treatment facility and to receive state and federal funding until a Full Certification can be obtained.
- 5.2.2 Provisional Certification means that the organization has demonstrated partial compliance with parts of this rule, applicable laws, ADAP's Service Guidelines, and all other relevant ADAP grant/contract assurances and has an ADAP-approved compliance plan.
- 5.2.3 Provisional Certification may be issued:
  - 5.2.3.1 To an organization that has not been granted full certification but demonstrated partial compliance with parts of this rule, applicable laws, ADAP's Service Guidelines, and all other relevant ADAP grant/contract assurances and has an ADAP-approved compliance plan consistent with this subsection.
  - 5.2.3.2 To a provider that currently holds full certification and intends to add new substance abuse treatment service components, modules, and/or service sites not covered by the full certification.

5.2.3.3 To a provider that currently holds full certification and has been found to be in non-compliance with this rule, applicable laws, ADAP's Service Guidelines, and all other relevant ADAP grant/contract assurances and has a ADAP-approved compliance plan consistent with this subsection.

5.2.4 All recipients of a provisional certificate must submit a compliance action plan to ADAP for approval within 30 days of the receipt of the provisional certificate.

5.2.5 The provisional certificate shall not exceed 12 consecutive months in total length.

## **6.0 Requirements For Certification**

### **6.1 Organizational Capacity and Accountability**

6.1.1 Every applicant shall demonstrate ability to remain in compliance and be accountable to these regulations, applicable laws and rules, ADAP's Service Guidelines, and all other ADAP grant/contract assurances throughout the certification period.

6.1.2 Fiscal management practices must be in accordance with generally accepted accounting practices.

6.1.3 An annual financial and compliance audit will be performed by an independent public accountant in accordance with all applicable State and Federal laws, regulations, policies, and procedures.

6.1.4 The organization will have a risk management plan.

6.1.5 The organization shall establish and maintain appropriate personnel policy and procedure manuals.

6.1.6 The policies and procedures shall require supervision of any staff who provide billable substance abuse services to be conducted by a Licensed Alcohol and Drug Counselor (LADC) or a physician with an American Society of Addiction Medicine (ASAM) certification.

6.1.7 The organization shall have and make available to all employees a personnel policy and procedures manual.

6.1.8 The organization has written and dated policies and procedures that define the format and content of records for persons served.

6.1.9 The organization shall have written policies and procedures designed to inform and protect the rights of the persons served. At a minimum the

policies and procedures shall meet the Substance Abuse Services Guidelines with respect to policies governing:

- 6.1.9.1 Format and content of the records of persons served,
- 6.1.9.2 Confidentiality,
- 6.1.9.3 Handling, storage and disposition of records,
- 6.1.9.4 The ability of persons served to have access to:
  - 6.1.9.4.1 Their records,
  - 6.1.9.4.2 Individualized treatment plan,
  - 6.1.9.4.3 Timely information pertinent to the person served to help facilitate their decision making, and
  - 6.1.9.4.4 A formal complaint and grievance process.

## 6.2 Program and Clinical Service Efficacy

Every applicant shall demonstrate sufficient program and clinical service efficacy to run the substance abuse treatment services and treatment modules described in the application and in the specified sites, and consistent with these regulations, applicable laws and rules, ADAP's Substance Abuse Service Guidelines, and all other ADAP grant/contract assurances.

- 6.2.1 Service delivery models and strategies shall be based on accepted practices in the field and incorporate current research, evidence-based practice, peer-reviewed publications, clinical practice guidelines, and/or expert professional consensus.
- 6.2.2 Non-licensed staff hired into a position that provides billable substance abuse treatment services shall acquire an Addiction Apprentice Professional certificate through the Vermont Alcohol and Drug Abuse Certification Board within 180 days of hire.
- 6.2.3 Every practitioner providing billable substance abuse services shall be under the supervision of a Vermont certified Licensed Alcohol and Drug Counselor (LADC) or a physician with an American Society of Addiction Medicine (ASAM) certification.
- 6.2.4 The organization shall utilize written and standardized admission criteria for each level of care offered within the organization.

- 6.2.5 The organization shall implement written screening/eligibility policies and procedures that will include use of the ASAM Criteria to direct the person served to the most appropriate level of care.
- 6.2.6 The organization shall have written and dated policies and procedures for obtaining an assessment and the determination of a diagnosis of the person served.
- 6.2.7 The assessment shall be completed, verified by dated signature, within the following time frames:
  - 6.2.7.1 Outpatient and intensive outpatient programs by the end of the third visit.
  - 6.2.7.2 Short-term residential and withdrawal management programs by the end of the fourth day.
  - 6.2.7.3 Long-term residential programs by the end of the fifteenth day.
- 6.2.8 For persons served who will remain in treatment with the program beyond the fourth visit for outpatient and IOP programs and beyond the fifth day for residential programs, the plan will be completed, dated, and signed by:
  - 6.2.8.1 The end of the fourth visit (for outpatient and IOP programs).
  - 6.2.8.2 The end of the fifth working day (for all residential programs).
  - 6.2.8.3 The person served will sign and date a statement, included in the treatment plan, indicating that he/she has reviewed, participated in the development of, and understands the treatment plan.
- 6.2.9 The organization has written and dated policies and procedures on persons served who are transitioning or are discharged from the program.
  - 6.2.9.1 The policy shall require the development of a written aftercare plan developed with the person served for all planned discharges or transitions from the program.
  - 6.2.9.2 The policy shall require a recorded discharge summary of the person served within seven days following discharge signed and dated by the counselor.
- 6.2.10 The organization has written and dated policies and procedures regarding pharmaceutical practices.

- 6.2.11 The organization has written guidelines for the management of mental health crisis and emergency care.
- 6.2.12 The organization will provide case management and care coordination services that provide goal-oriented and individualized support focused on improving self-sufficiency for the person served through assessment, planning, linkage, advocacy, coordination, outreach, and monitoring.
- 6.2.13 The organization maintains and implements a quality improvement plan and documents actions toward the areas shown to need improvement.
- 6.2.14 Levels of Care or Modalities of Care
  - 6.2.14.1 The Applicant shall be authorized to provide only the specific modalities of care and associated services, at specific sites, defined within an ADAP application form and approved and certified by ADAP. Authorization shall be considered for the following Levels/Modalities of Care:
    - 6.2.14.1.1 Withdrawal management (non-medical),
    - 6.2.14.1.2 Outpatient care,
    - 6.2.14.1.3 Intensive outpatient care,
    - 6.2.14.1.4 Residential care,
    - 6.2.14.1.5 Medication Assisted Therapy (MAT), and
    - 6.2.14.1.6 Case management.

## **7.0 Waivers**

- 7.1 ADAP may grant a waiver for variance from any provision of these rules and the ADAP Service Guidelines if it determines that strict compliance would impose substantial hardship on the organization; the organization would otherwise meet the goal of the statutory provision or the rule; and a variance would not result in decreased service to or protections of the health, safety or welfare of the individuals in their designated service area.
- 7.2 All requests for waivers shall be made in writing at the time of initial or renewal application submitted to ADAP.
- 7.3 Requests for the waiver shall:
  - 7.3.1 Identify the regulation for which a waiver is requested,

- 7.3.2 Provide an explanation of why the provisions cannot be met,
- 7.3.3 Provide a description of the alternative method proposed for meeting the intent of the provision in question, and
- 7.3.4 Waivers granted shall be for a specific period not to exceed the term of the certificate.

## **8.0 Application Process**

- 8.1 Agencies seeking certification must submit a completed application form, available upon request from ADAP, which has been signed and dated by the Executive Director or Board President.
- 8.2 Every application shall be accompanied by proof of fire marshal inspection for each site.
- 8.3 The applicant shall be in good standing with the Vermont Department of Taxes, pursuant to 32 V.S.A §3113.
- 8.4 If relevant, the application shall provide proof that the substance abuse treatment program has been certified by an ADAP approved accreditation body for the term of the accreditation.
- 8.5 The application shall certify if the applicant also meets any additional standards and criteria established by these regulations, applicable laws and rules, ADAP's Service Guidelines, and all other ADAP grant/contract assurances.

## **9.0 Inspection**

- 9.1 The Department may, without notice, perform an inspection and survey for compliance with these regulations, other applicable laws and rules, ADAP's Service Guidelines, and all other ADAP grant/contract assurances at its discretion.

## **10.0 Application Review**

- 10.1 ADAP will issue a full certificate to an agency provider after review of their application showing that the agency has filled the requirements within these rules and have demonstrated compliance with any other applicable laws and rules, ADAP Service Guidelines, and all other ADAP grant/contract assurances.

## **11.0 Renewals**

- 11.1 Providers seeking to renew a certification shall submit an application form for all substance abuse treatment services, and modules, and/or sites for which they are seeking renewal approval within 60 before and 120 days after the current certificate expires.

- 11.2 Failure to file a timely application may result in the interruption of operations and services resulting from an expired certification.

## **12.0 Suspensions and Revocations**

### 12.1 Opportunity to Cure

12.1.1 A provider found to be in non-compliance of these regulations, applicable laws and rules, ADAP's Service Guidelines, or other ADAP grant/contract assurances subject to these requirements shall be notified by the Department in writing of the violations.

12.1.2 A provider shall cure the non-compliance within sixty (60) days from the date of notice.

12.2 The Department may order the suspension or revocation of a certification at any time for non-compliance of these regulations, applicable laws and rules, ADAP's Service Guidelines, and all other ADAP grant/contract assurances subject to the requirements of 3 V.S.A. § 809, including summary suspension if the Department finds that public health, safety, or welfare imperatively requires emergency action, and incorporates a finding to that effect in its order.

12.3 Following the suspension of a certification, the Department may issue a provider a Provisional Certification.