

**DEPARTMENT OF PUBLIC HEALTH  
AND HUMAN SERVICES**

**CHAPTER 27**

**CHEMICAL DEPENDENCY PROGRAMS**

**Subchapter 1**

**Approval of Chemical Dependency Programs**

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CHEMICAL DEPENDENCY PROGRAMS 37.27.101

Subchapter 1

Approval of Chemical Dependency Programs

37.27.101 CHEMICAL DEPENDENCY TREATMENT PROGRAMS

(1) Purpose. The purpose of this rule is to establish treatment standards for the approval of programs extending treatment services to alcoholics, intoxicated persons, persons incapacitated by alcohol, drug abusers and family members pursuant to 53-24-208, MCA; standards for acceptance of persons into the treatment program and standards by which the administrator may determine which persons may be admitted to an approved public treatment program as an alcoholic, drug abuser or family member pursuant to 53-24-209, MCA. (History: Sec. 53-24-207, MCA; IMP, Sec. 53-24-207, MCA; TRANS, Ch. 280, L. 1975, Eff. 1/2/77; AMD, 1981 MAR p. 1899, Eff. 1/1/82; AMD, 1983 MAR p. 1463, Eff. 10/14/83; TRANS, from DOC, 1998 MAR p. 1502.)

37.27.102 DEFINITIONS In addition to the terms defined in 53-24-103, MCA:

- (1) "ADIS" means the alcohol and drug information system.
- (2) "Administrator" means the person in charge, care or control of the treatment program and responsible for the operation of the program.
- (3) "Aftercare" means counseling services provided to a client, who has completed inpatient or intensive outpatient care, to enhance the chances of recovery. This service is provided at least once weekly (generally group) for a period of at least 12 weeks.
- (4) "Approved list" means the listing of the department approved workshops relevant to chemical dependency personnel and trainers who possess the qualifications to train such personnel.
- (5) "Biopsychosocial assessment" means a comprehensive assessment which includes a history of the use of alcohol and other drugs, physical, emotional, social and spiritual needs. This assessment corresponds to the checklist of dimensional admission criteria utilized in patient placement.
- (6) "Capacity grace period" means if, through lack of capability or other reason, the department is unable to accommodate an applicant for testing, a grace period will be granted to operate on registration alone until the applicant can be tested.
- (7) "Chemical dependency counselor" means an individual licensed as a licensed addiction counselor pursuant to 37-35-202, MCA, and as described in ARM 8.11.101 through 8.11.120.
- (8) "Client" means a person being treated for a chemical dependency related problem who is formally admitted to the program within the admission criteria set by the program.
- (9) Counseling:
  - (a) "Family" means face-to-face interaction between a

certified or eligible chemical dependency counselor and family member or members for a specific therapeutic purpose.

(b) "Group" means face-to-face interaction between two or more clients and a certified or eligible chemical dependency counselor for a specific therapeutic purpose.

(c) "Individual" means a face-to-face interaction between a certified or eligible chemical dependency counselor and an individual client for a specific therapeutic purpose.

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37.27.102

(10) "Day treatment care component" means services for persons requiring a more intensive treatment experience than intensive outpatient but who do not require inpatient treatment. This level of care provides at least five hours of contact time per day for at least four days per week. This service is generally provided within an inpatient setting and requirements for services are the same with the exception of residential.

(11) "Detoxification (emergency care) component" means the services required for the treatment of persons intoxicated or incapacitated by alcohol and/or drugs. Detoxification involves clearing the system of alcohol and/or drugs and enabling individual recovery from the effects of intoxication. These services include screening of intoxicated persons, counseling of clients to obtain further treatment, and referral of detoxified persons to other appropriate treatment programs. Medical detoxification refers to short term treatment in a licensed medical hospital. Non-medical detoxification refers to short term treatment in a social setting with 24 hour supervision.

(12) "Documentable or documented" means a person who by position is found credible by the department (e.g., a program director, personnel manager, program board officer) and will sign a form attesting the dates, hours, and job titles reported for salaried employment or annual clock hours of service per year for volunteers, etc., as required. For academic work this would be an official transcript. For workshop, it would be a record of the training or affidavit.



dependency education; organized individual, group and family counseling; discharge referral to necessary supportive services and a client follow up program after discharge.

(21) "Inpatient-hospital care component" means treatment for persons requiring 24-hour supervision in a licensed hospital or suitably equipped medical setting licensed by the department under 50-5-201, MCA. Services include medical evaluation and health supervision; chemical dependency education; organized individual, group and family counseling; discharge referral to necessary supportive services; and a client follow up program after discharge.

(22) "Intensive outpatient care component" means treatment for persons requiring a structured outpatient program providing at least 10 to 30 hours of counseling and chemical dependency education services per week for a duration of four to six weeks. Services shall include assessment, group, individual, and family counseling, chemical dependency education, referral and discharge.

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(23) "Intermediate care (transitional living) component" means a non-medical residential facility in a community based setting. These facilities provide a transitional phase for individuals who have recently received chemical dependency inpatient care services and require a moderately structured living arrangement. Services provided include counseling services (individual and group), chemical dependency education and social and recreational activities. These individuals are encouraged to seek vocational rehabilitation, occupational training, education and/or employment as soon as possible.

(24) "Judges" means persons rating work performance tapes.

(25) "Limited approval" means a status of state approval

granted to chemical dependency treatment programs which are requesting approval for the first time and who have not attained substantial compliance specified in these rules. Limited approval is granted to provide them with time to comply with standards. Limited approval shall not be issued for more than a six month period.

(26) "Medicaid provider of substance dependency and abuse treatment services" means a state approved inpatient free standing, intensive outpatient, outpatient, or intermediate care provider of chemical dependency treatment services. The provider must be enrolled in the substance dependency/abuse medicaid rehabilitation option 32 set forth in ARM 37.27.901. To be enrolled the provider must meet the standards and follow the procedures adopted and incorporated by reference in ARM 37.27.912.

(27) "Outpatient care component" means services provided on a regularly scheduled basis to clients residing outside a program. Services include crisis intervention; counseling; chemical dependency education; referral services; and a client follow up program after discharge.

(28) "Outreach" means the process of reaching into a community systematically for the purpose of identifying persons in need of services, alerting persons and their families to the availability of services, locating other needed services, and enabling persons to enter and accept those services.

(29) "Panel" means the group of three persons who conduct oral examinations for an endorsement area.

(30) "Panelist" means a person serving on an oral examination panel.

(31) "Person(s)" means an individual or a group of individuals, association, partnership or corporation.

(32) "Physician" means a medical doctor licensed by the state of Montana.

(33) "Program" means the general term for an organized system of services designed to address the treatment needs of

clients.

(34) "Program effectiveness" means utilization of measurable indicators to demonstrate effectiveness.

(35) "Quality assurance" means a program and/or efforts designed to enhance quality care through an ongoing objective assessment of important aspects of client care and the correction of identified problems.

(36) "Registry" means the list on which applicants for certification are placed.

(37) "Removal from system" means any applicant who has been on the registry for two years without obtaining sufficient points for certification will be dropped from consideration. Those who are dropped may not reapply for a period of two years.

(38) "Residential" means a facility providing 24 hour care, room and board.

(39) "Restricted approval" means a status of state approval granted to an approved chemical dependency treatment program which has failed to maintain substantial compliance. Restricted status is issued for a maximum of 90 days in order to allow programs to meet substantial compliance. This approval cannot be renewed.

(40) "Revoke" means invalidation of approval of a chemical dependency program.

(41) "Role play" means a spontaneous exchange between the counselor and the person playing the part of the client for the purposes of the taped work sample. Reading from a prepared script will not be considered as a test of counselor competency.

(42) "Rounding" means that if totaling and averaging (e.g., with FTEs) result in fractional points, these will be rounded down to reflect amounts clearly earned.

(43) "State approved program" means a program reviewed and accepted by the department to provide substance dependency services.

(44) "Substantial compliance" means conformity with at least 70% of the rules and regulations for each applicable service component as described in this chapter.

(45) "Suspension" means invalidation of approval of a chemical dependency treatment program for any period less than one year or until the department has determined substantial compliance and notifies the program of reinstatement.

(46) "Trainee/intern privileges" means authorization by a certified counselor to allow a trainee or intern to provide counseling services on a progressive basis which are closely monitored and supervised within well described limits and are based on their training, experience, demonstrated competency, ability and judgment.

(47) "Training day" means a training day is six to 10 hours of continuous training. When dates and hours are available, credit will be granted.

(48) "Volunteers" means a person or persons who offer their services free of charge.

(a) "Active volunteer" means an individual who has 50 hours per year of volunteer time. (History: Sec. 53-24-204, 53-24-208, 53-24-209 and 53-24-215, MCA; IMP, Sec. 53-24-204, 53-24-208, 53-24-209 and 53-24-215, MCA; TRANS, Ch. 280, L. 1975, Eff. 1/2/77; AMD, 1981 MAR p. 1899, Eff. 1/1/82; AMD, 1983 MAR p. 1463, Eff. 10/14/83; AMD, 1985 MAR p. 1768, Eff. 11/15/85; AMD, 1987 MAR p. 2383, Eff. 12/25/87; AMD, 1990 MAR p. 737, Eff. 4/13/90; AMD, 1992 MAR p. 1477, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1502; AMD, 2003 MAR p. 803, Eff. 4/25/03.)

Rules 03 through 05 reserved

CHEMICAL DEPENDENCY PROGRAMS 37.27.106

37.27.106 DEPARTMENT PROCEDURES FOR APPROVAL OF CHEMICAL DEPENDENCY TREATMENT PROGRAMS (1) Each public or private program providing services for chemical dependency treatment and receiving alcohol earmarked revenue funds under 53-24-108, MCA, shall be subject to approval by the department. The department will issue approval for the following service components: detoxification (emergency care), inpatient hospital, inpatient free standing, intermediate (transitional living), and outpatient. A program may be approved for more than one service if the program complies with the specific requirements for approval of each service provided. Programs providing detoxification (non-medical) must also provide at least one of the other components listed above. The certificate of approval shall be obtained annually. Issuance of the certificate of approval shall be conditional to establishing and operating programs in compliance with this rule.

(2) Chemical dependency treatment programs seeking departmental approval of one or more of the services shall submit written application to the department on a form provided by the department.

(a) Such application shall include a detailed description of the facility, personnel and services to be provided.

(3) The application shall be completed as per instructions.

(a) A letter from the applicant, including supporting information and statistics, showing that there is a need in the community for the type of services requested in the application and does not duplicate existing services.

(b) If applicable, evidence that the program has met the certificate of need rules and regulations as required by the Montana Certificate of Need Law.

(c) Evidence that the need for the requested services are included in the county plan as required by 53-24-211, MCA.

(4) Within 30 days of receiving the application, the department will notify the applicant in writing of acceptance or denial of the application.

(5) If the department denies the application for approval, the applicant has 30 days to request a formal hearing as



and regulations.

(10) The department may revoke or suspend any service component listed in ARM 37.27.106(1) if a program ceases to provide those services for which it has been approved. (History: Sec. 53-24-208 and 53-24-204, MCA; IMP, Sec. 53-24-208, MCA; TRANS, C. 207, L. 1975, Eff. 1/2/77; AMD, 1981 MAR p. 1899, Eff. 1/1/82; AMD, 1983 MAR p. 1463, Eff. 10/14/83; AMD, 1987 MAR p. 2383, Eff. 12/25/87; TRANS, from DOC, 1998 MAR p. 1502.)

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37.27.108

37.27.108 ADMINISTRATIVE MANAGEMENT - GOVERNING BODY

(1) A program shall have a governing body which is legally responsible for the conduct of the program.

(2) The governing body shall establish a philosophy of policies and goals.

(3) Policies shall be in writing governing admissions, discharges, length of stay, diagnostic groups to be served, scope of services, treatment regimens, staffing patterns, recommendations for continued treatment by referral or otherwise, and provision for a continuing evaluation of the program.

(4) The governing body shall be responsible for providing personnel, facilities, and equipment needed to carry out the goals and objectives of the program and meet the needs of the residents.

(5) The governing body shall appoint an administrator. Policies shall be in writing governing the qualifications and responsibilities of the administrator. (History: Sec. 53-24-209, MCA; IMP, Sec. 53-24-208, MCA; TRANS, C. 280, L. 1975, Eff. 1/2/77; TRANS, from DOC, 1998 MAR p. 1502.)

Rules 09 through 14 reserved

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37.27.115 ALL PROGRAMS - ACCEPTANCE OF PERSONS INTO THE TREATMENT PROGRAM (1) The program shall ensure compliance with 53-24-209, MCA.

(2) The program shall admit and care for only those persons for whom they can provide care and services appropriate to the person's physical, emotional, and social needs.

(3) If a chemically dependent person is not admitted to an approved treatment program for the reason that adequate and appropriate treatment is not available at that program or facility, the administrator shall refer that person to another treatment program at which adequate and appropriate treatment is available.

(4) Approved chemical dependency treatment programs shall provide services to persons with alcohol and alcohol related problems, or to their families, without regard to source of referral, race, color, creed, national origin, religion, sex, age or handicap.



associated with the approved chemical dependency treatment program.

(d) Be provided reasonable opportunity to practice the religion of his or her choice, alone and in private, insofar as such religious practice does not infringe on the rights and treatment of others, or the treatment program. The client also has the right to be excused from any religious practice.

(e) Not be denied communication with family in emergency situations.

(f) Not be subjected by program staff to physical, psychological or sexual abuse, corporal punishment, or other forms of abuse administered against their will including being denied food, clothing or other basic necessities.

(g) Have services for men and women which reflect an awareness of the special needs of each gender. All residential facilities shall provide equivalent, clearly defined, and well supervised sleeping quarters and bath accommodations for male and female clients.

(h) Have access to an established client grievance procedure. (History: Sec. 53-24-105 and 53-24-305, MCA; IMP, Sec. 53-24-305, MCA; TRANS, C. 280, L. 1975, Eff. 1/2/77; AMD, 1981 MAR p. 1899, Eff. 1/1/82; AMD, 1983 MAR p. 1463, Eff. 10/14/83; AMD, 1990 MAR p. 737, Eff. 4/13/90; TRANS, from DOC, 1998 MAR p. 1502.)

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37.27.120

37.27.120 ALL PROGRAMS - ORGANIZATION AND MANAGEMENT

(1) The administrative organization of all approved chemical dependency treatment programs shall ensure that:

(a) Lines and delegation of authority, responsibilities, structure and reporting relationships are explicitly stated in writing and delineate all staff positions and functions. Supervision must be clearly demonstrated.

(b) Development and implementation of a policies and procedures manual describing in detail the program services and personnel services and includes all policies and procedures required by these rules.

(c) The policy and procedure manual is reviewed and revised as necessary to keep it current.

(d) The program administrator reports to the governing body at least quarterly on progress toward goals and objectives which contain all of the required effectiveness indicators.

(e) The program will develop and conduct program self evaluations and report results to the governing body.

(f) Adequate staff to meet client requests for services and professional counseling staff/client ratios are at an acceptable level as determined by the department.

(g) All clients have individualized treatment plans. These treatment plans shall:

(i) Be designed to help the client understand and overcome his or her illness.

(ii) Be the focal point in the documentation of the treatment of the client.

(iii) provide summary statements of the clients' problems, appropriate realistic goals, and strategies for achieving goals. Goals should be defined as long or short term.

(iv) Delineate the treatment process.

(v) Reflect all services provided to the client and itemize the basic purpose of each service.

(vi) Be reviewed and updated as appropriate for the component.

(h) That progress notes are maintained on all clients. Progress notes shall:

(i) Be required to provide documentary evidence of person-to-person services provided to the client.

(ii) Be used in conjunction with the treatment plan to assess progress made in attaining treatment plan goals and ensure needed modifications. (These may occur as staffing notes.)

(iii) Relate to the treatment plan, i. e., if a new problem is identified in the note it must also be entered on the plan.

(iv) Be the primary tool for reviewing clients' progress.

(v) Include documentation of important events, information, reported third party statements affecting the client and contacts from referral sources.

(vi) Be written specific to each service component. One of these should be a staffing note.

(i) A properly completed "authorization for release of information form" which meets all the federal and state requirements is completed for each disclosure of information concerning the client.

(j) Dimensional admission, continued stay and discharge criteria must be developed for each component to promote the least restrictive level of care and encompass the following dimensions:

(i) Alcohol and/or drug intoxication and/or potential withdrawal;

(ii) Physical conditions or complications;

(iii) Emotional/behavioral conditions and complications;

(iv) Treatment acceptance/resistance;

(v) Relapse potential;

(vi) Recovery environment (support systems);

(vii) Considerations - two factors must be considered in making treatment placement decisions which override the patient treatment match determined by these criteria:

(A) prior treatment failure and

(B) availability of the selected level of care. A treatment failure at any given level of care may indicate the need for treatment at a higher level of care. Note: Nationally recognized samples of dimensional admission, continued stay, and discharge criteria are available at the department of public health and human services, addictive and mental disorders division.

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(k) Security measures are adequate and are in compliance with the confidentiality rules and regulations.

(l) Client records are retained according to the following guidelines:

(i) If a state approved chemical dependency program is receiving public funds through a contract, grant or written agreement with federal, state, county or city agencies, records must be retained 5 years beyond the termination date of said contract, grant or written agreement. Records shall be retained beyond the 5 year period if an audit is in process or if any audit findings, litigations or claims involving the records have not been resolved. The retention period for each year's records starts from date of submission of the annual or final report of expenditures (financial status report or equivalent).

(ii) If a state approved program is not receiving public funds (federal, state, county or city) records must be retained 5 years beyond the fiscal year end (June 30th) in which that client was most recently discharged from that program. Records shall be retained beyond the 5 year period if an audit is in process or if any audit findings, litigations or claims involving the records have not been resolved.

(m) Facilities are clean and well maintained.

(n) Accounting and fiscal procedures are adopted which ensure financial accountability and meet all federal, state and county requirements.

(o) A sliding fee schedule is adopted based on ability to pay for all individuals receiving treatment services provided by approved chemical dependency programs. (53-24-108(4), MCA)

(p) They maintain at least \$300,000 liability insurance and professional liability insurance on all staff providing counseling service and workers' compensation on all personnel.

(q) Sub-contracts and service agreements include a description of services; basis for payment; total amount of contract; duration of contract; and appropriate signatures of program administration and a representative of the governing body. (History: Sec. 53-24-204, 53-24-207 and 53-24-208, MCA; IMP, Sec. 53-24-208, 53-24-209 and 53-24-306, MCA; TRANS, C.



(5) A planned, supervised orientation shall be provided to each new employee to acquaint him or her with the organization of the program, physical plant layout, his or her particular duties and responsibilities, the policies, procedures, and equipment which are pertinent to his or her work and the disaster plan for the facility.

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37. 27. 121

(6) Each employee shall have a tuberculin test upon employment.

(7) Employees with a communicable disease in an infectious stage shall not be on duty.

(8) Chemical dependency treatment programs may use volunteers provided that:

(a) Selection criteria are established.

(b) A written plan is available describing how volunteers will be used.

(c) Volunteers are provided orientation, ongoing training, and that they sign a confidentiality statement.

(d) Volunteer hours are documented as per ADIS reporting procedures.

(e) Volunteers are not used for counseling unless they are certified or eligible.

(9) Programs may develop a trainee/intern practicum providing that:

(a) All trainee/intern progress notes are co-signed by a certified counselor.

(b) A system of trainee/intern privileges is established based on training and competency.

(c) An outline of the practicum has been reviewed by

the department. (History: Sec. 53-24-204, 53-24-208 and 53-24-215, MCA; IMP, Sec. 53-24-204 and 53-24-208, MCA; TRANS, C. 280, L. 1975, Eff. 1/2/77; AMD, 1981 MAR p. 1899, Eff. 1/1/82; AMD, 1983 MAR p. 1463, Eff. 10/14/83; AMD, 1985 MAR p. 1768, Eff. 11/15/85; AMD, 1987 MAR p. 2383, Eff. 12/25/87; AMD, 1992 MAR p. 1477, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1502.)

Rules 22 through 27 reserved

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37.27.128 DETOXIFICATION (EMERGENCY CARE) COMPONENT REQUIREMENTS (1) Patient placement criteria shall be developed and address the following:

(a) Non-hospital detoxification - admission of clients to a chemical dependency detoxification component shall be limited to persons who need detoxification services with 24-hour supervision and do not manifest signs and symptoms of a condition which warrants acute care and treatment in a hospital. Persons shall demonstrate at least one of the following: a significant likelihood of the development of a withdrawal syndrome; previous history of having failed at attempts at outpatient withdrawal; the presence of a medical condition serious enough to warrant inpatient (not hospital) management and/or isolated medical symptoms of concern as identified by a licensed physician. Services are provided in a non-hospital



medical screening.

(b) All detoxification staff shall be knowledgeable about medical conditions, skilled in observation and eliciting information pertinent to assessment of a health problem and competent to recognize significant signs and symptoms of illness or trauma. In addition, staff shall possess a valid and current red cross card or certificate for first aid cardiopulmonary resuscitation or the equivalent.

(c) A minimum of one staff member on duty for admitting, treating and discharging purposes.

(d) Adequate staff to guarantee care as defined in this section.

(4) The program shall develop policies and procedures to address the previously listed services, staff requirements and the criteria in ARM 37.27.115.

(5) Residential requirements for detoxification (emergency care) component shall include:

(a) A facility license from the department of public health and human services or, if under 8 beds, a fire, life and safety sign-off by appropriate officials.

(b) Adequate food service which includes a 30-day menu and a week's food supply or contract for food services. Also juice and snacks must be available.

(c) Availability of articles necessary for personal hygiene.

(d) Documented availability of a licensed physician for referral, emergencies and consultation with the staff nurse.

(e) An affiliation agreement with a licensed hospital and access to medical, surgical, dental and psychiatric care.

(f) Medical policies and procedures including: approval by

a licensed physician, medical screening, care of residents with minor acute illnesses, medical emergencies, first aid, dangerous behavior, cardiopulmonary resuscitation, and care of residents having convulsions.

(g) Policies and procedures on medication control which address the handling, storing and administration of medications within the facility according to federal and state regulations. Note: Only a registered nurse or a licensed practical nurse may administer medications, otherwise the self-administration system must be utilized.

(h) Client admission register which designates date of admission, date of discharge, discharge and referral note.

(6) Client recordkeeping and reporting requirements specific to the detoxification component shall include:

(a) ADIS admission/discharge forms.

(b) Date of admission.

(c) Admission/utilization review note, which justifies the admission to this level of care based on compliance with dimensional admission criteria.

(d) Social history.

(e) Documentation of a medical screening which includes vital signs.

(f) Documentation of all supportive services contacts.

(g) Individualized treatment plan which is reviewed and updated daily and includes an aftercare plan. The plan shall meet the requirements of ARM 37.27.120(g).

(h) Progress notes written for every 8-hour shift and meeting the requirements of ARM 37.27.120(h).

(i) A discharge summary that includes a description of the client's physical condition and status of recommended referral.

(7) Program effectiveness and quality assurance efforts including individual case review and utilization reviews.

(a) Individual case review is a procedure for monitoring a client's progress and is designed to ensure the adequacy and appropriateness of the services provided to that client and shall:

(i) Be designed to ensure that the care provided for clients is evaluated and updated according to the needs of each individual.

(ii) Be accomplished through daily staffing. Appropriate treatment staff must participate.

(iii) Ensure a staffing note is developed at the staffing meeting and inserted in the progress notes. An aftercare plan shall be formulated, reviewed and documented.

(b) Utilization and effectiveness review is a process of using patient placement criteria to evaluate the necessity and appropriateness of allocated services and resources to ensure that the program's services are necessary, cost efficient and effectively utilized. Utilization and effectiveness reviews shall:

(i) Utilize patient placement criteria to justify the necessity of admissions, continued stay, transfer and discharge at timely intervals and document via a utilization review note.

(ii) Be designed to achieve cost efficiency, increase effective utilization of the program's services, and ensure the necessity of services provided.

(iii) Address under-utilization and inefficient scheduling as well as over-utilization of the program's resources.

(iv) Ensure methods for identifying utilization related problems which include bed utilization, length of stay, recidivism, supportive services, effectiveness of an aftercare plan based on verification of referrals for a continuum of care, as well as utilization of the findings of related quality assurance activities and all relevant documentation.

(v) Be conducted at least quarterly. (History: Sec. 53-24-204 and 53-24-208, MCA; IMP, Sec. 53-24-208, MCA; NEW, 1981 MAR p. 1899, Eff. 1/1/82; AMD, 1983 MAR p. 1463, Eff. 10/14/83; AMD, 1985 MAR p. 1768, Eff. 11/15/85; AMD, 1987 MAR p. 2383, Eff. 12/25/87; AMD, 1992 MAR p. 1477, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1502.)

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37.27.129 INPATIENT - HOSPITAL COMPONENT REQUIREMENTS

(1) Patient placement criteria shall address the following:

(a) Persons requiring intensive residential care for the treatment of chemical dependency in a hospital or suitably equipped medical setting due to acute intoxication, withdrawal, other physical and/or emotional/behavioral conditions related to the patient's chemical dependency or whose chemical dependency has progressed to the point where a hospital setting is required to provide the treatment intensity necessary to address the severity of the condition. Typically, admission to this level requires a patient likely to develop a withdrawal syndrome of significance if not medically treated; and/or the presence of significant numbers of neurological and neuropsychological signs in relation to the patient's chemical dependency. The presence of significant or unstable medical disorders or physical symptoms related to deteriorated personal health concomitant to chemical dependency also warrant admission at this level.

(b) Additionally, persons requiring this level of care must exhibit at least two of the following: a significant likelihood of the development of a withdrawal syndrome; previous history of having failed at attempts at outpatient withdrawal; the presence of isolated medical symptoms of concern; external mandates for inpatient treatment; a recent history of inability to function without some externally applied behavior controls; and significant denial of the severity of his/her own addiction. Environmental factors likely to prevent a patient from maintaining treatment progress merits admission to this level of treatment.

(c) Dimensional admission criteria must demonstrate compliance with the preceding descriptions and encompass the dimensions delineated in ARM 37.27.120(1)(j)(i) through (vii).

(d) Continued stay criteria shall be based on the above criteria to justify continuance at this level of care or transfer to a more or less restrictive treatment environment. A continued stay/utilization review must be documented at least



elements for recovery. Lectures are offered 10 times per week.

(g) One session of documented individual counseling per week with certified or eligible counseling staff.

(h) Social and recreational activities.

(i) Other supportive services as deemed necessary by the program.

(j) Periodic assessment by treatment staff.

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(k) Provision of a family counseling program. Preferably a structured 4 to 7 days of residential treatment.

(l) Referral, discharge and follow-up services that ensure continuity of care after discharge.

(m) Transportation services as appropriate.

(3) Staff requirements:

(a) There shall be qualified staff and supporting personnel necessary for the provision of inpatient care including registered nurse, licensed practical nurse, and certified counseling staff.

(b) A licensed physician or a list of rotating physicians responsible for admissions and on-call services.

(4) The program shall develop policies and procedures to address the previously listed services, staffing requirements and the criteria in ARM 37.27.115.

(5) Residential requirements for the inpatient care component shall include:

(a) A facility in a hospital or a suitably equipped medical setting licensed in accord with 50-5-201, MCA. Such programs are usually located in facilities classified as institutional occupancies in chapter 10 of the 1973 edition of the life safety code (National Fire Protection Association 101.)



- (e) Biopsychosocial assessment.
- (f) Results of physical examination conducted by a licensed physician, medical history and lab workup.
- (g) Documentation of all supportive service contacts.
- (h) Individualized treatment plan which is reviewed and updated weekly and responds to ARM 37.27.120(g).
- (i) Progress notes written a minimum of three times a week and meeting the requirements of ARM 37.27.120(h).
- (j) Nurses' notes which summarize the client's activities, response and physical condition and any medical treatment during an 8-hour period. They shall be written each shift and document the client's presence in the inpatient unit.
- (k) Continued stay/utilization review note which justifies continuation of inpatient or transfer based on dimensional criteria.
- (l) Discharge summary that includes an account of the client's response to treatment which reviews the treatment plan, and documents the client's progress in accomplishing treatment goals and an aftercare plan.

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(7) Program effectiveness and quality assurance efforts which include individual case review, quality assurance program and utilization review.

(a) Individual case review is a procedure for monitoring a client's progress and is designed to ensure the adequacy and appropriateness of services provided to that client and shall:

(i) Be designed to ensure that the care provided for the client is evaluated and updated weekly, according to the needs

of each individual client.

(ii) Be accomplished through weekly staff meetings and/or reviews. All involved treatment staff must participate.

(iii) Ensure a staffing or review note is developed at the review and inserted in the progress notes. Corresponding updates and/or revisions to the treatment plan shall be documented on the plan.

(b) Quality assurance program is designed to identify problems by monitoring quality of care indicators and to initiate corrections in provider performance or to demonstrate that services provided are of optimal, achievable quality. To accomplish this, the process shall:

(i) Identify the most important aspects of services provided;

(ii) Utilize indicators to systematically monitor these aspects of care;

(iii) Evaluate services provided via indicators to identify problems or opportunities to further improve care; and

(iv) Implement corrective action to resolve problems or improve care.

(c) Utilization and effectiveness review is a process of using patient placement criteria to evaluate the necessity and appropriateness of allocated services and resources to ensure that the program's services are necessary, cost efficient and effectively utilized. Utilization and effectiveness reviews shall:

(i) Utilize patient placement criteria to justify the necessity of admissions, continued stay, transfer and discharge at timely intervals and document via a utilization review note.

(ii) Be designed to achieve cost efficiency, increase effective utilization of the program's services, and ensure the necessity of services provided.

(iii) Address under-utilization and inefficient scheduling as well as over-utilization of the program's resources.

(iv) Ensure methods for identifying utilization related problems including recidivism, supportive services, effectiveness of an aftercare plan based on verification of referrals and results of follow-up, as well as utilization of the findings of related quality assurance activities and all relevant documentation.

(v) Be conducted at least quarterly. (History: Sec. 53-24-204 and 53-24-208, MCA; IMP, Sec. 53-24-208, MCA; NEW, 1981 MAR p. 1899, Eff. 1/1/82; AMD, 1983 MAR p. 1463, Eff. 10/14/83; AMD, 1985 MAR p. 1768, Eff. 11/15/85; AMD, 1987 MAR p. 2383, Eff. 12/25/87; AMD, 1992 MAR p. 1477, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1502.)

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37. 27. 130 INPATIENT - FREE STANDING CARE COMPONENT REQUIREMENTS (1) Patient placement criteria shall address the following:

(a) Persons requiring intensive residential care outside a hospital for the treatment of chemical dependency shall be admitted to this component. Persons manifesting signs and symptoms of a condition that warrants acute medical care and/or medical detoxification shall not be admitted but shall be referred to a licensed hospital.

(b) Persons requiring this level of care must exhibit at least two of the following: a significant likelihood of withdrawal syndrome; previous history of having failed at attempts at outpatient withdrawal; the presence of a medical condition serious enough to warrant inpatient (non-hospital) management as determined by the licensed physician; the presence of isolated medical symptoms of concern; external mandates for inpatient treatment; a recent history of inability to function without some externally applied behavior controls; and significant denial of the severity of his/her own addiction. In addition, environmental factors likely to prevent a patient from maintaining treatment progress merits admission to this level of treatment.

(c) Dimensional admission criteria must demonstrate compliance with the preceding descriptions and encompass the dimensions delineated in ARM 37. 27. 120(1) (j) (i) through (vii).

(d) Continued stay criteria shall be based on the above criteria to justify continuance at this level of care or transfer to a more or less restrictive treatment environment. A continued stay/utilization review must be documented at least once, at 10 to 20 days after admission.

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(e) Discharge criteria shall be based on previous dimensional criteria to demonstrate successful completion of treatment or justification for an extension or transfer.

(2) Inpatient - free standing care services shall include:

(a) Admission and screening services in accordance with admission criteria which substantiate the appropriateness of treatment based on a biopsychosocial assessment by a certified counselor, corresponding to the dimensional admission criteria. Additionally a determination of chemical dependency must be confirmed by the use of at least three cross-referenced diagnostic/assessment tools.

(b) Twenty-four hour, 7-day a week supervision in a community-based residential setting.

(c) A physical exam signed by a physician.

(d) Contract with a physician for physicals, referral and consultation with the staff nurse.

(e) Twenty to sixty hours of therapeutic contact time per week which includes at least four skilled treatment services per day for at least five days per week. Skilled treatment services include but are not limited to: psychotherapy, individual, group, and family counseling, structured educational presentations (lectures), educational groups, occupational and recreational therapy.

(f) Fourteen to twenty-five hours of group therapy per week, consistent with the client's individual treatment plan. Group therapy hours may include structured group dynamics, group educational experiences, group step work or other interpersonal group processes. Regular alcoholics anonymous meetings are not considered as group therapy hours.

(g) The structured educational series shall be presented in a logical, progressive format, which contains the essential elements for recovery. Lectures should be offered at least 10 times per week.

(h) Other supportive services as deemed necessary by the

program.

- (i) Periodic assessment by certified staff.
- (j) Social and recreation activities.
- (k) Family counseling services, as appropriate.
- (l) Referral, discharge and follow-up services that ensure continuity of care after discharge.
- (m) Transportation services as appropriate.

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(3) Staff requirements:

(a) Staff shall consist of a director, certified chemical dependency counselor(s), house manager(s), support staff, and a registered nurse or licensed practical nurse on staff for at least 4 hours per week.

(b) A minimum of one staff member shall be on duty for admitting, treating and discharging purposes on a 24-hour, 7-day a week basis. House manager may be utilized for nights.

(4) The program shall develop policies and procedures to address the previously listed service, staff requirements and the criteria in ARM 37.27.115.

(5) Residential requirements for the inpatient - free standing care component shall include:

(a) A facility license from the department of public health and human services, or if under 8 beds, an acceptable life and safety inspection by appropriate officials.

(b) Adequate food service which includes a 30-day menu and a week's food supply or contract for food services.

(c) Availability of articles necessary for personal hygiene.

(d) Contract with a licensed physician for physical referral, emergencies and consultation with the staff nurse.

(e) Access to medical/surgical, dental and psychiatric care.

(f) Medical policies and procedures which include: screening, care of residents with minor acute illnesses, medical emergencies, dangerous behavior, cardiopulmonary resuscitation, care of residents having convulsions, and first aid.



dimensional criteria.

(k) Discharge summary that includes an account of the client's response to treatment which reviews the treatment plan and documents the client's progress in accomplishing treatment goals and an aftercare plan.

(7) Program effectiveness and quality assurance efforts which include individual case review, quality assurance program, and utilization review.

(a) Individual case review is a procedure for monitoring a client's progress and is designed to ensure the adequacy and appropriateness of services provided to that client and shall:

(i) Be accomplished through weekly staff meetings and/or staff reviews. All involved treatment staff must participate.

(ii) Ensure that a staffing or review note is developed at the review and inserted in the progress notes. Corresponding updates and/or revisions to the treatment plan shall be documented on the plan.

(b) Quality assurance program is designed to identify problems by monitoring quality of care indicators and to initiate corrections in provider performance or to demonstrate that services provided are of optimal achievable quality. To accomplish this, the process shall:

(i) Identify the most important aspects of services provided;

(ii) Utilize indicators to systematically monitor these aspects of care;

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(iii) Evaluate services provided via indicators to identify problems or opportunities to further improve care; and

(iv) Implement corrective action to resolve problems or improve care.

(c) Utilization and effectiveness review is a process of using patient placement criteria to evaluate the necessity and appropriateness of allocated services and resources to ensure that the program's services are necessary, cost efficient and effectively utilized. Utilization and effectiveness reviews shall:

(i) Utilize patient placement criteria to justify the necessity of admissions, continued stay, transfer and discharge at timely intervals and document via a utilization review note.

(ii) Be designed to achieve cost efficiency, increase

effective utilization of the program's services, and ensure the necessity of services provided.

(iii) Address under-utilization and inefficient scheduling as well as over-utilization of the program's resources.

(iv) Ensure methods for identifying utilization related problems including bed utilization, recidivism, completion ratios, supportive services and delays in the provision of supportive services, effectiveness of an aftercare plan based on verification of referrals and results of follow-up, as well as utilization of the findings of related quality assurance activities and all current relevant documentation.

(v) Be conducted at least quarterly. (History: Sec. 53-24-204 and 53-24-208, MCA; IMP, Sec. 53-24-208, MCA; NEW, 1981 MAR p. 1899, Eff. 1/1/82; AMD, 1983 MAR p. 1463, Eff. 10/14/83; AMD, 1985 MAR p. 1768, Eff. 11/15/85; AMD, 1987 MAR p. 2383, Eff. 12/25/87; AMD, 1992 MAR p. 1477, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1502.)

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37.27.135 INTERMEDIATE CARE (TRANSITIONAL LIVING) COMPONENT REQUIREMENTS (1) Patient placement criteria shall address the following:

(a) Persons who have recently received chemical dependency inpatient services and require a moderately structured living arrangement shall be admitted to this component. This level of

care provides a transitional phase, which includes at least 5 contact hours per week in a supervised setting where vocational rehabilitation, occupational training, education or employment are encouraged.

(b) Persons needing detoxification shall not be admitted or retained but shall be referred or transferred to an approved chemical dependency detoxification program or licensed hospital. Persons manifesting signs and symptoms of a condition that warrants acute medical care shall not be admitted but shall be referred to a licensed hospital.

(c) Dimensional admission criteria must demonstrate compliance with the preceding descriptions and encompass the dimensions delineated in ARM 37.27.120(1)(j)(i) through (vii).

(d) Continued stay criteria shall be based on the above criteria to justify continuance at this level of care or transfer to a more or less restrictive treatment environment. A continued stay/utilization review must be documented at least once, preferably at 6 weeks.

(e) Discharge criteria shall be based on previous dimensional criteria to demonstrate successful completion of treatment or justification for an extension or transfer. Note: The alcohol and drug abuse division will develop sample criteria for this component.

(2) Intermediate care services shall include:

(a) Admission and screening services in accordance with admission criteria.

(b) Twenty-four hour, 7-day a week supervision in a non-medical community-based residential treatment program.

(c) Medical history and personal observation. Since clients are only accepted from inpatient care, it is assumed that an adequate medical evaluation has been performed and the results have been forwarded and included in the client's file.

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(d) Two sessions of group therapy per week, consistent with the client's individual treatment plan. Group therapy hours may include structured group dynamics, group educational experiences, group step work or other interpersonal group processes. Regular alcoholics anonymous meetings are not considered as group therapy hours.

(e) Two sessions per month of documented individual counseling with certified or eligible counseling staff.

(f) Other supportive services as deemed necessary by the program.

(g) Periodic assessment by certified or eligible counseling staff.

(h) Encouragement to participate in alcoholics anonymous or with support groups.

(i) Efforts toward vocational rehabilitation, occupational training, education and/or job placement.

(j) Social and recreational activities.

(k) Family counseling services, as appropriate.

(l) Referral, discharge and follow-up services that ensure continuity of care after discharge.

(m) Transportation services as appropriate.

(3) Staff requirements:

(a) Staff shall consist of a director, certified or eligible chemical dependency counselor(s) and house manager(s).

(b) A minimum of one staff member shall be on duty for admitting, treating and discharging purposes on a 24-hour, 7-day a week basis. A senior resident may be utilized for relief coverage if definite criteria for senior resident status has been established. Criteria must include a minimum of 3 months abstinence, record of progress, evidence of increased responsibility, and training.

(4) The program shall develop policies and procedures to address the previously listed services, staffing requirements and the criteria in ARM 37.27.115.

(5) Residential requirements for the intermediate component shall include:

(a) Facility license from the department of public health and human services or, if under 8 beds, an acceptable fire, life and safety sign-off by appropriate officials.

(b) Adequate food service which includes a 30-day menu and a week's food supply.

(c) Availability of articles necessary for personal hygiene.

(d) Documented availability of a licensed physician for referral and emergencies.

(e) Access to medical/surgical, dental and psychiatric care.

(f) Medical policies and procedures which include: care of residents with minor acute illnesses, medical emergencies, dangerous behavior, cardiopulmonary resuscitation (CPR), care of residents having convulsions, and first aid. Since clients are only accepted from an inpatient component, it is assumed they will have received an adequate medical evaluation and the results forwarded and included in the client's file. Therefore, this component will only be required to take a medical history, make personal observations and check for medications.

(g) Medication control which ensures the handling, storing and administration of medications within the facility according to federal and state regulations. Note: Only a registered nurse or licensed practical nurse may administer medications, otherwise the self-administration system must be utilized.

(h) A safe, protective environment.

(i) Client admission register which designates the date of admission, date of discharge and discharge and referral notes.

(6) Client recordkeeping and reporting requirements specific to the intermediate component shall include:

(a) ADIS admission/discharge form.

(b) Date of admission.

(c) Admission note/utilization review, which justifies the admission to this level of care based on compliance with dimensional/admission criteria.

(d) Biopsychosocial assessment.

(e) Dimensional admission criteria checklist.

(f) Medical history and documentation that a medical evaluation occurred at the inpatient care program.

(g) Documentation of all supportive service contacts.

(h) Individualized treatment plan which is reviewed and updated monthly and responds to ARM 37.27.120(g).

(i) Progress notes shall be written at a minimum of once per week and respond to ARM 37.27.120(h).

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(j) Continued stay/utilization review note which justifies continuation of intermediate care or transfer based on dimensional criteria.

(k) Discharge summary that includes an account of the client's response to treatment which reviews the treatment plan and documents the client's progress in accomplishing the treatment goals and an aftercare plan.

(7) Program effectiveness and quality assurance efforts which include individual case review, quality assurance program and utilization review.

(a) Individual case review is a procedure for monitoring a client's progress and is designed to ensure the adequacy and appropriateness of services provided to that client and shall:

(i) Be designed to ensure that the care provided for clients is evaluated and updated monthly, according to the needs of each client.

(ii) Be accomplished through weekly staff meetings and/or staff reviews. All involved treatment staff must participate.

(iii) Insure that a staffing or review note is developed at the staff review and inserted in the progress notes. Corresponding updates and/or revisions to the treatment plan shall be documented on the plan a minimum of once per month.

(b) Program effectiveness: review is a process of using patient placement criteria to evaluate the necessity and appropriateness of allocated services and resources to ensure that the program's services are necessary, cost efficient and effectively utilized. Utilization and effectiveness reviews shall:

(i) Utilize patient placement criteria to justify the necessity of admission, continued stay, transfer, discharge at timely intervals, and document via a utilization review note.

(ii) Be designed to achieve cost efficiency, increase

effective utilization of the program's services, and ensure the necessity of services provided.

(iii) Ensure the collection, analysis and utilization of information which demonstrates program effectiveness. This shall include, but not be limited to, completion of goals and objectives, bed utilization, length of stay, completion ratios, employment and/or vocational/educational placements and follow-up data. (History: Sec. 53-24-204 and 53-24-208, MCA; IMP, Sec. 53-24-208, MCA; NEW, 1981 MAR p. 1899, Eff. 1/1/82; AMD, 1983 MAR p. 1463, Eff. 10/14/83; AMD, 1985 MAR p. 1768, Eff. 11/15/85; AMD, 1987 MAR p. 2383, Eff. 12/25/87; AMD, 1992 MAR p. 1477, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1502.)

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37.27.136

37.27.136 OUTPATIENT COMPONENT REQUIREMENTS

(1) Patient placement criteria shall address the following:

(a) Persons able to receive services on a non-residential and less intensive basis shall be admitted to this component. Persons needing detoxification, inpatient or intermediate care services shall be referred to an appropriate treatment program. Persons manifesting signs and symptoms of a condition that warrants acute medical care shall not be admitted but shall be referred to a hospital.

(b) Persons should demonstrate stable physical or emotional/behavioral conditions, sufficient motivation, and supportive environmental factors to participate in this component. This level of care involves weekly sessions usually supplemented by involvement in self help groups. The intensity typically does not exceed 9 contact hours per week.

(c) Persons who have recently completed a more intensive level of care may utilize this level for aftercare services. This level of care also may be appropriate for protracted evaluation of patients who require some additional time to make a commitment to a more intensive recovery effort.

(d) Dimensional admission criteria must demonstrate compliance with the preceding descriptions and encompass the dimensions delineated in ARM 37.27.120(1)(j)(i) through (vi).

(e) Continued stay criteria shall be based on the above criteria to justify continuance at this level of care or



(4) The program shall develop policies and procedures to address the above listed services, staff requirements and criteria in ARM 37.27.115.

(5) Client recordkeeping and reporting requirements specific to the outpatient care component shall include:

(a) ADIS admission/discharge forms.

(b) Date of admission.

(c) Admission note/utilization review which justifies the admission to this level of care based on compliance with dimensional admission criteria are results of diagnostic tools, if applicable.

(d) Biopsychosocial assessment.

(e) Dimensional admission criteria checklist.

(f) Medical history.

(g) Documentation of all supportive service contacts.

(h) Individualized treatment plan which is reviewed and updated at least every 45 days and responds to ARM 37.27.120(g).

(i) Progress notes shall be written following each contact (a minimum of once a month) and respond to ARM 37.27.120(h).

(j) Discharge summary that includes: compliance with dimensional criteria or transfer, an account of the client's response to treatment which reviews the treatment plan and documents the client's progress in accomplishing treatment goals and a follow-up plan.

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(6) Program effectiveness and quality assurance efforts which include individual case review and utilization and effectiveness review.

(a) Individual case review is a procedure for monitoring a client's progress and is designed to ensure the adequacy and appropriateness of the services provided to that client and shall:

(i) Be designed to ensure that the care provided to clients is evaluated and updated every 45 days, according to the needs of each client.

(ii) Be accomplished through staff meetings and/or quarterly staff reviews. All involved treatment staff must

participate. In small rural programs with only one staff member, files shall be reviewed by that staff member.

(b) Utilization and effectiveness - review is a process of using patient placement criteria to evaluate the necessity and appropriateness of allocated services and resources to ensure that the programs services are necessary, cost efficient and effectively utilized. Utilization and effectiveness reviews shall:

(i) Utilize patient placement criteria to justify the necessity of admissions, continued stay, transfer and discharge at timely intervals and to document justification via a utilization review note.

(ii) Ensure the collection, analysis and utilization of information which demonstrates program effectiveness. This shall include, but not be limited to, completion of goals and objectives, average monthly caseloads, average contacts per client per month, completion ratios, employment and follow-up data. (History: Sec. 53-24-204 and 53-24-208, MCA; IMP, Sec. 53-24-208, MCA; NEW, 1981 MAR p. 1899, Eff. 1/1/82; AMD, 1983 MAR p. 1463, Eff. 10/14/83; AMD, 1985 MAR p. 1768, Eff. 11/15/85; AMD, 1987 MAR p. 2383, Eff. 12/25/87; AMD, 1990 MAR p. 737, Eff. 4/13/90; AMD, 1992 MAR p. 1477, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1502.)

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37.27.137 DAY TREATMENT COMPONENT REQUIREMENTS

(1) Patient placement criteria shall be developed and address the following:

(a) Persons requiring a more intensive treatment

experience than intensive outpatient treatment but do not require inpatient care. This level of care provides at least 5 hours of contact time per day for at least 4 days per week, for a total of 20 to 40 hours per week.

(b) Persons admitted to this level of care require the presence of minimal, if any symptoms of substance withdrawal; the ability to safely respond to and benefit from ambulatory detoxification, if necessary; the absence of significant or unstable physical or emotional/behavioral complicating conditions; the presence of a current impending episode of loss of control or a current threat of loss of control in a previously successful patient. Due to significant life disruptions and/or lack of social supports the patient requires an intensive outpatient treatment free from the distractions of work, school, family, and/or social problems to focus on recovery. Although the patient may acknowledge a need for change, ambivalence about treatment and problems in several dimensions require the resources of a multidisciplinary team.

(c) Dimensional admission criteria shall be developed to demonstrate compliance with the preceding descriptions and encompass dimensions delineated in ARM 37.27.120(1)(j)(i) through (vii).

(d) Continued stay criteria shall be developed based on the above criteria to justify continuance at this level of care or transfer to a more or less restrictive treatment environment. A continued stay/utilization review shall be documented at least once, preferably at 10 days.

(e) Discharge criteria shall be developed based on the previous dimensional criteria to demonstrate successful completion of treatment or justification for an extension or transfer.

(2) Day treatment services will be offered within an inpatient setting and all of the corresponding standards pursuant to inpatient care will be applied with exception of 24 hour supervision and residential requirements. (History: Sec. 53-24-208, MCA; IMP, Sec. 53-24-208, MCA; NEW, 1992 MAR p. 1477, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1502.)

37.27.138 INTENSIVE OUTPATIENT TREATMENT COMPONENT REQUIREMENT (1) Patient placement criteria shall be developed and address the following:

(a) Persons should have only minimal (if any) continuing symptoms of intoxication or withdrawal; the presence of stable physical and emotional/behavioral conditions (if any); a recent history of behavioral deterioration with increasing life impairment. The client requires structured outpatient counseling involving 10 to 30 hours of program contact time per week in order to provide the necessary intensity of services without an inpatient placement. The client must be sufficiently accepting of treatment and have an environment which is adequate to support recovery efforts. This level of care affords the client the opportunity to interact with the real world environment while still benefiting from a programmatic structured therapeutic milieu.

(b) Persons needing detoxification, inpatient, or intermediate care services shall be referred to an appropriate treatment program. Persons manifesting signs and symptoms of a condition that warrants acute medical care shall not be admitted but referred to a hospital.

(c) Dimensional admission criteria shall demonstrate compliance with the preceding descriptions and encompass the dimensions delineated in ARM 37.27.120(1)(j)(i) through (vii).

(d) Continued stay criteria shall be developed based on the above criteria to justify continuance at this level of care or transfer to a more or less restrictive treatment environment. A continued stay/utilization review shall be documented at three weeks following admission or as needed.

(e) Discharge criteria shall be developed based on previous dimensions to demonstrate successful completion of treatment which includes 90% completion of all required sessions or justification for an extension or transfer.

(2) Intensive outpatient services shall include:

(a) Admission and screening in accordance with dimensional admission criteria which substantiate the appropriateness of treatment based on a biopsychosocial assessment corresponding to the dimensional admission criteria via utilization review. Additionally, assessments shall include at least 3 cross-referenced diagnostic/assessment tools confirming a determination of chemical dependency. This assessment must be conducted by a certified chemical dependency counselor.

(b) Structured outpatient counseling equaling 10 to 30 hours per week consistent with the individualized treatment plan. The content of this service must be similar to inpatient treatment and offer the same foundations for recovery.

(c) A minimum of 2 skilled treatment services per day at least 3 times per week. One of the skilled treatment services must be group counseling of at least 2 to 3 hours in duration. Skilled treatment services may include group counseling, individual counseling, family counseling, and educational presentations (lectures).

(d) The structured educational series shall be presented in a logical, progressive format which contains the essential elements necessary for recovery.

(e) One session of documented individual counseling per week with a certified or eligible chemical dependency counselor.

(f) Other support services as necessary.

(g) Availability of professional consultation including medical.

(h) Direct affiliation with more intensive levels of care. This may be offered as part of the overall program or via contract/agreement.

(i) Encouragement of clients to attend A. A. twice weekly.

(j) Periodic assessment review and treatment plan update every 2 weeks.

(k) Provision of family services as appropriate.

(l) Referral, transfer, discharge, aftercare, and follow-up services that ensure a continuity of care.

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## (3) Staff requirements:

(a) Counseling staff shall be certified or eligible and trained in the field of chemical dependency counseling. Counselors conducting the IAP program shall demonstrate an ability to work with clients, a knowledge of the etiology of chemical dependency, and expertise in group skills.

(b) Availability of professional counseling services 24 hours per day, 7 days per week.

(c) The program shall provide sufficient staff to provide for all aspects of this service.

(d) Staff shall be familiar with community resources for referral including medical, social, vocational, mental health, spiritual, alcoholics anonymous and etc.

(4) Required policies and procedures: The program shall develop policies, procedures and plans to address the above listed services, staff requirements and criteria.

(5) Client recordkeeping and reporting requirements specific to the intensive outpatient component shall include:

(a) ADIS admission/discharge forms;

(b) Date of admission;

(c) Admission note/utilization review, which justifies the admission to this level of care based on compliance with dimensional admission criteria and results of diagnostic tools.

(d) Biopsychosocial assessment;

(e) Dimensional admission criteria checklist;

(f) Documentation of all supportive service contacts;

(g) Individualized treatment plan, which is reviewed and updated every 2 weeks and responds to ARM 37.27.120(h).

(h) continued stay/utilization review note which justifies continuation of IOP or transfer based on dimensional criteria;

(i) Progress notes written at a minimum of 3 times a week, reflecting required services i.e. 10 to 30 hours per week and responding to ARM 37.27.120(h).

(j) Discharge summary that includes: compliance with dimensional criteria or transfer; an account of the clients response to treatment; a review of the treatment plan and corresponding progress; reason for discharge and aftercare plan.

(6) Program effectiveness and quality assurance shall include:

(a) Individual case review is a procedure for monitoring a client's progress and is designed to ensure the adequacy and appropriateness of the services provided to that client and shall:

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(i) Be designed to ensure that the care provided to clients is evaluated and updated every month, according to the needs of each client.

(ii) Be accomplished through reviews, which all involved treatment staff attend.

(b) Utilization and effectiveness review is a process of using patient placement criteria to evaluate the necessity and appropriateness of patient placement, allocated services and resources to ensure the program's services are necessary, cost efficient and effectively utilized. Utilization and effectiveness reviews shall:

(i) Utilize patient placement criteria to justify the necessity of admissions, continued stay, transfer and discharge at timely intervals and document justification via a utilization review note.

(ii) Be designed to achieve cost efficiency, increase effective utilization of program's services, and ensure the necessity of services provided;

(iii) Address under-utilization and inefficient scheduling as well as over-utilization of the programs resources.

(iv) Ensure methods for identifying and monitoring utilization and effectiveness related problems including analysis of the appropriateness and necessity of admission,

caseload, continued stays, recidivism, completion ratios, frequency of services, and delays in the provision of services, effectiveness of the aftercare plan based on verification of referrals and results of follow-up, as well as utilization of the findings of related quality assurance activities and all current relevant documentation. (History: Sec. 53-24-208, MCA; IMP, Sec. 53-24-208, MCA; NEW, 1992 MAR p. 1477, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1502.)

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Subchapter 3

### Guidelines for County Chemical Dependency Plans

37.27.301 SUBMISSION DATE (1) All county chemical dependency plans are to be submitted to the department of institutions by 5:00 p.m. December 31, 1983. The plan will include FY 84, 85, 86, and 87. The second 4-year county plans are to be submitted by December 31, 1986. Comprehensive county chemical plans are to be submitted every 4 years thereafter to the department of public health and human services by 5:00 p.m. December 31.

(2) County plan updates are to be submitted to the department of public health and human services by 5:00 p.m. December 31 of each year that a comprehensive 4-year county plan is not required. (History: Sec. 53-24-211, MCA; IMP, Sec. 53-



delineation of problems encountered in delivering services. To be submitted with comprehensive plan every 4 years.

(4) Fiscal year county action strategy. County(ies) must list programs to receive alcohol tax monies during next fiscal year and determine what services each will provide and estimate allocation by service component (i.e., detoxification, outpatient, etc.) of county funds for each program. To be submitted by December 31 of each year.

(5) Prevention. County(ies) must assess and describe chemical dependency prevention services available within the county(ies) service area. To be submitted every 4 years with comprehensive plan. (History: Sec. 53-24-211, MCA; IMP, Sec. 53-24-204, 53-24-207 and 53-24-208, MCA; NEW, 1979 MAR p. 1491, Eff. 11/30/79; AMD, 1983 MAR p. 1463, Eff. 10/14/83; TRANS, from DOC, 1998 MAR p. 1502.)

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## Subchapter 5

## Chemical Dependency Educational Courses

**37. 27. 501 CHEMICAL DEPENDENCY EDUCATIONAL COURSES: COST OF TREATMENT** (1) The purpose of this chapter is to establish standards for chemical dependency educational courses and the approval of those courses pursuant to 53-24-204, MCA.

(2) Only chemical dependency treatment programs and facilities approved under 53-24-208, MCA, and ARM 37. 27. 101 through 37. 27. 136 may receive approval for chemical dependency educational courses. Procedures for approval of educational courses will be the same as those specified in ARM 37. 27. 101 through 37. 27. 136.

(3) Chemical dependency treatment programs will charge the offender for the educational course utilizing the following:

(a) Educational courses and 1 year monitoring will be self supporting and fees charged will be based on actual costs.

(b) Initial fees (as of the effective date of this rule) and future fee increases must be reviewed and approved by the department.

(c) Offenders referred to treatment and/or monitoring via the assessment process are responsible for the costs of treatment and monitoring. (History: Sec. 53-24-204, 53-24-208 and 53-24-209, MCA; IMP, Sec. 61-8-714 and 61-8-722, MCA; NEW, 1985 MAR p. 2011, Eff. 12/27/85; AMD, 1987 MAR p. 2383, Eff. 12/25/87; AMD, 1996 MAR p. 1312, Eff. 5/10/96; TRANS, from DOC, 1998 MAR p. 1502.)

**37. 27. 502 CHEMICAL DEPENDENCY EDUCATIONAL COURSES: DEFINITIONS** In addition to terms defined in 53-24-103, MCA, and ARM 37. 27. 102, the following are defined:

(1) "Abuser" means the offender meets the DSM-IV diagnostic criteria for substance abuse.

(2) "ACT (assessment, course, treatment) program" means an assessment, educational course and/or referral to treatment. This is a three part process designed to assess, educate and to recommend treatment placement as appropriate for persons convicted of driving under the influence of intoxicating substances, UDD, MDD and third or subsequent MIP.

(3) "ACT curriculum manual" means a manual developed by department of transportation traffic safety bureau which specifically defines the course curriculum for the ACT program.

(4) "Aftercare" is defined in ARM 37. 27. 102.

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(5) "Assessment" means, for the purpose of this subchapter, the process of identifying and labeling specific conditions such as chemical abuse or dependence; and the determination of the appropriate level of treatment for the offender. This process is described in ARM 37.27.515(1)(a) through (d).

(6) "Assessment/evaluation instruments" are those diagnostic and screening tools utilized primarily to provide information for the counselor to assist in making a determination of the severity of an offender's chemical use. A list of suggested assessment/evaluation instruments may be obtained from the Department of Public Health and Human Services, Addictive and Mental Disorders Division, P.O. Box 202951, Helena, MT 59620-2951.

(7) "Certified chemical dependency counselor" means an individual meeting standards pursuant to 53-24-204, MCA, and corresponding rules and regulations described in ARM 20.3.401 through 20.3.406.

(8) "Chemically dependent" means the offender meets the DSM-IV criteria for substance dependence.

(9) "Cross-referencing" is a method used to determine if similar questions are answered in the same manner on different assessment instruments. The purpose is to discover consistencies and inconsistencies in an offender's answers to questions and assess the validity of the offender's self-report.

(10) "Continuing care" refers to the aftercare recommendations of the treatment provider.

(11) "Driver control" means the records and driver control bureau of the department of justice.

(12) "DUI" means driving under the influence and, for the purpose of these rules, includes violation of an offense under 61-8-401, MCA.

(13) "Inpatient treatment" is defined in ARM 37.27.102 and the requirements are found in ARM 37.27.129 and 37.27.130.

(14) "Intensive outpatient" is defined in ARM 37.27.102 and the requirements are found in ARM 37.27.138.

(15) "MDD" means a misdemeanor dangerous drug offense under 45-2-101, MCA, for which completion of a dangerous drug

information course is mandatory.

(16) "MDD program" means an assessment, educational course and/or referral to treatment. This is a three part process designed to assess, educate and to recommend treatment placement as appropriate for persons convicted of misdemeanor dangerous drug offense. Compliance with treatment recommendations will be at the discretion of the sentencing judge.

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(17) "MDD curriculum" means the 8-hour course provided to those convicted of an MDD offense. The course may utilize the ACT curriculum manual and must include specific review of the misdemeanor drug laws and the harmful effects of dangerous drug use.

(18) "MIP (minors in possession)" means minors convicted of possession of an intoxicating substance, unlawful attempt to purchase an intoxicating substance under 45-5-624, MCA.

(19) "MIP curriculum manual" means a manual developed by the department of public health and human services which defines the MIP course curriculum and the requirements for performing chemical dependency evaluations and referral to treatment.

(20) "MIP education course" means the community-based substance abuse information course for minors under 18 years of age convicted of an MIP under 45-5-624 or 61-8-410, MCA.

(21) "Misuser/no patterns" means the offender does not meet the DSM-IV diagnostic criteria for either substance abuse or dependence.

(22) "Monitoring" is a process to ensure compliance with continuing care recommendations for second or subsequent offenders.

(23) "Offender" means a person convicted of DUI/per se/UDD, MIP, or a dangerous drug misdemeanor and sentenced to complete a chemical dependency educational course provided by a state approved program and/or treatment provided by a certified chemical dependency counselor.

(24) "Outpatient" is defined in ARM 37.27.102 and the requirements are found in ARM 37.27.138.

(25) "Per se" means for the purpose of this subchapter, violating the provisions of 61-8-406, MCA, operation of vehicle by a person with alcohol concentration of 0.10 or more.

(26) "UDD" means underage drinking and driving, the operation of a vehicle by a person under the age of 21 with an alcohol concentration of 0.02 or more. For the purpose of these rules, this includes violation of an offense under 61-8-410, MCA.

(27) "Unidentified" means the offender did not complete the assessment or exhibited a level of denial that made diagnosis impossible. (History: Sec. 53-24-204 and 53-24-208, MCA; IMP, Sec. 53-24-204, 53-24-208 and 61-8-401, MCA; NEW, 1985 MAR p. 2011, Eff. 12/27/85; AMD, 1996 MAR p. 1312, Eff. 5/10/96; AMD, 1998 MAR p. 351, Eff. 1/30/98; TRANS, from DOC, 1998 MAR p. 1502.)

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37.27.506 CHEMICAL DEPENDENCY EDUCATION COURSES: GENERAL EDUCATIONAL COURSE REQUIREMENTS (1) This program is for persons convicted of a DUI/per se/UDD or misdemeanor dangerous drug offense and sentenced under 61-8-410, 61-8-732, or Title 45, chapter 9 or 10, MCA, to complete an alcohol or other dangerous drugs information course provided by a state approved program and which may include alcohol or drug treatment or both in accordance with state approved placement criteria and provided by a certified chemical dependency counselor.

(2) The ACT program is a three part process which includes:

(a) Assessment, which is the evaluation component utilized to identify chemical use patterns of DUI/per se/UDD offenders and to make appropriate recommendations for education and/or treatment. Misdemeanor dangerous drug offenders may complete the assessment with the ACT program or a state approved treatment program which offers an MDD education program.

(b) Course, which is an educational component based on the curriculum contained and explained in ARM 37.27.516 and further defined in the ACT course curriculum manual. The manual may be obtained from the Department of Transportation, Traffic Safety Bureau, 2701 Prospect Avenue, P. O. Box 201001, Helena, MT 59620-1001. Misdemeanor dangerous drug offenders must complete a specific drug education course equivalent in hours to the ACT

curriculum. The course will be based on the ACT curriculum but must contain specific information on misdemeanor drug laws. The MDD course may be combined with or held separately from the DUI course. If more than eight MDD clients are enrolled at one time on a consistent basis, it is recommended that the courses be offered separately.

(c) Treatment, which is defined in 53-24-103, MCA. Standards for treatment are required by 53-24-208, MCA, and ARM 37.27.101 through 37.27.136. The need for treatment services must be documented and verified through assessment and state approved patient placement procedures. Treatment may be provided by the treatment program conducting the ACT program or through a referral to another treatment program.

(i) First DUI/per se/UDD offenders assessed as chemically dependent, all second and subsequent DUI/per se/UDD offenders and MDD offenders ordered by the court must complete all three components of the ACT program. The treatment provided must be at a level appropriate to the offender's alcohol/drug problem, based upon patient placement criteria as defined in ARM 37.27.120.

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(3) To complete the ACT program, the offender:

(a) must enroll by the date specified by the sentencing court. If no date is specified, then within 10 days of the ACT program's receipt of the court referral notice;

(b) must start the course process within 30 days of the program's receipt of the court referral notice; and

(c) must complete the program in a minimum of 30 days from the date of enrollment, but no longer than 90 days from the date of enrollment. An exception to the 30-day minimum may be granted by the department based only on justified geographical considerations. The ACT program will notify the sentencing courts in all cases of failure to comply and the sentencing court may notify the drivers control bureau. (History: Sec. 53-24-204, 53-24-208 and 53-24-209, MCA; IMP, Sec. 45-9-208, 45-10-108, 61-8-410, 61-8-714, 61-8-722 and 61-8-732, MCA; NEW,

1985 MAR p. 2011, Eff. 12/27/85; AMD, 1987 MAR p. 2383, Eff. 12/25/87; AMD, 1990 MAR p. 737, Eff. 4/13/90; AMD, 1996 MAR p. 1312, Eff. 5/10/96; AMD, 1998 MAR p. 351, Eff. 1/30/98; TRANS, from DOC, 1998 MAR p. 1502.)

37.27.507 EDUCATION COURSE REQUIREMENTS FOR MIP OFFENDERS

(MIP PROGRAM) (1) This program is for minors convicted of unlawful possession of intoxicating substance and sentenced under 45-5-624, MCA. The requirements for the MIP education course are contained in the MIP curriculum manual. The manual may be obtained from the Department of Public Health and Human Services, Addictive and Mental Disorders Division, 1400 Broadway, P. O. Box 202951, Helena, MT 59620-2951.

(2) A person 18 to 20 years of age, who is convicted of a third or subsequent offense of possession of an intoxicating substance under 45-5-624, MCA, and ordered to complete an alcohol information course at a state approved program shall attend and complete the ACT program, with all of its requirements. (History: Sec. 53-24-204 and 53-24-208, MCA; IMP, Sec. 45-5-624 and 53-24-208, MCA; NEW, 1985 MAR p. 2011, Eff. 12/27/85; AMD, 1987 MAR p. 2383, Eff. 12/25/87; AMD, 1996 MAR p. 1312, Eff. 5/10/96; TRANS, from DOC, 1998 MAR p. 1502.)

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37.27.515 CHEMICAL DEPENDENCY EDUCATIONAL COURSES: REQUIRED SERVICES (1) The process for assessment shall be as follows:

(a) a minimum of three assessment/evaluation instruments must be utilized and cross-referenced as part of the assessment process. Assessment instruments are as defined in ARM 37.27.502;

(b) a minimum of two individual assessment interview sessions with a certified chemical dependency counselor must be

documented in the assessment process;

(c) based on the results of the assessment process, the offender will be classified as misuser/no patterns, abuser, chemically dependent or unidentified. The results of the assessment must be documented in the offender's file; and

(d) an evaluation and recommendation report must be submitted by a certified chemical dependency counselor to the sentencing court if a first DUI/per se/UDD offender is diagnosed as chemically dependent and recommended for treatment or the DUI/per se/UDD offender has a second or subsequent offense.

(i) The report must include the assessment instruments utilized, results of the testing, problem indicators, assignment to one of the four assessment categories (i.e., misuser/no patterns, abuser, chemically dependent or unidentified), and recommendation for treatment and corresponding rationale based on patient placement criteria as defined in ARM 37.27.120 which determines appropriate level of care.

(ii) A MDD offender diagnosed as chemically dependent will be referred back to the court with a treatment recommendation. Compliance with treatment is contingent upon the court's approval of the treatment recommendation.

(2) The process for recommending treatment shall be as follows:

(a) If a DUI/per se/MDD/UDD offender is assessed as chemically dependent or is a repeat DUI/per se/UDD offender, recommendations for treatment must be developed by the program counselor in accordance with state approved patient placement rules. The offender may disagree with the program recommendations and seek an independent assessment from a certified chemical dependency counselor. The determination from this assessment must be based on diagnosis and patient placement rules adopted by the department of public health and human services. Offenders must be advised of this right by the program.

(b) Following completion of the assessment, the certified chemical dependency counselor will submit an evaluation/recommendation report to the sentencing court which includes a determination of the appropriate model of treatment based upon state approved placement criteria. Treatment recommendations may include inpatient with aftercare, intensive outpatient with aftercare or outpatient scheduled at least once per week.

(c) Pursuant to 61-8-732, MCA, the sentencing court must order compliance with treatment recommendations in the case of first DUI/per se/UDD offenders assessed as chemically dependent or repeat DUI/per se/UDD offenders. When the offender has disagreed with recommendations and obtained a second opinion, the sentencing court shall order the appropriate level of treatment as determined by one of the counselors.

(d) The offender may attend the approved assessment/education and/or treatment program of the offender's choice. The approved program or certified chemical dependency counselor accepting an ACT program referral to treatment must notify the sentencing court upon completion of treatment, or upon an offender's failure to complete.

(e) Copies of the evaluation and recommendation report must be documented in the offender's file and given to the offender.

(f) A sentencing court or counselor may not require attendance at a self-help program unless the meeting is defined as "open" by the self-help program. (History: Sec. 53-24-204, 53-24-208 and 53-24-209, MCA; IMP, Sec. 45-9-208, 45-10-108, 61-8-714, 61-8-722 and 61-8-732, MCA; NEW, 1996 MAR p. 1312, Eff. 5/10/96; AMD, 1998 MAR p. 351, Eff. 1/30/98; TRANS, from DOC, 1998 MAR p. 1502.)

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37. 27. 516 CHEMICAL DEPENDENCY EDUCATIONAL COURSES: COURSE CURRICULUM (1) Course curriculum shall include the following (specific content of the topic areas below may be found in the ACT curriculum manual):

(a) The DUI/UDD and/or MDD educational component must include a minimum of four educational sessions totaling at least 8 hours.

(b) The curriculum will include four major topic areas:

(i) review of the laws and consequences of violating them;

(ii) physiological/neurophysiological effects of alcohol and other drugs;

(iii) social and psychological implications of alcohol and other drug use; and

(iv) self assessment.

(c) The MDD curriculum must contain a specific review of MDD laws. (History: Sec. 53-24-204, 53-24-208 and 53-24-209, MCA; IMP, Sec. 45-9-208, 45-10-108, 61-8-401, 61-8-714, 61-8-722 and 61-8-732, MCA; NEW, 1996 MAR p. 1312, Eff. 5/10/96; AMD, 1998 MAR p. 351, Eff. 1/30/98; TRANS, from DOC, 1998 MAR p. 1502.)

37. 27. 517 CHEMICAL DEPENDENCY EDUCATIONAL COURSES: MONITORING REQUIREMENTS (1) One year monthly monitoring requirements:

(a) Those offenders with a second or subsequent conviction must be monitored for compliance with continuing care recommendations;

(b) Monitoring will consist of at least one face to face individual and/or group contact per month, conducted by a certified or eligible as a chemical dependency counselor, for a period of 1 year from the date of admission to the treatment program; and

(c) The treatment provider, providing the monitoring services, will notify the sentencing court within 10 days if the offender fails to comply with the continuing care recommendations. (History: Sec. 53-24-204, 53-24-208 and 53-24-209, MCA; IMP, Sec. 45-9-208, 45-10-108, 61-8-714 and 61-8-722, MCA; NEW, 1996 MAR p. 1312, Eff. 5/10/96; TRANS, from DOC, 1998 MAR p. 1502.)

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37.27.521 CHEMICAL DEPENDENCY EDUCATIONAL COURSES: ACT PROGRAM PROVIDER REQUIREMENTS (1) Program staff requirements are as follows:

(a) Individual assessment sessions must be provided by a certified chemical dependency counselor;

(b) Assessments which recommend treatment must be performed, signed and dated by a certified chemical dependency counselor; and

(c) Staff conducting the educational course component must receive an ACT program specific training course sponsored by the traffic safety bureau within 6 months from the date of hire and also be certified or eligible as a chemical dependency counselor as defined in ARM 20.3.401 through 20.3.416.

(2) Programs shall develop policies and procedures which address the ACT program requirements of these rules and shall include:

(a) Services and staff requirements;

(b) Procedures for determining cost and fees charged for the ACT program; and

(c) Goals and objectives which address required effectiveness indicators shall include, but not be limited to ACT caseload, completion ratios, numbers of offenders recommended for treatment, and number of repeat offenders.

(History: Sec. 53-24-204, 53-24-208 and 53-24-209, MCA; IMP, Sec. 45-9-208, 45-10-108, 61-8-714 and 61-8-722, MCA; NEW, 1996 MAR p. 1312, Eff. 5/10/96; TRANS, from DOC, 1998 MAR p. 1502.)

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**37.27.525 CHEMICAL DEPENDENCY EDUCATIONAL COURSES: RECORD KEEPING AND REPORTING REQUIREMENTS** (1) Record keeping and reporting requirements specific to the ACT program shall include:

- (a) Alcohol and drug information system (ADIS) admission/discharge ACT program report;
  - (b) assessment instruments utilized;
  - (c) progress notes documenting the assessment interviews, which includes data to validate the assessment findings and treatment placement recommendations when appropriate and includes the counselor's observations and conclusions;
  - (d) documentation of educational sessions attended, dates of assessment interviews, and tracking summaries;
  - (e) evaluation and recommendation reports;
  - (f) court sentencing orders or referral forms;
  - (g) release of confidential information forms to the sentencing court and driver control bureau signed upon admission, and other forms as required;
  - (h) documentation of referral to or from another ACT program when applicable;
  - (i) fee charges and documentation of ability to pay if required;
  - (j) documentation of non-compliance where applicable; and
  - (k) biopsychosocial and patient placement documentation;
- and
- (l) advisal of rights form. (History: Sec. 53-24-204, 53-24-208 and 53-24-209, MCA; IMP, Sec. 45-9-208, 45-10-108,

61-8-714 and 61-8-722, MCA; NEW, 1996 MAR p. 1312, Eff. 5/10/96; TRANS, from DOC, 1998 MAR p. 1502.)

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Subchapter 7

Montana Chemical Dependency Center

37.27.701 MONTANA CHEMICAL DEPENDENCY CENTER: PURPOSE

(1) The Montana chemical dependency center (MCDC) is an approved public inpatient facility which provides inpatient (free standing) treatment to chemically dependent residents of Montana who demonstrate a severity of illness which matches the intensity of service. (History: Sec. 53-24-209, MCA; IMP, Sec. 53-24-301, MCA; NEW, 1996 MAR p. 2596, Eff. 10/4/96; TRANS, from DOC, 1998 MAR p. 1502.)

37.27.702 MONTANA CHEMICAL DEPENDENCY CENTER: DEFINITIONS

(1) "Level of care" means the following for the purpose of this rule:

(a) level IV - inpatient (hospital) care as defined in ARM 37.27.102(13); requirements are found in ARM 37.27.129.

(b) level III - inpatient (free standing) care as defined

in ARM 37.27.302(13); requirements are found in 37.27.130.

(c) level II - day treatment and/or intensive outpatient treatment as defined in ARM 37.27.102(8) and (15); requirements are found in ARM 37.27.137 and 37.27.138.

(d) level I - outpatient treatment as defined in ARM 37.27.102(18); requirements are found in ARM 37.27.136.

(2) "Level III justification packet" means the materials to be sent to MCDC by the certified counselor (as defined in ARM 20.3.401 through 20.3.416) to justify the admission which include the following required items:

(a) results of assessment as defined in ARM 37.27.130;

(b) copy of the biopsychosocial assessment as defined in ARM 37.27.102(4), completed by a certified counselor;

(c) level III patient placement justification as defined in ARM 37.27.130;

(d) identification of overriding considerations as defined in ARM 37.27.120(1)(j)(vii) if appropriate;

(e) confirmation that appropriate services are not available locally; and

(f) current discharge summary as defined in ARM 37.27.136(5)(j), if recently discharged from another level of care.

(3) "Supporting documentation" means any documentation of the history of medical or psychiatric concerns which substantiates the need for level II care and/or negates the need for level IV care.

(4) "Qualifying placement" means justification at level III in at least two of the six dimensions, as defined in ARM 37.27.120(1)(j)(i) through (vii) or one dimension with a consideration which overrides the patient placement match.

(5) "MCDC utilization review committee" means a team with clinical, medical and administrative representation, which determines the appropriateness of admission level III treatment

based on the documentation submitted by the certified chemical dependency counselor. (History: Sec. 53-24-209, MCA; IMP, Sec. 53-24-301, MCA; NEW, 1996 MAR p. 2596, Eff. 10/4/96; TRANS, from DOC, 1998 MAR p. 1502.)

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37.27.705 MONTANA CHEMICAL DEPENDENCY CENTER:  
APPLICABILITY (1) All state approved chemical dependency programs, Indian health services (IHS) approved Native American programs and certified chemical dependency counselors may refer

clients to MCDC providing the level III justification packet is complete. In all cases the referring individual must be a certified chemical dependency counselor, who has utilized the level III justification format and the principles of patient placement. (History: Sec. 53-24-209, MCA; IMP, Sec. 53-24-301, MCA; NEW, 1996 MAR p. 2596, Eff. 10/4/96; TRANS, from DOC, 1998 MAR p. 1502.)

Rules 06 through 09 reserved

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## CHEMICAL DEPENDENCY PROGRAMS

37.27.711

**37.27.710 MONTANA CHEMICAL DEPENDENCY CENTER: CRIMINAL JUSTICE SYSTEM REFERRALS** (1) A court mandating or recommending chemical dependency treatment at MCDC must refer the offender to the approved chemical dependency program in their area or a certified chemical dependency counselor to complete the assessment, patient placement and confirmation that appropriate services are not available locally. The program or certified chemical dependency counselor may then refer the offender to MCDC if appropriate. The board of pardons, probation/parole officers and pre-release centers must also use this procedure. (History: Sec. 53-24-209, MCA; IMP, Sec. 53-24-301, MCA; NEW, 1996 MAR p. 2596, Eff. 10/4/96; TRANS, from DOC, 1998 MAR p. 1502.)

**37.27.711 MONTANA CHEMICAL DEPENDENCY CENTER: ADMISSION POLICIES AND PROCEDURES** (1) An individual requesting admission to MCDC or a court referral must be assessed as chemically dependent pursuant to ARM 37.27.130(2)(a), and demonstrate a severity of illness which qualifies the individual for level III care based on nationally recognized patient placement criteria. Furthermore, the certified chemical dependency counselor must confirm that the individual cannot obtain necessary care locally.

(2) The certified chemical dependency counselor must contact the admission coordinator at MCDC and request admission. The admissions coordinator will instruct the program or certified counselor in admission protocols.

(3) The certified counselor will send the completed level III justification packet and supporting documentation to MCDC.

(4) The MCDC utilization review committee will meet 5 days per week (Monday through Friday except holidays) to process and accept requests for admissions within 24 hours, providing the documentation within the level III justification packet is complete. Requests received after 11:00 a.m. on Friday will be processed on Monday.

(5) The committee may reject requests for admission based on inadequate documentation or inappropriate placement.

(6) The referring certified chemical dependency counselor will be notified of the deficiencies and be given the opportunity to correct the deficiencies and resubmit.

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(7) Following acceptance of the admission request, MCDC will notify the referring certified chemical dependency counselor or state approved program of the specific date and time for the admission. The referring certified chemical dependency counselor or state approved program is responsible to arrange the travel so the individual arrives at the designated arrival time. (History: Sec. 53-24-209, MCA; IMP, Sec. 53-24-301, MCA; NEW, 1996 MAR p. 2596, Eff. 10/4/96; TRANS, from DOC, 1998 MAR p. 1502.)

Rules 12 through 17 reserved

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CHEMICAL DEPENDENCY PROGRAMS                      37. 27. 718

37. 27. 718 MONTANA CHEMICAL DEPENDENCY CENTER: DISCHARGE PROCESS TO LEVEL II OR I (1) Discharge will be determined by the individual's ability to meet MCDC's established discharge criteria based on nationally recognized patient placement criteria. Discharge planning will be ongoing, during the treatment process. All clients will receive a continuing care referral to the certified chemical dependency counselor or state approved program that initiated the admission, in order to ensure participation in necessary continuing care. (History: Sec. 53-24-209, MCA; IMP, Sec. 53-24-301, MCA; NEW, 1996 MAR p. 2596, Eff. 10/4/96; TRANS, from DOC, 1998 MAR p. 1502.)

Subchapter 8 reserved

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## Subchapter 9

## Chemical Dependency and Abuse Treatment Services

**37.27.901 CHEMICAL DEPENDENCY AND ABUSE TREATMENT SERVICES: REHABILITATION OPTION 32** (1) Subject to the limitations and requirements in ARM 37.27.904, 37.27.916, 37.27.920, 37.27.921 and 37.27.926 medicaid substance dependency and abuse treatment services include the following services:

- (a) assessment;
- (b) individual therapy;
- (c) group therapy;
- (d) family therapy;
- (e) multiple-family group therapy;
- (f) liaison/case management service;
- (g) inpatient free standing treatment (non-hospital based); and
- (h) inpatient free standing day treatment (non-hospital based). (History: Sec. 53-6-113, 53-24-204, 53-24-208, 53-24-209 and 53-24-215, MCA; IMP, Sec. 53-6-101, 53-24-204, 53-24-208, 53-24-209 and 53-24-215, MCA; NEW, 2003 MAR p. 803, Eff. 4/25/03.)

Rules 02 and 03 reserved

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**37-6089**

**37. 27. 904 CHEMICAL DEPENDENCY AND ABUSE TREATMENT SERVICES: GENERAL REQUIREMENTS** (1) The services listed in ARM 37. 27. 901 must be determined medically necessary by a licensed addiction counselor based upon the Patient Placement Criteria (PPC-2R) guidelines for placement, continued stay and discharge of patients with alcohol and other drug problems published by the American society of addiction medicine (ASAM) dated April 2001, which is hereby adopted and incorporated by reference. Copies of the PPC-2R guidelines may be obtained from the Department of Public Health and Human Services, Addictive and Mental Disorders Division, 555 Fuller, P. O. Box 202905, Helena, MT 59620-2905.

(2) All services except assessment must be based upon a treatment plan established with the client.

(3) All services must be delivered by facilities or programs approved by the department. (History: Sec. 53-6-113, 53-24-204, 53-24-208, 53-24-209 and 53-24-215, MCA; IMP, Sec. 53-6-101, 53-24-204, 53-24-208, 53-24-209 and 53-24-215, MCA; NEW, 2003 MAR p. 803, Eff. 4/25/03.)

Rules 05 and 06 reserved

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**37-6093**

**37. 27. 907 CHEMICAL DEPENDENCY BUREAU MEDICAID SUBSTANCE DEPENDENCY AND ABUSE TREATMENT SERVICES: REHABILITATION OPTION**

**32. FINANCIAL ELIGIBILITY** (1) Financial eligibility for chemical dependency bureau medicaid substance dependency and abuse treatment is based on the household's monthly gross income.

(2) An applicant for medicaid substance dependency and abuse treatment shall complete a financial application using a form provided by the department. Applications may be obtained from the Department of Public Health and Human Services, Addictive and Mental Disorders Division, 555 Fuller, P. O. Box 202905, Helena, MT 59620-2905.

(3) An applicant may be determined eligible for chemical dependency bureau medicaid substance dependency and abuse treatment services if the person:

(a) has a total gross family income at or below 200% of the most recently published federal poverty level (FPL);

(b) is a medicaid recipient in accordance with the eligibility standards adopted in ARM Title 37, chapter 82; or

(c) is a children's health insurance plan (CHIP) beneficiary in accordance with the program eligibility standards in ARM Title 37, chapter 79. (History: Sec. 53-6-113, 53-24-204, 53-24-208, 53-24-209 and 53-24-215, MCA; IMP, Sec. 53-6-101, 53-24-204, 53-24-208, 53-24-209 and 53-24-215, MCA; NEW, 2003 MAR p. 803, Eff. 4/25/03.)

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37.27.908 CHEMICAL DEPENDENCY AND ABUSE TREATMENT SERVICES: BILLING PROCEDURE FOR CONSULTATIONS WITH PARENTS

(1) Consultation by a certified chemical dependency counselor with a parent or legal guardian as part of the child's treatment must be billed to medicaid under the child's name and medicaid number.

(2) The provider must indicate on the claim that the child is the patient, must state the child's diagnosis and must indicate the service was consultation with a parent or legal guardian. (History: Sec. 53-6-113, 53-24-204, 53-24-208, 53-24-209 and 53-24-215, MCA; IMP, Sec. 53-6-101, 53-24-204, 53-24-208, 53-24-209 and 53-24-215, MCA; NEW, 2003 MAR p. 803, Eff. 4/25/03.)

Rules 09 through 11 reserved

**37- 6098**

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**37. 27. 912 ENROLLMENT OF MEDICAID PROVIDERS OF SUBSTANCE DEPENDENCY AND ABUSE TREATMENT SERVICES** (1) An inpatient free standing, intensive outpatient or intermediate care provider may apply for enrollment as a medicaid provider of substance dependency and abuse treatment services.

(2) The enrollment standards and procedures set forth in the chemical dependency bureau manual entitled: "Explanation of CD Medicaid and State-Paid Services, Instructions for Determining Eligibility for Services and Billing Under Bureau Contracts" dated September 2002, are hereby adopted and incorporated by reference. A copy may be obtained from the Department of Public Health and Human Services, Addictive and Mental Disorders Division, 555 Fuller, P. O. Box 202905, Helena, MT 59620-2905.

(3) To be enrolled, a provider must be approved and must be under contract with the chemical dependency bureau to provide substance dependency and abuse services. (History: Sec. 53-6-113, 53-24-204, 53-24-208, 53-24-209 and 53-24-215, MCA; IMP, Sec. 53-6-101, 53-24-204, 53-24-208, 53-24-209 and 53-24-215, MCA; NEW, 2003 MAR p. 803, Eff. 4/25/03.)

Rules 13 through 15 reserved

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**37. 27. 916 CHEMICAL DEPENDENCY AND ABUSE TREATMENT SERVICES: INPATIENT FREE STANDING TREATMENT, REQUIREMENTS**

(1) Inpatient free standing treatment is limited to persons 20 years of age or younger with a diagnosis of substance dependency utilizing the diagnostic standards published in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (1994) (DSM-IV), which is hereby adopted and incorporated by reference. Copies of applicable portions of the DSM-IV may be obtained from the Department of Public Health and Human Services, Addictive and Mental Disorders Division, 555 Fuller, P. O. Box 202905, Helena, MT 59620-2905.

(2) All inpatient free standing treatment must have prior written approval of the utilization reviewer.

(a) A provider of substance dependency treatment services must submit a referral to the utilization reviewer before providing inpatient free standing treatment.

(b) A referral for inpatient free standing treatment must be in the form specified by the department. Referral forms may be obtained from the Department of Public Health and Human Services, Addictive and Mental Disorders Division, 555 Fuller, P. O. Box 202905, Helena, MT 59620-2905.

(3) Medicaid inpatient free standing treatment services are available to youth who have a diagnosis of substance dependency. (History: Sec. 53-6-113, 53-24-204, 53-24-208, 53-24-209 and 53-24-215, MCA; IMP, Sec. 53-6-101, 53-24-204, 53-24-208, 53-24-209 and 53-24-215, MCA; NEW, 2003 MAR p. 803, Eff. 4/25/03.)

Rules 17 through 19 reserved

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**37-6109**

**37.27.920 CHEMICAL DEPENDENCY AND ABUSE TREATMENT SERVICES: OUTPATIENT TREATMENT, REQUIREMENTS** (1) Outpatient

chemical dependency treatment may include:

- (a) intensive outpatient treatment; and
- (b) basic outpatient treatment.

(2) Outpatient chemical dependency treatment must be determined appropriate by a certified chemical dependency counselor. (History: Sec. 53-6-113, 53-24-204, 53-24-208, 53-24-209 and 53-24-215, MCA; IMP, Sec. 53-6-101, 53-24-204, 53-24-208, 53-24-209 and 53-24-215, MCA; NEW, 2003 MAR p. 803, Eff. 4/25/03.)

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37.27.921 CHEMICAL DEPENDENCY AND ABUSE TREATMENT  
SERVICES: CERTAIN OUTPATIENT SERVICES, REQUIREMENTS

(1) Medicaid outpatient services other than case management, individual, family, group and case management are available to all medicaid recipients who meet the following diagnostic requirements for their respective age group:

(a) persons 20 years of age or younger must have a diagnosis of substance dependency or abuse; and

(b) persons over the age of 20 must have a diagnosis of substance dependency.

(2) Outpatient chemical dependency treatment must be delivered by facilities or programs approved by the department. (History: Sec. 53-6-113, 53-24-204, 53-24-208, 53-24-209 and 53-24-215, MCA; IMP, Sec. 53-6-101, 53-24-204, 53-24-208, 53-24-209 and 53-24-215, MCA; NEW, 2003 MAR p. 803, Eff. 4/25/03.)

Rules 22 through 25 reserved

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37.27.926 CHEMICAL DEPENDENCY AND ABUSE TREATMENT SERVICES: DAY TREATMENT, REQUIREMENTS (1) Delivery of day treatment services is limited to providers of inpatient free standing treatment.

(2) All day treatment services must have prior written approval from the utilization reviewer.

(a) An inpatient free standing treatment provider must submit a written request for approval to the utilization reviewer before providing day treatment services.

(b) A request for approval of day treatment services must be submitted on the request form specified by the department. Request forms may be obtained from the Department of Public Health and Human Services, Addictive and Mental Disorders Division, 555 Fuller, P.O. Box 202905, Helena, MT 59620-2905. (History: 53-6-113, 53-24-204, 53-24-208, 53-24-209, 53-24-215, MCA; IMP, 53-6-101, 53-24-204, 53-24-208, 53-24-209, 53-24-215, MCA; NEW, 2003 MAR p. 803, Eff. 4/25/03.)