

# Minimum Quality Drug Treatment Standards for DMC/SABG

Compliance with the following Minimum Quality Treatment Standards is required in addition to CCR Title 9 and 22 regulations for all SUD treatment programs either partially or fully funded through DMC/SABG. If conflict between regulations and standards occurs, the most restrictive shall apply.

## A. Personnel Policies

1. Personnel files shall be maintained on all employees and volunteers/interns and shall contain the following:
  - a) Application for employment and/or resume
  - b) Signed employment confirmation statement/duty statement
  - c) Job description;
  - d) Performance evaluations;
  - e) Health records/status as required by program or Title 9;
  - f) Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries);
  - g) Training documentation relative to substance use disorders and treatment;
  - h) Current registration, certification, intern status, or licensure;
  - i) Proof of continuing education required by licensing or certifying agency and program; and
  - j) Program Code of Conduct and for registered, certified, and licensed staff, a copy of the certifying/licensing body's code of conduct as well.
2. Job descriptions shall be developed, revised as needed, and approved by the Program's governing body. The job descriptions shall include:
  - a) Position title and classification;
  - b) Duties and responsibilities;
  - c) Lines of supervision; and
  - d) Education, training, work experience, and other qualifications for the position.
3. Written code of conduct for employees and volunteers/interns shall be established which addresses at least the following:
  - a) Use of drugs and/or alcohol;
  - b) Prohibition of social/business relationship with clients or their family members for personal gain;
  - c) Prohibition of sexual contact with clients;
  - d) Conflict of interest;
  - e) Providing services beyond scope;
  - f) Discrimination against clients or staff;

- g) Verbally, physically, or sexually harassing, threatening, or abusing clients, family members or other staff;
  - h) Protection client confidentiality;
  - i) The elements found in the code of conduct(s) for the certifying organization(s) the program's counselors are certified under; and
  - j) Cooperate with complaint investigations.
4. If a program utilizes the services of volunteers and or interns, procedures shall be implemented which address:
- a) Recruitment;
  - b) Screening;
  - c) Selection;
  - d) Training and orientation;
  - e) Duties and assignments;
  - f) Scope of practice;
  - g) Supervision;
  - h) Evaluation; and
  - i) Protection of client confidentiality.
5. Written roles and responsibilities and a code of conduct for the medical director shall be clearly documented, signed and dated by a program representative and physician.

## B. Program Management

### 1. Admission or Readmission

- a) Each program shall include in its policies and procedures written admission and readmission criteria for determining client's eligibility and suitability for treatment. These criteria shall include, at minimum:
  - i. DSM diagnosis;
  - ii. Use of alcohol/drugs of abuse;
  - iii. Physical health status; and
  - iv. Documentation of social and psychological problems.
- b) If a potential client does not meet the admission criteria, the client shall be referred to an appropriate service provider.
- c) If a client is admitted to treatment, consent to treatment form shall be signed by the client.
- d) The medical director shall document the basis for the diagnosis in the client record.
- e) All referrals made by program staff shall be documented in the client record.
- f) Copies of the following documents shall be provided to the client upon admission:

- g) Copies of the following shall be provided to the client or posted in a prominent place accessible to all beneficiaries:
  - i. Client rights, share of cost if applicable, notification of DMC funding accepted as payment in full, and consent to treatment.
  - ii. A statement of nondiscrimination by race, religion, sex, ethnicity, age, disability, sexual preference, and ability to pay;
  - iii. Complaint process and grievance procedures;
  - iv. Appeal process for involuntary discharge; and
  - v. Program rules, expectations and regulations.
- h) Where drug screening by urinalysis is deemed medically appropriate the program shall:
  - i. Establish procedures which protect against the falsification and/or contamination of any urine sample; and
  - ii. Document urinalysis results in the clients file.

## 2. Treatment

- A. Assessment for all beneficiaries shall include:
  - i. Drug/Alcohol use history;
  - ii. Medical history;
  - iii. Family history;
  - iv. Psychiatric/psychological history;
  - v. Social/recreational history;
  - vi. Financial status/history;
  - vii. Educational history;
  - viii. Employment history;
  - ix. Criminal history, legal status; and
  - x. Previous SUD treatment history.
- B. Problem Lists shall be developed and maintained with the client and the entire care team to include:
  - i. Diagnoses identified by a provider acting within their scope of practice, if any.
  - ii. Diagnosis-specific specifiers from the current DSM shall be included with the diagnosis, when applicable.
  - iii. Problems identified by a provider acting within their scope of practice, if any.
  - iv. Problems or illnesses identified by the beneficiary and/or significant support person, if any.
  - v. The name and title of the provider that identified, added, or removed the problem, and the date the problem was identified, added, or removed.
- C. Progress Notes shall provide sufficient detail to support the service code selected for the service type as indicated by the service code description and include:

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- i. The type of service rendered.
  - ii. A narrative describing the service, including how the service addressed the beneficiary's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors).
  - iii. The date that the service was provided to the beneficiary.
  - iv. Duration of the service, including travel and documentation time.
  - v. Location of the beneficiary at the time of receiving the service.
- D. Discharge documentation shall be in accordance with CCR Title 22 51341.
- i. A copy of the discharge plan shall be given to the client.