CHAPTER 709. STANDARDS FOR LICENSURE OF FREESTANDING TREATMENT FACILITIES

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Cross References
This chapter cited in 28 Pa. Code § 704.1 (relating to scope); 28 Pa. Code § 705.1 (relating to general requirements for residential facilities); 28 Pa. Code § 705.21 (relating to general requirements for nonresidential facilities); 28 Pa. Code § 715.3 (relating to approval of narcotic treatment programs); 28 Pa. Code § 715.23 (relating to patient records); 31 Pa. Code § 89.621 (relating to inpatient detoxification services); 31 Pa. Code § 89.622 (relating to nonhospital, residential treatment and rehabilitation services); 31 Pa. Code § 89.623 (relating to outpatient services); 49 Pa. Code § 41.8 (relating to Department of Health licensing of substance abuse services provided by psychology practices—statement of policy); 49 Pa. Code § 49.17 (relating to Department of Health licensing of substance abuse services provided by professional counseling practices—statement of policy); 55 Pa. Code § 3800.3 (relating to exemptions); and 58 Pa. Code § 15.7 (relating to disciplinary action).

Subchapter A. GENERAL PROVISIONS

Sec.
709.1. Scope.
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Cross References
This subchapter cited in 28 Pa. Code § 709.121 (relating to applicability).

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(311555) No. 369 Aug. 05
§ 709.1. Scope.
(a) This chapter establishes the procedures for the issuance of a license by activity to freestanding drug and alcohol treatment facilities. The term, facility, applies to the physical location from which drug and alcohol services are provided. A facility may provide more than one service.
(b) This chapter provides standards by activity for the licensure of freestanding drug and alcohol treatment facilities, under the powers and duties contained in Articles IX and X of the Public Welfare Code (62 P. S. §§ 901—922, 1001—1031, and 1051—1059).

§ 709.2. Policy.
(a) Persons, partnerships and corporations, or other legal entities intending to provide drug and alcohol treatment services, shall first be licensed by the Department.
(b) No drug or alcohol freestanding treatment facilities may receive funds from the Department without a license issued under this chapter.

§ 709.3. Legal base.
The authority of the Department to license drug and alcohol treatment activities is established under the powers and duties contained in Articles IX and X of the Public Welfare Code (62 P. S. §§ 901—922, 1001—1031, and 1051—1059) as transferred to the Department by Reorganization Plan No. 2 of 1977 (P. L. 372) (71 P. S. § 751-25) and No. 4 of 1981 (P. L. 610) (71 P. S. § 751-31).

§ 709.4. Exceptions.
(a) The Department may, within its discretion, and for good reasons, grant exceptions or extensions of time to this chapter when the policy objectives of this chapter are met, but no exception may be granted which contravenes the authorizing statute.
(b) The project director shall submit a written request for an exception which shall include the approval of the governing body.
(c) Exceptions will not be granted for a situation in which a provisional license would be appropriate.

§ 709.5. Revocation of exceptions.
(a) An exception granted under this chapter may be revoked by the Department. Notice of revocation will be in writing and include the reason for the action of the Department and a specific date upon which the exception will be terminated.
(b) In revoking an exception, the Department will provide for a reasonable time between the date of written notice of revocation and the date of termination of an exception for the project to come into compliance with this part.
(c) If a project wishes to request a reconsideration of a denial or revocation of an exception, it must do so in writing to the Department within 30 days of receipt of the adverse notification.

Subchapter B. LICENSING PROCEDURES


Cross References
This subchapter cited in 28 Pa. Code § 709.121 (relating to applicability).

§ 709.11. Application for license.
(a) Persons, partnerships, corporations, or other legal entities intending to provide drug and alcohol treatment services shall apply for a license from the Department. Application shall be made using forms and procedures prescribed by the Department.
(b) The license shall expire 1 year from the date of issuance. Prior to the expiration of the current license, the Department will notify the facility of the date for an annual on-site inspection for renewal of license.
(c) The Department will notify the appropriate SCA of applications for and issuance of a license to any facility or individual within the SCA’s area of responsibility.

§ 709.12. Full licensure.
(a) A license to operate the facility will be issued when, after an on-site inspection by an authorized representative of the Department, it has been determined that requirements for licensure under this chapter, have been met.
(b) A license will be issued to the owner of a facility and will indicate the name of the facility, the address, the date of issuance, and the types of activities the facility is authorized to provide.
(c) The current license shall be displayed in a public and conspicuous place in the facility.

§ 709.13. Provisional licensure.
(a) The Department will issue a provisional license, valid for a specific time period of no more than 6 months when the Department finds that a facility:
(1) Has substantially, but not completely, complied with applicable requirements for licensure.
(2) Is complying with a course of correction approved by the Department.
(3) Has existing deficiencies that will not adversely alter the health, welfare or safety of the facility’s clients.
(b) Within 15 working days of receipt of the deficiency report, facility staff shall submit a plan to correct deficiencies noted during the site visits.
(c) A provisional license may be renewed no more than three times.
(d) A regular license will be issued upon compliance with this part.

§ 709.14. Restriction on license.
(a) A license applies to the person, the named facility, the premises designated therein and the activities notes, and is not transferable.
(b) The licensee, using Department forms, shall notify the Department within 90 days of the occurrence of any of the following conditions:
(1) Change in ownership.
(2) Change in name of the facility.
(3) Change in location of the facility.
(4) Change in activity/discontinuance of an activity.
(5) Change in authorized maximum capacity.
(6) Closing of facility.
(c) Failure to notify the Department under subsection (b) will result in automatic expiration of the license.

§ 709.15. Right to enter and inspect.
(a) An authorized representative of the Department has the right to enter, visit, and inspect a facility licensed or applying for a license under this chapter.
(b) The authorized Department representative shall have full and free access to the records of the facility and its clients.
(c) The authorized Department representative has the right to interview clients as part of the visitation and inspection process.

Notes of Decisions

Warrantless Inspection Authorized

The warrantless inspections, prompted by whistleblower information, made by Health Department employees were legitimate, investigative visits, statutorily authorized by this section. Therefore, owners and employees of the State regulated agency enjoyed no expectation of privacy and no warrant was necessary. Commonwealth v. Clark, 662 A.2d 1084 (Pa. Super. 1995); appeal denied 674 A.2d 1066 (Pa. 1996).

Cross References

This section cited in 28 Pa. Code § 715.3 (relating to approval of narcotic treatment programs).
§ 709.16. Notification of deficiencies.
(a) The authorized Department representative will leave appropriate Department forms with the facility director to address areas of noncompliance with the standards.
(b) These forms shall be completed and submitted to the Division of Licensing within 15 working days after the site visit.
(c) A license may not be issued until a plan of action has been approved by the Department.

§ 709.17. Refusal or revocation of license.
(a) The Department may revoke or refuse to issue a license for any of the following reasons:
   (1) Failure to comply with a directive issued by the Department.
   (2) Violation of, or noncompliance with, this chapter.
   (3) Failure to comply with a plan of correction approved by the Department, unless the Department approves an extension or modification of the plan of correction.
   (4) Gross incompetence, negligence or misconduct in the operation of the facility.
   (5) Fraud, deceit, misrepresentation or bribery in obtaining or attempting to obtain a license.
   (6) Lending, borrowing or using the license of another facility.
   (7) Knowingly aiding or abetting the improper granting of a license.
   (8) Mistreating or abusing individuals cared for or treated by the facility.
   (9) Continued noncompliance in disregard of this part.
   (10) Operating a facility that, by nature of its physical condition, endangers the health and safety of the public.
(b) If the Department proposes to revoke or refuse to issue a license, it will give written notice to the facility by certified mail, stating the following:
   (1) The reasons for the proposed action.
   (2) The specific time period for the facility to correct deficiencies.
(c) If the facility does not correct the deficiencies within the specified time, the Department will officially notify the licensee that it shall show cause why its license should not be revoked under 1 Pa. Code § 35.14 (relating to orders to show cause), and that it has a right to a hearing authorized by the Department on this question. A request to the Department for a hearing shall be filed, in writing, within 30 days of receipt of the show cause order.
(d) Subsection (c) supplements 1 Pa. Code § 35.14.

Cross References
This section cited in 28 Pa. Code § 715.4 (relating to denial, revocation or suspension of approval).

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§ 709.18. Hearings.

(a) The Department will convene and conduct a show cause hearing for a facility under 1 Pa. Code § 35.37 (relating to answers to orders to show cause) and this chapter.

(b) An administrative hearing held under this section shall be conducted under 1 Pa. Code Part II (relating to general rules of administrative practice and procedure).

(c) The Department may institute appropriate legal proceedings to enforce compliance with this chapter.

(d) This section supplements 1 Pa. Code Part II.

Cross References
This section cited in 28 Pa. Code § 715.4 (relating to denial, revocation or suspension of approval).

Subchapter C. GENERAL STANDARDS FOR FREESTANDING TREATMENT ACTIVITIES

Sec.
709.22. Governing body.
709.23. Project director.
709.24. Treatment/rehabilitation management.
709.25. Fiscal management.
709.27. [Reserved].
709.28. Confidentiality.
709.29. Retention of client records.
709.30. Client rights.
709.31. Data collection system.
709.32. Medication control.
709.33. Notification of termination.
709.34. Reporting of unusual incidents.

Cross References
This subchapter cited in 28 Pa. Code § 709.121 (relating to applicability); 37 Pa. Code § 451.111 (relating to Alcohol or Drug Outpatient Treatment Program); and 37 Pa. Code § 451.121 (relating to Residential Inpatient Drug and Alcohol Program).


(a) The intake, evaluation and referral, inpatient nonhospital, partial hospitalization, outpatient and inpatient hospital activities shall comply with this chapter.

(b) A facility in which freestanding treatment activities are provided that has a valid full license from the Department of Public Welfare under 55 Pa. Code Chapters 5300 and 5310 (relating to private psychiatric hospitals; and community residential rehabilitation services for the mentally ill) is deemed to be in compli-
ance with §§ 709.22—709.26, 709.29 and 709.32. This subsection shall remain in effect as long as the Department finds the standards in 55 Pa. Code Chapters 5300 and 5310 to be consistent with the requirements of this subchapter.

Authority
The provisions of this § 709.21 amended under section 2301-A of The Administrative Code of 1929 (71 P. S. § 613.1).

Source

§ 709.22. Governing body.
(a) A project shall have a governing body and legal responsibility for the project rests in the governing body.
(b) The duties of the governing body include, but are not limited to, the following:
   (1) Designating the position to serve as project director as the person officially responsible to the governing body either directly or indirectly.
   (2) Identifying the project’s purpose and philosophy directly related to drug and alcohol services.
   (3) Documenting the project’s organizational structure.
   (c) If a facility is publicly funded, the governing body shall make available to the public an annual report which includes, but is not limited to, a statement disclosing the names of officers, directors and principal shareholders, when applicable.

Authority
The provisions of this § 709.22 amended under section 2301-A of The Administrative Code of 1929 (71 P. S. § 613.1).

Source
The provisions of this § 709.22 amended October 17, 2014, effective October 18, 2014, 44 Pa.B. 6660. Immediately preceding text appears at serial pages (296155) and (210257).

Cross References
This section cited in 28 Pa. Code § 709.21 (relating to applicability).

§ 709.23. Project director.
Project directors shall prepare, annually update and sign a written manual delineating project policies and procedures.

Authority
The provisions of this § 709.23 amended under section 2301-A of The Administrative Code of 1929 (71 P. S. § 613.1).
§ 709.24. Treatment/rehabilitation management.

(a) The governing body shall adopt a written plan for the coordination of client treatment and rehabilitation services which includes, but is not limited to:

(1) Definition of the target population toward whom facility services are directed.

(2) Identification of the treatment models and practices utilized by the project.

(3) Written procedures for the management of treatment/rehabilitation services for clients.

(4) Written procedures for referral outlining cooperation with other service providers including, but not limited to, provisions for access to emergency services.

(b) The project shall maintain a current community resource listing of other health and social service agencies.

Authority

The provisions of this § 709.24 amended under section 2301-A of The Administrative Code of 1929 (71 P. S. § 613.1).

§ 709.25. Fiscal management.

The project shall obtain the services of an independent certified public accountant for an annual financial audit of activities associated with the project’s drug/alcohol abuse services, in accordance with generally accepted accounting principles which include reference to the drug and alcohol treatment activities.

Authority

The provisions of this § 709.25 amended under section 2301-A of The Administrative Code of 1929 (71 P. S. § 613.1).
(a) The governing body shall adopt and have implemented written project personnel policies and procedures in compliance with State and Federal employment laws. In addition, the written policies and procedures must specifically include, but are not limited to:
   (1) Utilization of volunteers.
   (2) Rules of conduct.
   (3) Supervision of staff.
   (4) Orientation of new employees.
(b) The personnel records must include, but are not limited to:
   (1) Application or resume for employment.
   (2) Written verification of qualifying professional credentials.
   (3) Annual written individual staff performance evaluations, copies of which shall be reviewed and signed by the employee.
   (4) Disciplinary actions.
(c) There shall be written job descriptions for project positions.

Authority
The provisions of this § 709.26 amended under section 2301-A of The Administrative Code of 1929 (71 P. S. § 613.1).

Source

Cross References
This section cited in 28 Pa. Code § 709.21 (relating to applicability).

§ 709.27. [Reserved].

Source
The provisions of this § 709.27 reserved March 1, 2002, effective March 2, 2002, 32 Pa.B. 1183. Immediately preceding text appears at serial pages (210259) to (210260).

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(373875) No. 482 Jan. 15
§ 709.28. Confidentiality.

(a) A written procedure shall be developed by the project director which shall comply with 4 Pa. Code § 255.5 (relating to projects and coordinating bodies: disclosure of client-oriented information). The procedure must include, but not be limited to:

(1) Confidentiality of client identity and records. Procedures must include a description of how the project plans to address security and release of electronic and paper records and identification of the person responsible for maintenance of client records.

(2) Identification of project staff having access to records, and the methods by which staff gain access.

(b) The project shall secure hard copy client records within locked storage containers. Electronic records must be stored on secure, password protected data bases.

(c) The project shall obtain an informed and voluntary consent from the client for the disclosure of information contained in the client record. The consent must be in writing and include, but not be limited to:

(1) Name of the person, agency or organization to whom disclosure is made.

(2) Specific information disclosed.

(3) Purpose of disclosure.

(4) Dated signature of client or guardian as provided for under 42 CFR 2.14(a) and (b) and 2.15 (relating to minor patients; and incompetent and deceased patients).

(5) Dated signature of witness.

(6) Date, event or condition upon which the consent will expire.

(d) A copy of a client consent shall be offered to the client and a copy maintained in the client record.

(e) When consent is not required, the project personnel shall:

(1) Fully document the disclosure in the client records.

(2) Inform the client, as readily as possible, that the information was disclosed, for what purposes and to whom.

Authority

The provisions of this § 709.28 amended under section 2301-A of The Administrative Code of 1929 (71 P. S. § 613.1).

Source


Cross References

This section cited in 28 Pa. Code § 715.11 (relating to confidentiality of patient records).
§ 709.29. Retention of client records.

(a) Client records, regardless of format, shall be readily accessible for a minimum of 4 years following the discharge of a client.

(b) If the project discontinues operation, it shall make known to the Department where its records are stored.

Authority

The provisions of this § 709.29 amended under section 2301-A of The Administrative Code of 1929 (71 P. S. § 613.1).

Source

The provisions of this § 709.29 amended October 17, 2014, effective October 18, 2014, 44 Pa.B. 6660. Immediately preceding text appears at serial pages (293158) and (210261).

Cross References

This section cited in 28 Pa. Code § 709.21 (relating to applicability).

§ 709.30. Client rights.

The project shall develop written policies and procedures on client rights and document written acknowledgement by clients that they have been notified of those rights.

(1) A client receiving care or treatment under section 7 of the act (71 P. S. § 1690.107) shall retain civil rights and liberties except as provided by statute. No client may be deprived of a civil right solely by reason of treatment.

(2) The project may not discriminate in the provision of services on the basis of age, race, creed, sex, ethnicity, color, national origin, marital status, sexual orientation, handicap or religion.

(3) Clients have the right to inspect their own records. The project, facility or clinical director may temporarily remove portions of the records prior to the inspection by the client if the director determines that the information may be detrimental if presented to the client. Reasons for removing sections shall be documented in the record.

(4) Clients have the right to appeal a decision limiting access to their records to the director.

(5) Clients have the right to request the correction of inaccurate, irrelevant, outdated or incomplete information in their records.

(6) Clients have the right to submit rebuttal data or memoranda to their own records.

Authority

The provisions of this § 709.30 amended under section 2301-A of The Administrative Code of 1929 (71 P. S. § 613.1).
§ 709.31. Data collection system.

(a) A data collection and recordkeeping system shall be developed that allows for the efficient retrieval of data needed to measure the project’s performance in relationship to its stated goals and objectives.

(b) The recordkeeping system must allow for the identification of clients’ admissions and discharges within a specific time period.

Authority

The provisions of this § 709.31 amended under section 2301-A of The Administrative Code of 1929 (71 P. S. § 613.1).

Source


§ 709.32. Medication control.

(a) Projects furnishing pharmaceutical services shall present a license from the Department of Health’s Board of Examiners or the Department of State’s State Board of Pharmacy and a DEA registration to Department employees. Other notices of review or inspection, or both, shall be made available upon request.

(b) Verbal orders for medication can be given only by a physician or other medical professional authorized by State and Federal law to prescribe medication and verbal orders may be received only by another physician or medical professional authorized by State and Federal law to receive verbal orders. When a verbal or telephone order is given, it has to be authenticated in writing by a physician or other medical professional authorized by State and Federal law to prescribe medication. In detoxification levels of care, written authentication shall occur no later than 24 hours from the time the order was given. Otherwise, written authentication shall occur within 3 business days from the time the order was given.

(c) The project shall have and implement a written policy and procedures regarding all medications used by clients which shall include, but not be limited to:

(1) Administration of medication, including the documentation of the administration of medication:
   (i) By individuals permitted to administer by Pennsylvania law.
   (ii) When self administered by the client.

(2) Drug storage areas including, but not limited to, the secure storage of controlled substances and other abusable drugs in accordance with State and Federal regulations and program requirements.

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(3) Inspection of storage areas that ensures compliance with State and Federal laws and program policy. The policy must include, but not be limited to:

   (i) What is to be verified through the inspection, who inspects, how often, but not less than quarterly, and in what manner it is to be recorded.
   (ii) Disinfectants and drugs for external use are stored separately from oral and injectable drugs.
   (iii) Drugs requiring special conditions for storage to insure stability are properly stored.
   (iv) Outdated drugs are removed.
   (v) Copies of drug-related regulations are available in appropriate areas.

(4) Methods for control and accountability of drugs, including, but not limited to:

   (i) Who is authorized to remove drug.
   (ii) The program’s system for recording drugs, which includes the name of the drug, the dosage, the staff person, the time and the date.

(5) Security of drugs, including, but not limited to, the loss, theft or misuse of drugs.

(6) Medication errors and drug reactions shall be recorded in the client record. This may be the medical record if a separate medical record is maintained for all clients.

Authority

The provisions of this § 709.32 amended under section 2301-A of The Administrative Code of 1929 (71 P.S. § 613.1).

Source

The provisions of this § 709.32 amended October 17, 2014, effective October 18, 2014, 44 Pa.B. 6660. Immediately preceding text appears at serial pages (210261) to (210262).

Cross References

This section cited in 28 Pa. Code § 709.21 (relating to applicability).

§ 709.33. Notification of termination.

(a) Project staff shall notify the client, in writing, of a decision to involuntarily terminate the client’s treatment at the project. The notice shall include the reason for termination.

(b) The client shall have an opportunity to request reconsideration of a decision terminating treatment.

Cross References

This section cited in 28 Pa. Code § 709.41 (relating to exceptions to the general standards for freestanding treatment facilities).
§ 709.34. Reporting of unusual incidents.

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

1. Physical assault or sexual assault by staff or a client.
2. Selling or use of illicit drugs on the premises.
3. Death or serious injury due to trauma, suicide, medication error or unusual circumstances while in residential treatment or, when known by facility, for ambulatory services.
4. Significant disruption of services due to disaster such as fire, storm, flood or other occurrence which closes the facility for more than 1 day.
5. Theft, burglary, break-in or similar incident at the facility.
6. Event at the facility requiring the presence of police, fire or ambulance personnel.
7. Fire or structural damage to the facility.
8. Outbreak of a contagious disease requiring Centers for Disease Control (CDC) notification.

(b) Policies and procedures must include the following:

1. Documentation of the unusual incident.
2. Prompt review and identification of the causes directly or indirectly responsible for the unusual incident.
3. Implementation of a timely and appropriate corrective action plan, when indicated.
4. Ongoing monitoring of the corrective action plan.
5. Reporting mechanism to ensure that reporting of an unusual incident to an entity is in compliance with State and Federal confidentiality laws.

(c) To the extent permitted by State and Federal confidentiality laws, the project shall file a written unusual incident report with the Department within 3 business days following an unusual incident involving:

1. Physical or sexual assault by staff or a client.
2. Death or serious injury due to trauma, suicide, medication error or unusual circumstances.
3. Significant disruption of services due to a disaster such as a fire, storm, flood or other occurrence that results in the closure of a facility for more than 1 day.
4. Event at the facility requiring the presence of police, fire or ambulance personnel.
5. Outbreak of a contagious disease requiring CDC notification.

Authority

The provisions of this § 709.34 issued under section 2301-A of The Administrative Code of 1929 (71 P. S. § 613.1).
Subchapter D. STANDARDS FOR INTAKE, EVALUATION AND REFERRAL ACTIVITIES

Sec. 709.41. Exceptions to the general standards for freestanding treatment activities.

Due to the nature of intake, evaluation and referral, projects of this kind need not comply with the following sections:

1. Section 709.24(a)(2) and (3) (relating to treatment/rehabilitation management).
2. Section 709.33 (relating to notification of termination).

§ 709.42. Project management.

(a) The intake project shall have a written procedure for the performance of the following functions:

1. Orientation of the client to the drug or alcohol service delivery system, or both.
(2) Thorough exploration of service needs and discussion with the client concerning service options to which he may be referred.

(3) Development of a confidential history, including significant medical, social, drug and alcohol, occupational and family information.

(4) Prompt arrangement for delivery of the requested services.

(b) The intake project or treatment service providers shall have a written procedure for the performance of the following functions:

(1) Arrangement for the provision of needed medical, functional, psychological, psychiatric, social or vocational diagnostic assessments.

(2) Preparation of a preliminary treatment plan utilizing appropriate available service resources and listing the services to be provided. This plan shall be developed in cooperation with and agreed to by the intake project or treatment service provider and the client. The service plan shall also include referral to services not specifically for drug and alcohol clients; for example, legal services and dental services for which the client may be eligible.

(c) The intake project shall develop a written plan providing for outreach services which shall include, but not be limited to:

(1) Identifying persons in need of project services.

(2) Alerting persons and their families to the availability of project services.

(3) Encouraging persons to utilize the service delivery system.

(d) The intake project shall operate at least 5 days of the week and for a minimum of 40 hours per week. Additional hours should be appropriate to the population served by the intake project.

(e) The hours of operation shall be displayed conspicuously to the general public.

(f) A telephone number shall be displayed conspicuously to the general public.

(g) Procedures to be followed in psychiatric and medical emergencies shall be clearly specified in writing and made readily available to the staff.

(h) The intake process shall proceed expeditiously to avoid discouragement and should not exceed a period of 48 hours.

§ 709.43. Client management.

(a) The intake project shall have written policies and procedures for communication with law-enforcement authorities, local or State health or welfare authorities, as appropriate, regarding clients whose condition or its cause is reportable; for example, persons having contagious diseases or victims of suspected criminal acts, such as rape or gunshot wounds, 18 Pa.C.S. § 5106 (relating to failure to report injuries by firearm or criminal act) and child abuse under the Child Protective Services Law (11 P. S. §§ 2201—2224).
(b) The intake project shall have written policies and procedures to address special issues regarding treatment of clients. These policies and procedures shall include, but are not limited to:

(1) Individuals who lose consciousness.
(2) Minors.
(3) Individuals with communicable disease.
(4) Individuals requiring transfer to a hospital or other treatment facility.
(5) Individuals requiring detoxification.

(c) Clients shall be observed upon intake for withdrawal symptoms from substances abused. If serious symptoms of drug/alcohol abuse or dependence or other physical problems are observed, prompt medical attention shall be obtained. Data obtained during the observation period shall be recorded.

(d) If possible, the client should be transported to the selected referral agency/resource.

(e) A consent to treatment form should be completed and signed by the client and intake worker at intake.

§ 709.44. Client records.

(a) The project shall maintain a client record on an individual which shall include, but not be limited to:

(1) Histories, which include the following:
   (i) Medical history.
   (ii) Drug or alcohol history, or both.
   (iii) Personal history.
(2) Consent forms.
(3) Psychosocial evaluation.
(4) Referral contact.
(5) Record of services provided.

(b) If applicable, the project shall also include the following items in the client record:

(1) Results of physical examination.
(2) Medication records.
(3) Treatment and rehabilitation plans.
(4) Follow-up information.

(c) The project shall develop and maintain client records on standardized project client record forms.
Subchapter E. STANDARDS FOR INPATIENT NONHOSPITAL ACTIVITIES—RESIDENTIAL TREATMENT AND REHABILITATION

Sec.
709.51. Intake and admission.
709.52. Treatment and rehabilitation services.
709.53. Client records.
709.54. Project management services.

Cross References
This subchapter cited in 31 Pa. Code § 89.622 (relating to nonhospital, residential treatment and rehabilitation services); and 37 Pa. Code § 451.121 (relating to Residential Inpatient Drug and Alcohol Program).

§ 709.51. Intake and admission.
(a) The project director shall develop a written plan providing for intake and admission which includes, but is not limited to:
(1) Criteria for admission.
(2) Treatment methodology.
(3) Requirements for completion of treatment.
(4) Involuntary discharge/termination criteria.
(b) Intake procedures shall include documentation of:
(1) Disclosure to the client of criteria for admission, treatment, completion and discharge.
(2) Client orientation to the project which includes, but it is not limited to, a familiarization with:
   (i) Project policies.
   (ii) Hours of operation.
   (iii) Fee schedule.
   (iv) Services provided.
(3) Histories, which include the following:
   (i) Medical history.
   (ii) Drug or alcohol history, or both.
   (iii) Personal history.
(4) Consent to treatment.
(5) Physical examination.
(6) Psychosocial evaluation.
(7) Preliminary treatment and rehabilitation plan.

§ 709.52. Treatment and rehabilitation services.
(a) An individual treatment and rehabilitation plan shall be developed with a client. This plan shall include, but not be limited to, written documentation of:
   (1) Short and long-term goals for treatment as formulated by both staff and client.
(2) Type and frequency of treatment and rehabilitation services.
(3) Proposed type of support service.
(b) Treatment and rehabilitation plans shall be reviewed and updated at least every 30 days. For those projects whose client treatment regime is less than 30 days, the treatment and rehabilitation plan, review and update shall occur at least every 15 days.
(c) The project shall assure that counseling services are provided according to the individual treatment and rehabilitation plan.
(d) Counseling shall be provided to a client on a regular and scheduled basis.
(e) The project shall assist the client in obtaining the following supportive services when necessary:
   (1) Medical/dental.
   (2) Psychiatric.
   (3) Legal.
   (4) Economic.
   (5) Educational.
   (6) Vocational.
   (7) Recreational/social.

§ 709.53. Client records.
(a) There shall be a complete client record on an individual which includes information relative to the client’s involvement with the project. This shall include, but not be limited to, the following:
   (1) Consent forms.
   (2) Medication records.
   (3) Record of services provided.
   (4) Referral contact.
   (5) Progress notes.
   (6) Individualized treatment and rehabilitation plan.
   (7) Client-related correspondence.
   (8) Case consultation notes.
   (9) Aftercare plan, if applicable.
   (10) Discharge summary.
   (11) Follow-up information.
   (12) Verification that work done by the client at the project is an integral part of his treatment and rehabilitation plan.
   (13) Documentation of special dietetic needs, if applicable.
(b) The project shall develop and maintain client records on standardized project client record forms.

§ 709.54. Project management services.
(a) An inpatient nonhospital project shall have written policies and procedures for its dietetic services which include, but are not limited to:
(1) Purchasing of food and equipment.
(2) Receiving, storing and preserving of food stuff.
(3) Proper preparation of food.
(4) Safety and sanitation, including the preparation, handling, and storage of foods; the care and cleaning of dishes, utensils and work area.
(5) Personal hygiene for those in food preparation areas.
(6) Special dietary needs.
(b) The project shall develop a written client aftercare policy.
(c) The project shall develop a written client follow-up policy.
(d) The project shall develop a written plan providing for outreach services which includes, but is not limited to:
(1) Identifying persons in need of project services.
(2) Alerting persons and their families to the availability of project services.
(3) Encouraging persons to utilize the service delivery system.

Subchapter F. STANDARDS FOR INPATIENT NONHOSPITAL ACTIVITIES—SHORT-TERM DETOXIFICATION

Sec. 709.61. Exceptions to the general standards for freestanding treatment activities.

Due to the nature of this detoxification activity, projects of this kind need not comply with § 709.24(a)(2) and (3) (relating to treatment/rehabilitation management).

§ 709.62. Intake and admission.

(a) The project director shall develop a written plan providing for intake and admission which includes, but is not limited to:
(1) Criteria for admission.
(2) Treatment methodology.
(3) Requirements for completion of treatment.
(4) Involuntary discharge/termination criteria.
(b) Intake procedures other than initial medical care shall be performed at a time when the immediate physiological effects of drug and alcohol abuse have subsided.

(c) Intake procedures shall include documentation of the following:
   (1) Disclosure to the client of criteria for admission, treatment, completion and discharge.
   (2) Client orientation to the project which includes, but is not limited to a familiarization with:
      (i) Project policies, which include the following:
      (ii) Hours of operation.
      (iii) Fee schedule.
      (iv) Services provided.
   (3) Histories, which include the following:
      (i) Medical history.
      (ii) Drug or alcohol history, or both.
      (iii) Personal history.
   (4) Consent to treatment.
   (5) Physical examination.
   (6) Psychosocial evaluation.

§ 709.63. Client records.
(a) There shall be a complete client record on an individual which includes information relative to the client’s involvement with the project. This shall include, but not be limited to the following:
   (1) Consent forms.
   (2) Drug and alcohol support plan.
   (3) Progress notes.
   (4) Medication records.
   (5) Record of services provided.
   (6) Aftercare plans, if applicable.
   (7) Discharge summary.
   (8) Follow-up information.
   (9) Verification that work done by the client at the project is an integral part of the client’s drug and alcohol support plan.
   (10) Documentation of special dietetic needs, if applicable.
(b) The project shall develop and maintain client records on standardized project client record forms.

§ 709.64. Project management services.
(a) The inpatient nonhospital project shall have written policies and procedures for its dietetic services which shall include, but not be limited to the following:
   (1) Purchasing of food and equipment.
(2) Receiving, storing and preserving of foodstuff.
(3) Proper preparation of food.
(4) Safety and sanitation, including the preparation, handling and storage of foods; the care and cleaning of dishes, utensils and work area.
(5) Personal hygiene for those in food preparation areas.
(6) Special dietary needs.

(b) The project shall develop a written plan that delineates specific service planning and counseling approaches used to promote client interest in participating in necessary treatment, following the detoxification process.

(c) The project shall assist the client in obtaining the following supportive services when necessary:
   (1) Medical/dental.
   (2) Psychiatric.
   (3) Legal.
   (4) Economic.
   (5) Educational.
   (6) Vocational.
   (7) Recreational/social.

(d) The project shall develop a written client aftercare policy.

(e) The project shall develop a written client follow-up policy.

(f) The project shall develop a written plan providing for outreach services which shall include, but not be limited to:
   (1) Identifying persons in need of project services.
   (2) Alerting persons and their families to the availability of project services.
   (3) Encouraging persons to utilize the service delivery system.

Subchapter G. STANDARDS FOR INPATIENT NONHOSPITAL ACTIVITIES—TRANSITIONAL LIVING FACILITIES (TLFs)

Sec. 709.71. Intake and admission.
709.72. Client records.
709.73. Client management services.
709.74. [Reserved].

§ 709.71. Intake and admission.
(a) The project director shall develop a written plan providing for intake and admission which includes, but is not limited to:
   (1) Criteria for admission.
   (2) Guidelines for completion of residency.
   (3) Involuntary discharge/termination criteria.

(b) Intake procedures shall include documentation of:
(1) Disclosure to the client of criteria for admission, completion and discharge.
(2) Client orientation to the project which shall include, but not be limited to a familiarization with:
   (i) House rules.
   (ii) Hours of operation.
   (iii) Fee schedule.
   (iv) Services provided.
(3) Basic personal data.
(4) Consent to residency.

§ 709.72. Client records.
(a) There shall be a complete client record on an individual which includes information relative to the client’s involvement with the project. This shall include, but not be limited to, the following:
   (1) Consent forms.
   (2) Client-related correspondence.
   (3) Medication records.
   (4) Referral contract.
   (5) Activity notes.
(b) The project shall develop and maintain client records on standardized project client record forms.

§ 709.73. Client management services.
The transitional living facilities need not comply with § 709.24(a) (relating to treatment/rehabilitation management). The project’s governing body shall instead adopt a written plan for the coordination of residential services which includes, but is not limited to:
   (1) Defined target population.
   (2) Written procedures for the management of residential services for clients.
   (3) Written procedures for referral outlining cooperation with other service providers.

§ 709.74. [Reserved].

Source
The provisions of this § 709.74 reserved March 1, 2002, effective March 2, 2002, 32 Pa.B. 1183. Immediately preceding text appears at serial page (210270).
Subchapter H. STANDARDS FOR PARTIAL HOSPITALIZATION ACTIVITIES

Sec.
709.81. Intake and admission.
709.82. Treatment and rehabilitation services.
709.83. Client records.
709.84. Project management services.

§ 709.81. Intake and admission.
(a) The project director shall develop a written plan providing for intake and admission which includes, but is not limited to:
   (1) Criteria for admission.
   (2) Treatment methodology.
   (3) Requirements for completion of treatment.
   (4) Involuntary discharge/termination criteria.
(b) Intake procedures shall include documentation of:
   (1) Disclosure to the client of criteria for admission, treatment, completion and discharge.
   (2) Client orientation to the project which shall include, but is not limited to a familiarization with:
      (i) Project policies.
      (ii) Hours of operation.
      (iii) Fee schedule.
      (iv) Services provided.
   (3) Histories, which include the following:
      (i) Medical history.
      (ii) Drug or alcohol history, or both.
      (iii) Personal history.
   (4) Consent to treatment.
   (5) Physical examination, if applicable.
   (6) Psychosocial evaluation.
   (7) Preliminary treatment and rehabilitation plan.

§ 709.82. Treatment and rehabilitation services.
(a) An individual treatment and rehabilitation plan shall be developed with a client. This plan shall include, but not be limited to, written documentation of:
   (1) Short- and long-term goals for treatment as formulated by both staff and client.
   (2) Type and frequency of treatment and rehabilitation services.
   (3) Proposed type of support service.
(b) Treatment and rehabilitation plans shall be reviewed and updated at least every 30 days.
(c) The project shall assure that counseling services are provided according to the individual treatment and rehabilitation plan.

(d) Counseling shall be provided to a client on a regular and scheduled basis. The following services shall be included and documented:

1. Individual counseling, at least twice weekly.
2. Group counseling, at least twice weekly.
3. Family counseling, as appropriate.
4. Couple counseling, as appropriate.

(e) The project shall assist the client in obtaining the following supportive services when necessary:

1. Medical/dental.
2. Psychiatric.
3. Legal.
4. Economic.
5. Educational.
6. Vocational.
7. Recreational/social.

§ 709.83. Client records.

(a) There shall be a complete client record on an individual which includes information relative to the client’s involvement with the project. This shall include, but not be limited to the following:

1. Consent forms.
2. Treatment and rehabilitation plan.
3. Client-related correspondence.
5. Medication records.
6. Aftercare plans, if applicable.
7. Referral contact.
8. Record of services provided.
9. Progress notes.
10. Discharge summary.
11. Follow-up information.
12. Verification that work done by the client at the project is an integral part of the treatment and rehabilitation plan.

(b) The project shall develop and maintain client records on standardized project client record forms.

§ 709.84. Project management services.

(a) The partial hospitalization project shall operate at least 5 days of the week and for a minimum of 40 hours per week. Additional hours should be appropriate to the population served by the partial hospitalization project.
(b) The hours of project operation shall be displayed conspicuously to the general public.

(c) A telephone number shall be displayed conspicuously to the general public for emergency purposes.

(d) The project shall develop a written client aftercare policy.

(e) The project shall develop a written client follow-up policy.

(f) The project shall develop a written plan providing for outreach services which shall include, but not be limited to:
   (1) Identifying persons in need of project services.
   (2) Alerting persons and their families to the availability of project services.
   (3) Encouraging persons to utilize the service delivery system.

**Subchapter I. STANDARDS FOR OUTPATIENT ACTIVITIES**

Sec.
709.91. Intake and admission.
709.92. Treatment and rehabilitation services.
709.93. Client records.
709.94. Project management services.

**Cross References**

This subchapter cited in 31 Pa. Code § 89.623 (relating to outpatient services); and 37 Pa. Code § 451.111 (relating to Alcohol or Drug Outpatient Treatment Program).

§ 709.91. Intake and admission.

(a) The project director shall develop a written plan providing for intake and admission which includes, but not be limited to:
   (1) Criteria for admission.
   (2) Treatment methodology.
   (3) Requirements for completion of treatment.
   (4) Involuntary discharge/termination criteria.

(b) Intake procedures shall include documentation of:
   (1) Disclosure to the client of criteria for admission, treatment, completion and discharge.
   (2) Client orientation to the project which shall include, but is not limited to, a familiarization with the following:
      (i) Project policies.
      (ii) Hours of operation.
      (iii) Fee schedule.
      (iv) Services provided.
   (3) Histories, which include the following:
      (i) Medical history.
(ii) Drug or alcohol history, or both.
(iii) Personal history.
(4) Consent to treatment.
(5) Physical examination, if applicable.
(6) Psychosocial evaluation.
(7) Preliminary treatment and rehabilitation plan.

§ 709.92. Treatment and rehabilitation services.
(a) An individual treatment and rehabilitation plan shall be developed with a client. This plan shall include, but not be limited to, written documentation of:
   (1) Short and long-term goals for treatment as formulated by both staff and client.
   (2) Type and frequency of treatment and rehabilitation services.
   (3) Proposed type of support service.
   (b) Treatment and rehabilitation plans shall be reviewed and updated at least every 60 days.
   (c) The project shall assure that counseling services are provided according to the individual treatment and rehabilitation plan.
   (d) Counseling shall be provided to a client on a regular and scheduled basis.

§ 709.93. Client records.
(a) There shall be a complete client record on an individual which includes information relative to the client’s involvement with the project. This shall include, but not be limited to, the following:
   (1) Consent forms.
   (2) Medication records.
   (3) Record of services provided.
   (4) Referral contact.
   (5) Progress notes.
   (6) Individual treatment and rehabilitation plan.
   (7) Client-related correspondence.
   (8) Case consultation notes.
   (9) Aftercare plan, if applicable.
   (10) Discharge summary.
   (11) Follow-up information.
   (b) The project shall develop and maintain client records on standardized project client record forms.

§ 709.94. Project management services.
(a) Outpatient projects shall make an effort to adjust the hours of project operations to meet client needs, taking into account other client time commitments such as employment and school schedules.
(b) The hours of project operation shall be displayed conspicuously to the general public.

(c) A telephone number shall be displayed conspicuously to the general public for emergency purposes.

(d) The project shall develop a written client aftercare policy.

(e) The project shall develop a written client follow-up policy.

(f) The project shall develop a written plan providing for outreach services which shall include, but not be limited to:

   1. Identifying persons in need of project services.

   2. Alerting persons and their families to the availability of project services.

   3. Encouraging persons to utilize the service delivery system.

(g) Outpatient projects which receive reimbursement under the medical assistance program shall have a current, signed provider agreement with the Department of Public Welfare and comply with 55 Pa. Code Part III (relating to Medical Assistance Manual).

Subchapter J. [Reserved]

§ 709.101. [Reserved].

Source

The provisions of this § 709.101 reserved December 5, 1997, effective December 6, 1997, 27 Pa.B. 6330. Immediately preceding text appears at serial pages (210275) to (210276).

§ 709.102. [Reserved].

Source

The provisions of this § 709.102 reserved December 5, 1997, effective December 6, 1997, 27 Pa.B. 6330. Immediately preceding text appears at serial page (210276).

Subchapter K. STANDARDS FOR INPATIENT HOSPITAL DRUG AND ALCOHOL ACTIVITIES OFFERED IN FREE-STANDING PSYCHIATRIC HOSPITALS

Sec.
709.121. Applicability.
709.122. Detoxification.
709.123. Treatment and rehabilitation.

Cross References

This subchapter cited in 31 Pa. Code § 89.621 (relating to inpatient detoxification services).
§ 709.121. Applicability.
A psychiatric hospital intending to provide ongoing, structured and systematic
drug and alcohol activities shall first be licensed by the Department. These facili-
ties shall comply with this subchapter, Subchapters A and B (relating to general
provisions; and licensing procedures) and applicable sections of Subchapter C
(relating to general standards for freestanding treatment activities).

§ 709.122. Detoxification.
(a) Intake and admission.
(1) Intake procedures, other than initial medical or psychiatric care, shall
be performed at a time when the client is mentally and physically capable of
comprehension and response.
(2) Intake procedures shall include documentation of:
   (i) Drug or alcohol history, or both.
   (ii) Consent to treatment.
(b) Client records. There shall be a complete client record on an individual
which includes information relative to the client’s involvement with the project.
This shall include, but not be limited to the following:
   (1) Consent forms.
   (2) Drug and alcohol support plan.
   (3) Record of service provided.
   (4) Drug and alcohol aftercare plan, if applicable.
   (5) Follow-up information.
(c) Client management services.
   (1) There shall be a written plan that delineates specific service planning
and counseling approaches used to promote client interest in participating in
necessary treatment following the detoxification process.
   (2) The project shall develop a written client aftercare policy.
   (3) The project shall develop a written client follow-up policy.

Cross References
This section cited in 31 Pa. Code § 89.621 (relating to inpatient detoxification services).

§ 709.123. Treatment and rehabilitation.
(a) Intake and admission.
(1) The project director shall develop a written plan providing for intake
and admission which shall include, but not be limited to:
   (i) Criteria for admission.
   (ii) Treatment methodology.
   (iii) Requirements for completion of treatment.
   (iv) Involuntary discharge/termination criteria.
(2) Intake procedures shall include documentation of:
(i) Disclosure to the client of criteria for admission, treatment, completion and discharge.

(ii) Drug and alcohol history.

(iii) Consent to treatment.

(iv) Treatment and rehabilitation plan.

(b) Treatment and rehabilitation services.

(1) An individual treatment and rehabilitation plan shall be developed with a client. This plan shall include, but not be limited to, written documentation of:

(i) Short and long-term goals for treatment as formulated by both staff and client.

(ii) Type and frequency of treatment and rehabilitation services.

(iii) Proposed type of support service.

(2) Treatment and rehabilitation plans shall be reviewed and updated at least every 30 days. For those projects whose client treatment regimen is less than 30 days, the treatment and rehabilitation plan review and update shall occur at least every 15 days.

(3) The project shall assure that counseling services are provided according to the individual treatment and rehabilitation plan.

(4) Counseling shall be provided to a client on a regular and scheduled basis.

(c) Client records. There shall be a complete client record on an individual which includes information relative to the client’s involvement with the project. This shall include, but not be limited to, the following:

(1) Consent forms.

(2) Record of services provided.

(3) Individualized drug and alcohol treatment and rehabilitation plan.

(4) Drug and alcohol aftercare plan, if applicable.

(5) Follow-up information.

(d) Client management services.

(1) The project shall assist the client in obtaining the following supportive services when necessary.

(i) Job development and placement.

(ii) Economic.

(iii) Legal.

(iv) Recreational/social.

(2) The project shall develop a written client aftercare policy.

(3) The project shall develop a written client follow-up policy.