

**PART V. DEPARTMENT OF DRUG AND ALCOHOL
PROGRAMS**

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Authority

The provisions of this Part V issued under Articles IX and X of the Public Welfare Code (62 P. S. §§ 901—922 and 1001—1059); and the Pennsylvania Drug and Alcohol Abuse Act (71 P. S. §§ 1690.101—1690.114), unless otherwise noted.

Source

The provisions of this Part V adopted October 18, 1985, effective November 18, 1985, 15 Pa.B. 3789, unless otherwise noted.

CHAPTER 701. GENERAL PROVISIONS

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This chapter cited in 55 Pa. Code § 3800.3 (relating to exemptions).

Subchapter A. DEFINITIONS

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§ 701.1. General definitions.

The following words and terms, when used in this part, have the following meanings, unless the context clearly indicates otherwise:

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Act—The Pennsylvania Drug and Alcohol Abuse Control Act (71 P. S. §§ 1690.101—1690.115).

Active client—A client in any phase of treatment.

Administration activity—The provision of planning, organizing, funding and control of the SCA drug and alcohol program.

Aftercare plan—A plan for clients to follow after they leave formal treatment. It is the client's individual plan for the future, including an identification of the client's personal goals and objectives.

Agent—A Commonwealth approved opioid pharmacotherapy substance.

CSAT—Center for substance abuse treatment.

Caseload—The number of clients who are receiving direct counseling services on a regular basis at least twice per month. The number of clients does not include clients who are seen by a counselor only for intake evaluations.

Case management—An organized system of coordinative activities developed and administered by the SCA to ensure client continuity of service, efficient and effective utilization of available resources, and appropriateness of service to meet the needs of the client.

Certificate of compliance—A certificate which indicates that the Department has found a drug and alcohol treatment activity, which is part of a health care facility, to be in full or substantial compliance with standards established by the Department.

Client—An individual who is or has been the recipient of the services of a project. A client may be receiving drug services, alcohol services, or both.

Client records—The medical, psychological, social, occupational and financial data obtained as part of the diagnosis, classification and treatment of a client.

Clinical supervisor—The director of treatment services who supervises counselors and counselor assistants and who meets the education and experience requirements in Chapter 704 (relating to staffing requirements for drug and alcohol treatment activities).

Close supervision—Formal documented case review and an additional hour of direct observation by a supervising counselor or a clinical supervisor once a week.

Commonwealth approved opioid pharmacotherapy substance—Methadone, LAAM or other controlled drug approved by the Department for the detoxification or maintenance of opiate addiction.

Controlled substance—A drug, substance or an immediate precursor included in Schedules I through V of the Pennsylvania Controlled Substance, Drug, Device, and Cosmetic Act (35 P. S. §§ 780-101—780-149).

Correctional institution activity—The provision of drug or alcohol services within or under the jurisdiction of a State or county correctional facility.

Counselor—An individual who provides a wide variety of treatment services which may include performing diagnostic assessments for chemical depen-

dency, developing treatment plans, providing individual and group counseling and other treatment modes and who meets the education and experience requirements in Chapter 704.

Counselor assistant—An entry level position for an individual without counseling experience who provides treatment services under the direct supervision of a trained counselor or clinical supervisor. This individual shall complete a structured supervision and training program as delineated in §§ 704.9 and 704.11(g) (relating to supervision of counselor assistant; and staff development program). The length of time spent in assistant status is dependent upon previous education and clinical experience and satisfactory completion of the performance evaluation completed during the assistant status.

Department—The Department of Drug and Alcohol Programs of the Commonwealth.

Department-approved curriculum—Training courses developed or funded by the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the Office for Substance Abuse Prevention (OSAP), the Department or other Federal or State agencies.

DEA—The Federal Drug Enforcement Administration.

Detoxification of a narcotic dependent person utilizing an agent—Dispensing of an agent in decreasing doses to an individual to alleviate adverse physiological or psychological effects incident to withdrawal from the continuous or sustained use of an opiate and for assisting patients in reaching and maintaining a narcotic drug-free state of detoxification.

Direct observation—In person observation of staff working in a clinical setting for the purpose of planning, oversight, monitoring and evaluating their activities.

Driving under the influence activity—The provision of services aimed at the reduction of alcohol related motor vehicle offenses through education, information and consultation; identification of individuals in need of treatment; and referral to other resources.

Drug—A substance:

- (i) Recognized in the official or supplement to either the United States Pharmacopeia or official National Formulary.
- (ii) Intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals.
- (iii) Other than food, intended to affect the structure or function of the body of man or other animals.
- (iv) Intended for use as a component of any article specified in subparagraph (i), (ii) or (iii), but not including devices or their components, parts or accessories.

Drug and alcohol specialist—The administrator of a drug and alcohol planning council.

Drug dependent person—A person who is using a drug, controlled substance or alcohol, and who is in a state of psychic or physical, or both, dependence arising from administration of that drug, controlled substance or alcohol, on a continuing basis.

Drug free approach—The provision of guidance, advice, and psychological treatment as a means to deal with the client's emotional structure and concurrent problems without the use of a maintenance substance. Temporary medication for treatment of physiological conditions or as an adjunct to psychosocial treatment may be utilized in this approach.

Drug screening—A clinical test to detect a drug or its metabolites in human biological fluid.

Dynamic capacity—The maximum number of clients that can be treated in 1 year in each activity or activity/approach combination.

Evaluation activity—The systematic collection, analysis and interpretation of objective data pertaining to the measurement of success in achieving goals and objectives or to the development of a needs assessment.

Executive director—The administrator of a drug and alcohol commission.

Experimental approach—An innovative treatment approach not generally utilized for treatment of drug and alcohol clients.

Facility—The physical location in which ongoing, structured and systematic drug and alcohol services are delivered. A facility may have more than one activity.

Facility director—The administrator of the treatment facility who is responsible for the overall management of the facility and staff and who meets the education and experience requirements in Chapter 704.

Follow-up—The procedure by which a project determines the status of a client who has been referred to an outside service provider for services or who has been discharged from the project.

Freestanding treatment facility—The setting in which drug and alcohol treatment services take place that is not located in a health care facility.

Governing body—The persons with full legal responsibility for the overall operation of the project.

Health care facility—

(i) A general, tuberculosis, chronic disease or other type of hospital—but not hospitals caring exclusively for the mentally ill—a skilled nursing facility, home health care agency, intermediate care facility, ambulatory surgical facility or birth center—regardless of whether the health care facility is created for profit, nonprofit, or by an agency of the Commonwealth or local government.

(ii) The term does not include an office used primarily for the private practice of medicine, osteopathy, optometry, chiropractic, podiatry or dentistry; nor a program which renders treatment or care for drug or alcohol

abuse or dependence, unless located within a health facility; nor a facility providing treatment solely on the basis of prayer or spiritual means.

(iii) The term does not include a mental retardation facility except to the extent that it provides skilled nursing care.

(iv) The term does not apply to a facility which is conducted by a religious organization for the purpose of providing health care services exclusively to clergymen or other persons in a religious profession who are members of a religious denomination.

Inpatient hospital activity—The provision of detoxification or treatment and rehabilitation services, or both, 24 hours a day, in a hospital. The hospital shall be licensed by the Department as an acute care or general hospital, or approved by the Department of Public Welfare as a psychiatric hospital.

Inpatient nonhospital activity—A nonhospital, residential facility, providing one of the following drug and alcohol services:

- (i) Residential treatment and rehabilitation services.
- (ii) Transitional living services.
- (iii) Short-term detoxification.

Intake, evaluation and referral activity—The provision of intake and referral by a facility designated by the SCA to perform those services centrally for two or more facilities within that SCA.

Intervention level—The provision of services aimed at assisting the client in coping with a specific crisis or other situation in his life for which his customary modes of adaptation have proved inadequate. This level is aimed at assisting in decision making and supporting the client until he can cope with the situation independently. Referral is provided if the need for a structured treatment regimen or other services is indicated.

Joinder—A drug and alcohol administrative unit whose geographic area consists of two or more counties.

License—A certificate which indicates that the Department has found a free-standing treatment facility to be in full or substantial compliance with standards established under this part.

Local authority—The elected executive officials of a county.

Long-term detoxification treatment—Detoxification treatment for more than 30 days but not in excess of 180 days.

Long-term residential facilities—Facilities where the average length of stay exceeds 90 days.

MH/MR administrator—The person appointed by the local authority to carry out duties, as provided in the Mental Health and Mental Retardation Act of 1966 (50 P. S. §§ 4101—4704), within a county MH/MR program.

Maintenance treatment—Dispensing of an agent in sufficient doses to an individual on a continuing basis in conjunction with assessment, rehabilitation, treatment and ancillary services, to achieve stabilization or prevent withdrawal symptoms for treatment of an individual with an opiate dependency.

Medical director—A narcotic treatment physician who assumes responsibility for the administration of all medical services performed in the narcotic treatment program, including ensuring that the program is in compliance with all Federal, State and local laws and regulations regarding the medical treatment of narcotic addiction with a an agent.

Medication—A prescription drug ordered by a licensed physician.

Medication unit—A facility established as part of, but geographically separate from, the narcotic treatment program site, from which a retail pharmacist or a practitioner, who is licensed under State law and registered under Federal law to administer or dispense a narcotic drug, may dispense or administer a narcotic drug or collect samples for drug testing or analysis for narcotic drugs.

Narcotic or opioid dependent person—An individual who physiologically needs heroin or an opiate to prevent the onset of signs of withdrawal and who meets the accepted diagnostic criteria for opioid dependence.

Narcotic treatment physician—A physician who meets the qualifying criteria in § 715.6(a)(1)(i)—(iii) who is employed or contracted by a narcotic treatment program to provide medical services to patients.

Narcotic treatment program—A program for chronic opiate drug users that administers or dispenses agents under a narcotic treatment physician's order either for detoxification purposes or for maintenance and when appropriate or necessary provides a comprehensive range of medical and rehabilitative services.

Nonresidential facility—A facility that does not provide sleeping accommodations and provides one or more of the following activities: outpatient, partial hospitalization, intake, evaluation or referral activities.

Occupational program activity/employee assistance programs—The provision of consultation, education, training and referral services to industry to assist employees whose job performance is deteriorating due to substance abuse.

Other chemotherapy approach—A treatment approach that includes chemotherapy using a primary medication for other than detoxification purposes. The term implies continued doses of medication. If a client receives only short-term medication for temporary symptomatic relief, the client is entered under the drug free or the detoxification approach, as appropriate.

Outpatient activity—The provision of counseling or psychotherapeutic services on a regular and predetermined schedule. The client resides outside the facility.

Outreach—Identifying persons who are in need of services, and alerting them to the availability and location of the services.

Paraprofessional—An individual, currently serving in a clinical capacity in a drug or alcohol treatment intervention or prevention project, whose performance closely relates to the technical or ethical standards normally ascribed to a professional.

Partial hospitalization activity—The provision of psychiatric, psychological, social and other therapies on a planned and regularly scheduled basis. Partial hospitalization is designed for those clients who would benefit from more intensive services than are offered in outpatient treatment projects, but who do not require 24-hour inpatient care.

Performance audit—An examination of the total fiscal and program operations of the SCA and its drug and alcohol projects.

Physician—An individual who has a currently registered license to practice medicine or osteopathic medicine in this Commonwealth.

Planning council/executive commission—A body of individuals appointed to plan, approve and coordinate the county drug and alcohol program.

Primary care hours—The primary hours of operation during which primary care services are provided as established by the facility and approved by the Department.

Primary care services—Medical, psychological, counseling and support services provided by primary care staff in a treatment and rehabilitation activity as defined in this chapter.

Primary care staff—The group of individuals, including clinical supervisors, counselors, physicians, physician's assistants, psychologists, registered nurses and licensed practical nurses who provide primary care services and those individuals who are responsible for developing and implementing the treatment plan.

Program—The aggregate of drug and alcohol projects under the jurisdiction of an SCA. This aggregation may be by type (SCA alcohol program), by level (SCA prevention program) or may include drug and alcohol projects (SCA drug and alcohol program).

Project—The public or private organization responsible for the administration and delivery of drug or alcohol services, or both, through one or more facilities. A project is a component of an SCA drug and alcohol program.

Project approval—The process for determining a project's compliance with published standards and certifying that the project is in compliance.

Project director—The administrator of the treatment project who is responsible for the overall management of the project and staff and who meets the education and experience requirements in Chapter 704.

Project staff—Persons performing the activities necessary for the operation of the project or facility.

Psychologist—A person licensed to practice psychology under the Professional Psychologists Practice Act (63 P. S. §§ 1201—1218).

Psychotherapy—Treatment of problems of an emotional nature by psychological means in which a trained person deliberately establishes a professional relationship with the patient with the objective of removing, modifying or retarding existing symptoms, mediating disturbed patterns of behavior and promoting positive personality growth and development.

Residential facility—An inpatient, nonhospital facility or inpatient freestanding psychiatric hospital that provides sleeping accommodations and provides one or more of the following activities: residential treatment and rehabilitation services, transitional living services or short-term detoxification services, 24 hours a day.

SCA—Single County Authority—The agency designated by the local authorities in a county or joinder to plan, fund and administer drug and alcohol activities in that county or joinder. The SCA consists of the planning council/executive commission, the specialist/executive director, and, in the case of the planning council option, the MH/MR administrator. The local authorities are the final fiscal and management authority.

SCA level—Those activities conducted by the SCA which do not involve direct contact with clients or participants.

SCA plan—The annual drug and alcohol prevention, intervention and treatment plan of the SCA.

Secretary—The Secretary of the Department.

Short-term detoxification activity—The provision of detoxification services in a residential facility, not to exceed 7 days.

Short-term detoxification treatment—Detoxification treatment for 30 days or less.

State authority—The agency designated by the Governor or other appropriate official to exercise the responsibility and authority for the treatment of narcotic addiction with an agent.

Training activity—The provision of necessary education and experience used to prepare those who will work or are currently working in the drug or alcohol field.

Transitional living activity—The provision of supportive services in a semi-protected home-like environment to assist a client in his gradual reentry into the community. No formal treatment—counseling/psychotherapy—takes place at the facility. This is a live-in/work-out situation.

Treatment—Activities carried out specifically to effect the reduction or alleviation of the dysfunctions or disability of the client.

Treatment and rehabilitation activity—Following the physiological detoxification phase, a full range of treatment and supportive services carried out specifically to alleviate the dysfunction of the patient. This includes the systematic application of social, psychological or medical service methods to assist individuals to deal with the causative effects or consequences of drug or alcohol abuse. These services can be provided either in a hospital or residential non-hospital setting licensed/approved by the Department.

Treatment level—The activities aimed at the systematic application of social, psychological or medical service methods to assist individuals to deal with negative effects or consequences of drug and alcohol use or abuse.

UDCS—Uniform Data Collection System—Includes the client management facet, the fiscal management facet, and the program management facet set of forms developed and maintained by the Department.

Authority

The provisions of this § 701.1 amended under Articles IX and X of the Public Welfare Code (62 P. S. §§ 901—922 and 1001—1059), as transferred to the Department under Reorganization Plan No. 2 of 1977 (71 P. S. § 751-25) and Reorganization Plan No. 4 (71 P. S. § 751-31); the Health Care Facilities Act (35 P. S. §§ 448.101—448.904b); the Pennsylvania Drug and Alcohol Abuse Control Act (71 P. S. §§ 1690.101—1690.114); Article VI-A of The Insurance Company Law of 1921 (40 P. S. §§ 908-1—908-8; and section 2301-A of The Administrative Code of 1929 (71 P. S. § 613.1).

Source

The provisions of this § 701.1 amended February 2, 1996, effective March 4, 1996, 26 Pa.B. 567; amended December 5, 1997, effective December 6, 1997, 27 Pa.B. 6330; amended March 1, 2002, effective March 2, 2002, 32 Pa.B. 1183; amended July 5, 2002, effective July 6, 2002, 32 Pa.B. 3201; amended November 15, 2002, effective November 16, 2002, 32 Pa.B. 5638; amended October 17, 2014, effective October 18, 2014, 44 Pa.B. 6658. Immediately preceding text appears at serial pages (293135) to (293142) and (342435).

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

Cross References

This section cited in 28 Pa. Code § 49.17 (relating to Department of Health licensing of substance abuse services provided by professional counseling practices—statement of policy); and 55 Pa. Code § 1223.52a (relating to requirements for clinic supervisory physician reviews and reevaluations of diagnoses, treatment plans and updates—statement of policy).

§ 701.2. [Reserved].

Source

The provisions of this § 701.2 reserved December 5, 1997, effective December 6, 1997, 27 Pa.B. 6330. Immediately preceding text appears at serial pages (210237) to (210238).

§ 701.3. Legal base.

This part is issued under the authority contained in the following statutes:

- (1) The act, as transferred to the Department by Reorganization Plan No. 4 of 1981 (P. L. 610) (71 P. S. § 759-4).
- (2) The Controlled Substance, Drug, Device and Cosmetic Act (35 P. S. §§ 780-101—780-144).
- (3) Articles IX and X of the Public Welfare Code (62 P. S. §§ 901—922 and 1001—1088), as transferred by Reorganization Plan No. 2 of 1977 (P. L. 372) (71 P. S. § 757-2) and No. 4 of 1981 (71 P. S. § 757-2).
- (4) The Health Care Facilities Act (35 P. S. § 448.101—448.904b).
- (5) The act of July 9, 2010 (P. L. 348, No. 50), codified in section 2301-A of The Administrative Code of 1929 (71 P. S. § 613.1).

Authority

The provisions of this § 701.3 amended under section 2301-A of The Administrative Code of 1929 (71 P. S. § 613.1).

Source

The provisions of this § 701.3 amended October 17, 2014, effective October 18, 2014, 44 Pa.B. 6658. Immediately preceding text appears at serial page (342435).

Subchapter B. EXCEPTIONS

Sec.

701.11. Exceptions to this part.

701.12. Revocation of exceptions.

701.13. Contact person.

§ 701.11. Exceptions to this part.

(a) SCA's and projects may submit a written request to the Department for an exception to a provision of this part.

(b) The Secretary or a designee may grant an exception to this part upon application, or upon his own initiative, when it has been determined that, under the circumstances, the granting of the exception will be:

(1) In furtherance of sound project or program implementation.

(2) Consistent with the policy objectives of this part.

(c) The granting or denial of an exception to this part will be in writing, will be signed by the Secretary or a designee, and will set forth the reasons therefore.

(d) Exceptions will not be granted to standards and regulations which are mandated by State or Federal statutes, or Federal regulations which shall be met for certification of eligibility for Federal funds.

§ 701.12. Revocation of exceptions.

(a) An exception granted under this chapter may be revoked by the Department, at its discretion, for a justifiable reason. 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 or an SCA to come into compliance with this part. Failure by the project or an SCA to comply after the specified date may result in enforcement proceedings under this part.

§ 701.13. Contact person.

Questions concerning this part should be directed to the Department of Drug and Alcohol Programs, Division of Program Licensure, 132 Kline Plaza, Harrisburg, Pennsylvania 17104.

Authority

The provisions of this § 701.13 amended under section 2301-A of The Administrative Code of 1929 (71 P. S. § 613.1).

Source

The provisions of this § 701.13 amended October 17, 2014, effective October 18, 2014, 44 Pa.B. 6658. Immediately preceding text appears at serial page (342436).

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