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**Minimum Standards of Eligibility for Commission  
Funding for Private Nonprofit Organizations  
and Municipalities**

**Sec. 17-226d-1. Definitions**

For the purpose of sections 1 through 11 inclusive

(A) “Awardee” means the municipality or nonprofit organization which is a recipient of Commission funding.

(B) “Chart of Accounts” means a listing of the various fund accounts, income and expense classifications and their respective numerical designations, if any, that an organization utilizes to account for its financial transactions.

(C) “Client” means a person receiving services from an alcohol or drug abuse treatment program which is a recipient of Commission funding.

(D) “Commission” means the Connecticut Alcohol and Drug Abuse Commission.

(E) “Commission Staff” means one or more persons employed by the Commission in a professional capacity whose duties include responsibility for reviewing and evaluating program performance.

(F) “Continuum of Care” means the array of services including prevention, intervention and treatment services designed to meet a variety of needs resulting from potential or actual substance abuse.

(G) “Counseling Session” means a scheduled meeting of 30 minutes or longer duration where group, individual, or family counseling is provided.

(H) “Direct Costs” means those costs which can be identified specifically with a particular cost objective.

(I) “Eligible Clients” means those persons who are unable, either directly or through third party reimbursement or through a combination of both, to pay the full charge for services provided by an awardee under a fee for service award.

(J) “Employee Assistance” means a service funded by the Commission for the purpose of assisting employers in motivating and referring to appropriate professional assistance, those employees whose personal problems, which may include substance abuse, have seriously interfered with their job performance.

(K) “Excess Payments” means any payment made by the Commission pursuant to a fee for service award which exceeds the amount authorized for the actual services provided.

(L) “Executive Director” means the executive director of the Commission except where the context of a particular section indicates otherwise.

(M) “Fee-For-Service Award” means an agreement between the Commission and an awardee whereby the Commission reimburses the awardee for designated services at a predetermined rate up to a maximum amount specified in the contract or letter of award.

(N) “Governing Authority” means the person or persons with ultimate authority and responsibility for the overall operation of the awardee.

(O) “Grant” means an agreement between the Commission and a private nonprofit organization or municipality whereby the Commission awards funds to carry out specified programs, services or activities related to the prevention of, treatment of, or education about, substance abuse pursuant to the authority of Connecticut General Statutes section 17-226d.

(P) “Indirect Costs” means those costs incurred for a common or joint purpose benefiting more than one cost objective and not readily assignable to the cost objectives specifically benefited.

(Q) “Non competitive continuation award” means a subsequent award made to an awardee based on a history of satisfactory compliance with Commission requirements so that the awardee may continue to offer the services originally funded by the Commission.

(R) “Policy” means a statement of the principles which guide and govern the activities, procedures and operations of a program.

(S) “Probation” means a Commission decision to impose additional conditions on an awardee who is in violation of Commission requirements rather than terminate the awardee’s letter of award or contract in order to provide an opportunity for the awardee to come into compliance with Commission requirements.

(T) “Procedure” means a series of activities designed to implement program goals or policy.

(U) “Program” means an organizational entity operated by an awardee which provides alcohol and/or drug abuse related services. A program may be an identified administrative unit within a larger organization or it may consist of more than one component.

(V) “Review and evaluation” means an assessment by Commission staff of an awardee’s compliance with Commission regulations and the terms and conditions of the awardee’s contract or letter of award. The assessment may include review of an awardee’s records, review of an awardee’s reports, on site visits, and interviews with the awardee’s employees and any persons who receive services from the awardee’s program.

(W) “Service Recipient” means a person who receives any type of services from a program which is a recipient of Commission funding.

(X) “State methadone authority” means the person having the powers and duties described in the Federal Methadone Regulations, 21CFR 291.505.

(Y) “Substance abuse” means the use of one or more drugs, including alcohol which significantly and negatively impacts one or more major areas of life functioning.

(Z) “Supplemental funding” means additional funding granted to an awardee by the Commission during the term of the awardee’s contract or letter of award.

(AA) “Surplus” means the total amount awarded by the Commission plus the income received by the awardee for award supported activities which exceeds the total of allowable expenses.

(BB) “Terminate” means a unilateral decision by the Commission to end its financial support of an awardee because the awardee has been found to be in violation of Commission requirements.

(CC) “Treatment and rehabilitation” means one or more meetings between a client and a program’s treatment staff wherein a broad range of planned services may be extended to the client including diagnostic evaluation, counseling, medical, psychiatric, psychological and supportive services which are designed to influence the behavior of clients toward identified goals and objectives.

(DD) “Treatment staff” means those persons employed by an awardee who are directly involved in client care and treatment.

(EE) “Unallocated funds” means those funds which, although appropriated by the Legislature for use by the Commission, have not been specifically designated for a particular type of recipient by the Commission.

(FF) “Unencumbered funds” means those funds which become available during a fiscal year due to underexpenditure of grant funds by awardees or delayed start-up of newly funded programs.

(Effective September 20, 1984)

**Sec. 17-226d-2. General provisions****(a) Applicability**

(1) Sections 17-226d-1 to 17-226d-11, inclusive, apply only to those private nonprofit organizations and municipalities which apply for or receive state or federal funding, or both from the Commission for the purpose of establishing, expanding or continuing one or more of those alcohol and/or drug abuse services authorized by Connecticut General Statutes section 17-226d.

(2) The provisions of sections 17-226d-1 to 17-226d-11 apply to each applicant or awardee except where the content of a regulation or any portion thereof is expressly applicable only to a specific group of applicants or awardees, or expressly exempts a specific group of applicants or awardees.

**(b) Minimum standards**

(1) Sections 17-226d-1 to 17-226d-11 comprise the minimum standards of eligibility for Commission funding. Meeting the minimum requirements does not guarantee that an applicant or awardee will receive Commission funding, nor that funding will be awarded in subsequent fiscal years.

(2) The Commission may impose additional requirements beyond those contained in sections 17-226d-1 through 17-226d-11 on any individual applicant or awardee either through terms in the letter of award or contract between the awardee and the Commission, or by at least 30 days written prior notice from the Commission that additional requirements must be met by the applicant or awardee in order to qualify for, or continue to receive Commission funding. Additional requirements may be imposed when an applicant or awardee has limited financial management or service delivery experience, or has an inadequate performance record, or in order to correct a specific weakness identified by the Commission, or in order to fulfill special service or information needs.

**(c) Requirements of other agencies**

(1) In order to be eligible for Commission funding:

(A) an awardee or applicant who is required to be licensed by the Department of Health Services pursuant to Chapter 368v of the Connecticut General Statutes or by the Department of Children and Youth Services pursuant to Section 17-432 of the Connecticut General Statutes must obtain and retain such license.

(B) an awardee or applicant who is required by Chapter 368c to obtain a certificate of need or other approval from the Commission on Hospitals and Health Care must obtain such certificate of need or approval.

(2) The Commission may refuse to fund an applicant or awardee unless such applicant or awardee can demonstrate that the physical facility at which it offers or proposes to offer services is in compliance with all applicable local and state zoning building, health, fire and safety standards.

**(d) Commission's discretion in awarding funds**

(1) The specific amount of every award, whether by grant or by fee for service award, is within the sole discretion of the Commission.

(2) All Commission awards are made subject to the availability of appropriated state and federal funds.

(3) Available funds, except for those funds which are required to be allocated to specific geographic area or type of service by state or federal statute or regulation, shall be allocated to types of services and geographic areas of the state by majority vote of the Commission at a regularly scheduled meeting held in accordance with the requirements of Connecticut General Statutes, sections 1-21.

**(e) Waiver**

(1) At the request of the applicant or awardee the executive director may issue a written waiver of any of the requirements of sections 17-226d-1 through 17-226d-11 which are not otherwise required by law and for which the Commission has authorized the executive director to grant waivers.

(2) The request for a waiver must be in writing and must be signed by the executive director of the applicant or awardee. The waiver may be granted only if accompanied by documentation which demonstrates that the waiver is in the best interest of the applicant or awardee's service recipients.

(3) Waivers shall only be issued prospectively.

**(f) Utilization**

The Commission may reduce the funding of any Awardee who does not maintain the projected utilization described in the awardee's approved funding application.

**(g) Review and evaluation**

(1) The performance of each awardee shall be reviewed and evaluated at least annually for the Commission by Commission staff. Such reviews and evaluations may be performed by examining the awardee's documents and reports, by site visits to Commission funded facilities administered by the awardee, or by a combination of both document review and site visits.

(2) An awardee's performance shall be evaluated by a review of:

(A) its compliance with all applicable state and federal laws and regulations including sections 17-226d-1 through 17-226d-11, and the terms and conditions of its individual letter of award or contract;

(B) the degree of achievement of its own self-described goals and objectives as negotiated with the awardee and described in the awardee's approved funding application;

(C) its financial reports to the Commission and annual audit; and

(D) The economy and efficiency of its operations.

(3) During any site visit, Commission staff shall be given access to:

(A) all program records, service recipient records including client treatment records and clinical records, and required personnel information related to Commission funded activities and all fiscal records whether or not they pertain to Commission funds;

(B) any person employed at the site who is present at the site at the time of the visit, or any individual member of the awardee's governing body whom the Commission staff wish to interview, such interviews with members of the governing body shall be scheduled at the convenience of the members of the governing body;

(C) all physical facilities which are utilized for Commission funded activities;

(D) service recipients, including clients, to whom the awardee is providing alcohol or drug abuse related services funded by the Commission and who agree to be interviewed. No client identifying information shall be removed from the program premises as a result of such interview.

**(h) Required reporting**

(1) Each awardee shall send the Commission upon the request of the Executive Director copies of any written policies, manuals, guidelines and any other documents required by sections 17-226d-1 through 17-226d-11, except client records as defined in section 17-226d-6. Commission staff shall have access to all such required documents during site visits.

(2) Any reports required by sections 17-226d-1 through 17-226d-11 or by an awardee's contract or letter of award shall be submitted to the Commission in the form, manner and at the times designated by the Commission.

(3) An awardee whose funding is canceled or terminated or who unilaterally closes a Commission funded program providing alcohol or drug abuse services shall submit a final financial report to the Commission within 30 days of the date of the cancellation, termination or program closure.

(i) **Technical assistance**

(1) Technical assistance may be made available to any awardee who requests it in writing. Such assistance shall be provided only if the executive director determines that:

(A) The awardee is in need of assistance and

(B) The Commission has the resources to provide the requested assistance.

(j) **Research projects**

Individual awardees shall, upon written notification from the Commission, cooperate and make available that information necessary for the conduct of research and evaluation activities undertaken or sanctioned by the Commission.

(k) **Acknowledgement of Commission support**

Each awardee shall acknowledge Commission support and funding in any brochures, newsletters, pamphlets, annual reports or other written material pertaining to programs and activities funded by the Commission.

(Effective September 20, 1984)

**Sec. 17-226d-3. Grants process**

(a) **Application procedure**

(1) All applicants

(A) Each applicant for Commission funding shall apply on forms designated by the Commission and shall submit all information requested on the application form and copies of all documents required by sections 17-226d-1 through 17-226d-11 and copies of all subcontracts.

(B) The application of a nonprofit organization shall be signed by a signatory authorized by the organization's board of directors. The application of a municipality shall be signed by a signatory authorized by the municipality.

(C) The services for which an applicant seeks Commission funding must be consistent with plans adopted by the Commission.

(2) Each awardee applying for noncompetitive continuation awards shall prepare and submit a yearly funding application at a time and in a manner designated by the executive director and shall include with such application all information and documents required by sections 17-226d-1 through 17-226d-11 and the Commission.

(3) Unsolicited proposals

(A) New and expanded services

Any organization or municipality which intends to submit an application to the Commission for funding for new or expanded services shall send notice of intent to submit such application to the executive director for staff review and comment at least 30 days prior to submission of a formal application.

An applicant seeking funding for new or expanded services shall, in addition to fulfilling the requirements of section 17-226d-3 (a), demonstrate and document either:

(i) that there is a need for new or expanded services and that the need is currently unmet or,

(ii) that the level of service available is inadequate in the area the applicant proposes to serve or,

(iii) that funding from other sources is inadequate or is no longer available or was never available.

**(B) Supplemental funding for existing services**

To qualify for supplemental funding an awardee's program must be in current compliance with Commission regulations and requirements.

Awardees applying for supplemental funding for existing services may submit applications for such funding at any time on a form designated by the Commission. The awardee shall submit:

- (i) information which demonstrates that supplemental funding is needed, and,
- (ii) documentation that demonstrates attempts have been made by the awardee to garner funds from other sources and that such attempts have been wholly or partially unsuccessful.

(4) The Commission may, in its discretion, request proposals to meet service needs or to establish research or demonstration projects. Applicants responding to such Commission requests for proposals shall submit their proposals in the form, time and manner stated in the Commission's request for such proposal.

**(b) Review of applications**

(1) Applications for noncompetitive continuation awards shall be reviewed for completeness, compliance with Commission requirements and to determine whether the applicant's proposed budget is consistent with the amount of available funds allocated to the program by the Commission.

(2) New and competitive applications, including applications submitted in response to Commission requests for proposals, shall be reviewed for completeness and compliance with Commission requirements. The staff shall make recommendations based on this review which the executive director shall report to the Commission.

**(3) Review of unsolicited proposals**

The Executive Director shall notify the Commission of the receipt of all unsolicited proposals. Such notice shall occur at regularly scheduled Commission meetings.

(A) Unsolicited proposals for new and expanded services shall be reviewed only if unallocated funds are available. Proposals which are not reviewed shall be retained at the Commission's offices for one year from the date of receipt and shall be reviewed at any time during the one year period that unallocated funds become available.

An unsolicited proposal for new or expanded services will be presented to the Commission by the executive director only if all of the following criteria are determined to have been met:

- (i) The service is needed in the area to be served.
- (ii) No less costly or more effective alternative to provide the needed services is available.
- (iii) All Commission application requirements have been fulfilled.
- (iv) Funding is demonstrably available from other sources to fund the portion of the applicant's budget in excess of the award sought from the Commission.
- (v) The applicant is able to demonstrate the ability to provide the proposed services.
- (vi) The applicant has proposed a reasonable start up time and demonstrates the ability to meet scheduled goals.

(B) Applications for supplemental funding for existing services shall be reviewed only if unallocated or unencumbered funds are available. Applications which are not reviewed shall be retained at the Commission offices until the end of the fiscal year and shall be reviewed if and when unencumbered funds become available

during that time. Applications for supplemental funding shall be presented to the Commission by the executive director only if all the following criteria are determined to have been met:

(i) All Commission application requirements have been fulfilled;

(ii) The applicant can demonstrate that attempts to obtain funding from other sources have been unsuccessful or only partially successful; and,

(iii) The applicant does not intend to annualize the supplemental award.

(C) The Commission may choose to accept, reject, modify or table for further study any unsolicited proposal presented to it by the executive director.

**(c) Notice and acceptance**

(1) Each applicant shall receive notice that the Commission has received its proposal within thirty days of the date the Commission receives the proposal. When the Commission votes to accept or reject an applicant's proposal the applicant will receive written notice of the Commission's action within thirty days of such action.

(2) The Commission's award is contingent upon the applicant's acceptance of any additional or special terms and conditions listed in the letter of award or contract and any changes in the funding application. The applicant shall indicate acceptance of the award and any special or additional conditions it contains by signing and returning it to the Commission's offices. The award shall become final only upon receipt by the applicant of a fully executed copy of the contract or letter of award.

**(d) Amount and duration of the award**

The amount and duration of each award is the sole discretion of the Commission. All awards are made subject to the availability of appropriated funds.

**(e) Subcontracting**

No work or services funded by a Commission award shall be performed for the awardee by a subcontractor without the prior written approval of the executive director. Subcontractors are subject to all the requirements and conditions imposed on the awardee or applicant by sections 17-226d-1 through 17-226d-11 and the awardee's letter of award or contract.

**(f) Modifications**

(1) The awardee shall obtain the prior written approval of the executive director before making modifications which would alter the awardee's program as described in the awardee's approved funding application.

(2) All revisions to the awardee's budget except those revisions explicitly permitted by the terms of the letter of award or contract:

(i) must have the prior approval of the awardee's governing authority or be signed by the chairperson of the awardee's Board of Directors;

(ii) must be requested on the form designated by the Commission;

(iii) must be submitted and approved by the executive director no later than 30 days after the end of the fiscal year for which the revision is being sought.

The awardee shall be notified of the action taken on the budget revision request within 30 days of receipt of the request by the Commission.

**(g) Payments**

(1) Awardees shall use funds awarded by the Commission only for expenditures which are properly documented and which are authorized by the terms and conditions of the awardee's letter of award or contract, or by the written permission of the Commission.

(2) Periodic payments of funds to awardees are contingent upon the awardee's continuing compliance with Commission requirements including but not limited to submission of periodic progress reports as required by the letter of award or contract.

(3) Initial payments under new awards shall be made only after the letter of award or contract has been fully executed; all Commission requirements and conditions have been met; a certificate of need, if required, has been obtained from the Commission on Hospitals and Health Care; and the awardee is ready to begin program implementation.

(4) Payments for continuation awards shall be made periodically. An initial advance payment shall be made to the awardee at the beginning of each fiscal year. Subsequent payments will be processed in advance provided the awardee's previous quarterly report was received when due and was approved by the Commission. Advance payments will not be processed for any awardee who has failed to submit a quarterly report for the previous quarter. If any awardee submitted his previous quarter's report more than 15 days after the day it was due, or is not in compliance with the Commission's requirements, subsequent payments to that awardee will not be processed until after the awardee's quarterly report has been received, reviewed and approved by Commission staff. Quarterly and year end reports shall be submitted on a form and in a time and manner designated by the Commission but no later than 15 calendar days after the end of each award quarter.

When staff review of any financial report or on site examination of an awardee's financial records indicates underexpenditures of award funds are likely to occur at the end of the fiscal year, or the awardee has refused access to service recipient or financial records during a review or evaluation by Commission staff the executive director may withhold or reduce one or more subsequent payments to the awardee. In the case of a fee for service award, if staff review of the awardee's financial reports or on site examination of the awardee's financial records indicates that the services covered by the fee for service award will be underutilized as defined in the individual awardee's fee for service award at the end of the fiscal year, the executive director may alter the payment schedule for the balance of that fiscal year.

An awardee may request an advance or emergency payment by making a written request explaining the need for such payment to the executive director. The executive director may authorize such payment if he determines that there is justification to do so. Any emergency or advance payment is made subject to approval of subsequent documentation of expenditures.

**(h) Termination or probation**

(1) The Commission may vote to terminate an award or place an awardee on probation if it finds:

(A) A documented history of noncompliance with Commission regulations or the terms and conditions of the contract or letter of award.

(B) The awardee or any person employed by the awardee has made false or misleading statements to the Commission in order to obtain Commission funding.

(C) The awardee or any person employed by the awardee has permitted, aided or abetted an unlawful act or acts at the program facility.

(D) The awardee has altered the nature and scope of the program without prior Commission approval.

(E) The awardee has refused to grant access to Commission staff to the awardee's program records including client treatment records and client clinical records or program financial records during a review and evaluation visit to the awardee's program.

(Effective September 20, 1984)

**Sec. 17-226d-4. Fiscal requirements****(a) Accounting system**

(1) Each awardee shall utilize an accounting system which conforms to generally accepted accounting principles applicable to recipients of state and federal funds. Such system shall separately account for income and expenditures related to Commission funded projects and programs.

(2) The awardees accounting system shall meet the following minimum requirements:

(A) The system shall have a chart of accounts

(B) The system shall provide sufficient information to separately identify the receipt and expenditure of Commission funds and shall keep on file copies of all financial reports submitted to the Commission.

(C) The following accounting records and related documentation shall be made and retained:

(i) a general ledger,

(ii) a cash receipts journal,

(iii) a cash disbursement journal,

(iv) individual payroll records for all staff members employed by the awardee,

(v) all bank statements and canceled checks,

(vi) all invoices, purchase orders, vouchers and paid bills,

(vii) employee attendance records,

(viii) copies of all contracts and lease agreements to which the awardee is a party, and,

(ix) any other financial documentation that the Commission may require by regulation or by the terms and conditions of the awardee's individual letter of award or contract.

(D) The system shall provide accurate and current financial reporting information.

(E) The system shall be integrated with systems of internal controls designed to safeguard funds and assets, check the accuracy and reliability of accounting data, promote operational efficiency and encourage adherence to management policies.

(F) The system shall include procedures for regular inventories and procedures for the disposition of property and funds derived from the sale of property purchased in whole or in part with Commission funds.

(G) The system shall include procedures for recording the actual time each employee of the awardee works.

(3) Each awardee's accounting records and related documentation shall be maintained by the awardee for a period of at least three years from the end of the fiscal year. Such records shall be stored in a place safe from loss or damage by fire, theft, water or other causes. Such records shall be made readily available for review and inspection upon the request of the Commission staff.

**(b) Allowable and unallowable costs**

(1) Awardees may include in their budgets direct and indirect costs including use charges for buildings, capital improvements and usable equipment.

(2) Individual expenditures may be made for items and services listed in an awardee's approved budget without obtaining any additional Commission approval.

(3) An awardee must obtain the prior written approval of the executive director for the recovery during one award period of unrecovered allowable costs incurred during a previous award period, or for any costs listed in the awardee's letter of award or contract which require such prior written approval.

(4) The following costs are unallowable:

- (A) capital expenditures for construction or renovation,
  - (B) bad debts,
  - (C) costs of idle facilities,
  - (D) royalties,
  - (E) depreciation or use charges for donated assets,
  - (F) fines and penalties resulting from violations of federal, state or local law,
  - (G) monetary judgments against the awardee or the cost of out of court settlements from any civil lawsuits to which the awardee is a party,
  - (H) actual losses which could have been covered by insurance but were not, unless such losses are specifically provided for in the awardee's letter of award or contract,
  - (I) costs of investment counsel,
  - (J) an excess of costs over income from another grant or contract,
  - (K) contributions to a contingency reserve fund, and,
  - (L) major medical equipment.
- (5) When reporting income received from fund raising, an awardee may deduct the costs of fund raising from the total amount received to determine the amount of income.

**(c) Review and disallowance of costs**

(1) An awardee's specific expenditures from each budget category shall be reviewed and may be disallowed by Commission staff during on site reviews or reviews of the reports and annual audits which awardees are required to submit to the Commission if such costs are determined to be unallowable, unreasonable or improperly allocated or if there is improper, inadequate or no documentation supporting the costs. In review of such reports and audits, the Commission staff shall utilize the following criteria:

(A) Reasonableness: A cost shall be deemed to be reasonable if:

- (i) it does not exceed that which would be incurred by an ordinarily prudent person;
- (ii) it is ordinary and necessary for the awardee's operation of the funded program within the restraints and requirements imposed by generally accepted business practices, arms length bargaining, federal and state law and regulation and the terms and conditions of the awardee's contract or letter of award;
- (iii) it is consistent with the purposes for which the funded program was organized; and,
- (iv) it does not significantly deviate from the awardee's established practices

(B) Allocability. A cost shall be deemed to be allocable if:

- (i) it is chargeable to a particular award in accordance with the relative benefits received;
- (ii) it benefits and is incurred for the funded program; and,
- (iii) it is necessary to the overall operation of the awardee.

(2) When, during the course of a review by Commission staff of financial reports or the annual audit or an onsite review of the awardee's financial records, a cost is identified as unallowable, unreasonable or improperly allocated, or the supporting documentation is inadequate, improper or there is no documentation, the awardee shall be notified in writing that such cost has been questioned and will be disallowed unless the awardee submits documentation within 30 days of receipt of such notification, which supports the awardee's position that such cost is allowable, reasonable or properly allocated.

(3) If the awardee fails to submit such documentation as required in subsection (2) above, or if such documentation fails to support the awardee's contention that

such cost should be allowed, the executive director shall notify the awardee that the cost has been disallowed and the awardee shall return to the Commission funds equivalent to the portion of the award expended on the disallowed cost.

**(d) Procedures for determining client eligibility under fee for service award**

(1) Each fee for service awardee must have documentation for each client charged to the fee for service award which demonstrates that there was a determination made at the time of intake of the client's ability to pay and the availability of third party reimbursement. Redeterminations of eligibility shall be done whenever there is a change in the clients employment, financial or third party reimbursement status.

(2) Each client who is determined by the awardee to be able to pay the full fee is ineligible for coverage under a fee for service award. In such cases where fees have been assessed but not paid they may be designated as bad debts by the awardee.

**(e) Disposition of surplus or excess funds**

(1) When the Commission staff determines through a review of an awardee's audited financial statement or final expenditure report that the awardee has a surplus, the surplus shall be disposed of in the following manner:

(A) The awardee shall return to the Commission that portion of the surplus which is proportionate to the Commission's award of state funds applied to the awardee's approved operating expenses.

(B) That portion of the surplus which is proportionate to the Commission's award of federal funds applied to the awardee's approved operating expenses, shall, upon written notice to the awardee, be disposed of at the sole discretion of the Commission in one of the following ways:

(i) The surplus may be offset against a continuation award to the awardee,

(ii) The surplus may be used as a carryover in a subsequent budget of the awardee, or,

(iii) The surplus may be returned to the Commission.

(2) The awardee may designate a portion of unrestricted operating income or public support which is in excess of funding received from the Commission for special or future use if such funds are not needed for current operating expenses. Funds so designated shall not be deemed a surplus and the requirements of subsection (1) of this section shall not apply if such designation was authorized by the awardee's governing authority and received the executive director's approval.

(3) The requirements of subsection (1) of this section shall not apply to any awardee who operates an employee assistance program funded by the Commission. Any funds received by such awardee for employee assistance services provided by contract to an organization shall not be deemed surplus for the purposes of this section.

(4) Whenever the Commission staff determines, through a review of any awardee's final expenditure report, or fiscal or client records that excess payments have been made under a fee for service award, the awardee shall return to the Commission a payment representing the amount of the excess.

**(f) Requirements for handling Commission funds**

(1) Each awardee shall have written policies and procedures to safeguard the awardee's assets against loss from unauthorized use or disposition and to ensure the reliability of financial records and maintain fiscal accountability.

(2) All funds received from the Commission shall be deposited only in federally insured accounts. Interest earned on Commission funds deposited in such accounts shall be reported as program income and may be used only for those activities authorized by the terms of the letter of award or contract.

(3) When an awardee is a nonprofit organization each check drawn on an account in which Commission funds are deposited shall be signed by two signatories, who shall be authorized by the awardee's board of directors to be signatories.

**(g) Procurement standards**

Each awardee shall establish written policies and procedures governing the procurement of goods and services. Such policies and procedures shall be based on the principle of free competition among potential suppliers.

**(h) Fee schedules and billing**

(1) Awardees providing services other than treatment may impose a charge on service recipients for all or part of the cost of the services rendered.

(2) Awardees shall impose a charge on service recipients for all or part of the cost of treatment services rendered by the awardee to such service recipients.

(3) Whenever an awardee imposes a charge for services, such charge shall be in accordance with a written fee schedule which shall be based on a determination of the actual cost of the services rendered and the service recipients' ability to pay the fee. The fee schedule shall be reviewed and revised at least once each year to reflect actual changes in the cost of rendering services to service recipients and the charges assessed to each individual service recipient shall be made according to a sliding scale based on the service recipient's ability to pay. Each awardee imposing a charge for services shall design and implement a system for the collection of delinquent accounts.

(4) Awardees shall endeavor to obtain reimbursement for services rendered either from the recipient of such services or from third party payors from whom the service recipient may be eligible to receive benefits or from both.

**(i) Annual audits**

(1) Each awardee shall have prepared an annual audit of its financial operations and records. The audit shall be prepared by an independent Certified Public Accountant having no direct or indirect financial interest in the awardee's program. The auditor shall utilize generally accepted auditing standards and whatever tests are normally considered necessary to meet the standards of the profession.

(2) The scope of the audit may be limited to Commission funded activities provided such activities are separate and distinct, from other activities not funded by the Commission. When Commission funded activities are not separate and distinct, a total audit of the awardee's program shall be done and shall include a supplemental statement identifying all expenditures associated with Commission funding. The decision on whether or not an audit must include all of the awardee's activities is in the sole discretion of the Commission.

(3) The auditor shall prepare a management letter which shall be submitted with the audit to the Commission within 120 days of the end of the fiscal year. At the written request of the executive director the awardee shall supply information to the Commission concerning the auditor's professional qualifications.

(4) The Commission staff shall review the audit and shall determine whether it meets minimum standards of acceptability in that it conforms to the requirements of sections 17-226d-1 through 17-226d-11 and that it conforms to generally accepted auditing standards. If an audit is determined to be unacceptable, the awardee shall be notified in writing of the deficiencies in the audit and the remedial action that is required of the awardee.

**(j) Insurance and bonding**

(1) The awardee shall ensure that all persons employed by the awardee who are engaged in accounting functions or are responsible for guarding assets are bonded at a level acceptable to the Commission.

(2) The awardee shall obtain insurance coverage sufficient to protect the awardee against full or partial losses of the awardee's physical and financial assets and to hold harmless the State of Connecticut from any insurable cause whatsoever. Insurance coverage shall include but not necessarily be limited to:

- (A) Property insurance covering losses due to fire, theft and accident;
- (B) Liability insurance on the awardees property and vehicles;
- (C) Worker's compensation insurance for the awardee's employees; and,
- (D) Officer's and director's liability insurance.

**(k) Transfer of funds**

(1) With the prior written permission of the executive director an awardee may temporarily transfer funds between one program operated by the awardee and funded by the Commission under one contract or letter of award and a second program operated by the awardee and funded by the Commission through another contract or letter of award.

(2) The awardee shall apply for permission to make a temporary transfer of funds by making a written request to the executive director, which shall include reasons justifying the transfer, the anticipated duration of the transfer and a description of how the transferred funds will be repaid. Such request shall be signed by the presiding officer of the awardee's governing authority.

(3) Upon receipt of a request to transfer funds between two programs funded by the Commission, the executive director may authorize the transfer if he determines that:

- (A) The transfer is necessary to ensure uninterrupted program operation;
- (B) The funds will not be needed by the transferor during the period of time they are to be used by the transferee; and,
- (C) The transferee can realistically expect to repay the transferred funds at the time stated in the request.

**(l) Equipment and inventory**

(1) The Commission shall have an interest in all equipment which was purchased by the awardee in whole or in part with Commission funds. The Commission's interest shall be equivalent to the percentage of the Commission's contribution toward the purchase price. The Commission shall not have an interest if the equipment was purchased with funds accumulated in the awardee's depreciation account.

(2) When Commission funding to an awardee ceases because the program no longer operates or because the Commission award was terminated, the Commission may in its sole discretion require any of the following dispositions of property in which it has an interest:

- (A) The awardee may be permitted to retain and use the property.
- (B) The property may be sold, in which case the awardee may deduct and retain 10% of the proceeds of the sale to compensate it for the costs of selling the property and shall return to the Commission a percentage of the remaining proceeds equivalent to the percentage of Commission funds used to purchase the property originally.
- (C) When the Commission has provided 100% of the purchase price of the property it may:
  - (i) transfer the property to another Commission funded program or,
  - (ii) take possession of the property and use it as it sees fit in the performance of its duties.

(3) Awardees shall prepare yearly inventories of all equipment purchased with Commission funds which has a value of \$300 or more and has a useful life of three or more years; or that has a value of \$500 or more if the useful life is less than three years.

**(m) Commission rights to material produced with Commission funds**

The Commission shall have an unrestricted right to publish, disclose, distribute and otherwise use in whole or in part any reports, data, curricula or any other material including printed, written or photographic material, films and video and audio tapes without the payment of royalties to the awardee, when such material has been produced in whole or in part with Commission funds pursuant to an award that specifically requires the awardee to produce such material.

**(n) Local resources**

(1) Each private, non profit organization which receives Commission funding shall actively attempt to utilize local resources for financial support or goods or services to supplement the funds received by the Commission.

(2) Awardees shall document their compliance with this requirement by indicating in their funding applications for continuation awards the efforts they have made and plan to make to encourage local participation, and the results of such efforts.

(3) Applicants for Commission funding for new programs shall indicate in their applications the means by which they will obtain local participation.

**(o) Maintenance of effort**

Commission funding shall not be used by any awardee to supplant or replace funding from other sources unless the Commission's contract or letter of award with the awardee explicitly authorizes the awardee to do so.

**(p) Financial reporting to the governing authority**

Each awardee's board of directors or other governing authority shall require that the chief administrative officer employed by the awardee shall make regular reports to the governing authority concerning the financial status of the programs operated by the awardee.

(Effective September 20, 1984)

**Sec. 17-226d-5. Organization and administration****(a) Governing authority**

(1) Each awardee shall have a governing authority which shall be ultimately responsible for ensuring the awardee's compliance with Commission requirements.

(2) The governing authorities of nonprofit organizations shall be boards of directors, which shall be representative of the community and the target population which the awardee serves. Awardees shall endeavor to include former service recipients among the board membership and each board of directors shall include at least one health care professional knowledgeable about the treatment or prevention of substance abuse.

(3) Each awardee's board of directors shall have by-laws which shall include, but need not be limited to:

(A) a list of the officers of the board;

(B) a description of the officer's duties;

(C) a description of the way in which the board conducts business; and,

(D) the terms of office of board members and officers and the method by which each are chosen.

(4) The board shall provide an orientation program for all new board members which shall familiarize them with the awardee's operations and their duties, responsibilities and potential liabilities as members of the board.

(5) Each board of directors shall meet at least quarterly and shall keep written minutes of each meeting.

**(b) Governing authority responsibilities**

The responsibilities of each awardee's governing authority shall include, but need not be limited to overseeing and approving:

(1) establishment of the awardee's philosophy, goals and objectives which shall be formulated to demonstrate the awardee's awareness of the demographic characteristics of the population it proposes to serve;

(2) establishment of accounting policies and procedures which fulfill the requirements of section 17-226d-4 and include, but are not necessarily limited to:

(A) listing the type of records to be kept;

(B) accounting procedures;

(C) procurement policies;

(D) the method of inventory control;

(E) guidelines for controlling expenditures;

(F) fulfilling Commission accounting requirements;

(G) a method for preparing financial statements;

(H) responsibility for the budget preparation process; and,

(I) responsibility for the chart of accounts.

(3) management and use of, and accounting for, the awardee's assets;

(4) control and approval of the awardee's activities and major financial transactions;

(5) review and approval of the awardee's annual budget and any revisions thereof;

(6) review and approval of awardee's executive director's salary increases;

(7) fund-raising efforts;

(8) review and approval of the awardee's policies and procedures;

(9) appointment, review and evaluation of the awardees executive directors and assignment of the executive director's duties;

(10) designation of two or more persons to act as signatories on checks as required by section 17-226d-4 (e) (3); and,

(11) yearly planning, review and revision of the awardee's goals and objectives.

**(c) Organizational chart**

Each awardee shall have an organizational chart which shall be reviewed and updated annually. Such charts shall illustrate the organizational structure, lines of authority and all staff positions within the awardee's organization.

**(d) Philosophy and policy**

(1) Each awardee shall include in its philosophy a statement of the awardee's philosophical approach to services which shall include, but need not be limited to:

(A) a description of the relationship between the needs of the persons served by the awardee and the awardee's approach to treatment; and,

(B) a description of the relationship between community needs and the awardee's approach to treatment.

(2) Each awardee shall have a written description of its treatment or service policy which shall be used in inservice training, staff recruitment and orientation and as a basis for relationships with the community and shall be reviewed at least annually and updated when necessary.

**(e) Nondiscrimination policy**

(1) No awardee shall discriminate or permit discrimination against any person or group of persons in outreach, admission or treatment activities on the basis of race, color, religious creed, age, marital status, national origin, sex, sexual preference, mental retardation or physical disability, including but not limited to blindness.

(2) Each awardee shall have and utilize a written policy on nondiscriminatory practices.

(3) A program which has been established to provide services to a specific target population shall not be deemed to be in violation of subsection (1) of this section provided such program refers any individual found ineligible for admission to the program to an appropriate facility.

(4) No person shall be denied admission to a Commission funded program or service solely or jointly because of:

(A) the inability to pay all or part of the cost of services, directly or through third party reimbursement.

(B) the number of prior admissions to treatment, except where the programs admission criteria requires a certain number of prior admissions.

(C) the length of time since last treatment.

(D) the location of last treatment.

(E) a refusal to undergo previous treatment.

**(f) Confidentiality**

Each awardee shall have and utilize a written policy and procedure for ensuring the confidentiality and security of service recipient records and identifying information which conforms to the requirements of state and federal confidentiality law and regulations including, Connecticut General Statutes Section 17-155bb and 42 CFR 2. Such policy shall include, but need not be limited to:

(1) a description of the process and requirements for disclosure of confidential information;

(2) copies of forms for documenting the disclosure of confidential information and for obtaining the written consent of the service recipient when such consent is required; and,

(3) staff training in the requirements of state and federal laws related to confidentiality of client records.

**(g) Awardee's executive director**

Each awardee shall appoint an executive director whose duties and qualifications shall be established by the awardee's governing authority and who shall be responsible for day-to-day operations.

**(h) Personnel requirements**

(1) Each awardee shall have and follow written personnel policies for all staff and consultants which shall be included in a Personnel Policies' and Procedures' Manual which shall include but need not be limited to:

(A) a description of the methods and procedures to be used to supervise all personnel;

(B) A job description for each staff or consulting position which includes at least a description of:

(i) the credentials required for employment in the position;

(ii) the duties and responsibilities of the position;

(iii) the minimum levels of education and training required for the position;

(iv) related work experience required for the position;

(v) reporting and supervisory responsibilities of the position;

(vi) salary range of position; and,

(C) A description of policies covering at least the following topics:

(i) recruitments, benefits, promotion;

(ii) training and staff development;

(iii) employee assistance available to the awardee's staff;

- (iv) disciplinary systems, suspension and termination policies;
- (v) performance review;
- (vi) rules of conduct;
- (vii) wages, hours and salary administration;
- (viii) grievance mechanisms; and
- (ix) equal employment opportunity and affirmative action policies.

(2) Each person hired or promoted by the awardee shall meet the qualifications of the position to which that person is appointed, and the various disciplines represented on the program staff shall meet any state or federal legal requirements for certification, licensing and/or registration within their respective disciplines.

(3) All counselors providing counseling services to clients in each awardee's program shall receive direct supervision at least one hour per week from a senior member of the awardee's clinical staff.

(4) The awardee shall maintain a personnel record for each employee. Such records shall be kept confidential. Each personnel record shall include, but need not be limited to:

- (A) a copy of the employee's application for employment;
- (B) verification of the employee's credentials or certification;
- (C) verification of the employee's education and training;
- (D) the employee's salary history;
- (E) appraisals of the employee's performance;
- (F) a record of any disciplinary action taken against the employee within the preceding two year period and the reasons for such action;
- (G) commendations of the employee; and,
- (H) incident and accident reports involving the employee and the results of any investigations taken in response to such reports.

(5) Awardees shall not discriminate against any person or group of persons in hiring or promotion of employees on the basis of race, color, religious creed, age, marital status, national origin, sex, sexual preference, mental retardation or physical disability, including but not limited to blindness, unless it is shown by such Awardee that such disability prevents performance of the work involved in any manner prohibited by the laws of the United States or of the State of Connecticut, and shall provide the Commission on Human Rights and Opportunities with such information requested by that Commission concerning the employment practices and procedures of the Awardee as relate to the provisions of Section 4-114a of the Connecticut General Statutes, as amended. The awardee shall make reasonable efforts to take into account the composition of service recipients and the community when hiring and promoting employees.

(6) Awardees shall have and use a plan for staff development and training which shall include training in the requirements of state and federal laws which are applicable to the awardee's program and training in emergency medical care for staff providing direct services to clients.

(7) Awardees shall employ sufficient clinical staff with documented experience and training in substance abuse to adequately meet the treatment goals for each of the persons serviced by the awardee's program or programs and to meet the awardee's goals and objectives.

(i) **Conflict of interest**

(1) No person shall serve as a member of an awardee's governing authority or be employed by an awardee if a conflict of interest exists between the person's

responsibilities as a member of the governing authority or employee and his personal financial interests or those of any member of his immediate family.

(2) Business dealings for profit between the awardee and a member of the awardee's governing authority, a paid employee of the awardee or a member of the immediate family of either; are deemed a conflict of interest unless an open bid system is used, the basis for accepting the bid is documented in the program's financial records and, if a member of the governing authority or member of the immediate family is involved, the member of the governing authority refrains from voting on the issue.

(3) Whenever an employee or member of the governing authority sells goods or services to the awardee at cost, the actual cost shall be documented in the awardee's financial records.

**(j) Policies and procedures**

(1) Every awardee shall have a written policies' and procedures' manual which shall include, at a minimum, all written policies and procedures required by sections 17-266d-1 through 17-266d-11, which shall be written in language understandable to the average person, and shall be reviewed at least annually and revised as needed.

(2) The manual shall be available upon request to staff, volunteers, service recipients, members of the community and Commission staff and shall be routinely used in orientation and training programs for new members of the governing authority, staff and volunteers.

**(k) Volunteers**

The services of volunteers may be utilized by awardees provided:

(1) the volunteers are supervised by qualified paid staff;

(2) the use of volunteers is in accordance with the provisions of a written volunteer plan;

(3) all volunteers receive training and a thorough orientation to program rules, operations, all program policies and procedures and federal confidentiality regulations and client's rights before beginning to work in the program.

(Effective September 20, 1984)

**Sec. 17-226d-6. Treatment and rehabilitation programs**

**(a) Admission criteria**

(1) Each program shall have and utilize written admission criteria which shall be available to clients, staff, the community and the Commission.

(2) No person shall be admitted to a program unless he meets the program's admission criteria and any person who is ineligible because he does not meet the admission criteria shall be referred back to the original referring agency or to another appropriate agency.

(3) The written admission criteria shall include, but need not be limited to consideration of the following factors:

(A) age

(B) sex

(C) physical health

(D) mental status

(E) previous treatment history

(F) history of substance abuse

(G) current use of mood altering substances

**(b) Intake procedure**

(1) Each program shall have and utilize a written intake procedure which shall include, but need not be limited to:

(A) A procedure for making and accepting referrals pursuant to the requirements of section (i) of this regulation.

(B) A procedure for determining whether or not the client meets the program's admission criteria and is appropriate for the program.

(C) A time limit or number of visits within which initial assessment of persons admitted to the program will be completed. In no case shall the time for completing the intake procedure exceed 90 days or 3 counseling sessions.

(2) Each program shall, during the intake procedure, collect at least the following demographic information on a standardized form from each person seeking admission to the program:

- (A) name
- (B) home address
- (C) telephone number
- (D) date of birth
- (E) sex
- (F) race/ethnicity
- (G) marital and family status
- (H) employment status and employer
- (I) education
- (J) current family income
- (K) next of kin
- (L) social security number
- (M) criminal justice system status
- (N) referral source
- (O) insurance coverage
- (P) date of initial contact
- (Q) date of interview
- (R) signature and title of intake worker

(3) Each client's history shall be completed by a member of the program's treatment staff and shall include, but need not be limited to the following information:

- (A) presenting problem
- (B) history of substance abuse and problems
- (C) family and personal history
- (D) education and employment history
- (E) medical history
- (F) history of arrests and convictions
- (G) previous treatment history

(c) **Orientation**

(1) Each client admitted to a program shall receive an orientation in accordance with a written orientation policy and procedure.

(2) Such orientation shall include, but need not be limited to explaining in language understandable to each client:

- (i) the program's policies, goals and objectives;
- (ii) the services offered by the program and through referral to other service providers;
- (iii) the program's hours of operation;
- (iv) the fee policy and fee schedule;
- (v) the client's rights;
- (vi) the program's expectations of the client;

(vii) the protection and restrictions which derive from state and federal confidentiality law and regulations;

(viii) the program's rules and procedures and the consequences to the client of infractions of such rules; and,

(ix) the program's termination and discharge procedures

**(d) Assessment procedure**

(1) Each program shall have and utilize a written policy and procedure for assessing all clients admitted to the program. At a minimum the assessment shall include a written synthesis of information obtained during the intake procedure, which synthesis shall identify the client's strengths and the staff person's observations of the client's personality functioning and those situational factors which have contributed to the client's current dysfunction.

(2) The assessment shall be used as a guide to the formulation of the client's treatment plan.

**(e) Treatment plan**

(1) Each program, except detoxification programs shall, with the participation of the client, prepare a written individualized treatment plan for each client which shall address client needs of care within the context of community and client resources. Development of such plan shall begin upon admission.

(2) Each treatment plan shall be in writing and shall include at a minimum:

(A) a description of the client's identified problems to be addressed during treatment;

(B) goals which include a specific time for achievement

(C) methods of attainment by which such goals may be achieved;

(D) the name and title of the client's primary counselor;

(E) evidence that the client has participated in the formation of his own treatment plan, such as:

(i) the client's signature on the treatment plan;

(ii) a contract between the client and the program;

(iii) treatment goals identified by the client through notations on a checklist of possible goals or a narrative signed by the client and made a part of the treatment plan.

(3) Each client's treatment plan shall be reviewed periodically for completeness and appropriateness in accordance with a written standardized policy and procedure designed to ensure that the plan remains applicable to the changing needs of the client. The client's individual record shall contain written evidence of such periodic review, assessment of the client's progress and any revisions which have been made in the plan based on the required reviews. Treatment plans shall be reviewed no less frequently than:

(A) weekly for residential intensive programs;

(B) for residential intermediate and long term treatment and rehabilitation programs and day/evening programs, 30 days after preparation of a treatment plan, then every 60 days thereafter;

(C) for outpatient programs 30 days after preparation of a treatment plan for the first review, 60 days after the first review for the second review and 90 days thereafter; and,

(D) for methadone maintenance programs 30 days after preparation of the treatment plan, 90 days after the first review for the second review and every 6 months thereafter.

**(f) Aftercare**

Each treatment and rehabilitation program, which has an aftercare component, shall offer aftercare services to clients in accordance with a written aftercare plan.

The plan shall include, but need not be limited to:

- (1) a description of the objectives, policies and procedures of its aftercare services;
- (2) a description of the specific aftercare services available to clients; and,
- (3) policies and procedures for periodic review of aftercare services which are provided.

**(g) Discharge summary**

Each program shall prepare a written discharge summary for each client who completes a course of treatment or leaves the program. Such summary shall be prepared by the client's primary counselor and shall be recorded in the clients record and shall include but need not be limited to:

- (1) an evaluation of the client's progress toward the goals described in the client's treatment plan,
- (2) the reason for discharge and other information, if any, pertaining to the client's course of treatment,
- (3) a summary of all recommendations, if any, made to the client upon the clients leaving the program, and
- (4) a list of any referrals made to other organizations or service providers at the time the client leaves the program.

**(h) Referrals**

(1) Each program shall have and utilize a written policy and procedure for client referrals as part of a comprehensive network of care, which shall include, but need not be limited to:

- (A) a procedure for referral and monitoring of persons on a waiting list for admission to the program;
- (B) procedures for referral of clients between specific components of the awardee's program; and,
- (C) current information on, and referral to, self-help groups.

(2) Each program shall maintain a list of referral sources and resources which is periodically updated.

**(i) Client record system**

(1) Each program shall use a standardized record keeping system and maintain an individualized record for each client admitted to the program which shall document the changing status, needs and activities of the client as treatment progresses and shall include, but need not be limited to:

- (A) all standardized statistical information as required by sections (b) of this regulation, and emergency information;
- (B) all parts of the client's individualized treatment plan as required by section (e) of this regulation;
- (C) all client assessments performed, including documentation of client problems and needs;
- (D) the results of all physical, psychological, medical, laboratory and vocational examinations and tests shall be included with the signature and title of the person administering the test or performing the examination;
- (E) all referrals to services deemed to be necessary to the client but not provided by admitting facility;

(F) progress notes, signed and dated by the originator and listing all events which have impacted the client's progress in attaining goals such notes shall be kept as follows:

- (i) daily for residential detoxification programs
- (ii) weekly for residential and day/evening programs

(iii) per counseling sessions for outpatient and methadone programs;

(G) a discharge summary for all clients who have left the program.

(2) Each program shall have and utilize a policy and procedures for maintaining the security of client records which shall be in conformity with the requirements of the federal confidentiality regulations, 42 CFR 2.17.

(3) Each program shall have and utilize a policy and procedure for closing and storing client records. The policy and procedure shall include, but need not be limited to the following provisions:

(A) the entire record shall be maintained for a period of at least five years after closure and shall be protected against loss, damage or breach of client confidentiality;

(B) after 5 years such records may be destroyed by shredding or burning; and,

(C) the policy shall specify under what circumstances a record is to be closed.

**(j) Provision of medical services and medication**

(1) Medical alcohol detoxification programs, residential programs and methadone programs shall ensure that each client shall have a complete medical history and physical examination.

(2) Methadone programs shall perform the following laboratory tests:

(A) complete blood count and differential

(B) serological test for syphilis

(C) routine and microscopic urinalysis

(D) routine screening for drugs

(E) Multi-phasic chemistry profile

(F) Tine test followed by a chest x-ray only if the skin test is positive

(G) Australian Antigen, EKG and biological tests for pregnancy if clinically indicated.

(3) Each program shall have and utilize a written policy and procedure for administration, storage and self-administration of all medications. All medications shall be marked, regularly inventoried and stored in a locked cabinet.

(4) Each program shall have a fully-equipped first aid kit on the premises at all times the program is in operation.

(5) When a client is referred from another program and there is no break in the treatment regimen, a physical examination as required by subsection (2) above need not be repeated by the program accepting the referral. A record of physical examination from the referring program shall be included in the intake information in the client's record.

**(k) Meals**

Residential programs and detoxification programs shall provide at least three nutritionally balanced meals for each client each day.

(Effective September 20, 1984)

**Sec. 17-226d-7. Treatment and rehabilitation program requirements for specific modalities**

**(a) Residential medical detoxification programs**

(1) Services provided

Each residential medical detoxification program shall provide the following services:

(A) medical management of the detoxification process from alcohol or drugs or both;

(B) medical and psycho-social assessments of the needs of each client admitted to the program;

(C) referral of all clients to ongoing treatment for whom the assessment has indicated the desirability of continuing participation in the treatment process; and,

(D) motivational counseling to encourage continuing client participation in the treatment process; and,

(E) knowledge about and access to self-help groups.

(2) Additional admission criteria

In addition to the requirements of section 17-226d-6 (a) each residential medical detoxification program shall require that each person admitted to the program shall:

(A) be an alcohol or drug dependent person who is intoxicated by drugs or alcohol at the time of admission;

(B) be at risk of experiencing serious medical complications without medical monitoring of the detoxification process; and,

(C) be likely to require the administration of medications or other services by medical personnel under the supervision of a licensed physician, in order to reduce or eliminate the effects of withdrawal from alcohol or drugs on the body.

(3) Hours of operation

Each residential medical detoxification program shall operate 24 hours per day, seven days a week. Each residential medical alcohol detoxification program shall accept for admission at all times, persons who meet the program admission criteria and for whom space is available.

(4) Length of stay

Clients may remain in residential medical detoxification programs no longer than 5 days for alcohol detoxification and 14 days for drug detoxification unless there is a statement signed by a physician in the client's record stating why it is necessary for the particular client to remain in the program for a longer period of time.

(5) Staffing

(A) Each residential medical detoxification program shall have a licensed physician on the staff or under contract who shall be responsible for supervising all medical services provided by the program. The program shall specify the physician's duties in writing and shall maintain written records of the number of hours and specific functions performed by the physician for the program.

(B) A minimum of one licensed nurse shall be on duty at all times.

(C) A minimum of one paid staff person shall be on duty at all times in addition to the nurse required by subsection (B).

(D) There shall be a client to staff ratio at all times no greater than one staff person on duty for each 10 clients in residence.

(6) Medical services

In addition to the requirements of section 17-226d-6 (j) each residential medical detoxification program shall provide the following medical services:

(A) Medical screening by a physician, nurse or physician's assistant at the time of admission for each client to exclude clients who have any serious injury or other medical condition requiring referral to a hospital; and,

(B) Each client admitted to a residential medical detoxification program shall be examined by a physician within 24 hours after admission unless the client was examined by a physician immediately before admission pursuant to the requirements of 17-226d-6 (j) (5) and orders were written by the examining physician.

(b) **Social-setting alcohol detoxification**

(1) Services provided

Each social-setting alcohol detoxification program shall provide the following services:

(A) counseling and other supportive non-medical services to clients who are experiencing physical withdrawal from alcohol;

(B) continual observation of clients during the withdrawal process;

(C) motivational counseling to encourage continuing client participation in the treatment process;

(D) referral to ongoing participation in the treatment process; and,

(E) knowledge about the access to self-help groups

(2) Additional admission criteria

In addition to admission criteria developed pursuant to the requirements of 17-226d-6 (a), each social-setting alcohol detoxification program shall formulate admission criteria which ensure that:

(A) Each client admitted to the program has been observed and evaluated by staff trained to determine whether the client is eligible for admission to a social-setting alcohol detoxification program.

(B) Clients shall not be admitted to the program who:

(i) are unconscious or have obvious life threatening medical conditions, such clients shall be sent directly to a hospital;

(ii) exhibit symptoms of dual addiction or psychotic behavior, or have had a heart attack within 6 months shall be referred to an appropriate medical facility.

(C) Clients who exhibit or state that they have any of the following symptoms shall be sent to a hospital emergency room for immediate screening and must have a written medical clearance, signed by a licensed physician before they can be admitted to the program:

(i) a blood alcohol level of .3 or greater;

(ii) severe abdominal pain;

(iii) irregularities in skin color;

(iv) chest pain, vomiting or passing blood; or,

(v) evidence of recent traumatic injury.

(3) Hours of operation

Each program shall operate 24 hours per day, 7 days per week and shall accept admissions at anytime.

(4) Length of stay

Clients may remain in a social-setting alcohol detoxification program no longer than 5 days unless there is a statement signed by a certified alcoholism counselor in the client record stating why it is necessary for the particular client to remain in the program for a longer period of time.

(5) Staffing

(A) All professional staff employed by the program shall be trained in first aid and cardiopulmonary resuscitation and shall have additional training from a physician to recognize the onset of medical problems associated with withdrawal from alcohol.

(B) There shall be at least two paid staff persons on duty at all times.

(C) There shall be a client to staff ratio at all times no greater than one staff person on duty for each 10 clients in residence.

(6) Medical care agreements

Each program shall have a written agreement with one or more licensed physicians to provide staff training as required by subsection (5) (A) of this section.

(c) **Residential programs**

(1) Residential programs shall provide residential accommodations and meals and one or more of the following services to clients:

(A) Intensive services shall at a minimum include:

(i) a short term program of up to 30 days duration;  
 (ii) daily group and/or individual counseling sessions, alcohol education, and knowledge about, and access to, self-help groups.

(B) Long term treatment and rehabilitation services shall at a minimum include:

(i) daily group and, or individual counseling;  
 (ii) a minimum of 20 hours per week of treatment which may include activities such as individual, group or family counseling, lectures, discussions or films;  
 (iii) knowledge about and access to self help groups.

(C) Intermediate services which shall, at a minimum include:

(i) a program of more than 30 days duration;  
 (ii) counseling on an individual and/or group basis at least 3 days per week;  
 (iii) introduction to self-help groups;  
 (iv) assistance in finding and retaining gainful employment or entering an educational or vocational training program;  
 (v) a minimum of 3 hours of counseling per week for each client for the first 30 days treatment and a minimum of one counseling session per week thereafter.

(2) Additional admission criteria

In addition to admission criteria developed pursuant to the requirements of 17-226d-6 (a), residential programs shall not admit:

(A) any person in need of detoxification from alcohol or drugs;  
 (B) any person who would be an appropriate candidate for outpatient or day/evening treatment.

(C) any person for intermediate services for whom gainful employment is not a reasonable expectation as determined by the initial assessment.

(3) Hours of operation

Each residential program shall operate seven days a week, 24 hours per day.

(4) Medical services

Each residential program shall arrange for the provision of medical services for illness or injury which occur during the course of the client's stay in the program. The program may provide such services through a staff physician or through a contract or contracts with licensed physicians, clinics or hospitals.

(5) Staffing

A paid staff person shall be physically present overnight and shall have ready access to back up clinical staff at each residential program.

(d) **Day/evening programs**

(1) Services offered

Each day/evening treatment program shall, at a minimum provide the following services to its clients:

(A) a short term non-residential program operating a minimum of 5 hours a day, 5 days a week if a daytime program or a minimum of 3 hours an evening 3 evenings a week if an evening program;

(B) a planned program of activities including substance abuse education and an introduction to the concept of self-help groups;

(C) daily individual, group or family counseling each day the program is in operation;

(D) a minimum of fifty percent of each client's time at the program shall be spent in individual, group or family counseling sessions and other activities such as lectures, discussions or films.

(e) **Outpatient programs**

(1) Services offered

Each program shall provide the following minimum services:

(A) individual, family or group counseling on an outpatient basis;

(B) a minimum of one counseling session per client per week except when the client record includes an explanation why less frequent counseling is appropriate, however, any client who receives less than one counseling session within a 30 day period shall be discharged from the program; and,

(C) knowledge about and access to self-help groups.

(2) Hours of operation

Each outpatient program shall operate at least 5 days a week, eight hours a day. Each program shall be open at least one evening a week or two hours a week outside of the hours of 9:00 a.m. to 5:00 p.m. to accommodate the needs of clients who work during the day.

(3) Medical services

Each outpatient program which dispenses prescription drugs as part of their planned treatment regimen shall:

(A) employ a medical director who shall be responsible for overseeing the administration of all drugs to clients;

(B) give physicals in accordance with the requirements of section 17-226d-6 (1) to all clients prior to the start of drug therapy.

(f) **Methadone programs**

(1) Except where this section imposes other or more stringent specific requirements, any program offering methadone maintenance or methadone detoxification shall abide by the Federal Methadone Regulations, 21 CFR 291, which are hereby incorporated by reference.

(2) Admission criteria

(A) No program shall admit any person to maintenance treatment who: is less than 18 years old unless the program has documented evidence that the person has made at least two attempts at drug free treatment.

(B) A program may establish admission criteria which is more stringent than the federal requirements with the prior written approval of the State Methadone Authority.

(3) Required documentation

In addition to the requirements of subsection (i) of section 17-226d-6 each methadone program shall record the following information in the client's record:

(A) all changes in the client's medication schedule;

(B) all changes in dosage;

(C) in any case where a replacement dosage of methadone must be dispensed to a client during a single day the reasons why such replacement dosage was dispensed shall be recorded in the client's record; and,

(D) at any time the program physician orders that a urine screening or other required laboratory tests not be given the reasons for the order shall be recorded and signed by the physician.

(4) Hours of operation

(A) Inpatient programs shall be open 24 hours per day, seven days a week.

(B) Outpatient detoxification programs shall be open seven days a week.

(C) Outpatient maintenance programs shall be open a minimum of six days a week.

(5) Physicals and laboratory examinations

(A) Each program shall ensure each client has a physical examination upon admission to the program and at least annually thereafter in accordance with the

requirements of section 17-226d-7 (j). The annual physical may be performed by the client's personal physician.

(B) When a client who has left the program seeks readmission less than 6 months after receiving a required physical, only a urine screening need be performed unless other tests as required by section 17-226d-6 (j) (2) are medically indicated.

(C) A client who seeks readmission more than six months after receiving a required physical shall receive a physical and all laboratory tests as required by subsection (A) of this section.

(6) Each program shall have and utilize a written procedure for dispensing methadone to clients which shall include but need not be limited to the following requirements:

(A) Subject to the exceptions listed in subsection (8) below, all methadone dispensed by the program shall be consumed on the program's premises in the presence of the program staff member who dispensed the drug.

(B) A written description of the circumstances under which a replacement dosage may be administered to a client.

(C) Whenever a program permits clients to have take home dosages of medication, the program shall warn clients of the dangers of accidental poisoning of children or other members of the client's household and shall advise clients as to the proper and safe storage of methadone in the client's home.

(D) All methadone dosages dispensed for off-premises consumption shall be dispensed in child-proof containers with a warning label.

(7) Counseling

Each methadone program shall provide a minimum of one counseling session per month for each client.

(8) Permissible off-premises consumption

Each program which allows off-premises consumption of methadone dispensed by the program shall do so in accordance with a written procedure which shall include but need not be limited to, whichever of the following circumstances are applicable to the program:

(A) Each program which operates six days a week may give each enrolled client one take-home dosage of medication each week.

(B) Each program which has a written policy and criteria permitting decreasing attendance may give any client who qualifies up to a 6 day supply of methadone no more frequently than every 7th day in accordance with the requirements of the Federal Methadone Regulations.

(C) When an enrolled client is so ill that he is unable to physically come to the program for his medication the program physician may:

(i) Authorize delivery of the medication to the client provided that either a licensed nurse or a licensed physician, accompanied by one other person employed by the program, delivers the medication.

(ii) Obtain the approval of the Federal Food and Drug Administration and the State Methadone Authority to permit a relative or other individual to pick up a single dose of medication and deliver it to the client.

(D) Holidays

(i) Each outpatient program regardless of its regular schedule may close for the holidays of Independence Day, Thanksgiving, Christmas Day and New Year's Day and may provide a single dose of take-home medication for each client enrolled in the program for each holiday.

(ii) Each outpatient maintenance program, regardless of its normal schedule may close for official state holidays other than those listed in subsection (i) above and may provide a single dose of take-home medication for each client enrolled in the program for each holiday provided the reason for the take-home dose is recorded in each client's record.

(E) Travel

(i) Each program which allows take-home medication to be dispensed for client travel shall have and utilize written criteria describing the circumstances under which such take-home doses for travel are permitted.

(ii) When a client requests take-home medication for travel which will last more than seven days but less than 15 days the program must obtain the prior written approval of the State Methadone Authority before dispensing the take-home medication.

(iii) When a client requests take-home medication for travel which will last 15 days or more the program must obtain the prior approval of both the Federal Food and Drug Administration and the State Methadone Authority before dispensing the take-home medication.

(9) Involuntary detoxification

(A) Each program shall have and utilize a written procedure for the detoxification of clients who have been expelled from the program, which procedure shall conform to the requirements of section 17-226d-11 (g).

(B) Detoxification of clients expelled from the program shall occur at the expelling program's facilities unless the client has been expelled for violent behavior or threats of violence, in which case the program is not obligated to provide detoxification, but may make a referral to another program.

(C) A program shall have no further responsibility to provide treatment to, or take any other action on behalf of, a client who has been expelled from the program and who has been offered the opportunity to contest the expulsion pursuant to the requirements of section 17-226d-11 (g) and who has rejected the program's arrangements for detoxification provided pursuant to subsections (A) and (B) of this section.

(Effective September 20, 1984)

### **Sec. 17-226d-8. Long term care and rehabilitation programs**

(a) **Hours of operation** — Each program shall operate 24 hours per day, seven days per week.

(b) **Admission criteria**

(1) Each program shall have and utilize written admission criteria which shall be available to service recipients, staff, the community and the Commission.

(2) No person shall be admitted to a program unless he meets the program's admission criteria and any person who is ineligible because he does not meet the admission criteria shall be referred elsewhere.

(3) The written admission criteria shall include, but need not be limited to consideration of the following factors:

(A) age

(B) sex

(C) physical health

(D) mental status

(E) previous treatment history

(F) history of alcohol abuse

(G) current use of alcohol

(4) No person may be admitted to the program who does not have a documented past and current history of multiple admissions to alcohol abuse or alcoholism treatment facilities.

(5) Program shall not exclude any service recipient from readmission who has had occasional lapses in sobriety so long as the service recipient is sober at the time of admission.

**(c) Intake procedure**

(1) Each program shall have and utilize a written intake procedure which shall include but need not be limited to:

(A) A procedure for making and accepting referrals pursuant to the requirements of section (g) of this regulation.

(B) A time limit within which initial assessment of service recipients admitted to the program will be completed.

(C) A procedure for determining whether or not the service recipient meets the program's admission criteria and is appropriate for the program.

(2) Each program shall, during the intake procedure, collect at least the following demographic information on a standardized form from each person seeking admission to the program:

(A) Name

(B) Home Address

(C) Telephone Number

(D) Date of Birth

(E) Sex

(F) Race/Ethnicity

(G) Marital and Family Status

(H) Employment Status and Employer

(I) Education

(J) Current Family Income

(K) Next of Kin

(L) Social Security Number

(M) Criminal Justice System Status

(N) Referral Source

(O) Insurance Coverage

(P) Date of Initial Contact

(Q) Date of Interview

(R) Signature and Title of Intake Worker

(3) Each service recipient history shall be completed by a member of the program's treatment staff and shall include, but need not be limited to the following information:

(A) presenting problem

(B) history of substance abuse and problems

(C) family and personal history

(D) education and employment history

(E) medical history

(F) history of arrests and convictions

(G) previous treatment history

**(d) Orientation**

(1) Each person admitted to a program shall receive an orientation in accordance with a written orientation policy and procedure.

(2) Such orientation shall include, but need not be limited to explaining in language understandable to each service recipient:

- (A) the program's philosophy, goals and objectives;
- (B) the services offered by the program;
- (C) the program's hours of operation;
- (D) the fee policy, fee schedule and that no person shall be denied services because of his inability to pay for such services;
- (E) service recipient's rights;
- (F) the program's expectations of the service recipient;
- (G) the protection and restrictions which derive from the federal confidentiality requirements;
- (H) the program's rules and procedures and the consequences of infractions of such rules; and,
- (I) the program's termination and discharge procedures.

(e) **Assessment procedure**

(1) Each program shall have and utilize a written policy and procedure for assessing all persons admitted to the program. At a minimum the assessment shall include a written synthesis of information obtained during the intake procedure, which synthesis shall identify the service recipient's strengths and the staff person's observations of the service recipient's personality functioning and those situational factors which have contributed to the service recipient's current dysfunction.

(2) The assessment shall be used as a guide to the formulation of the service recipient's service plan.

(f) **Service plan**

(1) Each program shall prepare an individualized, written plan which states the service recipient's problems and describes the services to be provided by the program to address the problems related to, or resulting from, the service recipient's alcoholism.

(2) Each service plan shall be reviewed periodically for completeness and appropriateness in accordance with a written standardized policy and procedure designed to ensure that the plan remains applicable to the changing needs of the service recipient. The service recipient's records shall contain written evidence of such periodic review, assessment of the service recipient's progress and any revisions that have been made in the plan as a result of the review.

(g) **Referrals**

(1) Each program shall have and utilize a written policy and procedure for service recipient referrals as part of a comprehensive network of care. Such policy shall include, but need not be limited to:

- (A) a description of the circumstances or conditions under which a referral shall be made, accepted or rejected;
- (B) procedures for referral of service recipients between specific components of the awardee's program; and,
- (C) current information on, and referrals to, self-help groups.

(h) **Service recipient records**

(1) Each program shall use a standardized record-keeping system and shall maintain an individualized record for each service recipient admitted to the program which shall document the changing status, needs and activities of the service recipient. Such record shall include, but need not be limited to:

- (A) all standardized statistical information as required by section (c) of this regulation and emergency information;

(B) all parts of the service recipient's individualized service plan as required by section (f) of this regulation;

(C) all assessments of the service recipient performed by program staff, including documentation of the service recipient's problems and needs;

(D) the results of all physical, psychological, medical, laboratory and vocational examinations and tests including the signature and title of the person who administered the test or performed the examination;

(E) a weekly summary of the service recipient's activities as listed in the service plan; and,

(F) a discharge summary for each service recipient who has left the program.

(2) All active records shall be kept in locked files in a secured room.

(3) Each program shall have and utilize a policy and procedure for closing and storing service recipient records. The policy and procedure shall include, but need not be limited to the following provisions:

(A) the entire record shall be maintained for a period of at least five years after closure and shall be protected against loss, damage, or breach of confidentiality;

(B) after five years such records may be destroyed by shredding or burning; and,

(C) the policy shall specify under what circumstances a record is to be closed.

**(i) Medical services and medication**

(1) Each program shall ensure that each person admitted to the program shall have a complete medical history and physical examination.

(2) Each program shall have and utilize a written policy and procedure for administering, storing and self administration of all medications. All medications shall be marked, regularly inventoried and stored in a locked cabinet.

(3) Each program shall have a fully equipped first aid kit on the premises at all times the program is in operation.

(4) When a service recipient is referred from another program and there is no break in the treatment regimen, a physical examination as required by subsection (1) above need not be repeated by the program accepting the referral. A record of the physical examination from the referring program shall be included in the intake information recorded in the service recipient's record.

**(j) Staffing**

At least one paid member of the program's staff shall be on duty during the night.

**(k) Meals**

Each program shall provide at least three nutritionally balanced meals for each service recipient each day.

(Effective September 20, 1984)

**Sec. 17-226d-9. Shelters**

**(a) Screening**

(1) Each program shall have and utilize a written screening procedure which shall include, but need not be limited to:

(A) a process whereby all persons entering the program are screened for obvious signs of illness or injury and those exhibiting such signs are referred to a medical facility;

(B) a requirement that all persons entering the program shall surrender any weapons, alcoholic beverages and drugs in their possession;

(C) all screening for entrance to a program with sleeping accommodations shall be conducted during regularly scheduled hours;

(D) information including but not necessarily limited to the following shall be obtained from each person entering the program:

(i) Shelters shall obtain information on each service recipient's age, race and sex; and,

(ii) Shelters shall also keep a record of all referrals made or accepted by the program.

Such information shall be submitted quarterly to the Commission in the time, manner and form required by the Commission.

(E) all persons entering the program shall be informed of program rules and procedures and the possible consequences of infractions of such rules.

(2) No person shall be permitted to enter the program's facilities who has not been screened in accordance with the program's screening procedure.

**(b) Referrals**

(1) Each program shall maintain a list of referral sources and resources which is periodically updated.

(2) Each program shall have and utilize a procedure for referring to an appropriate facility any person who expresses an interest in obtaining treatment for alcohol or drug abuse and shall have available current information on self-help groups for substance abusers.

(3) Each program shall have a written procedure for accepting into the program any person who has been initially refused admittance because of illness or injury and referred to a medical facility as required by subsection (a) (1) (A) of this regulation. Such procedure shall include, but need not be limited to:

(A) a requirement that the person have a written medical clearance before the person may be permitted to enter the program;

(B) medical clearances shall be recorded by the program in a log as required by section (c) of this regulation.

**(c) Logs**

Each program shall maintain a written log which shall include, but need not be limited to:

(1) a record of all significant events which occur during the program's daily operations;

(2) a record of the names of any persons permanently or temporarily denied access to the program's facilities and the reasons for the denial of access; and,

(3) a copy of all medical clearances received pursuant to the requirements of subsection (b) (3) of this regulation.

**(d) Provision of medical services**

(1) Each program shall have and utilize a written policy and procedure for storing and self-administration of all medications which shall include a provision that all medication be marked and stored in a locked cabinet.

(2) Each program shall have a fully equipped first aid kit on the premises at all times the program is in operation.

**(e) Program schedule**

Each program shall have and utilize a written procedure for the provision of program services which includes a schedule of standard times for:

(1) screening persons for admission;

(2) serving meals, if meals are offered by the program;

(3) bathing or showering, in programs with sleeping accommodations; and,

(4) lights out, if the program provides sleeping accommodations.

**(f) Staffing**

(1) Each program shall have and utilize written policies and procedures for training program staff which shall include, but need not be limited to:

(A) training in knowledge of, and sensitivity to, the problems of substance abuse and addiction; and,

(B) training in first aid and cardiopulmonary resuscitation.

(2) Each program shall have at least the following minimum staffing:

(A) one paid staff member on duty at all times the program is in operation, all other positions may be filled by trained volunteers;

(B) one paid staff member on duty overnight for each 25 service recipients for programs which provide sleeping accommodations; and

(C) two paid staff members on duty during screening and mealtimes in programs with sleeping accommodations;

(g) **Security**

Each shelter offering sleeping accommodations shall have a policy and procedures dealing with security. Such policy and procedures shall include but need not be limited to:

(1) provisions for ensuring persons entering the program do not have access to weapons, alcoholic beverages or drugs while at the program's facilities;

(2) provisions for the protection of service recipients and staff during the screening process; and

(3) provisions for the protection of service recipients and their property while they are sleeping.

(Effective September 20, 1984)

### **Sec. 17-226d-10. Employee assistance, community awareness, prevention and intervention programs**

(a) **Employee assistance programs**

(1) Each Employee Assistance program shall at a minimum have and utilize the following written materials:

(A) A detailed written description of all services which the program is able to provide to local business and industry in the geographical area served by the program.

(B) A written fee structure for all services which the program offers.

(C) A written sample contract for the program's services.

(D) A written description of the program's marketing strategy which identifies specific program objectives and describes how the program will meet these objectives.

(E) A written plan for record keeping and program evaluation which at a minimum measures the achievement of program objectives.

(2) Each Employee Assistance program shall document the services it provides through:

(A) Written summaries of its marketing activities which indicate how the activities relate to its marketing strategy;

(B) Copies of all contracts which the program has executed with business and industry; and,

(C) A written outline of the training sessions conducted with managers and supervisors employed by businesses and industries which have contracted for the program's services.

(b) **Community awareness programs**

(1) Each Community Awareness program shall be composed of three component services:

(A) Public Information Services through such activities as health fairs, distribution of informational pamphlets, film or book-lending libraries, public service announcements and speaker's bureaus; by which the program shall attempt to increase community awareness of a broad range of issues related to substance abuse.

(B) Educational Services through formal, structured presentations during which the program shall attempt to impart specific knowledge related to substance abuse to an identified target audience; and,

(C) Referral Services through which the program shall provide assistance in locating appropriate services for persons with service needs related to substance abuse;

(2) Each Community Awareness program shall prepare a written annual plan which shall include a description of the program and of the specific activities it intends to engage in, the staff who will participate in such activities and the relationship of each activity to the program's goals and objectives.

(3) Each Community Awareness program shall document the services it provides through the following means:

(A) Written summaries of any activities undertaken by the program including copies of any printed material, press releases and such other material as may demonstrate the nature and scope of services.

(B) Written description of any educational presentations made by program staff including the date on which the presentation was made, the place where it was made, the audience to which it was directed, an estimate of the number of participants and a brief summary of the content of the presentation.

(C) A log of all referrals made by the program.

(c) **Prevention**

(1) Each Prevention program shall prepare a written annual plan which shall include:

(A) a description of the program's goals and objectives.

(B) a description of the target population the program intends to serve.

(C) a description of the activities the program intends to engage in and their relationship to the program's goals and objectives.

(D) a list of the staff and a description of the tasks they will fulfill.

(E) a description of the procedures the program will use for evaluating its activities.

(2) Each Prevention program shall have a written policy and procedure for referrals of service recipients as part of a comprehensive continuum of care. Such policy shall include maintaining a list of referral sources which is periodically updated.

(3) Each Prevention program shall document the services it provides in each of the following ways which is compatible with the services it offers:

(A) written material used for recruitment of service recipients,

(B) written summaries of demographic data if such data is obtained from persons who have received program services,

(C) copies of curricula or training materials used by the program,

(D) pre and post course test results or service recipient evaluations of training sessions given by the program,

(E) summaries of training or educational activities, and

(F) training or educational activity schedules, and attendance lists if such lists are customarily obtained during such activities.

(d) **Intervention programs**

(1) Each Intervention Program shall prepare a written annual plan which shall include:

- (A) a description of the program's goals and objectives,
  - (B) a description of the activities the program intends to engage in and their relationship to the program's goals and objectives,
  - (C) a list of the staff and a description of the tasks they will fulfill, and
  - (D) a description of the procedures the program will use for evaluating its activities.
- (2) Each Intervention program shall have written criteria and procedures for recruitment and screening of service recipients. Such criteria shall include:
- (A) a description of the target population from which the program will attempt to recruit service recipients,
  - (B) a description of how the program will attempt to recruit such persons,
  - (C) samples of any materials used by the program in its recruitment efforts, and
  - (D) a written selection procedure which shall include a description of the criteria used to screen and select individuals who will most closely match the program's goals.
- (3) Referrals
- (A) Each Intervention program shall have and utilize a written policy and procedure for referrals of service recipients as part of a comprehensive continuum of care. Such policy shall include, but need not be limited to:
- (i) A description of the circumstances or conditions under which a referral shall be made.
  - (ii) A description of the circumstances and conditions under which members of a service recipient's immediate family may be referred to other organizations or service providers.
  - (iii) A procedure by which persons inappropriate for the services of an intervention program are referred to other services which can better meet their service needs.
- (B) Each Intervention program shall maintain a list of referral sources and resources which is periodically updated.
- (C) Each Intervention program shall maintain a written log of all referrals made by the program.
- (4) Each Intervention program shall document the services it provides through one or more of the following ways which is compatible with services it offers:
- (A) Written material used for recruitment or selection of service recipients;
  - (B) Written summaries or demographic data obtained from persons who have received program services;
  - (C) The program's log of referrals;
  - (D) A record shall be kept for each service recipient who receives short-term counseling or crisis intervention. Such record shall include but need not be limited to:
    - (i) demographic information including but not necessarily limited to: name, home address, telephone number, date of birth, sex, race/ethnicity, marital and family status, employment status, employer and education;
    - (ii) a description of the immediate problem which resulted in the Intervention services being sought;
    - (iii) a counselor's assessment of the service recipient's needs;
    - (iv) a summary of counseling sessions and the dates on which they occurred;
    - (v) the date on which the service recipient's relationship with the program ended and the resolution of the immediate problem which required the short-term counseling; and,
    - (vi) a confidentiality form signed by the service recipient and a release of information form signed by the service recipient if information concerning the service recipient was released by the program.

(E) Summaries of hotline activities including a log of calls received by the program.

(5) Each person who receives services from an Intervention program shall receive a brief orientation to the program in accordance with a written orientation policy and procedure.

The orientation shall include but need not be limited to explaining in language understandable to the service recipient:

(A) The program's approach to services, goals and objectives;

(B) The services offered by the program and through referral by other service providers;

(C) The program's hours of operation;

(D) The fee policy, fee schedule and the fact that no person shall be denied services because of his inability to pay for such services;

(E) The program's expectations of the service recipient;

(F) The protections and restrictions which derive from state and federal confidentiality requirements; and,

(G) The program's rules and procedures and the consequences of infractions of such rules.

(6) Each Intervention program shall have and utilize a written policy and procedure for obtaining an assessment and history of all persons who receive counseling from the program to determine whether the service recipient meets the program's criteria for such counseling service.

(7) Each service recipient who receives more than two sessions of counseling is deemed to be receiving treatment and the awardee must comply with the requirements of Section 17-226d-6 in providing such services.

(Effective September 20, 1984)

### **Sec. 17-226d-11. Service recipient's rights**

All service recipients receiving alcohol or drug abuse-related services from any program funded by the Commission shall be accorded the following minimum rights by such programs in addition to any other rights they might have under state or federal law or regulations.

#### **(a) Notice of rights and requirements**

(1) The program shall notify all service recipients to whom it provides services of all rights, responsibilities and program rules relating to the service recipient's participation in the program, including but not necessarily limited to those rights listed in this section, and the service recipient's right to have all records, correspondence and conversations relating to his treatment kept confidential. The program shall also notify all service recipients of changes in program rules as they occur.

#### **(b) Voluntary participation**

(1) Programs shall not use coercion or force to induce any person to enter, accept or remain in treatment, except that programs may accept for treatment any person who is brought to, transferred to, or committed to, the program under the authority of any Connecticut statute, including but not limited to those statutes authorizing protective custody, emergency treatment or involuntary commitment of alcoholics, involuntary commitment of drug addicts and the treatment for alcohol or drug abuse of persons in the custody of the Commissioner of Corrections.

(2) Persons admitted to a program shall not be forced to accept or participate in any type of treatment or counseling against the person's will, however a program may refuse to continue serving any person who refuses to participate or accept treatment.

(3) At the request of the service recipient or any member of the service recipient's immediate family, the full range of alternative treatments shall be described and programs or individuals identified, who can supply those alternatives which the admitting program does not offer.

**(c) Informed consent**

(1) The risks, side effects and potential benefits of all treatment offered to the service recipient and the various steps and activities involved in the treatment process shall be explained to the service recipient.

(2) Service recipients shall, if physically and mentally able to do so, give written consent before any treatment is begun. When such consent cannot be given because of the service recipient's physical or mental state, a written explanation for the lack of written consent shall be placed in the service recipient's records.

(3) If a program serves a target population whose primary language is not English, any required material shall be written in the target population's language of literacy.

(4) Whenever a program admits a service recipient who is illiterate, all required written materials shall be explained to the service recipient and a notation shall be placed in the service recipient's file explaining exactly how the required information was given to the service recipient, when and by whom.

(5) The risks, benefits and nature of any innovative, experimental, unusual or hazardous treatment or medication shall be fully explained to the service recipient, and the service recipient's written consent to the treatment obtained, before any such treatment is begun.

**(d) Physical restraint policy**

(1) A medical detoxification program may use physical restraint against a service recipient only to prevent the service recipient from harming himself or others, only after all other alternatives have been exhausted and only in accordance with a written policy for the use of physical restraint which shall include requirements for frequent observations by staff of any person in physical restraint and a written record of each such observation. No other type of program may utilize physical restraint.

(2) Before physical restraint may be used on any service recipient the medical director must give written authorization. Such written authorization, and an explanation of the reasons such restraint was necessary, shall be recorded in the service recipient's record.

(3) Physical restraint shall be discontinued as soon as it is determined by the medical director that the service recipient is no longer an immediate danger to himself or others.

**(e) Use of service recipient labor**

Programs which utilize the labor of service recipients shall ensure that all such labor shall be performed voluntarily in safe working conditions. Programs shall compensate service recipients at the prevailing wage rate for the work performed or shall obtain a written waiver from the service recipient which states the reasons why the work is being performed without compensation.

**(f) Visitors, mail and telephone policies**

(1) Residential treatment programs shall permit service recipients to receive visitors, make and receive telephone calls and send and receive mail at reasonable times and subject to reasonable program rules and regulations. Such program rules and regulations shall be in writing and shall be explained to all service recipients upon admission to the program.

(2) The program shall designate specific areas as places where service recipients shall meet with visitors. All visitors shall be informed of the programs rules relating to their conduct during visits.

(3) The program shall inform service recipients in advance when visitors are expected and all visits shall be conducted so as to cause minimal interruption of normal activities.

(4) When visitors or telephone or mail communications are contraindicated by the service recipient's condition, the service recipient's record shall indicate the reasons for the restrictions and that an explanation of the restrictions has been given to the service recipient.

(g) **Involuntary discharge**

(1) Each treatment program shall have a written involuntary discharge policy which shall include a requirement that all service recipients shall be informed upon admission of program rules and regulations, violation of which is grounds for involuntary discharge from the program, and shall sign a statement indicating that the service recipient understands the rules. Such statements shall be maintained in each service recipient's record.

(2) When a program has decided to discharge a service recipient for cause, a written statement from the program shall be mailed to the service recipient's home address or hand delivered. The notice shall contain detailed information justifying the discharge and informing the service recipient of his right to request a review of the discharge.

(3) If a service recipient who has been involuntarily discharged from a program requests a review within the time allowed by the program for such request, the program will provide such review. At a minimum the review shall include:

(A) An opportunity for the service recipient to meet with a person or persons designated by the awardee to present his reasons why the decision to discharge him should be reversed.

(B) The person or persons with whom the service recipient meets shall have the authority to reverse the decision to discharge and to reinstate the service recipient in the program.

(4) A timely request for a review by the service recipient shall have the effect of staying the discharge until after the reviewer makes a decision, except that a discharge shall become effective immediately if the reasons for the discharge include physical violence or the threat of physical violence when there is reason to believe such threat indicates a genuine possibility of actual physical violence directed against another service recipient or a program staff member.

(Effective September 20, 1984)