

**STANDARDS FOR
LICENSURE/CERTIFICATION OF
ALCOHOL AND/OR OTHER DRUG
ABUSE TREATMENT PROGRAMS**

State Of Kansas
Department of Social and Rehabilitation Services
Division of Health Care Policy
November 1, 2006

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Statutory Authority

These standards identify expectations and guidelines for the development and operation of substance abuse treatment programs licensed/certified by The State of Kansas, Department of Social and Rehabilitation Services, Division of Health Care Policy. These standards are authorized by K.S.A. 39-708c, 65-4016, and 65-4607.

These Alcohol and Drug Program Licensing Standards replace the Licensure/Certification of Alcohol and/or Other Drug Abuse Treatment Programs adopted August 1, 1993.

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SECTION 1. GENERAL

R03-101. Definitions

The following words and phrases, when used in these standards, manuals, or handbooks of The Department of Social and Rehabilitation Services shall have the meanings respectively ascribed to them in this article:

- (1) **Abuse--**
 - a. The intentional infliction of physical harm or allowing another individual to inflict physical harm,
 - b. Causing injury or impairment by negligent acts or omissions,
 - c. Unreasonable or unlawful confinement,
 - d. A pattern of ridiculing or demeaning, making derogatory remarks to, verbally harassing, or threatening to inflict physical harm,
 - e. The perpetration of or allowing another to perpetrate sexual misconduct, assault, molestation, or incest,
 - f. The commercial exploitation or prostitution of a child, or
 - g. The inappropriate or illegal use of pharmacological substances.
- (2) **Administer--**To give or apply a measured amount of medication to a client. Only Licensed medical staff may administer medication.
- (3) **Admission--**The specific tasks necessary to admit a person to a substance abuse treatment service, such as completion of admission forms, notification of client rights and confidentiality regulations, explanation of the general nature and goals of the service, explanation of fees, and review of policies and procedures.
- (4) **Adolescent--**An individual 17 years of age or younger.
- (5) **Adult--**An individual 18 years of age or older.
- (6) **AIDS--**The Acquired Immune Deficiency Syndrome.
- (7) **Ancillary services--**The activities or care that is not specifically substance abuse treatment services but are necessary to ensure a client's health, safety, and welfare, such as food, housing, or transportation.
- (8) **Annual--**Once every 12 months.
- (9) **Client--**A consumer of alcohol and other drug services provided by a licensee.
- (10) **CEU--**Continuing education unit.
- (11) **Controlled substance--**A pharmaceutical compound that is regulated according to the Federal Controlled Substance Act.

- (12) **Counseling**--The therapeutic interaction between a client, clients, or a client's family and a counselor intended to improve, eliminate, or manage one or more of a client's alcohol and other drug abuse issues which may include but are not limited to:
 - a. Individual counseling provided to a client,
 - b. Group counseling provided to more than one client or family, or
 - c. Family counseling provided to a client and/or family members.
- (13) **Crisis intervention**--A therapeutic interaction between a client and a staff member designed to ensure client safety or assist the client in resolving urgent problems.
- (14) **CSAT**--The Center for Substance Abuse Treatment.
- (15) **DEA**--The Federal Drug Enforcement Agency.
- (16) **Discharge Plan**--The process of identifying, documenting, and coordinating services and resources needed to support the client's recovery upon completion of treatment services.
- (17) **Discharge Summary**--The documentation and analysis of the client's progress in treatment including progress with identified treatment plan goals.
- (18) **Dispense**--The distribution of medication by an individual with appropriate licensure.
- (19) **Dosage**--The amount, frequency, and number of doses of medication for an individual.
- (20) **Employee**--An individual holding a paid position employed by or under contract with a licensee.
- (21) **Governing authority**--An individual or a controlling body that has the ultimate authority and responsibility for management of an agency.
- (22) **HIPAA**--The Health Information Portability and Accountability Act of 1996 and federal regulations adopted there under.
- (23) **HIV**--The Human Immunodeficiency Virus.
- (24) **Intern**--An individual who is enrolled in an academic program of a college or university and who provides counseling services at an agency as part of the academic program's requirements.
- (25) **Licensee**--An individual, agency, or entity authorized by the Secretary of SRS to operate an alcohol or drug abuse treatment program.
- (26) **May**--A statement or standard that defines an acceptable method that is recognized but not necessarily required.
- (27) **Medical**--The services pertaining to care that are performed at the direction of

physicians, dentists, nurses and other medical professionals on behalf of the client.

- (28) **Medical professional**--A physician, physician assistant or nurse.
- (29) **Modality**--A category of treatment services.
- (30) **Nurse**--An individual licensed as a registered professional nurse or licensed practical nurse according to K.S.A. 65-1113 and amendments thereto.
- (31) **Physical examination**--The evaluation and diagnosis of the physical status and medical needs of the client by a licensed medical professional.
- (32) **Premises**--A licensed facility where substance abuse services are provided and the facility's contiguous grounds
- (33) **Program philosophy**--The theoretical values of a treatment approach.
- (34) **Program Sponsor**--An individual named in the agency application to CSAT as responsible for the operation for the opioid treatment program and who assumes responsibility for all it's employees including it's practitioners, agents, or other persons providing medical, rehabilitative, or counseling services at the program or any of it's medication units.
- (35) **Proprietor**--An unincorporated business owned by a single individual.
- (36) **Qualified staff**--An individual whose education, experience, and training has been evaluated and approved by Kansas Department of Social and Rehabilitation Services to provide the scope of practice afforded to an alcohol and drug credentialed counselor, counselor in training, or counselor assistant, as defined in R03-302, working in licensed/certified alcohol and drug treatment programs.
- (37) **Residential Program**--A live-in alcohol/drug treatment program that operates 24 hours a day (e.g. intermediate, reintegration, therapeutic community, social detoxification services, inpatient, acute detoxification.)
- (38) **SAMHSA**--The Substance Abuse and Mental Health Services Administration.
- (39) **Screening**--A process or set of questions used to determine whether an individual meets the criteria for further assessments.
- (40) **Self-administration of medication**--Aid provided to a client in:
 - a. Storing the client's medication,
 - b. Reminding the client to take a medication,
 - c. Verifying that the medication is taken as directed by the client's medical professional by:
 - i. Confirming that a medication is being taken by the client for whom it is

- prescribed,
 - ii. Checking the dosage against the label on the container, and
 - iii. Confirming that the client is taking the medication as directed,
 - d. Opening a medication container, or
 - e. Observing the client while the client removes the medication from the container or takes the medication.
- (41) **Shall**--A statement or standard that is to be followed and is a non-negotiable segment of the standard in which it is used.
- (42) **Should**--A statement or standard that is a preferred practice or procedure, and allows the use of effective alternatives.
- (43) **Signature**--A handwritten or electronic production that affirms an individual's review of a document.
- (44) **SRS**--Kansas Department of Social and Rehabilitation Services.
- (45) **STI**--A sexually transmitted infection.
- (46) **Substance abuse educational services**--A face-to-face didactic group that provides information to clients or family members regarding alcohol and drug abuse and related problems.
- (47) **Substance abuse services**--The array of services provided to an individual experiencing substance abuse problems which may include but is not limited to assessment, education, counseling and discharge planning.
- (48) **Treatment plan**--A written description of the ongoing process and specific treatment services that addresses the client's individual needs identified in the initial assessment and includes agreed-upon goals and the resources to be utilized.
- (49) **Treatment program**--Any entity which provides specialized services to individuals experiencing problems with alcohol and drugs through the provision of substance abuse services.
- (50) **Volunteer**--An individual who provides service or assistance to an agency or organization without compensation.
- (51) **Week**--Seven consecutive days.

SECTION 2. PROGRAM MANAGEMENT

R03-201. Governing Authority

- A. If the governing authority is:
1. A public organization, it shall describe the administrative framework within which it operates, or
 2. A private, non-governmental organization, it shall provide written documentation of source of authority through charter, constitution, or bylaws, or
 3. A sole proprietor, the individual shall describe the administrative framework within which the program operates.
- B. The governing authority shall:
1. Exercise general direction over the operation of the program,
 2. Develop, implement and comply with policies and procedures for planning, budgeting, and managing resources of the licensee's operations,
 3. Maintain written governing board minutes documenting this activity,
 4. Appoint an executive director, whose qualifications, authority, and duties are defined in writing and are available within the Human resource policy and procedure manual, and the Executive director's personnel record. The executive director's duties and authority shall include:
 - a. Authority and responsibility to operate the program according to the requirement in the standards,
 - b. Access to all areas of the program and premises,
 - c. Appointing a designee, in writing, to act as the executive director when the executive director is not on the premises, and
 5. Ensure the licensee maintains current malpractice and liability insurance.
- C. The governing authority, executive director, or designee shall:
1. Provide operating procedures that describe the:
 - a. Hours of operation and
 - b. Program philosophy including the provision of substance abuse services as the focus of treatment efforts,
 2. Establish and maintain a current organizational chart with lines of authority inclusive of direct service staff,
 3. Develop, implement, and comply with operational policies and procedures,
 4. Annually review and update the process for assuring quality service and promoting continuous quality improvement, and
 5. Make operational procedures available to all staff.

R03-202. Human Resources

- A. A licensee shall:
1. Develop, implement, and comply with written personnel policies and procedures that:
 - a. Comply with federal and state personnel regulations including the Title VI Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Americans with Disabilities Act of 1990, Health Information Portability and Accountability Act of 1996, and the Federal Regulations on

Confidentiality of Alcohol and Drug Abuse Client Records, 42 CFR, Part 2,

- b. Address the following:
 - i. Recruitment, selection, and credentialing of employees, volunteers, interns and students,
 - ii. Determination of the status of volunteers, students, and other non-paid personnel in relation to employment personnel practices,
 - iii. Wage and salary guidelines,
 - iv. Employee benefits including vacation and sick leave,
 - v. Promotions,
 - vi. Working hours,
 - vii. Regulations of conduct including procedures for addressing employees suspected of abusing alcohol or other drugs with dispensation and outcomes identified,
 - viii. Standards for ethical practices of employees,
 - ix. Written annual employee performance appraisal or more frequently, if indicated, with evidence that the employee has reviewed and been given the opportunity to respond,
 - x. Disciplinary actions of employees, including termination,
 - xi. Employee accidents and safety issues,
 - xii. Infection control,
 - xiii. Employee grievance process,
 - xiv. Maintenance of a "Drug-Free Workplace" environment,
 - xv. Confidentiality of personnel records delineating the authorized personnel who have access to specific areas of personnel information, and
 - xvi. Prohibition of harassment.
- 2. Provide a written description of the agencies Employee Assistance Program.

B. A licensee shall develop, implement, and comply with written position descriptions that:

- 1. Reflect the individual's current performance requirements and duties which include:
 - a. Position title,
 - b. Tasks and responsibilities of the position,
 - c. Required skills, knowledge, training, education and experience,
 - d. Lines of authority, and
 - e. Supervision.
- 2. Are reviewed, signed, and dated by the employee:
 - a. At the time of initial employment, or
 - b. Within 30 days of a revision to the position description to include the effective date of the revision, or
 - c. At the time of a change in position or promotional status, and
 - d. Are maintained in the personnel record of each employee.

C. A licensee shall maintain a personnel record for each employee that contains:

- 1. An employment application,
- 2. Starting date of employment and, if applicable, the ending date,
- 2. Criminal and abuse or neglect background checks, if applicable,
- 3. Completion of employee orientation including employee review of federal and state confidentiality laws and regulations and agency or program policies and

- procedures, and
4. A current position description, and
 5. An annual written performance appraisal for each full-time and part-time employee that contains:
 - a. The name, dated signature, and professional credential or job title of the staff member receiving the performance appraisal,
 - b. The name and title of the individual conducting the performance appraisal,
 - c. Any disciplinary actions taken, and
 6. A written authorization permitting the employee to return to work for a diagnosis described in subsection R03-202 (E) (2) that is maintained within a confidential or medical section of the personnel file.
- D. A licensee shall maintain a personnel record for each staff member that contains:
1. Documentation that verifies the staff member's:
 - a. Education and training,
 - b. Job experience,
 - c. Professional license, registration, certification and/or counselor credential,
 - d. Completion of training or education required for the position or plan to obtain professional credential.
- E. An agency that utilizes students, interns and/or volunteers shall provide information on federal and state confidentiality laws and regulations to these individuals and maintain documentation that the information was provided.
- F. A residential treatment program shall ensure that:
1. Within 30 days of employment and annually thereafter, an employee submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:
 - a. A written report of a negative Mantoux skin test result which was administered within six months before the report is submitted, or
 - b. If the employee has had a positive skin test for tuberculosis, a written statement from a medical professional dated within six months before the statement is submitted indicating that the employee is free from infectious pulmonary tuberculosis, or
 - c. If the medical professional determines infection is present, the employee is referred to appropriate services for treatment.
 2. If an employee has been diagnosed with pulmonary tuberculosis, the employee must provide written authorization from a medical professional that indicates the staff member or employee is permitted to return to work and that documentation is maintained according to R03-202(C)(5).
- G. A licensee shall ensure that personnel record documentation required in R03-202(C) and (F) is maintained:
1. Throughout an individual's period of employment, and
 2. For two years after the termination date of the individual's employment.

R03-203. Program Structure

- A. The executive director, program director, or designee shall:
1. Be responsible for the organization and the administrative and clinical management of the treatment program, and

2. Ensure compliance with applicable federal, state, and local regulations.
- B. The executive director, program director, or designee shall:
1. For each service the treatment program is licensed to provide have available at the program for public review, a current written program description,
 2. Notify the Department of Social and Rehabilitation Services if the executive director, program director, or designee changes and provide to SRS, in writing, the new individual's name and qualifications within 30 days after the effective date of the change,
 3. Develop, implement, and comply with a written staffing plan to ensure there is sufficient staff to provide services to address the:
 - a. Scheduled needs of the clients, such as, client-to-staff ratio as stipulated in Section 7, and
 - b. Unscheduled circumstances such as staff illness, unexpected client needs, holidays, and other emergencies,
 4. Make reasonable modifications in their policies, practices, and procedures to avoid discrimination on the basis of disability as defined in the American Disability Act of 1990,
 5. Develop, implement, and comply with a policy for insuring the ethical management of client funds for individuals served in residential treatment.
- C. The executive director, program director or designee shall:
1. Review, approve, and, if necessary, update policies and procedures on an annual basis as indicated by a dated signature, a record of which is maintained on the premises or at the administrative offices,
 2. When a policy or procedure is approved or updated, ensure each staff member whose duties are affected by the policy and procedure reviews the policy and procedure within 30 days after the policy and procedure is approved or updated,
 3. Ensure a licensee provides or contracts for crisis intervention services and utilizes the services as needed, and
 4. Ensure that all current records, reports, or documents required to be maintained by these standards or federal, state or local law is provided to the Department of Social and Rehabilitation Services upon request, such as, annual fire drills or Qualified Service Organization Agreement for ancillary services.
- D. An executive director, program director or designee shall develop, implement, and comply with policies and procedures that ensure that programs are in compliance with all licensing standards and regulations.
- E. The executive director, program director, or designee shall ensure the following documents are maintained by programs and are available to program staff and the Department of Social and Rehabilitation Services:
1. A resource directory or a list of referral sources for ancillary services for:
 - a. Medical, psychological, psychiatric, laboratory, and toxicology services that are a more intensive modality of treatment, or
 - b. Ancillary service according to the severity and urgency of the client's condition,
 2. The licensee's organizational chart showing all staff member positions and the lines of supervision, authority, and accountability,
 3. A list of the names of current clients,

4. Reports of incidents required to be reported under R03-401,
 5. Fire inspection reports, if applicable,
 6. Documentation of fire and tornado drills required by R03-502(D),
 7. Food establishment inspection reports, if applicable,
 8. Proof of liability insurance,
 9. The program policy and procedure manual,
 10. The most recent licensing visit report prepared by Kansas Department of Social and Rehabilitation Services,
 11. Each approved plan of correction with the Kansas Department of Social and Rehabilitation Services shall be retained for five years immediately following the approval date, and
 12. The Department of Social and Rehabilitation Services, Standards for Licensure/Certification of Alcohol and/or Other Drug Abuse Treatment Programs.
- F. A licensee shall develop and maintain policies:
1. Regarding the hiring of current and former clients, and
 2. That ensure labor performed for a licensee by current and former clients is consistent with applicable state and federal law.
- G. The Licensee shall develop and implement written client grievance procedure to ensure prompt, impartial review of any alleged or apparent incident, a violation of rights or confidentiality.
1. The procedure shall include but not be limited to the following:
 - a. Completion of the review within 30 calendar days.
 - b. Appeal process including the address and phone number of the Department of Social and Rehabilitation Services which shall be conspicuously posted in the facility.
 2. The licensee shall cooperate with the Department of Social and Rehabilitation Services in completion of any inquiries related to client rights conducted by SRS staff.
 3. The licensee shall ensure that no client or agency personnel who has submitted a complaint or has participated in the investigation will be discharged or discriminated against in any way.
- H. The Licensee shall ensure that the current license or certificate to provide substance abuse services is conspicuously posted in the facility.
- I. A licensee shall submit client and program oriented data (i.e. non-confidential data regarding client admissions, client characteristics, utilization, program operations, etc.) to the Department of Social and Rehabilitation Services as requested.
- J. A licensee shall ensure that research or treatment that is not a professionally recognized treatment is approved by a Research, Experimentation, and Clinical Trials Committee before a staff member, client, or client record is involved in the research or treatment. A licensee may establish and implement a Research, Experimentation, and Clinical Trials Committee or may use a Research, Experimentation, and Clinical Trials Committee established and implemented by the Department of Social and Rehabilitation Services or a state university. A Research, Experimentation, and Clinical Trials Committee established and implemented by a licensee shall:
1. Establish criteria for the approval or disapproval of research or treatment,

2. Protect, during each phase of research or treatment:
 - a. Client rights,
 - b. Client health, safety, and welfare,
 - c. Client privacy,
 - d. The confidentiality of client records and information, and
 - e. Client anonymity,
3. Ensure that oversight is provided by a medical professional, if research or treatment may impact a client's health or safety,
4. Inform a client of:
 - a. The purpose, design, scope, and goals of the research or treatment,
 - b. The full extent of the client's role in the research or treatment,
 - c. Any risks to the client involved in the research or treatment, and
 - d. The client's right to privacy, confidentiality, and voluntary participation,
5. Obtain documentation of a client's informed consent, completed as required by R03-602, before allowing a client to participate in research or treatment, and
6. Review research or treatment requests and approve or deny requests.

SECTION 3. CLINICAL PROGRAM STAFFING

R03-301. Requirements and Records

- A. A licensee shall maintain personnel files for each qualified staff to include documentation that verifies the individual:
1. Is at least 18 years of age,
 2. Maintains a current Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor certificate by completing:
 - a. 40 CEUs of approved content, as stipulated in the Continuing Education Guidelines for Kansas SRS Credentialed Alcohol and other Drug Abuse Counselors, per 2 year renewal cycle of which 6 CEUs include:
 - 1) Two hours in ethics, and
 - 2) Two hours in confidentiality to include 42 CFR, Part 2, and,
 - 3) Two hours in infectious disease to include basic HIV, AIDS, Tuberculosis, Hepatitis, and STI's prevention and facts, or
 - b. CEU requirements as stipulated in the individual's qualifying license or credential, as listed in R03-302 (A)(1) and (D)(1-3), and
 - c. Review with the counselor's dated signature of the Kansas SRS Alcohol and other Drug Abuse Counselor Code of Ethics and
 - d. Completion of a basic information form as provided by the Department of Social and Rehabilitation Services for the purpose of data collection on those working in licensed substance abuse treatment centers.
- B. A licensee shall ensure the supervision of a counselor assistant is documented in a supervision log within 7 days after the supervisory session to include:
1. The date of the supervision,
 2. The name, signature, professional credential, and job title of staff member receiving supervision,
 3. The name, signature, professional credential, or job title of the individual providing supervision,
 4. The duration of the supervision at a ratio of no less than:
 - a. 2 hours of one-to-one monthly supervision when the counselor assistant has provided 20 hours or more of alcohol and other drug treatment services in a month, or
 - b. 1 hour of one-to-one monthly supervision when the counselor assistant provides less than 20 hours of alcohol and other drug treatment services in a month.
 5. A description of the topics that address the following:
 - a. A review of the counselor assistant's work including client assessments, treatment plans, progress notes, and discharge summaries,
 - b. Discussion pertaining to the recognition of the unique treatment needs of the clients serviced by the counselor assistant, and
 - c. An evaluation by the counselor assistant as to the relevance of the supervision toward the professional development goals of the counselor assistant,
 6. Identification of counselor assistant's progress toward identified goals, and
 7. Identification of any additional training that may enhance the counselor assistant's

skill and knowledge.

- C. The scope of practice for a Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor, Counselor Assistant, and Counselor-in-Training shall include:
1. Client screening, assessment, or evaluation and referral,
 2. Treatment plan development with client input,
 3. Case management services,
 4. Individual, group, and family counseling,
 5. Documentation of the client's treatment progress in the clinical record,
 6. Crisis intervention services,
 7. Development and submission of official written documentation of treatment progress and recommendations for court related purposes,
 8. Adherence to confidentiality requirements for client records and information,
 9. Adherence to ethical standards of conduct as stipulated in the Kansas SRS Alcohol and other Drug Abuse Counselor Code of Ethics.

R03-302. Supplemental Requirements for Individual Credentialing

- A. Individuals seeking the Kansas Department of Social and Rehabilitation Services Alcohol and other Drug Abuse Counselor Credentialing shall:
1. Be registered by the Behavioral Science Regulatory Board as an Alcohol and Other Drug Abuse Counselor according to KSA 65-6601(b), or
 2. Have an Associate's, Bachelor's, Master's or Doctorate degree from an accredited college or university, and
 3. Complete a minimum of 27 academic credit hours at a Department of Social and Rehabilitation Services approved educational institution, such as a college or university or other designated educational institution, in the following course content areas:
 - a. Addictions – 3 credit hours,
 - b. Individual counseling – 3 credit hours,
 - c. Group counseling – 3 credit hours,
 - d. Screening, assessment, treatment planning, and client records management – 3 credit hours,
 - e. Multi cultural aspects and special populations – 3 credit hours,
 - f. Ethics and confidentiality – 3 credit hours,
 - g. Pharmacology – 1 credit hour,
 - h. High risk medical issues – 1 credit hour,
 - i. Family and addictions – 2 credit hours,
 - j. Abnormal psychology, co-occurring mental, cognitive, or developmental disorders – 3 credit hours, and
 - k. Field experience utilizing the Kansas Department of Social and Rehabilitation Services approved supervision guidelines – 2 credit hours or 200 actual clock hours,
 4. Have a GPA of 2.5 or higher for the course work identified in subsection (A) (3).
- B. An applicant may be credentialed according to the Licensing Standards, Chapter 13, number 2, adopted in 1993 if the applicant:
1. Demonstrates the completion of at least 1 credit hour of a Department of Social and Rehabilitation Services approved course content identified in subsection

- (A)(3) prior to January 1, 2004, and
 2. Completes all required coursework by January 1, 2007.
- C. An individual who is currently practicing or has practiced as an alcohol and other drug abuse counselor and is licensed, certified, or credentialed by another state, territory, or country may qualify for Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor if the applicant submits documentation to include:
 1. A signed and dated letter from a previous employer on professional letterhead detailing the dates of employment, volunteer work, or internship and a description of the nature of employment,
 2. Copies of transcripts from educational institution, if applicable,
 3. Copies of degrees earned, if applicable, or
 4. Is qualified in accordance with subsection (A) (2-4) of the standards, as determined by the Department of Social and Rehabilitation Services.
- D. An individual with professional credentials that are not listed in subsection (A) may qualify as a Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor if such person submits documentation verifying:
 1. Current certification to diagnose using the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), or
 2. Current licensure at the Master's degree level with the Behavioral Sciences Regulatory Board, or
 3. A Master's or Doctorate degree in Theology or Divinity, and
 4. A passing score on a drug and alcohol counselor competency test conducted by a nationally recognized organization such as the National Association of Alcohol and Drug Abuse Counselors or the International Consortium of Reciprocity Counselors.
- E. An individual who meets the criteria in subsections (D)(1-3) and is currently employed in a licensed program may make application and be credentialed as a Counselor Assistant effective for a period of one year to comply with subsection (D)(4).
- F. An individual seeking a Kansas Department of Social and Rehabilitation Services Alcohol and other Drug Abuse Counselor Assistant Credential shall provide documentation verifying:
 1. Completion of a minimum of 6 academic credit hours in the addiction specific courses listed in subsection (A) (3),
 2. Completion of 6 CEU contact hours according to subsection R03-301 (A) (2),
 3. Enrollment in a Department of Social and Rehabilitation Services approved college or university to comply with the 27 credit hour course requirements specified in subsection (A)(3),
 4. A written supervisory plan and agreement with a Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor that consists of:
 - a. The goals and objectives of the supervision,
 - b. The means to determine and evaluate progress toward the goals,
 - c. The date the supervisory plan and agreement was entered,
 - d. The anticipated term of the agreement and schedule for an annual update,

- e. The process of termination of the agreement by either party, and
 - f. The process for the supervisory plan to be integrated into the applicant's academic course work to include the completion of a minimum of 6 credit hours per year within 4 years,
5. A letter from the Department of Social and Rehabilitation or its designee confirming the individual's status as a Counselor Assistant.
 6. An individual failing to maintain his or her Counselor Assistant credential by meeting the above requirements listed in subsection (F) may not continue to provide alcohol and other drug services as stipulated in R03-301 subsection (C).
- G. An individual completing the required 27 credit hours as identified in subsection (A)(3) may retain the Counselor Assistant credential by:
1. Submitting the required CEUs referenced in R03-301 subsections (A) (2) and (A) (4) every 2 year cycle, and
 2. Continuing to receive ongoing, documented supervision as stipulated in subsection (F) (4).
- H. A Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor shall document the concurrent review of services, reports, and client records such as evaluations, assessments, treatment plans, and discharge summaries prepared by a counselor assistant.

R03-303. Supplemental Requirements for Credentialing Application Materials and Process

- A. An individual applying for initial credentialing as a Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor, or Counselor Assistant, or Counselor-in-Training shall submit an application packet provided by SRS that includes:
1. Supporting documentation, and
 2. A transcript identifying relevant college or university course work.
- B. An individual applying for renewal of credentialing as a Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor, or Counselor Assistant, or Counselor-in-Training shall submit 30 days prior to the individual's credentialing expiration:
1. A renewal application provided by the Department of Social and Rehabilitation Services, and
 2. Documentation of required CEUs obtained during the current credentialing period, and
 3. Documentation of at least 6 credit hours of approved course work per year, if applicable.
- C. An individual applying for renewal of Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor or Counselor Assistant or Counselor-in-Training who fails to comply with subsection (B) shall be determined ineligible for credentialing.
- D. An individual who has been determined ineligible according to subsection (C) may apply for a provisional credential for a period of up to 6 months following the expiration of the

individual's last credentialed period by submitting the following documents to SRS:

1. A completed application, and
 2. A written plan to meet the CEU requirements.
- E. An individual who has a provisional credential shall complete the required CEUs prior to the expiration date of the provisional credential or the credential will be determined expired.
- F. An individual whose credential has expired for a period of at least 1 year may apply for a provisional credential by:
1. Submitting a letter that documents the lapse from credentialing requirements, and
 2. Completing all previously required coursework or CEUs as required by the Department of Social and Rehabilitation Services.
- G. An individual who has been determined to be in violation of the Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor Code of Ethics may have the credential:
1. Revoked, or
 2. Placed on provisional status.
- H. An individual who has had a credential revoked may reapply for credentialing to include the process listed in R03-303(B) and will be subject to approval of the Secretary of SRS.
- I. Any judgment rendered to an individual as the result of these standards may be appealed through due process as stipulated in K.S.A. 75-3306.

SECTION 4. QUALITY IMPROVEMENT SYSTEMS

R03-401. Incident Reports

- A. A licensee shall develop, implement, and comply with written policies and procedures that provide for a comprehensive risk management review process designed to review and evaluate clinical and administrative activities to:
1. Identify incidents that present a risk of harm to consumers, staff, and other individuals, including the public at large listed in section (B), and
 2. Determine actions that might reduce the risk specified in (A) (1).
- B. A comprehensive risk management review shall include, at a minimum, the following incidents:
1. Death involving a client while on the licensed premises who is currently receiving services from the licensee,
 2. Acts or omissions that do not meet the professions standards of care and ethics,
 3. Allegations of abuse, neglect, or exploitation of a client by a staff member or another client, and
 4. Damage to the facility that causes an interruption in the delivery of services.
- C. A licensee shall report the following incidents by telephone, facsimile, mail, or hand delivery to the Department of Social and Rehabilitation Services within 72 hours from the date of the incident:
1. Death involving a client while on the licensed premises who is currently receiving services from the licensee,
 2. Charges of abuse, neglect, or exploitation of a client by a staff member or another client.
- D. Incident reports specified in section (C) shall include the following data:
1. Name and license number of the licensee,
 2. Identification of the nature of an incident,
 3. A description of the incident including the events leading up to it, and
 4. The date and time of the event, and
 5. The first name and first initial of the last name of the clients involved.
- E. A written report of the final disposition of the incident shall be submitted to the Department of Social and Rehabilitation Services within 30 calendar days of the incident.

R03-402. Quality Improvement Plan

- A. A licensee shall develop, implement, and comply with a quality improvement plan designed to:
1. Assess,
 2. Measure,
 3. Improve, if applicable, and
 4. Maintain the quality of services provided.
- B. The licensee shall develop, implement, and comply with quality improvement policies and procedures that address the:
1. Method by which the program will measure the degree of client satisfaction with

- services,
 - 2. Process by which staff will receive feedback regarding client satisfaction with services, and
 - 3. Process that:
 - a. Determines and maintains quality service, and
 - b. Promotes continuous quality improvement.
- C. The licensee shall ensure the information gathered or generated by the risk management review process is available to and utilized by the treatment program's quality improvement program.

SECTION 5. ACCESSIBILITY, ENVIRONMENT, AND TRANSPORTATION

R03-501. Accessibility

- A. A licensee shall make the following information known to the public:
 - 1. The address and location of the program,
 - 2. The office hours,
 - 3. The telephone number, including any telephone number to be used in an emergency, and
 - 4. The types of services provided by the licensee, its contractors, or any affiliated provider with which the licensee has an agreement for services.

- B. A licensee shall make available at the program, and at other licensed or certified locations, materials that:
 - 1. Describe the program and the services offered,
 - 2. Identify affiliated providers with whom the licensee has an agreement for services offered,
 - 3. List the client's rights,
 - 4. Describe the policy on fees to include refunds and adjustments,
 - 5. Describe any of the potential barriers to services including the physical environment, language or other communication, cultural, social, ethnic, and religious factors.

R03-502. Program Environment and Safety

- A. A licensee shall develop, implement and comply with written policies and procedures for the safety and protection of all individuals within the program environment that include:
 - 1. A disaster plan that addresses disaster preparedness, planning, response and recovery during any emergency that may include fire, flood, tornado, severe weather, earthquakes, medical emergencies, power failures, bomb threats, terrorist threats, acts of violence, prolonged loss of heat, light, water, chemical exposure, unusual fumes, and gas leaks,
 - 2. An emergency plan to meet the physical needs of clients, staff, and visitors in the event of disruption caused by injury, death, or arrest, 3. Designation of a staff member to ensure that disaster and emergency plans are kept up to date,
 - 4. That the Department of Social and Rehabilitation Services is notified within 24 hours or the next business day immediately following an emergency that disrupts client services for more than 48 hours, and
 - 5. An annual review and update of their internal disaster plan.

- B. A licensee shall develop policy for use of tobacco products at the facility to include the following:
 - 1. For programs providing services to adults, tobacco use is prohibited inside the facility and may be permitted outside in a designated area, and
 - 2. For programs providing services to minors, tobacco use is prohibited on the premises by minors.

- C. A licensee shall:
 - 1. Ensure compliance with federal, state and local fire and safety regulations, codes,

- and statutory requirements,
 - 2. Provide annual documentation on the program premises of the working order for fire extinguishers and smoke detectors,
 - 3. Obtain an annual fire and safety inspection conducted by the state fire marshal or local authorities,
 - 4. Maintain a copy of the fire and safety inspection report on the premises with any subsequent correspondence regarding deficiencies,
 - 5. Maintain current HIV and STI reference materials on site,
 - 6. Maintain a safe, clean environment free from rodents and insects,
 - 7. Ensure client confidentiality at all times unless disclosure is authorized by law and court order, and
 - 8. Keep refuse in covered containers.
- D. In addition to meeting the requirements for (C) (1-8) residential programs shall:
- 1. Conduct, on an annual basis, quarterly fire and tornado drills and document the:
 - a. Number of staff,
 - b. Number of clients,
 - c. Date of the drill, and
 - d. Time the drill was initiated and completed,
 - 2. Maintain fire and tornado drill documentation at the program for a period of 12 months,
 - 3. Provide areas or rooms that afford privacy and are sufficient to accommodate the treatment services and activities stated in the program description such as individual or group counseling,
 - 4. Provide adequately equipped, clean, well-maintained and ventilated client bathrooms that ensure privacy,
 - 5. Provide client sleeping quarters that include individual beds that are:
 - a. In good repair,
 - b. Free of odors,
 - c. Free of stains,
 - d. Free of infestation, and
 - e. Equipped with clean bedding, such as pillow, linens, blanket or bedspread that are in good condition,
 - 6. Dispose of medical waste in accordance with the guidelines of the Centers For Disease Control,
 - 7. Keep chemicals a minimum of 6 inches off of the floor, 48 inches away from food, and 72 inches away from heat sources such as hot water heater pilot lights,
 - 8. Keep working thermometers in refrigerators and freezers at all times, with refrigerators maintaining a temperature at or below 41 degrees Fahrenheit and frozen foods maintained in a frozen state, and
 - 9. Ensure that foods which have been removed from the original container are
 - a. Placed in a spill proof container,
 - b. Labeled,
 - c. Dated, and
 - d. Stored no less than 24 inches off of the floor, and
 - 10. Develop, implement, and comply with policies regarding animals on the premises.
- E. A licensee shall post conspicuously on the premises the following information:
- 1. Emergency evacuation routes,
 - 2. Emergency telephone numbers for the fire, police and poison control,

3. The location at the program where inspection reports are available for review, and
4. For a residential treatment programs, the days, times, and locations within the program a client may receive visitors and telephone calls.

R03-503. Dietary Services

- A. A licensee who provides residential treatment services shall develop, implement, and comply with written policies and procedures for the delivery of dietary services to meet the clients' nutritional needs that include:
 1. Preparing meals in accordance with current Kansas Department of Health and Environment, Consumer Food and Lodging regulations,
 2. Providing and documenting meals for clients with special medical or religious dietary needs, and
 3. Posting and updating menus for all meals on a monthly basis.
- B. A licensee who provides residential treatment services shall develop, implement, and comply with written policies and procedures to ensure:
 1. Food service employees and clients comply with all federal, state, and local statutes and regulations, if applicable, and
 2. A registered dietician or nutritionist conducts an annual nutritional review of program menus.

R03-504. Transportation

- A. A licensee who transports clients shall develop, implement, and comply with written policies and procedures that include responding to emergencies and ensure:
 1. Permission from a minor's parent, guardian, or designated representative is obtained prior to transport, (if applicable) or
 2. In the event of an emergency when permission cannot be obtained from the minor's parent, guardian, or designated representative, documents in the client record within 24 hours the (if applicable):
 - a. Nature of the emergency,
 - b. Date and time of attempts made to obtain permission, and
 - c. Reason the permission was unable to be obtained,
 3. A driver of any vehicle used to transport a client is required to be:
 - a. 18 years of age or older, and
 - b. In possession of a valid operator's license,
 4. The following is maintained for each vehicle owned or leased by the treatment program:
 - a. Accident and liability insurance,
 - b. Proof of insurance documentation in the vehicle and in the administrative offices,
 - c. Documentation that the vehicle receives regular maintenance inspections, and
 - d. A fire extinguisher and first aid kit.
 5. A driver carries the name and telephone number of the individual to notify at the program in case of a medical or other emergency,
 6. The number of clients to be transported in a vehicle is restricted to:
 - a. The number of safety restraints the vehicle contains, and
 - b. Age-appropriate safety restraints are utilized.

7. The driver of the vehicle is prohibited from use of tobacco products, cellular phones or mobile telephones, or eating while the vehicle is in motion,
 8. The driver is prohibited from leaving a minor, who is a client, unattended in the vehicle at any time,
 9. Vehicles used to transport clients are not identifiable as a vehicle belonging to a substance abuse treatment program,
 10. Vehicles used to transport clients are equipped with properly working air conditioning and heating units, and
 11. If a personal vehicle belonging to a staff member, volunteer, intern, or student is used to transport a client, the driver and owner of the vehicle shall provide documentation of current liability insurance.
- B. A licensee shall verify and maintain in the personnel record and transportation logs current copies of the following information for staff, interns, or volunteers who provide transportation services:
1. Driver's licenses, and
 2. Driving records, if applicable,
 3. Verification shall be conducted on an annual basis or at any time a change occurs.

SECTION 6. GENERAL PROGRAM STANDARDS

R03-601. Client Rights

- A. A licensee shall ensure at the time of admission or first appointment, the client and, if applicable, the client's parent, guardian, or designated representative receives a written copy of the client's rights to include the following rights:
1. To be treated with dignity and respect,
 2. To be free from:
 - a. Abuse,
 - b. Neglect,
 - c. Exploitation,
 - d. Restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation,
 3. To a safe, sanitary, and humane living environment that:
 - a. Provides privacy, and
 - b. Promotes dignity,
 4. To receive treatment services free of discrimination based on the client's race, religion, ethnic origin, age, disabling or a medical condition, and ability to pay for the services,
 5. To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without consent, except for:
 - a. Photographing for identification and administrative purposes, as provided by R03-602, or
 - b. Video recordings used for security purposes that are maintained only on a temporary basis,
 6. To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights,
 7. To confidential, uncensored, private communication that includes letters, telephone calls, and personal visits with:
 - a. An attorney,
 - b. Personal physician,
 - c. Clergy,
 - d. Department of Social and Rehabilitation Services Staff, or
 - e. Other individuals unless restriction of such communication is clinically indicated and is documented in the client record,
 8. To practice individual religious beliefs including the opportunity for religious worship and fellowship as outlined in program policy,
 9. To be free from coercion in engaging in or refraining from individual religious or spiritual activity, practice, or belief,
 10. To receive an individualized treatment plan that includes the following:
 - a. Client participation in the development of the plan,
 - b. Periodic review and revision of the client's written treatment plan,
 11. To refuse treatment or withdraw consent to treatment unless such treatment is ordered by a court or is necessary to save the client's life or physical health,
 12. To receive a referral to another program if the licensee is unable to provide a treatment service that the client requests or that is indicated in the client's assessment or treatment plan,
 13. To have the client's information and records kept confidential and released according to R03-602,

14. To be treated in the least restrictive environment consistent with the client's clinical condition and legal status,
15. To consent in writing, refuse to consent, or withdraw written consent to participate in research, experimentation, or a clinical trial that is not a professionally recognized treatment without affecting the services available to the client,
16. To exercise the licensee's grievance procedures,
17. To receive a response to a grievance in a timely and impartial manner,
18. To be free from retaliation for submitting a grievance to a licensee, the Department of Social and Rehabilitation Services, or another entity,
19. To receive one's own information regarding:
 - a. Medical and psychiatric conditions,
 - b. Prescribed medications including the risks, benefits, and side effects,
 - c. Whether medication compliance is a condition of treatment, and
 - d. Discharge plans for medications,
20. To obtain a copy of the client's clinical record at the client's own expense,
21. To be informed at the time of admission and before receiving treatment services, except for a treatment service provided to a client experiencing a crisis situation, of the:
 - a. Fees the client is required to pay, and
 - b. Refund policies and procedures, and
22. To receive treatment recommendations and referrals, if applicable, when the client is to be discharged or transferred.

B. A licensee shall ensure that a client receiving treatment in a residential program, in addition to the rights listed in subsection (A), has the following rights:

1. To receive visitors, and make telephone calls as established by program policy and posted conspicuously in the facility, unless:
 - a. The program director or designee determines and documents in the client record, a specific treatment purpose that justifies waiving this right, and
 - b. The client is informed of the reason the right is to be waived and the client's right to submit a grievance regarding this treatment decision,
2. To privacy in correspondence, communication, visitation, financial affairs, and personal hygiene, unless:
 - a. The program director or designee determines and documents in the client record, a specific treatment purpose that justifies waiving this right, and
 - b. The client is informed of the reason the right is to be waived and the client's right to submit a grievance regarding this treatment decision,
3. To maintain, display, and use personal belongings, including clothing according to program policy,
4. To be provided with:
 - a. Meals that meet the client's nutritional needs,
 - b. A referral to medical services to maintain the client's health, safety, or welfare, if indicated, and
 - c. Opportunities for social contact and daily social, recreational, or rehabilitative activities.

C. A licensee shall ensure that:

1. At the time of admission, the client and, if applicable, the client's parent, guardian or designated representative receives a written list and a verbal explanation of:

- a. Client rights,
 - b. Grievance policy and procedure,
 - c. Confidentiality policy, and
 - d. Treatment service fees,
2. The client and, if applicable, the client's parent, guardian, or designated representative signs and dates a document indicating the receipt of the written list and the verbal explanation required in subsection (C)(1) or documentation of a refusal to sign, and
 3. Staff provides a verbal or other appropriate explanation that may be required to assist the client in understanding the client rights.

R03-602. Confidentiality

- A. A licensee shall develop, implement, and comply with policies and procedures that ensure the confidentiality and security of client records and client-related information is maintained and address that:
 1. If maintained other than electronically, the client records and other written client-related information be stored in a locked container or area, or
 2. If maintained electronically, the client records and other written client-related information be protected from unauthorized access, and
 3. A staff member's release and discussion of client-related information is conducted according to 42 CFR, Part 2 and the HIPAA of 1996.
- B. Licensee shall ensure that a current active client record is maintained for each client and:
 1. Is protected at all times from loss, damage, or alteration,
 2. Is confidential,
 3. Is only released or disclosed as provided in:
 - a. 42 U.S.C. § 290dd-2 (Supplement V 2002), incorporated by reference, and including no future editions or amendments, available at www.access.gpo.gov/uscode/usmain.html and from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954, or
 - b. Another applicable federal or state law that authorizes release or disclosure, or
 - c. Accordance with written permission from the client and, if applicable, the client's parent, guardian, or designated representative, according to subsection (A),
- C. A licensee shall ensure that written permission for release of a client record or information, as described in subsection (B)(3)(C) and (D), is obtained according to the following:
 1. Before a client record or information is released or disclosed,
 2. Is obtained in a language understood by the individual signing the written permission in subsection (D), and
 3. Is maintained in the client record.
- D. A licensee shall ensure that written permission for release of a client record or information shall include:
 1. The name of the program or person disclosing the client record or information,
 2. The purpose of the disclosure,
 3. The individual, provider, program, or entity requesting or receiving the record or

- information,
4. A description of the client record or information to be released or disclosed,
 5. A statement indicating client permission has been given and may be revoked at any time,
 6. The date or condition when the permission expires,
 7. The date the permission was signed, and
 8. The signature of the client and, if applicable, the client's parent, guardian, or designated representative.

R03-603. Client Case Records

- A. A licensee shall ensure that a current active client record is maintained for each client and:
1. Is protected at all times from loss, damage, or alteration,
 2. Is confidential and released only as provided in R03-602,
 3. Is legible and recorded in ink or electronically recorded,
 4. Contains entries that record the date and time of service and are:
 - a. Signed by the individual making the entry, or
 - b. Initialed by the individual making the entry, or
 - c. Authenticated by the individual making the entry in accordance with the following:
 - i. The individual who makes the entry uses a computer code,
 - ii. The computer code is not authorized for use by another individual, and
 - iii. The individual who makes the entry signs a statement that the individual is responsible for the use of the computer code,
 5. Is available for review during the provider's hours of operation or at another time agreed upon by the provider upon written request by the client or the client's parent, guardian, or designated representative, if applicable, unless:
 - a. The program director or designee determines that the client's review of the client record is contraindicated and documents the reason for the determination in the client record, and
 - b. A client chooses to submit a grievance to the program regarding the decision not to grant the client's review of the client record,
 6. Does not contain identifying information about another client according to 42 CFR, Part 2,
 7. Is current and accurate,
 8. Is amended as follows:
 - a. The information to be amended is struck out with a single line that allows the struck information to be read, and
 - b. The amended entry is signed, initialed, or authenticated as described in subsection (A)(4)(c) by the individual making the amended entry,
 9. Except as provided in subsection (A)(10), contains original documents and original signatures, initials, or authentication,
 10. For events occurring during group counseling, may contain photocopies of original documents with client specific treatment information added,
 11. Is available and accessible to staff members who provide treatment services to the client,
 12. Is retained after a client's discharge for six years after the date of the client's discharge, unless otherwise provided by law or these standards,

13. Is disposed of in a manner that protects client confidentiality.
- B. A licensee shall ensure that a client record contains the following:
1. The client's name, address, home telephone number, and date of birth,
 2. The name and telephone number of:
 - a. An individual to notify in case of emergency,
 - b. The client's medical professional,
 - c. The individual who coordinates the client's treatment services or ancillary services, and
 - d. The client's parent, guardian, or designated representative,
 3. The date the client was admitted into the program,
 4. The following information about each referral made or received by the provider:
 - a. The date of the referral,
 - b. The reason for the referral, and
 - c. The name of the entity, provider, program, or individual that the client was referred to or from,
 5. If the client is involuntarily committed, a copy of the court orders, if available,
 6. Documentation of consent to treatment,
 7. Documentation signed and dated by the client indicating receipt of the information required to be provided under R03-601 (A), receipt of HIV transmission and high risk behavior information, and infectious pulmonary tuberculosis ,
 8. The client's written consent to participate in research or treatment that is not a professionally recognized treatment according to R03-203 (I), if applicable,
 9. The assessment information and updates to the assessment information,
 10. The treatment plan and updates and revisions to the treatment plan,
 11. Information or records provided by or obtained from another individual, agency, program, or entity regarding the client, as applicable,
 12. Documentation of authorization to release a client record or information, if applicable,
 13. Documentation of:
 - a. requests for client records and of the resolution of those requests,
 - b. release of the client record, or
 - c. information from the client record to an individual or entity,
 14. Documentation of telephone, written, or face-to-face contact with the client or another individual that relates to the client's health, safety, welfare, or treatment,
 15. Documentation of:
 - a. Assistance provided to a client who does not speak English,
 - b. Assistance provided to a client who has a physical or other disability, and
 - c. A client's general medical condition,
 16. Documentation of treatment services provided to the client, according to the client's treatment plan,
 17. Documentation of medication services or the self-administration of medication if applicable,
 18. Date of discharge and the discharge summary, if applicable,
 19. If the client is receiving treatment in a residential program, documentation of the client's:
 - a. Orientation to facility,
 - b. Presence and participation in program for each 24 hour day,
 - c. Screening for infectious pulmonary tuberculosis, and

- d. Nursing assessment or physical examination, if applicable, and
- e. Medical orders, if applicable.
- 20. Copies of all consultation reports, and
- 21. Medication information including the:
 - a. Type of medication,
 - b. Dosage,
 - c. Frequency of administration,
 - d. Route of administration, and
 - e. Staff member who monitors the medication administration or self-administration.

R03-604. Progress Notes

- A. A licensee shall ensure that a progress note is documented in chronological order by date and time and includes the following information, if applicable:
 - 1. A description of each service provided to include:
 - a. Missed appointments,
 - b. The amount of time spent providing each service, and
 - c. Service delivery outcome,
 - 2. Progress made towards treatment plan goals,
 - 3. The client's response to treatment, and
 - 4. Discharge planning.
- B. A licensee shall ensure that a progress note is dated and signed, either by electronic or handwritten signature, by the individual making the entry.

R03-605. Assessment

- A. A licensee shall develop, implement, and comply with policies and procedures that:
 - 1. Ensure a client's personal history as identified in (C)(1-15) is documented in the assessment, and
 - 2. Address the use of a substance abuse assessment tool to provide additional clinical information and justification for modality of treatment recommended.
- B. A licensee shall ensure that a client's assessment is completed with the participation of the client and the client's parent, guardian, designated representative, if available.
- C. A licensee shall ensure that a client's assessment include the following client information:
 - 1. Presenting issues,
 - 2. Risk of suicidal or homicidal behavior,
 - 3. Previous treatment history of substance use and mental health issues,
 - 4. Health history and current medical conditions, including medications,
 - 5. Alcohol and drug use history to include the following:
 - a. When usage began,
 - b. Amount used,
 - c. Frequency of use,
 - d. Method of administration,
 - e. Longest and last period of abstinence,
 - f. Time and date of most recent use,
 - g. Behaviors exhibited during use, and

- h. Effect on relationships with others,
- 6. History of abuse (emotional, sexual, and/or physical) to include whether individual was a victim or perpetrator,
- 7. Current family social history, including family history of substance use,
- 8. Educational level achieved,
- 9. Religious/spiritual affiliation,
- 10. Vocational experience, if applicable,
- 11. Military experience, if applicable,
- 12. Five year employment history,
- 13. Risk factors for infectious disease including HIV, AIDS, HCV, and STI's,
- 14. Legal history to include record of conviction and date of incarceration, or pending litigation,
- 15. Current living situation to include:
 - a. Economic resources, including gross income and the number in the family, and
 - b. Support system,
- 16. Information from collateral sources when available.

- D. A licensee shall ensure that a client assessment includes:
 - 1. The date the assessment was conducted, and
 - 2. A summary of the assessment which includes the modality of treatment recommended if applicable with a dated signature of a qualified staff according to R03-30, and
 - 3. A referral to a licensed medical or mental health professional as indicated.

R03-606. Treatment Planning and Updates

- A. A licensee shall ensure an individualized treatment plan is completed:
 - 1. For a client receiving residential services or intensive outpatient services no later than 7 days after the date of admission,
 - 2. For a client receiving outpatient services no later than 45 days after the date of admission, and
 - 3. For clients receiving opioid treatment no later than 30 days after the date of admission.
- B. A licensee shall ensure a written individualized treatment plan is developed with the client's input to include the:
 - 1. Presenting problems or diagnostic impression based on the assessment,
 - 2. Strengths or assets and weaknesses or liabilities of the client,
 - 3. Long term goals,
 - 4. Short term goals,
 - 5. Tasks identified to achieve short term goals,
 - 6. Type and frequency of treatment services to be provided,
 - 7. Community Resources/Referrals,
 - 8. Case management services, if applicable,
 - 9. Name of the primary counselor
 - 10. Name of case manager, if applicable,
 - 11. Date the treatment plan will be reviewed or updated, and
 - 12. Dated signature of the qualified staff and, if applicable;
 - a. counselor assistant,

- b. case manager.
- 13. Client signature and date.

- C. A licensee shall ensure treatment plan updates are completed:
 - 1. For clients receiving outpatient treatments, no later than 90 days,
 - 2. For clients receiving opioid treatment – opioid maintenance outpatient treatment, no later than 90 days for the first two years of treatment following admission to the program with a treatment plan to be developed and implemented indicating the clients progress during subsequent and consecutive years of treatment as needed,
 - 3. For clients receiving residential services or intensive outpatient services, no later than 30 days.
- D. A licensee shall ensure treatment plan updates include:
 - 1. Changes in treatment goals and tasks based upon:
 - a. Documented progress or lack of progress, or
 - b. Identification of any new problem,
 - 2. Assigned primary counselor, and case manager if applicable,
 - 3. Changes in frequency and type of treatment services, and
 - 4. Signatures of the client and primary counselor, and if applicable, case manager.

R03-607. Alcohol and Drug Testing

- A. A licensee shall develop, implement and comply with written policies and procedures for the monitoring of a clients alcohol and/or drug use during treatment through alcohol and drug testing to include:
 - 1. A method for ensuring the protection of the clients dignity and privacy while minimizing opportunity for falsification during collection,
 - 2. Documentation that the client is informed how drug specimens are collected and client responsibility to provide specimens when asked,
 - 3. For positive screens which may result in the clients' exclusion from treatment or consequences related to the positive screen, results shall be confirmed by Gas Chromatography Mass Spectrophotometry (GCMS) or a similar test which isolates the active metabolite responsible for positive screen, and
 - 4. Procedures for utilizing results in the client treatment that reflect a therapeutic constructive approach.

R03-608. Discharge Documentation

- A. A licensee shall document that the discharge plan is photo copied and provided to the client upon discharge, if possible.
- B. A licensee shall ensure that the information necessary to complete the discharge summary:
 - 1. Begins at admission,
 - 2. Includes recommendations and referrals developed with the participation of the client,
 - 3. Evaluates progress with treatment plan goals, and

4. Is entered in the client record within 30 days of completion of treatment.

R03-609. Accountability and Medication Control

- A. A licensee shall develop, implement and comply with written policies and procedures for providing medication services to include:
 1. A method for ensuring that a client is informed of the risks or benefits of medications prescribed while in treatment,
 2. Requirements for storing medication in a locked storage area according to the health, safety, and security requirements of federal, state, and local laws, including:
 - a. Storage of bulk medication,
 - b. Medication provided off the premises, if applicable,
 - c. Medication requiring refrigeration shall be stored in a separate refrigerator from food or other items,
 - d. Medications for topical use are maintained in a separate unit from internal and injectable medications, and
 - e. Disinfectants, urine specimens, or toxic materials are stored in a separate unit from medications,
 3. Requirements for ensuring that all medication is accounted for, including bulk medication and, if applicable, medication that is provided off the premises,
 4. Requirements for disposing of medication including:
 - a. Expired medications, or
 - b. Discontinued medications,
 5. Procedures to ensure that a client's current medication is provided to the client or designated representative at the time of discharge,
 6. Procedures for preventing, responding to, and reporting:
 - a. A medication error,
 - b. An adverse response to a medication, or
 - c. A medication overdose,
 7. Procedures to ensure that medication is provided to a client only as prescribed to include the:
 - a. Name of the medication,
 - b. Date and quantity of the medication received by the agency,
 - c. Name of the individual who ordered the medication,
 - d. Name of each client for whom the medication is prescribed,
 - e. Date, time, and dosage of each medication intake or application,
 - f. Staff signature or initials,
 - g. Documentation of a client's refusal to take prescribed medication, and
 - h. Maintenance of a medication log listing (7) (a) through (g),
 8. Procedures for documenting each instance of medication intake or application including:
 - a. A specific route for drug administration,
 - b. Dosage,
 - c. Standard abbreviations,
 - d. The signature or initials of the client receiving the medication, and
 - e. The signature or initials of the staff member administering or observing when medication is taken.
- B. A licensee shall ensure that:

1. Medication is prescribed or adjusted only by a licensed medical professional who is authorized to do so.
 2. Medication is administered only by a medical professional or nurse or self-administered by the client. Non-medical program staff may monitor and document the client's self-administration of medication but may not administer such medication,
 3. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law, and
 4. Medications are clearly labeled.
- C. A licensee shall ensure that a drug reference guide is available and accessible, with a copyright date that is no more than five years before the current date.
- D. A licensee shall ensure that a list of licensed medical staff that are authorized to administer medications is maintained at the program.
- E. A licensee shall develop, implement, and comply with written policies and procedures for the self-administration of prescription medications by a client when:
1. Medication is prescribed by a medical professional, and
 2. Documentation in the client's records verifies:
 - a. A medication is being taken by the client for whom it is prescribed,
 - b. The dosage is labeled on the container, and
 - c. The medication is being taken as directed.
- F. A licensee shall:
1. Develop, implement, and comply with written policies and procedures regarding staff members authorized to have access to the locked medication storage,
 2. Maintain controlled substances in a locked box within a locked cabinet,
 3. Prohibit prescribed medication to be in the possession of any client except the client for which it was prescribed,
 4. Ensure that a client who self-administers prescribed medication is:
 - a. Observed by a staff member who has been oriented to program policies and procedures on self-administration of medication, and
 - b. Permitted only when a client's medication container is labeled, and
 5. Provide a locked storage area where prescribed and over-the-counter medications are maintained according to the requirements of federal, state, and local regulations.

SECTION 7. ALCOHOL AND OTHER DRUG TREATMENT SERVICES

R03-701. General Requirements

- A. A licensee shall be licensed or certified for one or more of the following modalities:
 - 1. Early Intervention/Interim treatment
 - 2. Outpatient treatment
 - 3. Intensive outpatient treatment
 - 4. Intermediate treatment
 - 5. Therapeutic community treatment
 - 6. Reintegration treatment
 - 7. Social detoxification
 - 8. Inpatient treatment
 - 9. Acute detoxification
 - 10. Opioid maintenance outpatient treatment
 - 11. Alcohol and Drug Safety Action Program (ADSAP)
 - 12. Alcohol and drug assessment and referral
- B. All licensees of the above mentioned modalities (A. 1. through 11) must be additionally licensed or certified in the modality of alcohol and drug assessment and referral.
- C. A licensee shall document efforts to provide a referral to a treatment modality that the provider is unable to offer when it is requested by an individual and/or clinically indicated.
- D. Each licensee shall comply with all requirements in Sections 1 through 8 unless otherwise specified.

R03-702. Early Intervention/Interim Treatment Modality

- A. Early Intervention/Interim treatment modality is an organized service that may be delivered in a wide variety of settings. This modality is designed to explore and address problems or risk factors that appear to be related to substance use and to help the individual recognize the harmful consequences of substance use.
- B. A licensee providing early intervention/interim treatment shall provide its services using professionally qualified staff. Each licensee shall ensure that it retains the services of sufficient qualified staff to appropriately meet the needs of those clients to whom the licensee is providing any services.
- C. An Early intervention/interim treatment modality shall consist of any of the following:
 - 1. group counseling,
 - 2. individual counseling,
 - 3. education groups, and
 - 4. family counseling.
- D. The duration of early intervention/interim treatment should be determined by:
 - 1. The client's ability to comprehend the information provided and use that information to make behavior changes, or

2. The appearance of new problems require another modality of service, or
3. When the recommended modality of treatment becomes available.

R03-703. Outpatient Treatment Modality

- A. Outpatient treatment is delivered in a wide variety of settings that are nonresidential which are designed to help individuals achieve changes in their substance abuse behaviors. Treatment shall address an individual's major lifestyle, attitudinal and behavioral problems that have the potential to undermine the goals of treatment.
- B. A licensee providing outpatient treatment shall provide its services using professionally qualified staff. Each licensee shall ensure that it retains the services of sufficient qualified staff to appropriately meet the needs of those clients to whom the licensee is providing any services.
- C. Outpatient treatment shall consist of group, individual, and/or family counseling and:
 1. For a client who is age 18 years or older, 8 hours or less of scheduled counseling services are provided each week, or
 2. For a client who is under age 18 years, 5 hours or less of scheduled counseling services are provided each week.
- D. Outpatient treatment may be clinically indicated in the following situations:
 1. As an initial modality of service for an individual whose severity of illness warrants this intensity of treatment, or
 2. When an individual's progress warrants a less intensive modality of service than they are currently receiving.
- E. The duration of outpatient treatment should be determined by the individual's illness and his or her response to treatment.

R03-704. Intensive Outpatient Treatment Modality

- A. Intensive outpatient treatment is provided any time during the day or week and provides essential education and counseling services while allowing the individual to apply their newly acquired skills outside of treatment. The program has the capacity to arrange for referral to any auxiliary service and has active affiliations with other modalities of care. Programs may provide overnight housing for individuals who have problems related to transportation or family environment but who do not need the supervision or 24 hour access afforded by a residential program.
- B. A licensee providing intensive outpatient treatment shall provide its services using professionally qualified staff. Each licensee shall ensure that it retains the services of sufficient qualified staff to appropriately meet the needs of those clients to whom the licensee is providing any services.
- C. Intensive outpatient treatment shall consist of group, individual, and/or family counseling and:
 1. For a client who is age 18 years or older, a minimum of 9 hours of scheduled counseling services are provided each week, or
 2. For a client who is under age 18 years, a minimum of 6 hours of scheduled,

counseling services are provided each week.

- D. The duration of outpatient treatment should be determined by the individual's illness and his or her response to treatment.

R03-705. Intermediate Treatment Modality

- A. Intermediate treatment provides a regimen of structured services in a 24-hour residential setting. They are housed in or affiliated with permanent facilities where individuals can reside safely. For the typical resident in an intermediate treatment program, the effects of the substance abuse on the individual's life are so significant, and the resulting level of impairment so great, that a less intensive modality of treatment is not feasible or effective.
- B. A licensee providing intermediate treatment shall assign a minimum of one qualified staff for every eight clients in residence.
- C. The licensee shall maintain sufficient employees on duty 24 hours a day to meet the needs and protect the safety of clients. Employees on duty shall be awake on all shifts.
- D. Intermediate treatment shall consist of at least 40 hours each week of scheduled, structured activities to include:
 - 1. A minimum of 10 hours per week of individual, group, and/or family counseling,
 - 2. Life skills,
 - 3. Recreational groups, and
 - 4. Self-help support meetings.
- E. The duration of intermediate treatment should be determined by the individual's illness and his or her response to treatment.
- F. A licensee providing intermediate treatment shall:
 - 1. Ensure access to consultation with a licensed physician,
 - 2. Provide meals that comply with the dietary standards set forth in Section R03-503.

R03-706. Therapeutic Community Treatment Modality

- A. Therapeutic community treatment is typically longer term (3 months to 2 years) and is designed to treat individuals who have significant social and psychological problems. These programs are characterized by their reliance on the treatment community as a therapeutic agent. The goals of treatment are to effect a global change on the participant's lifestyles, attitudes and values. The typical individual residing in a therapeutic community may be experiencing multiple problems including substance abuse, criminal activity, psychological problems, impaired functioning and disaffiliation with mainstream values.
- B. A licensee providing therapeutic community treatment shall assign a minimum of one qualified staff for every fifteen clients in residence.

- C. The licensee shall maintain sufficient employees on duty 24 hours a day to meet the needs and protect the safety of clients. Employees on duty shall be awake on all shifts.
- D. A licensee providing therapeutic community treatment shall provide at least 20 hours each week of scheduled, structured activities to include:
 - 1. A minimum of 5 hours per week of individual, group, and/or family counseling,
 - 2. Community participation,
 - 3. Life skills,
 - 4. Recreational groups, and
 - 5. Self-help support meetings.
- D. The duration of therapeutic community treatment should be determined by the individual's illness and his or her response to treatment.
- E. A licensee providing therapeutic community treatment shall:
 - 1. Ensure access to consultation with a licensed physician,
 - 2. Provide meals that comply with the dietary standards set forth in Section R03-503.

R03-707. Reintegration Treatment Modality

- A. Reintegration treatment is directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual back into the community. Individuals treated in a reintegration residential treatment setting typically experience problems with applying recovery skills, assuming personal responsibility, and/or problems with family, education or work.
- B. A licensee providing reintegration treatment shall assign a minimum of one qualified staff for every fifteen clients in residence.
- C. The licensee shall maintain sufficient employees on duty 24 hours a day to meet the needs and protect the safety of clients. Employees on duty shall be awake on all shifts.
- D. A licensee providing reintegration treatment shall provide at least 10 hours of scheduled, structured activities each week to include:
 - 1. A minimum of 3 hours per week of individual, group, and/or family counseling,
 - 2. Life skills,
 - 3. Recreational groups,
 - 4. Self-help support meetings, and
 - 5. Vocational or employment counseling.
- E. The duration of reintegration treatment should be determined by the individual's illness and his or her response to treatment.
- F. A licensee providing reintegration treatment shall:
 - 1. Ensure access to consultation with a licensed physician,
 - 2. Provide meals that comply with the dietary standards set forth in Section R03-503.

R03-708. Social Detoxification Treatment Modality

- A. Social detoxification treatment is typically short term (less than 7 days) and provides 24-hour supervision, observation and support for individuals who are intoxicated or experiencing withdrawal from other drugs. This modality of care provides services for those individuals whose intoxication/withdrawal signs and symptoms are sufficiently severe enough to require 24-hour structure and support.
- B. A licensee providing social detoxification treatment shall assign a minimum of one qualified staff for every 10 clients in residence.
- C. The licensee shall maintain sufficient employees on duty 24 hours a day to meet the needs and protect the safety of clients. Employees on duty shall be awake on all shifts.
- D. A licensee providing social detoxification treatment shall ensure that all qualified staff, staff and employees complete and maintain current Cardio Pulmonary Resuscitation/First Aid training.
- E. A licensee providing social detoxification treatment shall:
 - 1. Observe and provide support for clients who are intoxicated or are experiencing withdrawal,
 - 2. Monitor and document vital signs, and
 - 3. Conduct an assessment for the client's potential withdrawal using an appropriate clinical tool.
- F. The duration of social detoxification treatment should be determined by the individual's illness and his or her response to treatment.
- G. A licensee providing social detoxification treatment shall:
 - 1. Ensure access to consultation with a licensed physician,
 - 2. Provide meals that comply with the dietary standards set forth in Section R03-503.

R03-709. Inpatient Treatment Modality

- A. Inpatient treatment is delivered in an acute care inpatient setting. This modality of care is appropriate for those individuals whose acute biomedical, emotional, behavioral and cognitive problems are so severe they require primary medical and nursing care. This program encompasses a planned regimen of 24-hour medically directed evaluation and treatment services. Although treatment is specific to substance abuse problems, the skills of the interdisciplinary team and the availability of support services allow the conjoint treatment of any co-occurring biomedical conditions and mental disorders that need to be addressed.
- B. A licensee providing inpatient treatment shall assign one qualified staff for every eight clients in residence.
- C. The licensee shall maintain sufficient employees on duty 24 hours a day to meet the needs and protect the safety of clients. Employees on duty shall be awake on all shifts.

- D. A licensee providing inpatient treatment shall provide:
 1. A licensed physician or nurse on site or on call, and
 2. Licensed medical or nursing staff to monitor and administer medications on a 24 hour a day basis.

- E. A licensee providing inpatient treatment shall provide at least 40 hours each week of scheduled, structured activities to include:
 1. A minimum of 10 hours per week of individual, group, and/or family counseling,
 2. Life skills,
 3. Recreational groups, and
 4. Self-help support meetings.

- F. The duration of inpatient treatment should be determined by the individual's illness and his or her response to treatment.

- F. A licensee providing inpatient treatment shall provide meals that comply with the dietary standards set forth in Section R03-503.

R03-710. Acute Detoxification Treatment Modality

- A. Acute detoxification treatment provides care to those individuals whose withdrawal signs and symptoms are sufficiently severe to require primary medical and nursing care services. In this modality of treatment, 24-hour observation, monitoring and counseling services are available.

- B. A licensee providing acute detoxification treatment shall:
 1. Have a registered nurse or licensed practical nurse on duty 24 hours a day on the unit.
 2. Provide a 24 hour evaluation and withdrawal management performed by medical professionals in a licensed health care or substance abuse treatment facility,
 2. Provide services based on policies and procedures that have been approved by the physician,
 3. Complete a comprehensive medical assessment and physical examination for each detoxification client at the time of admission,
 4. Maintain access to laboratory and toxicology testing,

- C. The duration of acute detoxification treatment should be determined by the individual's illness and his or her response to treatment.

- D. A licensee providing social detoxification treatment shall provide meals that comply with the dietary standards set forth in Section R03-503.

R03-711. Opioid Maintenance Outpatient Treatment

- A. Opioid Maintenance Outpatient Treatment includes the pharmacologic and therapeutic use of opioid or non-opioid compounds to address opioid drug tolerance or addiction provided through:
 1. Long-term detoxification treatment, which means opioid or non-opioid agonist

2. treatment for a period of more than 30 days but not in excess of 180 days, or Maintenance treatment, which means the dispensing of an opioid agonist treatment medication at dosage levels for a period in excess of 21 days.
- B. A program sponsor for an opioid maintenance outpatient treatment program shall designate a physician licensed by the State of Kansas to serve as the medical director and to have authority over all aspects of medical treatment including:
1. The dispensing and administration of opioid and non-opioid agonist medication, and
 2. Procedures to prevent a client from receiving opioid treatment from more than one agency or physician concurrently.
- C. A program sponsor for an opioid maintenance outpatient treatment program shall comply with:
1. The Substance Abuse and Mental health Services Administration,
 2. The Drug Enforcement Agency, and
 3. An approved accrediting body.
- D. A program sponsor for an opioid maintenance outpatient treatment program shall ensure that written policies and procedures are developed, implemented, complied with, and maintained at the agency and include:
1. Procedures for relapse prevention,
 2. Procedures for conducting a physical examination, assessment, and laboratory test,
 3. A requirement that a client who is physiologically dependent as a result of chronic pain and has not previously been treated for that condition receives consultation with or a referral for consultation with a medical professional who specializes in chronic pain,
 4. Procedures for performing the following laboratory tests:
 - a. Monthly drug screens for opiates, amphetamines, cocaine, and benzodiazepines,
 - b. Drug screens for methadone, as indicated,
 - c. Weekly drug screens for drugs with a potential for addiction such as, cannabis to determine illicit drug use or as indicated,
 - d. TB skin test or chest x-ray if the skin test result was previously positive,
 - e. Serology Reagent Screening,
 - f. A test for Hepatitis B and C, as indicated,
 - g. Chemistry profile to include liver and kidney functions, and
 - h. HIV testing, if requested by the client,
 5. Procedures for pre-admission and annual medical evaluations,
 6. Procedures to ensure client identification,
 7. Procedures to minimize the following adverse events:
 - a. A client death,
 - b. A client's loss of ability to function,
 - c. A medication error,
 - d. Harm to a client's family member or another individual resulting from ingesting a client's medication,
 - e. Sales of illegal drugs on the premises,
 - f. Diversion of a client's medication,
 - g. Harassment or abuse of a client by a staff member or another client, and

- h. Violence on the premises,
 - 8. Procedures for addressing client absences,
 - 9. Procedures to verify prescription medications when a client's drug screen test results indicate drug use other than the prescribed opioid medication,
 - 10. Procedures to register medications prescribed by another physician or medical professional not employed at the agency, to include the:
 - a. Name of each medication,
 - b. Prescription date and quantity of each medication,
 - c. Name of the individual prescribing each medication,
 - d. Name of the client for whom the medication is prescribed,
 - e. Dosage of the medication of each medication,
 - f. Length of prescription, and
 - g. Name of the staff member registering the medication information, and
 - 11. Procedures to verify prescription refills at 60 day intervals.
- E. A program sponsor for an opioid maintenance outpatient treatment program shall ensure that a physician, physician assistant, or nurse practitioner conducts a physical examination of an individual who requests admission before the individual receives a dose of opioid or non-opioid agonist treatment and that the examination includes:
- 1. Reviewing the individual's bodily systems,
 - 2. Determining whether the individual shows signs of addiction, such as old and fresh needle marks, constricted or dilated pupils, an eroded or perforated nasal septum, or a state of sedation or withdrawal,
 - 3. Evaluating the observable or reported presence of withdrawal signs and symptoms, such as yawning, chills, restlessness, irritability, perspiration, nausea, or diarrhea,
 - 4. Obtaining a medical or family history and documentation of current information to determine chronic or acute medical conditions such as diabetes, renal diseases, Hepatitis B, C, or Delta, HIV infection, TB, sexually transmitted infections, pregnancy, or cardiovascular disease,
 - 5. Obtaining a history of behavioral health issues and treatment, including any diagnoses or medications, and
 - 6. The results of the individual's examination are documented in the client record.
- F. A program sponsor for an opioid maintenance outpatient treatment program shall ensure that if the physical examination is completed by a physician assistant or nurse practitioner, a physician must sign the physical examination assessment within seven days after admission.
- G. A program sponsor shall assign one full time equivalent Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor for every 50 clients.
- H. A program sponsor shall ensure two staff members, one of whom shall be a licensed nurse, are present on the premises during medication dispensing hours.
- I. A program sponsor shall ensure only licensed medical staff or approved staff are:
- 1. Responsible for the administering and dispensing of medications, and
 - 2. Allowed in the dispensing area during dispensing hours.

- J. A program sponsor, in coordination with the medical director's designee, shall inform a client at the time of admission of the agency's requirement for the registration of medications prescribed by another physician or medical professional who is not employed by the agency.
- K. A program sponsor for an opioid maintenance outpatient treatment program shall ensure face-to-face counseling sessions are conducted:
1. On an individual or group basis according to the client's treatment plan,
 2. No less than once every two weeks for the first year of treatment,
 3. No less than once a month in the second year of treatment, and
 4. As indicated by client's progress in treatment for subsequent years.
- L. A program sponsor for an opioid maintenance outpatient treatment program shall ensure that:
1. A dose of opioid agonist treatment medication is administered only after an order from a medical professional,
 2. A client's dosage of opioid agonist treatment medication is individually determined,
 3. A dose of opioid agonist treatment medication is sufficient to produce the desired response in a client for the desired duration of time and with consideration for client safety,
 4. A client receives subsequent doses of opioid agonist treatment medication:
 - a. Based on the client's individual needs and the results of the physical examination and assessment,
 - b. Sufficient to achieve the desired response for at least 24 hours, with consideration for day-to-day fluctuations and elimination patterns,
 - c. That are not used to reinforce positive behavior or punish negative behavior,
 - d. As long as the client benefits from and desires comprehensive maintenance treatment, and
 - e. That are adjusted if an agency changes from one type of opioid agonist treatment medication to another.
- M. A program sponsor for an opioid maintenance outpatient treatment program shall ensure that policies and procedures are developed implemented and complied with for the use of take-home medication and includes:
1. Criteria for determining when a client is ready to receive take-home medication,
 2. Criteria for when a client's take-home medication is increased or decreased,
 3. A requirement that take-home medication be dispensed according to federal and state law,
 4. A requirement that a medical professional review a client's take-home medication regimen at intervals established in the client's treatment plan and adjust the client's dosage, as needed,
 5. Procedures for safe handling and secure storage of take-home medication in a client's home, and
 6. Criteria and duration of allowing a physician to prescribe a split medication regimen.
- N. Except as provided in subsection (L), a program sponsor for an opioid maintenance outpatient treatment program shall ensure that a client is permitted to have take-home

medication only upon the determination and written permission of the agency medical director, based upon the following:

1. Absence of abuse of drugs, including alcohol,
 2. Regularity of agency attendance,
 3. Length of time in comprehensive maintenance treatment,
 4. Absence of criminal activity,
 5. Absence of serious behavioral problems at the agency,
 6. Special needs of the client such as physical health needs,
 7. Assurance that take-home medication can be safely stored in the client's home,
 8. Stability of the client's home environment and social relationships,
 9. The client's work, school, or other daily activity schedule,
 10. Hardship experienced by the client in traveling to and from the agency, and
 11. Whether the benefit the client would receive by decreasing the frequency of agency attendance outweighs the potential risk of diversion of medication.
- O. When the client does not meet the criteria in subsection (L), the medical director shall submit an exception notification document to the Center for Substance Abuse Treatment and State Methadone Authority according to state protocols.
- P. A client in an opioid maintenance outpatient treatment program may receive a single dose of take-home medication for each day that an agency is closed for business, including Sundays and state and federal holidays.
- Q. A program sponsor of an opioid maintenance outpatient treatment program shall ensure that a client receiving take-home medication receives:
1. Take-home medication in a child-proof container, and
 2. Written and verbal information on the client's responsibilities in protecting the security of take-home medication.
- R. A program sponsor of an opioid maintenance outpatient treatment program shall ensure that a medical director's determination made under subsection (L) and the reasons for the determination are documented in the client record.
- S. A program sponsor of an opioid maintenance outpatient treatment program shall permit a client to voluntarily terminate participation in a program even though termination may be against the advice of the medical director.
- T. A program sponsor of an opioid maintenance outpatient treatment program shall develop, implement, and comply with policies and procedures for voluntary, involuntary, and administrative discharge to include:
1. An explanation to the client of when participation may be terminated for cause such as physically threatening staff or other clients,
 2. Client notification of termination,
 3. Client's right to hearing, and
 4. Client's right to representation.
- U. A program sponsor of an opioid maintenance outpatient treatment program shall ensure voluntary or involuntary discharge is individualized, under the direction of the medical director, and takes place not less than a period of 10 days, unless:
1. The medical director or program administrative personnel deems it clinically

- necessary to terminate participation sooner and documents the reason in the client's record,
2. The client requests in writing a shorter termination period, or
 3. A transfer to another program is completed.

R03-712. Alcohol and Drug Assessment and Referral Programs

- A. Alcohol and drug assessment and referral programs provide assessment and referral services for individuals presenting a current or past abuse pattern of alcohol or other drug use. The assessment is designed to gather and analyze information regarding a client's current substance use behavior and social, medical and treatment history. The purpose of the assessment is to provide sufficient information for problem identification and, if appropriate, substance abuse related treatment or referral.
- B. A licensee shall develop, implement, and comply with policies and procedures that establish processes for referrals for a client.
- C. A licensee may conduct an initial screen of an individual's presenting substance abuse problem before conducting an assessment of the individual.
- D. A licensee shall comply with R03-605 in regard to assessment practices.
- E. Once an individual receives an assessment, a staff member shall provide the individual with a recommendation for further assessment or treatment and an explanation of that recommendation.

R03-713. Alcohol and Drug Safety Action Programs

- A. A licensee or court certified program providing alcohol and drug safety action programs shall:
 1. In accordance with K.S.A. 8-1008, provide a pre-sentence alcohol and drug evaluation report for an individual who is convicted of a violation of K.S.A. 8-1567 or comparable city or county ordinance, and
 2. Supervise and monitor an individual who is to complete an alcohol and drug safety action program or an alcohol and drug use treatment program.
- B. A licensee or certified court program providing alcohol and drug safety action programs shall provide monitoring and supervision for individuals whom the prosecutor considers for eligibility or finds eligible to enter a diversion agreement in lieu of further criminal proceedings.
- C. For purposes of certification, a licensee providing an ADSAP program shall be certified by:
 1. The chief judge of the judicial district to be served by the program, or
 2. Per K.S.A. 8-1008, by the Secretary of SRS in a judicial district in which the chief judge declines to certify a program.
- D. In addition to any qualifications established by the secretary, the chief judge may establish qualifications for the certification of programs which may include requirements for training, education and certification of personnel, supervision and monitoring of

clients, fee reimbursement procedures; handling of conflicts of interest; delivery of services of clients unable to pay; other matters relating to quality and delivery of services by the program (K.S.A. 8-1008).

- E. A licensee or certified program shall conduct a formal clinical interview consisting of the following:
 - 1. Driving history information, as supplied by the offender or referring party, and
 - 2. Alcohol and drug use information, as supplied by the offender or referring party to include:
 - a. Blood alcohol concentration at the time of arrest,
 - b. Prior alcohol or other drug treatment,
 - c. Poly-drug use, and
 - d. Prior alcohol and drug related arrest,
 - e. Recommendations for education and treatment, and
 - f. Other information, as indicated.

- F. A licensee or certified program shall, in addition to the clinical interview, utilize a minimum of 2 standardized assessment tools approved by the Department of Social and Rehabilitation Services and shall be:
 - 1. Used as components of the overall evaluation, and
 - 2. Administered according to recommended procedures.

- G. A licensee or certified program providing alcohol and drug information school shall:
 - 1. Provide at least 10 hours of education in which 2 hours can be counted towards the assessment, and
 - 2. Alcohol and drug information to include:
 - a. Substance use, abuse and dependency and the differences of each,
 - b. Disease concept,
 - c. Current drunk driving and drug laws in the state,
 - d. How alcohol, drugs, and nicotine products effect the body, mind, and spirit, and
 - e. Education and information about HIV and AIDS.

R03-714. Supplemental Requirements for Case Management Services

- A. Case Management Services assist individuals to become more self-sufficient through an array of services which assess, plan, implement, coordinate, monitor and evaluate the options and services to meet an individuals needs, using communication and available resources to promote quality, cost effective outcomes.

- B. A licensee who offers case management services shall ensure that:
 - 1. Case management services are provided at all levels of care, if applicable,
 - 2. That a professional relationship between the case manager and the clients served is established,
 - 3. Identified services for a client are completed prior to a planned discharge, and
 - 4. Policy is developed and implemented in regards to case load size, based on the type of services provided by the agency.

- C. Case management services may consist of the following:
 - 1. Coordination of treatment services and support systems including providers,

- family members, and peers,
 - 2. Client advocacy to help the client's achieve their individualized treatment plan goals and objectives,
 - 3. Dissemination of education and prevention information to the client, the client's family members and peers, and other individuals involved with the client's treatment,
 - 4. Identification of resources available to the client such as:
 - a. Housing resources,
 - b. Financial resources,
 - c. Vocational and educational resources,
 - d. Ancillary service providers,
 - e. The client's family members or significant others to be included in the treatment process.
- D. A licensee shall ensure that each case manager providing services document:
- 1. A list of client's needs from the initial assessment including strengths and cultural factors;
 - 2. Case management progress notes, according to R03-604, in the client's record to reflect implementation of all case management services;
 - 3. Case management interventions related to specific goals in the client's treatment plan, according to R03-606.

R03-715. Supplemental Requirements for Adolescent Services

- A. A licensee providing services to adolescents shall comply with the following standards:
- 1. Conduct and document that background checks for all employees to include the Kansas SRS Child Abuse and Neglect Central Registry. This must be obtained for all personnel providing direct services to children and adolescents according to K.S.A. 65-516. An employee or volunteer identified as a prohibited individual pursuant to K.S.A. 65-516 is prohibited from providing services to or caring for children or adolescents.
 - 2. Counseling groups for children and adolescents must be specifically designed to meet their developmental and treatment needs. If adolescent clients participate in groups that include adult clients, documentation in the client file must include:
 - a. clinical justification for placement in the group,
 - b. a description of how the adolescents developmental and treatment needs can be met within the group.
 - 3. If residential services are provided, the program must make arrangements for the continuity of the client's academic education that are appropriate to the developmental needs of the child or adolescent served and meet applicable federal, state, and local requirements.
 - 4. If residential services are provided, children and adolescents must be assigned sleeping quarters and bathroom facilities separate from adults and members of the opposite sex.
 - 5. The organization must develop policies and procedures that address:
 - a. Providing physical activities and recreation appropriate to the developmental needs of children and adolescents.
 - b. Providing counseling and education for the family members of children or adolescents served in the program.
 - c. Providing staff training to enhance staff understanding of child and

- adolescent development and substance abuse.
- d. Methods of disciplining children and adolescents.

SECTION 8. LICENSURE/CERTIFICATION

R03-801. General Requirements

- A. No persons shall establish, conduct, or maintain an alcohol or other drug abuse treatment program without first having obtained a license from the Secretary of Social and Rehabilitation Services, Division of Health Care Policy.
- B. The Department of Social and Rehabilitation Services may change the name of different categories of treatment to avoid confusion in terminology or may further define and identify the specific acts and services that shall fall within the respective categories of services, as it deems necessary.
- C. Two types of licenses may be issued, depending on whether a new or existing service is being licensed and whether the service is in compliance with established standards.
 - 1. Initial license
 - 2. Renewal Full license

R03-802. Application and Initial License

- A. A person seeking an initial license for alcohol and other drug treatment for one or more categories of services as described under Section 7, R03-702 through R03-714 shall:
 - 1. Submit the following application materials:
 - a. Completed application form identifying each modality of treatment to be provided,
 - b. A policy and procedure manual,
 - c. An organizational chart which includes the agency board.
 - d. A list of all clinical staff and documentation of their Kansas SRS Alcohol and other Drug Abuse Counselor credentials.
 - 2. Submit an application fee of \$100 with the application materials at least 90 days prior to the anticipated date of initiation of operation.
- B. The Department of Social and Rehabilitation Services shall approve or deny an application within 90 calendar days of receipt of a completed application.
- C. The Department of Social and Rehabilitation Services shall inspect the premises upon which residential services will be offered prior to issuing an initial license.

R03-803. Renewal License

- A. The Department of Social and Rehabilitation Services may issue a renewal license for a period of 1, 2 or 3 years depending on the facilities level of compliance with the standards which will expire at the end of a quarter of the corresponding calendar year (March 31, June 30, September 30, and December 31).
- B. An alcohol and other drug treatment licensee shall:
 - 1. Submit an application upon notification of licensure visit from the Kansas Department of Social and Rehabilitation Services, and
 - 2. Submit a licensing fee of \$100 with the application materials within 2 weeks of receipt,

3. Submit any changes to the policy manual, and
4. Submit any staff changes including changes to the Board.

R03-804. Denial, Suspension, or Revocation of License

- A. If, as a result of a routine or unscheduled site visit, a facility is found not in compliance with applicable standards, the Department of Social and Rehabilitation Services may issue a site visit report identifying the violation(s) of the applicable standards.
- B. Upon receipt of the site visit report, the licensee shall provide a written response, within 30 calendar days, addressing the violations with a plan to correct the violation(s). If the facility does not remedy the violations(s) within 90 calendar days from the date of the site visit report, the Kansas Department of Social and Rehabilitation Services shall commence proceedings to suspend or revoke the license pursuant to K.S.A 65-4015 and amendments thereto.

R03-805. Extensions of Full License

- A. An extension of a full license may be granted by the Kansas Department of Social and Rehabilitation Services for a period not exceeding 90 days.

R03-806. Certification

- A. An agency may request certification status when the agency demonstrates that it is in good standing with a national behavioral health accreditation body such as the Joint Commission on Accreditation of Health Care Organizations, the Commission on Accreditation of Rehabilitation Facilities, or is licensed as a mental health center by Social and Rehabilitation Services or any other licensing or accrediting bodies recognized by the Kansas Department of Social and Rehabilitation Services.
- B. A licensee shall provide the following documents to the Department of Social and Rehabilitation Services in addition to their application:
 1. A copy of the current accrediting bodies certificate or mental health license,
 2. A copy of survey findings, corrective action plans, and follow up responses from the last on-site survey, and
 3. A list of all current staff and copies of their Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor certificate.
- C. If approved, a licensee shall notify the Department of Social and Rehabilitation Services of all future scheduled on-site surveys and within 90 days of the survey findings send a copy of the corrective action plans, and follow-up responses to the Department of Social and Rehabilitation Services.
- D. A treatment provider seeking certifications shall complete an application or renewal application for license at least 90 days prior to the expiration date of their current license and provide evidence of on-going accreditation status.
- E. If certification is granted, the Department of Social and Rehabilitation Services shall continue to conduct on-site licensure visits to examine client records and to ensure staff

has current Kansas SRS Alcohol and other Drug Abuse Counselor credentials.

R03-807. Waivers

- A. A licensee may request exemption from a required standard by submitting a waiver request to the Department of Social and Rehabilitation Services indicating the specific requirements and time frame for which the licensee is requesting exemption.
- B. The Department of Social and Rehabilitation Services shall approve or deny waiver requests within 30 days of the receipt of the provider's written request.
- C. The Department of Social and Rehabilitation Services and the provider shall maintain a copy of the waiver request.

R03-808. Adding Treatment Modalities, Additional Sites, Location Changes

- A. When adding treatment modalities sites or making location changes, the treatment provider shall submit the following:
 - 1. A completed application,
 - 2. The name of the executive director and/or program director providing management or supervision of the services,
 - 3. A written declaration that a current copy of the agency policy and procedure manual will be maintained at each program site and that the manual has been revised to accommodate the differences in business and clinical practices at that site,
 - 4. An organization chart, showing the relationship of each program site to the main organization, job titles, and lines of authority, and
 - 5. Evidence of sufficient qualified staff to deliver services at each location.
- B. The Department of Social and Rehabilitation Services shall approve or deny an application within 90 calendar days of receipt of a completed application.
- C. A treatment provider who is relocating shall notify the Department of Social and Rehabilitation Services at least thirty (30) days prior to the proposed date of location changes.

RO3-809. Site Visit Procedure

- A. The program licensing process may consist of a review of:
 - 1. Program policies and procedures,
 - 2. Governing authority documents,
 - 3. Verification of sufficient qualified personnel for care of clients, and
 - 4. Other documentation, as the Department of Social and Rehabilitation Services requires, to determine compliance.
- B. An on-site compliance review may consist of:
 - 1. Client clinical records,
 - 2. Personnel files, policies, and procedures,
 - 3. Other documents, as the Department of Social and Rehabilitation Services requires to determine compliance,
 - 4. Conducting individual interviews with clients and staff members, and

5. Evaluation of the physical environment.
- C. Each potential applicant or licensee shall cooperate with the Department of Social and Rehabilitation Services staff efforts and with that staff's review of the licensee's ongoing compliance with the requirements of the licensing standards.

R03-810. Complaint Investigations

- A. The Department of Social and Rehabilitation Services staff shall investigate all complaints submitted to SRS alleging violation of licensing standards by a licensed treatment provider or agency staff. The person submitting the complaint shall state the nature of the complaint and the agency by name.
- B. The Department of Social and Rehabilitation Services staff may conduct unannounced inspections of agency locations involved in the complaint and conduct any other investigation necessary to determine the validity of the complaint.
- C. Upon completion of the investigation, the Department of Social and Rehabilitation Services staff shall prepare a written report of the results of the investigation and shall notify the complainant and the agency in writing of the results of the investigation.
- D. The name of the complainant or of any client named in the complaint shall be kept confidential and shall not be disclosed without the written consent of the individual.
- E. If the complaint becomes the subject of a judicial proceeding, nothing in this standard shall be construed to prohibit disclosure of information that would otherwise be disclosed in a judicial hearing.
- F. Agencies shall be prohibited from discharging or discriminating in any way against any client or agency personnel who has submitted a complaint or has participated in the investigation. This prohibition shall be documented in the agencies policy manual.
- G. The agency may be asked to submit a written corrective action plan. If the licensee fails to submit a corrective action plan or if the corrective action plan does not demonstrate compliance with the standards, the agency license may be suspended, pending satisfactory resolution of the complaint. If the complaint is not resolved within twelve months of date of the initial complaint, the license may be revoked.