

Chapter 388-816 WAC

CERTIFICATION REQUIREMENTS FOR PROBLEM AND PATHOLOGICAL GAMBLING TREATMENT PROGRAM

WAC

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SECTION I—PURPOSE AND DEFINITIONS

WAC 388-816-0001 What is the purpose of this chapter? These rules describe the standards and processes necessary to be a certified problem and pathological gambling treatment program. The rules have been adopted under the authority and purposes of the following chapters of law.

(1) Chapter 43.20A RCW, Department of social and health services.

(2) Chapter 49.60 RCW, Discrimination—Human rights commission.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090, 11-02-003, § 388-816-0001, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0005 What definitions are important throughout this chapter? "Added service" means the adding of certification for problem and pathological gambling treatment levels of care to an existing agency certified under chapter 388-805 or 388-865 WAC at an approved location.

"Administrator" means the person designated responsible for the operation of the certified treatment program.

"Adult" means a person eighteen years of age or older.

"Assessment" means the ongoing process of identifying a diagnosis and determining the care needed by the problem gambling client. The assessment includes the requirements described in WAC 388-816-0145 in order to develop a treatment plan.

"Authenticated" means written, permanent verification of an entry in a client treatment record by an individual, by means of an original signature including first initial, last name, and professional designation or job title, or initials of the name if the file includes an authentication record, and the date of the entry. If client records are maintained electronically, unique electronic passwords, biophysical or passcard equipment are acceptable methods of authentication.

"Authentication record" means a document that is part of a client's treatment record, with legible identification of all persons initialing entries in the treatment record, and includes:

- (1) Full printed name;
- (2) Signature including the first initial and last name; and
- (3) Initials and abbreviations indicating professional designation or job title.

"Case management" means services provided to assist the client in gaining access to needed medical, social, educational, and other services. Services include case planning, case consultation, and referral, and other support services for the purpose of engaging and retaining or maintaining clients in treatment.

"Certified treatment program" means a legally operated entity certified by the department to provide problem

and pathological gambling treatment services. The components of a treatment program are:

- (1) Legal entity/owner;
- (2) Facility; and
- (3) Staff and services.

"Change in ownership" means one of the following conditions:

- (1) When the ownership of a certified problem and pathological gambling treatment program changes from one distinct legal owner to another distinct legal owner;
- (2) When the type of business changes from one type to another such as, from a sole proprietorship to a corporation; or
- (3) When the current ownership takes on a new owner of five percent or more of the organizational assets.

"Client" means an individual receiving problem or pathological gambling treatment services from a certified program.

"Clinical staff member" means an individual credentialed by the department of health in a counseling profession per chapter 18.19, 18.83, or 18.225 RCW.

"Criminal background check" means a search by the Washington state patrol for any record of convictions or civil adjudication related to crimes against children or other persons, including developmentally disabled and vulnerable adults, per RCW 43.43.830 through 43.43.842 relating to the Washington state patrol.

"Critical incident" includes:

- (1) Death of a client;
- (2) Serious injury;
- (3) Sexual assault of clients, staff members, or public citizens on the facility premises;
- (4) Abuse or neglect of an adolescent or vulnerable adult client by another client or program staff member on facility premises;
- (5) A natural disaster presenting a threat to facility operation or client safety;
- (6) A bomb threat; a break in or theft of client identifying information; and
- (7) Suicide attempt at the facility.

"Department" means the Washington state department of social and health services.

"Disability, a person with" means a person whom:

- (1) Has a physical or mental impairment that substantially limits one or more major life activities of the person;
- (2) Has a record of such an impairment; or
- (3) Is regarded as having such an impairment.

"DSM-IV TR" means diagnostic and statistical manual of mental disorders, fourth edition text revision, published by the American Psychiatric Association.

"Essential requirement" means a critical element of problem and pathological gambling treatment services that must be present in order to provide effective treatment.

"Financial evaluation" means the total of a client's monthly financial obligations including gambling debts.

"Governing body" means the officers, board of directors or trustees of a corporation or limited liability company who make up the body for the purpose of administering the problem or pathological gambling program.

"Outcomes evaluation" means a system for determining the effectiveness of results achieved by clients during or

following service delivery, and client satisfaction with those results for the purpose of program improvement.

"Pathological gambling" means a mental disorder characterized by loss of control over gambling, progression in and preoccupation with gambling and in obtaining money to gamble and continuation of gambling despite adverse consequences.

"Problem gambling" means an earlier stage of pathological gambling which compromises, disrupts, or damages family or personal relationships or vocational pursuits.

"Progress notes" are a permanent record of ongoing assessments of a client's participation in and response to treatment, and progress in recovery.

"Qualified personnel" means trained, qualified staff who meet appropriate legal, licensing, certification, and registration requirements.

"Relocation" means change in location from one office space to a new office space, or moving from one office building to another.

"Remodeling" means expansion of existing office space to additional office space at the same address, or remodeling of interior walls and space within existing office space.

"Summary suspension" means an immediate suspension of certification, per RCW 34.05.422(4), by the department pending administrative proceedings for suspension, revocation, or other actions deemed necessary by the department.

"Suspend" means termination of the department's certification of a program's treatment services for a specified period or until specific conditions have been met and the department notifies the program of reinstatement.

"Treatment plan review" means a review of active problems on the client's individualized treatment plan, the need to address new problems, and client placement.

"Vulnerable adult" means a person who lacks the functional, mental, or physical ability to care for oneself.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090, 11-02-003, § 388-816-0005, filed 12/22/10, effective 1/22/11.]

SECTION II—APPLICATION FOR CERTIFICATION

WAC 388-816-0010 What problem and pathological gambling treatment programs are certified by the department? The department certifies problem and pathological gambling treatment programs which includes diagnostic screening and assessment, individual, group, couples and family counseling and case management.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090, 11-02-003, § 388-816-0010, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0015 How do I apply for certification as a new problem and pathological gambling treatment program? (1) A potential new problem and pathological gambling treatment program, referred to as applicant, seeking certification as described under WAC 388-816-0010, must request from the department an application packet of information on how to become a certified problem and pathological gambling treatment program.

(2) The applicant must submit a completed application to the department that includes:

(a) If the applicant is a sole proprietor: The name and address of the applicant, and a statement of sole proprietorship;

(b) If the applicant is a partnership: The name and address of every partner, and a copy of the written partnership agreement;

(c) If the applicant is a limited liability corporation: The name and addresses of its officers and any owner of five percent or more of the organizational assets, and a copy of the certificate of formation issued by the state of Washington, secretary of state;

(d) If the applicant is a corporation: The names and addresses of its officers, board of directors and trustees, and any owner of five percent or more of the organizational assets, and a copy of the corporate articles of incorporation and bylaws;

(e) A copy of the master business license authorizing the organization to do business in Washington state;

(f) The Social Security number or Federal Employer Identification Number for the governing organization or person;

(g) The name and job description of the individual administrator appointed by the governing body under whose management or supervision the services will be provided;

(h) A copy of the report of findings from a criminal background check of any owner of five percent or more of the organizational assets and the administrator;

(i) Additional disclosure statements or background inquiries if the department has reason to believe that offenses specified under RCW 43.43.830, have occurred since completion of the original application;

(j) The physical location of the facility where services will be provided including, in the case of a location known only by postal route and box numbers, and the street address;

(k) Program facility requirements as set forth in WAC 388-816-0025;

(l) Policy and procedure manuals specific to the program at the proposed site, and meet the manual requirements described later in this regulation, including the:

- (i) Administrative manual;
- (ii) Personnel manual; and
- (iii) Clinical manual.

(m) Sample client records for the treatment service applied for; and

(n) Evidence of sufficient qualified staff to deliver services.

(3) The program owner or legal representative must:

(a) Sign the completed application form and submit the original to the department; and

(b) Report any changes occurring during the certification process.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090. 11-02-003, § 388-816-0015, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0020 How do currently certified or licensed agencies apply for added service? Treatment programs certified or licensed by the department through either chapter 388-805 or 388-865 WAC must apply for an added service by submitting an abbreviated application, including:

(1) The name of the individual administrator providing management or supervision of the program;

(12/22/10)

(2) A written declaration that a current copy of the agency policy and procedure manual will be maintained for the added service and that the manual has been revised to accommodate the differences in business and clinical practices at that site;

(3) An organization chart, showing the relationship of the added service to the main organization, job titles, and lines of authority;

(4) Evidence of sufficient qualified staff to deliver services for the added service; and

(5) Evidence of meeting the requirements of:

(a) WAC 388-816-0015 (2)(h) through (l), (2)(n), and (3);

(b) WAC 388-816-0145;

(c) WAC 388-816-0150;

(d) WAC 388-816-0160;

(e) WAC 388-816-0170; and

(f) WAC 388-816-0175.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090. 11-02-003, § 388-816-0020, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0025 What are the requirements for treatment program facilities? (1) For each treatment program facility, the applicant must include a floor plan showing the dimensions and intended use of each room that includes the location of:

(a) Floor to ceiling walls;

(b) Windows and doors;

(c) Restrooms;

(d) Areas serving as confidential counseling rooms;

(e) Confidential client records storage; and

(f) Other therapy and recreation areas and rooms.

(2) The applicant must submit a completed facility accessibility self-evaluation form.

(3) The administrator must ensure the treatment site:

(a) Is accessible to a person with a disability;

(b) Has a reception area separate from therapy areas;

(c) Has adequate private space for personal consultation with a client, staff charting, and therapeutic and social activities, as appropriate;

(d) Has secure storage of active and closed confidential client records;

(e) Has current fire inspection approval;

(f) Has facilities and furnishings that are kept clean and in good repair;

(g) Has adequate lighting, heating, and ventilation; and

(h) Has separate and secure storage of toxic substances, which are used only by staff or supervised persons.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090. 11-02-003, § 388-816-0025, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0030 How does the department conduct an examination of facilities? The department must conduct an on-site examination of each new applicant's facility. The department must determine if the applicant's facility is:

(1) Substantially as described.

(2) Suitable for the purposes intended.

(3) Not a personal residence.

(4) Approved as meeting all building and safety requirements.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090, 11-02-003, § 388-816-0030, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0035 How does the department determine disqualification or denial of an application? The department must consider the ability of each person named in the application to operate in accordance with this chapter before the department grants or renews certification of problem and pathological gambling service.

(1) The department must deny an applicant's certification when any of the following conditions occurred and was not satisfactorily resolved, or when any owner or administrator:

(a) Had a license or certification for a health care agency denied, revoked, or suspended;

(b) Was convicted of child abuse or adjudicated as a perpetrator of substantiated child abuse;

(c) Obtained or attempted to obtain a health provider license, certification, or registration by fraudulent means or misrepresentation;

(d) Committed, permitted, aided, or abetted the commission of an illegal act or unprofessional conduct as defined under RCW 18.130.180;

(e) Demonstrated cruelty, abuse, negligence, misconduct, or indifference to the welfare of a client or displayed acts of discrimination;

(f) Misappropriated client property or resources;

(g) Failed to meet financial obligations or contracted service commitments that affect client care;

(h) Has a history of noncompliance with state or federal regulations in an agency with which the applicant has been affiliated;

(i) Knowingly, or with reason to know, made a false statement of fact or failed to submit necessary information in:

(i) The application or materials attached; and

(ii) Any matter under department investigation.

(j) Refused to allow the department access to records, files, books, or portions of the premises relating to operation of the problem and pathological gambling program service;

(k) Willfully interfered with the preservation of material information or attempted to impede the work of an authorized department representative;

(l) Is in violation of any provision of RCW 43.20A.890; or

(m) Does not meet criminal background check requirements.

(2) The department may deny certification when an applicant:

(a) Fails to provide satisfactory application materials; or

(b) Advertises itself as certified when certification has not been granted, or has been revoked or canceled.

(3) The applicant may appeal department decisions in accord with chapter 34.05 RCW, the Washington Administrative Procedure Act and chapter 388-02 WAC.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090, 11-02-003, § 388-816-0035, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0040 What happens after I make application for certification? (1) The department may grant a treatment program applicant initial certification after a review of application materials and an on-site visit confirms

the applicant has the capacity to operate in compliance with this chapter.

(2) A treatment program's failure to meet and maintain conditions of the initial certification may result in suspension of certification.

(3) An initial certificate of approval may be issued for up to one year.

(4) The treatment program must post the certificate in a conspicuous place on the premises.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090, 11-02-003, § 388-816-0040, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0045 How do I apply for an exemption? (1) The department may grant an exemption from compliance with specific requirements in this WAC chapter if the exemption does not violate:

(a) An existing federal or state law; or

(b) An existing tribal law.

(2) Treatment programs must submit a signed letter requesting the exemption to the Supervisor, Certification Section, Division of Behavioral Health and Recovery, P.O. Box 45330, Olympia, WA 98504-5330. The program must assure the exemption request does not:

(a) Jeopardize the safety, health, or treatment of clients;

or

(b) Impede fair competition of another program.

(3) The department must approve or deny all exemption requests in writing.

(4) The department and the treatment program must maintain a copy of the decision.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090, 11-02-003, § 388-816-0045, filed 12/22/10, effective 1/22/11.]

SECTION III—MAINTAINING CERTIFICATION

WAC 388-816-0070 What do I need to do to maintain program certification? Certificates are effective for one year from the date of issuance. A service program's continued certification and renewal is contingent upon:

(1) Completion of an annual declaration of certification;

(2) Providing the essential requirements for problem and pathological gambling treatment, including the following elements:

(a) Treatment process:

(i) Assessments, as described in WAC 388-816-0145;

(ii) Treatment planning, as described in WAC 388-816-0150 (2)(a) and 388-816-0160(8);

(iii) Documenting client progress, as described in WAC 388-816-0150 (1)(b) and 388-816-0160(10);

(iv) Treatment plan reviews and updates, as described in WAC 388-816-0160(11) and 388-816-0175 (1)(d)(i) and (ii);

(v) Continuing care, and discharge planning, as described in WAC 388-816-0150 (2)(d), 388-816-0150 (6) and (7), and 388-816-0160(14);

(vi) Conducting individual and group counseling, as described in WAC 388-816-0150 (2)(b) and 388-816-0160(10).

(b) Staffing, to include providing sufficient qualified personnel for the care of clients as described in WAC 388-816-0130.

(c) Facility, to include providing sufficient facilities, equipment, and supplies for the care and safety of clients as described in WAC 388-816-0105 (5) and (6).

(3) Findings during periodic on-site surveys and complaint investigations to determine the program's compliance with this chapter. During on-site surveys and complaint investigations, program representatives must cooperate with department representatives to:

(a) Examine any part of the facility at reasonable times and as needed;

(b) Review and evaluate records, including client clinical records, personnel files, policies, procedures, fiscal records, data, and other documents as the department requires to determine compliance; and

(c) Conduct individual interviews with clients and staff members.

(4) The program must post the notice of a scheduled department on-site survey in a conspicuous place accessible to clients and staff.

(5) The program must correct compliance deficiencies found at such surveys immediately or as agreed by a plan of correction approved by the department.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090. 11-02-003, § 388-816-0070, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0075 What do I need to do for a change in ownership? (1) When a certified problem and pathological gambling treatment program plans a change in ownership, the current service program must submit a change in ownership application form sixty or more days before the proposed effective date of ownership change.

(2) The current program must include the following information with the application:

(a) Name and address of each new prospective owner of five percent or more of the organizational assets as required by WAC 388-816-0015 (2)(a) through (d);

(b) Current and proposed name (if applicable) of the service provider;

(c) Date of the proposed transaction;

(d) A copy of the transfer agreement between the outgoing and incoming owner(s);

(e) If a corporation, the names and addresses of the proposed responsible officers or partners;

(f) A statement regarding the disposition and management of client records, as described under 45 C.F.R., Part 160 through 164, and WAC 388-816-0155; and

(g) A copy of the report of findings from a criminal background check of any new owner of five percent or more of the organizational assets and new administrator when applicable.

(3) The department must determine which, if any, WAC 388-816-0015 or 388-816-0020 requirements apply to the potential new program, depending on the extent of ownership and operational changes.

(4) The department may grant certification to the new owner when the new owner:

(a) Successfully completes the application process; and

(b) Ensures continuation of compliance with rules of this chapter and implementation of plans of correction for deficiencies relating to this chapter, when applicable.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090. 11-02-003, § 388-816-0075, filed 12/22/10, effective 1/22/11.]

(12/22/10)

WAC 388-816-0080 What do I do to relocate or remodel a facility? (1) When a certified problem or pathological gambling treatment program plans to relocate or change the physical structure of a facility in a manner that affects client care, the program must:

(a) Submit a completed program relocation approval request form, or a request for approval in writing if remodeling, sixty or more days before the proposed date of relocation or change.

(b) Submit a sample floor plan that includes information identified in WAC 388-816-0025.

(c) Submit a completed facility accessibility self-evaluation form.

(d) Provide for department examination of the premises before approval, as described under WAC 388-816-0030.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090. 11-02-003, § 388-816-0080, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0085 How does the department assess penalties? When the department determines that a treatment program fails to comply with requirements of this chapter, the department may cease referrals of new clients who are recipients of services funded by state or federal funds.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090. 11-02-003, § 388-816-0085, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0090 How does the department cancel certification? The department may cancel certification if the treatment program:

(1) Stops providing the certified service.

(2) Voluntarily cancels certification.

(3) Changes ownership without prior notification and approval.

(4) Relocates without prior notification and approval.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090. 11-02-003, § 388-816-0090, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0095 How does the department suspend or revoke certification? (1) The department must suspend or revoke a treatment program's certification when a disqualifying situation described under WAC 388-816-0035 applies to a current program.

(2) The department may suspend or revoke a program's certification when any of the following deficiencies or circumstances occur:

(a) A program fails to provide the essential requirements of problem or pathological gambling treatment as described in WAC 388-816-0070(2), and one or more of the following conditions occur:

(i) Violation of a rule threatens or results in harm to a client;

(ii) A reasonably prudent program should have been aware of a condition resulting in significant violation of a law or rule;

(iii) A program failed to investigate or take corrective or preventive action to deal with a suspected or identified client care problem;

(iv) Noncompliance occurs repeatedly in the same or similar areas; or

(v) There is an inability to attain compliance with laws or rules within a reasonable period of time.

(b) The program fails to submit an acceptable and timely plan of correction for cited deficiencies; or

(c) The program fails to correct cited deficiencies.

(3) The department may suspend certification upon receipt of a written request from the program. Programs requesting voluntary suspension must submit a written request for reinstatement of certification within one year from the effective date of the suspension. The department will review the request for reinstatement, determine if the program is able to operate in compliance with certification requirements, and notify the program of the results of the review for reinstatement.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090, 11-02-003, § 388-816-0095, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0100 What is the prehearing, hearing and appeal process? (1) In case of involuntary certification cancellation, suspension, or revocation of the certification, or a penalty for noncompliance, the department must:

(a) Notify the treatment program of any action to be taken; and

(b) Inform the program of prehearing and dispute conferences, hearing, and appeal rights under chapter 388-02 WAC.

(2) The department may order a summary suspension of the program's certification pending completion of the appeal process when the preservation of public health, safety, or welfare requires emergency action.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090, 11-02-003, § 388-816-0100, filed 12/22/10, effective 1/22/11.]

SECTION IV—ORGANIZATIONAL STANDARDS

WAC 388-816-0105 What are the requirements for the governing body of the program? In treatment programs not certified or licensed under chapter 388-805 or 388-865 WAC, a governing body, legally responsible for the conduct and quality of services provided, must:

(1) Appoint an administrator responsible for the day-to-day operation of the program.

(2) Maintain a current job description for the administrator including the administrator's authority and duties.

(3) Notify the department within thirty days, of changes of the program administrator.

(4) Provide personnel, facilities, equipment, and supplies necessary for the safety and care of clients.

(5) Ensure:

(a) Safety of clients and staff;

(b) Maintenance and operation of the facility; and

(c) The administration and operation of the program is in compliance with:

(i) Chapter 388-816 WAC requirements;

(ii) Applicable federal, state, tribal, and local laws and rules; and

(iii) Applicable federal, state, tribal, and local licenses, permits, and approvals.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090, 11-02-003, § 388-816-0105, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0110 What are the key responsibilities required of a program administrator? In treatment pro-

grams not certified or licensed under chapter 388-805 or 388-865 WAC, the administrator must:

(1) Be responsible for the day-to-day operation of the certified treatment service, including:

(a) All administrative matters;

(b) Client care services; and

(c) Meeting all applicable rules and ethical standards.

(2) Delegate the authority and responsibility to act in the administrator's behalf when the administrator is not on duty or on call.

(3) Ensure administrative, personnel, and clinical policy and procedure manuals:

(a) Are developed and adhered to; and

(b) Are reviewed and revised as necessary, and at least annually.

(4) Employ sufficient qualified personnel to provide adequate problem and pathological gambling treatment, facility security, client safety and other special needs of clients.

(5) Ensure all persons providing counseling services are credentialed by the department of health.

(6) Assign the responsibility of TB infection control manager to a program individual in order to assess the program's annual tuberculosis risk according to the center for disease control guidelines.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090, 11-02-003, § 388-816-0110, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0115 What must be included in a program administrative manual? Treatment programs not certified or licensed under chapter 388-805 or 388-865 WAC must have and adhere to an administrative manual, which contains policies and procedures that include:

(1) How services will be made sensitive to the needs of each client, including assurance that:

(a) Certified interpreters or other acceptable alternatives are available for persons with limited English-speaking proficiency and persons having a sensory impairment; and

(b) Assistance will be provided to persons with disabilities in case of an emergency.

(2) An organization chart specifying:

(a) The governing body;

(b) Each staff position by job title, including volunteers, students, and persons on contract; and

(c) The number of full or part-time persons for each position.

(3) A delegation of authority policy.

(4) A copy of current fee schedules.

(5) Implementing state and federal regulations on client confidentiality, including provision of a summary of 45 C.F.R. Part 160 and 164 to each client.

(6) Reporting suspected child abuse and neglect.

(7) Reporting the death of a client to the department within one business day when a client dies on the premises.

(8) A client grievance policy and procedures.

(9) Reporting of critical incidents and actions taken to the department within two business days when an unexpected event occurs.

(10) An evacuation plan for use in the event of a disaster or emergency, addressing:

- (a) Communication methods for clients, staff, and visitors including persons with a visual or hearing impairment or limitation;
- (b) Evacuation of mobility-impaired persons;
- (c) Evacuation of children if child care is offered;
- (d) Different types of disasters or emergencies;
- (e) Placement of posters showing routes of exit; and
- (f) The need to mention evacuation routes at public meetings.

(11) A smoking policy consistent with the Washington Clean Indoor Air Act, chapter 70.160 RCW.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090, 11-02-003, § 388-816-0115, filed 12/22/10, effective 1/22/11.]

SECTION V—HUMAN RESOURCE MANAGEMENT

WAC 388-816-0120 What must be included in a treatment program personnel manual? Treatment programs not certified or licensed under chapter 388-805 or 388-865 WAC must have and adhere to a personnel manual, which contains policies and procedures that include:

(1) How the program conducts criminal background checks on its employees in order to comply with the rules specified in RCW 43.43.830 through 43.43.842.

(2) How the program provides staff orientation prior to assigning unsupervised duties, including orientation to:

- (a) The administrative, personnel and clinical manuals;
- (b) Staff ethical standards and conduct, including reporting of unprofessional conduct to appropriate authorities;
- (c) Staff and client grievance procedures; and
- (d) The facility evacuation plan.

(3) Provision for a drug free work place which includes:

- (a) A philosophy of nontolerance of illegal drug-related activity;
- (b) Program standards of prohibited conduct; and
- (c) Actions to be taken in the event a staff member misuses alcohol or other drugs.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090, 11-02-003, § 388-816-0120, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0125 What are treatment program personnel file requirements? In treatment programs not certified or licensed under chapter 388-805 or 388-865 WAC the administrator must:

(1) Ensure that there is a current personnel file for each employee, trainee, student, and volunteer, and for each contract staff person who provides or supervises client care.

(2) Designate a person to be responsible for management of personnel files.

(3) Ensure each person's file contains:

- (a) Evidence a criminal background check was completed per WAC 388-816-0120(1);
- (b) A copy of the results of an initial tuberculin skin test or evidence the person has completed a course of treatment approved by a physician or local health officer if the results are positive and subsequent annual tuberculosis screening and risk assessment based on the program annual TB risk assessment; and
- (c) A record of an orientation to the program as described in WAC 388-816-0120(2).

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(4) Ensure that each personnel file for clinical staff members providing client care contains:

(a) Verification of qualifications including, for each person engaged in the treatment of problem or pathological gambling, including counselors, physicians, nurses, and other certified, or licensed health care professionals, evidence they comply with the credentialing requirements of their respective professions;

(b) A copy of a current job description, signed and dated by the employee and supervisor which includes:

- (i) Job title;
- (ii) Minimum qualifications for the position; and
- (iii) Summary of duties and responsibilities.

(c) A written performance evaluation for each year of employment:

- (i) Conducted by the immediate supervisor of each staff member; and
- (ii) Signed and dated by the employee and supervisor.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090, 11-02-003, § 388-816-0125, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0130 What are the minimum qualifications for clinical staff members providing problem and pathological gambling treatment? (1) All clinical staff members and approved clinical supervisors providing problem and pathological gambling treatment must have a credential issued by the department of health in a counseling profession per chapter 18.19, 18.83, or 18.225 RCW.

(2) Each clinical staff member credentialed per chapter 18.19 RCW providing treatment services to a client must provide documentation of at least fifteen hundred hours of professionally supervised post-certification or post-registration experience providing mental health or chemical dependency treatment services.

(3) Each clinical staff member providing treatment services must have at least a bachelor's degree from an accredited college-level institution.

(a) The department will review requests for an exemption to this requirement on a case-by-case basis.

(b) In order to qualify for an exemption, the employee must possess year-for-year professional level experience equivalent to a bachelor's degree. The department determines this equivalency at the discretion of the department program manager responsible for monitoring problem gambling treatment programs.

(4) Each clinical staff member providing treatment services under supervision must:

- (a) Complete a minimum of thirty hours of unduplicated gambling specific training including the sixteen-hour basic training, approved by a state, national, or international organization including but not limited to:
 - (i) Washington state gambling counselor certification committee;
 - (ii) National gambling counselor certification board;
 - (iii) International Gambling Counselor Certification Board; or
 - (iv) The department.
- (b) Provide documentation of a minimum of one hundred hours of supervised experience working with problem and pathological gamblers and their significant others; and

(4) Each clinical staff member providing treatment services under supervision must:

- (a) Complete a minimum of thirty hours of unduplicated gambling specific training including the sixteen-hour basic training, approved by a state, national, or international organization including but not limited to:

- (i) Washington state gambling counselor certification committee;
- (ii) National gambling counselor certification board;
- (iii) International Gambling Counselor Certification Board; or
- (iv) The department.

(b) Provide documentation of a minimum of one hundred hours of supervised experience working with problem and pathological gamblers and their significant others; and

(c) Receive a passing score on the national gambling counselor examination before providing unsupervised treatment services to program clients.

(5) Each clinical staff member credentialed per chapter 18.19 RCW providing unsupervised treatment services to program clients must:

(a) Be certified as a Washington state certified gambling counselor; or

(b) Be certified as a national certified gambling counselor.

(6) Approved clinical supervisors must:

(a) Hold a valid international gambling counselor certification board approved clinical consultant credential; or

(b) Hold a valid national certified gambling counselor II or Washington state certified gambling counselor II certification credential; and

(c) Complete six hours of training on gambling specific clinical supervision approved by the recognized organizations listed in WAC 388-816-0130 (4)(a)(i) through (iv).

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090, 11-02-003, § 388-816-0130, filed 12/22/10, effective 1/22/11.]

SECTION VI—PROFESSIONAL PRACTICES

WAC 388-816-0135 What must be included in the treatment program clinical manual? Treatment programs not certified or licensed under chapter 388-805 or 388-865 WAC must have and adhere to a clinical manual, which contains policies and procedures that include:

(1) How the program meets WAC 388-816-0135 through 388-816-0180 requirements.

(2) Identification of resources and referral options so staff can make referrals required by law and as indicated by client needs.

(3) Client admission, continued service, and discharge criteria.

(4) How the program implements the following requirements:

(a) The administrator must not admit or retain a person unless the person's treatment needs can be met.

(b) Clinical staff members must assess and refer each client to the appropriate treatment service.

(5) Tuberculosis (TB) screening for prevention and control of TB in all outpatient programs, including:

(a) Obtaining a history of preventive or curative therapy;

(b) Screening and related procedures for coordinating with the local health department; and

(c) Implementing TB control as provided by the department of health TB control program.

(6) Limitation of group counseling sessions to twelve or fewer clients.

(7) Use of self-help groups.

(8) Client rules and responsibilities.

(9) How the program manages:

(a) Medical emergencies; and

(b) Suicidal, chemically dependent and mentally ill clients.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090, 11-02-003, § 388-816-0135, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0140 What are clients' rights requirements in certified treatment programs? (1) Each certified treatment program must ensure a client:

(a) Is admitted to treatment without regard to race, color, creed, national origin, religion, sex, sexual orientation, age, or disability, except for bona fide program criteria.

(b) Is reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences.

(c) Is treated in a manner sensitive to individual needs and which promotes dignity and self-respect.

(d) Is protected from invasion of privacy except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises.

(e) Has all clinical and personal information treated in accord with state and federal confidentiality regulations.

(f) Has the opportunity to review their own treatment records in the presence of the administrator or designee.

(g) Has the opportunity to have clinical contact with a same gender counselor, if requested and determined appropriate by the supervisor, either at the program or by referral.

(h) Is fully informed regarding fees charged, including fees for copying records to verify treatment and methods of payment available.

(i) Is protected from abuse by staff at all times, or from other clients who are on program premises, including:

(i) Sexual abuse or harassment;

(ii) Sexual or financial exploitation;

(iii) Racism or racial harassment; and

(iv) Physical abuse or punishment.

(j) Is fully informed and receives a copy of counselor disclosure requirements established under RCW 18.19.060.

(k) Receives a copy of client grievance procedures upon request.

(l) Is, in the event of a program closure or treatment service cancellation:

(i) Given thirty days notice;

(ii) Assisted with relocation;

(iii) Given refunds to which the person is entitled; and

(iv) Advised how to access records to which the person is entitled.

(2) A disclosure authorization to a health care provider or health care facility as required by RCW 70.02.030 must:

(a) Be in writing, dated, and signed by the client;

(b) Identify the nature of the information to be disclosed;

(c) Identify the name and institutional affiliation of the person or class of persons to whom the information is to be disclosed;

(d) Identify the program or person who is to make the disclosure;

(e) Identify the client; and

(f) Contain an expiration date or an expiration event that relates to the client or the purpose of the use or disclosure.

(3) A treatment program must notify clients that outside persons or organizations which provide services to the program are required by written agreement to protect client confidentially.

(4) The administrator must ensure a copy of clients' rights is given at admission to each client receiving services.

(5) The administrator must post a copy of clients' rights in a conspicuous place in the facility accessible to clients and staff.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090. 11-02-003, § 388-816-0140, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0145 What are the requirements for problem and pathological gambling assessments? Treatment programs must require all clinical staff members to obtain, review, evaluate and document a face-to-face diagnostic assessment of each client's involvement with problem and pathological gambling. The assessment must include, if not already documented in a chemical dependency or mental health assessment, the following information:

- (1) Legal history describing any involvement with the criminal justice system.
- (2) Medical and health history including all prescribed medications.
- (3) Mental health history and current mental health status.
- (4) Suicidal/homicidal assessment including past suicide attempts, methods, suicide plan, family history of suicide attempts, and suicide intent.
- (5) Substance abuse history and screening describing current use, past use including amounts and duration and treatment history.
- (6) Family history describing family composition and dynamics.
- (7) If client is other than the problem or pathological gambler, a family assessment must be completed.
- (8) Education status and history.
- (9) Vocational or employment status and history describing skills or trades learned, jobs held, duration of employment, and reasons for leaving.
- (10) Peers and friends, indicating interpersonal relationships and interaction with people and groups outside the home.
- (11) A financial evaluation and information, including current financial status, gambling debts, any previous bankruptcy or repayment plans, and insurance coverage.
- (12) Problem gambling screens.
- (13) Documentation of the information collected, including:
 - (a) A diagnostic assessment statement including sufficient data to determine a client diagnosis supported by DSM IV TR criteria or subsequent editions.
 - (b) A written summary of the data gathered in subsections (1) through (12) of this section that supports the treatment recommendation.
- (14) Evidence the client:
 - (a) Was notified of the assessment results; and
 - (b) Documentation of treatment options provided, and the client's choice; or
 - (c) If the client was not notified of the results and advised of referral options, the reason must be documented.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090. 11-02-003, § 388-816-0145, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0150 What are the requirements for treatment, continuing care, transfer, and discharge plans? (1) Treatment programs must require clinical staff

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members be responsible for the overall treatment plan for each client, including:

- (a) Client involvement in treatment planning;
 - (b) Documentation of progress toward client attainment of goals; and
 - (c) Completeness of client records.
- (2) A clinical staff member must:
- (a) Develop the individualized treatment plan based upon the assessment and update the treatment plan based upon achievement of goals, or when new problems are identified;
 - (b) Conduct individual or group counseling;
 - (c) Develop the continuing care plan; and
 - (d) Complete the discharge summary.
- (3) A clinical staff member must follow up when a client misses an appointment to:
- (a) Try to motivate the client to stay in treatment; and
 - (b) Report a noncompliant client to the committing authority as appropriate.
- (4) When a client gives written consent, a clinical staff member must involve each client's family or other support persons:
- (a) In the treatment program; and
 - (b) In self-help or support groups.
- (5) A clinical staff member must meet with each client at the time of discharge from any treatment program to:
- (a) Finalize a continuing care plan to assist in determining appropriate recommendation for care;
 - (b) Refer the client in making contact with necessary agencies or services; and
 - (c) Provide the client a copy of the plan.
- (6) When transferring a client to another treatment program, the current program must forward copies of the following information to the receiving program when a release of confidential information is signed by the client:
- (a) Client's demographic information;
 - (b) Diagnostic assessment statement and other assessment information, including:
 - (i) TB screen or test result;
 - (ii) The reason for the transfer; and
 - (iii) Court mandated status or program recommended follow-up treatment.
 - (c) Discharge summary; and
 - (d) The plan for continuing care or treatment.
- (7) A clinical staff member must complete a discharge summary, within seven days of each client's discharge from the program, which includes:
- (a) The date of discharge; and
 - (b) A summary of the client's progress toward each treatment goal.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090. 11-02-003, § 388-816-0150, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0155 What are the requirements for a client record system? Treatment programs not certified or licensed by either chapter 388-805 or 388-865 WAC must have a comprehensive client record system maintained in accord with recognized principles of health record management. The program must ensure:

- (1) A designated individual is responsible for the record system;

- (2) A secure storage system which:
- (a) Promotes confidentiality of and limits access to both active and inactive records; and
 - (b) Protects active and inactive files from damage during storage.
- (3) Client record policies and procedures on:
- (a) Who has access to records;
 - (b) Content of active and inactive client records;
 - (c) A systematic method of identifying and filing individual client records so each can be readily retrieved;
 - (d) Assurance that each client record is complete and authenticated by the person providing the observation, evaluation, or service;
 - (e) Retention of client records for a minimum of six years after the discharge or transfer of the client; and
 - (f) Destruction of client records.
- (4) In addition to subsections (1) through (3) of this section, that programs maintaining electronic client records:
- (a) Make records available in paper form upon request:
 - (i) For review by the department; and
 - (ii) To clients requesting record review as authorized by WAC 388-816-0140(6).
 - (b) Provide secure, limited access through means that prevent modification or deletion after initial preparation;
 - (c) Provide for back up of records in the event of equipment, media or human error;
 - (d) Provide for protection from unauthorized access, including network and internet access.
- (5) In case of a program closure, the closing treatment program must arrange for the continued management of all client records. The closing program must notify the department in writing of the mailing and street address where records will be stored and specify the person managing the records. The closing program:
- (a) May continue to manage the records and give assurance they will respond to authorized requests for copies of client records within a reasonable period of time;
 - (b) May transfer records of clients who have given written consent to another certified program;
 - (c) May enter into a business associate agreement with a certified program to store and manage records, when the outgoing program will no longer be a problem and pathological gambling treatment program; or
 - (d) Must, in the event none of the arrangements listed in (a) through (c) of this subsection can be made, arrange for transfer of client records to the department.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090. 11-02-003, § 388-816-0155, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0160 What are the requirements for client record content? Treatment programs must ensure client record content includes:

- (1) Demographic information;
- (2) A problem and pathological gambling assessment;
- (3) Documentation the client was informed of the diagnostic assessment and options for referral or the reason not informed;
- (4) Documentation the client was informed of federal confidentiality requirements and received a copy of the client notice required under 45 C.F.R., Part 160 through 164;

- (5) Documentation the client was informed of treatment service rules, translated when needed, signed and dated by the client before beginning treatment;
- (6) Voluntary consent to treatment signed and dated by the client;
- (7) Documentation the client received counselor disclosure information, acknowledged by the program and client by signature and date;
- (8) Initial and updated individual treatment plans, including results of the initial assessment and periodic reviews, addressing:
 - (a) Client biopsychosocial problems;
 - (b) Treatment goals;
 - (c) Estimated dates or conditions for completion of each treatment goal;
 - (d) Approaches to resolve the problems;
 - (e) Identification of persons responsible for implementing the approaches;
 - (f) Medical orders, if appropriate.
- (9) Documentation of referrals made for specialized care or services;
- (10) Progress notes as events occur, which include:
 - (a) Date, duration, and content of counseling and other treatment sessions; and
 - (b) Ongoing assessments of each client's participation in and response to treatment and other activities.
- (11) Treatment plan reviews as required by WAC 388-816-0175 (1)(d)(i) and (ii);
- (12) Properly completed authorizations for release of information;
- (13) Copies of all correspondence related to the client, including any court orders and reports of noncompliance; and
- (14) A continuing care plan and discharge summary.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090. 11-02-003, § 388-816-0160, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0165 What are the requirements for reporting client noncompliance? The following standards define client noncompliance behaviors and sets minimum time lines for reporting these behaviors to the appropriate court or court designated authority.

- (1) Reporting client noncompliance is contingent upon obtaining a properly completed authorization to release confidential information form.
- (2) For emergent noncompliance: The following noncompliance is considered emergent noncompliance and must be reported to the appropriate court within three working days from obtaining the information. The client:
 - (a) Fails to follow requirements in court order;
 - (b) Reports a subsequent gambling related arrest; and
 - (c) Leaves a program against program advice or is discharged for rule violation.
- (3) For nonemergent noncompliance: The following noncompliance is considered nonemergent noncompliance and must be reported to the appropriate court as required by subsection (4) and (5) of this section and needs to include the program's recommendations for engaging the client. The client:
 - (a) Has unexcused absences or failure to report. Programs must report all client unexcused absences.

(b) Fails to provide program with documentation of attendance at self-help or support groups if required by the treatment plan.

(c) Fails to make acceptable progress in any part of the treatment plan.

(4) If a court accepts monthly progress reports, nonemergent noncompliance may be reported in monthly progress reports, which must be mailed to the court within ten working days from the end of each reporting period.

(5) If a court does not wish to receive monthly reports and only requests notification of noncompliance or other significant changes in client status, the reports should be transmitted as soon as possible, but not longer than ten working days from the date of the noncompliance.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090. 11-02-003, § 388-816-0165, filed 12/22/10, effective 1/22/11.]

(2) Include a description in the program policy and procedures manuals of how confidentiality will be maintained at each off-site location, including how confidential information and client records will be transported between the certified facility and the off-site location.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090. 11-02-003, § 388-816-0180, filed 12/22/10, effective 1/22/11.]

SECTION VII—OUTCOMES EVALUATION

WAC 388-816-0170 What are the requirements for outcomes evaluation? Each treatment program:

(1) Must develop and implement policies and procedures for outcomes evaluation; and

(2) Is responsible to monitor and evaluate program effectiveness and client satisfaction for the purpose of program improvement.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090. 11-02-003, § 388-816-0170, filed 12/22/10, effective 1/22/11.]

SECTION VIII—PROGRAM SERVICE STANDARDS

WAC 388-816-0175 What are the requirements for outpatient services? All treatment programs certified by this chapter must meet the following requirements:

(1) A clinical staff member, must:

(a) Complete an assessment prior to admission unless participation in this outpatient treatment service is part of the same program's continuum of care.

(b) Complete an initial individualized treatment plan prior to the client's participation in treatment.

(c) Conduct group, individual or conjoint problem or pathological gambling counseling sessions for each client, each month, according to an individual treatment plan.

(d) Conduct and document a treatment plan review for each client:

(i) Once a month for the first three months; and

(ii) Quarterly thereafter or sooner if required by other laws.

[Statutory Authority: 2010 c 171 § 1 (1) and (4), and RCW 43.20A.890, 74.08.090. 11-02-003, § 388-816-0175, filed 12/22/10, effective 1/22/11.]

WAC 388-816-0180 What are the requirements for providing off-site problem and pathological gambling treatment services? If a certified program wishes to offer treatment services, for which the program is certified, at a site where clients are located primarily for purposes other than problem and pathological gambling, the administrator must:

(1) Ensure off-site treatment services will be provided:

(a) In a private, confidential setting that is discrete from other services provided within the off-site location; and

(b) By a clinical staff member.