

WAC 437-10-040 Quorum. A quorum for the transaction of business, except actions taken pursuant to RCW 9.94A.040, 9.94A.160, or 9.94A.165, shall constitute no fewer than a simple majority of the voting members appointed. The members present at a meeting at which a quorum is not present may elect to proceed with the business of the meeting subject to ratification of all action taken whenever a quorum is next present at a meeting.

Actions taken pursuant to RCW 9.94A.040, 9.94A.160, or 9.94A.165 must be approved by an absolute majority of the voting members of the commission.

[Statutory Authority: RCW 9.94A.060 (2)(b). 93-24-111, § 437-10-040, filed 12/1/93, effective 1/1/94. Statutory Authority: Chapter 9.94A RCW. 84-23-048 (Order 84-01), § 437-10-040, filed 11/19/84.]

WAC 437-10-060 Voting procedures. (1) Voting during meetings of the sentencing guidelines commission shall be recorded.

(2) The chairperson shall have the same voting rights as any other member of the sentencing guidelines commission.

(3) Only duly appointed members of the sentencing guidelines commission (not designees) shall be permitted to vote on any issue before the sentencing guidelines commission except for the designee of the director of the office of financial management who shall be permitted to vote; no proxies shall be permitted to vote.

(4) Action by the sentencing guidelines commission will be determined by a simple majority vote in accordance with quorum requirements.

(5) Any member on the sentencing guidelines commission who has a direct or indirect personal interest in a contract or application before the sentencing guidelines commission will withdraw himself/herself from voting on that matter. The sentencing guidelines commission member may, however, participate in discussions and answer questions from other sentencing guidelines commission members.

[Statutory Authority: RCW 9.94A.060 (2)(b). 93-24-111, § 437-10-060, filed 12/1/93, effective 1/1/94. Statutory Authority: Chapter 9.94A RCW. 84-23-048 (Order 84-01), § 437-10-060, filed 11/19/84.]

Title 440 WAC

SOCIAL AND HEALTH SERVICES, DEPARTMENT OF (GENERAL PROVISIONS)

Chapters

- 440-22** Certification requirements for chemical dependency treatment service providers.
- 440-25** Administration of chemical dependency services.

Chapter 440-22 WAC

CERTIFICATION REQUIREMENTS FOR CHEMICAL DEPENDENCY TREATMENT SERVICE PROVIDERS

WAC

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WAC 440-22-001 Purpose. Rules relating to the certification of chemical dependency treatment services are hereby adopted under the authority and purposes of chapters:

- (1) 10.05 RCW, Deferred prosecution—Courts of limited jurisdiction;
- (2) 46.61 RCW, Rules of the road;
- (3) 49.60 RCW, Discrimination—Human rights commission;
- (4) 70.96A RCW, Treatment for alcoholism, intoxication and drug addiction; and
- (5) 74.50 RCW, Alcoholism and Drug Addiction Treatment and Support Act (ADATSA).

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-001, filed 12/22/93, effective 2/1/94.]

WAC 440-22-005 Definitions. Unless the context clearly indicates otherwise, the definitions in this section apply throughout this chapter:

- (1) "Administrator" means the person designated responsible for the operation of the certified treatment service;
- (2) "Adult" means a person eighteen years of age or older. "Young adult" means an adult who is not yet twenty-one years of age;
- (3) "Alcoholic" means a person who has the disease of alcoholism;
- (4) "Alcoholism" means a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial. Each of these symptoms may be continuous or periodic;
- (5) "Authenticated" means written, permanent verification of an entry in a patient treatment record 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;
- (6) "Authentication record" means a document which is part of a patient's treatment record, with legible identification of all persons initialing entries in the treatment record, and includes:

- (a) Full printed name;
- (b) Signature including the first initial and last name; and
- (c) Initials and abbreviations indicating professional designation or job title.

(7) "Bloodborne pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. The pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV);

(8) "Branch service site" means a physically separate certified unit where qualified staff provide a certified treatment service and are governed by a parent organization;

(9) "Certified treatment service" means a discrete program of chemical dependency treatment offered by a service provider who has a certificate of approval from the department of social and health services, as evidence the provider meets the standards of chapter 440-22 WAC;

(10) "Chemical dependency" means a person's alcoholism or drug addiction or both;

(11) "Chemical dependency counseling" means face-to-face individual or group contact using therapeutic techniques and:

(a) Led by a chemical dependency counselor (CDC) or a CDC intern under direct CDC supervision;

(b) Directed toward patients and others who are harmfully affected by the use of mood-altering chemicals or are chemically dependent; and

(c) Directed toward a goal of abstinence for chemically dependent persons.

(12) "Chemical dependency counselor (CDC)" means a person registered, certified, or exempted by the state department of health, and qualified as a CDC as described under WAC 440-22-240. Categories of chemical dependency counselors include:

(a) "Assessment officer" which means a person employed at a certified district or municipal court treatment program who meets WAC 440-22-225 requirements or is grandparented as meeting those requirements;

(b) "Youth chemical dependency counselor" which means a person who meets WAC 440-22-230 requirements.

(13) "Chemical dependency counselor (CDC) intern" means a person who meets the standards for CDC interns described under WAC 440-22-200 and 440-22-220, and is supervised by a CDC in a certified treatment agency, as described under WAC 440-22-210;

(14) "Child" means a person less than eighteen years of age, also known as adolescent, juvenile, or minor;

(15) "County coordinator" means the person designated by the chief executive officer of a county to carry out administrative and oversight responsibilities of the county chemical dependency program;

(16) "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;

(17) "Department" means the Washington state department of social and health services;

(18) "Detoxification" or "detox" means care and treatment of a person while the person recovers from the transitory effects of acute or chronic intoxication or withdrawal from alcohol or other drugs;

(19) "Disability, person with a" means a person who:

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

(20) "Discrete treatment service" means a chemical dependency treatment service that:

(a) Provides distinct chemical dependency supervision and treatment separate from other services provided within the facility;

(b) Provides a separate treatment area for ensuring confidentiality of chemical dependency treatment services; and

(c) Has separate accounting records and documents identifying the provider's funding sources and expenditures of all funds received for the provision of chemical dependency services.

(21) "Domestic violence" means:

(a) Physical harm, bodily injury, assault, or the infliction of fear of imminent physical harm, bodily injury, or assault between family or household members; or

(b) Sexual assault of one family or household member by another.

(22) "Drug addiction" means a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. Drug addiction is characterized by impaired control over use of drugs, preoccupation with drugs, use of a drug despite adverse consequences, and distortions in thinking, most notably denial. Each of these symptoms may be continuous or periodic;

(23) "First Steps" means a program available across the state for low-income pregnant women and their infants. First Steps provides maternal and child health care and support services;

(24) "Governing body" means the legal entity responsible for the operation of the chemical dependency treatment service;

(25) "HIV/AIDS brief risk intervention (BRI)" means an individual face-to-face interview with a client or patient, to help that person assess personal risk for HIV/AIDS infection and discuss methods to reduce infection transmission;

(26) "HIV/AIDS education" means education, in addition to the brief risk intervention, designed to provide a person with information regarding HIV/AIDS risk factors, HIV antibody testing, HIV infection prevention techniques, the impact of alcohol and other drug use on risks and the disease process, and trends in the spread of the disease;

(27) "Medical practitioner" means a physician, certified nurse practitioner, or certified physician's assistant. Nurse practitioners and midwives with prescriptive authority may perform practitioner functions related only to indicated specialty services;

(28) "Misuse" means use of alcohol or other drugs by a person in:

(a) Violation of any law; or

(b) Breach of agency policies relating to the drug-free work place.

(29) "Off-site treatment" means provision of treatment by a certified provider at a location where treatment is not the primary purpose of the site;

(30) "Opiate dependency treatment agency" means an organization that administers or dispenses an approved drug as specified in 212 CFR Part 291 for treatment or detoxification of opiate dependency. The agency is:

(a) Approved by the Federal Food and Drug Administration;

(b) Registered with the Federal Drug Enforcement Administration;

(c) Licensed by the county in which it operates; and

(d) Certified as an "opiate dependency treatment agency" by the department.

(31) "Patient" is a person receiving chemical dependency treatment services from a certified program;

(32) "Patient contact" means counselor time spent with a client or patient to do assessments, individual or group counseling, or education;

(33) "Probation assessment service" means a certified assessment service offered by a misdemeanor probation department or unit within a county or municipality;

(34) "Progress notes" are a permanent record of ongoing assessments of a patient's participation in and response to treatment, and progress in recovery;

(35) "Service provider" or "provider" means a legally operated entity certified by the department to provide chemical dependency treatment services. The components of a service provider are:

(a) Legal entity/owner;

(b) Facility; and

(c) Staff and services.

(36) "Sexual abuse" means sexual assault, incest, or sexual exploitation;

(37) "Sexual harassment" means unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct when:

(a) Submission to such conduct is made explicitly or implicitly a term or condition of employment or treatment;

(b) Such conduct interferes with work performance or creates an intimidating, hostile, or offensive work or treatment environment.

(38) "Substance abuse" means a recurring pattern of alcohol or other drug use which substantially impairs a person's functioning in one or more important life areas, such as familial, vocational, psychological, physical, or social;

(39) "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;

(40) "Supervision" means:

(a) Regular monitoring of the administrative, clinical, or clerical work performance of a staff member, intern, student, volunteer, or employee on contract by a person with the authority to give directions and require change; and

(b) "Direct supervision" means the supervisor is on the premises and available for immediate consultation.

(41) "Suspend" means termination of the department's certification of a provider's treatment services for a specified

period or until specific conditions have been met and the department notifies the provider of reinstatement;

(42) "Treatment services" means the broad range of emergency, detoxification, residential, and outpatient services and care. Treatment services include diagnostic evaluation, chemical dependency education, individual and group counseling, medical, psychiatric, psychological, and social services, vocational rehabilitation and career counseling which may be extended to alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other drugs, and intoxicated persons;

(43) "Urinalysis" means analysis of a patient's urine sample for the presence of alcohol or controlled substances by a licensed laboratory or a provider who is exempted from licensure by the department of health;

(a) "Negative urine" is a urine sample in which the lab does not detect specific levels of alcohol or other specified drugs; and

(b) "Positive urine" is a urine sample in which the lab confirms specific levels of alcohol or other specified drugs.

(44) "Vulnerable adult" means a person sixty years of age or older who has the functional, mental, or physical inability to care for oneself.

(45) "Youth" means a person seventeen years of age or younger.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-005, filed 12/22/93, effective 2/1/94.]

WAC 440-22-010 Certified treatment services. (1) The department may certify a provider to offer the following types of chemical dependency treatment services:

(a) Detoxification services, which assist patients in withdrawing from drugs including alcohol. Types of detox are:

(i) Acute detox, which provides medical care and physician supervision for withdrawal from alcohol or other drugs; and

(ii) Sub-acute detox, which is nonmedical detoxification provided in a home-like environment.

(b) Residential treatment services, which provide chemical dependency treatment for patients and include room and board in a twenty-four-hour-a-day supervised facility. Types of residential services are:

(i) Intensive inpatient, a concentrated program of individual and group counseling, education, and activities for detoxified alcoholics and addicts, and their families;

(ii) Recovery house, a program of care and treatment with social, vocational, and recreational activities to aid in patient adjustment to abstinence and to aid in job training, employment, or other types of community activities; and

(iii) Long-term treatment, a program of treatment with personal care services for chronically impaired alcoholics and addicts with impaired self-maintenance capabilities. These patients need personal guidance to maintain abstinence and good health.

(c) Outpatient treatment services, which provide chemical dependency treatment to patients less than twenty-four hours a day. Types of outpatient services are:

(i) Intensive outpatient, a concentrated program of individual and group counseling, education, and activities for detoxified alcoholics and addicts and their families;

(ii) Outpatient, individual and group treatment services of varying duration and intensity according to a prescribed plan; and

(iii) Opiate dependency outpatient treatment, which meets both outpatient and opiate dependency treatment service requirements.

(d) Assessment services, which include:

(i) ADATSA assessments, alcohol and other drug assessments of clients seeking financial assistance from the department due to the incapacity of chemical dependency. Services include assessment, referral, case monitoring, and assistance with employment; and

(ii) DUI assessments, diagnostic services requested by the courts to determine a client's involvement with alcohol and other drugs and to recommend a course of action.

(e) Information and assistance services, which include:

(i) Alcohol and drug information school, an education program about the use and abuse of alcohol and other drugs, for persons referred by the courts and others, who do not present a significant chemical dependency problem, to help those persons make informed decisions about the use of alcohol and other drugs;

(ii) Information and crisis services, response to persons having chemical dependency related needs, by phone or in person; and

(iii) Emergency service patrol, assistance provided to intoxicated persons in the streets and other public places.

(2) The department may certify a provider for more than one of the treatment services listed under subsection (1) of this section when the provider complies with the specific requirements of the selected treatment services.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-010, filed 12/22/93, effective 2/1/94.]

WAC 440-22-015 Application for certification. (1) A potential chemical dependency treatment service provider, otherwise referred to as applicant, seeking certification for one or more treatment services, as described under WAC 440-22-010, shall:

(a) Request from the department an application packet of information on how to become a certified chemical dependency treatment service provider; and

(b) Obtain a license from the department of health if planning to offer residential services.

(2) The applicant shall submit a completed application including:

(a) The applicant's name and address if the applicant is a sole proprietor; of every partner if the applicant is a partnership; and the names and addresses of its officers, board of directors, and trustees if the applicant is a corporation or unit of government;

(b) A copy of the certificate of authorization to do business in Washington, if the applicant is an out-of-state corporation;

(c) The name of the individual administrator under whose management or supervision the services will be provided;

(d) A copy of the report of findings from a criminal background check of any owner of five percent or more of the assets and the administrator. The background check shall be conducted by the Washington state patrol or the law

enforcement agency of the previous state of residence if the person was not a resident of Washington for one year before the date of application;

(e) 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;

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

(g) A declaration indicating all permits, licenses, and inspections required by governmental entities, and department of health license if a residential facility, have been obtained and are current.

(h) A plan of the premises assuring the chemical dependency treatment service is discrete from other programs, indicating capacities of buildings for intended uses;

(i) Floor plan showing use of each room and location of:

(i) Windows and doors;

(ii) Restrooms;

(iii) Floor to ceiling walls;

(iv) Areas serving as confidential counseling rooms;

(v) Other therapy and recreation areas and rooms;

(vi) Confidential patient records storage; and

(vii) Sleeping rooms, if a residential facility.

(j) Completed self-evaluation showing compliance with the Americans with Disabilities Act;

(k) Policy and procedure manuals specific to the agency and proposed site:

(i) Administrative manual;

(ii) Personnel manual; and

(iii) Clinical manual.

(l) Sample patient records for each treatment service; and

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

(3) The agency owner or legal representative, and the administrator when the administrator is not the owner, shall:

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

(b) Send a copy of the completed application form to the county coordinator in the county where services will be provided;

(c) Submit the application fee with the application materials; and

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

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-015, filed 12/22/93, effective 2/1/94.]

WAC 440-22-020 Application for certification of a branch agency or added service. (1) A certified chemical dependency treatment provider who wishes to apply for a branch service site or an added service shall request an abbreviated application packet from the department.

(2) The applicant shall submit the completed abbreviated application, including:

(a) Notification of any changes in ownership;

(b) The name of the individual administrator providing management or supervision of the services;

(c) A copy of the report of findings from a criminal background check of any new owner of five percent or more of the assets and a new administrator who was not a prior employee. The background check shall be conducted by the Washington state patrol or the law enforcement agency of the previous state of residence if the person was not a resident of Washington for one year before the date of application;

(d) Any new or amended administrative, personnel, or clinical policies and procedures specific to the treatment service and proposed site, including at a minimum:

(i) An organization chart, showing job types and lines of authority; and

(ii) Staff qualifications.

(e) Evidence of meeting the requirements of:

(i) WAC 440-22-015 (1)(b);

(ii) WAC 440-22-015 (2)(f) through (j) and (l) and (m); and

(iii) WAC 440-22-015(3).

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-020, filed 12/22/93, effective 2/1/94.]

WAC 440-22-025 Request for approval of off-site treatment. (1) If a certified provider wishes to offer treatment services, for which the provider is approved, at a site where clients are located primarily for purposes other than chemical dependency treatment, the provider shall:

(a) Request approval for off-site treatment services from the department;

(b) Sixty days before serving patients off-site.

(2) The provider's request for approval of off-site treatment shall include policies and procedures for:

(a) The services to be offered; and

(b) Promotion of patient and staff safety, ensuring:

(i) The provider complies with WAC 440-22-165; and

(ii) Relevant administrative, personnel, and clinical practices.

(3) Except for in-home services, the provider's request for approval of off-site treatment shall specify:

(a) The site address;

(b) The floor plan for the treatment service area; and

(c) Hours of operation and duration of the program.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-025, filed 12/22/93, effective 2/1/94.]

WAC 440-22-030 Application for opiate dependency treatment service. In addition to WAC 440-22-015 or 440-22-020 requirements, a potential opiate dependency treatment service provider shall submit to the department:

(1) Evidence of licensure from the county served, or evidence the county has authorized a specific certified agency to provide opiate dependency treatment, per RCW 70.96A.400 through 70.96A.420;

(2) A copy of registration with the Washington state board of pharmacy;

(3) A copy of the application to the Federal Drug Enforcement Administration;

(4) A copy of the application to the Federal Food and Drug Administration; and

(5) Policies and procedures identified under WAC 440-22-500 through 440-22-530.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-030, filed 12/22/93, effective 2/1/94.]

WAC 440-22-035 Application for free-standing ADATSA assessment service. A potential free-standing ADATSA assessment service provider shall:

- (1) Provide application information in accord with WAC 440-22-015; and
- (2) Demonstrate the capacity to meet WAC 440-22-550 requirements.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-035, filed 12/22/93, effective 2/1/94.]

WAC 440-22-040 Application for DUI assessment service. A potential DUI assessment service provider shall:

- (1) Provide application information in accord with WAC 440-22-015 or 440-22-020; and
- (2) Have the capacity to meet WAC 440-22-560 and 440-22-565 requirements.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-040, filed 12/22/93, effective 2/1/94.]

WAC 440-22-045 Application for information school service. A certified provider may offer information school services by:

- (1) Submitting a letter of request to offer this service; and
- (2) Demonstrating the capacity to meet information school WAC 440-22-600 requirements.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-045, filed 12/22/93, effective 2/1/94.]

WAC 440-22-050 Application for information and crisis service. A potential provider of information and crisis services shall:

- (1) Provide application information in accord with WAC 440-22-015 or 440-22-020; and
- (2) Have the capacity to meet WAC 440-22-610 requirements.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-050, filed 12/22/93, effective 2/1/94.]

WAC 440-22-055 Application for emergency service patrol. A certified provider may offer emergency service patrol by:

- (1) Submitting a letter of request to offer this service; and
- (2) Demonstrating the capacity to meet emergency service patrol requirements under WAC 440-22-620.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-055, filed 12/22/93, effective 2/1/94.]

WAC 440-22-060 Examination of nonresidential facilities. The department shall conduct an on-site examination of each new nonresidential applicant's facility or branch facility. The department shall determine if the applicant's facility is:

- (1) Substantially as described;
- (2) Suitable for the purposes intended; and

- (3) Approved as meeting all building and safety requirements.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-060, filed 12/22/93, effective 2/1/94.]

WAC 440-22-065 Disqualification, denial. The department shall consider the ability of each person named in the application to operate in accord with this chapter before the department grants or renews certification of a chemical dependency treatment service.

(1) The department shall 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 chemical dependency treatment service or 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 chapter 18.130.180 RCW;

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

(f) Misappropriated patient property or resources;

(g) Failed to meet financial obligations or contracted service commitments that impact on patient 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 chemical dependency treatment 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 chapter 70.96A RCW; 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.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-065, filed 12/22/93, effective 2/1/94.]

WAC 440-22-070 Provisional certification. (1) The department may grant an applicant provisional 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 provisional provider's failure to meet and maintain conditions of the provisional certification may result in summary suspension of the provisional certification.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-070, filed 12/22/93, effective 2/1/94.]

WAC 440-22-075 Exemptions. (1) The department may grant an exemption from compliance with specific requirements in this WAC chapter when a provider submits an exemption request in writing. The provider shall assure the exemption request does not:

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

(b) Impede fair competition of another service provider.

(2) The department shall approve or deny all exemption requests in writing.

(3) The department and the provider shall maintain a copy of the decision.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-075, filed 12/22/93, effective 2/1/94.]

WAC 440-22-080 Certification fee and expiration date. (1) Certification as an approved chemical dependency treatment service provider is effective for one year from the date of issuance unless:

(a) The department has taken action for noncompliance under WAC 440-22-065, 440-22-115, or 440-22-120; or

(b) The provider does not pay required fees.

(2) The department shall specify on the certificate:

(a) Treatment services certified;

(b) The location where the services will be provided; and

(c) The issuance, effective, and expiration dates.

(3) The provider shall submit certification fees, as set by the department, at the time of:

(a) Receiving the invoice for standard approval; or

(b) Thirty days before the annual expiration date.

(4) The provider shall post the current certificate or provisional approval letter in a conspicuous place on the premises.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-080, filed 12/22/93, effective 2/1/94.]

WAC 440-22-085 Change in ownership. (1) When a certified chemical dependency service provider plans a change in ownership, the current service provider shall notify the department, in writing, sixty or more days before the proposed date of ownership change.

(2) The current provider shall submit the following information to the department:

(a) Name and address of each present owner;

(b) Name and address of each prospective owner;

(c) Current and proposed name of the affected facility;

(d) Date of the proposed transaction;

(e) Kind of transaction;

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

(g) A statement regarding the disposition and management of patient records, as described under 42 CFR, Part 2 and WAC 440-22-330.

(3) The department shall determine which, if any, WAC 440-22-015 or 440-22-020 requirements apply to the potential service provider, 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: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-085, filed 12/22/93, effective 2/1/94.]

WAC 440-22-090 Relocation and remodeling. When a certified chemical dependency service provider plans to relocate or change the physical structure of a facility in a manner that affects patient care, the provider shall:

(1) Notify the department, in writing, sixty or more days before the proposed date of relocation or change;

(2) Submit application information as identified under WAC 440-22-015 (2)(f) through (k); and

(3) Provide for department examination of nonresidential premises before approval, as described under WAC 440-22-060.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-090, filed 12/22/93, effective 2/1/94.]

WAC 440-22-100 Certification maintenance. A service provider's continued certification and renewal is contingent upon:

(1) Payment of certification fees within thirty days of the date of the bill;

(2) Findings during periodic on-site surveys and complaint investigations to determine the provider's compliance with this chapter. During on-site surveys and complaint investigations, provider representatives shall allow or assist department representatives to:

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

(b) Review and evaluate records, including patient 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 patients and staff.

(3) The provider shall post the notice of a scheduled department on-site survey in a conspicuous place accessible to patients and staff; and

(4) The provider shall correct compliance deficiencies found at such surveys immediately or as agreed by a plan of correction submitted to and approved by the department.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-100, filed 12/22/93, effective 2/1/94.]

WAC 440-22-105 Deeming of national accreditation. (1) The department shall deem accreditation by a

national chemical dependency accreditation body, recognized by the department, if the treatment provider was initially certified by the department and when:

(a) A major portion of the national accreditation body requirements meet or exceed chapter 440-22 WAC requirements;

(b) The national accreditation time intervals meet or exceed state expectations;

(c) The provider notifies the department of scheduled on-site surveys;

(d) The provider promptly sends a copy of survey findings, corrective action plans, and follow-up responses to the department; and

(e) WAC 440-22-001 through 440-22-125 continue to apply at all times.

(2) The department may apply an abbreviated department survey which includes requirements specific to Washington state at its regular certification intervals.

(3) The department shall act upon:

(a) Complaints received; and

(b) Deficiencies cited by the national accreditation body for which there is no evidence of correction.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-105, filed 12/22/93, effective 2/1/94.]

WAC 440-22-110 Penalties. When the department determines a service provider fails to comply with provider entry requirements or ongoing requirements of this chapter, the department may:

(1) Assess fees to cover costs of added certification activities;

(2) Cease referrals of new patients who are recipients of state or federal funds; and

(3) Notify the county alcohol and drug coordinator and local media of ceased referrals, involuntary cancellations, suspensions, revocations, or nonrenewal of certification.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-110, filed 12/22/93, effective 2/1/94.]

WAC 440-22-115 Certification cancellation. The department may cancel a provider's certification if the provider:

(1) Ceases to provide services for which the provider is certified;

(2) Voluntarily cancels certification;

(3) Fails to submit required certification fees;

(4) Changes ownership without prior notification and approval; or

(5) Relocates without prior notification and approval.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-115, filed 12/22/93, effective 2/1/94.]

WAC 440-22-120 Suspension, revocation. The department may suspend or revoke a provider's certification when:

(1) A disqualifying situation described under WAC 440-22-065 applies to a current service provider; or

(2) Any of the following provider deficiencies or circumstances occur:

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

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

(c) A provider failed to investigate or take corrective or preventive action to deal with a suspected or identified patient care problem;

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

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

(f) Personnel are insufficient in number or unqualified to provide appropriate care to patients;

(g) The provider fails to submit an acceptable and timely plan of correction for cited deficiencies;

(h) The provider fails to correct cited deficiencies; or

(i) A residential provider loses department of health licensure.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-120, filed 12/22/93, effective 2/1/94.]

WAC 440-22-125 Hearings, appeals. (1) In the event of involuntary certification cancellation, suspension, or revocation of the certification, or a penalty for noncompliance, the department shall:

(a) Notify the service provider and the county coordinator of any action to be taken; and

(b) Inform the provider of hearing and appeal rights under the Administrative Procedure Act, chapter 34.05 RCW.

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

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-125, filed 12/22/93, effective 2/1/94.]

WAC 440-22-150 Governing body. The provider's governing body, legally responsible for the conduct and quality of services provided, shall:

(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) Establish the philosophy and overall objectives for the treatment services;

(4) Provide personnel, facilities, equipment, and supplies necessary for the care of patients;

(5) If a nonresidential provider, ensure:

(a) Safety of patients and staff; and

(b) Maintenance and operation of the facility.

(6) Review and approve written administrative, personnel, and clinical policies and procedures required under WAC 440-22-160, 440-22-175, and 440-22-300; and

(7) Ensure the administration and operation of the agency is in compliance with:

(a) Chapter 440-22 WAC requirements;

(b) Applicable federal, state, and local laws and rules; and

(c) State, county, and city licenses, permits, and approvals.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-150, filed 12/22/93, effective 2/1/94.]

WAC 440-22-155 Administrator responsibilities.

(1) The administrator shall be responsible for the day-to-day operation of the certified treatment service, including:

- (a) All administrative matters;
- (b) Patient care services; and
- (c) Meeting all applicable rules and ethical standards.

(2) When the administrator is not on duty or on call, a staff person shall be delegated the authority and responsibility to act in the administrator's behalf.

(3) The administrator shall ensure administrative, personnel, and clinical policy and procedure manuals:

- (a) Are developed and adhered to;
- (b) Are reviewed and revised as necessary, and at least annually; and
- (c) Contain a cover sheet with a log of all policies and procedures, including:
 - (i) Dates of reviews and revisions;
 - (ii) Purposes of reviews and revisions; and
 - (iii) Signatures of the persons completing the reviews and revisions.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-155, filed 12/22/93, effective 2/1/94.]

WAC 440-22-160 Administrative manual. Each service provider shall have and adhere to an administrative manual which contains at a minimum:

- (1) The organization's:
 - (a) Articles and certificate of incorporation if the owner is a corporation;
 - (b) Partnership agreement if the owner is a partnership; or
 - (c) Statement of sole proprietorship.
- (2) The agency's bylaws if the owner is a corporation;
- (3) Copies of a current master license and state business licenses or a current declaration statement that they are updated as required;

(4) The provider's philosophy on and objectives of chemical dependency treatment with a goal of total abstinence, consistent with RCW 70.96A.011;

(5) Policies and procedures describing how services will be made sensitive to the needs of each patient, 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 the event of an emergency.

(6) A policy addressing special needs and protection for youth and young adults, and for determining whether a youth or young adult can fully participate in treatment, before admission of:

- (a) A youth to a treatment service caring for adults; or
- (b) A young adult to a treatment service caring for youth.
- (7) 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.

(8) A delegation of authority policy;

(9) A copy of current fee schedules;

(10) Policies and procedures implementing state and federal regulations on patient confidentiality, including provision of a summary of 42 CFR Part 2.22 (a)(1) and (2) to each patient;

(11) Policies and procedures for reporting suspected child abuse and neglect;

(12) Policies and procedures for reporting the death of a patient to the department when:

(a) The patient is in residence; or

(b) An outpatient dies on the premises.

(13) Patient grievance policy and procedures;

(14) Policies and procedures on reporting of incidents and actions taken;

(15) Smoking policies consistent with the Washington Clean Indoor Air Act, chapter 70.160 RCW;

(16) Policies and procedures for meeting WAC 440-22-150, 440-22-155, and 440-22-165 requirements.

(17) For a residential provider, a facility security policy and procedures, including:

(a) Preventing entry of unauthorized visitors; and

(b) Use of passes for leaves of patients.

(18) For a nonresidential provider, an evacuation plan for use in the event of a disaster, addressing:

(a) Communication methods for patients, 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;

(e) Placement of posters showing routes of exit; and

(f) The need to mention evacuation routes at public meetings.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-160, filed 12/22/93, effective 2/1/94.]

WAC 440-22-165 Facilities. (1) The administrator shall ensure the treatment service site:

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

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

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

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

(e) Has one private room available if youth are admitted to a detox or residential facility.

(2) The administrator of a nonresidential facility shall ensure:

(a) Evidence of a current fire inspection approval;

(b) Facilities and furnishings are kept clean, in good repair;

(c) Adequate lighting, heating, and ventilation; and

(d) Separate and secure storage of toxic substances, which are used only by staff or supervised persons.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-165, filed 12/22/93, effective 2/1/94.]

WAC 440-22-175 Personnel manual. The administrator shall have and adhere to a personnel manual which contains, at a minimum:

(1) A description of how the provider will meet WAC 440-22-200 through 440-22-280 requirements, as applicable;

(2) Assurance that personnel shall be employed in sufficient numbers and qualifications to:

(a) Provide for the chemical dependency treatment and special needs of patients served and:

(i) A full-time chemical dependency counselor (CDC) or CDC intern shall not exceed one hundred twenty hours of patient contact per month; and

(ii) For each full-time intern assigned for supervision, the CDC's patient contact shall be decreased by twenty-five hours.

(b) Maintain patient security in residential facilities.

(3) Methods to meet RCW 43.43.830 through 43.43.842 requirements relating to criminal background checks;

(4) Drug free work place policy and procedures which include:

(a) Philosophy of nontolerance of illegal drug-related activity;

(b) Agency standards of prohibited conduct; and

(c) Actions taken in the event of a staff member's misuse of alcohol or other drugs.

(5) If a nonresidential provider, communicable disease policies and procedures for prevention and control of:

(a) Bloodborne pathogens, including:

(i) HIV/AIDS;

(ii) Hepatitis B; and

(iii) Other bloodborne diseases, as appropriate.

(b) Tuberculosis; and

(c) Other communicable diseases, as appropriate.

(6) Current job descriptions for all staff providing or supervising direct patient care, including contract staff, volunteers, and students, which include:

(a) Minimum qualifications;

(b) Job title;

(c) Summary of duties and responsibilities;

(d) Positions supervised;

(e) The title of the immediate supervisor; and

(f) Dated signature of the employee and supervisor.

(7) Methods to ensure all staff have evidence of TB test results or evidence of completion of approved treatment when results are positive;

(8) Designation of a person responsible for management of personnel files, and procedures for file completion and retention;

(9) Methods of informing all new employees of employment conditions, including:

(a) Staff ethical standards and conduct, including reporting of unprofessional conduct to appropriate authorities;

(b) Hours of work; and

(c) Grievance procedures.

(10) Assurance that an employee who is or was a patient of any treatment service shall have personnel records:

(a) Separate from clinical records; and

(b) With no indication of current or previous patient status.

(11) Formal agreements when specialized patient care services are obtained on a regular basis from another organization or person. The nature and extent of involvement by the organization or person shall be documented;

(12) At least annual performance evaluations of patient care staff:

(a) Conducted by the immediate supervisor of each staff member; and

(b) With the completed evaluation form signed and dated by the employee and the supervisor.

(13) Orientation of all staff to the administrative and personnel manuals before assigning the staff work without direct supervision. The provider shall ensure the following occurs upon hire:

(a) All staff shall sign and date a commitment to maintain confidentiality, per 42 CFR, Part 2; and

(b) All staff shall be trained on the evacuation plan.

(14) The clinical supervisor orienting all clinical staff to the clinical manual before assigning clinical duties; and

(15) Assurance that training on bloodborne pathogens and TB prevention and control is provided to all staff:

(a) At the time of staff's initial assignment to tasks where occupational exposure may take place;

(b) Annually thereafter for bloodborne pathogens; and

(c) Documented for all employees, volunteers, students, and treatment consultants on contract.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-175, filed 12/22/93, effective 2/1/94.]

WAC 440-22-180 Personnel files. (1) The administrator shall ensure there is a current personnel file for each employee, intern, student, volunteer, and contract staff person providing or supervising patient care which includes:

(a) Verification of qualifications for the assigned position;

(b) A copy of the current job description or agreement;

(c) A record of orientation;

(d) Documentation of training on bloodborne pathogens, including HIV/AIDS and hepatitis B, except for contract employees;

(e) Documentation of current cardiopulmonary resuscitation (CPR) and first aid training for at least one person on each shift in a residential facility;

(f) Written performance evaluations for each year of employment;

(g) A copy of the results of a 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;

(h) Documentation of health department training and approval for any staff administering or reading a TB test; and

(i) A signed and dated commitment to maintain confidentiality.

(2) Each qualified counselor, assessment officer, intern, and information school instructor shall provide sufficient evidence to determine whether each person has the training and education necessary to meet and maintain qualified status required under WAC 440-22-200 through 440-22-280. The personnel file shall include:

(a) The date the person became a qualified counselor, assessment officer, or information school instructor;

(b) A copy of a current license, certificate, or registration with the department of health for all counselors and counselor interns, and all persons requiring such documentation to practice; and

(c) If an employee is a counselor intern or assessment officer intern, the file shall also contain:

(i) The date training began;

(ii) The education and training plan;

(iii) A copy of the counselor intern's quarterly review;

(iv) Documentation of four hours tutoring per month; and

(v) The name of the supervising counselor.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-180, filed 12/22/93, effective 2/1/94.]

WAC 440-22-200 Chemical dependency counselor (CDC) intern eligibility. To become a CDC intern, and before performing functions of a CDC intern, a person shall:

(1) Not have a history of alcohol or other drug misuse:

(a) For a period of two years immediately before the person is assigned as a CDC intern; and

(b) Throughout the time of the internship.

(2) Have obtained nine quarter or six semester credits from an accredited college or university, with a minimum of three quarter or two semester credits in each of the following distinct course topic areas:

(a) Survey of chemical dependency;

(b) Physiological actions of alcohol and other drugs; and

(c) Chemical dependency counseling techniques.

(3) Be registered or certified as a counselor with the department of health, or have a written statement of exemption from the department of health.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-200, filed 12/22/93, effective 2/1/94.]

WAC 440-22-210 Supervision of chemical dependency counselor (CDC) interns. (1) The administrator shall assign a CDC to directly supervise each CDC intern (CI), provided:

(a) A CDC intern supervisor having caseload responsibility shall not be responsible for more than two full-time CIs or three part-time CIs; and

(b) A CDC intern supervisor not having a caseload may supervise up to four full-time CIs.

(2) The CDC shall provide direct supervision and tutoring and document all required activities for each CI supervised. The CDC is responsible for each patient assigned to a CI. The CDC shall:

(a) Review, sign, and date all assessments, treatment plans, treatment plan reviews, progress notes, discharge plans, discharge summaries, and other documentation entered in each patient's record by the CI;

(b) Assist the CI in preparing and maintaining:

(i) An individualized chemical dependency education and training plan; and

(ii) The plan to include a date for completion of course work and experience requirements.

(c) Once each three months, or more often, document the CI's progress toward achieving goals in the education and training plan;

(d) Provide and document a minimum of four hours of tutoring each month. The CDC shall ensure tutoring includes:

(i) Orienting the CI to relevant laws and rules that apply to the delivery of chemical dependency treatment services;

(ii) Instructing the CI in assessment and counseling theories and techniques; and

(iii) Instructing the CI on standards of professional ethics and conduct for counselors.

(e) Directly supervise and document observations of the CI in all clinical activities, including:

(i) Client assessments;

(ii) Individual and group counseling;

(iii) Family counseling;

(iv) Crisis intervention;

(v) Relapse prevention;

(vi) Referral;

(vii) Continuing care after discharge; and

(viii) Patient record maintenance.

(f) Provide the CI with patient case consultation.

(3) The supervising CDC shall:

(a) Authenticate a verification form indicating the agency where the experience was completed;

(b) Retain the verification form in the CI's personnel file, and provide a copy to the CI; and

(c) Document at a minimum:

(i) The dates the person interned at the agency;

(ii) The number of hours of supervised experience the CI obtained for each clinical area, as described under WAC 440-22-220(4);

(iii) Whether each clinical experience area was or was not successfully completed;

(iv) Date of completion of the two thousand hours of work experience; and

(v) A statement by the supervising counselor as to whether the overall internship was or was not satisfactorily completed.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-210, filed 12/22/93, effective 2/1/94.]

WAC 440-22-220 Internship completion. To complete chemical dependency counselor (CDC) internship, a person shall:

(1) Obtain an additional twenty-four quarter or sixteen semester credits from an accredited college or university which includes a minimum of three quarter or two semester credits in distinct courses in the following three topic areas:

(a) Group process in chemical dependency treatment;

(b) Chemical dependency in the family; and

(c) Case management and record keeping for chemically dependent patients.

(2) The remainder of the twenty-four quarter or sixteen semester credits noted in subsection (1) of this section shall include distinct courses in the following topic areas:

(a) Ethics in chemical dependency treatment;

(b) Chemical dependency and the laws;

(c) Human growth and development; and

(d) Introductory or general psychology.

(3) Obtain an additional one hundred eighty hours of state-approved training or equivalent credit from an accredited college or university in the following topic areas:

- (a) Relapse prevention;
- (b) Youth chemical dependency assessment and counseling;
- (c) Cultural awareness;
- (d) HIV/AIDS brief risk intervention for CDCs, as approved by the department; and
- (e) Other courses that will enhance skills as a chemical dependency counselor.

(4) Have completed two thousand clock hours of directly supervised experience as a CDC intern in a state-certified chemical dependency treatment agency. The internship shall include a minimum of one hundred sixty hours in each of the following clinical areas:

- (a) Conducting assessments;
- (b) Individual counseling; and
- (c) Group counseling.

(5) Have a two-year degree, or its academic equivalent, from an accredited college or university effective February 1, 1997. The CDC's course work shall include all WAC 440-20-200 and 440-22-220 academic requirements.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-220, filed 12/22/93, effective 2/1/94.]

WAC 440-22-225 Probation assessment officer interns. A probation assessment officer intern shall:

(1) Be employed as a probation officer at a misdemeanor probation department or unit within a county or municipality;

(2) Meet the requirements for a chemical dependency counselor, as described under WAC 440-22-200 and 440-22-220;

(3) Be considered as meeting WAC 440-22-220 (1) and (2) requirements if the probation officer intern has a bachelor's degree in a social or health sciences field;

(4) Be directly supervised and tutored by a qualified assessment officer who shall:

(a) Develop and maintain an individualized education and training plan to bring the intern to qualified assessment officer status, including:

(i) Orientation to the various laws and regulations that apply to the delivery of chemical dependency assessment and treatment services;

(ii) Instruction in assessment methods;

(iii) Instruction on standards of professional conduct and ethics; and

(iv) Observation of the intern conducting assessments.

(b) Document an evaluation of the progress of each intern at least quarterly.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-225, filed 12/22/93, effective 2/1/94.]

WAC 440-22-230 Youth chemical dependency counselor (CDC) interns. (1) Effective February 1, 1996, a youth CDC intern shall meet WAC 440-22-200 and 440-22-220 requirements; except, the youth CDC intern shall obtain work experience as follows:

(a) If the person is not yet a CDC, one thousand of the two thousand hours of work experience shall be in a certified

program where the majority of the experience is in providing youth chemical dependency treatment; or

(b) If the person is already a CDC and had two thousand hours of required CDC work experience, another one thousand hours in a counseling capacity in other youth settings may satisfy the youth experience requirement.

(2) In addition to the internship completion requirements of WAC 440-22-220, youth CDC interns shall attain five quarter or three semester academic credits, or seventy-five department-approved clock hours of continuing education covering the following topic areas:

- (a) Adolescent assessment;
- (b) Adolescent and child development; and
- (c) Assessing and treating culturally diverse youth.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-230, filed 12/22/93, effective 2/1/94.]

WAC 440-22-240 Maintaining chemical dependency counselor (CDC), probation assessment officer, and youth CDC qualification. (1) To be and remain a CDC, a person shall:

(a) Not have a history of alcohol or other drug misuse for a period of three years before employment as a CDC;

(b) Not display evidence of misuse of alcohol or other drugs while a CDC;

(c) Be registered or certified as a counselor with the department of health under chapter 18.19 RCW, or have a written statement of exemption from the department of health;

(d) Have completed all requirements for a CDC or probation assessment officer intern; and

(e) Have completed sixty clock hours of continuing education:

(i) During each two calendar-year period beginning in January of the year following the initial qualification; and

(ii) In subject areas that increase knowledge and skills in counseling and aiding chemically dependent persons and their families in recovery, and increase knowledge of special populations and their issues.

(2) A probation assessment officer shall obtain continuing education in subject areas intended to increase knowledge and skills in assessing, diagnosing, and referring a chemically dependent person and the person's family.

(3) A youth CDC shall include youth specific or related training as twenty or more of the required sixty hours of continuing education.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-240, filed 12/22/93, effective 2/1/94.]

WAC 440-22-250 Grandparenting. The department shall deem a chemical dependency counselor (CDC), probation assessment officer, or youth CDC as having fulfilled respective qualification requirements when a person was:

(1) Qualified as a CDC or probation assessment officer by January 31, 1996, under WAC 275-19-145 requirements which were repealed with the adoption of chapter 440-22 WAC.

(2) Qualified as a CDC or probation assessment officer by January 31, 1997, under WAC 440-22-200 and WAC 440-22-220(1) through 440-22-220(4) requirements; or

(3) Qualified as a youth CDC by January 31, 1997, when a person was qualified as a CDC under subsection (1) or (2) of this section and had:

(a) One thousand hours of the two thousand required hours of work experience in a certified program where the majority of the experience was in providing youth chemical dependency treatment; or

(b) In addition to the two thousand hours of required CDC work experience, one thousand hours in a counseling capacity in other youth settings.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-250, filed 12/22/93, effective 2/1/94.]

WAC 440-22-260 Students. (1) The treatment provider shall have a written agreement with each education agency wanting to use the treatment agency as a setting for student practice.

(2) The treatment provider shall ensure the written agreement describes the nature and scope of student activity at the treatment setting and ensures supervision of student activities.

(3) Each student and academic supervisor shall sign a confidentiality statement which the provider shall retain.

(4) A student may serve as a counselor intern provided the student meets WAC 440-22-200 and 440-22-210 requirements.

(5) When a student is under supervision of a college, the department shall apply both the academic credits and supervised field experience toward the requirements of WAC 440-22-200 and 440-22-220.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-260, filed 12/22/93, effective 2/1/94.]

WAC 440-22-270 Information school instructors.

(1) An information school instructor shall:

(a) Have a certificate of completion of the alcohol and other drug information school instructor's training course approved by the department; and

(b) Not have a history of alcohol or other drug misuse for two years before being qualified by the department.

(2) To remain qualified, the information school instructor shall:

(a) Not display misuse of alcohol or other drugs while serving as an information school instructor; and

(b) Maintain information school instructor status by completing fifteen clock hours of continuing education:

(i) During each two-year period beginning January of the year following initial qualification; and

(ii) In subject areas that increase knowledge and skills in training, teaching techniques, curriculum planning and development, presentation of educational material, laws and rules, and new developments in the chemical dependency field.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-270, filed 12/22/93, effective 2/1/94.]

WAC 440-22-280 Volunteers. (1) Each volunteer offering assistance to a provider shall be oriented as required under WAC 440-22-175 (13), (14), and (15), of the personnel manual.

(2) A volunteer shall meet the qualifications of the position to which the person is assigned.

(3) A volunteer may provide counseling services when the person meets the requirements for a counselor intern or is a chemical dependency counselor.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-280, filed 12/22/93, effective 2/1/94.]

WAC 440-22-300 Clinical manual. Each chemical dependency service provider shall have and adhere to a clinical manual containing patient care policies and procedures, including:

(1) How the provider meets WAC 440-22-310 through 440-22-335 requirements;

(2) How the provider will meet applicable certified treatment service requirements of WAC 440-22-350 through 440-22-620, including a description of each service offered, detailing:

(a) The number of hours of treatment and education for each certified treatment service; and

(b) Allowance of up to twenty percent of education time to consist of film or video presentations.

(3) Identification of resources and referral options so staff can make referrals required by law and as indicated by patient needs;

(4) Assurance that the clinical supervisor:

(a) Is a chemical dependency counselor (CDC);

(b) Reviews a sample of patient records of each CDC quarterly; and

(c) Implements treatment, continuing care, transfer and discharge plans in accord with WAC 440-22-325.

(5) Patient admission and discharge criteria:

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

(b) A chemical dependency counselor (CDC) shall assess and refer each patient to the appropriate treatment service; and

(c) A person needing detoxification shall immediately be referred to a detoxification provider, unless the person needs acute care in a hospital.

(6) Tuberculosis screening for prevention and control of TB in all detox, residential, and 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.

(7) HIV/AIDS information, brief risk intervention, and referral;

(8) Limitation of group counseling sessions to twelve patients or less;

(9) Counseling sessions with nine to twelve youths to include a second adult staff member;

(10) Provision of education to each patient on:

(a) Alcohol and alcoholism;

(b) Drugs and drug addiction;

(c) Relapse prevention; and

(d) HIV/AIDS, hepatitis, and TB.

(11) Provision of education or information to each patient on:

(a) The impact of chemical use during pregnancy, risks to the fetus, and the importance of informing medical practitioners of chemical use during pregnancy;

(b) Emotional, physical, and sexual abuse; and

(c) Nicotine addiction.

(12) An outline of each lecture and education session included in the service, sufficient in detail for another trained staff person to deliver the session in the absence of the regular instructor;

(13) Assigning of work to a patient by a CDC when the assignment:

(a) Is part of the treatment program; and

(b) Has therapeutic value.

(14) Use of self-help groups;

(15) Patient rules and responsibilities, including disciplinary sanctions for noncomplying patients;

(16) If youth are admitted, a policy and procedure for assessing the need for referral to child welfare services;

(17) Implementation of the deferred prosecution program;

(18) Policy and procedures for reporting status of persons convicted under chapter 46.61 RCW to the department of licensing; and

(19) Nonresidential providers shall have policies and procedures on:

(a) Medical emergencies;

(b) Suicidal and mentally ill patients;

(c) Medical oversight, including provision of a physical examination by a medical practitioner, on a person who:

(i) Is dependent on barbiturates or benzodiazepines; or

(ii) Used intravenous drugs in the thirty days before admission.

(d) Laboratory tests;

(e) Services and resources for pregnant women:

(i) A pregnant woman who is not seen by a private physician shall be referred to a physician or the local First Steps maternity care program for determination of prenatal care needs; and

(ii) Services include discussion of pregnancy specific issues and resources.

(f) If using medication services:

(i) A medical practitioner shall evaluate each patient who is taking disulfiram at least once every ninety days;

(ii) Patient medications are stored, disbursed, and recorded in accord with chapter 246-326 WAC; and

(iii) Only a licensed nurse or medical practitioner may administer medication.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-300, filed 12/22/93, effective 2/1/94.]

WAC 440-22-310 Patients' rights. (1) Each service provider shall ensure each patient:

(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 the event 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 the patient's 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 agency 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 provided reasonable opportunity to practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. The patient has the right to refuse participation in any religious practice;

(j) Is allowed necessary communication:

(i) Between a minor and a custodial parent or legal guardian;

(ii) With an attorney; and

(iii) In an emergency situation.

(k) Is protected from abuse by staff at all times, or from other patients who are on agency premises, including:

(i) Sexual abuse or harassment;

(ii) Sexual or financial exploitation;

(iii) Racism or racial harassment; and

(iv) Physical abuse or punishment.

(l) Is fully informed and receives a copy of counselor disclosure requirements described under RCW 18.19.060;

(m) Receives a copy of patient grievance procedures upon request; and

(n) In the event of an agency closure or treatment service cancellation, each patient shall be:

(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 service provider shall obtain patient consent for each release of information to any other person or entity. This consent for release of information shall include:

(a) Name of the consenting patient;

(b) Name or designation of the provider authorized to make the disclosure;

(c) Name of the person or organization to whom the information is to be released;

(d) Nature of the information to be released, as limited as possible;

(e) Purpose of the disclosure, as specific as possible;

(f) Specification of the date or event on which the consent expires;

(g) Statement that the consent can be revoked at any time, except to the extent that action has been taken in reliance on it;

(h) Signature of the patient or parent, guardian, or authorized representative, when required, and the date; and

(i) A statement prohibiting further disclosure unless expressly permitted by the written consent of the person to whom it pertains.

(3) A service provider shall notify patients that outside persons or organizations which provide services to the agency are required by written agreement to protect patient confidentially.

(4) A service provider shall notify an ADATSA recipient of the recipient's additional rights to:

(a) Report back to the department's community service office in case of a patient's disciplinary discharge from the program; and

(b) Request a fair hearing to challenge any departmental action which affects a patient's eligibility for ADATSA treatment or shelter assistance.

(5) The administrator shall ensure a copy of patients' rights is given to each patient receiving services, both at admission and in case of disciplinary discharge.

(6) The administrator shall post a copy of patients' rights in a conspicuous place in the facility accessible to patients and staff.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-310, filed 12/22/93, effective 2/1/94.]

WAC 440-22-320 Chemical dependency assessments. A chemical dependency counselor (CDC), or a CDC intern under supervision of a CDC, shall conduct and document an assessment of each client's involvement with alcohol and other drugs. The counselor's assessment shall include:

(1) A face-to-face diagnostic interview with each client to obtain, review, evaluate, and document the following:

(a) A history of the client's involvement with alcohol and other drugs, including:

(i) The type of substances used;

(ii) The route of administration; and

(iii) Amount, frequency, and duration of use.

(b) History of alcohol or other drug treatment or education;

(c) The client's self-assessment of use of alcohol and other drugs; and

(d) A relapse history.

(2) If the client is in need of treatment, an assessment of the person's:

(a) Motivation for recovery;

(b) Ability to attain and maintain abstinence;

(c) Risk of relapse; and

(d) Strengths and needs.

(3) If the client is found to be in need of treatment, an assessment of other factors affecting treatment, including:

(a) Current and historical psychosocial data;

(b) Issues relating to personal safety;

(c) Medical history, including:

(i) Physical status;

(ii) Mental status; and

(iii) Availability and use of medical care.

(d) For women, likelihood of a current pregnancy; and

(e) Legal history, including:

(i) Past charges; and

(ii) Current charges and courts of jurisdiction.

(4) If an assessment is conducted on a youth and the client is in need of treatment, the counselor shall also assess the following elements:

(a) Parental use of drugs;

(b) The developmental stage of the youth;

(c) Ability to understand written materials;

(d) Psychological and emotional stability;

(e) Child or adolescent developmental problems associated with the use of chemicals;

(f) Identification of school assessments and referrals;

(g) Historical and current parental or custodial status;

(h) History of learning disabilities and special education;

(i) Running away, out-of-home placements, and institutional care or custody;

(j) Support from significant adults and extended family; and

(k) Attempts shall be made to obtain information from parents and legal guardians, and from prior medical records and psychological evaluations with proper consent.

(5) Documentation of the information collected, including:

(a) A written summary of the assessment;

(b) A diagnostic assessment statement including signs, symptoms, and progression of client involvement with alcohol and other drugs;

(c) A statement regarding provision of an HIV/AIDS brief risk intervention, and referrals made; and

(d) Evidence the client:

(i) Was notified of the assessment results; and

(ii) Signed a document showing treatment options provided, and indicating the client's choice; or

(iii) If the client was not notified of the results and advised of referral options, the reason shall be documented.

(6) Documentation of the type and length of treatment recommended;

(7) Completion and submission of all reports required by the courts, department of licensing, and department of social and health services in a timely manner; and

(8) Referral of an adult or minor who requires assessment for involuntary chemical dependency treatment to the county-designated chemical dependency specialist.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-320, filed 12/22/93, effective 2/1/94.]

WAC 440-22-325 Treatment, continuing care, transfer and discharge plans. (1) A chemical dependency counselor (CDC) shall be responsible for assessments and the overall treatment plan for each patient, including:

(a) Patient participation;

(b) Completeness of patient records; and

(c) Documentation of progress toward patient attainment of goals.

(2) A CDC or an intern under direct supervision of a CDC shall:

(a) Develop the individualized treatment plan;

(b) Evaluate the patient and conduct ongoing assessments;

(c) Conduct individual and group counseling;

(d) Update the treatment plan as problems arise or are resolved, including domestic violence and abuse issues if applicable;

- (e) Develop the continuing care plan; and
- (f) Complete the discharge summary.
- (3) A CDC shall also include in the treatment plan for youth:
 - (a) Structured drug free social and recreational activities;
 - (b) Developmental concerns, including education on sexuality and safer sex;
 - (c) Referral for identification and treatment of sexually transmitted diseases and other services as needed; and
 - (d) Referral to school and community support services.
- (4) A CDC shall follow up when a patient misses an appointment to:
 - (a) Try to motivate the patient to stay in treatment; and
 - (b) Report a noncompliant patient to the committing authority as appropriate.
- (5) A CDC shall involve each patient's family or other support persons, when the patient gives written consent:
 - (a) In the treatment program; and
 - (b) In self-help groups.
- (6) When transferring a patient from one certified treatment service to another within the same agency, at the same location, a CDC shall:
 - (a) Update the patient assessment and treatment plan; and
 - (b) Provide a summary report of the patient's treatment and progress, in the patient's record. In detox, this may be done by a nurse or physician.
- (7) Except in detox and for a patient who leaves treatment without notice, staff shall meet with each patient at the time of discharge from any treatment agency, to:
 - (a) Finalize a continuing care plan;
 - (b) Assist the patient in making contact with necessary agencies or services; and
 - (c) Provide the patient a copy of the plan.
- (8) When transferring a patient to another treatment provider, the current provider shall forward copies of the following information to the receiving provider when a release of confidential information is signed by the patient:
 - (a) Patient demographic information;
 - (b) Diagnostic assessment statement and other assessment information, including:
 - (i) Documentation of the HIV/AIDS intervention;
 - (ii) TB test result;
 - (iii) A record of the patient's detox and treatment history;
 - (iv) The reason for the transfer; and
 - (v) Court-mandated or agency-recommended follow-up treatment.
 - (c) Discharge summary; and
 - (d) The plan for continuing care or treatment.
- (9) A CDC shall complete a discharge summary, within seven days of each patient's discharge from the agency, which includes:
 - (a) The date of discharge or transfer;
 - (b) A summary of the patient's progress toward each treatment goal, except in detox; and
 - (c) In detox, a summary of the patient's physical condition.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-325, filed 12/22/93, effective 2/1/94.]

WAC 440-22-330 Patient record system. Each provider shall have a comprehensive patient record system maintained in accord with recognized principles of health record management. The provider shall 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) Patient record policies and procedures on:
 - (a) Who has access to records;
 - (b) Content of active and inactive patient records;
 - (c) A systematic method of identifying and filing individual patient records so each can be readily retrieved;
 - (d) Assurance that each patient record is complete and authenticated by the person providing the observation, evaluation, or service; and
 - (e) Retention of patient records for a minimum of five years after the discharge or transfer of the patient.
- (4) In the event of an agency closure, the provider closing its treatment agency shall make arrangements for the continued management of all patient records. The closing provider shall 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 provider may:
 - (a) Continue to manage the records and give assurance they will respond to authorized requests for copies of patient records within a reasonable period of time;
 - (b) Transfer records of patients who have given written consent to another certified provider;
 - (c) Enter into a qualified service organization agreement with a certified provider to store and manage records, when the outgoing provider will no longer be a chemical dependency treatment provider; or
 - (d) In the event none of the arrangements listed in (a) through (c) of this section can be made, the closing provider shall make arrangements for transfer of patient records to the department.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-330, filed 12/22/93, effective 2/1/94.]

WAC 440-22-335 Patient record content. The provider shall ensure patient record content includes:

- (1) Demographic information;
- (2) A chemical dependency assessment and history of involvement with alcohol and other drugs;
- (3) Documentation the patient was informed of the diagnostic assessment and options for referral;
- (4) A report of a physical examination by a medical practitioner in accord with a nonresidential provider's policy on medical oversight, when a patient was dependent on barbiturates or benzodiazepines, or used intravenous drugs within thirty days of admission;
- (5) Documentation the patient was informed of federal confidentiality requirements and received a copy of the patient notice required under 42 CFR, Part 2;
- (6) Treatment service rules, translated when needed, signed and dated by the patient before beginning treatment;

(7) Voluntary consent to treatment signed and dated by the patient, parent or legal guardian, except as authorized by law for protective custody and involuntary treatment;

(8) Evidence of counselor disclosure information, acknowledged by the provider and patient by signature and date;

(9) Evidence of a tuberculosis test and results;

(10) Evidence of the HIV/AIDS brief risk intervention;

(11) Initial and updated individual treatment plans, including results of the initial assessment and periodic reviews, addressing:

(a) Patient biopsychosocial problems;

(b) Short- and long-range treatment goals;

(c) Estimated dates 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; and

(g) Treatment plan reviews.

(12) Documentation of referrals made for specialized care or services;

(13) At least weekly individualized documentation of ongoing services in residential services, and as required in intensive outpatient and outpatient services, including:

(a) Date, duration, and content of counseling and other treatment sessions;

(b) Ongoing assessments of each patient's participation in and response to treatment and other activities;

(c) Progress notes as events occur, each shift in detox, and treatment plan reviews as specified under each treatment service of this WAC chapter; and

(d) Documentation of missed appointments.

(14) Medication records, if applicable;

(15) Laboratory reports, if applicable;

(16) Properly completed authorizations for release of information;

(17) Copies of all correspondence related to the patient, including reports of noncompliance;

(18) A copy of the continuing care plan signed and dated by the counselor and the patient; and

(19) The discharge summary.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-335, filed 12/22/93, effective 2/1/94.]

WAC 440-22-350 Detoxification providers. Detoxification services include acute and subacute services. To be certified to offer detoxification services, a provider shall:

(1) Meet WAC 440-22-001 through 440-22-355 requirements; and

(2) Meet relevant requirements of chapter 246-326 WAC.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-350, filed 12/22/93, effective 2/1/94.]

WAC 440-22-355 Detox staffing and services. (1) The provider shall ensure staffing as follows:

(a) A chemical dependency counselor (CDC) shall assess, counsel, and attempt to motivate each patient for referral;

(b) Other staff as necessary to provide services needed by each patient;

(c) All personnel providing patient care, except licensed staff and CDCs, shall complete a minimum of forty hours of documented training before assignment of patient care duties.

The personnel training shall include:

(i) Chemical dependency;

(ii) HIV/AIDS and hepatitis B education;

(iii) TB prevention and control; and

(iv) Detox screening, admission, and signs of trauma.

(d) All personnel providing patient care shall have current training in:

(i) Cardio-pulmonary resuscitation (CPR); and

(ii) First aid.

(2) The provider shall ensure detoxification services include:

(a) Screening of each person before admission by a person knowledgeable about alcoholism and other addictions and skilled in observation and eliciting information;

(b) A chemical dependency assessment, which shall be attempted within forty-eight hours of a patient's admission;

(c) Counseling of each patient by a CDC or CDC intern at least once:

(i) Regarding the patient's chemical dependency; and

(ii) Attempting to motivate each person to accept referral into a continuum of care for chemical dependency treatment.

(d) Sleeping arrangements which permit observation of patients;

(e) Separate sleeping rooms for youth and adults; and

(f) Referral of each patient to other appropriate treatment services. A potentially eligible patient shall be referred to the ADATSA program.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-355, filed 12/22/93, effective 2/1/94.]

WAC 440-22-400 Residential providers. To be certified to offer intensive inpatient, recovery, or long-term residential services, a provider shall meet the requirements of:

(1) WAC 440-22-001 through 440-22-335;

(2) WAC 440-22-405 through 440-22-430 as applicable; and

(3) WAC 246-326 as required for department of health licensing.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-400, filed 12/22/93, effective 2/1/94.]

WAC 440-22-405 Residential providers admitting youth. A residential provider admitting youth shall ensure:

(1) A youth shall be admitted only with the written permission of a parent or legal guardian;

(2) The youth shall agree to, and both the youth and parent or legal guardian shall sign the following when possible:

(a) Statement of patient rights and responsibilities;

(b) Treatment or behavioral contracts; and

(c) Any consent or release form.

(3) Youth chemical dependency treatment shall include:

(a) Group meetings to promote personal growth; and

(b) Recreational, leisure, and other therapy and related activities.

(4) A certified teacher or tutor shall provide each youth one or more hours per day, five days each week, of supervised academic tutoring or instruction when the youth is unable to attend school for an estimated period of four weeks or more. The provider shall:

(a) Document the patient's most recent academic placement and achievement level; and

(b) Obtain school work from the patient's home school or provide schoolwork and assignments consistent with the person's academic level and functioning.

(5) Adult staff shall lead or supervise seven or more hours of structured recreation each week;

(6) Staff shall conduct room checks frequently and regularly when patients are in their rooms;

(7) A person fifteen years of age or younger shall not room with a person eighteen years of age or older;

(8) Adult staff whose primary task is supervision of patients, shall be available:

(a) Between 8:00 a.m. and 11:00 p.m.:

(i) One adult for one through eight youth patients; and

(ii) One more adult for every one through eight youth patients thereafter.

(b) Between 11:00 p.m. and 8:00 a.m.:

(i) One awake adult for one through ten youth patients; and

(ii) One more awake adult for every one through ten youth patients thereafter.

(9) In co-ed treatment services, there shall be at least one adult staff person of each gender present or on call at all times;

(10) There shall be at least one chemical dependency counselor for every ten youth patients;

(11) Staff shall document attempts to notify the parent or legal guardian within two hours of any change in the status of a youth;

(12) For routine discharge, each youth shall be discharged to the care of the youth's legal custodian; and

(13) For emergency discharge and when the custodian is not available, the provider shall contact the appropriate authority.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-405, filed 12/22/93, effective 2/1/94.]

WAC 440-22-410 Intensive inpatient services. (1) A chemical dependency counselor (CDC) shall:

(a) Complete the initial treatment plan within five days of admission;

(b) Conduct at least one face-to-face individual chemical dependency counseling session with each patient each week;

(c) Provide a minimum of ten hours of chemical dependency counseling with each patient each week;

(d) Document a treatment plan review, at least weekly, which updates patient status and progress toward goals; and

(e) Refer each patient for ongoing treatment or support, as necessary, upon completion of treatment.

(2) The provider shall ensure a minimum of twenty hours of treatment services for each patient each week; up to ten hours may be education.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-410, filed 12/22/93, effective 2/1/94.]

WAC 440-22-420 Recovery house services. (1) A chemical dependency counselor (CDC) shall provide a minimum of five hours of treatment, for each patient each week, consisting of:

(a) Education regarding drug-free and sober living; and

(b) Individual or group counseling.

(2) A CDC shall review and update patient records at least monthly; and

(3) Staff shall assist patients with general re-entry living skills and, for youth, continuation of educational or vocational training.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-420, filed 12/22/93, effective 2/1/94.]

WAC 440-22-430 Long-term treatment services. Each chemical dependency service provider shall ensure each patient receives:

(1) Education regarding alcohol, other drugs, and other addictions, at least two hours each week;

(2) Individual and group counseling by a chemical dependency counselor, a minimum of two hours each week;

(3) Education on social and coping skills;

(4) Social and recreational activities;

(5) Assistance in seeking employment, when appropriate;

(6) Patient record review and update at least monthly;

(7) Assistance with re-entry living skills; and

(8) A living arrangement plan.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-430, filed 12/22/93, effective 2/1/94.]

WAC 440-22-450 Outpatient providers. To be certified to provide intensive or other outpatient services, a chemical dependency service provider shall meet the requirements of:

(1) WAC 440-22-001 through 440-22-335;

(2) WAC 440-22-450 through 440-22-465, as applicable; and

(3) WAC 440-22-500 through 440-22-530, if offering opiate dependency treatment services.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-450, filed 12/22/93, effective 2/1/94.]

WAC 440-22-455 Intensive outpatient services. (1) Each chemical dependency service provider shall ensure the following services are provided:

(a) A minimum of seventy-two hours of treatment services within a maximum of twelve weeks for adults and sixteen weeks for youth;

(b) The first four weeks of treatment shall consist of:

(i) At least three sessions each week for adults and two for youth;

(ii) Each group session lasting at least one hour and not more than two hours for youth; and

(iii) Each session on separate days of each week.

(c) Self-help group attendance in addition to the required seventy-two hours;

(d) Individual chemical dependency counseling sessions with each patient every twenty hours of treatment, or more if clinically indicated; and

(e) Education regarding alcohol, other drugs, other addictions, relapse prevention, HIV/AIDS, hepatitis B, and TB prevention totaling not more than fifty percent of the treatment services.

(2) A chemical dependency counselor (CDC) shall conduct and document a review of each patient's treatment plan, to assess adequacy and attainment of goals, every twenty hours of treatment.

(3) Upon completion of intensive outpatient treatment, a CDC shall refer each patient for ongoing treatment or support, as necessary.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-455, filed 12/22/93, effective 2/1/94.]

WAC 440-22-460 Outpatient services. A chemical dependency counselor (CDC) shall:

(1) Complete an admission assessment within ten calendar days of admission, or by the second visit, unless participation in this outpatient treatment service is part of the same provider's continuum of care;

(2) Conduct group or individual chemical dependency counseling sessions for each patient, each month, according to an individual treatment plan; and

(3) Assess and document the adequacy of each patient's treatment and attainment of goals:

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

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

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-460, filed 12/22/93, effective 2/1/94.]

WAC 440-22-465 Outpatient services in a school setting. Any certified chemical dependency treatment provider may offer school-based services by:

(1) Meeting WAC 440-22-025 requirements;

(2) Ensuring counseling is provided by a chemical dependency counselor (CDC) or by a youth CDC when available; and

(3) Ensuring the supervisor is a youth CDC, when available.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-465, filed 12/22/93, effective 2/1/94.]

WAC 440-22-500 Opiate dependency treatment providers. An opiate dependency treatment provider shall meet requirements of:

(1) WAC 440-22-001 through 440-22-335;

(2) WAC 440-22-450 and 440-22-460; and

(3) WAC 440-22-500 through 440-22-530.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-500, filed 12/22/93, effective 2/1/94.]

WAC 440-22-505 Opiate dependency medical management. (1) A program physician shall provide oversight for determination of opiate physical addiction for each patient before admission unless the patient is exempted by the Federal Food and Drug Administration, and:

(a) Be available for consultation when an opiate physical addiction determination is conducted by anyone other than the program physician; and

(b) Conduct the opiate physical addiction determination for all youth patients.

(2) A physical examination shall be conducted on each patient:

(a) By a program physician or other medical practitioner; and

(b) Within twenty-one days of admission.

(3) Following the patient's initial dose of opiate dependency treatment, the physician shall establish adequacy of dose, considering:

(a) Signs and symptoms of withdrawal;

(b) Patient comfort; and

(c) Side effects from over-medication.

(4) At the appropriate time, a program physician shall approve an individual detoxification schedule for each patient being detoxified.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-505, filed 12/22/93, effective 2/1/94.]

WAC 440-22-510 Urinalysis in opiate dependency treatment. (1) The provider shall obtain a urine sample from each patient for urinalysis:

(a) At least once each month; and

(b) Randomly, without notice to the patient.

(2) Staff shall observe collection of each urine sample and ensure:

(a) The sample is sealed immediately, with a numbered seal, in the patient's presence;

(b) The log of sample numbers is kept confidential and away from other records; and

(c) Contaminated samples and those with broken seals are discarded.

(3) When a patient refuses to provide a urine sample or initial the log of sample numbers, staff shall consider the urine positive; and

(4) Staff shall document a positive urine and discuss the findings with the patient in a counseling session within seven days of receiving the results of the test.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-510, filed 12/22/93, effective 2/1/94.]

WAC 440-22-515 Opiate dependency treatment dispensary. (1) Each opiate dependency treatment provider shall comply with applicable portions of 21 CFR, Part 1301 requirements, as now or later amended.

(2) The administrator shall ensure written policies and procedures to verify the identity of patients.

(3) Dispensary staff shall maintain a file with a photograph of each patient. Dispensary staff shall ensure pictures are updated when:

(a) The patient's physical appearance changes significantly; or

(b) Every two years, whichever comes first.

(4) In addition to notifying the Food and Drug Administration, the administrator shall immediately notify the department and the state board of pharmacy of any theft or significant loss of a controlled substance.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-515, filed 12/22/93, effective 2/1/94.]

WAC 440-22-520 Opiate dependency treatment counseling. (1) A chemical dependency counselor (CDC) shall provide individual or group counseling sessions once each:

(a) Week, for the first ninety days, for a new patient or a patient readmitted more than ninety days since the person's most recent discharge from opiate dependency treatment;

(b) Week, for the first month, for a patient readmitted within ninety days of the most recent discharge from opiate dependency treatment; and

(c) Month, for a patient transferring from another opiate dependency treatment agency where the patient stayed for ninety or more days.

(2) A CDC shall conduct and document an individual counseling session with each patient to review progress and discuss facts about opiate dependency treatment:

(a) Between six and seven months after admission; and
(b) Once every six months thereafter.

(3) A CDC shall provide counseling in a location that is physically separate from other activities.

(4) The administrator shall ensure at least one full-time CDC for each fifty patients:

(a) A CDC with one or more CDC interns may be assigned as primary counselor for up to seventy-five patients, including those assigned to the intern; and

(b) A CDC intern may be assigned up to thirty-five patients.

(5) A pregnant woman, and any other patient who requests, shall receive at least one-half hour of counseling and education each month on:

(a) Matters relating to pregnancy and street drugs;
(b) Pregnancy spacing and planning; and
(c) The effects of opiate dependency treatment on the woman and fetus, when opiate dependency treatment occurs during pregnancy.

(6) Staff shall provide at least one-half hour of counseling on family planning with each patient through either individual or group counseling; and

(7) The administrator shall ensure there is one staff member who has training in family planning, prenatal health care, and parenting skills.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-520, filed 12/22/93, effective 2/1/94.]

WAC 440-22-525 Opiate dependency treatment take-home medications. (1) An opiate dependency treatment provider may authorize take-home medications for a patient when:

(a) The medication is for a Sunday or legal holiday, as identified under RCW 1.16.050; or

(b) Travel to the facility presents a safety risk for patients or staff due to inclement weather.

(2) A service provider may permit take-home medications on other days for a stabilized patient who:

(a) Has received opiate dependency treatment medication for a minimum of ninety days; and

(b) Had negative urines for the last sixty days.

(3) The provider shall meet 21 CFR, Part 291 requirements; and

(4) The provider may arrange for opiate dependency treatment medication to be administered by licensed staff or self-administered by a pregnant woman receiving treatment at a certified residential treatment agency when:

(a) The woman had been receiving treatment medication for ninety or more days; and

(b) The woman's use of treatment medication can be supervised.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-525, filed 12/22/93, effective 2/1/94.]

WAC 440-22-530 Opiate dependency treatment provider meetings. Opiate dependency treatment providers shall participate in periodic meetings, closed to the public and scheduled by the department, for the purpose of identifying duplicate patient admissions. Each provider shall:

(1) Ensure attendance by at least one staff person;

(2) Provide a clear, recent photograph of each active patient; and

(3) Identify all patients admitted since the previous provider meeting.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-530, filed 12/22/93, effective 2/1/94.]

WAC 440-22-550 Free-standing ADATSA assessment providers and services. (1) A certified ADATSA assessment provider shall conduct an ADATSA assessment for each eligible patient and be governed by the requirements under:

(a) WAC 440-22-001 through 440-22-320;

(b) WAC 440-22-330 and 440-22-335 (1), (2), (3), (5), (10), (16), and (17); and

(c) Chapter 388-240 WAC.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-550, filed 12/22/93, effective 2/1/94.]

WAC 440-22-560 DUI assessment providers. (1) If located in a district or municipal probation department, each DUI service provider shall meet the requirements of:

(a) WAC 440-22-001 through 440-22-125;

(b) WAC 440-22-160, the administrative manual, subsections (4), (7) through (11), (13), and (14);

(c) WAC 440-22-165, facilities, subsections (1)(b), (c), (d), and (2)(b);

(d) WAC 440-22-175, the personnel manual, subsections (1), (2)(a) except (i) and (ii), (5), (6), (7), (8), (13), (14), and (15);

(e) WAC 440-22-180, personnel files, subsections (1)(a) through (d), (g), and (i), and (2)(a), (b), and (c);

(f) WAC 440-22-200 through 440-22-225, and 440-22-250, counselor and probation assessment officer internship, supervision, qualifications, and grandparenting;

(g) WAC 440-22-280, volunteers;

(h) WAC 440-22-300, clinical manual, subsections (1), (2), (7), (14), (18), and (19)(e);

(i) WAC 440-22-310, patients rights;

(j) WAC 440-22-320, assessments;

(k) WAC 440-22-330, patient record system, subsections (3)(a) through (d), and (4);

- (l) WAC 440-22-335, record content, subsections (1), (2), (3), (5), (8), (10), (12), (16), and (17); and
- (m) WAC 440-22-565, DUI assessment services.

(2) If located in another certified chemical dependency treatment facility, the DUI service provider shall meet the requirements of:

- (a) WAC 440-22-001 through 440-22-280; 440-22-310 and 440-22-320;
- (b) WAC 440-22-300, 440-22-330 and 440-22-335 as noted in subsection (1) of this section; and
- (c) 440-22-565.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-560, filed 12/22/93, effective 2/1/94.]

WAC 440-22-565 DUI assessment services. (1) The administrator shall limit clients to persons who have been arrested for a violation of driving while under the influence of intoxicating liquor or other drugs or in physical control of a vehicle as defined under Chapter 46.61 RCW;

(2) A chemical dependency counselor or a probation assessment officer shall conduct each client assessment and ensure the assessment includes, in addition to the requirements under WAC 440-22-320:

- (a) Evaluation of the client's blood alcohol level and other drug levels at the time of arrest, if available; and
- (b) Assessment of the client's self-reported driving record and the client's abstract of the legal driving record.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-565, filed 12/22/93, effective 2/1/94.]

WAC 440-22-600 Alcohol and other drug information school. (1) Alcohol and other drug information school providers shall be governed under:

- (a) WAC 440-22-001 through 440-22-125; and
- (b) This section.
- (2) The provider shall:
 - (a) Inform each student of fees at the time of enrollment; and
 - (b) Ensure adequate and comfortable seating in well-lit and ventilated rooms.
 - (3) A certified information school instructor shall teach the course and:
 - (a) Advise each student there is no assumption the student is an alcoholic or drug addict, and this is not a therapy session;
 - (b) Discuss the class rules;
 - (c) Review the course objectives;
 - (d) Follow curriculum contained in "Alcohol and Other Drugs Information School Training Curriculum," published in 1991, or later amended;
 - (e) Ensure not less than eight and not more than fifteen hours of class room instruction;
 - (f) Administer the post-test from the above reference to each enrolled student after the course is completed;
 - (g) Ensure individual client records include:
 - (i) Intake form;
 - (ii) Hours and date or dates in attendance;
 - (iii) Source of referral;
 - (iv) Copies of all reports, letters, certificates, and other correspondence;
 - (v) A record of any referrals made; and

- (vi) A copy of the scored post-test.

(h) Complete and submit reports required by the courts and the department of licensing, in a timely manner.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-600, filed 12/22/93, effective 2/1/94.]

WAC 440-22-610 Information and crisis services.

(1) Information and crisis service providers shall be governed under:

- (a) WAC 440-22-001 through 440-22-125; and
- (b) This section.
- (2) The information and crisis service administrator shall:
 - (a) Ensure a chemical dependency counselor is available or on staff;
 - (b) Maintain a current directory of certified chemical dependency treatment service providers in the state;
 - (c) Maintain a current list of local resources for legal, employment, education, interpreter, and social and health services;
 - (d) Have services available twenty-four hours a day, seven days a week;
 - (e) Ensure all staff complete forty hours of training that covers the following areas before assigning unsupervised duties:
 - (i) Chemical dependency crisis intervention techniques;
 - (ii) Alcoholism and drug abuse; and
 - (iii) Prevention and control of TB and bloodborne pathogens.
 - (f) Have policies and procedures for provision of emergency services, by phone or in person, to a person incapacitated by alcohol or other drugs, or to the person's family, such as:
 - (i) General assessments;
 - (ii) Interviews for diagnostic or therapeutic purposes;
 - (iii) Crisis counseling; and
 - (iv) Referral.
 - (g) Maintain records of each patient contact, including:
 - (i) The presenting problem;
 - (ii) The outcome;
 - (iii) A record of any referral made;
 - (iv) The signature of the person handling the case; and
 - (v) The name, age, sex, and race of the patient.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-610, filed 12/22/93, effective 2/1/94.]

WAC 440-22-620 Emergency service patrol.

(1) The emergency service patrol provider shall ensure staff providing the service:

- (a) Have proof of a valid Washington state driver's license;
- (b) Possess annually updated verification of first aid and cardiopulmonary resuscitation training;
- (c) Have completed forty hours of training in chemical dependency crisis intervention techniques, and alcoholism and drug abuse, to improve skills in handling crisis situations; and
- (d) Have training on communicable diseases, including:
 - (i) TB prevention and control; and
 - (ii) Bloodborne pathogens such as HIV/AIDS and hepatitis.

(2) Emergency service patrol staff shall:

(a) Respond to calls from police, merchants, and other persons for assistance with an intoxicated person in a public place;

(b) Patrol assigned areas and give assistance to a person intoxicated in a public place; and

(c) Conduct a preliminary assessment of a person's condition relating to the state of inebriation and presence of a physical condition needing medical attention:

(i) When a person is intoxicated, but subdued and willing, transport the person home, to a certified treatment provider, or a health care facility;

(ii) When a person is incapacitated, unconscious, or has threatened or inflicted harm on another person, staff shall make reasonable efforts to:

(A) Take the person into protective custody; and

(B) Transport the person to an appropriate treatment or health care facility.

(3) Emergency service patrol staff shall maintain a log including:

(a) The time and origin of each call received for assistance;

(b) The time of arrival at the scene;

(c) The location of the person at the time of the assist;

(d) The name and sex of the person transported;

(e) The destination of the transport and time of arrival; and

(f) In case of nonpickup of a person, a notation shall be made about why the pickup did not occur.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-620, filed 12/22/93, effective 2/1/94.]

WAC 440-22-900 Outpatient child care when a parent is in treatment. A certified outpatient chemical dependency treatment provider may offer child care services when the provider:

(1) Notifies the department of the provider's intent to offer child care services;

(2) Submits a plan indicating numbers of children to be served and physical space available for the child care service which meets WAC 440-22-165 requirements;

(3) Demonstrates capability of meeting WAC 440-22-905 through 440-22-935 requirements; and

(4) Has an approval letter from the department to provide child care services.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-900, filed 12/22/93, effective 2/1/94.]

WAC 440-22-905 Outpatient child care admission and health history. (1) A chemical dependency service provider shall have and implement written policies and procedures to ensure:

(a) A parent serves as the responsible caregiver; and

(b) Each child admitted is free of serious medical conditions and not in need of nursing care.

(2) The provider shall have a file for each child which includes a health history of each child, obtained on admission, including:

(a) Name and phone number of the child's physician;

(b) Date of last physical examination;

(c) Statement of allergies and reactions, if any;

(d) Notation of special health problems;

(e) Immunization status; and

(f) Notation of medications currently being taken.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-905, filed 12/22/93, effective 2/1/94.]

WAC 440-22-910 Outpatient child care policies.

The administrator shall ensure implementation of child care policies which include:

(1) Encouragement of each parent to obtain health care for each child when necessary;

(2) What to do in the event of a medical emergency;

(3) Protection from child abuse, neglect, and exploitation; and

(4) Reporting of child abuse and neglect.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-910, filed 12/22/93, effective 2/1/94.]

WAC 440-22-915 Outpatient child care activity program. The person designated responsible for the child care program shall:

(1) Address the developmental, cultural, and individual needs of each child served;

(2) Offer a variety of activity choices;

(3) Offer each child daily opportunities for small and large muscle activities;

(4) Implement a planned program of activities, as evidenced by a current, written activity schedule;

(5) Provide a variety of easily accessible, culturally and developmentally appropriate learning and play materials; and

(6) Promote a nurturing, respectful, supportive, and responsive environment.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-915, filed 12/22/93, effective 2/1/94.]

WAC 440-22-920 Outpatient child care behavior management and discipline. (1) The provider and the person responsible for child care shall ensure behavior management and disciplinary practices promote:

(a) Each child's developmentally appropriate social behavior, self-control, and respect for the rights of others; and

(b) Fair, reasonable, and consistent practices related to a child's behavior.

(2) The following practices are prohibited by any person:

(a) Corporal punishment, including biting, jerking, shaking, spanking, slapping, hitting, striking, or kicking a child, or other means of inflicting physical pain or causing bodily harm;

(b) Use of a physical restraint method injurious to a child;

(c) Use of a mechanical restraint, locked time-out room or closet;

(d) Withholding of food; and

(e) Use of derogatory terms.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-920, filed 12/22/93, effective 2/1/94.]

WAC 440-22-925 Outpatient child care diaper changing. The administrator shall ensure diaper changing policies and procedures are approved by the person developing health care policies and include:

- (1) A designated place for diaper changing that is:
 - (a) Separate from food preparation areas;
 - (b) Adjacent to a handwashing sink;
 - (c) Sanitized between use for different children;
 - (d) Impervious to moisture; and
 - (e) Safe, with safety rails or straps.
- (2) Appropriateness of changing diapers in the child's bed;
- (3) Posting of diaper changing procedures accessible to staff and parents;
- (4) Removal of soiled disposable diapers daily;
- (5) Removal of soiled reusable diapers according to a commercial diaper service schedule; and
- (6) Handwashing procedures.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-925, filed 12/22/93, effective 2/1/94.]

WAC 440-22-930 Outpatient child care food service. The service provider shall have policies that address:

- (1) Feeding schedules for infants and children;
- (2) Safe and sanitary formula preparation and storage;
- (3) Storage and handling of bottles and nipples in a sanitary manner, separate from diaper-changing areas;
- (4) Identification of prepared bottles with each child's name and date of preparation; and
- (5) Promotion of a safe and nurturing method for child feeding including:
 - (a) Holding infants in a semi-sitting position unless against medical advice or the child is able to sit in a high chair;
 - (b) Interacting with the infant; and
 - (c) Not propping bottles.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-930, filed 12/22/93, effective 2/1/94.]

WAC 440-22-935 Staffing for outpatient child care services. (1) The service provider shall designate a person responsible for the child care program who:

- (a) Meets relevant personnel requirements under WAC 440-22-175 and 440-22-180;
- (b) Is eighteen years of age or older; and
- (c) Is capable of implementing WAC 440-22-905 through 440-22-930.

(2) The service provider shall maintain staffing ratios as follows:

- (a) One adult for up to and including four infants through eleven months of age;
- (b) One adult for up to and including five children twelve through twenty-nine months of age;
- (c) One adult for every ten children thirty months through five years of age; and
- (d) One adult for every fifteen children five years of age or older.

(3) When there are children of mixed ages, the service provider shall maintain the ratio prescribed for the youngest child in the mixed group.

[Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-935, filed 12/22/93, effective 2/1/94.]

Chapter 440-25 WAC

ADMINISTRATION OF CHEMICAL DEPENDENCY SERVICES

WAC

440-25-005	Purpose.
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440-25-050	Plan development and submission.
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WAC 440-25-005 Purpose. Rules relating to planning, contracting, and provision of chemical dependency services through counties adopted under the authority and purposes of chapter 70.96A RCW, the comprehensive law on treatment for alcoholism, intoxication and drug addiction.

[Statutory Authority: Chapters 34.05 and 70.96A RCW, RCW [70.96A.]020, [70.96A.]040, [70.96A.]080, [70.96A.]090, [70.96A.]180, [70.96A.]300, [70.96A.]310, [70.96A.]320 and P.L. 102-234. 93-15-014 (Order 3590), § 440-25-005, filed 7/8/93, effective 8/8/93.]

WAC 440-25-010 Definitions. (1) "Act" means chapter 70.96A RCW as now and hereafter amended.

(2) "Chemical dependency" means alcoholism or drug addiction, or dependence on alcohol and one or more other psychoactive chemicals.

(3) "County" means each county or two or more counties acting jointly.

(4) "County alcoholism and other drug addiction program coordinator" means a person appointed by the county legislative authority as the chief executive officer responsible for carrying out the duties under chapter 70.96A RCW.

(5) "Department" means the department of social and health services.

(6) "Designated chemical dependency specialist" means a person designated by the county alcoholism and other drug addiction program coordinator to perform the involuntary commitment duties under chapter 70.96A RCW.

(7) "Plan" means the document describing a coordinated continuum of prevention and treatment services a county submits to the department for review and approval under the act; or revision of an existing plan.

[Statutory Authority: Chapters 34.05 and 70.96A RCW, RCW [70.96A.]020, [70.96A.]040, [70.96A.]080, [70.96A.]090, [70.96A.]180, [70.96A.]300, [70.96A.]310, [70.96A.]320 and P.L. 102-234. 93-15-014 (Order 3590), § 440-25-010, filed 7/8/93, effective 8/8/93.]

WAC 440-25-020 County alcohol and other drug addiction program coordinator—Qualification standards.

(1) The chief executive officer of the county alcoholism and other drug addiction program shall be the county alcoholism and other drug addiction program coordinator. A person appointed to the position of county alcohol and other drug addiction program coordinator shall possess the following minimum qualifications:

(a) Minimum B.A. degree in public administration, social sciences, human services, or a related field. Equivalent experience may be substituted for post-secondary education on a year-for-year basis;

(b) Minimum four years of professional level experience in the administration of social and/or human services programs;

(c) Demonstrated knowledge of chemical dependency; and

(d) Demonstrated knowledge of prevention strategies and treatment approaches used in combating chemical dependency.

(2) Each county shall maintain a current job description for the county alcohol and other drug addiction program coordinator on file.

(3) Grandparenting. The department shall consider a person appointed and employed as county alcohol and other drug addiction program coordinator before January 1, 1994, as having met all requirements listed under this chapter and qualified as the coordinator.

[Statutory Authority: Chapters 34.05 and 70.96A RCW, RCW [70.96A.]020, [70.96A.]040, [70.96A.]080, [70.96A.]090, [70.96A.]180, [70.96A.]300, [70.96A.]310, [70.96A.]320 and P.L. 102-234. 93-15-014 (Order 3590), § 440-25-020, filed 7/8/93, effective 8/8/93.]

WAC 440-25-030 County alcohol and other drug addiction program coordinator—Duties. The county alcoholism and other drug addiction program coordinator shall:

(1) Provide general supervision over the county alcoholism and other drug addiction program;

(2) Prepare plans and applications for funds to support the alcoholism and other drug addiction program in consultation with the county alcoholism and other drug addiction board;

(3) Monitor the delivery of services to assure conformance with plans and contracts and, at the discretion of the board, but at least annually, report to the alcoholism and other drug addiction board the results of the monitoring;

(4) Provide staff support to the county alcoholism and other drug addiction board;

(5) Designate the county designated chemical dependency specialist to perform the commitment duties under RCW 70.96A.140;

(6) Keep record of who has been designated; and

(7) Advise the department, county courts, law enforcement agencies, hospitals, chemical dependency programs, and other local health care and service agencies in the county as to who has been designated to provide involuntary commitment duties.

[Statutory Authority: Chapters 34.05 and 70.96A RCW, RCW [70.96A.]020, [70.96A.]040, [70.96A.]080, [70.96A.]090, [70.96A.]180, [70.96A.]300, [70.96A.]310, [70.96A.]320 and P.L. 102-234. 93-15-014 (Order 3590), § 440-25-030, filed 7/8/93, effective 8/8/93.]

WAC 440-25-040 County-designated chemical dependency specialist—Duties. (1) A person designated as a county-designated chemical dependency specialist shall meet the following minimum standards:

(a) Two years of full-time paid experience as a chemical dependency counselor and qualified as such under WAC 275-19-145, as now or hereafter amended;

(b) Demonstrated knowledge of the laws regarding the involuntary commitment of chemically dependent adolescents and adults;

(c) Demonstrated knowledge and skills in crisis response and chemical dependency intervention counseling for adolescents and adults;

(d) Demonstrated ability to assess the extent and severity of chemical dependency in adults and adolescents;

(e) Demonstrated knowledge and skills in differential assessment of the mentally ill and chemically addicted clients; and

(f) Demonstrated knowledge of the resources available for the emergency custody and treatment of civilly detained and committed adolescents and adults.

(2) Grandparenting. The department shall consider a person designated and employed as the county designated chemical dependency specialist before January 1, 1994, as having met all of the requirements listed under this chapter and qualified as a specialist.

[Statutory Authority: Chapters 34.05 and 70.96A RCW, RCW [70.96A.]020, [70.96A.]040, [70.96A.]080, [70.96A.]090, [70.96A.]180, [70.96A.]300, [70.96A.]310, [70.96A.]320 and P.L. 102-234. 93-15-014 (Order 3590), § 440-25-040, filed 7/8/93, effective 8/8/93.]

WAC 440-25-050 Plan development and submission. (1) Before July 1, in the odd year of each biennium, the department shall negotiate with and submit to counties the biennial strategic plan guidelines.

(2) In the odd year of each biennium, the department shall submit to counties by:

(a) July 1, needs assessment data; and

(b) December 1, updated needs assessment data.

(3) Before April 1, of the even year of each biennium, each county shall submit to the department a written strategic plan for chemical dependency prevention and treatment services. The county's strategic plan shall be in the form and manner prescribed by the department in the written guidelines. Each county's plan shall include:

(a) An evaluation of progress in meeting the work statement in the current contract;

(b) A prioritized description of service needs; and

(c) Such other information as the department may require in the written guidelines.

(4) Within sixty days of receipt of the county's written plan, the department shall acknowledge receipt, review the plan, and notify the county of any errors and omissions in meeting minimum plan requirements.

(5) Within thirty days after receipt, each county shall submit a response to the department's review when errors and omissions have been identified by the department.

(6) Before December 15 of the even year of each biennium, the department shall announce the amount of funds included in the department's biennial budget request to each county. The department shall announce the actual

amount of funds appropriated and available to each county as soon as possible after final passage of the Biennial Appropriations Act.

(7) Each county shall submit to the department a tactical plan and contract proposal within sixty days of the announcement by the department of the actual amount of funds appropriated and available for the new biennium. The county shall submit the tactical plan and contract proposal in the form and manner prescribed by the department in written guidelines. Each county's proposal shall include:

(a) A listing of a planned, coordinated continuum of prevention and treatment program services, anticipated service volumes, and other activities undertaken during the period covered by the proposed contract;

(b) The methods for administering the various program components and services, including how subcontractors are selected, if any;

(c) The methods for assuring service quality control; and

(d) Such other information as the department may require in the written guidelines.

(8) The department shall review the county's tactical plan within thirty days of receipt and notify the county of any errors or omissions in meeting the tactical plan requirements.

(9) The department shall notify the county of final acceptance of the tactical plan upon receipt of any corrections or additions required by its initial review.

(10) The department may modify deadlines for submission of county plans, contract proposals and responses to reviews of plans and contract proposals when, in the department's judgment, the modification enables the county to improve the program or planning process.

(11) The department may authorize the county to:

(a) Continue providing services according to the previous county plan and contract; and

(b) Reimburse at the average level of the previous contract, in order to continue services until the department executes the new contract.

[Statutory Authority: Chapters 34.05 and 70.96A RCW, RCW [70.96A.]020, [70.96A.]040, [70.96A.]080, [70.96A.]090, [70.96A.]180, [70.96A.]300, [70.96A.]310, [70.96A.]320 and P.L. 102-234. 93-15-014 (Order 3590), § 440-25-050, filed 7/8/93, effective 8/8/93.]

WAC 440-25-060 Service priority. The county strategic and tactical plans and subsequent contracted services for the provision of county chemical dependency prevention and treatment services shall give priority to populations according to department mandated priorities. The department shall advise the county of mandated priorities in plan guidelines.

[Statutory Authority: Chapters 34.05 and 70.96A RCW, RCW [70.96A.]020, [70.96A.]040, [70.96A.]080, [70.96A.]090, [70.96A.]180, [70.96A.]300, [70.96A.]310, [70.96A.]320 and P.L. 102-234. 93-15-014 (Order 3590), § 440-25-060, filed 7/8/93, effective 8/8/93.]

WAC 440-25-070 Funding formula. (1) For the purposes of this section, "county" means the legal subdivision of the state, regardless of any agreement between two counties.

(2) Of the state funds appropriated by the legislature for chemical dependency services, the department may allocate

funds for state-wide services, special projects, and emergency needs.

(3) The department shall allocate the remainder of funds to the counties through funding formulas jointly developed with representatives of the counties, that carry out the intent of the federal and state legislated appropriations including any budget provisos.

(4) Of the funds allocated to the counties for chemical dependency prevention, treatment, and support services, the county may use not more than ten percent for county administration.

[Statutory Authority: Chapters 34.05 and 70.96A RCW, RCW [70.96A.]020, [70.96A.]040, [70.96A.]080, [70.96A.]090, [70.96A.]180, [70.96A.]300, [70.96A.]310, [70.96A.]320 and P.L. 102-234. 93-15-014 (Order 3590), § 440-25-070, filed 7/8/93, effective 8/8/93.]

WAC 440-25-080 Contracting. (1) The department and each county shall negotiate and execute a county contract before the department provides reimbursement for services provided by the county, except as provided under WAC 440-25-050(11).

(2) The department shall not execute a county contract until the department receives the county's tactical plan and the department accepts the plan as described under WAC 440-25-050(9).

[Statutory Authority: Chapters 34.05 and 70.96A RCW, RCW [70.96A.]020, [70.96A.]040, [70.96A.]080, [70.96A.]090, [70.96A.]180, [70.96A.]300, [70.96A.]310, [70.96A.]320 and P.L. 102-234. 93-15-014 (Order 3590), § 440-25-080, filed 7/8/93, effective 8/8/93.]

WAC 440-25-090 Subcontracting. (1) A county may subcontract with service providers for the performance of any of the services specified in the tactical plan and contract.

(2) In selecting a subcontractor, the county shall consider, at a minimum:

(a) The quality of service delivery performance provided in the past by the provider;

(b) The cost of services proposed by the provider;

(c) The accessibility to the provider's services; and

(d) The appropriateness of the services to be provided to the diversity of recipients.

(3) Each county's subcontract shall include:

(a) A precise and definitive work statement including a description of the services provided;

(b) Specific agreement by the subcontractor to abide by relevant laws and regulations;

(c) Specific authority for the department and the state auditor to inspect all records and other material the department deems pertinent to the subcontract; and

(d) Agreement by the subcontractor that such records will be made available for inspection;

(e) Specific authority for the county and the department to make periodic inspection of the subcontractor's program or premises in order to evaluate performance under the contract between the department and the county; and

(f) Specific agreement by the subcontractor to provide such program and fiscal data as the county and department may reasonably require.

(2) The department may withhold all or part of subsequent monthly disbursement to the county if the department receives evidence a county or subcontractor performing under the contract is:

(a) Not in compliance with chapters 70.96A and 74.50 RCW, and chapters 275-19 and 388-40 WAC; or

(b) Not in substantial compliance with the contract; or

(c) Unable or unwilling to provide such records or data as the department may reasonably require. The department may withhold disbursements until such time as satisfactory evidence of corrective action is forthcoming. Such withholding or denial of funds shall be subject to appeal under the Administrative Procedure Act (chapter 34.05 RCW).

[Statutory Authority: Chapters 34.05 and 70.96A RCW, RCW [70.96A.]020, [70.96A.]040, [70.96A.]080, [70.96A.]090, [70.96A.]180, [70.96A.]300, [70.96A.]310, [70.96A.]320 and P.L. 102-234. 93-15-014 (Order 3590), § 440-25-090, filed 7/8/93, effective 8/8/93.]

WAC 440-25-100 Payments. (1) A county and a subcontractor receiving state and federal funds shall comply with all applicable laws or regulations governing the department's approval of payment of funds for the programs.

(2) The department shall not pay a county for costs of treatment services provided by the county or other person or organization who or which was not licensed, certified, or approved as described under chapter 70.96A RCW.

(3) The department shall make payments to a county on the basis of vouchers submitted to the department for costs incurred under the contract. The department shall specify the form and content of the vouchers.

(4) The department may make advance payments to a county, where such payments would facilitate sound program management. The department shall withhold advance payments from a county failing to meet WAC 440-25-050 requirements until such requirements are met. Any county failing to meet WAC 440-25-050 requirements after advance payments have been made shall repay said advance payment within thirty days of notice by the department that the county is not in compliance.

(5) The department may withhold all or part of subsequent monthly disbursement to the county until such time as satisfactory evidence of corrective action is forthcoming when the department receives evidence a county or subcontractor performing under the contract is not:

(a) In compliance with applicable state law or rule; or

(b) In substantial compliance with the contract; or

(c) Able or not willing to provide such records or data as the department may require. The department's withholding or denial of funds shall be subject to appeal under the Administrative Procedure Act (chapter 34.05 RCW).

(6) The department may impose to the county such fiscal and program reporting requirements as deemed necessary for effective program management.

(7) Failure to comply with any of these rules shall be cause for the department to refuse to provide the county and any subcontractors funds under the contract.

[Statutory Authority: Chapters 34.05 and 70.96A RCW, RCW [70.96A.]020, [70.96A.]040, [70.96A.]080, [70.96A.]090, [70.96A.]180, [70.96A.]300, [70.96A.]310, [70.96A.]320 and P.L. 102-234. 93-15-014 (Order 3590), § 440-25-100, filed 7/8/93, effective 8/8/93.]

WAC 440-25-110 Appeal procedure. (1) The provider may appeal for a hearing according to appeal procedures established by the county governing body when making application to participate in a county program

operated under authority of chapter 70.96A RCW, when the provider is dissatisfied with the disposition of its application.

(2) A county governing body or the county's designee shall review the appeal and notify the provider of its disposition within thirty days after the county receives the appeal.

(3) A county dissatisfied with the department's disposition of the county plan may request an administrative review.

(4) A county's request for administrative review shall:

(a) Be in writing to the appropriate program office within the department;

(b) Specify the date of the appealed decision;

(c) Clearly specify the issue to be resolved by the review;

(d) Be signed by, and include the address of, the county or the county's representative; and

(e) Be made within thirty days of notification of the decision.

(5) The department shall provide a county an administrative review and redetermination within thirty days of the submission of the request for review, with written confirmation of the findings and the reasons for the findings forwarded to the county.

(6) A county dissatisfied with the finding of an administrative review may initiate proceedings under the Administrative Procedure Act (chapter 34.05 RCW).

[Statutory Authority: Chapters 34.05 and 70.96A RCW, RCW [70.96A.]020, [70.96A.]040, [70.96A.]080, [70.96A.]090, [70.96A.]180, [70.96A.]300, [70.96A.]310, [70.96A.]320 and P.L. 102-234. 93-15-014 (Order 3590), § 440-25-110, filed 7/8/93, effective 8/8/93.]

WAC 440-25-120 Exemptions. (1) The department may grant an exemption to a specific rule in this chapter provided the department's assessment of the exemption request:

(a) Ensures the exemption shall not undermine the legislative intent of chapter 70.96A RCW; and

(b) Shows granting the exemption shall not adversely affect the quality of the services, supervision, health, and safety of department-served persons.

(2) The county coordinator shall retain a copy of each department-approved exemption.

[Statutory Authority: Chapters 34.05 and 70.96A RCW, RCW [70.96A.]020, [70.96A.]040, [70.96A.]080, [70.96A.]090, [70.96A.]180, [70.96A.]300, [70.96A.]310, [70.96A.]320 and P.L. 102-234. 93-15-014 (Order 3590), § 440-25-120, filed 7/8/93, effective 8/8/93.]

Title 446 WAC STATE PATROL

Chapters

446-40 Disability retirements—Applications—Decisions—Appeals.

446-50 Transportation of hazardous materials.

446-55 Private carrier regulations—Qualifications of drivers.