DEPARTMENT OF HEALTH
ADDICTION PREVENTION AND RECOVERY ADMINISTRATION

Substance Abuse Treatment Provider Manual October 2008

Government of the District of Columbia

October 21, 2008

Dear Certified Substance Abuse Treatment Provider,

It is with pleasure that I welcome your participation in the Government of the District of Columbia, Department of Health, Addiction Prevention and Recovery Administration, Drug Treatment Choice Program (DTCP).

I applaud your commitment to provide treatment for District residents living with substance use disorder. The purpose of the DTCP is to facilitate access of District residents to quality substance abuse treatment services at the certified treatment program of their choice, in consultation with a qualified substance abuse counselor. Through the DTCP, District residents will benefit from a continuum of treatment services delivered by a community of provider agencies committed to delivering the best quality substance abuse treatment services. I am committed to working with APRA's provider partners to make certain that treatment is available, accessible, efficient, and effective for those seeking help.

This manual has been developed to assist you with the structured components of the Drug Treatment Choice Program. In the following pages you will find detailed information regarding process and procedures, policies, definitions, reference materials, and any applicable forms. This manual will serve as a quick reference and can easily be used to educate the rest of your staff.

This manual will be periodically updated in the coming months. Our project team, in concert with you—our provider partners—will continuously look for ways to improve our processes. All updates will be mailed to you for inclusion in the manual.

Working together we will achieve the goals of making the District of Columbia a place where residents can obtain quality services, compassionate intervention, and realize sustainable outcomes.

Sincerely,

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Senior Deputy Director
Addiction Prevention and Recovery Administration

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1.0 Introduction and Overview

The **Addiction Prevention and Recovery Administration (APRA)** reimburses medically necessary substance abuse treatment services for eligible clients.

This manual details the policies and procedures for delivering APRA reimbursable substance abuse treatment services in the District of Columbia.

Providers are responsible for adhering to the requirements set forth in this manual.

2.0 Participating Provider

A participating provider is an entity with an executed Human Care Provider Agreement (HCPA) with APRA and current Chapter 23 certification status.

In order to provide reimbursable substance abuse treatment services in the District of Columbia, providers must adhere to the guidelines established by APRA and outlined in their individual provider agreements. At a minimum, providers must adhere to the following requirements:

- All conditions specified in the Human Care Provider Agreement, signed by the provider and representative of APRA
- All policies and procedures established by APRA
- The Code of D.C. Municipal Regulations, Title 29, Chapter 23
- The Choice in Drug Treatment Act of 2000, DC Official Code 7-3000 et seq.
- Notification to APRA of any change in the information supplied to obtain Chapter 23 certification, i.e. address, group affiliations, additional licenses acquired, etc.
- Assurance of freedom of choice to all recipients of health care services.

3.0 APRA Regulations for Participating Providers

3.1 Utilization Review

In accordance with D.C. Municipal Regulation §29-2306, APRA has established procedures for reviewing the utilization of, and payment for, all substance abuse treatment services delivered by participating providers. Accordingly, providers are required, upon request, to provide APRA, designated APRA agents, or the District of Columbia Department of Health with medical and billing records.

In addition, providers must fully cooperate with audits and reviews made by APRA or its designee to determine validity of claims or the medical necessity of services rendered by the provider.

3.2 Consequences of Misuse and Abuse

If routine utilization review procedures indicate that services have been billed for, that are not medically necessary, inappropriate, contrary to customary standards of practice, or violate regulations, the provider will be notified in writing. Claims that have not been approved may be delayed or suspended. The provider may need to explain billing practices and provide records for review. Providers will be required to refund payments made by APRA if the services are found to have been billed and been paid by APRA contrary to policy, the provider has failed to maintain adequate documentation to support their claims, or billed for medically unnecessary services.

3.3 Quality Assurance Program for Participating Providers

APRA is responsible and accountable for the implementation of a quality assurance program to ensure clinical and fiscal compliance with the provisions of Chapter 23, the HCPA, and all applicable laws and regulations. Providers are subject to review by APRA's Office of Certification and Regulation, Office of Quality Assurance, and the Deputy Director of Operations to ensure compliance.

3.4 Consequences of Fraud

If an investigation by APRA shows that a provider submitted false claims for services not rendered or provided assistance to another in submitting false claims for services not rendered, APRA will initiate termination proceedings pursuant to the provider's HCPA and Chapter 23 regulations. In addition to administrative action, the case record may be referred to the appropriate authority for investigation.

The following administrative actions can be taken in response to provider misuse, fraud, and/or abuse.

3.5 Restitution

If a provider has billed and been paid for undocumented or medically unnecessary services, APRA will review the error and determine the amount of improper payment. The provider may be required to either submit payment or provide repayment through future claims. If the 100% review of disputable claims becomes impractical, random sampling techniques will be implemented to determine the amount of the improper payment. An appeal by a provider is not a sufficient reason to postpone restitution procedures. In addition, the provider is prohibited from billing the client for amounts the provider is required to repay.

3.6 Termination

A Human Care Provider Agreement can be terminated due to, but not limited to, the following:

- Failure to comply with applicable federal or District laws, rules, or regulations;
- Performing a type of treatment or rehabilitation service for which the provider has not been certified;
- Intentionally billing or accepting payment for services not provided;
- Intentionally billing or accepting payment for services that have also been billed to APRA outside the HCPA, Medicaid, or a third party payer;
- Misrepresenting the qualifications of an employee providing the service;
- Intentionally billing for a different quantity or quality of medications than actually provided;
- Providing a type of treatment for which the client has not given informed consent;
- Defaulting on its contractual obligations; or,
- APRA or the provider may terminate the HCPA, in whole or in part, for any reason by giving written notice at least ninety (90) days before such termination to the other party of its intent to terminate the Agreement.

3.7 Notification

When a HCPA is terminated, the provider will receive written notice of at least thirty (30) days from APRA. The notice will include the reason for the action, the effective date of the action, and other action taken beyond termination. Upon notification of termination, the provider may submit all outstanding claims for allowable services rendered prior to the date of termination. The District shall pay invoices submitted not later than thirty (30) days following the termination date.

In addition, upon termination of the Provider Agreement, APRA may release all pertinent information to:

- Relevant District, Federal, State, and local agencies
- State and county professional societies
- General public

3.8 Consequences of Termination

Upon termination, the provider will be prohibited from receiving payment, either directly or indirectly, from APRA. This includes payment for professional or administrative services through any group practice, medical, clinic, medical center, individual provider, or other facility.

3.9 Appeal Process

A provider may request a formal review if the provider disagrees with a decision made by APRA. Areas that may be appealed include, but are not limited to:

- Denial of payment
- Termination of a Human Care Provider Agreement
- Administrative action.

Written requests for appeals must be sent to the Director of the District of Columbia Department of Health. A copy of all appeals must be sent to APRA. See Appendix A: Contact Information for Formal Appeal of APRA Decision

4.0 Eligible Participants in the Drug Treatment Choice Program

4.1 Substance Abuse Treatment Eligibility

Eligible recipients of APRA supported substance abuse treatment services are:

- District residents;
- Without private medical insurance, or whose medical insurance does not cover substance abuse treatment services; and
- With an Axis I diagnosis of a substance use disorder.

4.2 District Residency

An individual is eligible for APRA reimbursable substance abuse treatment services if he or she presents evidence of District of Columbia residency. Documents that establish District of Columbia residency for the purpose of receiving APRA reimbursable substance use treatment services include:

- A valid motor vehicle operator's permit issued by the District;
- A non-driver's identification card issued by the District;
- A voter registration card with an address in the District;
- A copy of a lease or a rent receipt for real property located in the District;
- A utility bill for real property located in the District; or
- A copy of the most current federal income tax return or Earned Income Credit Form.

4.3 Maintenance of District of Columbia Residency

An individual receiving APRA reimbursable substance use treatment services must continue to be a District resident while participating in the DTCP. A provider may request any one (1) of the documents listed in Section 4.2 to confirm District residency.

It is the responsibility of the provider to confirm that clients enrolled in their program maintain District residency. Invoices submitted for services delivered to clients who are not District of Columbia residents are subject to nonpayment.

4.4 Uninsured or Underinsured

An individual is eligible for APRA reimbursable substance abuse treatment services if he or she is currently uninsured or his or her private insurance does not cover substance abuse treatment.

4.5 Diagnosis of Substance Use Disorder

An individual is eligible for APRA reimbursable substance abuse treatment services if he or she has a current Axis I diagnosis of substance use disorder.

5.0 Accessing Services

5.1 Access

A client may access substance abuse treatment in one of several ways:

- APRA's Assessment and Referral Center (ARC)
- a satellite intake site at the D.C. Superior Court
- a satellite intake site located at one of several provider agencies
- APRA's Detoxification Center

5.2 Assessment

Once a client has chosen to seek services by presenting at an intake site, he or she is assessed by a substance abuse treatment counselor. During intake and assessment, treatment professionals collect pertinent information; including District residency and availability of private insurance in order to determine eligibility to participate in the DTCP. Treatment counselors then perform an assessment and collect the client's relevant treatment history in order to determine the presence of a substance use disorder. This information is used to determine the level of care appropriate for treatment.

5.3 Referral

After determining the presence of a substance use disorder and determining the level of care appropriate for treatment, the client is offered his or her choice of substance use treatment provider. Once the client has selected his treatment program of choice, a voucher for services is generated and a copy of the voucher is transmitted to the provider agency

A provider may not render services without a voucher. **Invoices submitted for services delivered to clients without a valid voucher are subject to nonpayment.**

6.0 Procedures for Client Intake for Satellite Intake Providers

The following procedures are applicable for provider agencies that have met the necessary qualifications to perform client intake, make assessments, and refer clients to treatment as an APRA satellite intake provider.

6.1 Determining District of Columbia Residency

Satellite intake providers must confirm that the prospective client is a District of Columbia resident. Documents that establish District of Columbia residency for the purpose of receiving APRA reimbursable substance use treatment services include:

- A valid motor vehicle operator's permit issued by the District;
- A non-driver's identification card issued by the District;
- A voter registration card with an address in the District;
- A copy of a lease or a rent receipt for real property located in the District;
- A utility bill for real property located in the District; or
- A copy of the most current federal income tax return or Earned Income Credit Form.

The provider should make a copy of the document(s) presented to establish residency and associate such documentation with the client's file.

6.2 Assessing Private Insurance Eligibility

Satellite intake providers must request proof of insurance benefits from every prospective client that presents for an assessment for substance abuse treatment services.

If the client presents proof of insurance benefits for substance abuse treatment, the provider must contact the customer service or benefits line and inquire as to whether substance abuse services are covered. Thereafter, the provider may complete intake and proceed to screening and assessment.

6.3 Assess Client for Presence of Axis I Substance Use Disorder

An Axis I diagnosis of substance use disorder must be made by an interdisciplinary team using the most recent edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

7.0 Minimum Data Requirements for Client Enrollment

Each provider agency must develop a client enrollment form that conforms to APRA's minimum data collection requirements.

When a client presents for substance abuse treatment, a substance abuse treatment facility or program shall collect sufficient information on an individual seeking treatment to establish a client profile for purposes of triaging clients based on presenting status, establish a baseline against which treatment outcomes will be measured, and analyze aggregate data on individuals seeking treatment for addiction in the District of Columbia.

An addiction counselor or trained paraprofessional shall collect the following information at enrollment:

- Demographic information including but not limited to photo I.D, primary language, name, age, address, living arrangements, social security number, race/ethnicity, source of referral, sex and sexual orientation, marital status, religion, education/training, employment status, emergency contact, military status, disability status, type of health insurance, and criminal justice involvement;
- The presenting problem including a statement of the circumstances or symptoms prompting the individual to seek services at this time;
- Existing personal support systems;
- Self-reported history of prior medical hospitalizations, substance abuse and psychiatric treatment episodes;
- Self-reported history of chronic medical problems affecting daily life, name and telephone number of primary care physician, and voluntary reporting of the status of HIV testing and results;
- Report of alcohol and/or drug consumption and quantity, type of drug, route of administration, and frequency in last 30 days;
- Record of prior treatment for emotional problems and current mental health status as observed and self-reported, particularly as it relates to current level of danger to self or others; and
- Diagnostic summary of interviewer's impressions and observations.

8.0 Screening and Assessment

8.1 Client Screening for Substance Use

Screening tools and rating scales are often used as an initial evaluation of the types of problems (e.g., substance abuse and mental health) a client may be experiencing. Screening tools do not produce a diagnosis, but rather indicate to a treatment professional that a more comprehensive assessment is needed.

8.2 Assessment

A behavioral health diagnostic assessment is an intensive evaluation of the clinical and functional status of an individual's substance abuse problems, mental health status and/or developmental capacity that results in a report identifying whether the individual meets the diagnostic criteria for specific substance abuse, mental health, and/or developmental disorders. In addition, the diagnostic assessment determines the level of care and services needed in order to treat the identified disorder(s). It is important to note that assessment is not a singular event. It is an ongoing event that is comprehensive in nature, developmentally and culturally sensitive, and captures both the needs and the strengths of the client.

9.0 Level of Care Determination

After a complete assessment has been performed, an interdisciplinary team of qualified program staff must determine the level of care necessary for treatment.

9.1 Credentials of Individuals Qualified to Determine Level of Care

Staff qualified to make a level of care determination for substance use disorder include an addiction counselor and one or more of the following: a Licensed Independent Clinical Social Worker (LICSW), a Licensed Professional Counselor (LPC), a licensed nurse practitioner or a registered nurse with a specialty in psychiatry or chemical dependency, a licensed psychologist, or a licensed physician.

The District of Columbia recommends that providers consult the American Society of Addiction Medicine (ASAM) Level of Care placement criteria in order to determine the appropriate level of care necessary for treatment.

9.2 Levels of Care

Level I: Outpatient Treatment (including Outpatient Opioid Maintenance Therapy)

An organized nonresidential treatment service or an office practice with designated addiction professionals and clinicians providing professionally directed substance use treatment. This treatment occurs in regularly scheduled sessions usually totaling fewer than 9 contact hours per week. Examples include weekly or twice-weekly individual therapy, weekly group therapy, or a combination of the two in association with participation in self-help groups.

Outpatient treatment offers directed treatment and recovery support services that address major lifestyle, attitudinal, and behavioral issues that can undermine treatment goals and inhibit a patient's ability to cope with major life tasks without abusing psychoactive substances. This level of care assists the patient in sustaining treatment gains, and emphasizes personal growth issues such as vocational rehabilitation and relapse prevention methods. Most outpatient abstinence and narcotic treatment programs fall into this level of care.

Level II: Intensive Outpatient Treatment and Partial Hospitalization

A planned and organized service in which addiction professionals and clinicians provide several substance use treatment service components to clients. Treatment consists of regularly scheduled sessions within a structured program, with a minimum of 9 treatment

hours per week. Examples include day or evening programs in which patients attend a full spectrum of treatment programming but live at home or in special residences.

Level III: Residential Treatment, Sub-Acute Non-Hospital Medically Monitored Detoxification, Day Treatment, Partial Hospitalization

An organized service conducted by addiction professionals and clinicians who provide a planned regimen of around-the-clock, professionally-directed evaluation, care, and treatment in an inpatient setting. This is the most structured and intensive treatment service. Patients assessed as requiring Level III treatment reside in an overnight environment where access to alcohol and other drugs is controlled, such as a supervised home environment, jail, nursing home, or other licensed health care facility. This level of care includes 24-hour observation, monitoring, and treatment.

Level IV: Medically Managed Intensive Inpatient Treatment (Detoxification)

An organized service in which addiction professionals and clinicians provide a planned regimen of 24-hour medically directed evaluation, care, and treatment in an acute care inpatient setting. Patients generally have severe withdrawal or medical, emotional, or behavioral problems that require primary medical and nursing services.

10.0 Client Choice of Provider

The Choice in Drug Treatment program mandates that all substance abuse treatment clients be offered their choice of treatment provider.

A client may obtain services from any participating provider with an executed Human Care Provider Agreement (HCPA) with APRA and current Chapter 23 certification status. Therefore, there will be no direct or indirect referral arrangements between substance use treatment providers and other providers of substance abuse treatment services which might interfere with a client's freedom of choice.

11.0 Procedure to Certify Client Choice for Satellite Intake Providers

Satellite intake providers must certify that a client has been offered his or her choice of provider. If a provider agency is a satellite intake site, then an interdisciplinary team (See Section 12.1) must determine the client's substance abuse diagnosis (and mental health diagnosis if applicable) and identify the level of care appropriate for treatment. The client must then be advised as to the available treatment providers within the participating provider network that offer the appropriate level of care to treat his or her substance use disorder.

- If the client elects to undergo substance abuse treatment with the satellite intake provider where he or she has presented for an assessment, then the provider should proceed to delivering treatment services pursuant to the treatment plan.

- If the client selects a provider agency within the APRA provider network other than the satellite intake provider where he or she has presented for an assessment, then the satellite intake provider must contact the client's provider of choice, complete a Request for Authorization, Reauthorization, Step-Up, Step-Down and forward the assessment and case file to that provider, as well as the client's case manager, if the client also has a case manager assigned by an agency other than the provider.

12.0 Treatment Plan

12.1 Development of treatment plan

A treatment plan must be developed within 10 days of completing an assessment. The treatment plan must be developed by an interdisciplinary team made up of an addiction counselor and one or more of the following: a Licensed Independent Clinical Social Worker (LICSW), a Licensed Professional Counselor (LPC), a licensed nurse practitioner or a registered nurse with a specialty in psychiatry or chemical dependency, a licensed psychologist, or a licensed physician.

The client must participate in the development of the treatment plan and shall sign and date the plan**.**

12. 2 Review of the treatment plan

A case manager should be assigned to coordinate the development, implementation, and required revision of the client's treatment plan. A rehabilitation team including at least one addiction counselor and the assigned case manager must meet and review the treatment plan on a regular basis.

- If the client has been referred to Level III treatment for 30 days or less, the treatment plan must be reviewed at least every 15 days. The treatment plan should be reviewed more frequently if changes in the client's functioning and/or rehabilitation activities occur before the end of the 15 day period.

- If the client has been referred to Level II treatment or Level III treatment for 30 days or more, the treatment plan must be reviewed at least every 30 days. The treatment plan should be reviewed more frequently if changes in the client's functioning and/or rehabilitation activities occur before the end of the 30 day period.

- If the client has been referred to Level I treatment, the treatment plan must be reviewed at least every 90 days. The treatment plan should be reviewed more frequently if changes in the client's functioning and/or rehabilitation activities occur before the end of the 90 day period.

- The interdisciplinary team shall conduct an annual assessment of any person receiving ongoing services during the previous 12 months.

13.0 Core Service Requirements

Substance abuse treatment programs shall provide, at a minimum, the following core services on-site, either directly or through consultant/contract agreement, in such a manner as to ensure seamless care:

- Intake services designed to establish a client profile for purposes of triaging clients based on presenting status, establish a baseline against which treatment outcomes will be measured, and analyze aggregate data on individuals seeking treatment for addiction in the District of Columbia;
- An assessment to determine placement of an applicant in the appropriate level of care in a substance abuse treatment program. In the event that an assessment was performed and client placement made by APRA staff or a satellite intake provider, then a substance abuse treatment provider shall be responsible for establishing an interdisciplinary team to complete any incomplete assessments;
- Treatment/Rehabilitation planning;
- Clinical case management;
- Individual and group addiction counseling;
- Individual and group psychotherapy as specified in the patient's rehabilitation plan;
- Family therapy as specified in the rehabilitation plan;
- Group education;
- Therapeutic assistant services for residential treatment facilities or programs;
- Registered/licensed nursing services as applicable to the level of care provided;
- Medical services on a frequency and accessibility level appropriate for the level and modality of care provided;
- Drug screening and other laboratory services; and
- Discharge and aftercare planning services.

14.0 Individual Addiction Counseling Services

14.1 Individual Addiction Counseling

Individual addiction counseling may include face-to-face interaction with a client for the purpose of assessment or supporting the client's recovery.

Key service functions of individual addiction counseling include, but are not limited to:

- Exploration of an identified problem and its impact on individual functioning;
- Examination of attitudes and feelings;
- Identification and consideration of alternatives and structured problem-solving;
- Decision-making; and
- Application of information presented in the substance abuse treatment facility or program to the individual's life situations in order to promote recovery and improve functioning.

14.2 Credentials of Individuals Delivering Individual Addiction Counseling Services

Only an individual trained to provide addiction-focused therapies shall perform addiction counseling.

Individual and group addiction counseling services shall be provided by the following:

- A licensed professional counselor, licensed psychologist, licensed individual clinical social worker (LICSW), licensed psychiatric or chemical dependency nurse, or physician licensed in the District who has at least one (1) year of full-time experience in the treatment or rehabilitation of substance abuse; or,
- An addiction counselor with credentials consistent with the District of Columbia Health Occupations Revision Act of 1985, as amended, effective March 25, 1986 (D.C. Law 6-99; D.C. Code § 2-3301 et seq.).

15.0 Group Addiction Counseling Services

15.1 Group Addiction Counseling

Key service functions of group counseling shall include, but are not limited to:

- Facilitating individual disclosure of issues that permits generalization of the issue to the larger group;
- Promoting positive help-seeking and supportive behaviors;
- Encouraging and modeling productive and positive interpersonal communication; and
- Developing motivation and action by group members through peer pressure, structured confrontation, and constructive feedback.

15.2 Credentials of Individuals Delivering Group Addiction Counseling Services

- Only an individual trained to provide addiction-focused therapies shall provide group-counseling services.
- The usual and customary size of group counseling sessions shall not exceed fifteen (15) persons per group facilitator in order to promote participation, disclosure and feedback.
- Only an individual trained to provide addiction-focused therapies shall perform addiction counseling.
- Individual and group addiction counseling services shall be provided by the following:
    - A licensed professional counselor, licensed psychologist, licensed individual clinical social worker (LICSW), licensed psychiatric or chemical dependency nurse, or physician licensed in the District who has at least one (1) year of full-time experience in the treatment or rehabilitation of substance abuse; or,
    - An addiction counselor with credentials consistent with the District of Columbia Health Occupations Revisions Act of 1985, as amended, effected March 25, 1986 (D.C. Law 6-99; D.C. Code § 2-3301 et seq.).

16.0 Family Counseling Services

16.1 Family Counseling Services

Family therapy is defined as planned, goal-oriented therapeutic interaction of a qualified individual with the client and/or one or more members of the client's family in order to address and resolve the family system's dysfunction as it relates to the client's substance abuse problem in accordance with the client's rehabilitation plan.

Family therapy may be provided in the facility, program or home setting.

An individual living in the same household with the client, who has a significant relationship with the client, may be considered a family member.

- In order for the service to qualify as family therapy, at least one (1) of the participating family members shall be age five (5) or older.
- At least one (1) family member who participates in therapy sessions shall agree to activities he or she will do if client relapses.

16.2 Requirements for Family Counseling Services

Key service functions of family therapy may include, but are not limited to:

- Utilization of generally accepted principles of family therapy to influence the family;
- Examination of family interaction styles and identifying patterns of behavior;
- Development of a need or motivation for change in family members;
- Development and application of skills and strategies for improvement in family functioning;
- Identification and treatment of domestic violence and child abuse and neglect; and
- Generalization and stabilization of change through insight, structure and enhanced skills to promote healthy family interaction independent of formal helping systems.

16.2 Credentials of Individuals Delivering Family Counseling Services

Only an individual trained to provide addiction-focused therapies shall perform addiction counseling.

Family therapy shall be performed by a person who:

- Is certified by the American Association of Marriage and Family Therapists; or

- Is a licensed clinical social worker and has one (1) year of supervised experience in family counseling or specializes in family counseling; or
- Has a master's degree in psychology or counseling and one (1) year supervised experience in family counseling or specializes in family counseling.

17.0 Case Management Services

17.1 Case Management Services

The term case management refers to interventions designed to help substance abusers access needed social services. Since addiction affects so many facets of the addicted person's life, a comprehensive continuum of services promotes recovery and enables the client to fully integrate into society as a healthy, substance-free individual. The continuum must be designed to provide engagement and motivation, primary treatment services at the appropriate intensity and level, and support services that will enable the individual to maintain long-term sobriety while managing life in the community. Treatment must be structured to ensure smooth transitions to the next level of care, avoid gaps in service, and respond rapidly to the threat of relapse. Case management can help accomplish all of the above.

17.2 Requirement to Provide Case Management Services

Addiction counseling is not considered a case management service or activity. Individuals performing both addiction counseling and case management as part of his or her normal duties must maintain records that clearly document separate time spent on each of these functions; such as work logs, encounter reports, and documentation in the clients' records.

- Case management must be provided to all clients unless specific documentation is entered in the client's record to indicate that such services are not clinically indicated.
- The case manager must document the services delivered in the client's record and legibly sign each entry.
- The case manager's supervisor must provide regular case and chart review, meet face-to-face, and co-sign chart entries at least monthly to indicate compliance with the treatment plan.

17.3 Eligible Case Management Services

Eligible case management services include, but are not limited to:

- Identification of all types of services necessary to preserve or improve functional status in the community;
- Coordination off-site services related to mental health and medical treatment, housing, legal, transportation, education, employment, vocational rehabilitation, child care, financial assistance, and other social services;

- Monitoring the client's compliance with on and off-site appointments, and monitoring the client's level of participation in activities defined in the rehabilitation plan as necessary to achieve specified outcomes.
- Participation by the case manager in the interdisciplinary team meetings in order to identify strengths and needs related to developing and updating the rehabilitation plan;
- Attending periodic meetings with designated team members and the client in order to review and update monitoring activities and the rehabilitation plan;
- Participation in the annual assessment;
- Advocating for the quality of services to which the individual is entitled;
- Monitoring service delivery by providers' external to the substance abuse treatment facility or program and ensuring communication and coordination of services;
- Contacting individuals who have unexcused absences from program appointments or from other critical off-site service appointments, in order to re-engage the person and promote recovery efforts;
- Locating and coordinating services and resources to resolve a client's crisis;
- Providing experiential training to clients in life skills and resource acquisition;
- Providing information and education to a client in accordance with the rehabilitation plan; and
- Planning for discharge.
- Delivering aftercare services

17.3 Credentials of Individuals Performing Case Management

Case management services shall be provided by a person who:

- Has a bachelor's degree from an accredited college or university in social work, counseling, psychology or closely related field; or
- Has at least four (4) years of relevant, qualifying full time equivalent experience in human service delivery and demonstrated skills in developing positive and productive community relationships, and the ability to negotiate complex service systems to obtain needed services and resources for individuals.

A clinical case manager may be supervised by an individual with the following credentials:

- A Licensed Independent Clinical Social Worker (LICSW); or
- A Licensed Professional Counselor;

- A registered nurse, certified in chemical dependency; or
- A supervisory certified addiction counselor (CAC); or
- An individual with a Bachelor's degree from an accredited college or university in social work, counseling, psychology, or a closely related field, and at least two (2) full years of experience in providing clinical case management services.

18.0 Group Education Services

18.1 Group Education Services

- The usual and customary size of group educational sessions shall not exceed thirty-five (35) persons in order to promote participation.

- A substance abuse treatment facility or program shall develop a schedule and curriculum for delivery of group education services addressing topics and material relevant to the patients.

- A substance abuse treatment facility or program shall provide basic information to patients regarding:
    - The progressive nature of dependency and the disease model, to include 12 step programs, principles and availability of self-help groups, and health and nutrition;
    - Support for the personal recovery process, including overcoming denial, recognizing feelings and behavior, promoting self-awareness and self-esteem, encouraging personal responsibility and constructively using leisure time;
    - Skill development, such as communication skills, stress reduction and management, conflict resolution, decision-making, assertiveness training, and parenting;
    - The promotion of positive family relationships and relationships with significant others;
    - Relapse prevention;
    - The effects of alcohol and other drug abuse upon pregnancy and child development;
    - HIV/AIDS, including related conditions, risk factors, preventive measures and the availability of diagnostic testing;
    - Substance abuse and mental health conditions; and
    - Parenting and child development, as appropriate.

18.2 Requirements for Group Education Services

- Key service functions of group education may include but are not limited to:
    - Classroom style didactic lectures to present information about a topic and its relationship to substance abuse;
    - Presentation of audiovisual materials that are educational in nature with required follow-up discussion;
    - Promotion of discussion and questions about the topic presented to those in attendance; and
    - Generalization of the information and demonstration of its relevance to recovery and enhanced individual functioning.

18.3 Requirements for Individuals Delivering Group Education Services

- Group education services shall be provided by an individual who:
    - Demonstrates competency and skill in educational techniques;
    - Has knowledge of chemical dependency and its relationship to the topic(s) being taught; and
    - Is present throughout the group education session.

19.0 Therapeutic Assistant Services

19.1 Therapeutic Assistant Services

- Therapeutic assistant services, provided in a residential setting, shall include the following activities:
- Training in activities of daily living;
- Instruction and supervision of therapeutic recreation activities; and
- Protective supervision during evening, overnight, and weekend hours for patients who need the protection and structure of staff twenty-four (24) hours a day.

19.2 Credentials of Individuals Qualified to Deliver Therapeutic Assistant Services

A therapeutic assistant is required to have a high school degree or GED, and at least twenty (20) hours of in-service training per year regarding rehabilitation issues for substance abuse.

19.3 Credentials of Individuals Qualified to Supervise Therapeutic Assistant Services

A therapeutic assistant shall at a minimum be supervised by a Level II certified addictions counselor.

20.0 Nursing Services

Only licensed registered and/or practical nurses shall provide nursing services that include, but are not limited to:

- Health assessments of patients and children, as appropriate;
- Health screenings and referrals for examination by a physician;
- Health education for participants and staff;
- Collection of health data;
- Appropriate treatment intervention;
- Administration of medication;
- Observation of medication use by individuals and proper documentation;
- Health care counseling, especially in the areas of high-risk sexual behavior and the possibility of HIV positives; and
- Infection control.

21.0 Submitting Claims for Reimbursement to APRA

Providers must request a voucher from APRA in order to be reimbursed for medically necessary services provided to eligible clients. A provider may request a voucher electronically through the APRA Client Information System (ACIS).

After completing all relevant data fields in ACIS, a voucher number will be generated. A provider must submit four documents in order to constitute a proper invoice package for payment:

1. Summary Invoice – An invoice must contain the name of the provider, remittance address, invoice number, billing period, invoice date, contract or purchase order number, description of service, amount due, and signature and date for the authorized vendor, contract administrator, and program official (DOH). The provider should submit a photocopy of the summary invoice to their assigned contract representative.
2. Health Insurance Claim Form 1500 (HCFA 1500) – The HCFA 1500 must be completed with all client and provider information, to include the date that services were rendered, the number of units provided to the client, and the billing code. The provider should submit a photocopy of the HCFA 1500 to their assigned contract representative.
3. Voucher Forms – This document must be included for all clients. The provider must attach a photocopy of the voucher the matching HCFA 1500. The provider should submit a photocopy of the voucher to their assigned contract representative.
4. Excel Spreadsheet – The spreadsheet is a reconciliation of all clients for the billing period. The spreadsheet lists the voucher number, client ID number, billing code, number of units used, and the total dollar amount invoiced. This spread sheet must reconcile to all HCFA 1500s submitted for payment for the billing period. The spreadsheet should follow the order of the HCFA 1500 forms. The Excel spreadsheet will be submitted to APRA electronically at the time the provider invoices APRA. APRA will not pay the invoice until it receives a copy of the electronic spreadsheet.

22.0 Submitting Claims for Reimbursement to Private Insurers

For clients with insurance benefits, please follow the insurer's claims billing protocols.

23.0 Submitting Requests for Authorization, Reauthorization, Step-up, or Step-down of Services

To ensure that all services are clinically appropriate and reflect best practices, all requests for authorization, reauthorization, or transfer to another level of care or another DTCP provider must be approved or denied by APRA.

23.1 General Provisions

- Please review your agency's HCPA to determine the exceptions and limitations for APRA reimbursable services. Services provided in excess of the stated limitations or maximum allowable units without authorization will not be reimbursed. Services provided in the absence of a valid voucher will not be reimbursed.

- Any request for authorization of services, reauthorization of services, or transfer of clients to another level of care or DTCP provider agency that has not been submitted within the required period is subject to disapproval and may result in non-payment.

- Any requests made on the expiration date of the current voucher will be denied, and any services provided past that date will not be reimbursed.

23.2 Requests to Authorize, Reauthorize, or Transfer within the Same Provider Agency

- If the client requires treatment services at the same level of care and chooses to receive treatment from the same provider agency, the provider must request a reauthorization of treatment services in order to deliver services beyond the limits and exemptions noted in the provider's HCPA.

- If the client requires a transfer to another level of care and the provider offers a treatment program at the level of care appropriate to treat the client's substance use disorder, and the client consents to treatment from the same provider agency; then the provider must request authorization to step-up or step-down the client to another program within the same agency.

    - Any decision to request authorization, step-up, or step-down must be made by the interdisciplinary team. The client must participate in the modification of his or her treatment plan. The client's consent must be reflected in his or her treatment plan and the client must sign a document reflecting his or her consent.

- Any provider requesting authorization, reauthorization, or transfer should submit a Request for Authorization, Reauthorization, Step-Up, Step-Down to APRA (see Section 23.5 for further instructions) with additional supportive documentation. **The client's treatment plan must be included with the request.** Additional supportive documentation may include, but is not limited to case notes, psychiatric evaluations, toxicology screens, or other relevant information.

- After reviewing the request form, treatment plan, and additional supportive documentation, APRA will either approve or deny the provider's Request. If the request is approved, a voucher stating the name of the approved program, level of care, and applicable units of service will be transmitted to the provider.

- Once a valid voucher has been transmitted, the provider may begin delivering authorized treatment services.

23.3 Requests to Step-Up or Step-Down Clients to another Provider Agency

- If the client requires treatment services, at the same or a different level of care, and requests transfer to another treatment provider in order to receive those services, it is the responsibility of the current provider to coordinate the client's transfer in such a manner as to avoid an interruption in treatment.

    - Any decision to transfer a client to another provider agency must be made by the interdisciplinary team. The client must participate in the modification of his or her treatment plan. The client's consent must be reflected in his or her treatment plan and the client must sign a document reflecting his or her consent.

    - Any provider requesting transfer of a client should submit a Request for Authorization, Reauthorization, Step-Up, Step-Down to APRA (see Section 23.5 for further instructions) with additional supportive documentation. **The client's treatment plan must be included with the request.** Additional supportive documentation may include, but is not limited to case notes, psychiatric evaluations, toxicology screens, or other relevant information.

    - After reviewing the Request and supportive documentation, APRA will either approve or deny the provider's request. If the Request is approved, APRA will determine the available treatment programs that offer the level of care appropriate for the client's substance use disorder. The provider agency coordinating the transfer must inform the client of his choice of providers and document the client's choice of program. After documenting the client's choice of provider, a voucher stating the name of

the approved provider, level of care, and applicable units of service will be transmitted to the provider agency to which the client will be transferring.

- Once a valid voucher has been transmitted, the provider may affect the transfer of the client to the approved provider agency.

- It is the responsibility of the provider agency requesting the client's transfer to the new treatment program to accompany, transport, or arrange transportation to the new program for any client if needed.

- The provider must follow up and document confirmation of a successful referral or the client's failure to comply with the established plan in the client's record.

- The provider must document the client's discharge from the treatment program and submit all necessary client discharge data to APRA.

23.4 Requests to Transfer Client to the APRA Detoxification and Stabilization Center

- If the client requires detoxification and stabilization services and consents to transfer to APRA's Detoxification and Stabilization Center in order to receive those services, it is the responsibility of the current provider to coordinate the client's transfer in such a manner as to avoid an interruption in treatment.

    - Any decision to transfer the client to APRA's Detoxification Center must be made by the interdisciplinary team. The client should participate in the modification of his or her treatment plan. If possible, the client's consent should be reflected in his or her treatment plan and the client should sign a document reflecting his or her consent.

    - Any provider requesting transfer of a client to APRA's Detoxification and Stabilization Center should submit a Request for Authorization, Reauthorization, Step-Up, Step-Down with additional supportive documentation. **The client's treatment plan must be included with the request.** Additional supportive documentation may include, but is not limited to case notes, psychiatric evaluations, toxicology screens, or other relevant information. Submit this information to:

        Attention: Program Manager
        Detoxification and Stabilization Center
        Addiction Prevention and Recovery Administration
        1905 E Street, SE, Bldg. 12
        Washington, DC 20003
        Phone: (202) 698-6080
        Fax: (202) 724-8937

- After reviewing the Request and supportive documentation, APRA will either approve or deny the provider's Request. If the Request is approved, the provider shall arrange for the client's transportation to the Detoxification Center.

23.5 Procedures for Submitting a Request for Authorization, Reauthorization, or Transfer

- All requests for reauthorization of Level III Residential treatment services must be submitted within fifteen (15) days of the expiration of the client's current voucher.

- All requests for transfer to Level III Residential treatment services must be submitted within fifteen (15) days of the date of transfer.

- All requests for reauthorization of Level I Outpatient and Level II Intensive Outpatient services must be submitted within five (5) days of the expiration of the client's current voucher.

- All requests for transfer to Level I Outpatient and Level II Intensive Outpatient services must be submitted within five (5) days of the date of transfer.

- Any decision to request authorization, reauthorization, step-up, or step-down of treatment services must be made by the interdisciplinary team. The client must participate in the modification of his or her treatment plan. The client's consent to extend treatment services must be reflected in his or her treatment plan and the client must sign a document reflecting his or her consent.

- Providers must submit a Request for Authorization, Reauthorization, Step-Up, Step-Down with additional supportive documentation. **The client's treatment plan must be included with the request.** Additional supportive documentation may include, but is not limited to case notes, psychiatric evaluations, toxicology screens, or other relevant information. Submit this information to:

  Attention: Reauthorization Committee
  Addiction Prevention and Recovery Administration
  1300 First Street NE
  Washington, DC 20002
  Contact: Fran Buckson
  Phone: (202) 727-7650
  Fax: (202) 535-2318
  Hours of Operation: 8:30am – 4:30pm

- Requests received Monday thru Friday will receive a response from APRA within five (5) business days.

- If necessary, APRA may contact the provider to request additional clinical information. If the additional documentation requested by APRA is not received within two (2) business days of the request, the request is subject to denial.

- Once the requested documentation is received and reviewed by APRA, the provider will be contacted with a disposition of the request within five (5) business days.

- Only individuals with the following credentials are authorized to sign the Request for Authorization, Reauthorization, Step-Up, Step-Down:

  Physician
  Licensed Psychologist
  Registered Nurse
  Licensed Clinical Social Worker (LICSW)
  Licensed Professional Counselor (LPC)

Any request containing the signature of a person who does not possess a credential listed above will not be processed.

- To appeal APRA's decision, a copy of the original request and supporting documentation challenging the denial should be sent to the Medical Director within two (2) business days of the denial. A decision will be rendered and forwarded to the provider within two (2) business days. Please forward all Appeal requests to:

  Attention: Medical Director
  Addiction Prevention and Recovery Administration
  1300 First Street, NE 2nd Floor
  Washington, DC 20002
  Fax: (202) 535-1314

24.0 Referring Client to Mental Health Treatment Programs

Providers may have the capacity to serve clients with a dual diagnosis of substance use disorder and mental health disorder if it is determined that the facility can adequately address the mental health needs of the client within the context of substance use treatment. If it is determined that the client requires mental health services that the provider does not have the capacity to provide, a referral must be made to an appropriate mental health provider.

24.1 Requirement to Assess for Co-Occurring Mental Health Disorders

APRA requires that all clients undergo screening and assessment for mental health disorders.

In the event that the initial screening indicates the presence of a mental health disorder, a licensed psychiatric social worker, licensed psychiatric nurse, or licensed psychologist or psychiatrist should be available to complete and interpret the assessment.

If a qualified mental health professional is not available to complete the assessment, providers must refer the client to a qualified mental health professional; to include a licensed psychiatric social worker, licensed psychiatric nurse, or licensed psychologist or psychiatrist) to complete the mental health assessment.

24.2 Referring Clients to Mental Health Services

If a screening reveals evidence of a mental health disorder and the client is not currently receiving mental health services, the provider must contact the Department of Mental Health (DMH) Access HelpLine at 1 (888) 7WE-HELP or 1-888-793-4357. This 24-hour, seven-day-a-week telephone line is staffed by mental health professionals who can refer a caller to immediate help or ongoing care.

25.0 Discharge from Treatment

25.1 Written Discharge Policies and Procedures

- A substance abuse treatment facility or program shall develop criteria and implement written policies and procedures regarding:
    - Termination or removal from the program;
    - Discharge planning;
    - Discharge or completion of the program; and
    - Re-entry following termination or discharge.
    - Prior to a client's discharge from a substance abuse treatment facility or program, an aftercare plan shall be developed.

25.2 Discharge Summary

- The client's record shall contain a discharge summary that summarizes information regarding the client's condition from the time of first contact through treatment termination. The discharge summary shall minimally include and address the following:
    - Admission date and referral source;
    - Initial assessment, including present problems;
    - Initial diagnosis;
    - Significant findings;
    - Course and progress of treatment towards the goals in the rehabilitation plan;
    - Outcomes at the time of discharge, in relation to identified problems;
    - Final assessment, including prognosis;
        - Final diagnosis;
        - Recommendations and referrals made as stated in the continuing care or aftercare plan;
        - Discharge date and reason; and,
        - Follow-up plans.
- If a client voluntarily terminates involvement with a substance abuse treatment facility or program against the advice of staff, the discharge summary shall include a statement that explains the circumstances under which the client was terminated.

- If a client is involuntarily terminated for non-compliance as specified in the facility's or program's policies and procedures, the discharge summary shall include a statement that explains the circumstances under which the client was terminated and the conditions that must be met by the client for readmission.
- The discharge summary shall be completed and entered into the client's record no later than fifteen (15) days after the client's discharge from a substance abuse treatment facility or program and shall be signed by the primary care counselor, the clinical case manager, and the supervisor. The discharge date shall be considered the date on which services were last provided.

25.3 Entering Client Data into the APRA Discharge Portal

In order to establish a baseline against which treatment outcomes will be measured and analyze aggregate data on individuals seeking substance abuse treatment in the District of Columbia, APRA collects Treatment Episode Data Set (TEDS) information from all DTCP providers. APRA has created a web-based system to facilitate TEDS data collection. Please refer to the Treatment Episode Data Set (TEDS) Portal: Implementation and Quick Reference Guide distributed to your provider agency for step-by-step instructions on submitting client data into the APRA Discharge Portal.

All DTCP providers are required to input client discharge data into the APRA Discharge Portal on at least a monthly basis.

26.0 Continuing Care Plans

- A provider must develop and implement policies and procedures to ensure continuity of care when developing continuing care plans for clients who will need additional treatment after discharge.
- A written continuing care plan must be developed in partnership with the client before discharge when the need for treatment at a higher or lower level of care is indicated by the client's progress or lack of progress in meeting goals established in the treatment plan. The plan shall be based on a review of the treatment plan and an updated assessment to determine the appropriate placement for the client to receive ongoing structured care.
- The provider shall facilitate arrangements for the client to be admitted to an appropriate program consistent with the assessed need. See Section 22: Submitting Requests for Authorization or Reauthorization of Services or Transfer to Another Program.
- The continuing care plan shall be signed and dated by the client and the counselor.
- A copy of the continuing care plan shall be provided to the client and added to the client's record.
- The continuing care plan shall indicate the requirements that must be met for re-admission to the facility or program.
- The facility or program shall accompany, transport or arrange transportation to the new facility or program for any client in need.
- The facility or program shall follow up and document in the client's record confirmation of a successful referral or the client's failure to comply with the established plan.

27.0 Aftercare Plan

- The facility or program shall develop policies and procedures for developing client aftercare plans to effectively transition clients into the community after discharge.
- The client shall participate in the development of the aftercare plan. The lack of client participation shall be documented.
- The aftercare plan shall identify supportive community services or other planned activities designed to sustain therapeutic gains, maintain sobriety, and promote further recovery.
- The aftercare plan shall include procedures for collecting information from the client regarding outcomes of care for a minimum period of four (4) months after discharge. Except for substance abuse detoxification facilities or programs, staff shall attempt a minimum of three (3) follow-up contacts during the specified four (4) month period.
- Documentation of both successful and unsuccessful follow-up contacts shall be recorded in the client's record. This documentation shall include at least the following:
    - Types, dates and times of contact or attempted contact;
    - Reasons for unsuccessful contact, if applicable;
    - Summaries of the contacts, including the client's progress or regression since discharge and in which areas; and,
    - Plan for future follow-up contacts, if applicable.

Contact Information for Formal Appeal of APRA Decision

A provider must forward APRA a copy of any formal appeal submitted to the Director of the Department of Health.

Director
District of Columbia Department of Health
825 North Capital Street, N.E.
Suite 4400
Washington D.C. 20002

Telephone Number: (202) 442-5955
Fax Number: (202) 442-4795

Senior Deputy Director
Addiction Prevention and Recovery Administration
District of Columbia Department of Health
1300 First Street N.E.
Third Floor
Washington, D.C. 20002

Telephone Number: (202) 727-8857
Fax Number: (202) 727-0092

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

Federal regulations provide for the confidentiality of alcohol and drug abuse patient records. Providers are required to adhere to the following federal regulation (42 C.F.R. 2.22):

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

(1) The patient consents in writing:

(2) The disclosure is allowed by a court order; or

(3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

CLIENT BILL OF RIGHTS

A substance abuse treatment facility or program shall protect the following rights and privileges of each patient, without limitation:

(a) To be admitted and receive services in accordance with the Human Rights Act of 1977, effective December 13, 1977 (D.C. Law 2-38; D.C. Code § 2501 et seq.);

(b) To receive prompt evaluation, care and treatment, in accordance with the highest quality standards;

(c) To be evaluated and cared for in the least restrictive environment;

(d) To have the rehabilitation plan explained and to receive a copy of it;

(e) To have records kept confidential;

(f) To be treated with respect and dignity as a human being in a humane treatment environment that affords protection from harm, appropriate privacy, and freedom from verbal, physical, or psychological abuse;

(g) To be paid commensurate wages for work performed in the program which is unrelated to the client's treatment, in compliance with applicable local or federal requirements;

(h) To refuse treatment and or medication;

(i) To provide consent for all voluntary treatment and services;

(j) To refuse to participate in experimentation without the informed, voluntary, written consent of the client or a person legally authorized to act on behalf of the client; the right to protection associated with such participation; and the right and opportunity to revoke such consent;

(k) To be informed, in advance, of charges for services;

(l) To have the same legal rights and responsibilities as any other citizen, unless otherwise stated by law;

(m) To request and receive documentation on the performance track record of a program with regard to treatment outcomes and success rates;

(n) To assert grievances with respect to infringement of these rights, including the right to have such grievances considered in a fair, timely, and impartial manner;

(o) To receive written and verbal information on client rights, privileges, program rules, and grievance procedures in a language understandable to the client; and

(p) To receive services that incorporate cultural competence providing, at a minimum, access to sign language/TTI for the deaf or hearing impaired and language services for the monolingual or limited English speaking consumer.

The facility or program shall have policies and procedures on rights and privileges of each client, with limitations. The following rights and privileges may be limited on an individual basis after an administrative review with clinical justification documented in the record:

(a) To have access to one's own record; and

(b) To be free from chemical or physical restraint or seclusion.

Any limitation of a client's rights shall be re-evaluated at each rehabilitation plan review, or as often as clinically necessary.

As soon as clinically feasible, the limitation of a client's rights shall be terminated and all rights restored.

A substance abuse treatment facility or program shall post conspicuously a statement of client rights, program rules and grievance procedures. The grievance procedures must inform clients that they may report any violations of their rights to the Department and shall include the telephone numbers of the Department, and any other relevant agencies for the purpose of filing complaints.

At the time of admission to a facility or program, staff shall explain and document the explanation of program rules, client rights, and grievance procedures by use of a form signed by the client and witnessed by the staff person, to be placed in the client's record.

A substance abuse treatment facility or program shall implement policies and procedures for the release of identifying information consistent with District laws and regulations regarding the confidentiality of client records and "Confidentiality of Alcohol and Drug Abuse Patient Records" 42 CFR, Part 2.

A substance abuse treatment facility or program shall develop and implement written grievance procedures to ensure a prompt, impartial review of any alleged or apparent incident of violation of rights or confidentiality. The procedures shall be consistent with the principles of due process and shall include but not be limited to:

(a) The completion of the investigation of any allegation or incident within thirty (30) calendar days;

(b) Providing a copy of the investigation report to the Department within twenty-four (24) hours of completing the investigation of any complaint; and

(c) Cooperating with the Department in completion of any inquiries related to clients' rights conducted by Department staff.

VERIFICATION OF CHOICE

Drug Treatment Choice Program

☐ I was offered a choice in the Drug Treatment Choice Program

☐ I was not offered a choice in the Drug Treatment Choice Program

Client Signature Date

Client Comments:

Counselor Signature Date

Counselor Comments:

ACKNOWLEDGEMENT OF RECEIPT

This is to acknowledge that I have received a copy of:

Confidentiality of Alcohol and Drug Abuse Patient Records (Form) _____
Client Bill of Rights _____
Verification of Choice _____

Print Name_____ Signature_____

Date _____

Relationship if other than client_____

_____ I refuse to sign this acknowledgement form