



RULE-MAKING ORDER

CR-103P (May 2009)
(Implements RCW 34.05.360)

Agency: Aging and Disability Services, Behavioral Health and Service Integration Administration

Permanent Rule Only

Effective date of rule:

Permanent Rules

31 days after filing.

Other (specify) _____ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

Yes No If Yes, explain:

Purpose: Updates sections in chapters 388-877, 388-877A, 388-877B WAC which contain the Department's new rules for licensing agencies as behavioral health agencies and certifying the behavioral health services the agencies choose to provide. WAC 388-865-0511 is also updated. The amendments respond and make changes due to comments received from stakeholders on the existing rules; provide clarification and updates to language; correct a cross-reference; and make minor "housekeeping" changes.

Citation of existing rules affected by this order:

Repealed: None

Amended: 388-865-0511, 388-877-0300, 388-877-0305, 388-877-0335, 388-877-0365, 388-877-0420, 388-877-0620, 388-877-0640, 388-877-0650, 388-877A-0180, 388-877A-0195, 388-877A-0240, 388-877A-0280, 388-877A-0300, 388-877B-0110, 388-877B-0200, 388-877B-0220, 388-877B-0310, 877B-0370, 388-877B-0550, 388-877B-0640

Suspended: None

Statutory authority for adoption: RCW 43.20A.550, RCW 74.04.050; RCW 74.08.090, chapter 70.02 RCW; chapter 71.24 RCW

Other authority : N/A

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 14-11-090 on May 21, 2014 (date).

Describe any changes other than editing from proposed to adopted version: None.

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

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Date adopted: August 22, 2014

NAME (TYPE OR PRINT)

Kevin Quigley

SIGNATURE

TITLE

Secretary, Department of Social and Health Services

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: August 22, 2014

TIME: 2:35 PM

WSR 14-18-014

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	_____	Amended	_____	Repealed	_____
Recently enacted state statutes:	New	_____	Amended	<u>21</u>	Repealed	_____

The number of sections adopted at the request of a nongovernmental entity:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted in the agency's own initiative:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted using:

Negotiated rule making:	New	_____	Amended	_____	Repealed	_____
Pilot rule making:	New	_____	Amended	_____	Repealed	_____
Other alternative rule making:	New	_____	Amended	21	Repealed	_____

AMENDATORY SECTION (Amending WSR 09-02-030, filed 12/30/08, effective 1/30/09)

WAC 388-865-0511 Evaluation and treatment facility certification and fee requirements. To obtain and maintain certification to provide inpatient evaluation and treatment services under chapter 71.05 and 71.34 RCW, a facility must (~~meet the following requirements~~):

- (1) Be licensed by the department of health as:
 - (a) A hospital as defined in chapter 70.41 RCW;
 - (b) A psychiatric hospital as defined in chapter 246-322 WAC;
 - (c) A mental health inpatient evaluation and treatment facility consistent with chapter 246-337 WAC; or
 - (d) A mental health child long-term inpatient treatment facility consistent with chapter 246-337 WAC.

(2) Be approved by the regional support network, or the (~~mental health~~) department's division of behavioral health and recovery (DBHR). Child long-term inpatient treatment facilities can only be approved by (~~the mental health division~~) DBHR.

(3) Successfully complete a provisional and annual on-site review conducted by (~~the mental health division~~) DBHR to determine facility compliance with the minimum standards of this section and chapters 71.05 and 71.34 RCW.

(4) Pay the following certification fees:

(a) Ninety dollars initial certification fee, per bed; then

(b) Ninety dollars annual certification fee, per bed.

(5) Include the fees specified in subsection (4) of this section with the initial application, renewal application, or with requests for other services.

(a) Payment of fees must be made by check, bank draft, electronic transfer, or money order, payable to the department of social and health services, and mailed to the aging and disability services finance office at the address listed on the applicable application packet or form.

(b) The department may refund one-half of the application fee if an application is withdrawn before certification or denial.

(c) Fees will not be refunded when DBHR denies, revokes or suspends certification.

(6) For behavioral health agency licensing fees, program-specific certification fees, and other fees charged by the department, see WAC 388-877-0365.

AMENDATORY SECTION (Amending WSR 13-12-054, filed 5/31/13, effective 7/1/13)

WAC 388-877-0300 Agency licensure—General information. The department licenses agencies to provide behavioral health treatment services. To gain and maintain licensure, an agency must meet the requirements of chapter 388-877 WAC, applicable local and state rules, and state and federal statutes. In addition, the agency must meet the applicable specific program requirements of chapter 388-877A WAC for mental health, chapter 388-877B WAC for chemical dependency, and/or chapter 388-877C WAC for problem and pathological gambling.

(1) An agency currently accredited by a national accreditation agency recognized by and having a current agreement with the department may be eligible for licensing through deeming. See WAC 388-877-0310.

(2) Initial applications and renewal forms for behavioral health agency licensure or certification may be downloaded at <http://www.dshs.wa.gov/dbhr/daforms.shtml>. Completed application packets, forms, and requests for deeming or other services should be mailed to ~~((Division of Behavioral Health and Recovery, P.O. Box 45320, Olympia, WA 98504-5320))~~ the aging and disability services finance office at the address listed on the applicable application packet or form.

(3) An agency must report to the department any changes that occur following the initial licensing or certification process. The department may request a copy of additional disclosure statements or background inquiries if there is reason to believe that offenses specified under RCW 43.43.830 have occurred since the original application was submitted.

(4) The department may grant an exemption or waiver from compliance with specific licensing or program certification requirements if the exemption does not violate an existing state, federal, or tribal law.

(a) To request an exemption to a rule in this chapter, the agency must:

- (i) Submit the request in writing to the department;
- (ii) Assure the exemption request does not jeopardize the safety, health, or treatment of an individual; and
- (iii) Assure the exemption request does not impede fair competition of another service agency.

(b) The department approves or denies an exemption request in writing and requires the agency to keep a copy of the decision.

(c) Appeal rights under WAC 388-877-0370 do not apply to exemption to rule decisions.

(5) In the event of an agency closure or the cancellation of a program-specific certification, the agency must provide each individual currently being served:

- (a) Notice of the agency closure or program cancellation at least thirty days before the date of closure or program cancellation;
- (b) Assistance with relocation; and
- (c) Information on how to access records to which the individual is entitled.

(6) If an agency certified to provide ~~((chemical dependency and/or problem and pathological gambling services))~~ any behavioral health service closes, the agency must ensure all individual clinical records are kept and managed for at least six years after the closure before destroying the records in a manner that preserves confidentiality. In addition:

(a) The closing agency must notify the division of behavioral health and recovery (DBHR) that the agency will do one of the following:

- (i) Continue to retain and manage all individual clinical records ~~((, provide the method of contact, such as a telephone number and/or electronic address, and provide the mailing and street address where the records will be stored));~~ or
- (ii) Arrange for the continued storage and management of all individual clinical records. ~~((In this case, the agency must:~~

~~(A) Enter into a specific qualified service organization agreement, authorized by 42 C.F.R. Part 2B, with a division of behavioral health and recovery licensed agency or entity; and~~

~~(B) Notify the division of behavioral health and recovery))~~

(b) The closing agency must notify DBHR in writing ((of)) and include the name of the licensed agency or entity storing and managing the records, provide the method of contact, such as a telephone number, and/or electronic address, and provide the mailing and street address where the records will be stored.

(c) When a closing agency that has provided chemical dependency services arranges for the continued storage and management of clinical records by another entity, the closing agency must enter into a specific qualified services organization agreement with a DBHR licensed agency or other entity. See 42 C.F.R. Part 2, Subpart B.

(d) When ((the)) any agency or entity storing and maintaining individual clinical records receives an authorized request for a record, the record must be provided to the requester within a reasonable period of time.

AMENDATORY SECTION (Amending WSR 13-12-054, filed 5/31/13, effective 7/1/13)

WAC 388-877-0305 Agency licensure--Application. To apply for licensure to provide any behavioral health service, an agency must submit an initial application that is signed by the agency's administrator.

(1) The application must include the following:

(a) A copy of the agency's master business license that authorizes the organization to do business in Washington state;

(b) A list of the specific program services for which the agency is seeking certification;

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

(d) The physical address of any agency operated facility where behavioral health services will be provided;

(e) A statement assuring the agency meets American Disability Act (ADA) standards and that the facility is ~~((appropriate for providing the proposed services;))~~ ;

(i) Suitable for the purposes intended;

(ii) Not a personal residence; and

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

(f) A copy of the policies and procedures specific to the agency;

(g) A staff roster, including each staff member's license under department of health (DOH) rules for professional standards and licensing if credentials are required for the position;

(h) A copy of a current DOH residential treatment facility certificate if the agency is providing chemical dependency residential treatment or mental health residential treatment; and

(i) Payment of associated fees.

(2) The department conducts an on-site review as part of the initial licensing or certification process (see WAC 388-877-0320).

WAC 388-877-0335 Agency licensure and program-specific certification—Denials, suspensions, revocations, and penalties. (1) The department will deny issuing or renewing an agency's license or specific program certification(s), place an agency on probation, or suspend, or revoke an agency's license or specific program certification for any of the following reasons:

- (a) The agency fails to meet requirements in this chapter.
- (b) The agency fails to cooperate or disrupts department representatives during an on-site survey or complaint investigation.
- (c) The agency fails to assist the department in conducting individual interviews with individuals or staff members.
- (d) The agency owner or agency administrator:
 - (i) Had a license or specific program certification issued by the department subsequently denied, suspended, or revoked;
 - (ii) Was convicted of child abuse or adjudicated as a perpetrator of substantiated child abuse;
 - (iii) Was convicted of abuse of a vulnerable adult or adjudicated as a perpetrator of substantiated abuse of a vulnerable adult;
 - (iv) Obtained or attempted to obtain a health provider license, certification, or registration by fraudulent means or misrepresentation;
 - (v) Committed, permitted, aided or abetted the commission of an illegal act or unprofessional conduct as defined under RCW 18.130.180;
 - (vi) Demonstrated cruelty, abuse, negligence, misconduct, or indifference to the welfare of a patient or displayed acts of discrimination;
 - (vii) Misappropriated patient (individual) property or resources;
 - (viii) Failed to meet financial obligations or contracted service commitments that affect patient care;
 - (ix) Has a history of noncompliance with state or federal rules in an agency with which the applicant has been affiliated;
 - (x) Knowingly, or with reason to know, made a false statement of fact or failed to submit necessary information in:
 - (A) The submitted application or materials attached; or
 - (B) Any matter under department investigation.
 - (xi) Refused to allow the department access to view records, files, books, or portions of the premises relating to operation of the program;
 - (xii) Willfully interfered with the preservation of material information or attempted to impede the work of an authorized department representative;
 - (xiii) Is currently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in transactions involving certain federal funds (this also applies to any person or business entity named in the agency's application for licensure or certification);
 - (xiv) Does not meet criminal background check requirements;
 - (xv) Fails to provide satisfactory application materials; or
 - (xvi) Advertises the agency as certified when licensing or certification has not been granted, or has been revoked or canceled.
- (e) The department determines there is imminent risk to consumer health and safety.

(f) The agency's licensure or specific program certification is in probationary status and the agency fails to correct the noted health and safety deficiencies within the agreed-upon time frames.

~~((g) The agency voluntarily cancels licensure or certification.~~

~~(h) The agency fails to pay the required license or certification fees.~~

~~(i) The agency stops providing the services for which the agency is certified.~~

~~(j) The agency changes ownership without notifying the department.~~

~~(k) The agency relocates without notifying the department.))~~

(2) The department may deny issuing or renewing an agency's license or specific program certification, place an agency on probation, or suspend or revoke an agency's license or specific program certification for any of the following reasons:

(a) The agency voluntarily cancels licensure or certification.

(b) The agency fails to pay the required license or certification fees.

(c) The agency stops providing the services for which the agency is certified.

(d) The agency fails to notify the department before changing ownership.

(e) The agency fails to notify the department before relocating its licensed location.

(3) The department sends a written notice to deny, suspend, revoke, or modify the licensure or certification status (see RCW 43.20A.205) that includes the reason(s) for the decision and the agency's right to appeal a department decision (refer to WAC 388-877-0370).

(4) If an agency fails to comply with the requirements of this chapter, the department may:

(a) Assess fees to cover costs of added licensing and program-specific certification activities, including when the department determines a corrective action is required due to a complaint or incident investigation;

(b) Stop referral(s) of an individual who is a program recipient of a state and/or federally-funded program; and

(c) Notify the county alcohol and drug coordinator, regional support network (RSN) and/or local media of stopped referrals, suspensions, revocations, or nonrenewal of the agency's license or program-specific certification(s).

AMENDATORY SECTION (Amending WSR 13-12-054, filed 5/31/13, effective 7/1/13)

WAC 388-877-0365 Agency licensure and program-specific certification-Fee requirements. (1) Payment of licensing and specific program certification fees required under this chapter must be included with the initial application, renewal application, or with requests for other services.

(2) Payment of fees must be made by check, bank draft, electronic transfer, or money order made payable to the department.

(3) The department may refund one-half of the application fee if an application is withdrawn before certification or denial.

(4) Fees will not be refunded when licensure or certification is denied, revoked, or suspended.

(5) The department charges the following fees for approved chemical dependency treatment programs:

Application Fees for Agency Certification for Approved Chemical Dependency Treatment Programs	
New agency application	\$1,000
Branch agency application	\$500
Application to add one or more services	\$200
Application to change ownership	\$500
Initial and Annual Certification Fees for Detoxification, Residential, and Nonresidential Services	
Detoxification and residential services	\$100 per licensed bed, per year, for agencies not renewing certification through deeming
	\$50 per licensed bed, per year, for agencies renewing certification through deeming per WAC 388-877-0310
Nonresidential services	\$750 per year for agencies not renewing certification through deeming
	\$200 per year for agencies certified through deeming per WAC 388-877-0310
Complaint/Critical Incident Investigation Fees	
All agencies	\$1,000 per substantiated complaint investigation and \$1,000 per substantiated critical incident investigation that results in a requirement for corrective action

(6) Agency providers must annually complete a declaration form provided by the department to indicate information necessary for establishing fees and updating certification information. Required information includes, but is not limited to:

(a) The number of licensed detoxification and residential beds; and

(b) The agency provider's national accreditation status.

(7) The department charges the following fees for approved mental health treatment programs:

Initial Licensing Application Fee for Mental Health Treatment Programs	
Licensing application fee	\$1,000 initial licensing fee
((Initial and Annual Certification Fees))	
((Evaluation and treatment (E&T) bed fees))	(((\$90 initial certification fee, per bed))
	(((\$90 annual certification fee, per bed))

Initial and Annual Licensing Fees for Agencies not Deemed	
Annual service hours provided:	Initial and annual licensing fees:
0-3,999	\$728
4,000-14,999	\$1,055
15,000-29,999	\$1,405
30,000-49,999	\$2,105
50,000 or more	\$2,575
Annual Licensing Fees for Deemed Agencies	
Deemed agencies licensed by DBHR	\$500 annual licensing fee
Complaint/Critical Incident Investigation Fee	
All residential and nonresidential agencies	\$1,000 per substantiated complaint investigation and \$1,000 per substantiated critical incident investigation that results in a requirement for corrective action

(8) Agencies providing nonresidential mental health services must report the number of annual service hours provided based on the division of behavioral health and recovery's (DBHR's) current published "Service Encounter Reporting Instructions for RSN's" and the "Consumer Information System (CIS) Data Dictionary for RSN's". These publications are available at: <http://www.dshs.wa.gov/dbhr/mhpublications.shtml>.

(a) Existing licensed agencies must compute the annual services hours based on the most recent state fiscal year.

(b) Newly licensed agencies must compute the annual service hours by projecting the service hours for the first twelve months of operation.

(9) For inpatient evaluation and treatment facility initial and annual certification bed fees charged by the department, see WAC 388-865-0511.

AMENDATORY SECTION (Amending WSR 13-12-054, filed 5/31/13, effective 7/1/13)

WAC 388-877-0420 Agency administration—Policies and procedures. Each agency licensed by the department to provide any behavioral health service must develop, implement, and maintain administrative policies and procedures to meet the minimum requirements of this chapter. The policies and procedures must demonstrate the following, as applicable:

(1) **Ownership.** Documentation of the agency's governing body, including a description of membership and authorities, and documentation of the agency's:

(a) Articles and certificate of incorporation and bylaws if the owner is a corporation;

(b) Partnership agreement if the owner is a partnership; or

(c) Sole proprietorship if one person is the owner.

(2) **Licensure.** A copy of the agency's master business license that authorizes the organization to do business in Washington state that:

(a) Includes the entity's name, firm name, or registered trade name; and

(b) Lists all addresses where the entity performs services.

(3) **Organizational description.** An organizational description detailing all positions and associated licensure or certification, updated as needed.

(4) **Agency staffing and supervision.** Documentation that shows the agency has staff members:

(a) Adequate in number to provide program-specific certified services to serve the agency's caseload of individuals; and

(b) Who provide treatment in accordance to regulations relevant to their specialty or specialties and registration, certification, licensing, and trainee or volunteer status.

(5) **Interpreter services for individuals with Limited English Proficiency (LEP) and individuals who have sensory disabilities.** Documentation that demonstrates the agency's ability to provide or coordinate services for individuals with LEP and individuals who have sensory disabilities.

(a) Certified interpreters or other interpreter services must be available for individuals with limited English speaking proficiency and individuals who have sensory disabilities; or

(b) The agency must have the ability to effectively provide, coordinate or refer individuals in these populations for appropriate assessment or treatment.

(6) **Reasonable access for individuals with disabilities.** A description of how reasonable accommodations will be provided to individuals with disabilities.

(7) **Nondiscrimination.** A description of how the agency complies with all state and federal nondiscrimination laws, rules, and plans.

(8) **Fee schedules.** A copy of the agency's current fee schedules for all services must be available on request.

(9) **Funding options for treatment costs.** A description of how the agency works with individuals to address the funding of an individual's treatment costs, including a mechanism to address changes in the individual's ability to pay.

(10) **State and federal rules on confidentiality.** A description of how the agency implements state and federal rules on individuals' confidentiality consistent with the service or services being provided.

(11) **Reporting and documentation of suspected abuse, neglect, or exploitation.** A description how the agency directs staff to report and document suspected abuse, neglect, or exploitation of a child or vulnerable adult consistent with chapters 26.44 and 74.34 RCW.

(12) **Protection of youth.** Documentation of how the agency addresses compliance with program-specific rules and the protection of youth participating in group or residential treatment with adults.

(13) Completing and submitting reports. A description of how the agency directs staff to:

(a) Complete and submit in a timely manner, all reports required by entities such as the courts, department of corrections, department of licensing, and the department of social and health services; and

(b) Include a copy of the report(s) in the clinical record and document the date submitted.

(14) Reporting the death of an individual seeking or receiving services. A description of how the agency directs staff to report to

the department or Regional Support Network (RSN), as applicable, within one business day the death of any individual which occurs on the premises of a licensed agency.

((+14)) **(15) Reporting critical incidents.** A description of how the agency directs staff to report to the department or RSN, as applicable, within one business day any critical incident that occurs involving an individual, and actions taken as a result of the incident.

((+15)) **(16) A smoking policy.** Documentation that a smoking policy consistent with ~~((the Washington Clean Indoor Air Act,))~~ Chapter 70.160 RCW (smoking in public places), is in ~~((place))~~ effect.

((+16)) **(17) Outpatient evacuation plan.** For a nonresidential agency, an evacuation plan for use in the event of a disaster or emergency that addresses:

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

((+17)) **(18) Individual rights.** A description of how the agency has individual participation rights and policies consistent with WAC 388-877-0600.

((+18)) **(19) Individual complaints and grievances.** A description of how the agency addresses an individual's complaint and/or grievance.

AMENDATORY SECTION (Amending WSR 13-12-054, filed 5/31/13, effective 7/1/13)

WAC 388-877-0620 Clinical-Individual service plan. Each agency licensed by the department to provide any behavioral health service is responsible for an individual's service plan as follows:

- (1) The individual service plan must:
 - (a) Be completed or approved by a professional appropriately credentialed or qualified to provide mental health, chemical dependency, and/or problem and pathological gambling services.
 - (b) Address age, gender, cultural, strengths and/or disability issues identified by the individual or, if applicable, the individual's parent(s) or legal representative.
 - (c) Be in a terminology that is understandable to the individual and the individual's family.
 - (d) Document that the plan was mutually agreed upon and a copy was provided to the individual.
 - (e) Demonstrate the individual's participation in the development of the plan.
 - (f) Document participation of family or significant others, if participation is requested by the individual and is clinically appropriate.
 - (g) Be strength-based.
 - (h) Contain measurable goals or objectives, or both.
 - (i) Be updated to address applicable changes in identified needs and achievement of goals and objectives.

(2) If the individual service plan includes assignment of work to an individual, the assignment must have therapeutic value and meet all the requirements in (1) of this section.

(3) When required by law, the agency must notify the required authority of a violation of a court order or nonparticipation in treatment, or both.

AMENDATORY SECTION (Amending WSR 13-12-054, filed 5/31/13, effective 7/1/13)

WAC 388-877-0640 Clinical-Record content. Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include:

(1) Documentation the individual received a copy of counselor disclosure requirements (~~established under RCW 18.19.060~~) as required for the counselor's credential.

(2) Demographic information.

(3) An initial assessment.

(4) Documentation of the individual's response when asked if:

(a) The individual is under department of corrections (DOC) supervision.

(b) The individual is under civil or criminal court ordered mental health or chemical dependency treatment.

(c) There is a court order exempting the individual participant from reporting requirements. A copy of the court order must be included in the record if the participant claims exemption from reporting requirements.

(5) Documentation that the agency met all the following requirements when an individual informs the agency that the individual is under supervision by DOC due to a less restrictive alternative or DOC order for treatment:

(a) The agency notified DOC orally or in writing. The agency must confirm an oral notification with a written notice by electronic mail or fax.

(b) The agency obtained a copy of the court order from the individual and placed it in the record when the individual has been given relief from disclosure by the committing court.

(c) When appropriate, the agency requested an evaluation by a designated mental health professional when the provider becomes aware of a violation of the court-ordered treatment and the violation concerns public safety.

(6) The initial and any subsequent individual service plan that include:

(a) All revisions to the plan, consistent with the service(s) the individual receives; and

(b) Documentation of objective progress towards established goals as outlined in the plan.

(7) Documentation the individual was informed of applicable federal and state confidentiality requirements.

(8) Documentation of confidential information that has been released without the consent of the individual under:

(a) RCW 70.02.050(~~, 71.05.390, and 71.05.630, and~~);

(b) ~~((the))~~ The Health Insurance Portability and Accountability Act (HIPAA); and

(c) RCW 70.02.230 and 70.02.240 if the individual received mental health treatment services.

(9) Documentation that any mandatory reporting of abuse, neglect, or exploitation consistent with chapters 26.44 and 74.34 RCW has occurred.

(10) If treatment is not court-ordered, documentation of informed consent to treatment by the individual or individual's parent, or other legal representative.

(11) If treatment is court-ordered, a copy of the ~~((detention or involuntary treatment))~~ order.

(12) Documentation of coordination of care, as needed.

(13) Documentation of all service encounters.

(14) Medication records, if applicable.

(15) Laboratory reports, if applicable.

(16) Properly completed authorizations for release of information, if applicable.

(17) Copies of applicable correspondence.

(18) Discharge information.

(19) A copy of any report required by entities such as the courts, department of corrections, department of licensing, and the department of social and health services, and the date the report was submitted.

AMENDATORY SECTION (Amending WSR 13-12-054, filed 5/31/13, effective 7/1/13)

WAC 388-877-0650 Clinical-Access to clinical records. Each agency licensed by the department to provide any behavioral health service must:

(1) Provide access to an individual's clinical record at the request of the individual or, if applicable, the individual's designated representative, and/or legal representative. The agency must:

(a) Review the clinical record before making the record available in order to identify and remove:

(i) Any material confidential to another person, agency, or provider; and

(ii) Reports not originated by the agency.

(b) Make the clinical record available to the requester within fifteen days of the request.

(c) Allow appropriate time and privacy for the review.

(d) Have a clinical staff member available to answer questions.

(e) ~~((Charge))~~ Assure the charge for ~~((copying))~~ duplicating or searching the record is at a rate not higher than the "reasonable fee" as defined in RCW 70.02.010(~~((+12))~~).

(f) Meet the individual clinical record system criteria in WAC 388-877-0630.

(2) Make an individual's clinical record available to department staff as required for department program review.

(3) If the agency maintains electronic individual clinical records, the agency must:

(a) Make the clinical record available in paper form; and

(b) Meet the criteria in (1) and (2) of this section.

WAC 388-877A-0180 Optional outpatient mental health services requiring program-specific certification—Psychiatric medication services. Psychiatric medication services are a variety of activities related to prescribing and/or administering medication, including monitoring an individual for side effects and changes as needed. Psychiatric medication services are optional outpatient mental health services that require program-specific certification by the department's division of behavioral health and recovery. These services may only be provided with one of the outpatient mental health services in WAC 388-877A-0100(2). An agency providing psychiatric medication services:

(1) Must ensure medical direction and responsibility are assigned to a:

(a) ((physician)) Physician who is licensed to practice under chapter 18.57 or 18.71 RCW, and is board-certified or board-eligible in psychiatry((-)) ; or

(b) Psychiatric advanced registered nurse practitioner (ARNP) with prescriptive authority.

(2) Must ensure that the services are provided by a prescriber licensed by department of health who is practicing within the scope of that practice.

(3) Must ensure that all medications administered by staff practicing within the scope of their practice.

(4) Must have a process by which the medication prescriber informs the individual, and/or the legally responsible party, and, as appropriate, family members, of the potential benefits and side effects of the prescribed medication(s).

(5) Must review prescribed medications at least every three months.

(6) Must complete an inventory every three months of all medication stored.

(7) Must ensure that all medications maintained by the agency are safely and securely stored, including assurance that:

(a) Medications are kept in locked cabinets within a well-lit, locked and properly ventilated room;

(b) Medications kept for individuals on medication administration or self-administration programs are clearly labeled and stored separately from medication samples kept on site;

(c) Medications marked "for external use only" are stored separately from oral or injectable medications;

(d) Refrigerated food or beverages used in the administration of medications are kept separate from the refrigerated medications by the use of trays or other designated containers;

(e) Syringes and sharp objects are properly stored and disposed of;

(f) Refrigerated medications are maintained at the required temperature; and

(g) Outdated medications are disposed of in accordance with the regulations of the state board of pharmacy and no outdated medications are retained.

(8) Must ensure that the individual clinical record contains the following documentation:

(a) The individual was informed of the benefits and possible side effects of each prescribed medication.

(b) The effects, interactions, and side effects the staff observe or the individual reports spontaneously or as the result of questions from staff members.

(c) Clinical notes that include:

(i) The name and signature of the prescribing (~~psychiatric advanced registered nurse practitioner (ARNP), board eligible psychiatrist, or physician~~) :

(A) Physician who is licensed to practice under chapter 18.57 or 18.71 RCW, and is board-certified or board-eligible in psychiatry; or

(B) Psychiatric ARNP with prescriptive authority;

(ii) The name and purpose of each medication prescribed;

(iii) The dosage, frequency, and method of giving each medication;

(iv) Identification of medications requiring laboratory monitoring and a frequency schedule for monitoring;

(v) The reasons for changing or stopping any medication; and

(vi) The dates the medication was prescribed, reviewed and renewed, as applicable.

(d) That any written orders to administer/discontinue a medication are generated by a licensed health care provider, within the scope of the provider's practice, and that:

(i) Written, dated orders are signed by the licensed prescriber within twenty-four hours; and

(ii) Telephone orders are reviewed and signed off on by the ordering licensed health care provider, within the scope of the provider's practice, within twenty-four hours and include:

(A) Documentation that clearly demonstrates emergency circumstances that required a phone order;

(B) The name and signature of the individual authorized by department of health whose scope of practice includes taking (~~physician's~~) orders over the telephone; and

(C) The time, date and exact details of the telephone order.

(9) May utilize a physician or ARNP without board eligibility in psychiatry if unable to employ or contract with a psychiatrist. In this case, the agency must ensure that:

(a) Psychiatrist consultation is provided to the physician or ARNP at least monthly; and

(b) A psychiatrist is accessible to the physician or ARNP for emergency consultation.

AMENDATORY SECTION (Amending WSR 13-12-053, filed 5/31/13, effective 7/1/13)

WAC 388-877A-0195 Optional outpatient mental health services requiring program-specific certification-Less restrictive alternative (LRA) support services. Less restrictive alternative (LRA) support services are optional outpatient mental health services that require program-specific certification by the department's division of behavioral health and recovery. These services are provided to individuals on a less restrictive alternative court order. An agency agrees to provide or monitor the provision of court-ordered services, including psychiatric and medical components of community support services. An agency providing court-ordered LRA support services must:

(1) Ensure and document that the agency:

- (a) Maintains written procedures for managing assaultive and/or self-destructive individual behavior; and
 - (b) Provides training to staff members on appropriate interventions.
- (2) Have a written policy and procedure that allows for the referral of an individual to an involuntary treatment facility (~~(twenty-four hours a day, seven days a week)~~) twenty-four hours a day, seven days a week.
- (3) Have a written policy and procedure for an individual who requires involuntary detention that includes procedures for:
- (a) Contacting the designated mental health professional (DMHP) regarding revocations or extension of an LRA; and
 - (b) The transportation of an individual, in a safe and timely manner, for the purpose of:
 - (i) Evaluation; or
 - (ii) Evaluation and detention.
- (4) Ensure a committed individual is advised of their rights under chapter 71.05 or 71.34 RCW, as applicable, and that the individual has the right:
- (a) To receive adequate care and individualized treatment;
 - (b) To make an informed decision regarding the use of antipsychotic medication and to refuse medication beginning twenty-four hours before any court proceeding that the individual has the right to attend;
 - (c) To maintain the right to be presumed competent and not lose any civil rights as a consequence of receiving evaluation and treatment for a mental disorder;
 - (d) Of access to attorneys, courts, and other legal redress;
 - (e) To have the right to be told statements the consumer makes may be used in the involuntary proceedings; and
 - (f) To have all information and records compiled, obtained, or maintained in the course of treatment kept confidential as described in chapters 70.02, 71.05, and 71.34 RCW.
- (5) Include in the clinical record a copy of the less restrictive alternative court order and a copy of any subsequent modification.
- (6) Ensure the development and implementation of an individual service plan which addresses the conditions of the less restrictive alternative court order and a plan for transition to voluntary treatment.
- (7) Ensure that the individual receives psychiatric medication services for the assessment and prescription of psychotropic medications appropriate to the needs of the individual. These services must be provided:
- (a) At least one time every seven days for the initial fourteen days following release from inpatient treatment for an individual on a ninety-day or one hundred eighty-day less restrictive alternative court order, unless the individual's attending physician or psychiatric advanced registered nurse practitioner (ARNP) determines another schedule is more appropriate and documents the new schedule and the reason(s) in the individual's clinical record.
 - (b) At least one time every thirty days for an individual on a ninety-day or one hundred eighty-day less restrictive alternative court order, unless the individual's attending physician or psychiatric ARNP determines another schedule is more appropriate and documents the new schedule and the reason(s) in the individual's clinical record.

(8) Keep a record of the periodic evaluation by a mental health professional of each committed individual for release from, or continuation of, an involuntary treatment order. Evaluations must occur at least every thirty days for both ninety-day and one hundred eighty-day commitments and include documentation of assessment and rationale:

(a) For requesting a petition for an additional period of less restrictive treatment under an involuntary treatment order; or

(b) Allowing the less restrictive court order expire without an extension request.

AMENDATORY SECTION (Amending WSR 13-12-053, filed 5/31/13, effective 7/1/13)

WAC 388-877A-0240 Crisis mental health services—Outreach services. Crisis outreach services are face-to-face intervention services provided to assist individuals in a community setting. A community setting can be an individual's home, an emergency room, a nursing facility, or other private or public location. An agency providing crisis outreach services must:

(1) Provide crisis telephone screening.

(2) Have staff available (~~((twenty four hours a day, seven days a week))~~) twenty-four hours a day, seven days a week to respond to a crisis.

(3) Ensure face-to-face outreach services are provided by a mental health professional, or a staff member under the supervision of a mental health professional with documented training in crisis response.

(4) Ensure services are provided in a setting that provides for the safety of the individual and agency staff members.

(5) Have a protocol for requesting a copy of an individual's crisis plan (~~((twenty four hours a day, seven days a week))~~) twenty-four hours a day, seven days a week.

(6) Require that staff member(s) remain with the individual in crisis in order to provide stabilization and support until the crisis is resolved or a referral to another service is accomplished.

(7) Resolve the crisis in the least restrictive manner possible.

(8) Have a written plan for training, staff back-up, information sharing, and communication for staff members who respond to a crisis in an individual's private home or in a nonpublic setting.

(9) Ensure that a staff member responding to a crisis is able to be accompanied by a second trained individual when services are provided in the individual's home or other nonpublic location.

(10) Ensure that any staff member who engages in home visits is provided by their employer with a wireless telephone, or comparable device for the purpose of emergency communication as described in RCW 71.05.710.

(11) Provide staff members who are sent to a private home or other private location to evaluate an individual in crisis, prompt access to information about any history of dangerousness or potential dangerousness on the individual they are being sent to evaluate that is documented in a crisis plan(s) or commitment record(s). This information must be made available without unduly delaying the crisis response.

(12) Have a written protocol that allows for the referral of an individual to a voluntary or involuntary treatment facility (~~((twenty-four hours a day, seven days a week))~~) twenty-four hours a day, seven days a week.

(13) Have a written protocol for the transportation of an individual in a safe and timely manner, when necessary.

(14) Document all crisis response contacts, including:

(a) The date, time, and location of the initial contact.

(b) The source of referral or identity of caller.

(c) The nature of the crisis.

(d) Whether the individual has a crisis plan and any attempts to obtain a copy.

(e) The time elapsed (~~((form))~~) from the initial contact to the face-to-face response.

(f) The outcome, including:

(i) The basis for a decision not to respond in person;

(ii) Any follow-up contacts made; and

(iii) Any referrals made, including referrals to emergency medical services.

(g) The name of the staff person(s) who responded to the crisis.

AMENDATORY SECTION (Amending WSR 13-12-053, filed 5/31/13, effective 7/1/13)

WAC 388-877A-0280 Crisis mental health services—Emergency involuntary detention services. Emergency involuntary detention services are services provided by a designated mental health professional (DMHP) to evaluate an individual in crisis and determine if involuntary services are required.

An agency providing emergency involuntary detention services must:

(1) Ensure that services are provided by a DMHP.

(2) Ensure staff members are available (~~((twenty-four hours a day, seven days a week))~~) twenty-four hours a day, seven days a week.

(3) Ensure staff members utilize the protocols for DMHPs required by RCW 71.05.214.

(4) Have a written agreement with a certified inpatient evaluation and treatment facility to allow admission of an individual (~~((twenty-four hours a day, seven days a week))~~) twenty-four hours a day, seven days a week.

(5) Have a plan for training, staff back-up, information sharing, and communication for a staff member who responds to a crisis in a private home or a nonpublic setting.

(6) Ensure that a DMHP is able to be accompanied by a second trained individual when responding to a crisis in a private home or a nonpublic setting.

(7) Ensure that a DMHP who engages in a home visit to a private home or a nonpublic setting is provided by their employer with a wireless telephone, or comparable device, for the purpose of emergency communication as described in RCW 71.05.710.

(8) Provide staff members, who are sent to a private home or other private location to evaluate an individual in crisis, prompt access to information about any history of dangerousness or potential dangerousness on the individual they are being sent to evaluate that is

documented in a crisis plan(s) or commitment record(s). This information must be made available without unduly delaying the crisis response.

(9) Require that a mental health professional remain with the individual in crisis in order to provide stabilization and support until the crisis is resolved or referral to another service is accomplished.

(10) Have a written protocol for the transportation of an individual, in a safe and timely manner, for the purpose of medical evaluation or detention.

(11) Ensure that when a peace officer or DMHP escorts an individual to a facility, the DMHP takes reasonable precautions to safeguard the individual's property including:

(a) Safeguarding the individual's property in the immediate vicinity of the point of apprehension;

(b) Safeguarding belongings not in the immediate vicinity if there may be possible danger to those belongings; and

(c) Taking reasonable precautions to lock and otherwise secure the individual's home or other property as soon as possible after the individual's initial detention.

(12) Document services provided to the individual, and other applicable information. At a minimum this must include:

(a) That the individual was advised of their rights in accordance with RCW 71.05.360.

(b) That if the evaluation was conducted in a hospital emergency department or inpatient unit, it occurred in accordance with the timelines required by RCW 71.05.050, 71.05.153, and 71.34.710.

(c) That the DMHP conducting the evaluation considered both of the following when evaluating the individual:

(i) The imminent likelihood of serious harm or imminent danger because of being gravely disabled (see RCW 71.05.153); and

(ii) The likelihood of serious harm or grave disability that does not meet the imminent standard for the emergency detention (see RCW 71.05.150).

(d) That the DMHP documented consultation with any examining emergency room physician as required by RCW 71.05.154.

(e) If the individual was not detained:

(i) A description of the disposition and follow-up plan; and

(ii) Documentation that the minor's parent was informed of their right to request a court review of the DMHP's decision not to detain the minor under RCW 71.34.710, if the individual is a minor thirteen years of age or older.

~~((d))~~ (f) If the individual was detained, a petition for initial detention must include the following:

(i) The circumstances under which the person's condition was made known.

(ii) Evidence, as a result of the DMHP's personal observation or investigation, that the actions of the person for which application is made constitute a likelihood of serious harm, or that the individual is gravely disabled.

(iii) Evidence that the individual will not voluntarily seek appropriate treatment.

(iv) Consideration of all reasonably available information from credible witnesses, to include family members, landlords, neighbors, or others with significant contact and history of involvement with the individual, and records, as required by RCW 71.05.212.

(v) Consideration of the individual's history of judicially required, or administratively ordered, anti-psychotic medications while

in confinement when conducting an evaluation of an offender under RCW 72.09.370.

((e)) (g) Documentation that the individual, or the individual's guardian or conservator, received a copy of the following:

- (i) Notice of detention;
- (ii) Notice of rights; and
- (iii) Initial petition.

AMENDATORY SECTION (Amending WSR 13-12-053, filed 5/31/13, effective 7/1/13)

WAC 388-877A-0300 Recovery support services requiring program-specific certification-General. The rules in this section apply to behavioral health agencies that provide one or more recovery support services that require program-specific certification by the department's division of behavioral health and recovery. The definitions in WAC 388-877-0200 also apply to these services. The department requires all agencies and providers affected by this rule to fully comply with the applicable requirements in chapter 388-877 WAC, chapter 388-877A WAC, chapter 388-877B WAC, and chapter 388-877C WAC no later than September 1, 2013.

(1) Recovery support services are intended to promote an individual's socialization, recovery, self-advocacy, development of natural support, and maintenance of community living skills.

(2) Recovery support services requiring program-specific certification include:

- (a) Employment services (see WAC 388-877A-0330);
- (b) Peer support services (see WAC 388-877A-0340);
- (c) Wraparound facilitation services (see WAC 388-877A-0350);

((and))

(d) Medication support services (see WAC 388-877A-0360); and

(e) Applied behavior analysis (ABA) services (see WAC 388-877A-0370).

(3) An agency providing any recovery support service requiring program-specific certification must:

(a) Be licensed by the department as a behavioral health agency.

(b) Meet the applicable behavioral health agency licensure, certification, administration, personnel, and clinical requirements in chapter 388-877 WAC.

(c) Have policies and procedures to support and implement the:

- (i) General requirements in chapter 388-877 WAC; and
- (ii) Applicable program-specific requirements.

(4) An agency that provides any recovery support service requiring program-specific certification may operate through an agreement with a behavioral health agency certified for an outpatient mental health service listed in WAC 388-877A-0100(2). The agreement must specify the responsibility for initial assessments, the determination of appropriate services, individual service planning, and the documentation of these requirements.

(5) When providing any recovery support service requiring program-specific certification, an agency must:

(a) Have an assessment process to determine the appropriateness of the agency's services, based on the individual's needs and goals.

(b) Refer an individual to a more intensive level of care when appropriate.

(c) With the consent of the individual, include the individual's family members, significant others, and other relevant treatment providers, as necessary to provide support to the individual.

AMENDATORY SECTION (Amending WSR 13-12-053, filed 5/31/13, effective 7/1/13)

WAC 388-877B-0110 Chemical dependency detoxification services—Agency staff requirements. In addition to meeting the agency administrative and personnel requirements in WAC 388-877-0400 through 388-877-0530, an agency providing chemical dependency detoxification services must ensure:

(1) All chemical dependency assessment and counseling services are provided by a chemical dependency professional (CDP), or a CDP trainee (CDPT) under the supervision of an approved supervisor.

(2) There is a designated clinical supervisor who:

(a) Is a CDP;

(b) Has documented competency in clinical supervision;

(c) Is responsible for monitoring the continued competency of each CDP in assessment, treatment, continuing care, transfer, and discharge. The monitoring must include a semi-annual review of a sample of the clinical records kept by the CDP; and

(d) Has not committed, permitted, aided or abetted the commission of an illegal act or unprofessional conduct as defined under RCW 18.130.180.

(3) Each staff member providing detoxification services to an individual, with the exception of licensed staff members and CDPs, completes a minimum of forty hours of documented training before being assigned individual care duties. This personnel training must include the following topics:

~~((i))~~ (a) Chemical dependency;

~~((ii))~~ (b) Infectious diseases, to include hepatitis and tuberculosis (TB); and

~~((iii))~~ (c) Detoxification screening, admission, and signs of trauma.

(4) Each CDPT has at least one approved supervisor who meets the qualifications in WAC 246-811-049. An approved supervisor must decrease the hours of individual contact by twenty percent for each full-time CDPT supervised.

(5) Each staff member that provides individual care has a copy of an initial TB screen or test and any subsequent screenings or testing in their personnel file.

(6) All staff members are provided annual training on the prevention and control of communicable disease, blood borne pathogens, and TB. The training must be documented in the personnel file.

WAC 388-877B-0200 Chemical dependency residential treatment services—General. The rules in WAC 388-877B-0200 through 388-877B-0280 apply to behavioral health agencies that provide chemical dependency residential treatment services. The definitions in WAC 388-877-0200 also apply to chemical dependency residential treatment services. The department requires all agencies and providers affected by this rule to fully comply with the applicable requirements in chapter 388-877 WAC, chapter 388-877A WAC, chapter 388-877B WAC, chapter 388-877C WAC no later than September 1, 2013.

(1) Residential treatment services provide chemical dependency treatment for an individual and include room and board in a facility with ~~((twenty-four hours a day))~~ twenty-four hours a day supervision.

(2) Residential treatment services require additional program-specific certification by the department's division of behavioral ~~((health))~~ health and recovery and include:

(a) Intensive inpatient services (see WAC 388-877B-0250);

(b) Recovery house treatment services (see WAC 388-877B-0260);

(c) Long-term residential treatment services (see WAC 388-877B-0270); and

(d) Youth residential services (see WAC 388-877B-0280).

(3) An agency providing residential treatment services must:

(a) Be a facility licensed by department of health (DOH) and meet the criteria under one of the following DOH chapters:

(i) Hospital licensing regulations (chapter 246-320 WAC);

(ii) Private psychiatric and alcoholism hospitals (chapter 246-322 WAC);

(iii) Private alcohol and chemical dependency hospitals (chapter 246-324 WAC); or

(iv) Residential treatment facility (chapter 246-337 WAC);

(b) Be licensed by the department as a behavioral health agency;

(c) Meet the applicable behavioral health agency licensure, certification, administration, personnel, and clinical requirements in chapter 388-877 WAC, Behavioral health services administrative requirements; and

(d) Have policies and procedures to support and implement the:

(i) General requirements in chapter 388-877 WAC; and

(ii) Specific applicable requirements in WAC 388-877B-0200 through 388-877B-0280.

(4) An agency must:

(a) Use patient placement criteria (PPC) for admission, continued services, and discharge planning and decisions.

(b) Provide education to each individual admitted to the treatment facility on:

(i) Alcohol, other drugs, and/or chemical dependency;

(ii) Relapse prevention;

(iii) Blood borne pathogens; and

(iv) Tuberculosis (TB).

(c) Provide education or information to each individual admitted on:

(i) Emotional, physical, and sexual abuse;

(ii) Nicotine addiction; and

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

(d) Maintain a list or source of resources, including self-help groups, and referral options that can be used by staff to refer an individual to appropriate services.

(e) Screen for the prevention and control of tuberculosis.

(f) Limit the size of group counseling sessions to no more than twelve individuals.

(g) Have written procedures for:

(i) Urinalysis and drug testing, including laboratory testing; and

(ii) How agency staff members respond to medical and psychiatric emergencies.

(5) An agency that provides services to a pregnant woman must:

(a) Have a written procedure to address specific issues regarding the woman's pregnancy and prenatal care needs; and

(b) Provide referral information to applicable resources.

(6) An agency that provides an assessment to an individual under RCW 46.61.5056 must also meet the requirements for driving under the influence (DUI) assessment providers in WAC 388-877B-0550.

AMENDATORY SECTION (Amending WSR 13-12-053, filed 5/31/13, effective 7/1/13)

WAC 388-877B-0220 Chemical dependency residential treatment services—Clinical record content and documentation requirements. In addition to the general clinical record content requirements in WAC 388-877-0640, an agency providing chemical dependency residential treatment services must maintain an individual's clinical record.

(1) The clinical record must contain:

(a) Documentation the individual was informed of the federal confidentiality requirements and received a copy of the individual notice required under 42 C.F.R. Part 2.

(b) Documentation that the individual received a copy of the rules and responsibilities for treatment participants, including the potential use of interventions or sanction.

(c) Justification for the change in the level of care when transferring an individual from one certified treatment service to another within the same agency, at the same location.

(d) Documentation of progress notes in a timely manner and before any subsequent scheduled appointments of the same type of service session or group type occur, or documentation as to why this did not occur. Progress notes must include the date, time, duration, participant names, and a brief summary of the session and the name of the staff member who provided it.

(e) When an individual is transferring to another service provider, documentation that copies of documents pertinent to the individual's course of treatment were forwarded to the new service provider to include:

(i) The individual's demographic information; and

(ii) The diagnostic assessment statement and other assessment information to include:

(A) Documentation of the HIV/AIDS intervention.

(B) Tuberculosis (TB) screen or test result.

(C) A record of the individual's detoxification and treatment history.

(D) The reason for the individual's transfer.

(E) Court mandated, department of correction supervision status or the agency's recommended follow-up treatment.

(F) A discharge summary and continuing care plan.

(f) Documentation that a staff member(s) met with each individual at the time of discharge, unless the individual left without notice, to:

(i) Determine the appropriate recommendation for care and finalize a continuing care plan.

(ii) Assist the individual in making contact with necessary agencies or services.

(iii) Provide and document the individual was provided with a copy of the plan.

(g) Documentation that the discharge summary was completed within seven working days of the individual's discharge from the agency, which includes the date of discharge and a summary of the individual's progress toward each individual service plan goal.

(2) In addition to the requirements in (1) of this section, an agency must ensure the following for each individual service plan. The individual service plan must:

(a) Be personalized to the individual's unique treatment needs.

(b) Be initiated with at least one goal identified by the individual during the initial assessment or at the first service session following the assessment.

(c) Include individual needs identified in the diagnostic and periodic reviews, addressing:

(i) All substance use needing treatment, including tobacco, if necessary;

(ii) Patient bio-psychosocial problems;

(iii) Treatment goals;

(iv) Estimated dates or conditions for completion of each treatment goal; and

(v) Approaches to resolve the problem.

(d) Document approval by a chemical dependency professional (CDP) if the staff member developing the plan is not a CDP.

(e) Document that the plan was updated to reflect any changes in the individual's treatment needs, ~~((or as requested by the individual, at least once per month for the first three months, and at least quarterly thereafter))~~ status, and progress towards goals, or as requested by the individual, at least weekly.

(f) Document that the plan has been reviewed with the individual.

AMENDATORY SECTION (Amending WSR 13-12-053, filed 5/31/13, effective 7/1/13)

WAC 388-877B-0310 Chemical dependency outpatient treatment services-Agency staff requirements. In addition to meeting the agency administrative and personnel requirements in WAC 388-877-0400 through 388-877-0530, an agency providing chemical dependency outpatient treatment services must ensure:

(1) All chemical dependency assessment and counseling services are provided by a chemical dependency professional (CDP), or a department of health-credential CDP trainee (CDPT) under the supervision of an approved supervisor.

(2) There is a designated clinical supervisor who:

(a) Is a CDP;

(b) Has documented competency in clinical supervision;

(c) Is responsible for monitoring the continued competency of each CDP in assessment, treatment, continuing care, transfer, and discharge. The monitoring must include a semi-annual review of a sample of the clinical records kept by the CDP; and

(d) Has not committed, permitted, aided or abetted the commission of an illegal act or unprofessional conduct as defined under RCW 18.130.180.

~~((4))~~ (3) Each chemical dependency professional trainee has at least one approved supervisor who meets the qualifications in WAC 246-811-049. An approved supervisor must decrease the hours of individual contact by twenty percent for each full-time CDPT supervised.

~~((5))~~ (4) Each staff member that provides individual care has a copy of an initial TB screen or test and any subsequent screenings or testing in their personnel file.

~~((6))~~ (5) All staff members are provided annual training on the prevention and control of communicable disease, blood borne pathogens and TB, and document the training in the personnel file.

AMENDATORY SECTION (Amending WSR 13-12-053, filed 5/31/13, effective 7/1/13)

WAC 388-877B-0370 Chemical dependency outpatient treatment services ~~((requiring program specific certification))~~—Chemical dependency counseling ~~((required under))~~ subject to RCW 46.61.5056. Chemical dependency outpatient treatment services provided to an individual convicted of driving under the influence or physical control under RCW 46.61.5056 are subject to the requirements in this section ~~((, and require program specific certification by the department's division of behavioral health and recovery))~~. An agency providing outpatient treatment services subject to RCW 46.61.5056 must ensure treatment is completed as follows:

(1) Treatment during the first sixty days must include:

(a) Weekly group or individual chemical dependency counseling sessions according to the individual service plan.

(b) One individual chemical dependency counseling session of not less than thirty minutes duration, excluding the time taken for a chemical dependency assessment, for each individual, according to the individual service plan.

(c) Alcohol and drug basic education for each individual.

(d) Participation in self-help groups for an individual with a diagnosis of substance dependence. Participation must be documented in the individual's clinical record.

(e) The balance of the sixty-day time period for individuals who complete intensive inpatient chemical dependency treatment services must include, at a minimum, weekly outpatient counseling sessions according to the individual service plan.

(2) The next one hundred twenty days of treatment includes:

(a) Group or individual chemical dependency counseling sessions every two weeks according to the individual service plan.

(b) One individual chemical dependency counseling session of not less than thirty minutes duration, every sixty days according to the individual service plan.

(c) Referral of each individual for ongoing treatment or support, as necessary, using PPC, upon completion of one hundred eighty days of treatment.

(3) For an individual who is assessed with insufficient evidence of a substance use disorder, a chemical dependency professional (CDP) must refer the individual to alcohol/drug information school.

AMENDATORY SECTION (Amending WSR 13-12-053, filed 5/31/13, effective 7/1/13)

WAC 388-877B-0550 Chemical dependency assessment only services requiring program-specific certification—DUI assessment services. Driving under the influence (DUI) assessment services are diagnostic services requested by a court to determine an individual's involvement with alcohol and other drugs and to recommend a course of action.

(1) A behavioral health agency certified for chemical dependency assessment only services may choose to provide optional program-specific DUI assessment services. Optional DUI assessment services require additional program-specific certification by the department's division of behavioral health and recovery.

(2) An agency providing DUI assessment services, as defined in chapter 46.61 RCW, must ensure:

(a) The assessment is conducted in person.

(b) The individual has a summary included in the assessment that evaluates the individual's:

(i) Blood or breath alcohol level and other drug levels, or documentation of the individual's refusal at the time of the arrest, if available; and

(ii) Self-reported driving record and the abstract of the individual's legal driving record.

(3) ~~((That when))~~ When the assessment findings do not result in a substance use disorder diagnosis, the assessment must also ~~((includes))~~ include:

(a) A copy of the police report;

(b) A copy of the court originated criminal case history; ~~((and))~~

(c) The results of a urinalysis or drug testing obtained at the time of the assessment; and

(d) A referral to alcohol and drug information school.

~~((That the assessment contains documentation of the attempts to obtain))~~ If the information in subsection (3)(a) through (d) of this section ((if it)) is required and not readily available, the record must contain documentation of attempts to obtain the information.

~~((The assessment includes a referral to alcohol and drug information school))~~ Upon completion of the DUI assessment, the individual must be:

(a) Informed of the results of the assessment; and

(b) Referred to the appropriate level of care according to patient placement criteria (PPC).

WAC 388-877B-0640 Chemical dependency information and assistance services requiring program-specific certification—Information and crisis services. Chemical dependency information and crisis services provide an individual assistance or guidance related to the abuse of addictive substances, (~~((twenty-four hours a day))~~) twenty-four hours a day by telephone or in-person. Information and crisis services require program-specific certification by the department's division of behavioral health and recovery. An agency providing information and crisis services must:

(1) Have services available to any individual (~~((twenty-four hours a day, seven days a week))~~) twenty-four hours a day, seven days a week.

(2) Ensure each staff member completes forty hours of training that covers the following areas before assigning the staff member unsupervised duties:

- (a) Chemical dependency crisis intervention techniques; and
- (b) Alcoholism and drug abuse.

(3) Ensure a chemical dependency professional (CDP), or a CDP trainee (CDPT) under supervision of a CDP, is available or on staff (~~((twenty-four hours a day))~~) twenty-four hours a day.

(4) Have a least one approved supervisor that meets the qualifications in WAC 246-811-049, if services are provided by a CDPT or other certified or licensed counselor in training to become a CDP. The supervisor must decrease the number of individual contact hours for each full-time CDPT under their supervision.

(5) Maintain a current directory of all certified chemical dependency service providers in the state.

(6) Maintain a current list of local resources for legal, employment, education, interpreter, and social and health services.

(7) Maintain records of each individual contact, including:

- (a) The name, age, sex, and ethnic background of the individual.
- (b) The presenting problem.
- (c) The outcome.
- (d) A record of any referral made.
- (e) The signature of the person handling the case.