
Rules of Department of Mental Health

Division 30–Certification Standards

Chapter 3–Alcohol and Drug Abuse Programs

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Title 9—DEPARTMENT OF MENTAL HEALTH

Division 30—Certification Standards Chapter 3—Alcohol and Drug Abuse Programs

9 CSR 30-3.010 Definitions

PURPOSE: This rule defines the special terms used in 9 CSR 30-3.010—9 CSR 30-3.699 regarding the certification standards for substance abuse agencies and compulsive gambling treatment.

(1) The terms defined in section 630.005, RSMo are incorporated by reference for use in this chapter as though set out in this rule.

(2) Unless the context clearly requires otherwise, the following terms, as used in this chapter, shall mean:

(A) Admission, the time when an agency has completed its screening and intake process and has decided to accept an applicant to receive its services;

(B) Aftercare plan, identification of services or other planned activities, following discharge from a detoxification or residential program, designed to promote participation in a continuing recovery program or to sustain gains made in rehabilitation;

(C) Agency, a person or entity responsible for the delivery of substance abuse services to an identified target population;

(D) Alternatives, a prevention service which provides an identified target population with constructive and healthy activities that exclude the illegal or age-inappropriate use or abuse of alcohol, tobacco and drugs, offset the attraction of these substances, and meet needs which otherwise may be fulfilled by the use of these substances;

(E) Assessment, evaluation of a client's strengths, weaknesses, problems and needs;

(F) Client, a person who receives services from a substance abuse agency;

(G) Client outcome, the effect of services on a client;

(H) Community-based process, a prevention service which involves the assessment of community needs and the promotion of community planning and action in order to enhance other prevention and treatment services and to reduce the incidence of illegal or age-inappropriate use or abuse of alcohol, tobacco and drugs;

(I) Compulsive gambling, the chronic and progressive preoccupation with gambling and the urge to gamble. This term may be used interchangeably with pathological gambling;

(J) Compulsive gambling counselor, a person who demonstrates substantial knowledge and skill in the area of compulsive gambling therapy by having completed a designated training program sponsored or approved by the division and by being either—

1. A counselor, clinical social worker, psychologist, or physician licensed in Missouri by the Division of Professional Registration; or

2. A substance abuse counselor I or II certified by the Missouri Substance Abuse Counselor Certification Board.

(K) Compulsive gambling therapy, planned, face-to-face therapeutic interaction of a qualified individual with an eligible client on an individual, group or family basis in order to address and resolve problems related to the client's chronic and progressive preoccupation with gambling and the urge to gamble;

(L) Conditional requirements, rules that apply to an agency if certain programs or services are provided as set out in 9 CSR 30-3.200—9 CSR 30-3.399;

(M) Core requirements, rules which apply to every agency as set out in 9 CSR 30-3.030—9 CSR 30-3.199;

(N) Counseling, the rehabilitative interaction between a therapist and a client;

(O) Crisis, a time, stage or event for a client characterized by the threat or occurrence of a severe medical or psychological danger or trauma;

(P) Education, a prevention service which provides an identified target population with instruction and interaction to develop social and life skills, such as conflict resolution, decision-making, leadership, peer resistance and refusal skills;

(Q) Environmental service, a prevention service which is designed to positively affect those community policies, attitudes, and norms known to influence the incidence of alcohol, tobacco and other drug use;

(R) Detoxification, a program which is designed to achieve systematic reduction in the degree of physical dependence on drugs or the provision of accommodations and support to a person undergoing the biological reduction of alcohol or drugs in the individual's system;

(S) Discharge, the time when a client's active involvement with the program is terminated as documented in the program's records;

(T) Discharge planning, an activity to inform and persuade a client to participate in available and appropriate programs to support continued sobriety or abstinence;

(U) Facility, the physical premises used by an agency to provide substance abuse services;

(V) Group counseling, a rehabilitative interaction supervised by a therapist for two (2) or more clients to improve self-understanding, self-concept and social skills through personal disclosure, then reaction and emotional support from group members;

(W) Information, a prevention service which provides an identified target population or the general public with information about prevention and treatment resources and with increased awareness of the nature, extent and effects of alcohol, tobacco and other drug use;

(X) Information and referral program, a community-based nonresidential program which provides evaluation and assessment, crisis intervention, screening, referral, and public information and education;

(Y) Intake, administrative and assessment processes to determine applicant eligibility and suitability for admission to a program;

(Z) Medical detoxification, a detoxification program located in a hospital licensed or operated by the state with licensed medical staff coverage twenty-four (24) hours a day, seven (7) days a week;

(AA) Methadone treatment, the use of methadone in decreasing doses together with appropriate medical and social services to mitigate the morbidity of withdrawal from heroin or other morphine-like drugs and to reach a drug-free state;

(BB) Modified medical detoxification, a program in a supportive noninstitutional atmosphere designed to achieve detoxification using licensed medical staff and medication as necessary to alleviate withdrawal discomfort;

(CC) Nonresidential, a program which does not provide overnight sleeping accommodations;

(DD) Outcomes, the specific measurable results of services provided to a client or identified target populations;

(EE) Outpatient, a program that offers nonresidential specialized services on both a scheduled and a nonscheduled basis for persons with substance abuse problems;

(FF) Outreach, identification of the target population to be served and efforts to inform and facilitate access to the agency's services;

(GG) Performance target, a specified area and defined level of performance in service provision;

(HH) Prevention program, organized, non-treatment oriented activities which are designed to reduce the risk of and incidence of alcohol, tobacco and other drug use and

related problems and which are targeted to at-risk and high-risk populations, as well as the general public;

(II) Problem identification and referral, a prevention service which assists in arranging support, education, and other referrals, as needed, for persons who have become involved in the initial, inappropriate or illegal use of alcohol, tobacco and other drugs;

(JJ) Program, comprehensive services organized with specific written procedures that are designed to achieve specific objectives (for example, detoxification programs, residential programs, nonresidential programs);

(KK) Program requirements, those rules that apply to specific programs as set out in 9 CSR 30-3.400—9 CSR 30-6.999;

(LL) Qualified counselor, a person who provides substance abuse counseling and demonstrates substantial knowledge and skill by being either—

1. A counselor, psychologist or physician licensed in Missouri who has at least one (1) year of full-time experience in the treatment of rehabilitation of substance abuse;

2. A graduate of an accredited college or university with a master's degree in social work, counseling, psychology, psychiatric nursing or closely related field, who has at least two (2) years of full-time experience in the treatment or rehabilitation of substance abuse;

3. A graduate of an accredited college or university with a bachelor's degree in social work, counseling, psychology or closely related field, who has at least three (3) years of full-time experience in the treatment or rehabilitation of substance abuse; or

4. An alcohol, drug or substance abuse counselor certified by the Missouri Substance Abuse Counselors Certification Board, Inc.;

(MM) Recreational therapy, engaging clients in alcohol- and drug-free use of leisure or relaxation activities which improve mental and physical functioning;

(NN) Referral, a recommendation that a client obtain services from other support rehabilitation resources;

(OO) Residential program, organized evaluation, rehabilitation and supportive services which operate twenty-four (24) hours a day, seven (7) days a week and provide overnight sleeping accommodations;

(PP) Social setting detoxification, a program in a supportive noninstitutional atmosphere designed to achieve detoxification without the use of drugs or other medical intervention; provides for medical referral when necessary;

(QQ) Substance abuse, alcohol abuse, drug abuse or both;

(RR) Support services, include, but are not limited to, services such as vocational training, education, psychological or psychiatric services, child development and placement activities either provided directly by the program or secured for clients by the program through referral to the outside community resources; and

(SS) Therapy, a specific rehabilitation technique.

(3) Singular terms include the plural and vice versa, unless the context clearly indicates otherwise.

*AUTHORITY: sections 313.842, 630.050 and 630.655, RSMo (1994). * Original rule filed May 13, 1983, effective Sept. 13, 1983. Amended: Filed July 15, 1987, effective July 1, 1988. Amended: Filed Jan. 19, 1988, effective July 1, 1988. Emergency amendment filed Oct. 4, 1988, effective Oct. 14, 1988, expired Jan. 14, 1989. Amended: Filed Oct. 4, 1988, effective Jan. 14, 1989. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Amended: Filed Oct. 13, 1995, effective April 30, 1996.*

**Original authority: 313.842, RSMo (1991); 630.005, RSMo (1980), amended 1981, 1982, 1990, 1993, 1995; 630.050, RSMo (1980), amended 1993, 1995; and 630.655, RSMo (1980).*

9 CSR 30-3.020 Procedures to Obtain Certification

PURPOSE: This rule describes the procedure to obtain certification from the Department of Mental Health for substance abuse agencies as authorized by section 630.655, RSMo.

(1) Under section 630.655, RSMo, the department shall certify each agency's level of service, treatment or rehabilitation as necessary for the agency to receive state funds or to meet conditions for third-party reimbursement. As set out in section 630.717, RSMo, the department does not have the authority to license substance abuse agencies; however, section 376.779.5., RSMo requires that all substance abuse treatment agencies in Missouri receiving funding from the Missouri Department of Mental Health be certified by the department.

(2) The department shall certify the agencies which meet its standard without requiring fees.

(3) Any agency may apply for certification by requesting application forms from the Division of Alcohol and Drug Abuse, P.O. Box 687, Jefferson City, MO 65102.

(A) The applicant shall complete the application and return it to the department. Within two (2) weeks after the application is received, the department will review it to determine whether the applicant's agency would be appropriate for certification and notify the applicant by mail of this determination.

(B) Agencies which wish to apply for recertification shall submit their application forms to the department at least sixty (60) days before expiration of their existing certificates.

(4) The department shall certify, upon application without a site survey, any substance abuse agency which is accredited or part of a hospital or other facility accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), American Osteopathic Association or Commission on Accreditation of Rehabilitation Facilities utilizing alcohol and drug abuse treatment standards. The agency shall submit a program profile of services offered, staffing patterns and funding sources. The department's certification shall be valid until the expiration or revocation of accreditation.

(5) The department shall conduct an on-site survey for agencies submitting a completed application which are not accredited by the JCAHO, American Osteopathic Association or Commission on Accreditation of Rehabilitation Facilities but which the department deems appropriate for certification.

(A) The department shall schedule and announce the survey at least six (6) weeks in advance of the visit.

(B) Before conducting its on-site survey, the department shall send each applicant for certification a copy of the survey instrument which will indicate how the requirements in each section are weighed to determine compliance with departmental standards.

(C) The department shall use a copy of the survey instrument when conducting its on-site survey.

(6) The department shall certify only the agency named in the application and the agency may not transfer the certification without the written approval of the department.

(7) The agency shall display the certificate issued by the department in a conspicuous place on its premises.

(A) The certificate is the property of the department and is valid only as long as the agency is in compliance with the certification standards.

(B) The department may inspect the agency at any time to check continued compliance with the certification standards.

(C) Within seven (7) days of the time any certified agency is sold, leased, discontinued, moved to a new location or has changed directors or services offered, the agency shall notify in writing, the Division of Alcohol and Drug Abuse of the change.

(8) Certification is available as set out in this chapter for the following substance abuse programs:

(A) Detoxification programs, including social setting, modified medical and medical detoxification;

(B) Residential programs; and

(C) Nonresidential programs, including outpatient, methadone, information and referral, and prevention programs.

(9) The core requirements specified in this chapter shall apply to all agencies.

(A) The conditional requirements specified in this rule shall apply if appropriate.

(B) The remaining standards cover specific programs and include standards for detoxification, residential and nonresidential programs. These standards shall apply as appropriate.

(10) The department shall determine, based on the application submitted and the on-site survey, which standards will be applicable.

(11) The department shall award certification to an agency found to be in compliance with standards upon a site survey.

(A) In assessing compliance, patterns or trends of deficiency or negligence shall be used as criteria in determining certification.

(B) The agency may receive probationary certification before compliance is achieved.

(C) Probationary status certification shall not exceed three (3) months. If the three (3) months expire and the agency has not achieved compliance, then the agency shall lose certification.

(D) The department may grant a temporary certificate in order to allow inspection for the purpose of recertification if the inspection process has not been completed prior to expiration of a certificate and the applicant is not at fault for failure to complete the inspection process.

(E) The department may grant a provisional certificate to a new agency prior to the time the agency begins to offer services but after

the agency has completed a policy and procedure manual.

1. The provisional certificate will be awarded based on a review of the policy and procedure manual and the physical plant. The agency will not be penalized for failure to comply with those standards which reflect ongoing activities.

2. After a new agency has operated for at least three (3) months with a provisional certificate, the agency shall undergo an on-site survey and must be found in compliance with all applicable standards.

3. The on-site survey must be conducted before the agency has been in operation for a full six (6)-month period.

(12) Agencies shall submit to the department a time phase plan to correct deficiencies that are found during the on-site survey. This time phase plan shall be submitted within one (1) month of the date the agency was notified of the deficiencies.

(13) The department may deny or revoke certification to an agency based on a determination that—

(A) The nature of the deficiencies results in substantial probability of or actual jeopardy to client safety, health or welfare;

(B) Serious or repeated incidents of abuse or neglect of clients or violations of client rights have occurred;

(C) Fraudulent fiscal practices have transpired; or

(D) The nature and extent of deficiencies results in the failure to conform to the basic principles and requirements of the program.

(14) An agency which has had certification denied or revoked may appeal to the director of the department within thirty (30) days of receiving notice of the denial or revocation of the certification. The director of the department shall conduct a hearing under procedures set out in Chapter 536, RSMo and issue findings of fact, conclusions of law and a decision which shall be final.

(15) An agency which has had certification denied or revoked must wait at least three (3) months before filing a new application for certification.

(16) The department shall issue a certificate for a period of one (1) year. If an agency has achieved compliance with the standards for two (2) successive on-site surveys, the department shall issue a certificate for a period of two (2) years.

Original rule filed May 13, 1983, effective Sept. 13, 1983. Amended: Filed May 6, 1985, effective Sept. 1, 1985. Amended: Filed Jan. 19, 1988, effective July 1, 1988. Amended: Filed Aug. 14, 1995, effective Feb. 25, 1996.

**Original authority: 630.050, RSMo (1980), amended 1993 and 630.655 and 631.010, RSMo (1980).*

*AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo (1994).**



Missouri Department of Mental Health
Division of Alcohol and Drug Abuse

APPLICATION FOR CERTIFICATION
Alcohol and Drug Abuse Programs

1

Agency Identification

Corporate Name: _____

Contact Person Regarding Certification: _____ Title: _____

Administrative Site: _____

Administrative Mailing Address (if different than above): _____
Street City Zip Code County

Telephone Number: () _____ Fax Number: () _____

Please list any other program sites under item 5.

2

Type of Organization Legally Responsible for the Operation of the Agency

FOR PROFIT:

- Partnership
- Corporation

NOT-FOR-PROFIT

- Corporation
- Church-Affiliated
- Other (specify): _____

GOVERNMENT:

- State Government
- County Government
- City Government
- Veteran's Administration
- Other (specify): _____

3

Agency Requests Certification of the Following Program(s)

- Detoxification (Mark One of the Following)**
 - Social Setting Detoxification in accordance with 9 CSR 30-3.400
 - Modified Medical Detoxification in accordance with 9 CSR 30-3.410
 - Medical Detoxification in accordance with 9 CSR 30-3.420
- Residential** in accordance with 9 CSR 30-3.500 (Mark one of the Following)
 - Expected Length of Stay is 30 Days or Less
 - Expected Length of Stay is More Than 30 Days
- Adolescent** (with detoxification, residential, and outpatient programs specifically for adolescents) in accordance with 9 CSR 30-3.510
- Outpatient** in accordance with 9 CSR 30-3.600
- Methadone Treatment** in accordance with 9 CSR 30-3.610
- Information and Referral** in accordance with 9 CSR 30-3.620
- Prevention** in accordance with 9 CSR 30-3.630
- CSTAR Comprehensive Substance Treatment and Rehabilitation** in accordance with 9 CSR 30-3.810-3.970

Programs must also comply with applicable provisions of 9 CSR 30-3.010 - 3.250.

8 **Attach the Table of Organization for the Alcohol and Drug Program(s), identifying the name of the person filling each position and any current vacancies**

9 **Attach Program Schedule for the Following Types of Programs--As Applicable**

- Residential Programs
- CSTAR Primary Treatment (Level I)
- CSTAR Rehabilitation (Level II)

10 **Attach Copies of the Following Inspection Reports--for New Program Sites or Initial Application for Certification Only**

- Inspection Report that the facility complies with the National Electrical Code and local/state codes
- Inspection Report that the facility complies with the National Plumbing Code and local/state codes
- Inspection Report/Approval of the Heating and Cooling Unit
- Inspection Report/Approval of water supply by the Department of Natural Resources, if the supply is not provided by a public water system.

11 (Agency Name) _____ hereby applies for certification by the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse as an alcohol and drug abuse program(s) in accordance with applicable regulations under 9 CSR 30-3. The agency agrees and understands that agents of the Department of Mental Health will inspect the premises, review agency and personnel and client records, observe program operations, and interview employees and clients about the program(s). The agency agrees to comply with all written recommendations and requirements regarding compliance with certification standards, as noted in certification reports issued by the Department of Mental Health, Division of Alcohol and Drug Abuse.

(Signature - Chief Administrative Officer)

(Date)

(Signature - Governing Body President)

(Date)

Return completed Application with Attachments, Agency Profile Sheet, Personnel Allocation Form, and Description of Program to: Certification Coordinator, Division of Alcohol and Drug Abuse, P.O. Box 687, Jefferson City, MO 65102.

Missouri Department of Mental Health
Division of Alcohol and Drug Abuse

AGENCY PROFILE SHEET

1 Administration

Name of Governing Body President: _____

Current Number of Governing Body Members: _____ Number of Vacancies: _____

Name of Chief Administrative Officer: _____ Job Title: _____

Name of Program Director: _____ Job Title: _____

Name of Parent Corporation (If Applicable): _____

Address of Parent Corporation: _____
Street City Zip Code

2 Residential Program

Number of Alcohol and Drug Abuse (ADA) Treatment Beds: _____ Number of ADA Beds for Adults: _____

Number of ADA Beds for Adolescents _____ Number of Psychiatric or Other Treatment Beds: _____

Total Number of Facility Beds: _____ Brief Description of Other Treatment or Facility Beds Offered: _____

3 CSTAR Program

Identify the CSTAR target population: Adolescent
 Women
 General Adult

Identify the facility location for day treatment: _____

Indicate client capacity at the day treatment location: _____

Location(s) of supported housing: _____

4 Referral And Admission

Identify the target population(s) for the alcohol and drug treatment program(s), i.e. adolescents, women, men, culturally specific, dual diagnosis, criminal justice, etc.: _____

List the three primary referral sources in order of frequency: 1) _____
2) _____ 3) _____



Current Census for Each Type of ADA Program

- | | |
|----------------------|--|
| _____ Detoxification | _____ Adolescent |
| _____ Residential | _____ CSTAR Primary Treatment (Level I) |
| _____ Outpatient | _____ CSTAR Rehabilitation (Level II) |
| _____ Methadone | _____ CSTAR Supported Recovery (Level III) |

Average Census for Each Type of ADA Program

- | | |
|----------------------|--|
| _____ Detoxification | _____ Adolescent |
| _____ Residential | _____ CSTAR Primary Treatment (Level I) |
| _____ Outpatient | _____ CSTAR Rehabilitation (Level II) |
| _____ Methadone | _____ CSTAR Supported Recovery (Level III) |

Identify the time period on which the average census is based: _____

5 Budget and Costs

Total Annual Budget for ADA Programs: _____

Annual Budget by Type of ADA Program:

- | | |
|------------------------------------|------------------|
| _____ Detoxification - Residential | _____ Outpatient |
| _____ Methadone | _____ CSTAR |
| _____ Prevention | _____ Adolescent |

Funding Sources (List the Source and the Percentage of Each Source to the Total Budget): _____

Fee Per Type of Service/Program: _____

6 I certify that the information on this Agency Profile Sheet is correct.

(Signature - Chief Administrative Officer)

(Date)



Missouri Department of Mental Health
Division of Alcohol and Drug Abuse

DESCRIPTION OF PROGRAM

Describe each alcohol and drug abuse treatment program, addressing such items as treatment philosophy and model, extent of counseling services, provisions for family involvement and approaches to meeting medical, educational, vocational, recreational and other needs of clients. Where applicable, describe the prevention program, identifying the type of activities and their scope, such as number of participants.

This description must be typewritten and should not exceed the front and back of this form. However, an agency that operates multiple programs or program sites may submit a more lengthy description of its programs or a separate sheet for each program.

(Signature - Chief Administrative Officer)

(Date)

BMc:ldn 11/15/90

9 CSR 30-3.030 Governing Authority

PURPOSE: This rule requires the delineation of responsibilities and authority of the governing body and director for the operation of the agency and requires the agency to maintain a policy and procedure manual.

(1) Each agency shall have a governing body which has full legal authority and responsibility for the overall functioning of the program.

(A) If a public agency, it shall have a description of its administrative framework and lines of authority within which it operates.

(B) If a private agency, it shall have a written documentation of the source of authority through charter, constitution, bylaws or license.

(2) The governing body shall establish policies for and exercise general direction over the operation of the agency and the methods used by the governing body to establish policy and provide general direction must be documented.

(A) The documentation shall describe the selection of officers and members and appointment of committees.

(B) The documentation shall require quarterly meetings of the governing body, establish quorum requirements for the meetings, establish attendance requirements for members of the governing body and require that minutes of all meetings be kept.

(C) If the agency is part of a not-for-profit corporation, no paid employee or family member (for example, spouse, parents, parents-in-law, sons and daughters, siblings or siblings-in-law) of a paid employee shall be a member of the board of directors of the corporation.

(3) The governing body shall appoint a director whose qualifications, authority and duties are defined in writing.

(A) The governing body shall document the delegation of the management of the agency to the director.

(B) The director shall provide quarterly programmatic reports to the governing body which shall consist of—

1. Financial status;
2. Client utilization;
3. Personnel status; and
4. Progress in achieving goals and objectives.

(4) The governing body or the director, or both, shall maintain a policy and procedure

manual which reflects the agency's current operation.

(A) The policy and procedure manual shall be reviewed and updated by the governing body annually.

(B) The policy and procedure manual shall be available to staff and the public upon request.

(C) The policy and procedure manual shall comply with local, state and federal laws and regulations.

(D) The director and staff shall follow the policy and procedure manual in operating the program and providing services.

(5) The policy and procedure manual shall include a description of the following:

(A) The philosophy, goals, types of services and organization;

(B) The objectives to be attained;

(C) The organization and methods of personnel utilization;

(D) The interrelationship within the organization and with agencies outside the program; and

(E) The outreach plan for all services offered.

*AUTHORITY: sections 630.050 and 630.655, RSMo (1986). * Original rule filed May 13, 1983, effective Sept. 13, 1983.*

**Original authority 1980.*

9 CSR 30-3.040 Client Rights

PURPOSE: This rule assures the rights of clients receiving treatment for substance abuse.

(1) The agency shall have policies and procedures that enhance and protect the human, civil, constitutional and statutory rights of each client.

(2) Each client shall be entitled to the following rights and privileges without limitation:

(A) To have private visits from a lawyer, doctor or clergyman at reasonable times;

(B) To correspond by sealed mail with officials of the Department of Mental Health, a lawyer or a court;

(C) To humane care and treatment;

(D) To the extent that the facilities, equipment and personnel are available, to medical care and treatment in accordance with the highest standards accepted in medical practice;

(E) To safe and clean housing;

(F) To attend religious services;

(G) To receive prompt evaluation, care and treatment;

(H) To have the rehabilitation plan explained;

(I) To be treated with respect and dignity as a human being;

(J) To be the subject of an experiment only with consent or the consent of a person legally authorized to act;

(K) To have an examination by a private doctor at the client's expense;

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

(M) To refuse hazardous treatment unless ordered by a court;

(N) To request and receive a second opinion before hazardous treatment except in an emergency;

(O) To have nourishing, well-balanced meals;

(P) To not work unless part of the treatment;

(Q) To have records kept confidential;

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

(S) To not be denied admission or services because of race, sex, creed, marital status, national origin, handicap or age; and

(T) To be free from verbal and physical abuse.

(3) The following client rights and privileges may be limited, if necessary, for the client's therapeutic care:

(A) To wear own clothes and use personal articles;

(B) To keep some money for expense and small purchases;

(C) To send and receive mail;

(D) To have visitors at reasonable times;

(E) To use the telephone at reasonable times;

(F) To see own records;

(G) To have physical exercise and outdoor recreation;

(H) To have access to current newspapers, magazines and radio and television programming; and

(I) To be free from chemical or physical restraint, seclusion or isolation.

(4) Any limitations of the client's rights and privileges listed in this rule must be justified in the client's record and reviewed by the program director.

(5) Clients shall be informed of their rights in language the client understands.

(A) A notice to clients about rights, opinions, recommendations and grievances shall be posted prominently.



(B) At admission, each client shall receive a program brochure, written in lay language, that describes the program’s facility, services, costs, rules, client rights and responsibilities and grievance procedures.

(C) The staff shall read and explain the brochure to the client if the client cannot read or understand the brochure.

(6) Each program shall establish uniform criteria of acceptance for treatment.

(A) The program shall document any indication of a substance abuse problem.

(B) The client shall be treated whenever possible on a voluntary, rather than involuntary, basis.

(C) The client shall be assigned whenever possible to treatment in the least restrictive environment.

(D) The client shall not be denied treatment solely because of withdrawal from treatment against advice on a prior occasion.

(E) The client shall not be denied treatment because of a relapse after earlier treatment.

(7) The program shall establish policies and procedures on client behavior which address commonly occurring problems, for example, missed appointments, appearing under the influence of alcohol or drugs, broken rules, suicide attempts, loitering, accidents, harassment and threats.

*AUTHORITY: sections 630.050, 630.110—630.125, 630.200 and 630.655, RSMo (1986). * Original rule filed May 13, 1983, effective Sept. 13, 1983.*

**Original authority 1980.*

9 CSR 30-3.050 Planning and Evaluation

PURPOSE: This rule identifies the components of planning for and evaluation of substance abuse agencies.

(1) The agency shall perform, or have available to it, a needs assessment of substance abuse for the population to be served.

(A) The needs assessment shall describe the methods and procedures used and include an analysis of the data.

(B) The needs assessment shall include an inventory of existing resources for the population served.

(2) The agency shall have written, time-limited program goals and objectives that are the basis for evaluation.

(A) The agency shall have an evaluation plan based on the goals and objectives of the program.

(B) The evaluation plan shall provide a mechanism for assessing the attainment of the goals and objectives.

(C) The evaluation plan shall include process and outcome objectives.

(D) The evaluation plan shall include mechanisms to assess the utilization of staff and program resources.

(3) The outcome studies shall document the attainment of the objectives.

(4) The results of the evaluation process shall be made available to staff.

*AUTHORITY: sections 630.050 and 630.655, RSMo (1986). * Original rule filed May 13, 1983, effective Sept. 13, 1983.*

**Original authority 1980.*

9 CSR 30-3.060 Environment

PURPOSE: This rule identifies the requirements for a safe, habitable environment for substance abuse agencies.

Editor’s Note: The secretary of state has determined that the publication of this rule in its entirety would be unduly cumbersome or expensive. The entire text of the material referenced has been filed with the secretary of state. This material may be found at the Office of the Secretary of State or at the headquarters of the agency and is available to any interested person at a cost established by state law.

(1) The agency shall maintain and equip the environment to ensure the physical safety of clients.

(A) The facility shall conform to the requirements of local or state authorities, or both.

1. The facility shall be inspected annually for compliance with applicable safety requirements. An inspection shall be conducted by a fire authority, that is, the authority designated by the local jurisdiction or the state fire marshal’s office, if there is no local jurisdiction or if the local jurisdiction has not adopted the *Life Safety Code* of the National Fire Protection Association (NFPA).

2. A current inspection report shall be submitted to the division on an annual basis, in accordance with time frames established by the division.

(B) The agency shall immediately implement corrective action for any nonconforming safety condition identified upon inspection. A written plan of action with time frames shall be developed when nonconforming conditions cannot be corrected within one (1) month.

(C) A professional electrician shall certify that the electrical system complies with all local and state laws and with the requirements of the *National Electrical Code*. The agency shall provide adequate artificial lighting and power and prohibit the use of extension cords.

(D) A professional plumber shall certify that plumbing complies with all local and state laws and with the requirements of the *National Plumbing Code*.

(E) The heating unit shall be inspected annually and approved by qualified authorities, such as service representatives of a commercial heating company or a public utility company.

(F) The agency shall have a safe water supply. If the supply is not provided by a public water system, the agency shall have its water supply tested annually. The water supply shall meet drinking water standards of the Department of Natural Resources.

(G) The agency shall submit to the division at the time of initial application and after that, whenever modifications are made, verification that the facility complies with requirements for the building, electrical system, plumbing, heating system and, where applicable, water supply. An agency shall not have to submit inspection reports if it has demonstrated compliance with the NFPA *Life Safety Code* in the course of accreditation by the Joint Commission on Accreditation of Healthcare Organizations, the American Osteopathic Association or Commission on Accreditation of Rehabilitation Facilities (utilizing alcohol and drug abuse treatment standards).

(2) The agency shall have an emergency preparedness plan.

(A) Each staff member shall be oriented to the emergency preparedness plan. Staff shall be notified of any changes in the plan. In outpatient programs, drills are not required but all staff shall review the emergency preparedness plan at least annually.

(B) The plan shall address medical emergencies such as injuries, suicide attempts and deaths, and natural disasters such as fire, tornado and earthquake.

(C) The fire plan shall address the use and function of fire alarm and detection systems, notification of authorities and the protection

of lives including evacuation plans and fire extinguishment.

(D) Evacuation routes shall be posted.

(E) Residential programs shall—

1. Hold drills twelve (12) times per year when the length of stay is thirty (30) days or less. Programs with longer lengths of stay shall hold drills at least six (6) times per year. Drills shall be held on each shift. Drills shall address all types of natural disasters;

2. Document drills and evaluate them for effectiveness; and

3. Post disaster plans, emphasizing information relevant to clients.

(3) The agency shall maintain fire safety equipment and practices to protect all occupants.

(A) Portable ABC type fire extinguishers shall be located on each floor so that no person will have to travel more than one hundred feet (100') from any point to reach the nearest extinguisher. Additional fire extinguishers shall be provided for the kitchen, laundry and furnace areas.

(B) Fire extinguishers shall be clearly visible, maintained with a charge and inspected annually by a qualified service company or a trained staff member.

(C) There shall be at least two (2) means of egress on each floor which are independent of and remote from one another. Outside fire escape stairs may constitute one means of egress in existing buildings. Fire escape ladders do not constitute one (1) of the required means of escape.

1. The means of egress shall be free of any item that would obstruct the exit route.

2. Outside stairways shall be substantially constructed to support people during evacuation. Newly constructed fire escapes shall meet requirements of the NFPA *Life Safety Code*.

3. Outside stairways shall be reasonably protected against blockage by a fire. This may be accomplished by physical separation distance, arrangement of the stairs, protection of openings exposing the stairs or other means acceptable to the fire authority.

4. Outside stairways at facilities with three (3) or more stories shall be constructed of noncombustible material, such as iron or steel.

(D) Combustible supplies and equipment, such as oil base paint, paint thinner and gasoline, shall be separated from other parts of the building in accordance with stipulations of the fire authority.

(E) The use of wood stoves or fireplaces is prohibited in any building used by clients.

(F) In residential programs, the agency shall have—

1. Smoke detectors powered by the electrical system with an emergency power backup. These detectors shall activate the alarm system. They shall be installed on all floors, including basements. Detectors shall be installed in living rooms or lounges. Heat detectors may be used in utility rooms, furnace rooms and unoccupied basements and attics;

2. Smoke detectors in each sleeping room. Those detectors may be battery operated and are not required to initiate the building fire alarm system;

3. At least one (1) manual fire alarm station per floor arranged to continuously sound the smoke detection alarm system or other continuously sounding manual alarms acceptable to the authority having jurisdiction. The requirement of at least one (1) manual fire alarm station per floor may be waived where there is an alarm station at a central control point under continuous supervision of a responsible employee;

4. An alarm which is audible in all areas. There shall be an annual inspection of the alarm system by a competent authority;

5. Emergency lighting of the means of egress;

6. A primary means of egress which is a protected vertical opening. Protected vertical openings shall have doors that are self-closing or automatic closing upon detection of smoke. Doors shall be one and three-fourths inches (1 3/4") solid bonded wood core construction or other construction of equal or greater fire resistance;

7. Bedroom walls and doors that are smoke resistant. Transfer grilles are prohibited. Bedroom doors shall be self-closing;

8. A prohibition against smoking in bedrooms; and

9. A range hood and extinguishing system for a commercial stove or deep fryer. The extinguishing system shall include automatic cutoff of fuel supply and exhaust system in case of fire.

(G) In residential programs with more than twenty (20) clients—

1. Exits shall be marked by a readily visible, approved sign. Every exit sign shall be visible in both the normal and emergency lighting mode;

2. Neither of the required exits shall be through a kitchen;

3. No floor below the level of exit discharge, used only for storage, heating equipment or purposes other than residential occupancy shall have unprotected openings to floors used for residential purposes;

4. Doors between bedrooms and corridors shall be one and three-fourths inches (1 3/4") solid bonded wood core construction or

other construction of equal or greater fire resistance;

5. Unprotected openings shall be prohibited in interior corridors serving as exit access from bedrooms; and

6. A primary means of egress which is an enclosed vertical opening. This vertical opening shall be enclosed with twenty (20)-minute fire barriers and doors that are self-closing or automatic closing upon detection of smoke.

(H) In detoxification programs—

1. The means of escape shall not involve windows;

2. The interior shall be fully sheathed in plaster or gypsum board, unless the group can evacuate in eight (8) minutes or less; and

3. Bedroom doors shall be one and three-fourths inches (1 3/4") solid bonded wood core construction or other construction of equal or greater fire resistance, unless the group can evacuate in eight (8) minutes or less.

(I) The *Life Safety Code* of the NFPA shall prevail in the interpretation of these fire safety standards.

(J) Fire protection equipment required shall be installed in accordance with NFPA codes.

(4) The design and structure shall be sufficient to accommodate staff, clients and functions of the program.

(A) The agency shall make available—

1. Reception area;

2. Private areas for individual counseling;

3. Private area for group counseling and meetings;

4. Area for indoor social and recreational activities;

5. Area for dining;

6. Separate toilet and bathing areas for each sex as applicable, except where reasonable evidence is shown to the department that this is not necessary;

7. At least one (1) toilet, one (1) lavatory with a mirror and one (1) tub or shower for each six (6) clients provided overnight sleeping accommodations. Facilities serving the physically handicapped shall equip toilets and bathroom fixtures for their use;

8. Privacy for personal hygiene, including stalls or other means of separation acceptable to the division when a bathroom has multiple toilets, urinals or showers;

9. Laundry area or service;

10. Adequate supply of hot water; and

11. Lockable storage space for client use.



(B) Each bedroom shall have at least sixty (60) square feet of space per client. Each bedroom shall have—

- 1. No more than four (4) clients;
- 2. A separate bed with adequate headroom for each client. Cots and convertibles shall not be used;
- 3. Storage space for the belongings of each client, including space for hanging clothes;
- 4. At least two (2) blankets, a set of linens and a bedspread for each client;
- 5. At least one (1) window which operates as designed; and
- 6. A floor level which is no more than three feet (3') below the outside grade on the window side of the room.

(C) A mobile home shall not be used for overnight sleeping accommodations.

(D) The agency shall provide a total activity space of eighty (80) square feet for each client. Activity space includes the living room, dining room, counseling areas, recreational and other activity areas. Activity space does not include the laundry area, hallways, bedrooms, bathrooms or supply storage area.

(E) The use of appliances such as TV, radio and record player shall not interfere with the therapeutic program.

(F) If the space for substance abuse services is also used for other purposes, the quality of services for substance abuse clients shall not be reduced. They shall have separate bedroom and activity space to the fullest extent possible. There shall be distinct, specialized services for substance abuse clients.

(5) Ceiling height shall be at least seven feet ten inches (7'10") in all rooms used by clients except as follows:

- (A) Halls shall have a ceiling height of at least seven feet six inches (7'6");
- (B) Bedrooms and activity areas which were approved for client use in existing facilities shall have a ceiling height of at least seven feet six inches (7'6");
- (C) There is no ceiling height requirement for bathrooms approved for client use in existing facilities. New bathrooms shall have a ceiling height of at least seven feet six inches (7'6"); and
- (D) There is no ceiling height requirement for laundry rooms.

(6) The building, furniture and furnishings shall be maintained in good repair and in a clean, comfortable and healthful condition.

(A) The building shall be structurally sound.

(B) Exterior and interior walls and finishes, ceilings, floors, windows, doors, railings and roof shall be in good repair.

(C) Furniture shall include tables, chairs, sofas and bookshelves.

(D) Furnishings shall include carpeting or other floor coverings, drapes and blinds and mirrors. If there are mirrors in bedrooms, they shall be constructed of nonbreakable material.

(E) Books, newspapers, magazines, educational materials, table games and recreational equipment shall be available in accordance with clients' backgrounds and needs.

(F) The grounds shall be well maintained. There shall be space and equipment for outdoor activities.

(G) Clients may be encouraged to take responsibility for maintaining their own living quarters and day-to-day housekeeping. This responsibility shall be clearly defined in writing and staff assistance and equipment shall be provided as needed.

(H) All areas shall be free of undesirable odors.

(I) The agency shall take measures to ensure pest control.

(J) Refuse shall be stored in covered containers so as to not create a nuisance or health hazard.

(K) Ventilation shall assure comfort and the habitability of the environment. Room temperature shall be maintained within a normal comfort range as specified by the Association of Heating, Refrigeration and Air Conditioning Engineering. Screens shall be installed when windows, doorways, or both, are opened for ventilation.

(L) Measures shall be developed to prevent, identify and control infections. These measures shall include methods for determining incidence of infection among clients and personnel and protocols for proper treatment.

(7) The facility shall be accessible to individuals who are physically handicapped or have a written plan for how handicapped individuals can access necessary services.

(8) Unless prohibited by law, the agency shall have insurance coverage that provides for the protection of the physical and financial resources of the agency. Insurance coverage for all people, buildings and equipment shall include Fidelity Bond, Automobile Liability, where applicable, and Broad Form Comprehensive General Liability for property damage, bodily injury including wrongful death and incidental medical malpractice.

(9) The agency shall maintain an adequately supplied first-aid kit.

(10) The agency shall post the emergency numbers near its telephones for fire, police and poison control center.

(11) A currently certified agency which relocates any program into new physical facilities shall have the new facilities comply with the environmental standards in order to maintain certification. All additions or expansions to existing physical facilities of certified agencies must meet these environmental standards.

(12) The division may grant a temporary waiver to an existing facility which is currently certified, waiving any requirement(s) which would involve substantial structural renovation or expense. The agency must make a request for a temporary waiver in writing in the format as may be required by the division. Along with the request, the agency must submit a plan of action outlining steps the agency will take to meet the requirement in the future. The plan of action must include time frames for the completion of each step. Cost estimates or bids must be submitted. A temporary waiver for up to six (6) months may be granted and may be renewed after that. The division shall require the agency to make progress reports on its plan of action with each request for renewal of the waiver. The total period of waiver shall not exceed three (3) years.

*AUTHORITY: sections 630.050 and 630.655, RSMo (1986). * Original rule filed May 13, 1983, effective Sept. 13, 1983. Amended: Filed Dec. 13, 1983, effective April 12, 1984. Rescinded and readopted: Filed June 2, 1988, effective Nov. 1, 1988.*

**Original authority 1980.*

9 CSR 30-3.070 Fiscal Management

PURPOSE: This rule prescribes fiscal policies and procedures for substance abuse agencies.

- (1) The agency shall have fiscal management policies and procedures in accordance with generally accepted accounting principles.
- (2) Accounting records shall be maintained using the accrual method and should include adequate internal controls for safeguarding or avoiding misuse of the agency's assets.
- (3) The agency shall have a budget of expected revenue and expenses.

(A) The budget shall categorize revenue by source.

(B) The budget shall categorize expenses by types of services.

(C) The budget shall be reviewed and approved by the governing authority prior to the beginning of the current fiscal year.

(D) Budget revisions shall be reviewed and approved by the governing authority.

(4) The agency shall have the capacity to determine direct and indirect cost of each type of service provided.

(5) The agency shall have a written fee schedule.

(A) The current schedule of rates and charges shall be approved by the governing authority.

(B) The fee schedule shall be available to all staff and to the clients.

(6) The agency shall maintain a reporting mechanism that provides quarterly information on the fiscal performance of the agency.

(A) Fiscal reports shall provide information on the relationship of the budget and actual experience, including revenues and expenses by category and explanation of the reasons for variance.

(B) Fiscal reports shall be available to the staff and governing authority who have responsibility for budget and management.

(7) An annual audit of the fiscal operations shall be conducted by an independent public accountant.

(A) The audits shall be reviewed and approved by the governing authority.

(B) Adverse audit findings shall be corrected and approved by the governing authority.

(8) Written fiscal policies and procedures shall be maintained for the operation of the agency.

(A) The agency shall have policies and procedures governing control of inventories, purchase authority, product selection and evaluation, supply storage and distribution.

(B) The agency shall have policies and procedures for controlling accounts receivable, for handling cash, arranging credit, handling discounts, write-offs and billings.

(9) Fiscal records shall be retained for seven (7) years.

*AUTHORITY: sections 630.050, 630.455 and 630.655, RSMo (1986). *Original rule filed May 13, 1983, effective Sept. 13, 1983.*

**Original authority 1980.*

9 CSR 30-3.080 Personnel

PURPOSE: This rule prescribes the personnel policies and procedures for substance abuse agencies.

(1) The agency shall have written policies and procedures to insure that an adequate number of qualified staff are available to support the functions of the agency.

(A) Personnel policies and procedures shall include an equal opportunity plan for hiring staff for the agency.

(B) Personnel policies and procedures shall apply to all staff and volunteers working in the agency.

(C) Personnel policies and procedures shall include how staff are recruited, selected, promoted and terminated.

(2) Personnel policies shall include written job descriptions for each position that includes duties, qualifications, supervisor and positions supervised.

(A) Each position shall be reflected in a current table of organization.

(B) Personnel must meet any local, state or federal requirements for their professions.

(C) The personnel policies and procedures shall require consistent fair practices in determining qualifications for hiring staff. Personnel policies shall state that a person having or not having had a past problem with alcohol or drugs, or both, is not the sole factor in denying employment.

(D) Personnel policies and procedures shall describe how staff will be supervised.

(3) Personnel policies and procedures shall provide for an annual written job performance evaluation that will be reviewed by the staff person.

(4) The agency shall document that staff, and others upon request, have a copy of the personnel policies and procedures.

(5) The agency's policies and procedures shall include policies concerning client neglect and abuse and procedures for investigation of alleged violations.

(6) Personnel policies shall address the prevention and spread of infectious or contagious diseases.

(7) The agency shall maintain a written plan for professional growth and development of personnel.

(A) The plan shall include orientation, in-service training and continuing education programs.

(B) The agency shall maintain a record of participation in staff development activities.

(8) Clients shall be paid for work in the program unrelated to their treatment. Wages paid to clients who work shall be in compliance with applicable local, state or federal requirements.

(9) If volunteers are utilized, the agency shall have a written policy on how they are recruited, screened, trained, supervised and dismissed for cause.

(10) Counseling services shall be provided by a qualified counselor or by a trainee under close supervision.

(A) A majority of the program's staff who provide counseling shall be qualified professionals.

(B) A trainee shall be supervised by either a qualified counselor with a degree from an accredited college in an approved field of study or a qualified counselor with four (4)-year's employment experience in the treatment or rehabilitation of substance abusers.

(C) All counselor functions performed by a trainee shall be performed pursuant to the supervisor's control, oversight, guidance and full professional responsibility.

1. The supervisor shall review and countersign documentation in client records made by the trainee.

2. Documentation which must be countersigned includes assessments, rehabilitation plans and updates and discharge summaries.

(D) A trainee shall have a written individualized training plan designed to increase knowledge and skills.

1. The plan shall be signed by the supervisor and trainee.

2. The plan shall be reviewed and updated annually.

3. The plan shall specify the amount and types of supervision. During the trainee's first year, the plan shall require at least one (1) hour per week of individual face-to-face supervision.

4. The plan shall identify the responsibilities of and counselor functions performed by the trainee. Training plans shall show a continuing increase in responsibilities and functions performed.

5. The plan shall include specific education and training to develop further knowledge. There shall be documentation of the education and training completed.

(11) Counseling shall be performed by qualified staff.

(A) Qualified counselors may perform all counselor functions including, but not limited to, screening, intake, orientation, assessment, education, referral, recordkeeping,

treatment planning, counseling, case management, crisis intervention and consultation.

(B) Trainees may perform, under close supervision, the counselor functions specified in their training plans.

(C) Other staff members may perform limited counselor functions under supervision.

1. The functions which may be performed are limited to screening for detoxification admission, intake, orientation, education, referral and recordkeeping.

2. The staff member must have training or experience in each function performed.

3. The functions performed shall be consistent with the job description.

4. A qualified counselor shall supervise the performance of these functions by reviewing and countersigning documentation of screenings and referrals.

(D) Nothing in these rules shall prohibit personnel who meet the requirements for their professions from engaging in practices authorized by statute and regulation for their professions.

*AUTHORITY: sections 630.050, 630.200 and 630.655, RSMo (1986).**
Original rule filed May 13, 1983, effective Sept. 13, 1983. Amended: Filed July 15, 1987, effective July 1, 1988.

**Original authority 1980.*

9 CSR 30-3.200 Research

PURPOSE: This rule prescribes the guidelines to be followed by research.

(1) The agency shall have a written policy concerning research activities which involve clients of the program.

(2) The agency shall abide by all local, state and federal laws and regulations concerning the conduct of research.

(3) The agency shall have a research committee to review and have authority to approve, require modifications to or disapprove all research activities.

(A) The research committee shall follow the agency's research policy.

(B) The research committee shall insure compliance with applicable local, state and federal laws and regulations concerning research.

(4) The agency shall receive a final report of any research conducted.

AUTHORITY: sections 630.050, 630.192—630.198 and 630.655, RSMo

*(1986).** *Original rule filed May 13, 1983, effective Sept. 13, 1983.*

**Original authority 1980.*

9 CSR 30-3.210 Clients' Records

PURPOSE: This rule prescribes the contents to be found in clients' records.

(1) An organized record system shall be maintained on each client which contains a collection of client information and services provided.

(2) At intake, each program shall make an initial assessment to include presenting problem, referral source, physical health, emotional status, behavioral functioning, family, social, substance abuse history, financial and recreational data and, when appropriate, legal, vocational and nutritional needs and prior treatment.

(3) Each client's record shall contain a rehabilitation plan based on presenting substance abuse and other problems and the initial assessment.

(A) The rehabilitation plan shall specify measurable goals and outcomes with expected achievement dates.

(B) The client shall participate in the development of the rehabilitation plan.

(C) Rehabilitation plans shall be reviewed and updated according to program requirements and should reflect client progress and changes in rehabilitation goals.

(4) Progress notes shall document client activities and services delivered; there shall be ongoing reference to the rehabilitation plan.

(5) Prior to discharge, an aftercare plan shall be developed.

(A) The aftercare plan shall identify the services or other planned activities designed to promote participation in a continuing recovery program or to sustain gains made in rehabilitation.

(B) The client shall participate in the development of the aftercare plan. Lack of participation by the client shall be documented, where applicable.

(C) In a residential program, the aftercare plan may serve as the final rehabilitation plan review and update.

(6) A discharge summary shall be entered in the client's record within fifteen (15) days following the discharge date. This discharge summary shall include admission date, refer-

ral source, progress toward the goals of the rehabilitation plan, referrals made, discharge date and discharge reason.

(7) The program shall abide by all local, state and federal laws and regulations concerning the confidentiality of clients' records.

(8) There shall be a written method and procedure to assure quality client's records which include routine review of clients' records.

(9) Clients' records shall be retained for at least seven (7) years.

*AUTHORITY: sections 630.050, 630.140 and 630.655, RSMo (1986).**
Original rule filed May 13, 1983, effective Sept. 13, 1983. Amended: Filed Jan. 19, 1988, effective July 1, 1988.

**Original authority: 630.050, RSMo (1980); 630.140, RSMo (1980), amended 1984, 1986; and 630.655, RSMo (1980).*

9 CSR 30-3.220 Referral Procedures

PURPOSE: This rule prescribes referral procedures for substance abuse agencies.

(1) The agency shall have written policies and procedures that will assist with client referral between the agency's components between the agency and other service providers, or both.

(2) The written policies and procedures shall stipulate the conditions under which referrals are made, that is, special services not provided by the agency or other ancillary services that will contribute to the recovery of the clients.

(3) The agency shall have written policies and procedures that describe the methods by which continuity of care between referring agencies is assured.

(A) Referring staff shall initiate actions to assess the success of the referral.

(B) Additional referrals shall be made, whenever necessary.

(C) Background information shall be provided, whenever necessary.

(D) The agency shall establish procedures for continuing coordination of activities.

(4) The agency shall maintain a current resource directory of area community agencies that may be used in the referral process.

*AUTHORITY: sections 630.050 and 630.655, RSMo (1986). * Original rule filed May 13, 1983, effective Sept. 13, 1983.*

**Original authority 1980.*

9 CSR 30-3.230 Follow-Up (Rescinded April 15, 1988)

9 CSR 30-3.240 Medication

PURPOSE: This rule prescribes the procedures to safely store, administer and record medications.

- (1) The agency shall have a locked storage area for all medications.
- (2) The agency shall have written policies and procedures on how medications are prescribed, obtained and stored.
- (3) The agency shall maintain a list of personnel who have access to the locked medication area and who are qualified to administer medication.
- (4) The agency shall have written policies and procedures on how medication is to be dispensed, administered or both, including medication clients bring to the program.
- (5) The agency shall have written procedure for recording client intake of medication which shall include client name, medication, dose of medication, date and frequency of intake and name of staff who observed the medication intake.
- (6) The agency shall have written procedures for recording medication reactions, medication errors or both.
- (7) Medication left by the client at discharge shall be destroyed within thirty (30) days.

*AUTHORITY: sections 630.050 and 630.655, RSMo (1986). * Original rule filed May 13, 1983, effective Sept. 13, 1983.*

**Original authority 1980.*

9 CSR 30-3.250 Dietary Services

PURPOSE: This rule identifies the dietary services needed for substance abuse agencies.

- (1) Residential and other programs providing meals shall have and follow a written plan to meet the dietary needs of the clients.

(A) The plan shall identify the responsible parties and methods regarding food procurement, storage, inventory and preparation.

(B) The program shall provide at least three (3) meals a day.

(C) Clients shall not prepare or store food in bedrooms.

(2) The program shall provide snacks whenever necessary for the client's health or well-being.

(3) Written menus of each meal shall be maintained and followed. The menus shall be reviewed once a year. The development and review of menus shall be conducted by a registered dietitian or qualified nutritionist, who has at least a bachelor's degree from an accredited college with an emphasis in foods and nutrition.

(4) The written dietary plan shall meet the need for special provisions for those unable to have a regular diet, for example, low sodium, high and low fiber. Special diets shall be recorded in the client's record.

(5) The program shall serve food at realistic meal times in a pleasant, relaxed dining area.

(6) The agency shall maintain a kitchen area that is fully equipped and supplied and that is safe and sanitary.

(A) The facility shall arrange an annual inspection for compliance with the applicable provisions of 19 CSR 20-1.010. Inspections should be conducted by local health departments or by the Missouri Department of Health.

(B) Adequate heating and cooling units shall be provided. Proper storage and preparation temperatures of food products shall be maintained.

(C) Toxic chemicals such as insecticides, pesticides and cleaning compounds shall be stored in a manner to prevent contamination of food products.

(D) Food shall be in sound condition, free from spoilage, filth or other contamination and shall be safe for human consumption. Food shall be obtained from sources approved or considered satisfactory by the Department of Health. The use of food in hermetically sealed containers that was not prepared in food processing establishment is prohibited.

(E) Utensil washing equipment shall allow proper washing, rinsing and sanitizing.

(F) Handwashing facilities that include hot and cold water, soap and hand drying means shall be readily available to those preparing food.

(G) Those agencies arranging for the provision of food service by agreement or contract with a second party shall assure that the provider has demonstrated compliance with this rule. Compliance shall be demonstrated by an annual, documented sanitation inspection, which shall be on file with the agency requesting certification.

*AUTHORITY: sections 630.050 and 630.655, RSMo (1986). * Original rule filed May 13, 1983, effective Sept. 13, 1983. Amended: Filed June 2, 1988, effective Nov. 1, 1988.*

**Original authority 1980.*

9 CSR 30-3.400 Social Setting Detoxification

PURPOSE: This rule prescribes the services needed for social setting detoxification.

(1) The program shall establish written admission criteria.

(A) Admission criteria shall be approved by the governing authority, a physician and the director.

(B) Admission criteria shall specify the symptoms, behavior and conditions that would qualify or exclude clients from admission.

(C) To be eligible for admission, clients must meet the following conditions:

1. Show evidence of intoxication, for example, unstable gait, slurred speech or tremors; and

2. Absence of other conditions at presentation more serious than intoxication.

(D) The program shall provide referrals for those not admitted.

(E) Screenings for admission shall be done by trained and experienced staff.

(2) The program shall accept applications for civil detention of intoxicated persons on a provisional basis and evaluate and treat the persons or release them in accordance with the civil detention provisions of state statutes.

(3) A protocol and checklist shall be utilized to evaluate client conditions which determine continuing management of withdrawal or transfer for appropriate medical care.

(A) The protocol and checklist shall be approved by a physician.

(B) Assessment of the physical/mental/emotional status shall be documented every thirty (30) minutes until stable and then every eight (8) hours.

(4) The program shall have access to twenty-four (24)-hour transportation for medical and hospital services.

(5) The program shall have documented referral agreements with agencies which offer detoxification assisted by medications and acute medical care.

(6) The program shall meet the requirements in 9 CSR 30-3.210 (Clients' Records), 9 CSR 30-3.220 (referrals), 9 CSR 30-3.230 (Follow-Up) and 9 CSR 30-3.250 (dietary).

(7) Daily activities shall be structured toward encouraging a continuation of recovery and treatment. Supportive services shall be made available.

(8) Detoxification services should not exceed five (5) days. Exceptions to this requirement must be noted in the client's record indicating the purpose of allowing an extension of the stay.

(9) Discharge planning shall include efforts to engage clients in a continuing recovery program.

(A) Clients interested in a recovery program shall be oriented to community resources and referrals shall be made.

(B) Client refusal of referrals shall be documented.

(10) The program shall provide services twenty-four (24) hours a day, seven (7) days a week.

(11) The program shall provide in-service training on a regularly scheduled periodic basis as necessary.

*AUTHORITY: sections 630.050 and 630.655, RSMo (1986). * Original rule filed May 13, 1983, effective Sept. 13, 1983.*

**Original authority 1980.*

9 CSR 30-3.410 Modified Medical Detoxification

PURPOSE: This rule prescribes the services needed for modified medical detoxification.

(1) The program shall meet the requirements in 9 CSR 30-3.400 (social detoxification) and 9 CSR 30-3.240 (Medication).

(2) The program shall have a physician on call at all times.

(3) Clients shall be evaluated by a licensed physician before prescribed medications are administered.

(A) Staff qualified to administer medications shall be available twenty-four (24) hours a day, seven (7) days a week.

(B) Medically trained staff shall continually observe clients who are medicated.

*AUTHORITY: sections 630.050 and 630.655, RSMo (1986). * Original rule filed May 13, 1983, effective Sept. 13, 1983.*

**Original authority 1980.*

9 CSR 30-3.420 Medical Detoxification Services

PURPOSE: This rule prescribes the services required in medical detoxification.

(1) The program shall establish written admission criteria.

(A) Admission criteria shall be approved by the governing authority and a physician.

(B) Admission criteria shall specify the symptoms, behaviors and conditions that would qualify clients for admission.

(C) To be eligible for admission, clients must show evidence of intoxication, such as unstable gait, slurred speech or tremors.

(D) The program shall provide referrals for those not admitted.

(2) The program shall accept applications for civil detention of intoxicated persons on a provisional basis and evaluate and treat the persons or release them in accordance with the civil detention provisions of state law.

(3) Necessary diagnostic treatment and other services not provided by the hospital shall be available through agreement with the appropriate person, agency or hospital.

(4) Detoxification services should not exceed five (5) days. Exceptions to this requirement must be noted in the client's record indicating the purpose of allowing an extension of the stay.

(5) Discharge planning shall include efforts to engage clients in a continuing recovery program.

(A) Clients interested in a recovery program shall be oriented to community resources and a referral shall be made.

(B) Client refusal of referrals shall be documented.

(6) The program shall meet the requirements in 9 CSR 30-3.220 (referrals).

*AUTHORITY: sections 630.050 and 630.655, RSMo (1986). * Original rule filed May 13, 1983, effective Sept. 13, 1983.*

**Original authority 1980.*

9 CSR 30-3.500 Residential Programs

PURPOSE: This rule prescribes policies and procedures for residential substance abuse programs.

(1) The program shall have written policies and procedures defining its admission criteria which shall include:

(A) An absence of uncontrolled substance use; and

(B) Client need for alternative living environment for continued physical and mental restoration following extended periods of substance abuse.

(2) The program shall have written policies and procedures defining intake and client assessment.

(A) Intake policies and procedures shall define procedures for referral of the ineligible.

(B) Intake personnel shall provide orientation to the program.

(C) The need for a physical examination shall be determined.

1. The procedure shall be developed in consultation with a physician.

2. The procedure shall include health questions, date of last physical examination, awareness of any medical problems and current medications being taken.

3. The results of implementing the procedure shall be used to determine if a physical examination will be requested.

4. Results of physical examinations shall be kept in the client's records.

(3) The rehabilitation plan shall be developed within seven (7) days of admission to the residential program.

(4) The program shall meet the requirements in 9 CSR 30-3.210 (Clients' Records), 9 CSR 30-3.220 (referrals), 9 CSR 30-3.230 (Follow-Up), 9 CSR 30-3.240 (Medication) and 9 CSR 30-3.250 (dietary).

(5) The program shall provide treatment to assist in support and rehabilitation of clients in a nondrinking, nondrug environment.

(A) Services shall include individual, group and family therapy; vocational, educational and recreational therapy; peer support and self-help groups.

(B) Services shall include either nonresidential counseling for significant others or an appropriate referral shall be made.

(6) For residential programs with an expected length of stay of thirty (30) days or fewer, the program shall—

(A) Offer a minimum of fifty (50) hours of structured, planned, therapeutic activity per client per week;

(B) Require each client to participate in a minimum of twenty (20) hours of structured, planned, therapeutic activity per week;

(C) Provide each client at least two (2) hours of individual counseling per week;

(D) Update rehabilitation plans weekly; and

(E) Insure that a responsible person is on duty twenty-four (24) hours a day.

(7) For residential programs with an expected length of stay of thirty (30) days through one (1) year, the program shall—

(A) Offer a minimum of forty (40) hours of structured, planned, therapeutic activity per client per week;

(B) Require each client to participate in a minimum of five (5) hours of structured, planned, therapeutic activity per week;

(C) Update rehabilitation plans monthly; and

(D) Insure that a person is designated as responsible for the program at all times.

(8) For residential programs with an expected length of stay of one (1) year or more, the program shall—

(A) Offer a minimum of ten (10) hours of structured, planned therapeutic activity per client per week;

(B) Require each client to participate in a minimum of one (1) hour of structured, planned, therapeutic activity per week;

(C) Update rehabilitation plans every three (3) months; and

(D) Insure that a person is designated as responsible for the program at all times.

(9) The program shall establish criteria for termination or discharge, follow-up and re-entry.

*AUTHORITY: sections 630.050 and 630.655, RSMo (1986). * Original rule filed May 13, 1983, effective Sept. 13, 1983.*

**Original authority 1980.*

9 CSR 30-3.510 Adolescent Program

PURPOSE: This rule prescribes policies and procedures for comprehensive adolescent substance abuse programs.

(1) Adolescent agencies shall comply with applicable standards located in 9 CSR 30-3.030 Governing Authority, 9 CSR 30-3.040 Client Rights, 9 CSR 30-3.050 Planning and Evaluation, 9 CSR 30-3.060 Environment, 9 CSR 30-3.070 Fiscal Management, 9 CSR 30-3.080 Personnel, 9 CSR 30-3.210 Clients' Records, 9 CSR 30-3.220 Referral Procedures, 9 CSR 30-3.230 Follow-Up, 9 CSR 30-3.240 Medication, 9 CSR 30-3.250 Dietary Services, 9 CSR 30-3.400 Social Setting Detoxification, 9 CSR 30-3.500 Residential Programs and 9 CSR 30-3.600 Outpatient Programs.

(2) Agencies providing treatment services to adolescent clients shall have a written philosophy statement with goals and objectives for its target population.

(A) The goals and objectives shall describe the treatment design and methodology of providing services.

(B) The treatment design shall demonstrate the agency's capacity to provide appropriate care and services to adolescents including the following:

1. Therapy for the total needs of the adolescent including positive continual physical, mental, emotional and spiritual growth;

2. Therapy to assist the clients in understanding and accepting family relationships, their own responses to stress, understanding interpersonal relationships and developing coping skills to aid in constructive daily living;

3. Treatment services, literature and lectures easily comprehensible and appropriate for adolescents;

4. Lectures and groups for the attention span of adolescents; and

5. Frequent recreation and other related activities available to accommodate the energy level of adolescents.

(C) Residential therapists' caseloads shall not exceed ten (10) clients.

(D) The agency shall have paid staff on duty in the residential program twenty-four (24) hours a day, seven (7) days a week.

(E) The adolescent program shall serve only clients between the ages of twelve through seventeen (12—17) years inclusive.

(3) Direct care providers and those supervising direct care providers shall have knowl-

edge, training, demonstrated expertise and meet the qualifications for providing treatment to adolescent substance abusers.

(A) The supervisor of therapists shall be a qualified counselor who meets all supervisory requirements and who has three (3) years of supervised experience in the treatment of adolescents.

(B) Direct care providers shall have training on adolescent behavior and the appropriate treatment for their chemical dependence. Training shall include material related to family dynamics, communication skills, incest, sexual abuse, physical and emotional abuse, stress management, coping skill development, problem solving, decision making and the effects of peer pressure.

(4) The agency shall actively involve family members concerned in the treatment process.

(A) Staff shall seek and document family involvement in the development of the rehabilitation plan, unless the staff document reasons why the family cannot participate.

(B) Staff shall seek and document family involvement in rehabilitation, unless staff document reasons why the family cannot participate.

(5) The agency shall coordinate ongoing and adequate educational and vocational opportunities for adolescent clients during treatment.

(A) Educational and vocational opportunities shall meet the requirements of the Department of Elementary and Secondary Education.

(B) The agency shall provide educational and vocational goals in the rehabilitation plan to meet individual needs and special abilities. These goals shall be based upon the following:

1. Aptitude assessments;

2. Education history; and

3. Diagnostic evaluations, social development, interest and the client's potential for future education.

(C) Staff shall evaluate progress toward educational and vocational goals on a quarterly basis.

(D) The agency shall provide career guidance.

(E) The agency shall provide educational materials and space for undisturbed reading and study for homework.

(F) Staff may assist with homework assignments and class projects.

(6) The agency shall have a written, planned and structured schedule of recreation and activity programs for adolescents.

(A) Staff shall design recreation and related activities to assist the adolescent client to learn ways to use leisure time constructively,

develop new personal interests and skills, further group interaction, solve problems and increase social adjustment.

(B) Staff shall include recreation and related activities in the client's rehabilitation plan.

(C) Staff shall use available and suitable community recreation facilities.

(D) Staff shall encourage client participation in youth sports events and creative experiences in art, dance, music, drama, crafts, hobbies, horticulture and other areas of interest.

(E) The agency shall provide equipped indoor and outdoor recreation facilities for quiet and active sports.

(F) The recreation therapist shall have a bachelor's degree with specialization in recreation therapy or related fields and one (1) year of supervised experience in recreation therapy.

(G) The agency shall have one (1) recreation therapist for every twenty (20) residential clients.

(H) The agency shall offer a minimum of twenty (20) hours of structured, planned, recreational or related activity per week.

(I) The agency shall require each client to participate in a minimum of ten (10) hours of structured, planned recreational related activity per week, unless specifically limited by the rehabilitation plan with documented reasons.

(7) The agency shall have written policies and procedures for the management of adolescent client behaviors.

(A) Behavior management policies and procedures shall adhere to the client's rights as established by the Department of Mental Health in 9 CSR 30-3.010 Client Rights.

(B) Staff shall manage disruptive, destructive and inappropriate behavior in a therapeutic manner by providing information, instruction and guidance concerning appropriate and acceptable behavior.

(C) Staff shall conduct behavior management in a manner that does not condemn the client but promotes and builds positive growth, controlled behavior and positive self-image in a supportive therapeutic milieu.

(D) Staff shall act as models by providing leadership in therapeutic activities as well as in their conduct among other staff and the clients.

(E) The agency shall require program staff to have training in implementing program policies and procedures for managing commonly occurring adolescent problems, for example, fighting, inappropriate sexual behavior, pregnancy, runaways and rape.

*AUTHORITY: sections 630.050 and 630.655, RSMo (1994). * Original rule*

filed May 6, 1985, effective Sept. 1, 1985. Amended: Filed Dec. 16, 1988, effective March 15, 1989. Amended: Filed June 27, 1995, effective Dec. 30, 1995.

**Original authority 1980, 1993.*

9 CSR 30-3.600 Outpatient Programs

PURPOSE: This rule prescribes policies and procedures for outpatient substance abuse programs.

(1) The program shall have written policies and procedures defining client eligibility requirements, intake procedures and client assessment.

(A) Intake policies and procedures shall define procedures for referral of the ineligible.

(B) Orientation to the program shall be provided at intake.

(C) The need for a physical examination shall be determined.

1. The procedure shall be developed in consultation with a physician.

2. The procedure shall include health questions, date of last physical examination, awareness of any medical problems and current medications being taken.

3. The results of implementing the procedures will be used to determine if a physical examination will be requested.

4. Results of physical examinations will be kept in the client's records.

(2) The rehabilitation plan shall be developed within thirty (30) days of admission to the outpatient programs.

(3) The program shall provide treatment which will assist in the support and rehabilitation of clients.

(A) Programs shall be capable of providing at least two (2) hours of counseling per client per week.

(B) At least sixty percent (60%) of therapist time shall be spent on direct client contact.

(C) Clients not seen at least once every sixty (60) days must be discharged.

(D) The rehabilitation plan shall be updated every ninety (90) days.

(E) Services shall include individual, group and family therapy; vocational, educational and recreational therapy; peer support and self-help groups.

(4) The program shall meet the requirements in 9 CSR 30-3.210 (Clients' Records), 9 CSR

30-3.220 (referrals) and 9 CSR 30-3.230 (Follow-Up).

(5) The program shall establish criteria for termination or discharge, follow-up and re-entry.

(6) The program shall maintain hours that are convenient to the population served.

*AUTHORITY: sections 630.050 and 630.655, RSMo (1986). * Original rule filed May 13, 1983, effective Sept. 13, 1983.*

**Original authority 1980.*

9 CSR 30-3.610 Methadone Treatment

PURPOSE: This rule describes the specific functions, policies and practices required for a methadone treatment program.

(1) Prior to delivering methadone treatment services, an agency must apply for and receive provisional certification from the department.

(A) The agency must document the need for new services and must demonstrate community acceptance of the proposed site(s).

1. Determination of the need for new services shall be at the department's sole discretion as the designated state authority responsible for methadone treatment. The determination of need shall be based on applicable data, such as waiting lists, emergency room visits, arrest data, and federal drug use forecasting data.

2. A new site cannot be located within fifty (50) miles of an existing methadone treatment site, unless otherwise indicated by a determination of need.

3. Community acceptance must be solicited within a one (1)-mile radius of any proposed new site. Assurance must be provided to the department of community acceptance, as well as letters of support from local authorities.

(B) An agency applying for provisional certification as a methadone treatment program in the state of Missouri must have provided other certified alcohol and drug services within the state for two (2) years prior to the application.

(C) In order to be certified as a methadone treatment program, the program shall comply with specific requirements under 9 CSR 30-3.610 and also—

1. Applicable requirements elsewhere in these rules including 9 CSR 30-3.600



Outpatient Programs; 9 CSR 30-3.210 Client Records; 9 CSR 30-3.220 Referral Procedures; and 9 CSR 30-3.240 Medication; and

2. Other applicable local, state and federal laws and regulations including those under the jurisdiction of the Food and Drug Administration and the Drug Enforcement Administration.

(D) A methadone treatment program receiving provisional certification must meet full certification requirements within sixty (60) days of the issuance of provisional certification.

(2) The program shall provide a range of treatment and rehabilitation services to address the therapeutic needs of its clients and to promote clients' improved social, vocational, legal, family, emotional and behavioral functioning. Clients must receive methadone at a level so as to stabilize the client within ninety (90) days of admission and throughout the treatment process.

(A) Services shall include:

1. Individual, group, and family counseling;
2. Medical evaluations; and
3. Use of methadone for detoxification from narcotics and for ongoing methadone treatment.

A. Detoxification treatment means the dispensing of methadone in decreasing doses to an individual in order to alleviate adverse physiological or psychological effects incidental to withdrawal from the continuous or sustained use of narcotics and in order to bring the individual to a drug-free state within a one hundred eighty (180)-day time period.

B. Ongoing methadone treatment means the dispensing of methadone for more than one hundred eighty (180) days in the treatment of an individual for dependence on heroin or other morphine-like drug.

(B) The program shall ensure that clients access other social and rehabilitative services; for example, vocational and educational guidance, evaluation, training and placement.

(C) The goal of the methadone treatment program shall be the total rehabilitation of the client. While eventual withdrawal from the use of all drugs, including methadone may be an appropriate treatment goal, some clients may remain in methadone treatment for relatively long periods of time.

1. Periodic consideration shall be given to withdrawing from continued methadone treatment, when appropriate to the individual client's progress and goals.

2. Such consideration and decisions shall be determined by the client and the program staff as part of individualized treatment planning process.

(3) The program shall offer services at least six (6) days per week.

(A) The program shall offer early morning or evening services so that clients who are employed or otherwise involved in productive, daily activities can access services.

(B) Clients shall also have access to the program twenty-four (24) hours per day, seven (7) days per week in case of a clinical or medical emergency, and the program shall designate individuals on-call to address client emergencies.

(4) The program shall provide treatment and rehabilitation, which includes the use of methadone, to those persons who demonstrate physiologic dependence to heroin and other morphine-like drugs. Priority for admission shall be given to women who are pregnant and to persons who are Human Immunodeficiency Virus (HIV) positive. Persons who are not residence of the state of Missouri shall comprise no more than twenty percent (20%) of the clients of the program.

(A) In order to qualify for detoxification treatment, the applicant must demonstrate physiologic dependence to narcotics. Documentation must indicate clinical signs of dependence, such as needle marks, constricted or dilated pupils, etc.

(B) In order to qualify for initial admission to ongoing methadone treatment, the applicant must demonstrate physiologic dependence and continuous or episodic addiction for the one (1)-year period immediately prior to application for admission. Documentation must indicate clinical signs of dependence, past use patterns and treatment history, etc. The following exceptions may be made to the minimum admission requirements for methadone treatment:

1. The program may place a pregnant applicant on a methadone treatment regimen, regardless of age, if the applicant has had a documented dependency on heroin or other morphine-like drugs in the past and may be in direct jeopardy of returning to such dependency, with its attendant dangers during pregnancy. The applicant need not show evidence of current physiologic dependence if a program physician certifies the pregnancy and, in his/her reasonable clinical judgment, justifies methadone treatment;

2. For an applicant who is under the age of eighteen (18), the program shall document two (2) unsuccessful attempts at drug-free treatment prior to admission to ongoing

methadone treatment. The program shall not admit any person under the age of sixteen (16) to a program without the prior approval of the Division of Alcohol and Drug Abuse; and

3. An applicant who has been residing in a correctional institution for one (1) month or longer may enroll in a program within fourteen (14) days before release or discharge or within six (6) months after release from such an institution without evidence of current physiologic dependence on narcotics provided that prior to institutionalization the client would have met the one (1)-year admission criteria.

(C) In order to qualify for readmission to methadone treatment, the applicant must demonstrate current physiologic dependence.

1. The program may waive this requirement if it documents prior methadone treatment of six (6) months or more and discharge within the past two (2) years.

2. At the discretion of its medical director, the program may require an applicant who has received administrative detoxification due to an infraction of program rules to wait a minimum of thirty (30) days prior to applying for readmission.

(D) The medical director may refuse the admission of an applicant and/or methadone treatment to a particular client if, in the reasonable clinical judgment of the medical director, the person would not benefit from such treatment. Prior to such a decision, appropriate staff should be consulted and the reason(s) for the decision must be documented by the medical director.

(5) The program shall utilize a structured approach in providing treatment and rehabilitation services and shall use established criteria for determining client progress. Client progress and movement between the structured phases of treatment shall be based on the following criteria:

(A) Absence of the use of alcohol and other drugs, except as medically prescribed;

(B) Social, vocational, legal, family, emotional and behavioral functioning;

(C) Program attendance as scheduled; and

(D) Other individual goals and accomplishments related to the client's treatment plan.

(6) The program shall utilize five (5) structured phases of treatment and rehabilitation to indicate client progress and to establish requirements regarding client attendance and service participation. The requirements listed