§709.41. Exceptions to the general standards for free-standing treatment activities.

Due to the nature of intake, evaluation and referral, projects of this kind need not comply with the following sections:

1. §709.24(a)(2) and (3) (relating to treatment/rehabilitation management).
2. §709.33 (relating to notification of termination).

§709.42. Project management.

(a) The intake project shall have a written procedure for the performance of the following functions:

1. Orientation of the client to the drug or alcohol service delivery system, or both.
2. Thorough exploration of service needs and discussion with the client concerning service options to which he may be referred.
   
   *The person(s) responsible, the method and time frames for exploring and evaluating client service needs and options for treatment should be addressed.*

3. Development of a confidential history, including any significant medical, social, drug and alcohol, occupational, and family information.
4. Prompt arrangement for delivery of the requested services.

(b) The intake project or treatment service providers shall have a written procedure for the performance of the following functions:

1. Arrangement for the provision of needed medical, functional, psychological, psychiatric, social or vocational diagnostic assessments.
(2) Preparation of a preliminary treatment plan utilizing all appropriate available service resources and listing the services to be provided. This plan shall be developed in cooperation with and agreed to by the intake project or treatment service provider and the client. The service plan shall also include referral to services not specifically for drug and alcohol clients; for example, legal services and dental services for which the client may be eligible.

(c) The intake project shall develop a written plan providing for outreach services which shall include, but not be limited to:

(1) Identifying persons in need of project services.

(2) Alerting persons and their families to the availability of project services.

(3) Encouraging persons to utilize the service delivery system.

(d) The intake project shall operate at least 5 days of the week and for a minimum of 40 hours per week. Additional hours should be appropriate to the population served by the intake project.

(e) The hours of operation shall be displayed conspicuously to the general public.

(f) A telephone number shall be displayed conspicuously to the general public.

The number should be the one used to contact the person(s) responsible for building/office security during non-office hours.

(g) Procedures to be followed in psychiatric and medical emergencies shall be clearly specified in writing and made readily available to the staff.

(h) The intake process shall proceed expeditiously to avoid discouragement and should not exceed a period of 48 hours.

§709.43. Client management.

(a) The intake project shall have written policies and procedures for communication with law-enforcement authorities, local or State health or welfare authorities, as appropriate, regarding clients whose condition or its cause is reportable; for example, persons having contagious diseases or victims of suspected criminal acts, such as rape or gunshot wounds, 18 Pa. C.S. §5106 (relating to failure to report injuries by firearm or criminal act) and child abuse under the Child Protective Services Law (11 P.S. §§2201-2224).

(b) The intake project shall have written policies and procedures to address special issues regarding treatment of clients. These policies and procedures shall include, but are not limited to:
(1) Individuals who lose consciousness.

(2) Minors.

(3) Individuals with communicable disease.

(4) Individuals requiring transfer to a hospital or other treatment facility.

(5) Individuals requiring detoxification.

(c) Clients shall be observed upon intake for withdrawal symptoms from substances abused. If serious symptoms of drug/alcohol abuse or dependence or other physical problems are observed, prompt medical attention shall be obtained. Data obtained during the observation period shall be recorded.

(d) If possible, the client should be transported to the selected referral agency/resource.

(e) A consent to treatment form should be completed and signed by the client and intake worker at intake.

A consent to treatment form should be developed and signed by both the client and the staff person at intake. This consent could be integrated with other forms/procedures, e.g., liability determination, preliminary treatment plan, intake and orientation verification.

§709.44. Client records.

(a) The project shall maintain a client record on an individual which shall include, but not be limited to:

[Each of the following items contained in 709.44 (a) should be completed by the intake, evaluation and referral project. Copies of this information should then be forwarded to the project to whom the referral has been made.]

(1) Histories, which include the following:

Histories should be constructed to collect as much personal information about a client as possible since they form the basis from which the psychosocial evaluation and subsequent treatment plans are formulated.

(i) Medical history.

A history documenting the client’s personal medical history, family medical history, and history of illness and symptoms.

(ii) Drug or alcohol history or both.
A history documenting the substances most frequently abused, the length and patterns of use, prior treatment episodes and the client’s perception of their effect on his/her social, physical and mental state. It is recommended that any substance abuse history within the family, or that of significant others be noted.

(iii) Personal history.

Historical and current personal data including: family, legal, employment/vocational, educational, military, recreational, sexual, and others where appropriate.

(2) Consent forms.

A copy of any and all consent forms signed by the client while undergoing (intake) should be maintained in the client record.

(3) Psychosocial evaluation.

The evaluation should provide a composite picture of the individual in relationship to the collected historical information in order to identify possible relationships, conditions and causes leading to the client’s current situation.

It is recommended that a psychosocial evaluation should also include:

- a clear description of the client’s presenting and underlying problems.
- client needs or problems that can or cannot be resolved through treatment or that might inhibit treatment.
- client assets, strengths or other factors that can contribute to the resolution of identified problems.
- the potential or available client support systems.
- negative factors that might affect treatment.
- the client’s preferred coping mechanisms.
- conclusions regarding the client’s appearance, behavior and reactions during the intake process.
- conclusions regarding the client’s attitude toward and ability to participate in the treatment process.

(4) Referral contact.
Include the nature and disposition of referrals made to outside resources.

(5) Records of services provided.

This should be a chronological listing (separate from progress notes) of the various specific services provided to the individual client. This listing should also include the date, the provider(s), and the duration of the service.

(b) If applicable, the project shall also include the following items in the client record:

[Each of the following items contained in 709.44(b) must be completed by either the intake, evaluation and referral project or by the project to whom the referral has been made. The assignment of responsibility for each of the following should be defined in a letter of agreement between the referring projects. A copy of this agreement should be available during the licensing visit.]

(1) Results of physical examination.

The results of the physical examination should be documented according to the following: evidence of injuries, serial neurological examination, an investigation of the organ systems for possibilities of infectious disease, pulmonary, liver, and cardiac abnormalities, dermatologic sequelae of addiction, and concurrent problems. In addition, the physical examination should include a determination of the patient’s vital signs (temperature, pulse, and blood pressure and respiratory rate); an examination of the client’s general appearance, head, ears, eyes, nose, throat (thyroid), chest (including heart, lungs and breasts), abdomen, extremities, skin assessment, and the project physician’s overall impression of the client.

The project should make every effort to utilize results of physica ls in determining related medical care needed and the appropriateness of client involvement in all project activities.

It is recommended that the following laboratory tests be completed for each client at admission to a project in addition to the required examination stated in the above paragraph:

- STAT blood alcohol level;
- Complete blood count and differential;
- Blood or urine drug screen for the detection of multiple drug use;
- Serological test for syphilis;
• **Routine and microscopic urinalysis;**

• **Liver function profile, e.g., SMA-12, etc.;**

• **Tuberculin skin test, and when positive, a chest X-ray;**

• **When clinically indicated, Australian Antigen HG Ag Testing (HAA testing), EKG; and,**

• **When appropriate, pregnancy test and a pap smear.**

*When a client is readmitted to a project within one year, the physical exam or lab tests should be at the discretion of the physician.*

(2) Medication records.

*All medications being taken by a client whether prescribed by the project’s physician or the client’s private physician should be recorded in the chart indicating the name of the drug, dosage, and frequency of use.*

(3) Treatment and rehabilitation plans.

*A preliminary Treatment Plan should be developed based upon information derived from the initial interview, psychosocial and other evaluations. This plan should identify critical client problems and strategies for their resolution.*

(4) Follow-up information.

*Where a client has been referred to an outside resource, the project should, with the written consent of the client and within one week from the day the referral is to be completed, attempt to determine from the resource/client the disposition of the referral. Once the attempt has been made and documented, a project may consider its obligation to the individual fulfilled.*

(c) The project shall develop and maintain client records on standardized project client record forms.