§711.71. Intake and admission.

(a) The project director shall develop a written plan providing for intake and admission which shall include, but not be limited to:

(1) Criteria for admission.

*Criteria should include age, sex, physical and/or mental conditions, geographic requirements and nature of the D/A problem. Any special project limitations should also be noted, e.g., serving the handicapped, psychotic, non-English speaking populations.*

(2) Guidelines for completion of residency.

*Completion should be viewed from both the project and the client perspectives, including the length of residency, employment, financial independence, substance usage, and interpersonal relationships.*

(3) Involuntary discharge/termination criteria.

*Involuntary discharges (acts of violence, use/misuse of chemicals, etc.) and administrative discharges (absenteeism, failure to seek employment, etc.)*

(b) Intake procedures shall include documentation of:

(1) Disclosure to the client of criteria for admission, completion and discharge.

*Disclosure may be documented in initial activity notes, the consent to residency, or orientation packet.*

(2) Client orientation to the project which shall include, but not be limited to, a familiarization with:

*See b (1) above for acceptable documentation of client orientation.*
(i) House rules.

(ii) Hours of operation.

(iii) Fee schedule.

Example – per diem, food stamps, special fees, in-kind work.

(iv) Services provided.

(3) Basic personal data.

*Include:* family, legal, employment/vocational, educational, military, recreational, sexual, and others where appropriate.

(4) Agreement for residency.

*A consent to residency form should be signed by the client at intake. This consent could be integrated with other forms/procedures, e.g., liability determination, intake and orientation verification, residential/house agreements.*

§711.72. Client records.

(a) *Record requirements.* There shall be a complete client record on an individual which includes information relative to the client’s involvement with the project. In addition to the requirements contained in §115.32 (relating to contents), the client record shall include the following:

(1) Drug and alcohol consent forms.

(2) Drug and alcohol referral contact.

*A written log or a separate entry within the activity notes should record the nature and disposition of referrals made to outside resources.*

(3) Activity notes.

*A client’s progress and current status in meeting his/her goals or needs during residency should be recorded in the client’s record. All activity notes should be dated and signed by the individual making the entry.*

(b) *Client access to records.* A client has the right to inspect his own records. The project director may temporarily remove portions of the record, prior to the inspection by the client, if the director determines that the information may be detrimental if presented to the client. Reasons for removing sections shall be documented and kept on file.
(c) **Confidentiality.**

(1) A written procedure shall be developed by the project director which shall comply with 4 Pa. Code §255.5 (relating to projects and coordinating bodies: disclosure of client-oriented information). The procedure shall include, but not be limited to:

(i) Confidentiality of client identity and records.

*Projects should include a description of how they plan to address security and release of records. They should also identify the person(s) responsible for maintenance.*

(ii) Staff access to client records.

*Project staff having access to records should be identified either by name or position. The methods by which staff gain access to records also should be outlined.*

(2) The project shall obtain an informed and voluntary consent from the client for the disclosure of information contained in the client record. The consent shall be in writing and shall include, but not be limited to:

(i) The name of the person, agency, or organization to whom disclosure is made.

(ii) The specific information disclosed.

(iii) The purpose of disclosure.

(iv) The dated signature of the client or guardian.

(v) The dated signature of a witness.

(vi) The expiration date of the consent.

*Expiration date should reflect time, date, event or condition depending upon the nature of the information disclosed.*

(3) A copy of a client consent shall be offered to the client and a copy maintained in the client records.

*Compliance with this standard may be demonstrated by indicating on the consent whether the copy was accepted or refused, posting a policy statement or including it in the client’s orientation packet, etc.*

(4) Where consent is not required, the project personnel shall:
(i) Fully document the disclosure in the client records.

(ii) Inform the client, as readily as possible, that the information was disclosed, for what purposes and to whom.

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Projects and Coordinating Bodies: Disclosure of Client-Oriented Information. With or without the client’s consent, information may be released to those judges who have imposed sentence on a particular client where such sentence is conditioned upon the client entering a project. Information released shall be limited to that provided for in subsection (b) of this section.

With or without the client’s consent, information may be released to those duly authorized probation or parole officers who have assigned responsibility to clients in treatment if the client’s probation or parole is conditioned upon his being in treatment. Information released shall be limited to that provided for in subsection (b) of this section. With or without the client’s consent information may be released to judges who have assigned a client to a project under a pre-sentence, conditional release program. Pre-sentence conditional release programs include pre-indictment or pre-conviction conditional release (such as ARD) probation without verdict or disposition in lieu of trial pursuant to section 17 and 18 of Act 64 (35 P.S. 780-117 and 780-118).

In emergency medical situations where the client’s life is in immediate jeopardy, projects may release client records without the client’s consent to proper medical authorities solely for the purpose of providing medical treatment to the client.

Information released to judges, probation or parole officers, insurance company, health or hospital plan or governmental officials, pursuant to paragraphs (1), (2), (4), (7), (8) or subsection (a) of this section, is for the purpose of determining the advisability of continuing the client with the assigned project and shall be restricted to the following:

(1) Whether the client is or is not in treatment.

(2) Client’s prognosis.

(3) The nature of the project.

(4) A brief description of the client’s progress.

(5) A short statement as to whether the client has relapsed into drug or alcohol abuse and the frequency of such relapse.
§711.73. Client management services.

(a) The project shall adopt a written plan for the coordination of residential services which shall include, but not be limited to:

1. Defined target population.

   That portion of the general population toward whom facility services are directed.

2. Written procedures for the management of residential services for clients.

(b) The project shall obtain written letters of agreement or understanding with primary referral sources.

   Letters of agreement outlining responsibilities of the referring parties should be obtained from the social service agencies most frequently utilized by the project. Letters should be renewed every two years or more often if a project’s key staff, services or admission criteria change.

§711.74. Uniform Data Collection System.

(a) If a project utilizes Department funds, it shall comply with the Department’s UDCS.

(b) A data collection system shall be developed that allows for the efficient retrieval of data needed to measure the project’s performance.

   The project needs to demonstrate the utilization of data in relationship to program planning and evaluation.

§711.75. Notification of termination.

(a) The project director shall notify the client, in writing, of a decision to involuntarily terminate the client’s treatment at the project. The notice shall include the reason for termination.

   A copy of this notice should be maintained in the client’s record.

(b) The client shall have an opportunity to request reconsideration of a decision to terminate treatment.

   The client should be informed of this right in the termination notice itself and/or in a client rights statement disclosed to the client during intake/orientation.

   The request should be in writing and a copy maintained in the client record.
§711.76. Medication control.

When the drug and alcohol project is not physically located within the parent health care facility, it shall have a written policy regarding medications used by clients, which shall include, but not be limited to:

(1) Administration of medication.

Under Pennsylvania law, the only persons legally permitted to administer medication (controlled substances) are physicians, physician’s assistants, registered nurses and LPNs.

In projects that permit the self-administration of drugs with abuse potential, there should be a written policy and procedure governing such activity. Project decisions to permit self-administration must be based on individual needs and be undertaken in a manner that complies with any laws and regulations applicable to such acts.

Clients who receive drugs from the project for self-administration should be given instructions concerning the safe storage and usage of such drugs, and the appropriate emergency procedures to be followed if adverse reactions occur. The client receiving these drugs should be encouraged to instruct his or her family on emergency procedures, especially when there are children living with the client.

All drugs that are to be self-administered should be packaged in a manner complying with the Poison Prevention Packaging Act of 1970 and all current regulations, stemming from said Act.

(2) Drug storage areas.

The policy should include where and how drugs are stored. All drugs including those stored for clients by the project should be secured in locked containers (areas) with keys accessible only to authorized staff.

(3) Inspection of storage areas.

The policy should include what is to be verified through the inspection, who inspects, how often, and in what manner it is to be recorded.

Inspections of all drug storage areas, medication center and nurses’ stations are to be conducted at least quarterly to ensure that these areas are maintained in compliance with federal, state and local regulations. A dated record of these inspections should be maintained in order to verify that:
• Disinfectants and drugs for external use are stored separately from oral and injectable drugs;

• Drugs requiring special conditions for storage to insure stability are properly stored;

• Outdated drugs are removed;

• Administration of controlled drugs are adequately documented;

• Controlled substances and other abusible drugs are stored in accordance with federal, state and program regulations; and,

• Copies of drug-related regulations are available in appropriate areas.

(4) Methods for control and accountability of drugs.

The policy should indicate who is authorized to remove drugs from the storage area and the means of accountability for all stored drugs. A system should be developed to record drugs withdrawn indicating the name of the drug, staff person, amount, time and date.

(5) Security of drugs.

Include loss, theft, or misuse of drugs.

(6) Inventories.

The policy should state who performs the inventory, how often, and the manner of recording.

(A regular account/record of stored drugs should include the date, person performing the inventory, amount of drugs on hand, amount used, amount needed and/or amount ordered [if applicable], balance, comments, etc.)

(7) Medication errors and drug reactions.

The policy should include reporting medication errors and adverse drug reactions. A dated entry of the medication given and any drug reaction should be recorded in the client record.

§711.77. Physical plant * Reserved *

See Chapter 705. Physical Plant Standards