

2. Clients receive a wide range of care management, treatment, psychiatric rehabilitation and individual care services.

F. Residential Programs for Substance Use Disorders

1. The provider must utilize the ASAM Criteria <https://www.asam.org/resources/the-asam-criteria/about> to determine the appropriate level of residential care and be able to provide the array of services based on the appropriate placement level, including medication assisted treatment options.
  - a. Biopsychosocial assessments must be completed **forty-eight (48)** hours after admission.
  - b. Justification for the selection of the ASAM level of care must be validated within the diagnostic summary of the assessment.
  - c. The individual's treatment team must complete a person-centered (treatment) plan. In addition, the following requirements related to the person-centered (treatment) plan must be met:
    - (1) A review of the person-centered plan for each person served in a residential treatment program shall occur at least once a month and documented in the treatment file.
2. The program provides active treatment seven (7) days a week based on the needs of persons served in each of the following areas:
  - a. Individual counseling/therapy;
  - b. Group counseling/therapy;
  - c. Family/support system counseling/therapy;
  - d. Relapse prevention/crisis preparation work.
3. The residential treatment program shall provide a suitable service array for the ASAM level of care as described below. The minimum requirements for each level are described below.
  - a. Level 3.5 Clinically Managed, High-Intensity Residential provides a structured, therapeutic community environment focused on addressing life skills, reintegration into the community, employment, education, and recovery.

- (1) The organization must have the ability to provide an appropriate service array for clients meeting 3.5 ASAM level criteria.
- (2) The service array shall consist of at least twelve (12) clinical services per week including individual, group and family counseling based on the client's need.

b. Level 3.3 Short-Term, Clinically Managed, Medium-Intensity is a non- acute residential level of care that focuses on stabilization, integration, employment, education, and recovery. A component of treatment may focus on habilitation due to discharge from institutional level of care.

- (1) The organization must have the ability to provide an appropriate service array for clients meeting 3.3 ASAM level criteria.
- (2) The service array shall provide at least twelve (12) clinical services per week including individual, group and family counseling, based on the client's need.

c. Level 3.1 Clinically Managed, Low-Intensity Residential Services

- (1) The organization must have the ability to provide an appropriate service array for clients meeting 3.1 ASAM level criteria.
- (2) The service array shall include at least five (5) clinical services (one (1) hour per week of clinical treatment and four (4) group and/or family sessions) per week including individual, group and family, based on the client's need.

*Management  
location* →

#### 4. Staffing

- a. Services are provided by a coordinated treatment team that includes a qualified behavioral health practitioner who coordinates the plan of the person serviced at a minimum.
- b. All non-licensed direct-care staff are required to be moving toward a certification as a Certified Advanced Alcohol and Drug Counselor (CAADC) Certified Alcohol and Drug Counselor (CADC) or at the least as a Provisional Alcohol and Drug Counselor (PADC).

- c. The program provides on-site personnel support twenty-four (24) hours day/ seven (7) days a week with assigned and trained residential personnel to meet the following staff/consumer engagement ratios:
- (1) The minimum standard staffing pattern of direct care staff to residents approved by the Department is:
    - (AA) One (1) direct care staff to eight (8) residents during periods when residents are awake (1:8). Staffing can be increased based on the acuity of the residents in the household
    - (BB) Direct care staff to resident ratio is at minimum one (1) to twenty (20) overnight (1:20).
  - (2) The provider may submit an interim staffing plan to the Department in the event the direct care staff to resident ratio is not met.

5. Organizations that provide substance use services shall have policies and procedures for urine toxicology screens (toxicology screens). These policies shall be made available to the persons served and shall include the following provision:

- a. Individuals may, at their own expense, have toxicology screens confirmed.
- b. Toxicology screens needs to be clinically appropriate and trauma informed.
- c. Random toxicology screens shall be conducted on a routine basis.

6. Residential Programs that Serve Minors. Residential programs that service minors, in addition to the licensing standards listed above, must follow these additional standards.

- a. Substance Abuse residential programs that serve minors shall provide staffing that ensures constant adult supervision at all times, including the following:

- (1) The minimum standard staffing pattern of direct care staff to residents approved by the Department is:

*do not  
serve  
minors*