



ADMINISTRATIVE RULE OF MONTANA

HEALTHCARE FACILITIES

37.106 Subchapter 14

Substance use Disorder Facility

RULE

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**37.106.1401 MINIMUM STANDARDS FOR CHEMICAL DEPENDENCY FACILITIES**

(REPEALED)

**Authorizing statute(s):** 50-5-103, MCA

**Implementing statute(s):** 50-5-201, 50-8-101, 50-8-102, 50-8-105, MCA

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**History:** NEW, 1984 MAR p. 1090, Eff. 7/27/84; TRANS, from DHES, 2002 MAR p. 185; AMD, 2022 MAR p. 57, Eff. 1/15/22; REP, 2022 MAR p. 1889, Eff. 9/24/22.



### **37.106.1411 PURPOSE**

- (1) This subchapter establishes the licensing requirements for substance use disorder facilities (SUDFs) as outlined in the ASAM Criteria.
- (2) This subchapter is applicable to treatment levels of care classified as:
  - (a) ASAM 3.7 Medically Monitored Intensive Inpatient Services;
  - (b) ASAM 3.7-WM Medically Monitored Withdrawal Management Services;
  - (c) ASAM 3.5 Clinically Managed High Intensity (adult) and Medium Intensity (adolescent) Residential Services;
  - (d) ASAN 3.3 Clinically Managed Population-Specific High Intensity (adult only) Residential Services;
  - (e) ASAM 3.2-WM Clinically Managed Residential Withdrawal Management Services;
  - (f) ASAM 3.1 Clinically Managed Low Intensity (adult or adolescent) Residential Services;
  - (g) ASAM 2.5 Partial Hospitalization Services; and
  - (h) Outpatient Substance Use Disorder Facility.

**Authorizing statute(s):** 50-5-103, 53-24-208, MCA

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-208, 76-2-411, MCA

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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10; AMD, 2022 MAR p. 1889, Eff. 9/24/22.



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### 37.106.1413 DEFINITIONS

In addition to the terms defined in 53-24-103, MCA, the following definitions shall apply in the interpretation and enforcement of the rules in this subchapter:

- (1) "Administrator" means the person in charge, care, or control of the substance use disorder facility (SUDF).
- (2) "Admission" means specific tasks necessary to admit a person to a SUDF.
- (3) "Adolescent" means a person 17 years of age or younger for purposes of receiving services in a SUDF. Persons 18, 19, and 20 may be defined as an adolescent if enrolled in accredited secondary school and the client assessment completed by a LAC or mental health professional determines their appropriateness for adolescent treatment.
- (4) "Adult" means a person 18 years of age or older for purposes of receiving services in a SUDF.
- (5) "American Society of Addiction Medicine (ASAM) Criteria" means guidelines for placement, continued stay, and transfer/discharge of individuals with addiction and co-occurring conditions, developed by the American Society of Addiction Medicine.
- (6) "Biopsychosocial assessment" means a comprehensive multidimensional assessment that includes risk ratings, addresses immediate needs, is organized in accordance with the six dimensions as described in the ASAM Criteria, and includes the following:
  - (a) presenting problem(s) and history of problem(s);
  - (b) family history;
  - (c) developmental history (including pregnancy, developmental milestones, temperament);
  - (d) substance use history;
  - (e) personal/social history;
  - (f) legal history;
  - (g) psychiatric history;
  - (h) medical history;
  - (i) spiritual history;
  - (j) diagnostic interview and mental status examination;
  - (k) physical health impressions;

- (l) diagnostic impressions;
- (m) needs, strengths, skills, and resources in each dimension; and
- (n) treatment recommendations.

(7) "Care management" means the management and coordination of services to meet individual treatment needs of a client and includes:

- (a) conducting a needs assessment;
- (b) developing, implementing, revising, or monitoring the care plan;
- (c) facilitating and coordinating treatment and services among other professionals and agencies; and
- (d) continuity of care provided by a designated member of the treatment team.

(8) "Care manager" means a designated staff member on the care team that delivers care management services to clients and works directly with each client to ensure they receive the right care at the right time by coordinating services and referrals and tracking clinical outcomes.

(9) "Clinical director" means a Licensed Addiction Counselor, Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, Licensed Marriage Family Therapist, or Clinical Psychologist responsible for the supervision and provision of skilled treatment services provided in a substance use disorder facility. The clinical director cannot be a licensure candidate.

(10) "Continuing care plan" means a plan outlining anticipated interventions needed at the time of discharge or transfer to another level of care.

(11) "Co-occurring" means an individual that is diagnosed with at least one mental health disorder along with a substance use disorder.

(12) "Critical population" means an individual who may be in need of additional services and is a priority admission to a SUDF in the following order of priority:

- (a) pregnant injecting drug users;
- (b) pregnant substance abusers;
- (c) injecting drug users;
- (d) individuals infected with the etiologic agent for acquired immune deficiency, Hepatitis B and/or C, tuberculosis (TB), or any sexually transmitted infection; and
- (e) women with dependent children.

(13) "Diagnostic and Statistical Manual of Mental Disorders or (DSM)" means the American Psychiatric Association's classification of mental disorders manual. The DSM is the standard reference for clinical practice in the mental health field.

(14) "Direct care" means the provision of providing awake supervision, treatment, or services to clients in a SUDF.

(15) "Educational group" means structured service provided in a group setting designed to educate clients about substance abuse and the consequences of substance abuse.

- (16) "Guardian" means a person appointed by a court to make medical, and possibly financial, decisions as provided in Title 72, chapter 5, MCA.
- (17) "Individualized treatment plan" means a written document as described in ARM 37.106.1440, identifying the client's medical needs, clinical needs, goals, objectives, and interventions.
- (18) "Interdisciplinary team" means a group of licensed or certified individuals trained in different professions, disciplines, or service areas who function interactively and interdependently in conducting a client's biopsychosocial assessment, individualized treatment plan, and treatment services.
- (19) "Licensed addiction counselor (LAC)" means an individual who meets the requirements set forth in 37-35-202, MCA, and ARM Title 24, chapter 154, rules implementing 37-35-202, MCA, to provide addiction counseling.
- (20) "Medical director" means a physician, licensed under requirements set forth in Title 37, chapter 3, MCA, who establishes and oversees written protocols for the provision of medical services and medication management provided in a medically monitored inpatient substance use disorder residential facility.
- (21) "Medication administration" means the direct application of a medication or device by ingestion, inhalation, injection, or any other means, whether self-administered by a resident, or administered by a parent or guardian (for a minor), or an authorized health care provider.
- (22) "Mental health professional" means a clinical psychologist, licensed clinical social worker (LCSW), licensed clinical professional counselor (LCPC), and licensed marriage and family therapist (LMFT), licensed under requirements pursuant to Title 37, chapters 17, 22, 23, or 37, MCA; or a social worker licensure candidate; professional counselor licensure candidate; or marriage and family therapist licensure candidate, registered under requirements pursuant to Title 37, chapters 22, 23, or 37, MCA. Mental health professionals cannot assume the role of care manager.
- (23) "Nurse practitioner" means a person licensed under Title 37, chapter 8, MCA.
- (24) "Parent" means the individual who has legal custody of the child.
- (25) "Physical restraint" means a personal restriction that immobilizes or reduces the ability of the free movement of an individual's arms, legs, or head. The term does not include physical escort. Physical restraint may be imposed only in emergency circumstances and only to ensure the immediate physical safety of the adolescent, a staff member, or others, when less restrictive interventions have been determined to be ineffective.
- (26) "Physician" means a person licensed under requirements pursuant to Title 37, chapter 3, MCA.
- (27) "Physician assistant" means a person licensed under requirements pursuant to Title 37, chapter 20, MCA.
- (28) "Progress note" means a written record of a treatment session or service contact. It is individualized to each client for each separate session or service, and includes the following:
  - (a) date, time in/time out, and duration of session;
  - (b) participant name;
  - (c) type and summary of session or service;
  - (d) client's participation;

- (e) documentation of measurable progress toward ITP goals and objectives;
- (f) the name and signature (with date of completion) of the staff member providing the session or service; and
- (g) documentation in the client's file within seven days of the treatment session or service contact, or there must be documentation why this did not occur.

(29) "Psychosocial rehabilitation" means a service that includes assisting adults with restoring skills related to exhibiting appropriate behavior and living with greater independence and personal choice. Services maximize the skills needed to function in the home, workplace, and community setting. Services can be provided by a rehabilitation aide.

(30) "Recovery residence" means a substance-free living environment that supports individuals in recovery from substance use disorders. Recovery residences do not provide clinical services and are excluded from licensure by the department.

(31) "Registered nurse" means a person licensed under requirements pursuant to Title 37, chapter 8, MCA.

(32) "Rehabilitation aide" means a staff member of the SUDF who provides direct services to clients. Rehabilitation aides can provide psychosocial rehabilitation services under the supervision of the LAC or mental health professional staff and has documentation of training in the service provided. Rehabilitation aides must have a minimum of a high school diploma, high school equivalency test (HiSET), or general equivalency diploma (GED).

(33) "Self-administration assistance" means providing necessary assistance to any resident in taking their medication, including:

- (a) removing medication containers from secured storage;
- (b) providing verbal suggestions, prompting, reminding, gesturing, or providing a written guide for self-administrating medications;
- (c) handing a prefilled, labeled medication holder, labeled unit dose container, syringe or original marked, labeled container from the pharmacy, or a medication organizer as described in ARM 37.106.2848 to the resident;
- (d) opening the lid of the marked, labeled container for the resident;
- (e) guiding the hand of the resident to self-administer the medication;
- (f) holding and assisting the resident in drinking fluid to assist in the swallowing of oral medications; and
- (g) assisting with removal of a medication from a container for residents with a physical disability which prevents independence in the act.

(34) "Serious incident" means any one of the following events that occurs at the facility or while participating in a facility activity:

- (a) death;
- (b) suicide attempt;
- (c) known or suspected abuse, neglect, or exploitation of a client;

- (d) physical or sexual assault;
- (e) use of physical force or restraints;
- (f) event that causes or contributes to serious injury, illness, or death of any person or poses a serious risk to the health, safety, or welfare of any person;
- (g) serious physical plant damage;
- (h) a severe weather event that presents a substantial threat to facility operation or client safety;
- (i) bomb threat; and
- (j) alleged unlawful conduct or criminal activity.

(35) "Skilled treatment services" means structured services such as individual and group counseling, medication management, family therapy, educational groups, occupational and recreational therapy, and other therapies provided to the client. Skilled treatment services do not include attendance at self/mutual help meetings, volunteer activities, or homework assignments such as watching videos, journaling, and workbooks. Skilled treatment services must be provided by clinical staff licensed pursuant to requirements adopted under Title 37, MCA.

(36) "Staff member" means a person that provides any type of service in the SUDF and is either employed, contracted, a volunteer, or participating in a trainee/intern program.

(37) "Substance use disorder" means chemical dependency, as defined in 53-24-103, MCA.

(38) "Substance use disorder facility (SUDF)" means a chemical dependency facility, as defined in 50-5-101, MCA.

(39) "Treatment plan review" means clinical review of the client's progress in treatment and determination of whether the client meets the continuing, transfer, or discharge criteria outlined in the ASAM Criteria for the current level of care.

(40) "Withdrawal management" means services required for dimension one in the ASAM Criteria; acute intoxication and/or withdrawal potential.

**Authorizing statute(s):** 50-5-103, 53-24-208, 53-24-301, MCA

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-208, 76-2-411, MCA

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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10; AMD, 2022 MAR p. 1889, Eff. 9/24/22.



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### **37.106.1415 APPLICATION OF OTHER RULES**

- (1) To the extent that other licensure rules in ARM Title 37, chapter 106, subchapter 3 conflict with the terms of this subchapter, the terms of this subchapter shall apply to a substance use disorder facility.

**Authorizing statute(s):** 50-5-103, 53-24-208, MCA

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-208, 53-24-209, 76-2-411, MCA

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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10; AMD, 2022 MAR p. 1889, Eff. 9/24/22.



### **37.106.1416 CONFIDENTIALITY**

- (1) A substance use disorder facility (SUDF) must have a written client confidentiality policy pursuant to 42 CFR Part 2.
- (2) The confidentiality policy must be reviewed with the client at the time of admission or as soon thereafter as the client is capable of rational communication.
- (3) Policy requirements must include activities to:
  - (a) inform clients that federal law and regulations protect the confidentiality of alcohol and drug abuse client records; and
  - (b) provide clients with a summary in writing of the federal law and regulations.
- (4) The written summary required in (3)(b) must include:
  - (a) a general description of limited circumstances under which a SUDF may acknowledge a client is present at a facility or disclose information identifying a client as an alcohol or drug abuser;
  - (b) a statement that violation of the federal law and regulations by a SUDF is a crime and suspected violations may be reported to appropriate authorities in accordance with these regulations;
  - (c) a statement that information related to a client's commission of a crime on the premises of the SUDF or against staff members of the SUDF is not protected;
  - (d) a statement that reports of suspected child abuse or neglect made under state law to appropriate state or local authorities are not protected; and
  - (e) a citation to the federal law and regulations.
- (5) Client consent must be obtained for each release of information to any other person or entity if required under 42 CFR Part 2. The consent for release of information must have specific information pursuant to 42 CFR Part 2.

**Authorizing statute(s):** 50-5-103, MCA

**Implementing statute(s):** 50-5-103, MCA

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**History:** NEW, 2022 MAR p. 1889, Eff. 9/24/22.



### **37.106.1420 POLICY AND PROCEDURE MANUAL REQUIREMENTS**

- (1) Each substance use disorder facility (SUDF) must develop and implement a policy and procedure manual that includes:
  - (a) the philosophy of the SUDF;
  - (b) the SUDF goals;
  - (c) a description of the population the SUDF intends to serve;
  - (d) a delineation of the services to be provided;
  - (e) screening procedures for all referrals;
  - (f) admission criteria which includes addressing priority admission protocols for critical populations;
  - (g) program limitations and exclusions;
  - (h) methods to be followed when a person is found ineligible for services including active referral to a level of care deemed appropriate through the biopsychosocial assessment;
  - (i) steps to follow for a wait list that includes unique client identifiers, referrals to other treatment facilities, and removing clients only when they cannot be located or refuse treatment;
  - (j) procedures outlining how facilities and services must provide for privacy and separation by sex;
  - (k) steps to ensure smoking is not permitted, as required under the Montana Clean Indoor Air Act;
  - (l) the management, storage, and disposal of prescription and over the counter drugs if applicable as stated in ARM 37.106.1457;
  - (m) client transportation;
  - (n) drug and alcohol laboratory testing methods, collection, and storage procedures, including:
    - (i) how testing is used as part of a non-punitive therapeutic process including how the use of testing and results become part of the client's treatment plan; and
    - (ii) process addressing client refusal to submit for laboratory testing or drug and alcohol screening and confirmation testing;

- (o) arranging for medical and mental health services when clinically indicated in the biopsychosocial assessment or treatment plan reviews for all clients and within 48 hours of admission for critical populations;
- (p) screening clients for critical populations at the time of admission;
- (q) limitations and requirements of group counseling sessions to include client/staff member ratio, appropriate for the level of care being rendered;
- (r) provision of services to family members and significant others;
- (s) medical emergencies;
- (t) youth program policies in ARM 37.106.1455; and
- (u) any additional policy and procedures as required by this subchapter.

**Authorizing statute(s):** 50-5-103, 53-24-208, MCA

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-207, 53-24-208, 53-24-306, 76-2-411, MCA

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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10; AMD, 2022 MAR p. 1889, Eff. 9/24/22.



### **37.106.1425 GOVERNANCE AND ADMINISTRATION**

- (1) The substance use disorder facility (SUDF) must establish a governing body or oversight committee with responsibility for operating and maintaining the SUDF.
- (2) The governing body or oversight committee must provide organizational oversight to ensure that adequate resources are available to ensure staff members provide safe and adequate care.
- (3) The governing body or oversight committee must establish written policies and procedures that:
  - (a) govern the organization and functions of the SUDF;
  - (b) establish procedures for selecting and periodically evaluating a qualified administrator to ensure the administrator carries out the goals and policies of the governing body or oversight committee;
  - (c) implement all state and federal requirements;
  - (d) establish accounting and fiscal procedures;
  - (e) describe how updates and changes are reviewed with and implemented by staff member(s); and
  - (f) include annual review of the quality improvement report by the governing body or oversight committee.
- (4) Each SUDF must have an administrator that is responsible for, and must be familiar with the daily operation of, the SUDF.
- (5) The administrator must:
  - (a) be qualified through appropriate knowledge, experience, and capabilities to supervise and administer the services properly;
  - (b) be available, or ensure a designated alternate who has similar qualifications is available, to carry out the goals, objectives, and standards of the governing body or oversight committee and to implement the rules of this subchapter; and
  - (c) review progress on the quality improvement plan with the governing body or oversight committee on a quarterly basis.
- (6) The SUDF must maintain professional liability and general liability insurance.

**Authorizing statute(s):** 50-5-103, 53-24-208, MCA

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-301, MCA



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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10; AMD, 2022 MAR p. 1889, Eff. 9/24/22.



### **37.106.1426 REPORTING REQUIREMENTS**

- (1) All serious incidents, as defined in ARM 37.106.1413, must be reported to the Department of Public Health and Human Services, Office of Inspector General, Licensure Bureau, within 24 hours. The report must be in writing and must include:
  - (a) the date and time of the incident;
  - (b) all clients and staff members involved; and
  - (c) a description of the incident and the circumstances surrounding it.
- (2) A copy of the incident report must be maintained at the SUDF.
- (3) A SUDF must report a change in administrator prior to the effective date of change.
- (4) Changes in the facility location, use, or number of facility beds cannot be made without written notice to, and written approval received from, the department.

**Authorizing statute(s):** 50-5-103, MCA

**Implementing statute(s):** 50-5-103, MCA

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**History:** NEW, 2022 MAR p. 1889, Eff. 9/24/22.



### **37.106.1427 ABUSE OR NEGLECT REQUIREMENTS**

- (1) A substance use disorder facility (SUDF) must require each staff member to read and sign a statement that:
  - (a) clearly defines child abuse and neglect as defined in 41-3-102, MCA;
  - (b) clearly defines abuse, neglect, and exploitation of an older person or a person with a developmental disability as defined in 52-3-803 MCA; and
  - (c) outlines the individual's responsibility to report all known or suspected incidents of abuse, neglect, or exploitation of any client within 24 hours.
- (2) Any SUDF staff member who knows or has reasonable cause to suspect an incident of child abuse or neglect has occurred must make a report within 24 hours of the incident to the SUDF administrator, or a person designated by the SUDF administrator, and to the state child abuse hotline (866) 820-5437 as required in 41-3-201, MCA.
- (3) Any SUDF staff member who knows or has reasonable cause to suspect an incident of abuse, neglect, or exploitation of a vulnerable adult has occurred must make a report within 24 hours of the incident to the SUDF administrator, or a person designated by the SUDF administrator and to Adult Protective Services or other bodies as required in 52-3-811, MCA.
- (4) In addition to reporting requirements in (2) and (3), the SUDF must also make a report to the Office of Inspector General, Licensing Bureau in writing within 24 hours of any allegations of client abuse, neglect, or exploitation within the SUDF.
- (5) The SUDF must document, in writing, that the proper authorities have been contacted and the abuse, neglect, or exploitation has been reported.
- (6) The SUDF must fully cooperate with any investigation conducted because of the report.
- (7) The SUDF must have written policies for handling suspected incidents of abuse, neglect, or exploitation, including:
  - (a) procedures for ensuring staff members suspected of abuse, neglect, or exploitation do not continue to provide direct care until an investigation is completed;
  - (b) development of a safety plan, approved by the department, which protects the client and staff member until the investigation is complete; and
  - (c) procedures for taking appropriate disciplinary measures against any staff member involved in an incident of client abuse, neglect, or exploitation upon validation of the allegation, including:

- (i) termination of employment;
- (ii) retraining of the staff member; or
- (iii) any other appropriate action by the SUDF geared toward the prevention of future incidents of client abuse, neglect, or exploitation.

**Authorizing statute(s):** 50-5-103, MCA

**Implementing statute(s):** 50-5-103, MCA

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**History:** NEW, 2022 MAR p. 1889, Eff. 9/24/22.



### **37.106.1430 PERSONNEL POLICY MANUAL REQUIREMENTS**

- (1) The substance use disorder facility (SUDF) must have a written personnel policy manual which includes the following:
  - (a) screening and hiring procedures for all applicants including criminal and protective service history disqualifiers the SUDF uses in making an employment fitness determination;
  - (b) job qualifications for each position;
  - (c) job descriptions or contract agreements which describe the nature and extent of client care services of each position;
  - (d) organizational chart including the supervisory structure;
  - (e) process for conducting staff member performance evaluations;
  - (f) actions to be taken if staff members misuse alcohol or other drugs;
  - (g) defining staff member ethical standards of conduct, including reporting of unprofessional conduct to appropriate authorities;
  - (h) staff member grievance procedures; and
  - (i) trainee/intern or volunteer requirements as required in ARM 37.106.1435.

**Authorizing statute(s):** 50-5-103, 53-24-208, MCA

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-208, MCA

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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10; AMD, 2022 MAR p. 1889, Eff. 9/24/22.



### **37.106.1432 PERSONNEL FILE REQUIREMENTS**

- (1) The substance use disorder facility (SUDF) must maintain a current secured personnel file for each staff member. The file must include:
  - (a) a criminal history background information check;
  - (b) a Montana Child Protective Services check for SUDFs serving or housing adolescents;
  - (c) documentation of all required orientation and ongoing training;
  - (d) an annual performance review signed and dated by the staff member and supervisor;
  - (e) copies of certification or licensure documents necessary for the staff member's position and/or title;
  - (f) evidence of an independent contractor status and contractual agreements for contracted staff members;
  - (g) a signed statement acknowledging the staff member has been oriented and agrees to abide by all confidentiality requirements;
  - (h) resume or job application;
  - (i) disciplinary actions and grievances; and
  - (j) a copy of a current job description which includes:
    - (i) job title;
    - (ii) minimum qualifications for the position; and
    - (iii) summary of duties and responsibilities.

**Authorizing statute(s):** 50-5-103, 53-24-208, MCA

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-208, MCA

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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10; AMD, 2022 MAR p. 1889, Eff. 9/24/22.



### **37.106.1434 STAFF MEMBER TRAINING**

- (1) A substance use disorder facility (SUDF) must have written policies, procedures, and initial and ongoing training curriculum to meet minimum requirements in this rule.
- (2) All staff members supervising, or providing, direct contact with clients must complete orientation training prior to supervising, or providing, direct care consisting of the following requirements:
  - (a) an overview of the SUDF policies, procedures, organization, and services;
  - (b) mandatory adult and child abuse, neglect, and exploitation reporting laws;
  - (c) fire safety, including emergency evacuation routes;
  - (d) confidentiality;
  - (e) suicide ideation and referral procedures;
  - (f) emergency medical procedures;
  - (g) documentation requirements;
  - (h) client rights and client grievance process;
  - (i) blood and air-borne pathogens;
  - (j) crisis prevention and de-escalation techniques; and
  - (k) upon completion of the orientation, the SUDF must complete a competency assessment for each staff member's ability to apply knowledge of material learned. Assessment results must be documented in each staff member's personnel file.
- (3) Staff members supervising or providing direct care to clients must complete the following certification training within six months of hire:
  - (a) first aid;
  - (b) cardio-pulmonary resuscitation (CPR) that includes direct instruction of the practical and demonstrated applications of CPR methods as taught by an instructor from an accredited entity; and
  - (c) physical restraint training for adolescent programs utilizing physical restraint.
- (4) Staff members must maintain and update trainings and certifications in (3) as required.
- (5) Staff members providing direct care to clients must not work unsupervised with clients without completing requirements in (3).

- (6) The SUDF must ensure 20 hours of annual training is provided for staff members providing direct care to improve proficiency in their knowledge and skills for the level of care provided.
- (7) All training must be documented and kept on file for each staff member.
- (8) All staff members working with adolescents must have training in adolescent development.

**Authorizing statute(s):** 50-5-103, MCA

**Implementing statute(s):** 50-5-103, MCA

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**History:** NEW, 2022 MAR p. 1889, Eff. 9/24/22.



### **37.106.1435 TRAINEES/INTERNS OR VOLUNTEER REQUIREMENTS**

- (1) If the substance use disorder facility (SUDF) participates in a trainee/intern practicum or has volunteers, they must have the following:
  - (a) policies and practices assuring the safety of clients;
  - (b) a description of the training or volunteer work to be provided at the SUDF for trainees, interns, or volunteers, respectively, and any limitations;
  - (c) a description of how supervision of the trainees/interns or volunteers will be provided;
  - (d) policies and procedures to ensure trainee/interns or volunteers meet the qualifications of the position to which the person is assigned; and
  - (e) a written agreement with each educational institution using the SUDF as a setting for student practice, including:
    - (i) a description of the nature and scope of student activity at the SUDF.
- (2) Volunteers must not be part of client/staff ratios or provide unsupervised direct care to clients.
- (3) Volunteers must meet the requirements of ARM 37.106.1432(1)(a), (b), (c).
- (4) For purposes of this subchapter, trainees/interns are considered to be a staff member of the SUDF.

**Authorizing statute(s):** 50-5-103, 53-24-208, MCA

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-208, MCA

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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10; AMD, 2022 MAR p. 1889, Eff. 9/24/22.



### **37.106.1440 CLINICAL REQUIREMENTS**

- (1) Each client must have an individualized treatment plan (ITP) developed by an interdisciplinary treatment team.
- (2) ITPs must include:
  - (a) the client's name, diagnoses, treatment plan date, and treatment plan review dates;
  - (b) the names of treatment team members who are involved in the client's treatment;
  - (c) the individualized client strengths;
  - (d) the problem area(s) that will be the focus of treatment to include symptoms, behaviors, and/or functional impairments;
  - (e) the treatment goals, objectives, and interventions that are person centered and recovery oriented;
  - (f) the description of the type, duration, and frequency of the intervention(s) and services(s);
  - (g) expected dates of completion;
  - (h) an educational plan for youth; and
  - (i) the client's level of functioning that will indicate when a service is no longer required.
- (3) ITPs and treatment plan reviews must be completed with the client and include the client's legal guardian and at least one qualified licensed professional. The treatment plan and treatment plan reviews must be signed and dated by interdisciplinary team members, the client, and the client's legal guardian (if applicable).
  - (a) Additional service providers must be contacted and encouraged to participate as clinically indicated.
- (4) ITPs must be completed within:
  - (a) 24 hours of admission for ASAM 3.7, 3.7-WM and 3.2-WM;
  - (b) 48 hours of admission for ASAM 3.5;
  - (c) seven days of admission for ASAM 3.3 and 3.1; and
  - (d) five contacts or 21 days from the first contact, whichever is later, for outpatient facilities.
- (5) Treatment plan reviews must be completed:
  - (a) every three days from the admission date for ASAM 3.7, 3.7-WM and 3.2-WM.

- (b) every seven days from the admission date for ASAM 3.5;
- (c) every 30 days from the admission date for ASAM 3.1;
- (d) every 14 days from the admission date for ASAM 2.5; and
- (e) every 90 days from the admission date for outpatient facilities.

(6) Treatment plan reviews must include:

- (a) documentation regarding the client's response to treatment;
- (b) review of the client's progress in all six dimensions; and
- (c) progress towards goals and objectives that result in either an amended ITP or a statement of the continued appropriateness of the existing plan.

(7) A continuing care plan must be given to the client and, if applicable, the client's legal guardian/parent, representative or guardian at the time of discharge and must include, if applicable:

- (a) client's name, date of birth, admission and discharge dates, and reason for placement and discharge;
- (b) a written summary of services provided, including the client's participation and progress in the SUDF, contact information of licensed health care providers who conducted evaluations and treatment, and condition of the client at the time of discharge;
- (c) goals for continuing care and recovery;
- (d) community substance use treatment provider's contact name, contact number, and time and date of an initial appointment;
- (e) health care follow-up including provider's contact name, contact number, and initial appointment (if necessary);
- (f) current medications, dosage taken, number of times per day, and name of prescribing licensed health care professional;
- (g) name and contact number of the client's recovery supports;
- (h) housing and employment plan;
- (i) medical, dental, and psychiatric care received during placement;
- (j) adolescent's educational status (if applicable); and
- (k) signature of the client and of the staff member who prepared the plan.

**Authorizing statute(s):** 50-5-103, 53-24-208, MCA

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-207, 53-24-208, 76-2-411, MCA

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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10; AMD, 2022 MAR p. 1889, Eff. 9/24/22.



### 37.106.1450 CLIENT RIGHTS

- (1) The substance use disorder residential facility (SUDF) must develop and maintain a client rights policy that supports and protects the state and federal constitutional and statutory rights, including civil rights, of all clients. These must include the right to:
  - (a) receive treatment free of unlawful discrimination;
  - (b) receive reasonable accommodations, consistent with federal and state law;
  - (c) receive treatment in the least restrictive environment, consistent with law, in a manner sensitive to individual needs and which promotes dignity and self-respect;
  - (d) have clinical and personal information treated in accordance with state and federal statutes and regulations;
  - (e) the opportunity to review their own treatment records in the presence of the administrator or designee, consistent with 45 CFR 164.524 and other state and federal confidentiality statutes and regulations;
  - (f) be fully informed of fees charged, including fees for copying records to verify treatment and methods of payment available;
  - (g) be free from abuse, neglect, harassment, and financial exploitation by staff members or clients;
  - (h) have grievances considered in a fair and timely manner, with respect to infringements of rights described in this rule;
  - (i) educational services provided to adolescents within inpatient/residential settings in accordance with Montana state law;
  - (j) client orientation to SUDF rules, responsibilities, and any sanctions that may be imposed for failure to comply with the SUDF rules;
  - (k) reasonable visitation and access to telephone communication within inpatient/residential settings;
  - (l) send and receive mail within inpatient/residential settings;
  - (m) regular physical exercise several times per week within inpatient/residential settings; and
  - (n) be given a 30-day notice in the event of a SUDF closure or treatment service cancellation and:
    - (i) provided assistance with relocation into similar treatment services, if available;

- (ii) be given refunds to which the client is entitled; and
- (iii) be advised how to access records to which the client is entitled.

(2) The SUDF must inform each client and his or her representative, in an understandable manner, of the rights policy, treatment methods, and rules applicable to the client, at the time of admission or as soon thereafter as the client is capable of rational communication.

(3) The client and staff member reviewing the policy must sign a statement acknowledging the review. The statement must be maintained in the client's record.

(4) The SUDF must post a copy of clients' rights in a conspicuous place in the facility accessible to clients and staff members.

**Authorizing statute(s):** 50-5-103, 53-24-208, MCA

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-306, 76-2-411, MCA

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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10; AMD, 2022 MAR p. 1889, Eff. 9/24/22.



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### **37.106.1452 CLIENT RECORD MAINTENANCE AND SYSTEM REQUIREMENTS**

- (1) Each substance use disorder facility (SUDF) must have a comprehensive secure client record system maintained in accordance with 42 CFR Part 2.
- (2) Each SUDF must have written procedures which regulate and control access to and use of client records.
- (3) In case of a SUDF closure, the SUDF closing its treatment agency must arrange for continued management of all client records.

**Authorizing statute(s):** 50-5-103, 53-24-208, MCA

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-306, 76-2-411, MCA

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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10; AMD, 2022 MAR p. 1889, Eff. 9/24/22.



### **37.106.1454 CLIENT RECORD CONTENT REQUIREMENTS**

- (1) The substance use disorder residential facility (SUDF) must develop and implement procedures to ensure each client record is available on-site and includes:
  - (a) demographic information;
  - (b) a substance related disorder diagnosis and supporting documentation for diagnosis;
  - (c) biopsychosocial assessment including diagnosis showing the rationale for admission;
  - (d) signed documentation the client was informed of federal confidentiality requirements and received a copy of the client notice as required in ARM 37.106.1416;
  - (e) signed documentation the client received orientation to the SUDF's treatment services, infectious disease information, and disaster plan described in ARM 37.106.322;
  - (f) a voluntary consent to treatment signed and dated by the client or legal guardian;
  - (g) individualized treatment plan and treatment plan reviews;
  - (h) progress notes;
  - (i) clinical notes;
  - (j) continuing care plan;
  - (k) medication records, if applicable;
  - (l) laboratory reports, if applicable;
  - (m) authorizations for release of information, as needed;
  - (n) copies of all correspondence related to the client, including any court orders and reports of noncompliance; and
  - (o) documentation pertaining to client receipt of grievance policies and procedures.
  - (p) documentation of any client-filed written grievances and resolution;
  - (q) documentation the client received a copy of the client rights policy and the client's signature indicating he/she received the policy; and
  - (r) documentation of school educational courses attended or provided.

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-208, 53-24-209, 76-2-411, MCA

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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10; AMD, 2022 MAR p. 2040, Eff. 9/24/22.



### **37.106.1455 ADOLESCENT FACILITIES**

- (1) In addition to policies required throughout this rule, a SUDF licensed to serve adolescents must have written policies and procedures that address:
  - (a) limiting admission to adolescents 17 years of age or younger or adolescents 18, 19, and 20 years of age if a client is enrolled in certified secondary school, and the assessment completed by a LAC or mental health professional with substance use in the scope of their license determines their appropriateness for adolescent treatment;
  - (b) age-appropriate treatment;
  - (c) separation of adolescents from adults in all characteristics of the treatment process;
  - (d) separation of adolescents from adults in all non-treatment aspects including eating, sleeping, bathing, and recreation activities; and
  - (e) staffing patterns to ensure staff members of the same sex as clients are present at all times.
- (2) The SUDF must maintain the minimum client to direct care staff ratios:
  - (a) from 7:00 a.m. to 11:00 p.m.: eight adolescents to one direct care staff;
  - (b) from 11:00 p.m. to 7:00 a.m.: 12 adolescents to one direct care staff; and
  - (c) programs must have at least one awake night staff in each building or unit housing adolescents.
- (3) The SUDF must:
  - (a) allow communication between the adolescent and the adolescent's parent or legal guardian a minimum of one time per week and facilitate the communication when clinically appropriate;
  - (b) provide family therapy as indicated in the individualized treatment plan or document reasons why family therapy may not be provided;
  - (c) notify the parent or legal guardian within two hours of any serious incident as defined in ARM 37.106.1413 involving the adolescent;
  - (d) discharge the adolescent to the care of the adolescent's parent or legal guardian. For emergency discharge and when the parent or legal guardian is not available, the program must contact the appropriate authority; and
  - (e) only admit adolescents with the written consent of the adolescent's parent or legal guardian.

- (4) The SUDF must have protocols for evaluating the treatment implications and safety concerns for determining whether being placed in a room with another specific adolescent is appropriate.
- (5) In no circumstances should adolescents of more than three years age difference be placed in the same room.
- (6) Adolescent facilities utilizing physical restraints must have written policies and procedures governing the appropriate use of crisis intervention and physical restraint strategies including:
  - (a) training for all staff in crisis intervention, de-escalation, and physical restraint by a state approved or nationally recognized program;
  - (b) that crisis prevention and de-escalation techniques are the preferred methods and must be used first to manage behavior;
  - (c) physical restraint must only be used to safely control an adolescent until the adolescent can regain control of the adolescent's own behavior;
  - (d) prohibit the use of physical restraint if an adolescent has a documented physical condition that would contradict its use unless a health care professional has previously and specifically authorized its use in writing. Documentation must be maintained in the adolescent's client record; and
  - (e) prohibiting the use of prone physical restraints.
- (7) Physical restraint must only be used in the following circumstances:
  - (a) when the adolescent has failed to respond to de-escalation techniques, and it is necessary to prevent harm to the adolescent or others; or
  - (b) when an adolescent's behavior puts themselves or others at substantial risk of harm and the adolescent must be forcibly moved.
- (8) Physical restraint must be used only by staff members who are specifically trained and certified in physical restraint techniques.
- (9) The SUDF must document the following for each physical restraint:
  - (a) adolescent's behavior which required the physical restraint;
  - (b) specific attempts to de-escalate the situation before using physical restraint;
  - (c) length of time the physical restraint was applied, including documentation of the time the restraint began and ended;
  - (d) identity of specific staff member(s) involved in administering the physical restraint;
  - (e) type of physical restraint used;
  - (f) any injuries to the adolescent resulting from the physical restraint; and
  - (g) a face-to-face debriefing completed within 24 hours of the restraint, including:
    - (i) the staff member(s) and adolescent involved in the physical restraint;
    - (ii) providing the adolescent and staff involved the opportunity to discuss the circumstances resulting in the use of the restraint; and

- (iii) strategies that could be used by the staff, the adolescent, and/or others that could prevent the future use of restraint.
- (10) The SUDF must provide access to an educational program appropriate to the needs of the youth and comply with state school attendance laws, as provided in Title 20, chapter 5, MCA.
- (11) Group counseling sessions must be provided by a licensed addiction counselor or mental health professional and must not exceed eight adolescents to one adult staff member.
- (12) All staff members working directly with adolescents must be at least 21 years of age.
- (13) The SUDF must not employ any staff member that has a substantiation of child abuse or neglect.

**Authorizing statute(s):** 50-5-103, MCA

**Implementing statute(s):** 50-5-103, MCA

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**History:** NEW, 2022 MAR p. 1889, Eff. 9/24/22.



### **37.106.1456 CARE MANAGEMENT**

- (1) In addition to the requirements established in this subchapter, each SUDF must provide care management services and comply with the requirements established in this rule.
- (2) A care manager must have a bachelor's degree in a human services field, an equivalent combination of education and experience, or a minimum of two years of experience serving individuals with behavioral health issues. Evidence of experience must be documented in the employee personnel record.
- (3) Care management services must be provided by staff whose primary duty is the provision of care management services.
- (4) The SUDF must develop written policies and procedures addressing the independence of the care manager and care management program. At a minimum, the policies and procedures must address:
  - (a) the care manager's role in conflicts between the client and the SUDF or other agencies;
  - (b) the ability of the care manager to freely advocate for services from the SUDF or other agencies on behalf of the client;
  - (c) the relationship between the licensed addiction counselor or mental health professional and the care manager;
  - (d) the obligation to report information to the SUDF staff that the client has requested to be kept confidential; and
  - (e) the ability of the care manager to contact an advocacy organization if the care manager believes the SUDF is unresponsive to the needs of the client.

**Authorizing statute(s):** 50-5-103, MCA

**Implementing statute(s):** 50-5-103, MCA

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**History:** NEW, 2022 MAR p. 1889, Eff. 9/24/22.



### **37.106.1457 MEDICATION STORAGE AND ADMINISTRATION**

- (1) A substance use disorder facility (SUDF) must have a written policy addressing requirements for the storage, administration, and disposal of prescription, nonprescription, and over-the-counter medication.
  - (a) Policies must include protocols for daily monitoring, counting of stored narcotics and other medication that has the potential for abuse.
- (2) All medication must be:
  - (a) kept in a locked non-portable container or in a locked medical room; and
  - (b) stored in its original container with the original prescription label.
- (3) For assistance with self-administration of medications outside of the facility, all medications must be in the possession of a staff member trained to assist with the self-administration of medications.
- (4) Staff members assisting with medication self-administration must be trained to assist in proper medication procedures.
  - (a) Upon completion of the training, the SUDF must test each staff member's knowledge and observe staff demonstrating the skills of such materials. Test results must be documented in each staff member's personnel file.
- (5) All medications must be ordered by a licensed health care professional working within the scope of his/her practice. All prescription orders must contain the dosage to be given.
- (6) A written record of all medications self-administered by a client must be maintained. The record must include:
  - (a) client's name;
  - (b) name and dosage of medication;
  - (c) date and time the medication was taken or was refused by the client;
  - (d) name of the staff member who assisted in the self-administration of the medication; and
  - (e) documentation of any medication error, the results of such error, any effects observed, and any action taken to address such error.
- (7) A written record of all medications administered by a licensed health care professional must be maintained and meet documentation requirements for medication administration under the professional's individual license.

- (8) Prescribed medication must not be stopped or changed in dosage or administration without first consulting a licensed health care professional, as defined in ARM 37.106.2805. Consultation results must be recorded in the client's record. The licensed health care professional must document, in writing, any changes to medication. This documentation must be kept as part of the client's record.
- (9) Placing case workers, parents, or custodial guardians must be notified of all medications prescribed to adolescents, including medication changes.
- (10) All unused and expired medication must be properly disposed of and documented in the client's record.
- (11) A SUDF cannot require clients to discontinue the use of any medication prescribed by a licensed health care professional for admission.

**Authorizing statute(s):** 50-5-103, MCA

**Implementing statute(s):** 50-5-103, MCA

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**History:** NEW, 2022 MAR p. 1889, Eff. 9/24/22.



### **37.106.1458 COMMUNICABLE DISEASE CONTROL**

- (1) The SUDF must develop and implement an infection prevention and control program and review the program annually.
- (2) The SUDF must have written policies and procedures regarding infection prevention and control which include:
  - (a) procedures to identify high risk individuals;
  - (b) specific procedures to address tuberculosis (TB), Hepatitis A, Hepatitis C, sexually transmitted infections (STI), and human immunodeficiency virus (HIV); and
  - (c) the identification of methods used to protect, contain, or minimize the risk to clients, staff members, and visitors.
- (3) The administrator or designated person is responsible for the direction, provision, and quality of infection prevention and control services.
- (4) Facilities must implement TB screening for all staff members and clients based upon an annual TB Risk assessment as set forth by the Montana Tuberculosis Prevention and Control Program pursuant to ARM Title 37, chapter 114, subchapter 10. Risk assessment and TB manuals are found at <https://dphhs.mt.gov/publichealth/cdepi/diseases/Tuberculosis/>.

**Authorizing statute(s):** 50-5-103, MCA

**Implementing statute(s):** 50-5-103, MCA

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**History:** NEW, 2022 MAR p. 2025, Eff. 9/24/22.



### **37.106.1460 QUALITY MANAGEMENT REQUIREMENTS**

- (1) The substance use disorder facility (SUDF) must have a quality management committee that is representative of the SUDF's administration and staff members.
- (2) The quality management committee must meet on a quarterly basis and is responsible for:
  - (a) developing a written plan for a continuous quality improvement program that is applicable to the entire organization;
  - (b) implementing the quality improvement plan and monitoring the quality and appropriateness of services;
  - (c) identifying problems, taking corrective action as indicated, and monitoring results of those actions; and
  - (d) at least annually, reviewing and updating the quality improvement plan.
- (3) The quality improvement program must include at a minimum:
  - (a) administrative processes;
  - (b) fiscal processes;
  - (c) clinical services;
  - (d) client outcomes; and
  - (e) a process for reviewing serious incidents, grievances and complaints, and medication errors.
- (4) The SUDF must prepare and maintain on file an annual report including improvements made as a result of the quality management plan.

**Authorizing statute(s):** 53-24-208, MCA

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-208, 76-2-411, MCA

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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10; AMD, 2022 MAR p. 1889, Eff. 9/24/22.



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**37.106.1462 REQUIRED OUTCOME MEASURES**

(REPEALED)

**Authorizing statute(s):** 50-5-103, 53-24-208, MCA

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-208, 76-2-411, MCA

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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10; REP, 2022 MAR p. 1889, Eff. 9/24/22.



### 37.106.1466 PETS

- (1) When pets are kept on the premises, the SUDF must write and adhere to procedures for their care and maintenance.
- (2) When animals are kept on the premises, the following conditions must be met:
  - (a) proof of current vaccinations must be kept on file at the facility;
  - (b) pets not confined in enclosures must be under control;
  - (c) pets must not present a danger to clients, staff members, or visitors;
  - (d) pets are not permitted in food preparation, storage, or dining areas during meal preparation time or during meal service or in an area where their presence would create a significant health or safety risk to others;
  - (e) staff members and clients must wash their hands after handling animal food and animal waste;
  - (f) pets must be kept clean and disease-free;
  - (g) pet enclosures, bedding, equipment, and supplies are kept clean and in good repair; and
  - (h) protocols are in place to address how reasonable accommodations will be made for clients and staff members with allergies to animals housed in the facility or who may visit the facility as part of a therapeutic treatment program.
- (3) The SUDF will not keep or bring in ferrets, turtles, iguanas, lizards, or other reptiles, psittacine birds (birds of the parrot family), or any wild or dangerous animals.
- (4) This rule does not apply to service animals.

**Authorizing statute(s):** 50-5-103, MCA

**Implementing statute(s):** 50-5-103, MCA

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**History:** NEW, 2022 MAR p. 1889, Eff. 9/24/22.



### 37.106.1467 FOOD SERVICE

- (1) An inpatient or residential SUDF must establish policies and procedures for standards relative to safe food handling, storage, preparation, and serving, to prevent food spoilage and the transmission of infectious disease. The policies and procedures must include provisions that:
  - (a) all food must be from an approved source and shall be transported, stored, covered, prepared, and served in a sanitary manner to prevent contamination;
  - (b) food must be free from adulteration or other contamination and must be safe for human consumption;
  - (c) food removed from the original container must be dated, labeled, and sealed;
  - (d) milk and other dairy products must be pasteurized;
  - (e) use of home canned foods other than jams, jellies, and fruits is prohibited;
  - (f) use of thermometers is required to check food temperatures;
  - (g) cold storage of potentially hazardous food must be at 41 F or below;
  - (h) frozen food must be kept frozen;
  - (i) hot storage of potentially hazardous food must be 135 F or above;
  - (j) each type of food must be stored and arranged so that cross-contamination of one type with another is prevented;
  - (k) raw fruits and vegetable must be thoroughly washed in potable water to remove soil and other contaminants before being cut, combined with other ingredients, cooked, served, or offered for human consumption in ready-to-eat form. Fruits and vegetables may be washed by using chemicals approved by the U.S. Environmental Protection Agency;
  - (l) food packages must be in good condition and protect their contents, so that the food is not exposed to adulteration or potential contaminants; and
  - (m) packaged food may not be stored in direct contact with water or undrained ice if the food package could allow water entry.
- (2) The facility must have conveniently located hand washing facilities, supplied with hand soap, disposable towels kept clean in a dispenser, and a cleanable trash can.
- (3) Staff handling or preparing food shall thoroughly wash hands, wrists, and exposed arms with soap and warm running water for at least 20 seconds:

- (a) before touching anything used to prepare food;
- (b) before touching food that will not be cooked;
- (c) after touching raw meat, fish, or poultry;
- (d) after cleaning, handling dirty dishes, removing garbage, or storing supplies;
- (e) after using the toilet facilities;
- (f) after eating or drinking;
- (g) after touching the face, hair, or skin;
- (h) after blowing the nose, coughing, or sneezing; and
- (i) after touching any soiled object.

(4) After handwashing, hands must be dried, and faucets turned off with a clean paper towel.

(5) If used, chemical hand sanitizers must be followed by thorough hand rinsing before contact with food.

(6) General health and safety requirements include the following:

- (a) use of clean cutting boards, knives, can openers, and other equipment and utensils for each type of food preparation to prevent cross-contamination;
- (b) a person with symptoms of a communicable disease that can be transmitted to foods or who is a carrier of such a disease may not work with food, clean equipment, or clean utensils;
- (c) kitchenware, tableware, and food contact surfaces must be washed, rinsed, and completely dried after each use; and
- (d) sinks used for food preparation must be cleaned before beginning the preparation of the food.

(7) A domestic style dishwasher may be used only if it is equipped with a heating element and the following conditions are met:

- (a) the dishwasher must have water at a temperature of at least 165 F when it enters the machine, if it uses hot water for sanitization; and
- (b) at least a two-compartment sink must be available as a backup in the event the dishwasher becomes inoperable.

(8) If a two-compartment sink is used, all dishware, utensils, and food service equipment must be thoroughly cleaned in the first sink compartment with a hot detergent solution that is kept clean and at a concentration indicated on the manufacturer's label and sanitized in the second compartment by immersion in any chemical sanitizing agent.

(9) Food must be served in amounts and variety sufficient to meet the nutritional needs of each client.

(10) At least three meals must be offered daily and at regular times, with not more than a 12-hour span between an evening meal and breakfast unless a nutritious snack is available in the evening, then up to 14 hours may lapse between a substantial evening meal and breakfast.

(11) Records of menus as served must be on file for three months after the date of service for review by the department.

- (12) The SUDF must provide for therapeutic or special diets ordered by the client's licensed health care professional.
- (13) A minimum of a one-week supply of non-perishable foods and a two-day supply of perishable foods must be available on the premises.

**Authorizing statute(s):** 50-5-103, MCA

**Implementing statute(s):** 50-5-103, MCA

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**History:** NEW, 2022 MAR p. 2040, Eff. 9/24/22.



### **37.106.1468 OUTPATIENT SUBSTANCE USE DISORDER FACILITY**

- (1) To be licensed to provide SUD services in an outpatient setting, a SUDF must meet the following staffing requirements:
  - (a) clinical director;
  - (b) licensed addiction counselors or mental health professionals in sufficient numbers to provide counseling and therapy services to patients with substance use disorders as described by this chapter and in accordance with the patients' individualized treatment plans; and
  - (c) care managers in sufficient numbers to provide services to patients required by this chapter and in accordance with the patients' individualized treatment plans.
- (2) Skilled treatment services must be provided by an interdisciplinary team of appropriately licensed, certified, and/or trained staff.
- (3) An outpatient substance use disorder facility must provide crisis telephone services and comply with the following requirements:
  - (a) ensure crisis telephone services are available 24 hours a day, seven days a week;
  - (b) answering services or other individuals may be used to transfer calls to individuals trained to respond to crisis calls.
- (4) The facility must have written policies and procedures outlining crisis telephone services that include:
  - (a) training requirements for individuals responding to crisis calls;
  - (b) ensuring a licensed addition counselor or mental health professional provides consultation and backup, as indicated, for unlicensed individuals responding to crisis calls; and
  - (c) utilization of community resources.
- (5) The facility must maintain documentation for each crisis call that includes:
  - (a) the date and time of the call;
  - (b) the staff involved;
  - (c) identifying data, if possible;
  - (d) the nature of the emergency, including a screening of safety and risk, strengths and resources, and medical concerns related to the crisis; and
  - (e) the result of the intervention.

(6) Coordination of necessary services (medical, laboratory, toxicology, psychiatric, psychological, emergency) or other levels of care and supportive housing services must be available through direct affiliation or referral processes.

**Authorizing statute(s):** 50-5-103, MCA

**Implementing statute(s):** 50-5-103, MCA

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**History:** NEW, 2022 MAR p. 1889, Eff. 9/24/22.



### **37.106.1469 ASAM 2.5 PARTIAL HOSPITALIZATION SUBSTANCE USE DISORDER FACILITY**

- (1) To be licensed to provide ASAM 2.5 services as outlined in the ASAM Criteria, a SUDF must meet the following staffing requirements:
  - (a) clinical director;
  - (b) licensed addiction counselors or mental health professionals in sufficient numbers to provide counseling and therapy services to clients with substance use disorders as described by this chapter and in accordance with the clients' individualized treatment plans;
  - (c) care managers in sufficient numbers to provide services to clients required by this chapter and in accordance with the clients' individualized treatment plans; and
  - (d) rehabilitation aides in sufficient number to provide direct care services and supervision of clients.
- (2) The SUDF must have direct access by consultation or referral to medical and psychiatric services within eight hours by telephone or 48 hours in person.
- (3) Weekly scheduled skilled treatment services must be provided by an interdisciplinary team of appropriately licensed and trained staff a minimum of 20 hours per week.
- (4) If treatment services cannot be provided a minimum of 20 hours in a given week due to unforeseen issues such as illness, medical appointments, or other similar circumstances, the program must document the following:
  - (a) reason for not meeting the minimum hourly requirements; and
  - (b) attempts to follow-up and reschedule client treatment services.
- (5) Coordination of necessary services (medical, laboratory, toxicology, psychiatric, psychological, emergency) or other levels of care and supportive housing services must be available through direct affiliation or referral processes.

**Authorizing statute(s):** 50-5-103, MCA

**Implementing statute(s):** 50-5-103, MCA

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**History:** NEW, 2022 MAR p. 1889, Eff. 9/24/22.



### 37.106.1470 FACILITY REQUIREMENTS

- (1) In addition to requirements found in ARM 37.106.320, substance use disorder facilities (SUDF) must comply with additional requirements in this rule.
- (2) Facilities must be accessible to a person with a physical disability. If a SUDF is unable to provide access to a person with a physical disability, the program must make arrangements for a referral or other accommodations to assure the person receives appropriate services.
- (3) Facilities must meet all applicable building and fire codes and be approved by the authority having jurisdiction to determine if the appropriate building and fire codes are met.
- (4) An inpatient or residential SUDF must have an annual fire inspection conducted by the state fire marshal or by the authority having jurisdiction, and must maintain a record of the inspection for at least three years following the date of the inspection.
- (5) Exit doors shall not include locks which prevent evacuation, except as approved by the fire marshal and building codes agency having jurisdiction.
- (6) Stairways, halls doorways, passageways and exits from rooms and from the facility must be kept unobstructed at all times.
- (7) All exterior pathways, entrances, and exit ways shall be of hard, smooth material, and be unobstructed and in good repair at all times.
- (8) A 2A10BC portable fire extinguisher shall be available on each floor of the facility or as required by the fire authority having jurisdiction.
- (9) Portable fire extinguishers must be inspected, recharged, and tagged at least once a year by a person certified by the state to perform these services.
- (10) A smoke detector, approved by a recognized testing laboratory, which is properly maintained and regularly tested, must be located on each level and in all sleeping areas, bedroom hallways, and common living areas, with the exception of the kitchen and bathrooms of a SUDF or as required by the fire authority having jurisdiction.
- (11) If individual battery-operated smoke detectors are used, the following maintenance is required:
  - (a) smoke detectors must be tested at least once a month to ensure that they are operating correctly;
  - (b) new operating batteries must be installed at least once each calendar year; and
  - (c) documentation demonstrating required maintenance must be kept on-site for a period of 24 months.

- (12) Garbage and refuse must be:
  - (a) kept in durable, easily cleanable, insect and rodent proof containers that do not leak and do not absorb liquids. Plastic bags and wet strength paper bags may be used to line these containers; and
  - (b) disposed of daily and removed from the property at least weekly to prevent the development of odor and attraction of insects and rodents.
- (13) Refuse and recycling containers stored outside the facility, dumpsters, compactors, and compactor systems must be easily cleanable, must be provided with tight-fitting lids, doors, or covers, and must be kept covered when not in actual use.
- (14) All operable windows must have a screen in good repair.
- (15) Each room or area occupied by children under age five or clients with unsafe behaviors must have tamper resistant electrical outlets and hardware.
- (16) Facilities must have adequate private space for personal consultation with a client, staff member charting, and therapeutic and social activities, as appropriate.
- (17) Poison control and emergency contacts must be posted at each telephone.
- (18) Facilities must have a first aid kit readily available on each floor.
- (19) Measures must be in place to ensure containers of poisonous and toxic materials are stored safely and contain a legible manufacturer's label or material safety data (MSD) sheets.
- (20) Maintenance and cleaning tools must be maintained and stored in a safe and orderly manner.
- (21) Bathroom requirements include the following:
  - (a) a minimum of one toilet and hand washing sink for every four clients;
  - (b) a sink located in or immediately accessible to each toilet room;
  - (c) a minimum of one bathing fixture for every six clients;
  - (d) hand cleansing soap or detergent must be available. The use of a communal bar soap is prohibited;
  - (e) individual towels must be available; and
  - (f) a waste receptacle must be located in each bathroom.
- (22) Bedroom requirements include the following:
  - (a) single occupancy rooms must be at least 100 square feet;
  - (b) multiple person bedrooms must be at least 60 square feet per person (includes children in parent and children recovery homes);
  - (c) accommodate no more than four clients;
  - (d) direct access to a hallway, living room, lounge, the outside, or other common use area without going through a laundry or utility area, a bath or toilet room, or another client's bedroom;
  - (e) each bedroom has one outside window with visual privacy;

- (f) a bed for each client;
- (g) one noncombustible waste container; and
- (h) a wardrobe, dresser, or closet with shelving for storing a reasonable amount of clothing.

**Authorizing statute(s):** 50-5-103, 53-24-208, MCA

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-208, 76-2-411, MCA

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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10; AMD, 2022 MAR p. 1889, Eff. 9/24/22.



**37.106.1471 ASAM 3.1 CLINICALLY MANAGED LOW INTENSITY RESIDENTIAL (ADULT OR ADOLESCENT) SUBSTANCE USE DISORDER FACILITY**

- (1) To be licensed to provide ASAM 3.1 services as outlined in the ASAM Criteria, a SUDF must meet the following staffing requirements:
  - (a) clinical director;
  - (b) licensed addiction counselors or mental health professionals in sufficient numbers to provide counseling and therapy services to clients with substance use disorders as described by this chapter and in accordance with the clients' individualized treatment plans;
  - (c) care managers in sufficient numbers to provide services to clients required by this chapter and in accordance with the clients' individualized treatment plans;
  - (d) rehabilitation aides in sufficient numbers to provide direct care support services as outlined in the clients' individualized treatment plans; and
  - (e) on-site awake staffing whenever clients are present in the facility.
- (2) Weekly scheduled clinical skilled treatment services in addition to other scheduled psychosocial rehabilitation services must be provided on-site or off-site a minimum of five hours per week. Documentation of skilled treatment services provided both on-site and off-site must be available at the facility.
- (3) Life skills training provided in a one on one or classroom setting, as part of the daily living regiment, must utilize an evidence-based practice addressing independent living skills, vocational skills, and parenting skills.
- (4) Coordination of necessary services (medical, laboratory, toxicology, psychiatric, psychological, emergency) or other levels of care must be available through direct affiliation or referral processes.

**Authorizing statute(s):** 50-5-103, MCA

**Implementing statute(s):** 50-5-103, MCA

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**History:** NEW, 2022 MAR p. 2040, Eff. 9/24/22.



**37.106.1472 ASAM 3.3 CLINICALLY MANAGED POPULATION-SPECIFIC HIGH INTENSITY RESIDENTIAL (ADULT ONLY) SUBSTANCE USE DISORDER FACILITY**

- (1) To be licensed to provide ASAM 3.3 services as outlined in the ASAM Criteria, a SUDF must provide on-site 24-hour awake staffing and meet the following staffing requirements:
  - (a) a physician, physician assistant, or advanced practice registered nurse acting within the scope of the license issued by the Department of Labor and Industry available for consultation within 24 hours in person or by telephone;
  - (b) clinical director;
  - (c) licensed addiction counselors or mental health professionals in sufficient numbers to provide counseling and therapy services to clients with substance use and mental disorders as described by this chapter and in accordance with the clients' individualized treatment plans;
  - (d) a licensed addiction counselor or mental health professional must be on-site or on call 24 hours a day, seven days a week;
  - (e) care managers in sufficient numbers to provide services to clients required by this chapter and in accordance with the clients' individualized treatment plans; and
  - (f) rehabilitation aides in sufficient number to provide direct care support services as outlined in the clients' individualized treatment plans.
- (2) Daily clinical skilled treatment services in addition to other scheduled psychosocial rehabilitation services must be provided on-site. Services must be adapted to the client's developmental stage and level of comprehension in accordance with the client's individualized treatment plan.
- (3) Individuals with significant cognitive deficits require specialized services to be offered at a slower, repetitive pace.
- (4) The SUDF must provide recreational activities daily.
- (5) Coordination of necessary services (medical, laboratory, toxicology, psychiatric, psychological, emergency) or other levels of care must be available through direct affiliation or referral processes.

**Authorizing statute(s):** 50-5-103, MCA

**Implementing statute(s):** 50-5-103, MCA

**History:** NEW, 2022 MAR p. 1889, Eff. 9/24/22.



**37.106.1473 ASAM 3.5 CLINICALLY MANAGED HIGH INTENSITY RESIDENTIAL (ADULT)/MEDIUM INTENSITY RESIDENTIAL (ADOLESCENT) SUBSTANCE USE DISORDER FACILITY REQUIREMENTS**

- (1) To be licensed to provide ASAM 3.5 services as outlined in the ASAM Criteria, a SUDF must provide on-site 24-hour awake staffing and meet the following staffing requirements:
  - (a) a physician, physician assistant, or advanced practice registered nurse acting within the scope of the license issued by the Department of Labor and Industry available for consultation within 24 hours in person or by telephone;
  - (b) clinical director;
  - (c) licensed addiction counselors or mental health professionals in sufficient numbers to provide counseling and therapy services to clients with substance use and mental disorders as described by this chapter and in accordance with the clients' individualized treatment plans;
  - (d) a licensed addiction counselor or mental health professional must be on-site or on call 24 hours a day, seven days a week;
  - (e) care managers in sufficient numbers to provide services to clients required by this chapter and in accordance with the clients' individualized treatment plans; and
  - (f) rehabilitation aides in sufficient number to provide direct care support services as outlined in the clients' individualized treatment plans.
- (2) Daily clinical skilled treatment services, in addition to other scheduled psychosocial rehabilitation services, must be provided on-site a minimum of 30 hours per week.
- (3) The SUDF must provide recreational activities daily.
- (4) The SUDF must coordinate transfers with other licensed health care facilities or correctional facilities.
- (5) Coordination of necessary services (medical, laboratory, toxicology, psychiatric, psychological, emergency) or other levels of care must be available through direct affiliation or referral processes.

**Authorizing statute(s):** 50-5-103, MCA

**Implementing statute(s):** 50-5-103, MCA

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**History:** NEW, 2022 MAR p. 1889, Eff. 9/24/22.



### **37.106.1475 ASAM 3.7 MEDICALLY MONITORED INTENSIVE INPATIENT REQUIREMENTS**

- (1) To be licensed to provide ASAM 3.7 services, as outlined in the ASAM criteria, a substance use disorder facility (SUDF) must meet the following staffing requirements:
  - (a) a medical director that oversees the treatment process, medication management, and all medical services;
  - (b) a physician, nurse practitioner, or physician assistant licensed under Title 37, chapters 3 or 20, MCA, available on-call 24 hours a day, seven days a week to provide medical consultation, evaluate clients, and prescribe medications;
  - (c) a registered nurse (RN) licensed under Title 37, MCA, on-site or on call 24 hours a day, seven days a week to supervise nursing services;
  - (d) a RN or licensed practical nurse (LPN) on-site 24 hours a day, seven days a week;
  - (e) additional RNs, LPNs or certified nurse aides (CNA) in sufficient numbers to assist in the administration of medical protocols and assure the client's safety. LPNs and CNAs must be under the supervision of the RN;
  - (f) licensed addiction counselors or mental health professionals in sufficient numbers to provide therapeutic services to clients with substance use and mental disorders, as described by this chapter and in accordance with the clients' individualized treatment plans;
  - (g) a licensed addiction counselor or mental health professional must be on-site or on-call 16 hours a day, seven days a week;
  - (h) care managers in sufficient numbers to provide adequate services to clients; and
  - (i) rehabilitation aides in sufficient number to provide on-site 24 hours a day, seven days a week staffing patterns to ensure the safety of clients and to provide direct care services and appropriate supervision of clients.
- (2) Medical service must be provided, according to written physician approved protocols, 24 hours a day, seven days a week and must include:
  - (a) a physical examination and screening conducted by a physician, nurse practitioner, or a physician assistant of clients on-site within 24 hours of admission, to identify medical needs for health problems and screen for communicable diseases;
  - (b) a comprehensive nursing assessment that includes a mental health screening and evaluates the need for acute intoxication and withdrawal management services completed by a registered nurse at the time of admission; and

- (c) medication management.
- (3) Daily clinical skilled treatment services and medical services must be provided on-site by an interdisciplinary team seven days a week.
- (4) The SUDF must provide recreational activities seven days a week.
- (5) All progress notes must be completed in a timely manner and before the next session of the same type or there must be documentation why this did not occur.
- (6) The SUDF must ensure a coordinated transfer to an acute care hospital or other licensed health care facilities.
- (7) Coordination of necessary services (medical, laboratory, toxicology, psychiatric, psychological, emergency) or other levels of care must be available through direct affiliation or referral processes.

**Authorizing statute(s):** 50-5-103, 53-24-208, MCA

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-208, 53-24-209, 76-2-411, MCA

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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10; AMD, 2022 MAR p. 1889, Eff. 9/24/22.



### **37.106.1480 WITHDRAWAL MANAGEMENT PROGRAM REQUIREMENTS**

- (1) To be licensed to provide clinically managed residential withdrawal management defined as ASAM 3.2-WM, a provider must be licensed as an inpatient or residential health care facility program pursuant to 50-5-101, MCA, and meet the following:
  - (a) The facility must be equipped for clients who are impaired due to substances and may require safety rails on beds pursuant to ARM Title 37, chapter 106, subchapter 29, handrails on showers, and other related equipment to assure the safety of impaired clients.
  - (b) The SUDF must have physician approved protocols for the monitoring of clients in withdrawal including when and under what circumstances clients should be transferred to another health care facility.
  - (c) The SUDF must have a written agreement with the health care facility or physician providing for emergency services when needed.
  - (d) The SUDF must have written procedures specifying how staff will respond to emergencies and for the transfer of medically unstable clients.
  - (e) The SUDF must have sufficient staff on duty 24 hours a day, seven days a week to supervise, observe, and support clients who are intoxicated or experiencing withdrawals.
  - (f) The SUDF must train staff in physician approved protocols for monitoring clients in withdrawal and in medication management if medication is administered.
  - (g) The SUDF must have licensed addiction counselors (LAC) or mental health professionals in sufficient numbers to provide counseling and therapy services as described in this chapter and in accordance with the client's individualized treatment plan.
  - (h) The initial biopsychosocial assessment indicating this level of care must be reviewed by a licensed physician, nurse practitioner, or physician assistant during the admission process.
  - (i) The SUDF must provide daily clinical skilled treatment services to address the needs of each client. Clinical skilled treatment services may include medical services, individual and group therapy, and withdrawal support as required in the client's individualized treatment plan.
  - (j) The SUDF must ensure regular vital signs are taken and recorded by staff trained to recognize symptoms indicating the client is becoming physically unstable.
  - (k) All progress notes must be completed in a timely manner and before the next session of the same type, or there must be documentation why this did not occur.

- (I) Coordination of necessary services (medical, laboratory, toxicology, psychiatric, psychological, emergency) or other levels of care must be available through direct affiliation or referral processes.
- (2) The facility providing clinically managed residential withdrawal management (ASAM 3.2) must not exceed the number of inpatient or residential beds licensed for pursuant to 50-5-101 MCA.
- (3) To be licensed to provide medically managed inpatient withdrawal, as defined as ASAM Level 3.7-WM, a provider must be licensed as an inpatient substance use disorder facility and meet the requirements under ARM 37.106.1475 and the following:
  - (a) a RN must be on-site 24 hours a day, seven days a week to monitor clients receiving acute intoxication or withdrawal management services and administer services according to physician approved protocols;
  - (b) the facility must be equipped for clients who are impaired due to substances and who require assistive safety devices, as written in the physician approved protocols;
  - (c) all bathtubs and showers must be equipped with a safety handrail; and
  - (d) emergency equipment to include:
    - (i) oxygen;
    - (ii) automatic external defibrillator (AED);
    - (iii) suction machine; and
    - (iv) other emergency equipment according to the physician approved protocols for responding to client health emergencies.

**Authorizing statute(s):** 50-5-103, 53-24-208, MCA

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-208, 53-24-209, 76-2-411, MCA

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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10; AMD, 2022 MAR p. 1889, Eff. 9/24/22.



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**37.106.1482 HALFWAY HOUSE COMMUNITY-BASED RESIDENTIAL PROGRAM REQUIREMENTS**

(REPEALED)

**Authorizing statute(s):** 53-24-208, MCA

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-208, 53-24-209, 76-2-411, MCA

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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10; REP, 2022 MAR p. 1889, Eff. 9/24/22.



### **37.106.1485 SINGLE SEX PARENT AND CHILDREN REQUIREMENTS**

- (1) In addition to the licensing requirements in ARM 37.106.1471, a SUDF operating as a single sex parent and children ASAM 3.1 facility, must meet the following requirements:
  - (a) care management services must address the needs of the client's children in care;
  - (b) parenting skills must be addressed with evidence-based models that focus on the demands of being a parent in recovery; and
  - (c) the SUDF must provide age-appropriate services to meet the children's needs. Services include childcare, medical appointments, legal services, transportation, educational services, and recreational services.
- (2) Cleaning materials, flammable liquids, detergents, aerosol cans, and other poisonous and toxic materials must be kept in their original containers and in a place inaccessible to children. The materials must be used in such a way that will not contaminate play surfaces, food, food preparation areas, or constitute a hazard to the children.
- (3) No extension cords can be used as permanent wiring. All appliances, lamp cords, and exposed light sockets must be suitably protected to prevent electrocution.
- (4) Indoor and outdoor play areas must be clean, reasonably neat, and free from accumulation of dirt, rubbish, or other health hazards.
- (5) Any outdoor play area must be maintained free from hazards such as wells, machinery, and animal waste. If any part of the play area is adjacent to a busy roadway, drainage or irrigation ditch, stream, large holes, or other hazardous areas, the play area must be enclosed with a fence in good repair that is at least four feet high without any holes or spaces greater than four inches in diameter or natural barriers to restrict children from these areas.
- (6) Outdoor play areas must be designed to ensure all areas are always visible and easily supervised by staff members.
- (7) Outdoor equipment, such as climbing apparatus, slides, and swings, must be anchored firmly, and placed in a safe location according to manufacturer's instructions. Recommended ground covers under these items include sand, fine gravel, or woodchips with a depth of the ground cover being at least six inches.
- (8) Trampolines are prohibited for use by children in care.
- (9) Toys, play equipment, and any other equipment used by children must be of substantial construction and free from rough edges, sharp corners, splinters, unguarded ladders on slides, and must be kept in good repair and well maintained.

- (10) Toys and objects with a diameter of less than one inch (2.5 centimeters), objects with removable parts with a diameter of less than one inch (2.5 centimeters), plastic bags, Styrofoam objects, and balloons must not be accessible to children who are still placing objects in their mouths.
- (11) The Emergency Montana Poison Control Center number, (800) 222-1222, must be posted at all telephone locations in the facility.
- (12) Use of waterbeds, water mattresses, gel pads, or sheepskin covers for children's sleeping surfaces is prohibited.
- (13) Each infant under 18 months of age must be provided with a crib for sleeping.
- (14) Each child 18 months of age and older must be provided with a bed for sleeping.
- (15) Cribs must be made of durable, cleanable, nontoxic material, and have secured latching devices.
- (16) Cribs must have no more than 2 and 3/8 inches of space between vertical slats.
- (17) Cribs must meet requirements for full-size baby cribs and non-full-size baby cribs as specified by the Consumer Product Safety Commission at 16 CFR Part 1219 and 16 CFR Part 1220 (2011), incorporated by these references. Copies of the requirements for full-size baby cribs and non-full-size baby cribs are available at <https://www.cpsc.gov/SafeSleep> .
- (18) Crib mattresses must fit snugly to prevent the infant from being caught between the mattress and crib siderail. Crib mattresses must be waterproof and easily sanitized.
- (19) Cribs, cots, or mats must be thoroughly cleansed before assignment to another infant or toddler.
- (20) Age-appropriate feeding equipment must be provided for every four infants or toddlers. This includes safe high-chairs, baby feeding tables, booster seats, and child-size tables and chairs. This equipment must be used in accordance with the manufacturer's instructions and must be appropriate for the age of the child using the equipment. Portable high-chairs that hook onto tables are prohibited.
- (21) If the SUDF chooses to lock the facility door to prevent unauthorized access to the facility or to prevent a child from escaping, the facility must have no lock or fastening device which prevents free escape from the interior. Requirements include:
  - (a) locking devices must not require a key, a tool, or special knowledge or effort to open the door from the inside; and
  - (b) locked doors must be easily opened with one motion from the inside of the facility.

**Authorizing statute(s):** 50-5-103, 53-24-208, MCA

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-208, 53-24-209, 76-2-411, MCA

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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10; AMD, 2022 MAR p. 1889, Eff. 9/24/22.



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**37.106.1487 HALFWAY HOUSE SINGLE GENDER RESIDENTIAL HOMES (ASAM LEVEL III.5 – HIGH INTENSITY)**

(REPEALED)

**Authorizing statute(s):** 50-5-103, 53-24-208, MCA

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-208, 53-24-209, 76-2-411, MCA

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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10; REP, 2022 MAR p. 1889, Eff. 9/24/22.



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**37.106.1489 HALFWAY HOUSE SINGLE GENDER COMMUNITY-BASED RESIDENTIAL HOMES (ASAM LEVEL III.3 – MEDIUM INTENSITY)**

- (1) Community-based single gender residential homes for individuals with substance use disorders may be located in residential neighborhoods, comparable to other homes in the neighborhood, and shall reflect the environment of a home. To be licensed to provide community-based residential homes for individuals with substance use disorders ASAM Level III.3 medium intensity treatment, a provider must meet the following:
  - (a) staffing or security measures sufficient to assure the safety of residents, staffing requirements may include but are not limited to:
    - (i) licensed addiction counselor (LAC);
    - (ii) individuals trained in managing co-occurring disorders;
    - (iii) case managers that have a minimum of two years of higher education or four or more years of related work experience and orientation to the facility's policies and procedures; and
    - (iv) rehabilitation aides that have a minimum of a high school diploma or GED and orientation to the facilities policies and procedures.
  - (b) service requirements including but not limited to the following program policies must address:
    - (i) these homes as transitional versus permanent living environments and how they provide interim supports and services for persons with substance use disorders and related problems;
    - (ii) admission criteria indicating that the individual is appropriate for these settings;
    - (iii) define the criteria for the length of stay in the facilities;
    - (iv) how clinical treatment is provided either on- or off-site; and
    - (v) how life skills training including vocational services is incorporated into daily residential living to prepare residents to assume permanent housing and independent living.

**Authorizing statute(s):** 50-5-103, 53-24-208, MCA

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-208, 53-24-209, 76-2-411, MCA



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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10.



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**37.106.1491 HALFWAY HOUSE COMMUNITY-BASED SINGLE GENDER RESIDENTIAL HOMES (ASAM LEVEL III.1 – LOW INTENSITY)**

(REPEALED)

**Authorizing statute(s):** 50-5-103, 53-24-208, MCA

**Implementing statute(s):** 50-5-101, 50-5-103, 53-24-208, 53-24-209, 76-2-411, MCA

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**History:** NEW, 2010 MAR p. 2975, Eff. 12/24/10; REP, 2022 MAR p. 1889, Eff. 9/24/22.