

**IDAPA 16.07.20**  
**Alcohol and Substance Use Disorders Treatment and Recovery Support Services Facilities and Programs**  
**Frequently Asked Questions**

The Department has received many comments and questions in regards to IDAPA 16.07.20 over the past several months. The following frequently asked questions are those that we have seen most often and from many sources. If you do not see an answer to a question you have asked please contact Sherry Johnson at [JohnsoS2@dhw.idaho.gov](mailto:JohnsoS2@dhw.idaho.gov) or Bethany Gadzinski at [gadzinsb@dhw.idaho.gov](mailto:gadzinsb@dhw.idaho.gov)

**General**

*1. The rule is very complex and lengthy - who writes the Departments Rules?*

The Bureau of Substance Use Disorders staff, the Departments Rules Division and the assigned Department Attorney General (DAG) wrote this rule. The Bureau staff concentrates on clinical areas and areas specific to substance use disorders programs. The DAG and Rules Division role in writing rules is to assure protection of clients and the Department and to assure standard Department rule language is used (this is why some sections read like a lawyer wrote them). Bureau staff can make recommendations to the DAG and the Rules Division, but final verbiage is determined by the DAG and Rules Division. In concert with the Bureau staff, the Attorney General and the Rules Division wrote the following sections:

- ❑ Section 130 - Initial Application for Approval of an Alcohol and Substance Use Disorder Treatment or Recovery Support Service Program
- ❑ Section 131 – Failure to Complete Application Process
- ❑ Section 135 – Renewal of Approval for an Alcohol and Substance Use Disorder Treatment or Recovery Support Service Program
- ❑ Section 140 – Review of Application and Inspection Process
- ❑ Section 150 – Denial, Suspension and Revocation of Certificate of Approval
- ❑ Section 151 – Six-month Provisional Approval
- ❑ Section 152 – Notice of Denial, Suspension and Revocation of Certificate of Approval
- ❑ Section 153 – Cumulative Enforcement Powers
- ❑ Section 160 – Disclosure of Ownership, Administration, Governing Body
- ❑ Section 161 – Notification of Program Closure
- ❑ Section 165 – Governing Body of an Alcohol and Substance Use Disorder Treatment or Recovery Support Services Program
- ❑ Section 175 – Fiscal Management
- ❑ Section 210 – Personnel Policies and Procedures
- ❑ Section 225 - Staff Development
- ❑ Section 340 – Research Conducted Within Alcohol and Substance Use Disorders Programs and Facilities
- ❑ Section 350 – Client Rights
- ❑ Section 360 – Admission Policies and Procedures
- ❑ Section 375 – Client Records Requirements
- ❑ Section 376 – Maintenance of Client Records
- ❑ Section 390 – Environment Requirements
- ❑ Section 391 – Emergency Preparedness Plan
- ❑ Section 392 – Medical Emergency Services
- ❑ Section 393 – Notification of Death, Serious Incident, Accident, Fire, or loss of Records or other Client Identifying Information
- ❑ Section 394 – Administration of Medications

- ❑ Section 395 –Food Service
- ❑ Section 396 – Residential and Transitional Treatment Facility Environment
- ❑ Section 397 – Housekeeping Services
- ❑ Section 398 – Infection Control Policies and Procedures
- ❑ Section 399 –Plant Technology and Safety Management
- ❑ Section 740 – Alcohol and Drug Testing Services

In addition, there is a standard format that all Department rules must follow.

2. *What entities are covered by this rule?*

This rule only covers treatment and recovery support service agencies that treat clients paid for by the Bureau of Substance Use Disorders through our management services contractor Business Psychology Associates (BPA). This rule DOES NOT cover the following entities:

- ❑ Substance use disorders treatment providers who treat private pay clients and who have not completed the Bureau of Substance Use Disorder’s Program Approval process
- ❑ General mental health providers who only treat mental health clients or who treat co-occurring disorders but do not want to seek reimbursement for those services through Business Psychology Associates
- ❑ Marriage and family therapists who do not want to seek reimbursement for clients through Business Psychology Associates
- ❑ Licensed Professional or Licensed Clinical Counselors who do not want to seek reimbursement for clients through Business Psychology Associates
- ❑ Medical Professionals who do not want to seek reimbursement for clients through Business Psychology Associates

3. *What are the guidelines for an appeals process regarding failure to adhere to this rule?*

The Appeals process can be found in 16.07.20 003. ADMINISTRATIVE APPEALS. Administrative appeals are governed by provisions of IDAPA 16.05.03, Rules Governing Contested Case Proceedings and Declaratory Rulings.

**Co-Occurring Disorders**

1. *Treatment is moving toward co-occurring however most of the requirements for supervision, supervised hours do not reflect ANY adjustments for mental health supervision. Why is this?*

Treatment is moving towards co-occurring capable programs. The Department’s expectation is every program be co-occurring capable - not that every program be co-occurring enhanced. The expanded Qualified Substance Use Disorders Professional requirements take into consideration the clinicians’ scopes of practice.

2. *Co-Occurring Disorders have a medical component associated with treatment and medical management and related information seems to be missing from these rules. Why is this?*

The accepted practice for treating co-occurring disorders is that professionals work within the scope of their respective licensure. In this case, medical management would be recognized, and referred or deferred on the treatment plan.

## Staff Composition and Supervision

### 1. *How did the Department determine the qualifications necessary to be a QSUDP?*

The Department researched all State, Federal and Tribal licensures and certifications to determine which licensures and certifications specifically stated within the scope of practice that the clinician could treat substance use disorders. The ones that specifically state substance use disorders and/or addictions include:

- IBADCC Certified Alcohol/Drug Counselor
- IBADCC Advanced Certified Alcohol/Drug Counselor
- Native American Certified Alcohol and Drug Abuse Counselor (NACADC)
- Northwest Indian Alcohol/Drug Specialist Certification – Counselor II or Counselor III
- NAADAC (NCACI)
- NAADAC (NCAC II)
- NAADAC (MAC)
- National Board for Certified Counselors (NBCC) Masters Addictions (MAC)
- Clinical Social Worker (LCSW) licensed under Title 54, Chapter 32, Idaho Code
- Marriage and Family Therapist or Registered Marriage and Family Therapist Intern licensed under Title 54, Chapter 34, Idaho Code

For other licensures that do not contain specific language in their scope of practice, there are national credentials that can be obtained to be able to provide substance use disorder treatment. Those include:

- Masters Social Worker (MSW) licensed under Title 54, Chapter 32, Idaho Code, with a Certification for the Clinical MSW Alcohol, Tobacco and other Drugs Social Worker as recognized by the National American Social Workers (NASW) or an active valid national certification from either NAADAC or ICRC
- Professional Counselor (LPC) or Clinical Professional Counselor (LCPC) licensed under Title 54, Chapter 34, Idaho Code, with an active, valid national certification from either NBCC (MAC), NAADAC, or ICRC

Finally, based on Medicaid Basic Plan rule, the following can treat substance use disorders with verification of 1,040 hours of supervised experience providing substance use disorders treatment:

- Nurse Practitioner
- Clinical Nurse Specialist
- Physicians Assistant
- Psychologist
- Physician
- Professional Nurse

### 2. *What change would need to be made to the current Idaho licensures for MSW, LCP or LCPC to be able to treat substance use disorders without a national certification?*

Staff from the Bureau of Substance Use Disorders is working with the Occupational Licensing Board to change language within the scope of practice for each of the licensures if in fact this is part of their scope of practice but has not been delineated in the current rule.

### 3. *I am a QP under current rule but would not meet the new standards, what happens to me when the new rule goes into affect?*

The Department has created a data base of all clinicians whose services are paid for, partially or in full, with funds from Business Psychology Associate. We will, over the next two months, be verifying the information we have on each clinician. If you have provided your information to us recently, we will not be asking you to re-submit the information. Once we have all the verifying information we will be sending certification to each Clinician

that verifies their QP status. If a Clinician has this certification they will be grandfathered into the system on September 1, 2009. All NEW clinicians, those who do not have this certification, hired by providers after September 1, 2009 will need to meet the new standards.

**218.02. Qualified Substance Use Disorders Professional Status Granted Prior to September 1, 2009.**

Subsections 218.01 and 02 of this rule are applicable to all new applications for appointment as a qualified Substance Use Disorders Professional submitted to the Department after September 1, 2009. If an individual was granted an appointment prior to September 1, 2009, and met the requirements at that time, he may continue to have his appointment recognized. The appointment of this status will be given by Health and Welfare after Health and Welfare has received documentation affirming the qualified substance use disorder professional's education and experience meets standards in place prior to September 1, 2009.

*4. What type of supervisory staff do I need as a provider and what are the qualifications for these supervisors?*

**SUPERVISORY STAFF QUALIFICATIONS:**

Qualifications of the supervisory staff must be verified through written documentation of work experience, education, and classroom instruction. The supervisory staff must meet the requirements in Section 218 of this rule and the following requirements:

**01. Treatment Supervisor.** The Treatment Supervisor must meet the requirements in Section 218 of this rule and have a combination of education and experience as follows:

a. Equivalent of five (5) years full-time paid professional experience providing alcohol and substance use disorders treatment with at least two (2) of the five (5) years providing direct treatment in a state, federal, Joint Commission, or CARF approved program. State approval includes other states that are approved/licensed/certified to provide substance use disorders treatment services through their Single State Authority. This experience must be relevant for child and adolescent treatment if supervising treatment in a child and adolescent treatment program; or

b. Bachelor's Degree in relevant field and four (4) years paid full-time professional experience with two (2) years in direct treatment in a state, federal, Joint Commission, or CARF approved program. State approval includes other states that are approved licensed/certified to provide substance abuse disorders treatment services through their Single State Authority; or

c. Master's Degree and three (3) years paid full-time professional experiences with two (2) years in direct treatment in a state, federal, Joint Commission, or CARF approved program. State approval includes other states that are approved licensed/certified to provide substance abuse disorders treatment services through their Single State Authority; and

d. Equivalent of one (1) year paid full-time supervision experience of alcohol and substance use disorders treatment services in a state, federal, Joint Commission, or CARF approved program. State approval includes other states that are approved/licensed/certified to provide substance use disorders treatment services through their Single State Authority; and

e. Knowledge and experience in providing alcohol and substance use disorders treatment including client evaluation, counseling techniques, relapse prevention, case management, and family therapy.

**02. Clinical Supervisor.** The Clinical Supervisor must meet the requirements in Section 218 of this rule and have a combination of education and experience as follows:

- a. Bachelor's Degree in relevant field and seven (7) years paid full-time professional experience with four (4) years in direct treatment in a state, federal, Joint Commission, or CARF approved program State approval includes other states that are approved licensed/certified to provide substance abuse disorders treatment services through their Single State Authority and three (3) years paid full-time supervision experience; or
- b. Master's Degree from an accredited, approved, and recognized college or university in health and human services and the equivalent of five (5) years paid full-time professional experience with three (3) years providing direct alcohol and substance use disorders treatment and two (2) years paid full-time supervision experience in a substance use disorders treatment services state, federal, Joint Commission, or CARF approved program. State approval includes other states that are approved/ licensed/certified to provide substance use disorders treatment services through their Single State Authority. This experience must be relevant for child and adolescent treatment if supervising treatment in child and adolescent treatment programs;
- c. Knowledge and experience demonstrating competence in alcohol and substance use disorders treatment including client evaluation, counseling techniques, relapse prevention, case management, and family therapy; and
- d. For outpatient programs providing services to children and adolescents, the clinical supervisor must have two (2) years of experience working with families or children in an alcohol and substance use disorders treatment services setting in a state, federal, Joint Commission, or CARF approved program. State approval includes other states that are approved/ licensed/certified to provide substance use disorders treatment services through their Single State Authority. Working knowledge of child and adolescent growth and development, and the effects of alcohol and drugs on a child's growth and development.
- e. A clinical supervisor must have completed the Clinical Supervision training model as identified by the Department.
- f. A Clinical Supervisor for Co-Occurring Disorders Enhanced Programs must meet all requirements in Subsection 216,b. have a Master's Degree from an accredited, approved, and recognized college or university in health and human services of this rule and possess a current Idaho state license to provide behavioral health clinical services.

5. *Can provider staff deliver services at other sites besides the provider facility?*

**Yes. Treatment service delivery settings offsite for Levels I and II.1** must meet the following guidelines:

- a. Services must be provided by qualified substance use disorders professionals.
- b. Services must be provided in a state or federally approved institution or client's residence.
- c. Services must be provided in a safe setting.
- d. Confidentiality according to 42CFR and HIPAA regulations must be adhered to.
- e. Client records must be maintained in accordance to Section 375 and 376 of this rule.
- f. Individual client needs, as reflected in the treatment plan, indicate the need or appropriateness of providing treatment outside the approved facility.
- g. The Department has final authority over the decision of whether a site meets the intent of the rule.

6. *Does a Clinical Supervisor or Treatment Supervisor need to be onsite when individual and group sessions are being conducted?*

No. The following applies to providing offsite supervision at a satellite location:

**Services Provided at a Satellite Location.** If the treatment supervisor is not available to oversee the treatment activities at a satellite location on a full-time basis, the agency must:

- a. Employ a substance use disorder treatment professional who has been appointed a substance use disorder treatment professional for a minimum of two (2) years;
- b. Ensure the employee receives clinical supervision as required in Section 217 of these rules;
- c. Develop a written plan that includes an emergency contact for the treatment professional in the event of an emergency; and
- d. The treatment supervisor must conduct an on-site review and assessment of the services provided at the satellite location a minimum of one (1) time per month.

7. *How does a clinician gain the experience necessary to be a treatment supervisor or clinical supervisor?*

Experience can be an accumulation of supervising trainees and interns. For the Treatment Supervisor, there are no supervision experience requirements. This helps pave the way for the supervision experience gained through working as the Treatment Supervisor to contribute to the experience required for the Clinical Supervisor position.

8. *Why does a clinician working with adult clients now need a background check?*

In addition to serving as a precautionary tool for ensuring client safety, requiring a background check for all clinicians aligns with Medicaid requirements.

9. *Why have the case management standards been changed? Do I need to go to the Case Management class before I provide case management services?*

Approximately two years ago the Bureau of Substance Use Disorders made the decision that case management would be provided to all clients and would be the lynch-pin to the clients overall care. This necessitated a manualization of case management practice. In addition to the new standards a curriculum and training was created. The Bureau is currently looking at creating an online course for case management and is considering allowing case managers to provide services and bill for those services until the next class is offered.

### **Facility Application and Approval or Renewal Process**

1. *Why does it now take 60 days to approve an application?*

Due to the capacity of the Department to review new applications we now need at maximum 90 days to complete the review process of new and renewing applicants. If we are able to gain back the staff we lost due to budget cuts we anticipate this time frame will be shortened.

2. *Where does the Level of Care descriptions come from?*

Level of care descriptions come directly from the most current ASAM manual

3. *Why do I need to describe how my program plans to secure additional funding?*

Because providers cannot rely solely on State funds due to finite State budgets, it is imperative that a new program identify other sources of funding.

4. *Why do I need to describe the fiscal and information management systems I plan to use?*

This is a compliance issue and provides the Department with information that is necessary for determining an agency's readiness to provide all aspects of services required by the publicly funded system.