

**IDAPA 16.07.50-Minimum Standards for Nonhospital, Medically Monitored
Detoxification/Mental Health Diversion Units
Rule Crosswalk
Proposed Changes**

Item	Current Standard	Proposed New Standard	Change	Comments
00. LEGAL AUTHORITY	Under Title 39, Chapter 3, Idaho Code, the Board of Health and Welfare has authority to adopt minimum standards, rules, and regulations for the development, construction, and operation of nonhospital, medically monitored detoxification/mental health diversion units in Idaho. The Idaho Legislature has designated the Department of Health and Welfare as the State Mental Health Authority and the State Substance Abuse Authority. The Department's responsibility is to assure that mental health and substance use disorders treatment and services are available throughout the state to individuals who need such care and who meet the eligibility criteria under the Regional Mental Health Services Act and the Alcoholism and Intoxication Treatment Act. Sections 56-1003, 56-1004, 56-1004A, 56-1007, and 56-1009, Idaho Code, authorize the Director of the Department to adopt and enforce rules to promote safe and adequate services and treatment of individuals within nonhospital, medically monitored detoxification/mental health diversion units.	<i>The Idaho Legislature has delegated to the Department of Health and Welfare as the State Behavioral Health Authority and the State Substance Abuse Authority the authority to promulgate and enforce rules to carry out the purposes and intent of the Regional Behavioral Health Services Act and the Alcoholism and Intoxication Treatment Act. Sections 56-1003, 56-1004, 56-1004A, 56-1007, and 56-1009, Idaho Code, authorize the Director of the Department to adopt and enforce rules to promote safe and adequate services and treatment of individuals within nonhospital, medically monitored detoxification/mental health diversion units.</i>	Revise and update	
04. INCORPORATION BY REFERENCE	01. AIA Guidelines for Design and Construction of Health Care Facilities, (AII) 2006. AIA Guidelines for Design and Construction of Health Care Facilities, (AII) 2006, are applicable to airborne infection isolation rooms for facilities operating a sobering station. The guidelines are available online at http://www.aia.org/ .	01. AIA Guidelines for Design and Construction of Health Care Facilities, (AII) 2006. AIA Guidelines for Design and Construction of Health Care Facilities, (AII) 2006, are applicable to airborne infection isolation rooms. The guidelines are available online at http://www.aia.org/ .	Revise and update	
04. INCORPORATION BY REFERENCE	04. ASAM PPC-2R. American Society of Addiction Medicine (ASAM) Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition - Revised (ASAM PPC-2R). A copy of this manual is available by mail at the American Society of Addiction Medicine, 4601 North Park Ave., Suite 101, Chevy Chase, MD 20815; by telephone and fax, (301) 656-3920 and (301) 656-3815 (fax); or on the internet at http://www.asam.org .	04. The ASAM Criteria. American Society of Addiction Medicine (ASAM) Treatment Criteria for Addictive, Substance-Related, and co-Occurring Conditions Third Edition. A copy of this manual is available by mail at the American Society of Addiction Medicine, 4601 North Park Ave., Suite 101, Chevy Chase, MD 20815; by telephone and fax, (301) 656-3920 and (301) 656-3815 (fax); or on the internet at http://www.asam.org .	Revise and update	

<p>04. INCORPORATION BY REFERENCE</p>	<p>05. DSM-IV-TR. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) Washington, DC, American Psychiatric Association, 2000. Copies of the manual are available from the American Psychiatric Association, 1400 K Street, N.W., Washington, DC, 20005. A copy of the manual is also available for public review at the Department of Health and Welfare, 450 West State Street, Boise, Idaho, 83702.</p>	<p>05. DSM-5. American Psychiatric Association: <i>Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)</i> Washington, D.C., American Psychiatric Association, 2013. Copies of the manual are available from the American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209-3901. A copy of the manual is also available for public review at the Department of Health and Welfare, 450 West State Street, Boise, Idaho, 83702.</p>	<p>Revise and update</p>	
<p>04. INCORPORATION BY REFERENCE</p>	<p>11. National Electric Code. National Electric Code AKA: NFPA Standard 70, the National Electric Code, 2000 Edition. A copy of the code is available online at http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=70.</p>	<p>11. National Electrical Code. National Electrical Code AKA: NFPA Standard 70, the National Electrical Code, 2017 Edition. A copy of the code is available online at http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=70.</p>	<p>Revise and update</p>	
<p>05. OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE -- AND INTERNET WEBSITE.</p>	<p>06. Substance Abuse Services Website. The Substance Abuse Services internet website at http://www.healthandwelfare.idaho.gov.</p>	<p>06. Substance Abuse Services Website. The Substance Abuse Services internet website at http://www.substanceabuse.idaho.gov</p>	<p>Revise and update</p>	
<p>05. OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE -- AND INTERNET WEBSITE.</p>	<p>N/A</p>	<p>07. Mental Health Services Website. The Mental Health services internet website is http://www.mentalhealth.idaho.gov</p>	<p>Add</p>	
<p>10. DEFINITIONS AND ABBREVIATIONS A THROUGH K.</p>	<p>01. Administrator. The person delegated the responsibility for the day-to-day operation and management of a detox/mental health diversion unit by the governing body. The administrator, owner, medical director, lead nurse, or mental health program director may be the same individual. The term “administrator” is synonymous with the term “chief executive officer (CEO).”</p>	<p>01. Administrator. The person delegated the responsibility for the day-to-day operation and management of a detox/mental health diversion unit by the governing body. The administrator, owner, medical director, director of nursing, or mental health program director may be the same individual. The term “administrator” is synonymous with the term “chief executive officer (CEO).”</p>	<p>Revise and update</p>	
<p>10. DEFINITIONS AND ABBREVIATIONS A THROUGH K.</p>	<p>07. Chemical Dependency Counselor. A professional counselor licensed by the Idaho State Licensing Board of Professional Counselors and Marriage and Family Therapists under Title 54, Chapter 34, Idaho Code, who: a. Has specialized training, education, and experience in the treatment of persons with problems related to alcohol and drug use; and b. Meets the requirements for certification as a alcohol and drug counselor under IDAPA 16.07.17, “Substance Use Disorders Services.”</p>	<p>N/A</p>	<p>Delete</p>	

<p>10. DEFINITIONS AND ABBREVIATIONS A THROUGH K.</p>	<p>09. Chief Executive Officer (CEO). The individual delegated the responsibility for the day-to-day operation and management of a detox/mental health diversion unit by the governing body. The chief executive officer, owner, medical director, lead nurse, or mental health program director may be the same individual. The term “chief executive officer (CEO)” is synonymous with the term “administrator.” (3-29-10)</p>	<p><i>09. Chief Executive Officer (CEO). The individual delegated the responsibility for the day-to-day operation and management of a detox/mental health diversion unit by the governing body. The chief executive officer, owner, medical director, director of nursing, or mental health program director may be the same individual. The term “chief executive officer (CEO)” is synonymous with the term “administrator.” (3-29-10)</i></p>	<p>Revise and update</p>	
<p>10. DEFINITIONS AND ABBREVIATIONS A THROUGH K.</p>	<p>13. Full Accreditation Certificate of Approval. A certificate of approval issued for a period of one (1) year to a facility that is in substantial compliance with these rules and minimum standards. (3-29-10)</p>	<p><i>13. Certificate of Approval. A certificate of approval issued for a period of three (3) years to a facility that is in substantial compliance with these rules and minimum standards. (3-29-10)</i></p>	<p>Revise and update</p>	
<p>11. DEFINITIONS AND ABBREVIATIONS L THROUGH Z</p>	<p>01. Lead Nurse. A qualified licensed registered nurse (R.N.) licensed by the Idaho State Board of Nursing under Title 54, Chapter 14, Idaho Code, and IDAPA 23.01.01, “Rules of the Idaho Board of Nursing,” who is so designated by the governing body. The lead nurse, administrator, or mental health program director may be the same individual. The lead nurse is responsible for nursing care provided to clients and for supervising the nursing care and services provided by staff. (3-29-10)</p>	<p><i>01. Director of Nursing. A qualified licensed registered nurse (R.N.) licensed by the Idaho State Board of Nursing under Title 54, Chapter 14, Idaho Code, and IDAPA 23.01.01, “Rules of the Idaho Board of Nursing,” who is so designated by the governing body. The director of nursing, administrator, or mental health program director may be the same individual. The director of nursing is responsible for nursing care provided to clients and for supervising the nursing care and services provided by staff. (3-29-10)</i></p>	<p>Revise and update</p>	
<p>11. DEFINITIONS AND ABBREVIATIONS L THROUGH Z</p>	<p>02. Level of Care Utilization System (“LOCUS”). A clinical level of care placement tool for psychiatric and addictions services, developed by the American Association of Community Psychiatrists. (3-29-10)</p>	<p>N/A</p>	<p>Delete</p>	
<p>11. DEFINITIONS AND ABBREVIATIONS L THROUGH Z</p>	<p>13. Mental Health Program Director. A qualified psychiatrist, psychologist, licensed registered nurse, licensed clinical professional counselor, licensed clinical social worker, licensed professional counselor, licensed master’s level social worker, or licensed marriage and family therapist, who is so designated by the governing body. The mental health program director is responsible for providing mental health counseling, treatment, and services provided to clients and for supervising mental health counseling, treatment, and services provided by mental health clinical staff. The mental health program director, administrator, lead nurse, and medical director may be the same individual. (3-29-10)</p>	<p><i>13. Mental Health Program Director. A qualified psychiatrist, psychologist, licensed registered nurse, licensed clinical professional counselor, licensed clinical social worker, licensed professional counselor, licensed master’s level social worker, or licensed marriage and family therapist, who is so designated by the governing body. The mental health program director is responsible for providing mental health counseling, treatment, and services provided to clients and for supervising mental health counseling, treatment, and services provided by mental health clinical staff. The mental health program director, administrator, director of nursing, and</i></p>	<p>Revise and update</p>	

		<i>medical director may be the same individual. (3-29-10)</i>		
11. DEFINITIONS AND ABBREVIATIONS L THROUGH Z	14. MIS. The Department's computerized management information system designed to collect individual demographics and service information on persons who are suffering from a subacute psychiatric or alcohol/drug crisis. (3-29-10)	N/A	Delete	
11. DEFINITIONS AND ABBREVIATIONS L THROUGH Z	24. Serious Mental Illness (SMI). Means any of the following psychiatric illnesses as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders, Text Revision (DSM-IV-TR): <ul style="list-style-type: none"> a. Schizophrenia. b. Paranoia and other psychotic disorders. c. Bipolar disorders (mixed, manic and depressive). d. Major depressive disorders (single episode or recurrent). e. Schizoaffective disorders. f. Obsessive-compulsive disorders. 	24. Serious Mental Illness (SMI). Means any of the following psychiatric illnesses as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders, (DSM-5), incorporated in Section 04 of these rules: <ul style="list-style-type: none"> a. Schizophrenia spectrum and other psychotic disorders; b. Bipolar disorders (mixed, manic and depressive); c. Major depressive disorders (single episode or recurrent); d. Obsessive-compulsive disorders. 	Revise and update	
11. DEFINITIONS AND ABBREVIATIONS L THROUGH Z	25. Serious and Persistent Mental Illness (SPMI). A primary diagnosis under DSM-IV-TR...	25. Serious and Persistent Mental Illness (SPMI). A primary diagnosis under DSM-5...	Revise and update	
11. DEFINITIONS AND ABBREVIATIONS L THROUGH Z	NEW: QUALIFIED SUBSTANCE USE DISORDERS PROFESSIONAL 01. Qualified Substance Use Disorders Professional. A qualified substance use disorders professional includes individuals with the following qualifications: (7-1-16) <ul style="list-style-type: none"> a. Idaho Board of Alcohol/Drug Counselor Certification - Certified Alcohol/Drug Counselor; (7-1- 16) b. Idaho Board of Alcohol/Drug Counselor Certification - Advanced Certified Alcohol/Drug Counselor; (7-1-16) c. Northwest Indian Alcohol/Drug Specialist Certification - Counselor II or Counselor III; (7-1-16) d. National Board for Certified Counselors (NBCC) - Master Addictions Counselor (MAC); (7-1-16) e. "Licensed Clinical Social Worker" (LCSW) or a "Licensed Masters Social 		Add	

	<p>Worker” (LMSW) licensed under Title 54, Chapter 32, Idaho Code, and IDAPA 24.14.01, “Rules of the State Board of Social Work Examiners”; (7-1-16)</p> <p>f. “Marriage and Family Therapist” or “Associate Marriage and Family Therapist,” licensed under Title 54, Chapter 34, Idaho Code, and IDAPA 24.15.01, “Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists”; (7-1-16)</p> <p>g. “Nurse Practitioner” licensed under Title 54, Chapter 14, Idaho Code, and IDAPA 23.01.01, “Rules of the Idaho Board of Nursing”; (7-1-16)</p> <p>h. “Clinical Nurse Specialist” licensed under Title 54, Chapter 14, Idaho Code, and IDAPA 23.01.01, “Rules of the Idaho Board of Nursing”;</p> <p>i. “Physician Assistant” licensed under Title 54, Chapter 18, Idaho Code, and IDAPA 22.01.03, “Rules for the Licensure of Physician Assistants”; (7-1-16)</p> <p>j. “Licensed Professional Counselor” (LPC) or a “Licensed Clinical Professional Counselor” (LCPC) licensed under Title 54, Chapter 34, Idaho Code, and IDAPA 24.15.01, “Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists”; (7-1-16)</p> <p>k. “Psychologist” or “Psychologist Extender” licensed under Title 54, Chapter 23, Idaho Code, and IDAPA 24.12.01, “Rules of the Idaho State Board of Psychologist Examiners”; (7-1-16)</p> <p>l. “Physician” licensed under Title 54, Chapter 18, Idaho Code; and (7-1-16)</p> <p>m. “Licensed Registered Nurse (RN)” licensed under Title 54, Chapter 14, Idaho Code, and IDAPA 23.01.01, “Rules of the Idaho Board of Nursing</p>			
<p>100. CERTIFICATE OF APPROVAL</p>	<p>03. Maximum Allowable Number of Beds. A certificate of approval will specify the maximum allowable number of beds for detoxification, sobering, and mental health. Facilities are prohibited from exceeding the maximum allowable number of beds for detoxification, sobering, and mental health as stated on the certificate of approval. (3-29-10)</p>	<p>N/A</p>	<p>Delete</p>	

<p>105. AGREEMENTS REQUIRED FOR CERTIFICATE OF APPROVAL FOR A DETOX/MENTAL HEALTH DIVERSION UNIT FACILITY</p>	<p>04. Agreement with Lead Nurse. A formal written agreement must be maintained at all times with a qualified R.N. licensed in Idaho, who is employed or contracted to serve as the lead nurse. The lead nurse is responsible for nursing care provided to clients and for supervising the nursing care, and services provided by staff</p>	<p><i>04. Agreement with Director of Nursing. A formal written agreement must be maintained at all times with a qualified R.N. licensed in Idaho, who is employed or contracted to serve as the director of nursing. The director of nursing is responsible for nursing care provided to clients and for supervising the nursing care, and services provided by staff.</i></p>	<p>Revise and update</p>	
<p>105. AGREEMENTS REQUIRED FOR CERTIFICATE OF APPROVAL FOR A DETOX/MENTAL HEALTH DIVERSION UNIT FACILITY</p>	<p>06. Agreement with Chemical Dependency Counselor. A formal written agreement must be maintained at all times with a qualified professional counselor licensed in Idaho who is employed or contracted as a chemical dependency counselor. The chemical dependency counselor is responsible for developing an individualized treatment plan based on the treatment needs assessment for each client admitted to the detoxification unit or mental health unit, and for supervising all chemical dependency counseling provided by staff.</p>	<p>N/A</p>	<p>Delete</p>	
<p>110. APPLICATION FOR CERTIFICATE OF APPROVAL</p>	<p>02. Initial Application and Building Evaluation Fee. The applicant must make a request in writing for a certificate of approval and evaluation of existing buildings. The request must include: a. The physical address of the buildings that are to be evaluated; b. The name, address, and telephone number of the individual who is to receive the Department's determination and evaluation report; and c. A nonrefundable five hundred (\$500) dollar application and building evaluation fee. No application will be processed until the application fee is paid.</p>	<p><i>02. Initial Application and Building Evaluation Fee. The applicant must make a request in writing for a certificate of approval and evaluation of existing buildings. The request must include: a. The physical address of the buildings that are to be evaluated; b. The name, address, and telephone number of the individual who is to receive the Department's determination and evaluation report; and c. A nonrefundable-one hundred (\$100) dollar application and building evaluation fee. No application will be processed until the application fee is paid.</i></p>	<p>Revise and update</p>	
<p>110. APPLICATION FOR CERTIFICATE OF APPROVAL</p>	<p>03. Statement to Comply. The applicant must provide a written statement that the applicant, owner, operator, proposed CEO or administrator, proposed medical director, proposed lead nurse, and proposed mental health program director have thoroughly read, reviewed, and are prepared to comply with the provisions in IDAPA 16.07.50, "Minimum Standards for Nonhospital, Medically Monitored Detoxification/Mental Health Diversion Units."</p>	<p><i>03. Statement to Comply. The applicant must provide a written statement that the applicant, owner, operator, proposed CEO or administrator, proposed medical director, proposed director of nursing, and proposed mental health program director have thoroughly read, reviewed, and are prepared to comply with the provisions in IDAPA 16.07.50, "Minimum Standards for Nonhospital, Medically Monitored Detoxification/Mental Health Diversion Units."</i></p>	<p>Revise and update</p>	
<p>110. APPLICATION</p>	<p>04. Statement Disclosing Revocation or</p>	<p>04. Statement Disclosing Revocation or</p>	<p>Revise and update</p>	

FOR CERTIFICATE OF APPROVAL	Disciplinary Actions. The applicant must provide a written statement regarding the applicant, owner, proposed CEO or administrator, proposed medical director, proposed lead nurse, and proposed mental health program director that either...	Disciplinary Actions. The applicant must provide a written statement regarding the applicant, owner, proposed CEO or administrator, proposed medical director, proposed director of nursing, and proposed mental health program director that either...		
110. APPLICATION FOR CERTIFICATE OF APPROVAL	13. Identification of CEO or Administrator, Medical Director, Lead Nurse, and Mental Health Program Director. The applicant must provide a written statement that identifies the CEO or administrator, medical director, lead nurse, and mental health program director along with documentation that establishes compliance with Sections 271 through 273, and 275 of these rules.	13. Identification of CEO or Administrator, Medical Director, Director of Nursing, and Mental Health Program Director. The applicant must provide a written statement that identifies the CEO or administrator, medical director, director of nursing, and mental health program director along with documentation that establishes compliance with Sections 271 through 273, and 275 of these rules.	Revise and update	
116. EXPIRATION AND RENEWAL OF CERTIFICATE OF APPROVAL	03. Annual Renewal Fee. An annual nonrefundable fee of ninety-six (\$96) dollars per bed must be submitted with the renewal application for certificate of approval. This per bed annual renewal fee will be adjusted from time-to-time to cover the cost of licensing, enforcing, and regulating in accordance with these rules and minimum standards.	03. Renewal Fee. A nonrefundable fee of one hundred (\$100) dollars must be submitted with the renewal application for certificate of approval.	Revise and update	
NEW SECTION: CERTIFICATE OF APPROVAL DURATION	N/A	<i>A certificate of approval is effective for three (3) years from the date the Department issues the Certificate of Approval. The detox/mental health diversion unit's Certificate of Approval is subject to the unit maintaining compliance with these rules.</i>	Add	
NEW SECTION: DETOX/MENTAL HEALTH DIVERSION UNIT – DEEMING		<p>1. National Accreditation. The Department will deem a nationally accredited detox/mental health diversion unit to be in compliance with the minimum standards and rule requirements in these rules.</p> <p>02. Proof of Accreditation. The applicant must submit a copy of accreditation results and reports regarding accreditation from the accrediting agency with their application.</p> <p>03. Additional and Supplemental Information. To address requirements for a state-approved detox/mental health diversion unit, the Department may require an applicant to provide additional or</p>	Add	

		<p><i>supplemental information not covered under the national accreditation or certification requirements. Additional documents may include:</i></p> <ul style="list-style-type: none"> <i>a. An organizational chart with verification that staff meet minimum certification standards;</i> <i>b. Satisfactory evidence that a criminal history and background check clearance, or waiver, has been issued by the Department for each individual required in Section 09 of these rules to have a criminal history check or whose position requires regular contact with clients.</i> 		
120. ISSUANCE OF CERTIFICATE OF APPROVAL BY DEPARTMENT	01. Issue Full Accreditation Certificate. Issue a full accreditation certificate of approval for a period of one (1) year if a facility is in substantial compliance with these rules and minimum standards.	01. Issue Certificate of Approval. Issue a certificate of approval for a period of three (3) years if a facility is in substantial compliance with these rules and minimum standards.	Revise and update	
120. ISSUANCE OF CERTIFICATE OF APPROVAL BY DEPARTMENT	03. Deny Certificate. Deny a certificate of approval.	03. Deny Certificate. The Department may deny a certificate of approval if it is determined that the detox/mental health diversion unit does not meet the requirements of these rules. The applicant will be notified of the denial, and the application returned with written recommendations for correction and completion of the recommendations.	Revise and update	
130. CHANGES REQUIRING NOTIFICATION TO THE DEPARTMENT	01. Change of Ownership, Operator, or Location. The owner must notify the Department when there is a change of ownership, operator, or location. A new application for a certificate of approval must be submitted to the Department at least ninety (90) days prior to the proposed date of the change.	01. Change of Ownership, Operator, or Location. The owner, administrator or CEO must notify the Department when there is a change of ownership, operator, or location. A certificate of approval is not automatically transferable when ownership or control is changed. The owner, administrator or CEO must inform the Department in writing within ten (10) business days of any change in ownership or control. The Department may continue the certificate of approval provisionally until it can determine the status of the detox/mental health diversion unit under the new ownership or control. The owner, administrator or CEO must notify the Department in writing a minimum of thirty (30) calendar days prior to any change in location and must submit required documentation for approval of the new location. The new location is subject to an on-site review as determined by the Department.	Revise and update	

130. CHANGES REQUIRING NOTIFICATION TO THE DEPARTMENT	NEW Change of Detox/Mental Health Diversion Unit Name. The owner, administrator or CEO must notify the Department in writing a minimum of thirty (30) calendar days prior to a change in name of unit or business. A copy of the “Certificate of Assumed Business Name,” must be included.	N/A	Add	
130. CHANGES REQUIRING NOTIFICATION TO THE DEPARTMENT	03. Change of CEO or Administrator, Medical Director, or Lead Nurse. Any facility issued a certificate of approval must notify the Department in writing as soon as practicable prior to any the following changes in Subsections 130.03.a. through 130.03.c of this rule, to permit the Department to determine whether any changes in certification status are necessary: a. Change in CEO or administrator; b. Change in medical director; c. Change in lead nurse; or d. Change in mental health program director.	03. Change of CEO or Administrator, Medical Director, or Director of Nursing. Any facility issued a certificate of approval must notify the Department in writing as soon as practicable prior to any the following changes in Subsections 130.03.a. through 130.03.c of this rule, to permit the Department to determine whether any changes in certification status are necessary: a. Change in CEO or administrator; b. Change in medical director; c. Change in director of nursing; or d. Change in mental health program director.	Revise and update	
130. CHANGES REQUIRING NOTIFICATION TO THE DEPARTMENT	06. Change in Maximum Allowable Number of Beds. A facility issued a certificate of approval must notify the Department in writing at least thirty (30) days prior to any proposed increase in the maximum allowable number of beds for detoxification, sobering, or mental health.	N/A	Delete	
131. NOTIFICATION BY THE DEPARTMENT FOR PROPOSED CHANGES SUBMITTED BY THE FACILITY	02. Notification of Changes in Maximum Number of Beds. The Department will notify the owner or operator within thirty (30) days of its determination with respect to the proposed changes in the maximum allowable number of beds for detoxification, sobering, and mental health for the facility.	N/A	Delete	
131. NOTIFICATION BY THE DEPARTMENT FOR PROPOSED CHANGES SUBMITTED BY THE FACILITY	03. Notification of Changes in Operations. The Department will notify the owner or operator within thirty (30) days of its determination with respect to any of the following proposed changes: a. Change of CEO or administrator; b. Change of medical director; c. Change of lead nurse; d. Change of mental health program director; and e. Material change in services or program classifications.	03. Notification of Changes in Operations. The Department will notify the owner or operator within thirty (30) days of its determination with respect to any of the following proposed changes: a. Change of CEO or administrator; b. Change of medical director; c. Change of director of nursing; d. Change of mental health program director; and e. Material change in services or program classifications.	Revise and update	
150. DENIAL OF CERTIFICATE OF APPROVAL	02. Denial of a Certificate of Approval Related to Key Individuals. The Department may deny a certificate of approval when persuaded by a preponderance of the evidence that any of the	02. Denial of a Certificate of Approval Related to Key Individuals. The Department may deny a certificate of approval when persuaded by a preponderance of the evidence	Revise and update	

	following individuals: applicant, owner, operator, CEO or administrator, medical director, lead nurse, or mental health program director...	<i>that any of the following individuals: applicant, owner, operator, CEO or administrator, medical director, director of nursing, or mental health program director...</i>		
150. DENIAL OF CERTIFICATE OF APPROVAL	03. Denial of a Certificate of Approval for an Act Adversely Affecting Welfare of Client, Employee, Contractor, or Volunteer. The Department may deny a certificate of approval when persuaded by a preponderance of the evidence that any act or omission adversely affecting the welfare of any client, employee, contractor, or volunteer is being permitted, aided, performed, or abetted by the facility, applicant, owner, operator, CEO or administrator, medical director, lead nurse, or mental health program director. Such acts or omissions include neglect, physical abuse, mental abuse, emotional abuse, violation of civil rights or exploitation of vulnerable adults.	03. Denial of a Certificate of Approval for an Act Adversely Affecting Welfare of Client, Employee, Contractor, or Volunteer. The Department may deny a certificate of approval when persuaded by a preponderance of the evidence that any act or omission adversely affecting the welfare of any client, employee, contractor, or volunteer is being permitted, aided, performed, or abetted by the facility, applicant, owner, operator, CEO or administrator, medical director, director of nursing, or mental health program director. Such acts or omissions include neglect, physical abuse, mental abuse, emotional abuse, violation of civil rights or exploitation of vulnerable adults.	Revise and update	
160. ENFORCEMENT ACTION FOR SUSPENSION OR REVOCATION OF A CERTIFICATE AND LIMIT ON ADMISSIONS WITH NOTICE	01. Act Adversely Affecting Welfare of Client. Any act or omission adversely affecting the welfare of any client, employee, contractor, or volunteer is being permitted, aided, performed, or abetted by the facility, applicant, owner, operator, CEO or administrator, medical director, lead nurse, or mental health program director. Such acts or omissions may include, but are not limited to, neglect, physical abuse, mental abuse, emotional abuse, violation of civil rights or exploitation of vulnerable adults.	01. Act Adversely Affecting Welfare of Client. Any act or omission adversely affecting the welfare of any client, employee, contractor, or volunteer is being permitted, aided, performed, or abetted by the facility, applicant, owner, operator, CEO or administrator, medical director, director of nursing, or mental health program director. Such acts or omissions may include, but are not limited to, neglect, physical abuse, mental abuse, emotional abuse, violation of civil rights or exploitation of vulnerable adults.	Revise and update	
160. ENFORCEMENT ACTION FOR SUSPENSION OR REVOCATION OF A CERTIFICATE AND LIMIT ON ADMISSIONS WITH NOTICE	03. Misrepresentation or Omission On Application. The applicant, owner, operator, CEO or administrator, medical director, lead nurse, or mental health program director has willfully misrepresented or omitted information on the application or other documents pertinent to obtaining or renewing a license.	03. Misrepresentation or Omission On Application. The applicant, owner, operator, CEO or administrator, medical director, director of nursing, or mental health program director has willfully misrepresented or omitted information on the application or other documents pertinent to obtaining or renewing a license.	Revise and update	
160. ENFORCEMENT ACTION FOR SUSPENSION OR REVOCATION OF A CERTIFICATE AND LIMIT ON ADMISSIONS WITH	04. Lack of Sound Judgment in Operation or Management. The applicant, owner, operator, CEO or administrator, medical director, lead nurse, or mental health program director has demonstrated a lack of sound judgment in the operation or management of the facility.	04. Lack of Sound Judgment in Operation or Management. The applicant, owner, operator, CEO or administrator, medical director, director of nursing, or mental health program director has demonstrated a lack of sound judgment in the operation or management of the facility.	Revise and update	

NOTICE				
160. ENFORCEMENT ACTION FOR SUSPENSION OR REVOCATION OF A CERTIFICATE AND LIMIT ON ADMISSIONS WITH NOTICE	07. Acts of Key Individuals. The facility, applicant, owner, CEO or administrator, medical director, lead nurse, or mental health program director: a. Has violated any conditions of a certificate of approval. b. Has been denied or has had revoked any license issued under Title 54, Idaho Code, or by the Department; c. Has been convicted of operating any facility without a license; d. Has been enjoined from operating any facility; e. Is directly under the control or influence of any person who has been subject to the proceedings described in this Subsection of these rules; f. Fails to comply with the data gathering requirements of the MIS; or g. Fails to substantially comply with these rules and minimum standards.	<i>07. Acts of Key Individuals. The facility, applicant, owner, CEO or administrator, medical director, director of nursing, or mental health program director: a. Has violated any conditions of a certificate of approval. b. Has been denied or has had revoked any license issued under Title 54, Idaho Code, or by the Department; c. Has been convicted of operating any facility without a license; d. Has been enjoined from operating any facility; e. Is directly under the control or influence of any person who has been subject to the proceedings described in this Subsection of these rules; f. Fails to substantially comply with these rules and minimum standards.</i>	Revise and update	
160. ENFORCEMENT ACTION FOR SUSPENSION OR REVOCATION OF A CERTIFICATE AND LIMIT ON ADMISSIONS WITH NOTICE	08. Violation of Client Confidentiality. The applicant, owner, operator, CEO or administrator, medical director, lead nurse, mental health program director, or any employees, transfers, reinstated former employees, student interns, contractors, volunteers, or any other persons who provide care or services or have access to clients, violate client confidentiality.	<i>08. Violation of Client Confidentiality. The applicant, owner, operator, CEO or administrator, medical director, director of nursing, mental health program director, or any employees, transfers, reinstated former employees, student interns, contractors, volunteers, or any other persons who provide care or services or have access to clients, violate client confidentiality.</i>	Revise and update	
170. PENALTY FOR OPERATING A FACILITY WITHOUT A CERTIFICATE OF APPROVAL	01. Penalty for Operating Facility Without a Certificate of Approval. Any person or entity establishing, conducting, managing, or operating a detox/mental health diversion unit without a certificate of approval issued by the Department is guilty of a misdemeanor. When a person is found guilty, the penalty is punishable by imprisonment in a county jail for a period of time not to exceed six (6) months, or by a fine not to exceed three hundred dollars (\$300), or both fine and imprisonment. Each day of continuing violation constitutes a separate offense. Under Section 39-1312, Idaho Code, the attorney general is authorized to prosecute any violations in the event the prosecuting attorney in the county where the alleged violation occurred fails or refuses to act within sixty (60) days of notification of the violation.	N/A	Delete	

<p>170. PENALTY FOR OPERATING A FACILITY WITHOUT A CERTIFICATE OF APPROVAL</p>	<p>02. Injunction to Prevent Operation Without a Certificate of Approval. Notwithstanding the existence or pursuit of any other remedy, the Department may in the manner provided by law maintain an action in the name of the State for injunctive relief or other process against any person or entity establishing, conducting, managing, or operating a detox/mental health diversion unit without a certificate of approval issued by the Department.</p>	<p>N/A</p>	<p>Delete</p>	
<p>171. PENALTY FOR OPERATING FACILITY NOT IN SUBSTANTIAL COMPLIANCE</p>	<p>01. Civil Monetary Penalties. Civil monetary penalties are based upon one (1) or more deficiencies of substantial noncompliance. Nothing will prevent the Department from imposing this remedy for deficiencies which existed prior to inspection or complaint investigation through which they are identified. Actual harm to a client or clients does not need to be shown. A single act, omission or incident will not give rise to imposition of multiple penalties, even though such act, omission or incident may violate more than one (1) rule.</p>	<p>N/A</p>	<p>Delete</p>	
<p>171. PENALTY FOR OPERATING FACILITY NOT IN SUBSTANTIAL COMPLIANCE</p>	<p>02. Assessment Amount for Civil Monetary Penalty. When civil monetary penalties are imposed, such penalties are assessed for each day the facility is or was out of substantial compliance. The amounts below are multiplied by the total number of certified beds according to the records of the Department at the time substantial noncompliance is established.</p>	<p>N/A</p>	<p>Delete Entire section, including monetary penalty examples (Tables won't fit in this crosswalk).</p>	
<p>171. PENALTY FOR OPERATING FACILITY NOT IN SUBSTANTIAL COMPLIANCE</p>	<p>03. Notice of Civil Monetary Penalties and Appeal Rights. The Department will give written notice informing the facility of the amount of the penalty, the basis for its assessment, and the facility's appeal rights.</p>	<p>N/A</p>	<p>Delete</p>	
<p>171. PENALTY FOR OPERATING FACILITY NOT IN SUBSTANTIAL COMPLIANCE</p>	<p>04. Payment of Penalties. The facility must pay the full amount of the penalty within thirty (30) calendar days from the date the notice is received. Interest accrues on all unpaid penalties at the legal rate of interest for judgments. Such interest accrual will begin one (1) calendar day after the date of the initial assessment of the penalty.</p>	<p>N/A</p>	<p>Delete</p>	
<p>171. PENALTY FOR OPERATING FACILITY NOT IN SUBSTANTIAL COMPLIANCE</p>	<p>05. Failure to Pay. Failure of a facility to timely pay the entire penalty, together with any interest, is cause for the Department to take any action described in Subsection 120 of these rules including but not limited to, revocation of the certificate of approval or offsetting and withholding any amounts due from Medicaid payments to the facility.</p>	<p>N/A</p>	<p>Delete</p>	

<p>185. INSPECTIONS, INVESTIGATIONS, AND CONSULTATIONS</p>	<p>07. Authority to Interview. The Department or its designee has the authority to interview any individual associated with the facility or the provision of care, including persons or governmental units named in the certificate, the complainant, CEO or administrator, medical director, lead nurse, mental health program director, chemical dependency counselor, staff, clients, clients' families, service providers, authorized provider or physician or other legally responsible person. Interviews are confidential and conducted privately unless otherwise specified by the Department or its designee.</p>	<p><i>07. Authority to Interview. The Department or its designee has the authority to interview any individual associated with the facility or the provision of care, including persons or governmental units named in the certificate, the complainant, CEO or administrator, medical director, director of nursing, mental health program director, qualified substance use disorders professional, staff, clients, clients' families, service providers, authorized provider or physician or other legally responsible person. Interviews are confidential and conducted privately unless otherwise specified by the Department or its designee.</i></p>	<p>Revise and update</p>	
<p>200. REQUIREMENTS APPLICABLE TO ALL DETOXIFICATION UNITS, SOBERING STATIONS, AND MENTAL HEALTH DIVERSION UNIT</p>	<p>REQUIREMENTS APPLICABLE TO ALL DETOXIFICATION UNITS, SOBERING STATIONS, AND MENTAL HEALTH DIVERSION UNIT</p>	<p><i>REQUIREMENTS APPLICABLE TO ALL DETOXIFICATION UNITS, AND MENTAL HEALTH DIVERSION UNIT</i></p>	<p>Revise and update</p>	
<p>210. PERSONNEL POLICIES AND PROCEDURES</p>	<p>02. Daily Work Schedules. Daily work schedules must be maintained in writing that reflect: a. Personnel on duty at any given time for the previous twelve (12) months; b. The first and last names of each employee, including professional designation; and c. Any adjustments made to the schedule.</p>	<p><i>02. Daily Work Schedules. Daily work schedules must be maintained in writing that reflect: a. Personnel on duty at any given time for the previous one (1) month; b. The first and last names of each employee, including professional designation; and c. Any adjustments made to the schedule.</i></p>	<p>Revise and update</p>	
<p>211. EMPLOYEE HEALTH</p>	<p>01. Tuberculin Skin Test. The current status of a tuberculin skin test, taken immediately prior to employment or within thirty (30) days after employment, must be recorded. a. If the skin test is positive, either by history or current test, personnel must seek a medical evaluation and chest x-ray to determine the presence or absence of active disease. Personnel who have active tuberculosis must be restricted from employment and attendance at the facility until it is determined by laboratory evaluation that the tuberculosis is noninfectious. b. Personnel who have a negative reaction to the skin test, must be tested annually if it is determined that they function in a high-risk tuberculosis area.</p>	<p><i>01. Tuberculin Skin Test. The current status of a tuberculin skin test, taken immediately prior to employment or within thirty (30) days after employment, must be recorded. a. If the skin test is positive, either by history or current test, personnel must seek a medical evaluation and chest x-ray or tuberculosis blood test to determine the presence or absence of active disease. Personnel who have active tuberculosis must be restricted from employment and attendance at the facility until it is determined by laboratory evaluation that the tuberculosis is noninfectious. b. Personnel who have a negative reaction to the skin test, must be given an annual tuberculosis risk assessment checklist to screen for potential symptoms and infection.</i></p>	<p>Revise and update</p>	

		<p><i>Employees who are screened as high risk must be given a tuberculin skin test within thirty (30) days. If the skin test is positive, personnel must seek a medical evaluation and chest x-ray or tuberculosis blood test to determine the presence or absence of active disease. Personnel who have active tuberculosis must be restricted from employment and attendance at the facility until it is determined by laboratory evaluation that the tuberculosis is noninfectious.</i></p>		
211. EMPLOYEE HEALTH	02. Repeat Skin Text. A repeat skin test is also required if an employee is exposed to a client or other staff who develop tuberculosis.	N/A	Delete	
215. ORIENTATION AND CONTINUING EDUCATION	03. Continuing Education for Direct Care Staff. Each direct care staff member must annually receive twenty-four (24) hours of continuing education that includes an understanding of the nature of addiction, the withdrawal syndrome, group therapy, family therapy, and other treatment methodologies that are appropriate to the position held by each direct care staff member. Continuing education requirements may be met through in-house educational programs, outside continuing educational programs, or a combination thereof.	03. Continuing Education for Direct Care Staff. Each direct care staff member must annually receive twelve (12) hours of continuing education that includes an understanding of the nature of addiction, the withdrawal syndrome, group therapy, family therapy, and other treatment methodologies that are appropriate to the position held by each direct care staff member. Continuing education requirements may be met through in-house educational programs, outside continuing educational programs, or a combination thereof.	Revise and update	
230. POLICIES AND PROCEDURES APPLICABLE TO ALL DETOXIFICATION UNITS, SOBERING STATIONS, AND MENTAL HEALTH DIVERSION UNITS	230. POLICIES AND PROCEDURES APPLICABLE TO ALL DETOXIFICATION UNITS, SOBERING STATIONS, AND MENTAL HEALTH DIVERSION UNITS	230. POLICIES AND PROCEDURES APPLICABLE TO ALL DETOXIFICATION UNITS, AND MENTAL HEALTH DIVERSION UNITS	Revise and update	
231. PHYSICIAN APPROVED ADMISSIONS POLICY, INTAKE PROCEDURES, AND DISCHARGE PLANNING	03. Criteria for Rejecting Admissions. Written criteria for rejecting admission requests, uniformly applied to all prospective clients, must be provided in accordance with these rules, and that includes a statement that the following persons are not eligible for admission: a. Any person who is violent, charged with a crime, or otherwise needs a secure holding facility; b. Any person who is under the age of eighteen (18) years; c. Any person who is the subject of involuntary commitment proceedings or detention without a	03. Criteria for Rejecting Admissions. <i>Written criteria for rejecting admission requests, uniformly applied to all prospective clients, must be provided in accordance with these rules, and that includes a statement that the following persons are not eligible for admission:</i> a. <i>Any person who is violent, charged with a crime, or otherwise needs a secure holding facility;</i> b. <i>Any person who is under the age of eighteen (18) years;</i>	Revise and update	

	<p>hearing under Sections 18-212, 66-326, 66-329, 66-406, or 66-1305, Idaho Code;</p> <p>d. Any person who requires specialized care not available at the facility;</p> <p>e. Any person who has a physical or medical condition that is unstable or can only be safely treated in a hospital;</p> <p>f. Any person whose primary problem is social, economic, or one of physical health such as epilepsy, an intellectual disability, dementia, a developmental disability, or, chronic alcoholism, drug abuse, physical disability, or aged, unless in addition to such condition, he meets the admission criteria provided in Sections 320, 420, or 520 of these rules;</p> <p>g. Any person who fails to meet the admission criteria in Sections 320, 420, or 520 of these rules;</p> <p>h. Any person who can be safely maintained and effectively treated in a less restrictive or intensive level of care; or</p> <p>i. Any person who does not voluntarily consent to admission or treatment.</p>	<p>c. Any person who is the subject of involuntary commitment proceedings or detention without a hearing under Sections 18-212, 66-326, 66-329, 66-406, or 66-1305, Idaho Code;</p> <p>d. Any person who requires specialized care not available at the facility;</p> <p>e. Any person who has a physical or medical condition that is unstable or can only be safely treated in a hospital;</p> <p>f. Any person who fails to meet the admission criteria in Sections 320, 420, or 520 of these rules;</p> <p>g. Any person who can be safely maintained and effectively treated in a less restrictive or intensive level of care; or</p> <p>h. Any person who does not voluntarily consent to admission or treatment.</p>		
231. PHYSICIAN APPROVED ADMISSIONS POLICY, INTAKE PROCEDURES, AND DISCHARGE PLANNING	.09 Criteria for Appropriate Rehabilitative Services. Written criteria must be provided that assures appropriate rehabilitative services are provided whereby each client is assigned a primary addiction therapist or primary mental health professional, depending upon need, who will follow the client's progress during his admission to the detoxification or mental health unit, or both. The client's progress must be documented in the client's record.		Delete	
231. PHYSICIAN APPROVED ADMISSIONS POLICY, INTAKE PROCEDURES, AND DISCHARGE PLANNING	10. Criteria for Assuring Clients Remain in Program. Written criteria must be provided that assures clients will remain in a medical detoxification program, sobering program, or mental health diversion program for the period of time deemed medically necessary and documented by the attending physician. Coercion or force cannot be used to induce any client to remain in treatment.	10. Criteria for Assuring Clients Remain in Program. Written criteria must be provided that assures clients will remain in a medical detoxification program, or mental health diversion program for the period of time deemed medically necessary and documented by the attending physician. Coercion or force cannot be used to induce any client to remain in treatment.	Revise and update	
245. INFECTION CONTROL	.02 Report for Monitoring Infections. Specifics for monitoring the course of infections must include, at minimum, a prepared written quarterly report describing the status of each infection. This report must include: a. Diagnosis; b. Description of the infection;	.02 Report for Monitoring Infections. Specifics for monitoring the course of infections must include, at minimum, a prepared written quarterly report describing the status of each infection. This report must include: a. Diagnosis;	Revise and update	

	<p>c. Causative organism, if identified; d. Date of onset; e. Treatment and date initiated; f. Client's progress; g. Control techniques utilized; and h. Diagnostic tests employed.</p>	<p>b. Description of the infection; c. Causative organism, if identified; d. Date of onset; e. Treatment and date initiated; f. Control techniques utilized; and g. Diagnostic tests employed.</p>		
246. CONTROL OF TUBERCULOSIS	N/A	<p>NEW: Tuberculosis Risk Assessment. Each client must be given a tuberculosis risk assessment checklist immediately prior to admission to screen for potential symptoms and infection. Clients who are screened as high risk must be given a tuberculin skin test prior to admission or provide proof of the results of a tuberculin skin test given within six (6) months prior to admission.</p>	Add	
246. CONTROL OF TUBERCULOSIS	<p>01. Tuberculin Skin Tests. The results of a tuberculin skin test, taken immediately prior to admission or within six (6) months prior to admission, must be established for each client. If the status is not known upon admission, a tuberculin skin test must be done as soon as possible. a. If the tuberculin skin test is negative, the test does not have to be repeated prior to discharge. b. If the tuberculin skin test is positive, the client must have a chest x-ray to rule out the presence of infectious pulmonary tuberculosis.</p>	<p>01. Tuberculin Skin Tests. The results of a tuberculin skin test, taken immediately prior to admission or within six (6) months prior to admission, must be established for any client who is screened at high risk. a. If the tuberculin skin test is negative, the test does not have to be repeated prior to discharge. b. If the tuberculin skin test is positive, the client must have a chest x-ray or tuberculosis blood test to rule out the presence of infectious pulmonary tuberculosis.</p>	Revise and update	
246. CONTROL OF TUBERCULOSIS	<p>05. Sobering Station Exclusion. The tuberculin skin tests required in Subsection 246.01 of this rule, is not required for clients receiving services from a sobering station.</p>	N/A	Delete	
250. FOOD AND NUTRITIONAL CARE POLICIES AND PROCEDURES	<p>01. Three Nutritious Meals Per Day. At least three nutritious meals per day and nutritional snacks, must be provided to each client present at meal times in the detoxification or mental health diversion units. No more than fourteen (14) hours may elapse between the end of an evening meal and the beginning of the morning meal. Physician approved special diets must be provided upon request by a client. Under no circumstances may food be withheld for disciplinary reasons. Menus must be reviewed and approved in advance by a registered dietitian in Idaho in accordance with the Idaho Diet Manual from the Idaho Dietetic Association. Nourishments must be made available to a client in a sobering station.</p>	<p>01. Three Nutritious Meals Per Day. At least three nutritious meals per day and nutritional snacks, must be provided to each client present at meal times in the detoxification or mental health diversion units. No more than fourteen (14) hours may elapse between the end of an evening meal and the beginning of the morning meal. Physician approved special diets must be provided upon request by a client. Under no circumstances may food be withheld for disciplinary reasons. Menus must be reviewed and approved in advance by a registered dietitian in Idaho in accordance with the Idaho Diet Manual from the Idaho Dietetic Association.</p>	Revise and update	

<p>260. CLIENT RECORDS POLICIES AND PROCEDURES</p>	<p>02. Responsible Staff. The CEO or administrator must designate to a staff member the responsibility for the accurate maintenance of client records. If this person is not a Registered Records Administrator (RRA) or an Accredited Records Technician (ART), consultation from such a qualified individual must be provided periodically to the designated staff person.</p>	<p>N/A</p>	<p>Delete</p>	
<p>260. CLIENT RECORDS POLICIES AND PROCEDURES</p>	<p>03. Individual Client Record. An individual record must be maintained for each admission with all entries kept current, dated, and signed. Client records must, at a minimum, contain the following:</p> <ul style="list-style-type: none"> a. Client's name, date and time of admission; previous address; home telephone; sex; date of birth; place of birth; ethnicity; marital status; religious preference; usual occupation; Social Security number; branch and dates of military service; name, address, and telephone number of nearest relative or responsible person or agency; place admitted from; attending physician; and date and time of discharge. b. Biopsychosocial assessment, including medical history and physical examination that evaluates an individual's strengths, weaknesses, problems, and needs. c. Transfer or referral report, where applicable. d. Special reports dated and signed by the person making the report such as laboratory, x-ray, social services, mental health, consultation, and other special reports. e. Individualized treatment plan based on a biopsychosocial assessment of the client's alcohol or substance use disorder treatment needs, including treatment goals based on client input. f. Physician's orders containing the physician's authorization for required medications, tests, treatments, and diet. Each entry must be dated and signed or counter-signed by the physician. g. Progress notes by physicians, nurses, therapists, social workers, and other health care personnel must be recorded indicating observations to provide a full descriptive, chronological picture of the client during his admission. The author must date and sign his entry h. The final diagnosis on discharge or cause of death, condition on discharge, and disposition signed and dated by the attending physician. i. Nurses' entries must include the following information: <ul style="list-style-type: none"> i. Date, time and mode of admission; documentation of the client's general physical and emotional 	<p>N/A</p>	<p>Delete</p>	

	<p>condition as well as mental attitude on admission.</p> <p>ii. Medication administration record.</p> <p>iii. Date and times of all treatments.</p> <p>iv. Any change in the client's physical or mental status</p> <p>v. Any incident or accident occurring while the client is in the facility.</p> <p>vi. The signature of the on-duty nurse for each shift indicating the assumption of responsibility for all entries made by nonprofessional nursing personnel.</p>				
260. CLIENT RECORDS POLICIES AND PROCEDURES	N/A		NEW: <i>Client Record Required. Each detox/mental health diversion unit must maintain a client record on each client. All entries into the client's record must be signed and dated.</i>	Add	
260. CLIENT RECORDS POLICIES AND PROCEDURES	N/A		NEW: <i>Content of Client Record. The client record must describe the client's situation at the time of admission and include the services provided, all progress notes, and the client's status at the time of discharge. At a minimum the record must contain:</i> a. <i>The client's name, address, contact information, date of birth, gender, marital status, race or ethnic origin, next of kin or person to contact, educational level, type and place of employment, date of initial contact or admission to the unit, source of any referral, legal status including relevant legal documents, name of personal physician, record of any known drug reactions or allergies, and other identifying data as indicated;</i> b. <i>Any staffing notes pertaining to the client;</i> c. <i>Any medical records obtained regarding the client;</i> d. <i>Any assessments; and</i> e. <i>The initial and updated service plans.</i>	Add	
260. CLIENT RECORDS POLICIES AND PROCEDURES			NEW: <i>Maintenance of Client Records. Each detox/mental health diversion unit must develop written policies and procedures governing the maintenance, compilation, storage, dissemination, and accessibility of client records.</i>	Add	
260. CLIENT RECORDS POLICIES AND			NEW: <i>Retention and Destruction of Client Records.</i>	Add	

PROCEDURES		<i>Each detox/mental health diversion unit must develop written policies and procedures governing the retention and destruction of client records.</i>		
270. MINIMUM STAFFING POLICIES AND PROCEDURES	02. Direct Care Staff. The facility must have adequate nursing personnel and direct care staff in sufficient numbers to plan, administer, and provide client bedside care. At a minimum, two (2) staff, one of whom must be an R.N. or L.P.N., must be on duty twenty-four (24) hours per day, seven (7) days per week. In the absence of the lead nurse, an R.N. or L.P.N. must be designated to assume the lead nurse's duties. No person may be assigned nursing duties, including aides and orderlies, who has been on duty in the facility during the preceding twelve (12) hours, except in an emergency.	02. Direct Care Staff. <i>The facility must have adequate nursing personnel and direct care staff in sufficient numbers to plan, administer, and provide client bedside care. At a minimum, two (2) staff, one of whom must be an R.N. or L.P.N., must be on duty twenty-four (24) hours per day, seven (7) days per week. In the absence of the director of nursing, an R.N. or L.P.N. must be designated to assume the director of nursing's duties. No person may be assigned nursing duties, including aides and orderlies, who has been on duty in the facility during the preceding twelve (12) hours, except in an emergency.</i>	Revise and update	
270. MINIMUM STAFFING POLICIES AND PROCEDURES	03. Monthly Staffing Pattern. Monthly staffing patterns indicating daily staff, staff titles, and client census must be kept for the previous twelve (12) month. A written staffing plan must be developed to ensure appropriate and adequate staff coverage for emergency or high demand situations.	03. Monthly Staffing Pattern. <i>Monthly staffing patterns indicating daily staff, staff titles, and client census must be kept for the previous one (1) month. A written staffing plan must be developed to ensure appropriate and adequate staff coverage for emergency or high demand situations.</i>	Revise and update	
270. MINIMUM STAFFING POLICIES AND PROCEDURES	04. Clinical Supervision and Consultation for Staff. A written staffing plan that specifies a minimum of one (1) hour per month of personal clinical supervision and consultation for each staff person and volunteer who is responsible for the delivery of direct care services must be maintained. The clinical supervision must relate to the individual's skill level with the objective of assisting direct care staff and volunteers to increase their treatment skill and the quality of services delivered to clients.	N/A	Delete	
270. MINIMUM STAFFING POLICIES AND PROCEDURES	05. Staffing of Certified Alcohol and Drug Counselor. The services of a certified alcohol and drug counselor must be available to each client.	N/A	Delete	
270. MINIMUM STAFFING POLICIES AND PROCEDURES	N/A	NEW: <u><i>Staff Supervision.</i></u> <i>Each detox/mental health diversion unit must ensure that:</i> a. <i>Staff have access to regularly scheduled supervision with detox/mental health diversion unit supervisors; and</i> b. <i>Staff members practice only within the scope of their credentials.</i>	Add	
270. MINIMUM		NEW:	Add	

STAFFING POLICIES AND PROCEDURES		<p>Clinical Supervision. Each detox/mental health diversion unit must provide for regular and ongoing supervision of clinical activities. The detox/mental health diversion unit must establish a written supervisory protocol that addresses:</p> <p>a. <u>Management and oversight of the provision of professional services offered by the detox/mental health diversion unit;</u> and</p> <p>b. Supervision centered on the evaluation and improvement of clinician skills, knowledge, and attitudes.</p>		
271. QUALIFICATIONS AND RESPONSIBILITIES FOR CEO OR ADMINISTRATOR	<p>01. CEO or Administrator. Each detox/mental health diversion unit must maintain at all times, through employment or contract, a CEO or administrator who is responsible for carrying out the policies established by the governing body and the day-to-day conduct and operations of the facility. This individual must have the qualifications required in Subsections 271.03 and 271.04 of this rule at the time of hire and throughout the duration of employment or contract.</p>	<p>01. CEO or Administrator. Each detox/mental health diversion unit must maintain at all times, through employment or contract, a CEO or administrator who is responsible for carrying out the policies established by the governing body and the day-to-day conduct and operations of the facility.</p>	Revise and update	
271. QUALIFICATIONS AND RESPONSIBILITIES FOR CEO OR ADMINISTRATOR	<p>03. Required License or Degree. Each CEO or administrator of a Detox/Mental Health Diversion Unit must, at a minimum, have one (1) or more of the following Idaho licensures or degrees at the time of hire or contract and throughout the duration of employment or contract:</p> <p>a. Licensed Physician;</p> <p>b. Licensed Psychologist;</p> <p>c. Licensed Master's Level Nurse;</p> <p>d. Licensed Clinical Professional Counselor (LCPC);</p> <p>e. Licensed Clinical Social Worker (LCSW);</p> <p>f. Licensed Professional Counselor (LPC);</p> <p>g. Licensed Master's Level Social Worker (LMSW);</p> <p>h. Licensed Bachelor's Level Nurse; or</p> <p>i. Master's degree in the field of alcoholism, substance use disorders, or mental health.</p>	N/A	Delete	
271. QUALIFICATIONS AND RESPONSIBILITIES FOR CEO OR ADMINISTRATOR	<p>04. Required Experience and Abilities. Each CEO or administrator of a detox/mental health diversion unit must, at a minimum have and demonstrate the following experience and abilities at the time of hire or contract:</p> <p>a. At least two (2) years of paid full-time experience must be in the field of alcoholism, substance use disorders and mental health.</p> <p>b. At least one (1) year of the two (2) years' full-time</p>	N/A	Delete	

	experience must be in an administrative capacity that includes knowledge and experience demonstrating competence in planning and budgeting, fiscal management, supervision, personnel management, employee performance assessment, data collection, and reporting.				
271. QUALIFICATIONS AND RESPONSIBILITIES FOR CEO OR ADMINISTRATOR	05. Availability of CEO or Administrator. The facility's CEO or administrator must, at a minimum, be full-time forty (40) hours per week to provide for safe and adequate care of clients and staff. The facility's CEO or Administrator, or his designee must be available to be on-site at the facility within two (2) hours and must be on-call at all times.	N/A		Delete	
273. QUALIFICATIONS AND RESPONSIBILITIES FOR LEAD NURSE	273. QUALIFICATIONS AND RESPONSIBILITIES FOR LEAD NURSE	273. QUALIFICATIONS AND RESPONSIBILITIES FOR DIRECTOR OF NURSING		Revise and update	
273. QUALIFICATIONS AND RESPONSIBILITIES FOR LEAD NURSE	01. Lead Nurse. Each detox/mental health diversion unit must maintain at all times, through employment or contract, an R.N. licensed in Idaho to serve as the lead nurse. This individual must have the qualifications required in Subsections 273.03 and 273.04 of this rule at the time of hire and throughout the duration of employment or contract.	01. Director of Nursing. Each detox/mental health diversion unit must maintain at all times, through employment or contract, an R.N. licensed in Idaho to serve as the director of nursing. This individual must have the qualifications required in Subsections 273.03 and 273.04 of this rule at the time of hire and throughout the duration of employment or contract.		Revise and update	
273. QUALIFICATIONS AND RESPONSIBILITIES FOR LEAD NURSE	.02 Lead Nurse's Responsibilities. The lead nurse is responsible for all nursing services provided to clients and for supervising all of the nursing services provided by staff. The lead nurse's responsibilities include, at a minimum, the following...	.02 Director of Nursing's Responsibilities. The director of nursing is responsible for all nursing services provided to clients and for supervising all of the nursing services provided by staff. The director of nursing's responsibilities include, at a minimum, the following...		Revise and update	
273. QUALIFICATIONS AND RESPONSIBILITIES FOR LEAD NURSE	03. Required License. Each lead nurse must be an R.N. licensed by the Idaho Board of Nursing at the time of hire or contract and throughout the duration of employment or contract.	03. Required License. Each director of nursing must be an R.N. licensed by the Idaho Board of Nursing at the time of hire or contract and throughout the duration of employment or contract.		Revise and update	
273. QUALIFICATIONS AND RESPONSIBILITIES FOR LEAD NURSE	04. Required Experience and Abilities. Each lead nurse must, at a minimum, have and demonstrate the following experience and abilities at the time of hire or contract.	04. Required Experience and Abilities. Each director of nursing must, at a minimum, have and demonstrate the following experience and abilities at the time of hire or contract.		Revise and update	
273. QUALIFICATIONS AND RESPONSIBILITIES FOR LEAD NURSE	05. Availability of Lead Nurse. The facility's lead nurse must, at a minimum, be full-time forty (40) hours per week.	05. Availability of Director of Nursing. The facility's director of nursing must, at a minimum, be full-time forty (40) hours per week.		Revise and update	
274. QUALIFICATIONS	274. Qualifications and responsibilities for	N/A		Delete	

<p>AND RESPONSIBILITIES FOR CHEMICAL DEPENDENCY COUNSELORS</p>	<p>chemical dependency counselors.</p>			
<p>274. QUALIFICATIONS AND RESPONSIBILITIES FOR CHEMICAL DEPENDENCY COUNSELORS</p>	<p>01. Chemical Dependency Counselor. Each detox/mental health diversion unit must maintain at all times through employment or contract a chemical dependency counselor. This individual must have the qualifications required in Subsections 274.03 and 274.04 of this rule at the time of hire and throughout the duration of employment or contract. (3-29-10)</p> <p>02. Chemical Dependency Counselor's Responsibilities. A chemical dependency counselor's responsibilities include at a minimum, the following:</p> <ul style="list-style-type: none"> a. Case staffing; b. Individual case supervision; c. Consultation with other clinical professionals; d. Review of case record maintenance; and e. Other clinically appropriate services determined by the facility. <p>03. Chemical Dependency Counselor License or Certification. Each chemical dependency counselor must be certified in Idaho to meet the standards and requirements under IDAPA 16.07.17, "Substance Use Disorders Services," at the time of hire or contract and throughout the duration of employment or contract. (3-29-10)</p> <p>04. Required Experience and Abilities. Each chemical dependency counselor must, at a minimum, have and demonstrate the following experience and abilities at the time of hire or contract: (3-29-10)</p> <ul style="list-style-type: none"> a. At least two (2) years of paid full-time experience in the field of alcoholism, substance use disorders, and mental health. b. At least one (1) of the two (2) 	<p>N/A</p>	<p>Delete</p>	

	<p>years' full-time experience must be in a clinical mental health setting.</p> <p>c. At least one (1) of the two (2) years' full-time experience must be in an administrative capacity that includes:</p> <p>i. Knowledge and experience demonstrating competence in planning and budgeting, fiscal management, supervision, personnel management, employee performance assessment, data collection, and reporting; and</p> <p>ii. An understanding of and adherence to the ethical standards of the respective license adopted by the governing board for licensure. (3-29-10)</p> <p>05. Availability of Chemical Dependency Counselor. The facility must have at least one (1) chemical dependency counselor, at a minimum, be full-time forty (40) hours per week.</p>				
295. AVAILABILITY OF ON-SITE ALCOHOL AND DRUG TESTING	295. AVAILABILITY OF ON-SITE ALCOHOL AND DRUG TESTING	295. AVAILABILITY OF ON-SITE ALCOHOL AND DRUG SCREENING AND TESTING		Revise and update	
295. AVAILABILITY OF ON-SITE ALCOHOL AND DRUG TESTING	01. On-Site Testing. Each facility must have testing available on-site for the purpose of detecting the presence of alcohol or any controlled substances in clients.	01. On-Site Screening. Each facility must have screening available on-site for the purpose of detecting the presence of alcohol or any controlled substances in clients.		Revise and update	
295. AVAILABILITY OF ON-SITE ALCOHOL AND DRUG TESTING	02. Quality of Tests. The facility must use tests that are widely recognized as possessing sufficient sensitivity to detect the presence of substances in low quantities.	02. Quality of Screening. The facility must use screening instruments that are recognized as possessing a Clinical Laboratory Improvement Amendments (CLIA) waiver.		Revise and update	
295. AVAILABILITY OF ON-SITE ALCOHOL AND DRUG TESTING	03. Policies for Collection and Handling Specimens. The facility must establish and enforce policies to govern the collection and handling of urine specimens when such testing is indicated.	N/A		Delete	
295. AVAILABILITY OF ON-SITE ALCOHOL AND DRUG TESTING	04. Documentation of Test Results. All test results must be documented in the client's record according to the requirements of the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 and 164, 42 U.S.C. Sections 290 dd-3 and ee-3, and 42 C.F.R., Part 2 (June 9, 1987).	N/A		Delete	
295. AVAILABILITY OF ON-SITE ALCOHOL AND DRUG TESTING	N/A	NEW: Drug Screening and Testing Policies and Procedures. Each facility must have policies and procedures regarding the collection, handling, testing, and reporting of drug-screening and drug-testing specimens.		Add	

		<p><i>Policies and procedures must include elements contributing to the reliability and validity of the screening and testing process.</i></p> <ul style="list-style-type: none"> <i>a. Direct observation of specimen collection;</i> <i>b. Verification temperature;</i> <i>c. Specific, detailed, written procedures regarding all aspects of specimen collection, specimen evaluation, and result reporting;</i> <i>d. A documented chain of custody for each specimen collected;</i> <i>e. Quality control and quality assurance procedures for ensuring the integrity of the process; and</i> <i>f. Procedures for verifying accuracy when drug test results are contested.</i> 		
295. AVAILABILITY OF ON-SITE ALCOHOL AND DRUG TESTING	N/A	<p>NEW: Release of Results. <i>The facility must have a policy and procedures for releasing the results of an alcohol and drug screening or test.</i></p>	Add	
295. AVAILABILITY OF ON-SITE ALCOHOL AND DRUG TESTING	N/A	<p>NEW: On-site Testing. <i>A program performing on-site testing must use alcohol and drug screening tests approved by the U.S. Food and Drug Administration.</i></p>	Add	
295. AVAILABILITY OF ON-SITE ALCOHOL AND DRUG TESTING	N/A	<p>NEW: Laboratory Used for Testing. <i>Each laboratory used for lab-based confirmation or lab-based testing must meet the requirements in and be approved under IDAPA 16.02.06, "Rules Governing Quality Assurance for Idaho Clinical Laboratories."</i></p>	Add	
320. REQUIRED MINIMUM ADMISSION CRITERIA TO DETOXIFICATION UNITS	<p>01. Admission to Detoxification Unit. A prospective client will be admitted or retained only if he meets the following admission criteria:</p> <ul style="list-style-type: none"> a. Must be eighteen (18) years of age or older; b. Demonstrates a need for detoxification services; c. Has alcohol or other addictive controlled substance intake of sufficient amount and duration to create a reasonable expectation of withdrawal upon cessation of use; d. Is medically stable prior to admission and if seeking detoxification from alcohol has a blood alcohol level no greater than point twenty-four (.24) as measured by an accurately calibrated Breathalyzer or as determined by another equivalent laboratory test. 	<p>01. Admission to Detoxification Unit. <i>A prospective client will be admitted or retained only if he meets the following admission criteria:</i></p> <ul style="list-style-type: none"> <i>a. Must be eighteen (18) years of age or older;</i> <i>b. Demonstrates a need for detoxification services;</i> <i>c. Has alcohol or other addictive controlled substance intake of sufficient amount and duration to create a reasonable expectation of withdrawal upon cessation of use;</i> <i>d. Is medically stable prior to admission and if seeking detoxification from alcohol has a blood alcohol level no greater than point</i> 	Revise and update	

	<p>A client who has a blood alcohol content in excess of point twenty- four (.24) may be admitted with approval granted by the medical director or his designee;</p> <p>e. Meets admission criteria specifications that do not exceed ASAM Level III.7-D; and</p> <p>f. Demonstrates the capacity to benefit from short-term stabilization and the services available at the facility may reduce the prospective client's acute symptoms and may prevent the client from detoxification hospitalization.</p>	<p><i>twenty-four (.24) as measured by an accurately calibrated Breathalyzer or as determined by another equivalent laboratory test. A client who has a blood alcohol content in excess of point twenty- four (.24) may be admitted with approval granted by the medical director or his designee;</i></p> <p><i>e. Demonstrates the capacity to benefit from short-term stabilization and the services available at the facility may reduce the prospective client's acute symptoms and may prevent the client from detoxification hospitalization.</i></p>		
320. REQUIRED MINIMUM ADMISSION CRITERIA TO DETOXIFICATION UNITS	04. Notification of Admission of Opiate/Methadone Client. The lead nurse must be notified that an opiate/methadone client was admitted to the detoxification unit. The name of the clinic where the client received the methadone must be documented in the client's record.	N/A		Delete
330. REQUIRED MINIMUM TREATMENT NEEDS ASSESSMENT FOR CLIENTS OF DETOXIFICATION UNITS	01. Client Treatment Needs Assessment. A chemical dependency counselor, within twenty-four (24) hours of admission, or as soon as a client is able, must complete a treatment needs assessment for each client admitted to the detoxification unit. The assessment must establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and must evaluate the client's treatment needs.	<i>01. Client Treatment Needs Assessment. A qualified substance use disorders professional, within twenty-four (24) hours of admission, or as soon as a client is able, must complete a treatment needs assessment for each client admitted to the detoxification unit. The assessment must establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and must evaluate the client's treatment needs.</i>		Revise and update
335. MINIMUM REQUIREMENTS FOR INDIVIDUALIZED DETOXIFICATION TREATMENT PLAN FOR CLIENTS OF DETOXIFICATION UNITS	01. Develop Detoxification Treatment Plan. A chemical dependency counselor must develop an individualized treatment plan based upon the treatment needs assessment for each client admitted to the detoxification unit.	<i>01. Develop Detoxification Treatment Plan. A qualified substance use disorders professional must develop an individualized treatment plan based upon the treatment needs assessment for each client admitted to the detoxification unit.</i>		Revise and update
335. MINIMUM REQUIREMENTS FOR INDIVIDUALIZED DETOXIFICATION TREATMENT PLAN FOR CLIENTS OF DETOXIFICATION UNITS	02. Written Detoxification Treatment Plan. The individualized detoxification treatment plan must be signed and dated by both the client and the chemical dependency counselor. The signature of the counselor must be followed by the counselor's credentials.	<i>02. Written Detoxification Treatment Plan. The individualized detoxification treatment plan must be signed and dated by both the client and the qualified substance use disorders professional. The signature of the counselor must be followed by the counselor's credentials.</i>		Revise and update
335. MINIMUM REQUIREMENTS FOR	04. Detoxification Treatment Plan Review. The detoxification treatment plan must be reviewed by a	<i>04. Detoxification Treatment Plan Review. The detoxification treatment plan must be</i>		Revise and update

INDIVIDUALIZED DETOXIFICATION TREATMENT PLAN FOR CLIENTS OF DETOXIFICATION UNITS	chemical dependency counselor every three (3) days and documented in each client's record. The treatment plan review must include, at a minimum, the following...	<i>reviewed by a qualified substance use disorders professional every three (3) days and documented in each client's record. The treatment plan review must include, at a minimum, the following...</i>		
340. REQUIRED MINIMUM DISCHARGE PLANNING FOR CLIENTS OF DETOXIFICATION UNIT	01. Discharge Criteria. A client with stable vital signs and stable laboratory results can be discharged from a detoxification unit when the client meets the discharge criteria specifications of the dimensions in Level III.2- D of the Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine incorporated by reference in Section 004 of these rules.	N/A	Delete	
ADDITIONAL REQUIREMENTS APPLICABLE TO SOBERING STATIONS (400 – 499)	ADDITIONAL REQUIREMENTS APPLICABLE TO SOBERING STATIONS (400 – 499)	N/A	Delete entire section. 400 – 499.	
500. REQUIRED MINIMUM POLICY STANDARDS APPLICABLE TO MENTAL HEALTH DIVERSION UNITS	01. Crisis Stabilization for Mental Health Diversion Unit. Each mental health diversion unit issued a certificate of approval under these rules must offer intensive mental health services twenty-four (24) hours per day, seven (7) days per week, to persons with an urgent or emergent need for crisis stabilization services in a safe, structured setting.	01. Crisis Stabilization for Mental Health Diversion Unit. Each mental health diversion unit issued a certificate of approval under these rules must offer intensive mental health services twenty-four (24) hours per day, seven (7) days per week, to persons eighteen (18) years of age or older with an urgent or emergent need for crisis stabilization services in a safe, structured setting.	Delete	
500. REQUIRED MINIMUM POLICY STANDARDS APPLICABLE TO MENTAL HEALTH DIVERSION UNITS	02. Focus of Mental Health Diversion Unit. Mental health diversion units are focused on short-term stabilization for up to a maximum of seven (7) days. In order to assure that adequate arrangements are in place to allow for a safe discharge of a client, the length of stay may be extended up to twenty-four (24) hours.	N/A	Delete	
500. REQUIRED MINIMUM POLICY STANDARDS APPLICABLE TO MENTAL HEALTH DIVERSION UNITS	03. Alternative to Inpatient Hospitalization. Services at this level of care are used as an alternative to inpatient hospitalization and include crisis stabilization, initial and continuing biopsychosocial assessment, care management, medication management, and mobilization of family or significant other support, and community resources.	N/A	Delete	
500. REQUIRED MINIMUM POLICY STANDARDS APPLICABLE TO	04. Initial Assessment. This level of care provides for an initial assessment by a licensed mental health professional followed by a face to face psychiatric evaluation within twenty four (24) hours of admission	N/A	Delete	

MENTAL HEALTH DIVERSION UNITS	or as soon as a client is able.			
500. REQUIRED MINIMUM POLICY STANDARDS APPLICABLE TO MENTAL HEALTH DIVERSION UNITS	05. Primary Diagnoses. The primary diagnoses treated in a mental health diversion unit are active symptomatology consistent with a DSM-IV-TR diagnosis (Axes I-V) as the principle diagnosis however, patients may have additional physical, medical, or co-dependency issues.	N/A	Delete	
520. MINIMUM REQUIREMENTS FOR ADMISSION CRITERIA APPLICABLE TO MENTAL HEALTH DIVERSION UNITS	01. Admission to Mental Health Diversion Unit. A prospective client will be admitted or retained only if he meets the following admission criteria: a. Demonstrates active symptomatology consistent with a DSM-IV-TR diagnosis (Axes I-V) as the principle diagnosis and demonstrates significant functional impairment related to his diagnosis such as self-injurious behavior or threats, current suicidal ideation with expressed intentions or a past history of self destructive, impulsive, or parasuicidal behavior, or grave disability; b. His symptoms do not exceed Level V of LOCUS Criteria; c. Must be eighteen (18) years of age or older; and d. Demonstrates the capacity to benefit from short-term stabilization and the services available at the facility may reduce the prospective client's acute symptoms and may prevent the client from psychiatric hospitalization.	01. Admission to Mental Health Diversion Unit. A prospective client will be admitted or retained only if he meets the following admission criteria: a. Demonstrates active symptomatology consistent with a DSM-5 diagnosis as the principle diagnosis and demonstrates significant functional impairment related to his diagnosis such as self-injurious behavior or threats, current suicidal ideation with expressed intentions or a past history of self destructive, impulsive, or parasuicidal behavior, or grave disability; b. Must be eighteen (18) years of age or older; and c. Demonstrates the capacity to benefit from short-term stabilization and the services available at the facility may reduce the prospective client's acute symptoms and may prevent the client from psychiatric hospitalization.	Revise and update	
601. CODES AND STANDARDS	.02 h. For facilities operating a sobering station, at least one (1) airborne infection isolation room must comply with (AII) 2006 AIA Guidelines for Design and Construction of Health Care Facilities.	N/A	Delete	
620. BEDS AND SLEEPING AREAS FOR MEDICALLY MONITORED RESIDENTIAL DETOXIFICATION UNIT	01. Number of Approved Beds for Detoxification Unit. The number of approved beds for detoxification is limited to the number stated on the certificate of approval. a. Each approved bed for detoxification must have, at a minimum, a single bed mattress in good repair with moisture-proof cover, sheets, blankets, bedspread, pillow and pillow cases.	01. Beds for Detoxification Unit. a. Each bed for detoxification must have, at a minimum, a single bed mattress in good repair with moisture-proof cover, sheets, blankets, bedspread, pillow and pillow cases.	Revise and update	
620. BEDS AND SLEEPING AREAS FOR MEDICALLY MONITORED RESIDENTIAL	10. Separate and Distinct Client Areas. Solid walls, floor to ceiling, must be used to ensure that client areas for medically monitored detoxification are separate and distinct from client areas for sobering and mental health.	10. Separate and Distinct Client Areas. Solid walls, floor to ceiling, must be used to ensure that client areas for medically monitored detoxification are separate and distinct from client areas for mental health.	Revise and update	

<p>DETOXIFICATION UNIT</p> <p>640 SOBERING STATION</p>	<p>SOBERING STATION. A sobering station is an optional service that may be provided in a detox/mental health diversion unit. When a sobering station is provided it must be in compliance with Subsections 640.01 through 640.16 of this rule. (3-29-10)</p> <p>01. Number of Clients in a Sobering Station. The number of clients that may be housed in the sobering station is limited to the number stated on the certificate of approval.</p> <p>02. Visible Client Areas. Client areas for sobering must be visible at all times to staff at the staff station. If vision windows are used they must provide for one-way vision into client areas for staff at the staff station and must be made of tempered, shatterproof glass. The Department will consider alternative design solutions to one-way vision which will accommodate the requirements for client area accessibility and monitoring.</p> <p>03. Disease Protection of Clients. Client areas must provide for disease protection and be maintained in a clean sanitary condition at all times. (3-29-10)</p> <p>04. Furniture. Furniture located in client areas must be weighted or secured to the floor to ensure safety of staff and clients.</p> <p>05. Location of Client Areas. Client areas in a sobering station must not be located in hallways, closets, attics, corridors, trailer houses, or in any room other than one approved for clients.</p> <p>06. Numbered Rooms. Client rooms for a sobering station must be numbered.</p> <p>07. Size of Client Rooms. Square footage requirements for client rooms in a sobering station must provide for not less than thirty (30) square feet of floor space per client.</p> <p>08. Entrances to Client Rooms. Entrances to all sobering station client rooms must be visible at all times to staff at the staff station.</p> <p>09. Ceiling Height of Client Rooms. Ceiling heights for client rooms must be a</p>	<p>N/A</p>	<p>Delete</p>	
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minimum of seven (7) feet, six (6) inches.

10. Floor Drain in Client Room.

Client rooms in a sobering station must have at least one tamper resistant floor drain installed.

10. Doors on Client Rooms.

Client rooms in a sobering station must have a ninety-degree (90°) swinging door, at a minimum, that will not block any corridor or hallway, that is no less than thirty-two (32) inches in width, with a vision window, and that opens out directly into a corridor visible at all times to staff at the staff station. The Department will consider alternative design solutions to one-way vision which will accommodate the requirements for client area accessibility and monitoring.

11. Utilities in Client Rooms.

Client rooms in a sobering station must have a toilet and hand-washing sink with solid walls or partitions to separate the toilet from the sleeping area, and have mechanical ventilation to the outside. (3-29-10)

12. Client Rooms Free of Hazards.

Client rooms and areas in a sobering station must be free of safety hazards, and appropriately lighted with no items or articles that a client might use to injure self or others. (3-29-10)

13. Airborne Infection Isolation Room. Each sobering station must have at least one (1) private airborne infection isolation room with a toilet, hand-washing sink, and other accessory facilities that complies with (AII) 2006 AIA Guidelines for Design and Construction of Health Care Facilities. Private airborne infection isolation rooms must have no hardware, equipment, or furnishings that obstruct observation of a client, or that present a physical hazard, or a suicide risk. Private airborne infection isolation rooms must have at least sixty (60) square feet of floor space and a ceiling height of seven (7) feet, six (6) inches.

14. Separate and Distinct Client Areas. Solid walls, floor to ceiling, must be used to ensure that client areas for sobering are separate and distinct from client areas for medically monitored detoxification and mental health diversion. (3-29-10)

15. Prior Approval Needed for

	Reallocated or Relocated Beds. Once the Department has approved the actual construction drawings, plans, and specifications, approved beds for a sobering station cannot be reallocated or relocated unless prior approval has been obtained from the Department.			
655. ADMINISTRATIVE AREAS	01. Staff Station. The facility must have one (1) or more staff stations centrally located in each distinct service area for the sobering station, the medically monitored detoxification unit, and the mental health diversion unit, with adequate space for charting and storage for administrative supplies.	<i>01. Staff Station. The facility must have one (1) or more staff stations centrally located in each distinct service area for the medically monitored detoxification unit, and the mental health diversion unit, with adequate space for charting and storage for administrative supplies.</i>		Revise and update
685. VENTILATION	02 Sobering Station Ventilation. A facility with a sobering station, must have private airborne infection isolation rooms that are adequately ventilated and precautions must be taken to prevent offensive odors in compliance with the following minimum requirements of the 2006 AIA Guidelines for Design and Construction of Health Care Facilities: DELETE TABLE (UNABLE TO PASTE INTO THIS MATRIX)	N/A		Revise and update