ALABAMA DEPARTMENT OF MENTAL HEALTH, MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
ADMINISTRATIVE CODE

CHAPTER 580-2-20
PROGRAM OPERATION

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580-2-20-.01 Reserved.

Author:
Statutory Authority:
History:

580-2-20-.02 Governing Body.

The agency shall maintain and have the following documents/ information available for review onsite:

(1) Each agency shall have written board-approved operational policies.

(2) Each agency shall have articles of incorporation (or charter) and bylaws.

(3) Each agency shall have a current organizational chart.

(4) Each agency shall have a written mission statement that is approved by the Governing Body/Board of Directors.

(5) Each agency shall have in written form the responsibilities of the Governing Body/Board of Directors.

(6) Records/minutes of Governing Body/Board of Directors meetings shall be maintained and available for review.

(7) The Governing Body/Board of Directors shall assure compliance with 580-3-26, Human Rights Committee in ADMH Certified Programs.

(8) The Governing Body/Board of Directors shall assure compliance with applicable federal, state, and local laws. Reviews by the Alabama Department of Mental Health only certify compliance with Administrative Code issued by it.

(9) The Governing Body/Board of Directors shall have a policy and procedure for reviewing and approving agency's policies and procedures. The Governing Body/Board of Directors shall have procedures on when implementation of updates to agency's policies and procedures will take effect.

(10) **The Governing Body**/Board of Directors shall ensure agency has indexed Policies and Procedures Manual which shall, minimally, contain each of the required written policies, procedures, practices, plans, and processes as specified by MHSA Administrative Code. All policies and procedures contained within the Policies and Procedures Manual shall:

(a) Obtain advisory input by the programs' staff, recipients, their families, and recipient advocates, as appropriate that may be garnered from surveys, advisory committees, suggestions, etc.

(b) Be consistent with ADMH Mental Health and Substance Use Services Administrative Code relative to recipient protection.

(11) The Policies and Procedures Manual shall be:

(a) Updated as needed and approved according to written procedures established by the Governing Body/Board of Directors.

(b) Reviewed and approved, at least, on an annual basis by the Governing Body/Board of Directors with this review process documented in writing.

(c) Easily accessible to all agency personnel and available at each certified service/program location.

(d) Accessible for review by ADMH upon request.

Author: Division of Mental Health and Substance Abuse Services, DMH
Statutory Authority: Code of Ala. 1975, §22-50-11.
History: New Rule: Published March 31, 2020; effective May 15, 2020. **Amended:** Published July 31, 2025; effective September 14, 2025.

580-2-20-.03 Personnel.

(1) There shall be a full-time executive director who has overall responsibility for the operation of the agency. The executive director shall:

(a) Have at least a master's degree in Public Health, Business Administration, Public Administration, Psychology, Counseling, Social Work or related field and at least five (5) years managerial experience in a mental health or substance use treatment setting; or

(b) Have a Bachelor's Degree in Public Health, Business Administration, Public Administration, Psychology, Counseling, Social Work or related field and at least ten (10) years managerial experience in mental health or substance use treatment setting.

(c) Notify ADMH MHSUS within thirty (30) days of changes in Executive Director.

(d) Be verified for compliance with ADMH Administrative Code by ADMH MHSUS certification process.

(2) There shall be a full-time Clinical Director (in addition to the Executive Director) who has full-time responsibility for the quality of clinical care and the appropriateness of clinical programs as delineated in the job description. The Clinical Director shall:

(a) Have a minimum of either a master's degree in psychology, social work, counseling, or psychiatric nursing and have a minimum of 3 years post master's relevant clinical experience, or be a physician who has completed an approved residency in psychiatry.

(b) For agencies who provide substance use treatment services, have a license or a substance use counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Abuse Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc.

(c) Notify ADMH MHSUS within thirty (30) days of changes in Clinical Director.

(d) Be verified for compliance with ADMH Administrative Code by ADMH MHSUS certification process.

(3) There shall be a Business Manager/Chief Financial Officer or equivalent:

(a) The financial accounting operations of a service provider organization with a total annual budget exceeding $750,000 shall be supervised by a full-time employee or contracted service who has the following qualifications:

1. At least a bachelor's degree in accounting or business, finance, management, or public administration, with at least three (3) college accounting courses.

2. At least two (2) years accounting experience.

(b) The financial accounting operations of a service provider organization with a total annual budget less than $750,000 shall be supervised by an employee or contracted service who/which has the following qualifications:

1. Demonstrated familiarization with Generally Accepted Accounting Principles and;

2. At least two (2) years accounting/bookkeeping experience.

(4) An individual who met the requirements of the Administrative Code 580-9-44-.02 Personnel effective March 2012 or Administrative Code 580-2-9-.03 MI Program Staff July 2010 and was employed prior to the approval of these rules shall be in good standing.

(5) In certain situations, the Commissioner of ADMH may waive the requirements of this chapter as necessary to serve the ADMH services recipients and/or the interests of the public.

(6) **Mental Illness Program Staff Only.** The agency shall have policies and procedures that detail the following personnel requirements:

(a) There shall be a psychiatrist, as a full-time or part-time employee or a consultant to the provider who is responsible for medical aspects of recipient psychiatric care as delineated in the job description or employment contract. Access to on-call psychiatric services shall be available 24 hours a day, 7 days a week and must be documented.

(b) There is an organizational chart that depicts functional areas of responsibility and lines of supervision for all programs operated by the agency.

(c) Each direct treatment service functional area of responsibility on the organizational chart shall be coordinated by a member of the staff who has a master's degree in a mental health related field and at least one (1) year post master's supervised

experience in a direct service area. Program coordinators of Adult Rehabilitative Day Programs shall have at a minimum ~~of~~ a bachelor's degree, or RN. Both shall have a minimum of one (1) year supervised post degree mental health related experience.

(d) For residential services, there shall be a licensed registered nurse or licensed practical nurse as a full-time or part-time employee or a consultant to the provider who is responsible for supervision of delegation of medication assistance to the unlicensed personnel. Access to an on-call nurse shall be available 24 hours a day, 7 days a week. Provider will implement policies and procedures approved by their Board of Directors requiring full compliance with the Alabama Board of Nursing regulation 610X7.06 Alabama Department of Mental Health Residential Community Programs.

(e) The credentials of staff shall be appropriate for the levels and types of services they are providing. The following are approved minimum qualifications:

1. Mental Health Rehabilitative Services Professional who meets one (1) of the following:

(i) A psychologist licensed under Alabama law.

(ii) A professional counselor licensed under Alabama law.

(iii) An associate licensed counselor under Alabama law.

(iv) An independent clinical social worker licensed under Alabama law.

(v) A master social worker licensed under Alabama law.

(vi) A marriage and family therapist licensed under Alabama law.

(vii) A marriage and family therapist associate licensed under Alabama law.

(viii) A registered nurse licensed under Alabama law who has completed a master's degree in psychiatric nursing.

(ix) A Master's Level Clinician is an individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling, or other mental health human service field areas and is under the supervision of a master's level or above clinician with two (2) years post graduate mental health clinical experience.

2. A physician licensed under Alabama law to practice medicine or osteopathy.

3. A physician assistant licensed under Alabama law and practicing within the guidelines as outlined by the Alabama Board of Medical Examiners.

4. A Certified Registered Nurse Practitioner (CRNP) licensed under Alabama law practicing within the scope as defined by the Joint Committee of the Alabama Board of Nursing and the Alabama Board of Medical Examiners for Advanced Practice Nurses or a multi-state licensure privilege.

5. A pharmacist licensed under Alabama state law may provide medication monitoring.

6. A Registered Nurse licensed under Alabama state law.

7. A Practical Nurse licensed under Alabama state law.

8. Qualified Mental Health Provider – Bachelor's – A person with a bachelor's degree in a mental health human services field.

9. Qualified Mental Health Provider– Non-Degreed – A person with a high school diploma or GED supervised by a Rehabilitative Services Professional.

10. A Nursing Assistant certified pursuant to Alabama State Law.

11. A certified medical assistant certified through the American Association of Medical Assistants (AAMA) or the American Medical Technologists (AMT).

12. Medication Assistant Certified (MAC) Worker – A person working under a Medication Assistance Supervising (MAS) nurse that meets the Alabama Board of Nursing requirements.

13. A Certified Mental Health Youth Peer Specialist - Youth who has personal, lived experience who experienced serious emotional disturbance (SED) as a child or adolescent.

14. A Certified Mental Health Adult Peer Specialist - Adult who has personal, lived experience with serious mental illness (SMI) as an adult.

15. A Certified Mental Health Parent Peer Specialist - Parent who is parenting or has parented a child who experienced serious emotional disturbance (SED) and can share their lived experience with another parent or caregiver.

(f) Staff who provide services primarily to recipients who are deaf/hard of hearing shall have either two(2) years supervised experience with the specific subgroup, or two (2) specialized graduate courses related specifically to the subgroup or twelve (12) continuing education credits of training in the specialty area to work with this subgroup, or shall receive supervision by a staff member with the required training/experience.

(g) Staff who provide treatment and clinical services primarily to children and adolescents shall receive ten (10) hours of specialized training to be completed within one (1) year from the date they began providing such services.

(h) Teachers who provide educational service to children shall meet the requirements outlined by the Alabama State Department of Education.

(i) All staff positions who are required to complete an ADMH certification training program will be outlined under their targeted service area.

(j) All staff who transport recipients shall have a valid driver's license.

(k) All staff without one (1) year post master's or bachelor's degree experience in a mental health treatment setting shall receive one (1) of the following supervision:

(I) Two (2) face-to-face (virtual or in person) supervisory sessions per month for a minimum of one (1) hour per session for six (6) months post master's degree or

(II) One (1) face-to-face (virtual or in person) supervisory sessions per week for a minimum of one (1) hour per session for three (3) months post master's degree.

(l) Students who are completing a graduate degree in psychology, counseling, social work, ~~or~~ psychiatric nursing or other human service field may be used for direct services under the following conditions:

1. The student is in a clinical practicum or internship that is part of an officially sanctioned academic curriculum.

2. The student receives a minimum of one (1) hour per week direct clinical supervision (virtual or in person) from a mental health professional having at least two (2) years post master's experience in a direct mental health service functional area.

3. The student's clinical notes shall be cosigned by the agency's supervisor who directly supervises the student.

(m) Documentation of all required supervision shall include the following information for each supervisory session:

1. Name and signature of supervisor.

2. Name and signature of employee.

3. Date of supervision.

4. Amount of time in supervisory session.

5. Brief description of topics covered in session.

(n) The agency shall conduct criminal background checks on all employees/volunteers/agents prior to employment/engagement.

(o) All employees/staff having direct service contact with recipients shall be trained in the following prior to working alone with recipients:

1. Management of aggressive/assaultive behavior.

2. Crisis intervention techniques.

3. The training must have been within the past two (2) years.

(p) All unlicensed staff who have direct service contact with recipients shall receive initial training on the following topics:

1. Diagnostic categories.

2. Classes of psychotropic medications.

3. Recovery orientation.

4. Interaction with recipients and families.

(q) Each program provides training for all staff on abuse and neglect and all state laws pertaining to abuse and neglect, including reporting required by the Department of Human Resources. Training is required for all new employees within thirty (30) days for non-direct care staff. For direct care staff, training is required prior to working alone with recipients and on an annual basis thereafter.

Author: Division of Mental Health and Substance Abuse Services, DMH

Statutory Authority: Code of Ala. 1975, §22-50-11.

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580-2-20-.04 Recipient Protection.

Recipient definition - a person with serious emotional disturbance, serious mental illness and/or substance use disorder served in program programmatically certified by ADMH.

(1) There must be written policies and procedures that protect the recipient's welfare, the manner in which the recipient is informed of these protections, and the means by which these protections will be enforced.

(a) The legal guardian of a minor, except where the minor is at or above the age of sixteen (16) and chooses not to involve parents consistent with state law, will be given a copy of the recipient's rights and a copy of the grievance policies.

(b) Documentation must exist, unless waived by a minor at or above the age of sixteen (16) that demonstrates that family members of a minor receive a copy of the recipient's rights, written information and grievance policies.

(c) Any reference to "written" notification in these rules indicates that the recipient is entitled to receive information in their preferred language and manner understood by the recipient.

(2) Upon admission, and as soon as clinically appropriate, recipients are informed on an individual basis concerning services offered and fees for these services, with information presented in the recipient's preferred language and in terms appropriate to the recipient's condition and ability to understand. The program shall provide the recipient/lawful representative with written notification upon admission and when any changes or limitations in services or fees occur. Recipients who are primarily responsible for payment of charges for services are informed in writing of their eligibility for reimbursement by third party payers for service rendered and assisted as needed with application.

(3) The agency shall develop, maintain, and document implementation of written policies and procedures that:

(a) Describe the mechanisms utilized for implementation and protection of recipient rights, which shall include at a minimum:

1. Informing the recipient of his/her rights at the time of admission in recipient's preferred language and in a manner

understood by the recipient, and as needed throughout the service delivery process.

2. Providing the recipient with a copy of the rights, in a medium that the recipient understands, at admission and documenting this process in the recipient's record.

3. Prominently posting copies of the rights throughout the facility in which services are provided.

(4) The written policies and procedures shall, at a minimum, address the following rights:

(a) To privacy.

(b) To confidentiality.

(c) To be informed of the person(s) who has primary responsibility for the recipient's treatment and clinical care.

(d) To participate fully in all decisions related to treatment and clinical care provided by the agency.

(e) To be provided with appropriate information to facilitate informed decision-making regarding treatment.

(f) To the provision of services in a manner that is responsive to and respectful of the recipient's strengths, needs, and abilities and preferences, including preference of language.

(g) To the development of an individualized unique service/ treatment plan formulated in partnership with the program's staff, and to receive services based upon that plan.

(h) To the availability of an adequate number of competent, qualified, and experienced professional clinical staff to ensure appropriate implementation of the recipient's service/treatment plan.

(i) To the provision of care as according to accepted clinical practice standards within the least restrictive and most integrated setting appropriate.

(j) To be educated about the possible significant adverse effects of the recommended treatment, including any appropriate and available alternative treatments, services, and/or providers.

(k) To express preference regarding the selection of service provider(s).

(l) To service delivery that is absent of abuse and neglect including but not limited to:

1. Physical abuse.

2. Sexual abuse.

3. Harassment.

4. Physical punishment.

5. Psychological abuse, including humiliation.

6. Threats.

7. Exploitation.

8. Coercion.

9. Fiduciary abuse.

(m) To be protected from harm including any form of abuse, neglect, or mistreatment.

(n) To report without fear of retribution, any instances of perceived abuse, neglect, or exploitation.

(o) To provide input into the agency's service delivery processes through recipient satisfaction surveys and other avenues provided by the governing body.

(p) To access upon requests all information in the recipient's mental health, substance abuse, medical, and financial records consistent with applicable laws and regulations.

(q) To manage personal funds.

(r) To access funds when the provider is payee.

(s) To complaint and grievance procedures.

(t) To be informed of the financial aspects of treatment.

(u) To be informed of the need for parental or guardian consent for treatment, if applicable.

(v) To a written statement of services to be provided.

(w) To give informed consent prior to being involved in research or experimental projects.

(x) To have access to and privacy of mail, telephone communications, and visitors for recipients in residential or inpatient settings.

(y) To have access to courts and attorneys.

(z) To enforce rights through courts or appropriate administrative proceedings.

(aa) To be informed of commitment status, if any.

(bb) If committed, to be included in the community with appropriate and adequate supports on completion of or in conjunction with the terms of commitment.

(cc) To be accorded human respect and dignity on an individual basis in a consistently humane fashion.

(dd) To refuse services without reprisal except as permitted by law.

(ee) To be informed of the means for accessing advocates, an ombudsman, or rights protection services.

(ff) To be free from seclusion, restraint, drugs, or other interventions administered for purposes of punishment, discipline, or staff convenience.

(gg) To a well-balanced diet that meets his/her daily nutritional and special dietary needs if in inpatient or residential.

(hh) To assistance in accessing medical and dental care, including vision and hearing services if in residential or inpatient.

(ii) To access and utilization of appropriately prescribed medication.

(5) Each program affords every recipient the right to privacy relative to their treatment and care, unless contraindicated by clinical determination made by professional staff for therapeutic or security purposes. The agency shall ensure:

(a) Emergency determinations limiting privacy shall be reviewed and documented frequently.

(b) Each program respects recipients' privacy during toileting, bathing, and personal hygiene activities.

(c) Each program allows recipients to converse privately with others and to have private access to telephone and visitors at reasonable hours.

(d) Searches of a recipient or his/her living area and personal possessions are only conducted when it is documented that the program director deems such to be necessary for the safety and security of the recipient, others, and/or the physical environment. The recipient and a witness must be present during a search unless there is documentation why the recipient could not be present.

(e) Each program has procedures established for conducting searches, which observe and adhere to the recipient's right to be accorded human respect and dignity on an individual basis in a consistently humane manner.

(f) In residential programs, written policies and procedures require that staff alert recipients prior to entering recipient living areas.

(g) Written and informed consent must be signed by the lawful representative of a recipient less than ~~14~~ 16 years of age before photographs are taken and the photograph is to be returned to the lawful representative upon request when the recipient is discharged.

(6) Confidentiality and Privacy. The agency shall develop, maintain, and document implementation of written policies and procedures that govern confidentiality and privacy of recipient information that includes, at a minimum, the following specifications:

(a) Policies and procedures shall comply with all state and federal laws and regulations relative to confidentiality and privacy of recipient information, including but not limited to, Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and Part 8, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 & 164.

(b) Each program ensures that access to clinical records is restricted to individuals, entities, and instances permitted by applicable state and federal laws and regulations.

(c) No recipient's record(s) is released to other individuals or agencies without the written, informed consent of the recipient except for requests in accordance with state and federal laws and regulations (e.g. emergencies) and so documented.

(d) Each program is responsible for the safekeeping of each recipient's records and for securing it against loss, destruction, or use by unauthorized persons.

(7) Each program has established procedures regarding the content of a recipient's records and procedures for release or disclosure of parts thereof, in accordance with state and federal laws and regulations.

(a) Upon request by a recipient/lawful representative for access to the contents of his/her records, the program makes a clinical assessment to determine whether such access would or would not be detrimental to the recipient's health or present a threat of physical harm to a third party. Additional requests may be made at any time.

(b) Each program has established an appeals procedure regarding denial of the disclosure of the content of a recipient's records.

(8) Prior to or promptly upon admission, each program provides every recipient/lawful representative a concise written statement and verbal orientation, in their preferred language and terms appropriate for the recipient to understand, of rights and responsibilities and complaint procedures along with procedures to be followed to initiate, review, and resolve allegations of rights violations.

(a) Each program obtains from the recipient a written verification of receipt of statement of rights and grievance procedure information.

(b) At a minimum, the complaint/grievance procedures shall include:

1. The name and telephone number of a designated local contact within the program. The designated person shall be able to inform recipients of the means of filing grievances and of accessing advocates, ombudsmen, or right protection services within or outside the program.

2. Rights information is posted in commonly used public areas of outpatient and residential facilities where recipients receive services.

3. Such notices shall include the 800 numbers of the DMH Advocacy Program, Federal Protection and Advocacy System, and local Department of Human Resources.

4. Programs assure recipient access to advocates and the grievance/complaint process occurs without reprisal.

(9) Recipients shall manage their personal funds unless there is a payee, guardian, or similar appointee who manages the account for them.

1. Program admissions shall not be contingent upon

payee status.

(b) Any limitations placed by the provider on a recipient's right to manage his or her personal funds shall be time limited and can only be made:

1. After a specific assessment of the recipient's ability to manage funds,

2. After the recipient has been fully informed of the limitation, and

3. In consideration of the recipient's individual treatment plan as it relates to personal finances.

(c) The provider must establish a written, Board approved policy addressing:

1. The procedures for recipients to gain access to their personal funds when the provider is the representative payee or otherwise the custodian of the recipients' personal funds.

2. Any limitations on the manner and frequency in which funds can be accessed.

3. Any limitations on the amount of funds that can be kept in the recipient's personal possession in a residential program.

4. Requirements for the provider on the management, at least quarterly accounting of all expenditures, and reporting of recipient personal funds when the provider is the representative payee or custodian of personal funds.

5. Requirements for obtaining the consent of the recipient or lawful representative for the provider to manage recipient's personal funds when the provider is not the representative payee.

6. Any expenditure must be exclusively for the recipient's use or benefit.

(d) Funds in excess of what is needed to maintain the recipient's personal fund account will be placed in an interest bearing account accrued to the recipient's account.

(10) Recipients are informed of the need for parental or guardian consent for treatment, if appropriate.

(11) Each program will provide any recipient/lawful representative who is asked to participate in a research or experimental project full information regarding procedures to be followed before consent is sought. The information presented shall follow the General Requirements for Informed Consent as cited in the Code of Federal Regulations 45 CFR 46.116, Department of Health and Human Services, National Institute of Health, Office for Protection from Research Risks: "Protection of Human Subjects".

(a) Each program obtains the written, informed consent of the recipient/lawful representative for participation in research or experimental procedures.

(b) The recipient/lawful representative may withdraw or withhold consent at any time.

(c) The recipient's/lawful representative's withdrawal of consent to participate in an experimental or research project will not be used in a coercive or retaliatory manner against the recipient.

(12) Without regard to competency or legal restrictions all recipients shall receive treatment and care in an environment which is safe, humane, and free from physical, verbal, or sexual abuse, neglect, exploitation, or mistreatment.

(a) Each program actively investigates and maintains investigation documentation for any suspected abuse and/or neglect of recipients.

(b) Acts or alleged acts which are applicable under state and local laws are reported for investigation and/or disciplinary action.

(c) Each program provides each staff upon employment or promptly thereafter a written policy statement regarding abuse and neglect. The statement is prominently displayed and available in the program or facility.

(d) Each day and residential program employs sufficient numbers of qualified staff in accordance with approved program descriptions to protect recipients from abuse and neglect.

(e) Each program will inform the lawful representative of a recipient less than sixteen (16) years of age of all special incidents verbally and in writing as documented in the recipients file with the time and number called and the letter is sent the next business day after the incident.

(13) Unless contraindicated for individualized therapeutic or security reasons, each program has in place procedures affording recipients privacy in receiving visitors, receiving and sending communications by sealed mail, direct contact and telephone communications with persons both inside and outside the facility or program.

(a) Every recipient is allowed visitation and opportunity for private conversation with members of his/her family, friends, and significant others.

(b) Recipients who are deaf or hard of hearing shall have ready access to adaptive telecommunication devices in order to make and receive telephone calls.

(c) Recipients are allowed to send and receive mail without hindrance.

(d) Recipients are provided adequate opportunities for interaction with members of the opposite sex. Specific interactions may be

prohibited by the rules of the program and/or state and local laws.

(e) No restrictions are imposed by the program which would prohibit the recipient from communicating with advocacy officials, the court which ordered confinement, or the recipient's legal counsel, family or significant others, or personal physician, unless legally restricted.

(14) Attorneys and/or court representatives are allowed to visit privately and communicate with recipients at reasonable times.

(a) Every recipient is free to access courts, attorneys, and administrative procedures or to participate in those activities generally requiring legal representation, without fear or reprisal, interference, or coercion unless otherwise restricted by a court order.

(15) Promptly upon admission, each program or facility provides each legally committed recipient a concise written statement describing his/her commitment status, the requirements of the commitment, and the length of the commitment.

(a) Information regarding recipient rights complaint and appeal procedures relative to legal commitment is made available to recipients in their preferred language and in terms appropriate for them to understand.

(16) Recipients legally committed to mental health services do not lose any rights to be included in the community with appropriate and adequate supports on completion of or in conjunction with the terms of commitment except as provided in the commitment order.

(a) Prior to termination of the commitment order, the program develops, with the active participation of the recipient, a transition plan which includes referral to community support services necessary to ensure the recipient's successful transition.

(17) Recipients are, without fear of reprisal, able to refuse treatment, except when refusals are not permitted under applicable law. Such refusal of treatment shall be documented in the recipient's record.

(18) Without fear of restraint, coercion, interference, discrimination, reprisal, or threat of discharge, recipients and others acting on their behalf are free to access available protection and advocacy services.

(19) Recipients are advised whenever special equipment, such as two-way mirrors or cameras, is used. A written, informed consent must be signed by the recipient, when used in non-emergency situations. Exceptional circumstance may exist when ADMH ODS

provides services to recipients who are language dysfluent and incapable of giving informed consent.

(20) Each recipient's personal liberty must be respected with services provided in the least restrictive environment necessary. Liberty and/or rights must not be abridged without notification to recipient and agency compliance with due process.

(21) Recipients of mental health and substance abuse services have the same general rights as other citizens of Alabama. A provider of such services shall assure that such rights are not abridged by the provider's policies, procedure, or practices. These rights include but are not limited to the following rights:

(a) To exercise rights as a citizen of the United States and the State of Alabama.

(b) To be served through general services available to all citizens.

(c) To choose to live, work, be educated, and recreate with persons who do not have disabilities.

(d) To be presumed competent until a court of competent jurisdiction, abiding by statutory and constitutional provisions, determines otherwise.

(e) To vote and otherwise participate in the political process.

(f) To free exercise of religion.

(g) To own and possess real and personal property. Nothing in this section shall affect existing laws pertaining to conveyance of personal property.

(h) To make contracts.

(i) To obtain a driver’s license on the same basis as other citizens.

(j) To social interaction with members of either sex.

(k) To marry and divorce.

(l) To be paid the value of work performed.

(m) To exercise rights without reprisal.

(22) Each program provides recipients in

residential programs with safe and humane physical and psychological environment(s) in accordance with applicable federal and state laws and DMH standards of certification and licensure.

Each program provides safety precautions to promote the individual welfare of all recipients. The environment shall at a minimum provide:

1. Comfortable living and sleeping areas.

2. Clean and private bathroom facilities.

3. Attractive and adequately furnished visiting and living rooms.

4. Clean and comfortable dining facilities.

5. Facilities and equipment for laundering services.

6. Safe and sturdy furnishings in good repair.

7. Adequate provisions for smoking and/or non-smoking preference.

8. Adequate and decorative room décor.

9. Space and materials for leisure time and recreational activities.

(j) Each program ensures regular housekeeping and

maintenance to assure safe and clean conditions throughout the facility or program.

(k) Unless contraindicated for therapeutic or

security purposes, recipients are allowed regular access to the outdoors.

(23) The recipient’s personal health and hygiene needs are recognized and addressed in a safe and humane manner.

(24) In addition to treatment for mental or

Substance use disorders, every recipient is provided prompt assistance in accessing medical and dental treatment.

(a) Recipients are either provided or referred to

other health and/or dental services as deemed necessary by qualified staff.

(b) No program prohibits a recipient from accessing

dental or medical services of his/her choice. Such should not be construed to be an obligation for the program to provide/pay for such services.

Author: Division of Mental Health and Substance Abuse Services, DMH

Statutory Authority: Code of Ala. 1975, §22-50-11.
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580-2-20-.05 Infection Control.

(1) The entity shall develop, maintain, and document compliance with a written plan for exposure control relative to infectious diseases that shall, at a minimum, include the following requirements:

(a) The plan shall be inclusive of the entity's staff, recipients, and volunteers.

(b) The plan shall be consistent with protocols and guidelines established for infection control in healthcare settings by the Federal Center for Disease Control, and shall at a minimum include:

1. Policies and procedures to mitigate the potential for transmission and spread of infectious diseases within the agency.

2. All staff shall be trained in infection control upon hire. Direct care staff shall be trained annually thereafter.

3. Risk assessment and screening of recipients reporting high risk behavior and symptoms of communicable disease.

4. Procedures to be followed for recipients known to have an infectious disease.

5. Provisions to offer directly or by referral, as needed, to recipients who voluntarily accept the offer for HIV/AIDS early intervention services to include, HIV pre-test and post-test counseling and case management and referral services for medical care.

6. Infection Control training shall be provided as follows:

(i) Mental Illness only: Residential and Day programs within ten (10) days of admission.

(ii) Substance Use Disorders Only: All program recipients within ten (10) days of admission and annually thereafter.

7. All staff shall be educated annually about TB including risk factors and signs and symptoms.

8. The entity shall document compliance with all laws and regulations regarding reporting of communicable diseases to the Alabama Department of Public Health.

9. Substance Use Disorder Only: A formal process for screening all program admissions for TB.

10. Substance Use Disorder Only: The provision of HIV/AIDS, Hepatitis, STD, and TB education for all program admissions either provided by the agency or by referral.

Author: Division of Mental Health and Substance Abuse Services, DMH
Statutory Authority: Code of Ala. 1975, §22-50-11.
History: **New Rule:** Published March 31, 2020; effective May 15, 2020. **Amended:** Published January 31, 2023; effective March 17, 2023.

580-2-20-.06 Incident Management.

(1) Each provider shall develop and implement written policies and procedures to support compliance with the most recent published ADMH MHSAS Incident Management Plan.

(2) The provider's Incident Management Plan shall comply with all local, state and federal laws.

(3) The provider shall provide training for all staff prior to initiation of duties and as needed thereafter on agency's policies and procedures to support compliance with the most recent published ADMH MHSAS Incident Management Plan.

(4) The provider shall provide training for all staff prior to initiation of duties and annually thereafter on agency's policies and procedures regarding abuse and neglect.

(5) Agency staff members responsible for conducting/supervising investigations shall attend training(s) as required by ADMH.

Author: Division of Mental Health and Substance Abuse Services, DMH
Statutory Authority: Code of Ala. 1975, §22-50-11.
History: **New Rule:** Published March 31, 2020; effective May 15, 2020.

580-2-20-.07 Performance Improvement.

(1) The Performance Improvement (PI) System shall provide meaningful opportunities for input concerning the operation and improvement of services from recipients, family members, recipient groups, advocacy organizations, and advocates. The provider shall operate and maintain a Performance Improvement (PI) System that is designed to:

(a) Identify and assess important processes and outcomes.

(b) Correct and follow-up on identified problems.

(c) Analyze trends.

(d) Improve the quality of services provided, and to improve recipient and family satisfaction with services provided.

(2) The PI System shall be described in writing and shall include, at a minimum, the following characteristics:

(a) Identifies and covers all program service areas and functions including subcontracted recipient services.

(b) Is reviewed and approved by the Board of Directors/ Governing Body at least every two (2) years and when revisions are made.

(c) Outlines the agency's mission related to Performance Improvement.

(d) Contains the agency's goals and objectives related to Performance Improvement.

(e) Defines the organization of PI activities and the person(s) responsible for coordinating the PI System.

(f) Defines the methodology for the assessment, evaluation, and implementation of improvement strategies for important processes and outcomes.

(g) Specifies the manner in which communication of Performance Improvement findings and recommendations for all six (6) PI components is done at the governing body, clinical and administrative supervisory levels, staff levels, recipients, families and advocates and the manner in which it is documented.

(h) At a minimum, identifies and monitors important processes and outcomes for the six (6) components of Performance

Improvement, Quality Improvement, Incident Prevention and Management, Utilization Review, Recipient and Family Satisfaction, Review of Treatment Plans, and Seclusion and Restraint (if applicable) consistent with the definitions described in this section.

(i) Specifies that the agency will participate in all required performance indicators and Quality Improvement Reporting requirements as specified by the ADMH Mental Health and Substance Abuse Services.

(j) Requires that the person(s) responsible for coordinating the agency's PI System or designee attend training on ADMH MHSAS approved Incident Management process.

(k) Specifies the manner of cross-departmental and cross-discipline staff input from all levels of the agency regarding the selection of QI indicators to be monitored and improvement activities to be implemented.

(l) Specifies the manner of recipient and family member input regarding the selection of QI indicators to be monitored and improvement activities to be implemented.

(m) Where applicable, ensures that the manner of data collection assures recipient/family member confidentiality.

(n) The plan is implemented as written.

(3) The Quality Improvement component of the PI System shall, at a minimum, include indicators to be monitored including any system level performance measures as specified by the ADMH MHSAS and the following:

(a) A description of a process for periodic and timely review of any deficiencies, requirements, and Quality Improvement suggestions related to critical standards from DMH Certification site visits, Advocacy visits, and/or from other pertinent regulatory, accrediting, or licensing bodies. This shall include a specific mechanism for the development, implementation, and evaluation of the effectiveness of Action Plans designed to correct deficiencies and to prevent reoccurrence of deficiencies cited.

(b) A description of a process for conducting an administrative review of a representative sample of recipient records to determine that all documentation required by these standards and agency policy/procedure is present, complete, and accurate. This function may be performed by the agency's Electronic Health Record (EHR).

(c) A review of aggregate findings from the administrative review of recipient records at least annually with

recommendations and actions taken for improvement as indicated by the data, unless performed by the agency's EHR.

(d) The Plan shall specify frequency of monitoring for each indicator and the period of time that monitoring will continue after goal attainment is achieved.

(e) The Plan shall specify that the agency shall participate in System Level activities (including the use of DMH sanctioned External Monitoring) to assess and to identify actions for improvement.

(f) Substance Abuse Only Outcome Measures:

1. At a minimum, the entity shall collect information at time of assessment and at transfer or discharge to provide measures of outcome as specified in the following domains:

(i) Reduced Morbidity:

(I) Outcome: Abstinence from drug/alcohol use.

(II) Measure: Reduction/no change in frequency of use at date of last service compared to date of first service.

(ii) Employment/Education:

(I) Outcome: Increased/Retained Employment or Return to/Stay in School.

(II) Measure: Increase in/no change in number of employed or in school at date of last service compared to first service.

(iii) Crime and Criminal Justice:

(I) Outcome: Decreased criminal justice involvement.

(II) Measure: Reduction in/no change in number of arrests in past thirty (30) days from date of first service to date of last service.

(iv) Stability in Housing:

(I) Outcome: Increased stability in housing.

(II) Measure: Increase in/no change in number of recipients in stable housing situation from date of first service to date of last service.

(v) Social Connectedness:

(I) Outcome: Increased social supports/social connectedness.

(II) Measure: Increase in or no change in number of recipients in social/recovery support activities from date of first service to date of last service.

2. The entity shall provide reports of outcomes to DMH in the manner, medium and period specified.

(4) The Incident Prevention and Management System component of the PI System shall include, at a minimum, the following:

(a) PI review of special incident data.

(b) Includes and describes a process for the timely and appropriate review of special incident data at least quarterly via the PI System. Such reviews shall focus on the identification of trends and actions taken to reduce risks and to improve the safety of the environment of care for recipients, families, and staff members.

(c) Identify and implement a quality improvement plan for medication errors for residential programs.

(d) Findings and recommendations from the quarterly Special Incident reviews shall be reported at least quarterly to the executive and clinical leaders including the Board of Director/Governing Body.

(e) Pertinent data regarding improvement strategies shall be communicated to staff level employees.

(5) The Recipient and Family Satisfaction component of the PI System shall include tools to assess the satisfaction of recipients and families with services provided and to obtain input from recipients and their families regarding factors which impact the care and treatment of recipients. This component shall include at a minimum the following characteristics:

(a) A description of the mechanism for obtaining recipient input regarding satisfaction with service delivery and outcomes.

(b) A description of the mechanisms for obtaining family member input regarding satisfaction with service delivery and outcomes for recipients.

(c) A description of the mechanism for obtaining input from recipients and family members when either are deaf, limited English proficient, or illiterate.

(d) A periodic review (at least annually) of data collected via the tools as described above.

(e) A periodic review (at least annually) of complaints/ grievances filed according to the process required in 580-2-9-.02(3).

(f) Identifies agency specific performance indicators for recipient and family satisfaction.

(g) Substance abuse agency's shall assess the satisfaction of recipients and families, including but not limited to the following:

1. The recipient's perception of the outcome of services.

2. The recipient's perception of the quality of the therapeutic alliance.

3. Other perceptions of recipients and families that impact care and treatment, including, but not limited to:

(i) Access to care.

(ii) Knowledge of program information.

(iii) Staff helpfulness.

(6) The Utilization Review (UR) component of the PI system shall include the following:

(a) The agency shall perform at least quarterly reviews of the findings from the UR monitor for all MI residential programs and for all SA levels of care. At a minimum, this review will assess the agency's compliance with Length of Stay (LOS) expectations and will determine and implement actions to improve performance when variations in Length of Stay (LOS) expectations occur.

(b) The agency shall review at least annually a representative sample in each certified program to assess the appropriateness of admission to that program relative to published admission criteria.

(7) The treatment review component shall include, at a minimum, the following characteristics:

(a) A description of the process for conducting a clinical review of a sample of all direct service staff records every

12 months to determine that the case has been properly managed. The review shall include an assessment of the following:

1. The appropriateness of admission to that program is relative to published admission criteria.

2. Treatment plan is timely.

3. Treatment plan is individualized.

4. Documentation of services is related to the treatment plan and addresses progress toward treatment objectives.

5. There is evidence of attempts to actively engage recipient, family and collateral supports in the treatment process to include linguistic and/or auxiliary support services for people who are deaf, hard of hearing, or limited English proficient as well as any other accommodations for other disabilities.

6. Treatment plan modified (if needed) to include linguistic and/or auxiliary support services for people who are deaf, hard of hearing, or limited English proficient as well as any other accommodations for other disabilities.

(b) An aggregate review of the clinical review findings described above at least annually to assess trends and patterns and to determine actions for improvement based on findings.

(8) The organization collects restraint and seclusion data in order to ascertain that restraint and seclusion are used only as emergency interventions, to identify opportunities for incrementally improving the rate and safety of restraint and seclusion use, and to identify any need to redesign care process.

(9) Using a recipient identifier, data on all restraint and seclusion episodes are collected from and classified for all settings/units/locations at the frequency determined by the agency on by:

(a) Time.

(b) Staff and title of who initiated the process.

(c) Length of each episode.

(d) Date and time each episode was initiated.

(e) Date and time each episode was ended.

(f) Day of the week each episode was initiated.

(g) Type of restraint used.

(h) Description of injuries sustained by the individual or staff, if applicable.

(i) Age of the individual.

(j) Gender of the individual.

(k) Multiple instances of restraint or seclusion experienced by an individual within a 12-hour timeframe.

(l) Number of episodes per individual.

(m) Instances of restraint or seclusion that extend beyond two (2) consecutive hours.

(n) Use of psychoactive medications, including name of medication and dosage, as an alternative to, or to enable discontinuation of, restraint and seclusion.

(o) Documentation of the one-hour face to face physical and behavioral assessment.

(p) Documentation of the debriefing/trauma check within twenty-four (24) hours.

Author: Division of Mental Health and Substance Abuse Services, DMH
Statutory Authority: Code of Ala. 1975, §22-50-11.
History: New Rule: Filed October 16, 2018; effective November 20, 2018.

580-2-20-.08 Recipient Records.

(1) A single case file must be established for each recipient which includes any clinical and case management documentation. The case file may be maintained in physical or electronic format. All requirements in this section apply regardless of format.

(2) If the recipient is involved in more than one program, ready access to recipient information necessary for the safety of the recipient, obtaining emergency medical attention and coordination of services across programs shall be assured.

(3) The provider organization shall establish a formal system to control and manage access to recipient records that shall include, at a minimum:

(a) Procedures for control and management of access to paper and electronic records.

(b) Establish a system to secure recipient records from unauthorized access.

(c) Designated staff position(s) responsible for the storage and protection of recipient records.

(d) A process in which the location of a record can be tracked and documented at all times.

(e) Identification of program personnel with access to recipient records.

(f) A process for providing recipients access to their records.

(g) A process for storing closed recipient records and for disposing of outdated records.

(h) Recipient records shall be retained after termination, discharge, or transfer of the recipient for a minimum of seven (7) years.

(i) Adolescent recipient records shall be retained after termination, discharge, or transfer of the recipient for a minimum of seven (7) years after age of majority for children/ adolescents.

(4) All entries and forms completed by the service provider in the recipient record shall be:

(a) Dated and signed.

(b) Made in ink and be legible or recorded in an electronic format.

(c) Appropriately authenticated in the electronic system for organizations that maintain electronic records.

(5) Corrections are made in a manner that clearly identifies what is being corrected, by whom, and the date of correction. White-out in paper record is not permitted. Corrections in electronic records shall have an audit trail.

(6) The following information shall be documented in the recipient record:

(a) Case number.

(b) Recipient name.

(c) Date of birth.

(d) Sex assigned.

(e) Race/ethnic background.

(f) Hearing status.

(g) Language of preference.

(h) Home address.

(i) Current telephone number.

(j) Next of kin or person to be contacted in case of emergency.

(k) Marital status.

(l) Social Security number.

(m) Referral source.

(n) Reason for referral.

(o) Presenting problem(s).

(p) Admission type (new, readmission).

(q) Date of admission to the program/service.

(r) Substance Use Only - date of treatment initiation (first day of service within level of care).

(s) Family history.

(t) Educational history.

(u) Mental Illness Only: Educational/Employment/ vocational goals and/or aspirations, as appropriate.

(v) Relevant medical background.

(w) Employment/vocational history.

(x) Psychological/psychiatric treatment history.

(y) Military status.

(z) Legal history.

(aa) Alcohol/drug use history.

(bb) Targeted Case Management only, this is not required.

(cc) History of trauma.

(dd) Thoughts and behavior related to suicide.

(ee) Thoughts and behavior related to aggression.

(ff) Initial diagnostic formulation.

(gg) Identification of initial services, referrals and/or recommendations for subsequent treatment and/or assessment.

(hh) Referral to other medical, professional, or community services as indicated.

(ii) Special supports for recipients who have mobility challenges, hearing or vision loss, and/or limited English Proficiency.

(jj) Screening tool(s), as appropriate.

(kk) Intake/Assessment tool(s).

(ll) A written authorization for disclosure covering each instance in which information concerning the identity of diagnosis, prognosis, treatment, or case management of the recipient is disclosed. -Each authorization for disclosure shall contain all the following information:

1. The name of the agency that is to make the disclosure.

2. The name or title of the person to whom, or organization to which, disclosure is to be made.

3. The full name of the recipient.

4. The specific purpose or need for the disclosure.

5. The extent and/or nature of information to be disclosed.

6. A statement that the authorization is subject to revocation by the recipient or recipient's lawful representative at any time except to the extent that action has been taken in reliance thereon and in accordance with 42 CFR Part 2 and HIPPA.

7. A specification of the date (no more than 2 years as long as the original purpose/need still exists), event, or condition upon which the authorization will expire without express revocation.

8. The date on which the authorization is signed.

9. The signature of the recipient (or lawful representative, if applicable).

(i) There should be 2 witnesses to the recipient's signature if the recipient signs with a mark (e.g. signs with an "X").

(ii) If authorization is given by telecommunication, it shall be documented in recipient record. When authorization is given by telecommunication, the recipient's actual signature is obtained at the earliest opportunity. Signature can be obtained electronically or in person.

(iii) If the recipient is under the age of consent or adjudicated incompetent, the parent/lawful representative must sign the written authorization.

10. Documentation that authorization was obtained through interpretation or translation when the recipient is deaf or limited English proficient.

(mm) A consent for follow up form which authorizes contact for up to one year after case closure.

(7) There shall be in the record of each recipient who is deaf or has limited English proficiency an approved ADMH Office of Deaf Services notification of free language assistance form which includes the following:

(a) Signatures of the recipient and witnessed by a staff person fluent in the recipient's preferred language or an interpreter completed at intake/assessment and annually thereafter. Signatures shall be obtained by the following procedures:

1. For deaf recipients, this form shall be witnessed by a staff person from the Office of Deaf Services or approved by the Office of Deaf Services.

2. For hearing persons with limited English proficiency the following shall apply:

(i) When agency staff fluent in the language of preference of the recipient is utilized, the agency staff shall sign this form.

(ii) When a face-to-face interpreter is utilized, the interpreter shall sign this form.

(iii) When telephonic interpreter services are utilized, the name of telephonic service, interpreter's identification number and name of interpreter and credentials, if given, shall be documented on this form.

(8) For each event/service interpreter(s) are utilized, the interpreter's name and credentials shall be documented in the recipient's record.

(a) If telephonic interpreter services are utilized, the name of telephonic service and interpreter's identification number are documented in recipient record.

(9) Individual Service/Treatment Planning Process. Each entity shall develop, maintain, and document implementation of written policies and procedures defining the recipient's service/treatment planning process that shall include, at a minimum, the following components:

(a) Mental Illness Only: An initial individualized service/ treatment plan shall be completed by the fifth face to face outpatient service,·within ten working days after admission into all day programs or residential programs, or within other time limits that may be specified under programs specific requirements.

(b) Substance Use Only: An initial individualized service/ treatment plan shall be completed by the tenth calendar day after admission into an outpatient program or completed by the fifth calendar day after admission to a residential program.

(c) The service/treatment plan shall include the following:

1. Identification of clinical issues that will be the focus of treatment.

2. Specific services necessary to meet recipient's needs.

3. Referrals as appropriate for needed services not provided directly by the agency.

4. Identification of expected outcomes toward which the recipient and treatment provider will be working to impact upon the specific clinical issues.

5. Upon completion of a communication assessment, identify any language supports necessary to implement service/treatment plan for recipients who are deaf, hard of hearing and/or Limited English Proficiency.

6. Identification of needed safety interventions based on history of harm to self or others.

7. All treatment goals and objectives shall be measurable.

8. Mental Illness Only:

(i) Represents a person-centered recovery-oriented treatment planning process through which recipients are assisted to articulate their vision and hope for how their lives will be changed for the better within three to five years (long term recovery vision) and to identify short-term outcomes that will assist in achieving the recovery goal (treatment goals).

(ii) Uses strength-based approach to treatment planning by identifying recipient and environmental positive attributes that can be used to support achievement of goals and objectives.

(iii) Identifies psychiatric, psychological,environmental, and skills deficits that are barriers to achieving desired outcomes.

(iv) Identifies treatment supports that are needed to address barriers to achieving desired therapeutic goal.

(d) The plan shall be developed in partnership with the recipient and/or lawful representative, as appropriate, based upon the recipient's goals.

(e) The recipient will sign/mark the service/treatment plan to document the recipient's participation in developing and/or revising the plan. If the recipient is under the age of consent or adjudicated incompetent, the parent/lawful representative must sign the service/treatment plan.

(f) The agency shall specify the processes used to ensure that the recipient:

1. Will be an active participant in thetreatment/service planning process.

2. Is provided the opportunity to involve family members or significant others of his/her choice in formulation, review, and update of the service/treatment plan.

(g) The treatment/service plan must be approved in writing or electronically by any of the following:

1. Physician, physician assistant, a Certified Nurse Practitioner, or a registered nurse with a master's degree in psychiatric nursing. Shall be licensed under

Alabama law and practicing within the guidelines of their licensure boards,

2. Licensed psychologist licensed professional counselor, licensed master's social worker, licensed independent clinical social worker, licensed marriage and family therapist.Shall be licensed under Alabama law and practicing within the guidelines of their licensure boards,

3. Substance Use Only: QSAP I.

(h) Mental Illness Only: After completion of the initial treatment plan, staff shall review and update the recipient's treatment plan:

1. Once every three months for all residential and day programs or earlier if needed.

2. Outpatient treatment plans every twelve months or within other time limits that may be specified under program specific requirements to determine the recipient's progress toward treatment objectives, the appropriateness of the services furnished, and the need for continued treatment.

3. Providers must document this review in the recipient's record by noting on the treatment plan or a treatment plan review form that the treatment plan has been reviewed and updated or continued without change.

(i) Substance Use Only: After completion of the initial treatment plan, staff shall review and update the recipient's treatment plan as specified in level of care.

(j) Treatment/service plan shall be maintained as a working document throughout the recipient's treatment and/or care process with modifications to the treatment/service plan based on the recipient's progress, the lack of progress, recipient preferences, or other documented clinical issues.

(k) Document in recipient's record that recipient was offered a copy of treatment/service plan. If copy is refused, document reason for refusal.

(10) Substance Use Only: Continuing Care Plan. Each recipient shall develop a continuing care plan as a part of their service planning process that begins at the initiation of services/ treatment. The continuing care plan shall support the recipient's recovery efforts after discharge from treatment and be based on recipient's individual needs and available resources.

(a) A copy of the continuing care plan shall be filed in the recipient's case record.

(b) Continuing care plan shall be signed by recipient and qualified substance abuse professional who assisted recipient in the development of plan.

(11) Clinical Documentation. Documentation in the recipient's record for each session, service, or activity shall include:

(a) The identification of the specific services rendered.

(b) The date and the amount of time that the services were rendered to include the time started and time ended.

(c) The signature and credentials of the staff person who rendered the service(s) or as specified within service/program requirements.

1. Printed name of staff person who rendered the service(s) shall be below or next to signature.

2. Shall be appropriately authenticated in the electronic system for electronic records.

(d) The identification of the setting in which the service(s) were rendered.

(e) A written assessment of the recipient's progress, or lack thereof, related to each of the identified clinical issues discussed.

(f) All entries must be legible and complete.

(g) Documentation of recipient's signatures shall be entered on a sign-in sheet, service receipt, or any other record, to include electronic, that can be used to indicate the recipient's signature and the date of service for services received. Recipient's signature is only required one time per day that services are provided.

1. The following services do not require recipient signatures:

(i) Any ADMH approved non-face to face services that are provided remotely or indirectly.

(ii) Crisis Intervention and mental health care coordination.

(iii) Mental Illness only: Assertive Community Treatment (ACT), Program for Assertive Community Treatment (PACT), Child and Adolescent In-Home, High

Intensity Care Coordination (HICC), Low Intensity Care Coordination (LICC), pre-hospitalization screening, psychoeducation.

(h) Documentation shall not be repetitive.

(i) Documentation of services provided shall not be preprinted or predated. After each service provided in a group setting, progress notes shall:

1. Identify the number of participants, the topic, and a general description of the session. This information may be copied for each participant.

2. Each recipient shall have individualized documentation relative to the recipient's specific interaction in the group and how it relates to their treatment/service plan.

(j) Documentation of services received by recipient and recipient's progress shall match the goals on the recipient's treatment/service plan and the plan shall match the needs of the recipient. The interventions shall be appropriate to meet the goals. There shall be clear continuity in the recipient record.

(k) Documentation must provide enough detail and explanation to justify the service.

(l) Substance Use Only: Documentation must be completed and placed in recipient record within two (2) business days of service being provided.

(m) Mental Illness Only: Documentation must be completed and placed in recipient record after completion of services as outlined below:

1. For each outpatient contact within two (2) business days.

2. For residential programs, a written assessment of the recipient's progress, or lack thereof, related to each of the identified clinical issues discussed shall be documented for every two (2) weeks and placed in record within two (2) business days.

3. For partial hospitalization, each service delivered shall be documented every day and placed in record within two business days.

4. For Intensive Day Treatment and Child and Adolescent Day Treatment on a weekly basis a progress note written or co-signed by the program coordinator/case responsible

staff member with equivalent credentials and placed in record within two (2) business days.

5. For Rehabilitative Day Programs every two (2) weeks a progress note written or co-signed by the program coordinator/case responsible staff member with equivalent credentials and placed in record within two (2) business days.

(12) All medication information shall be documented within the recipient record. If recipient reports no medication(s), documentation shall indicate no medications. The medication information shall contain all the following information:

(a) A list of all medication(s) reported by the recipient at intake/assessment.

(b) All medications, to include but not limited to psychotropic, and non-psychotropic, prescribed by the provider and by other practitioners.

(c) Non-prescription medications.

(d) For all medications prescribed by the agency, documentation shall include:

1. The name of medication.

2. Strength and dosage of the medication.

3. The date prescribed.

4. Number of refills permitted.

5. The prescriber's name.

(e) The provider shall have a system for tracking due dates for injections administered by the provider and scheduling recipients accordingly.

(f) Mental Illness Only: Medications shall be updated at least annually.

(g) Substance Use Disorder Only: Medications shall be reviewed at each Case Review.

(13) Transfer. Documentation of transfer to a separate program/ level of care within same agency shall be clearly documented as a transfer that shall include the following:

(a) Information related to the transfer within the agency to different level of care/program.

(b) Document that transfer was discussed with recipient or recipient's lawful representative.

(c) If not discussed with recipient, documentation shall include reason why transfer was not discussed with recipient or recipient's lawful representative.

(14) Discharge. Documentation of the discharge shall:

(a) Be entered into each recipient's record and shall include a description of the reasons for discharge, regardless of discharge type.

(b) The summary shall include:

1. A summary of goals for continuing care after discharge.

2. An evaluation of the recipient's progress toward goals established in the service/treatment plan and participation in the program.

3. The discharge summary shall be signed by the recipient, when possible, the primary counselor, and for Substance Use Disorder only, the clinical director or designee.

4. A copy of the discharge summary shall be provided to the recipient upon discharge, when possible.

5. Mental Illness Only: In the event of loss of contact or death, an administrative discharge shall be completed. A summary is not required and only the reason for discharge shall be documented.

(c) Mental Illness Only: Be entered into each recipient's record within fifteen (15) days after discharge or up to one hundred eighty (180) days after receipt of last service specifying the status of the case.

(d) Substance Use Disorder Only: Be entered into each recipient's record within five (5) days after discharge or thirty (30) days after receipt of last service.

(e) Substance Use Disorder Only: Notify the recipient's referral source of recipient's discharge with written informed consent of the recipient. Agency shall follow all federal regulations and laws regarding confidentiality and privacy i.e., 42 CFR Part 2 and HIPPA and shall document notification in recipient's record.

Author: Division of Mental Health and Substance Abuse Services, DMH

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: Published January 31, 2023; effective March 17, 2023.

580-2-20-.09 General Clinical Practice.

(1) Any reference to "written" notification in these rules indicated that the recipient is entitled to receive information in their preferred language and in a manner understood by the recipient.

(2) A program description shall be maintained for each level of care or program provided by the agency. The program description shall include:

(a) The nature and scope of the program or the level of care.

(b) Service area for the program or level of care.

(c) Staffing pattern to include the number and credentials of staff assigned to the program or level of care as required by specific program standards.

(d) Admission criteria.

(e) Discharge/transfer criteria and procedures.

(3) Each recipient admitted for treatment must be assigned to an appropriately qualified staff member or clinical treatment team who has the primary responsibility for coordination/implementation of the treatment/service plan.

(4) In accordance with all local, state and federal law(s), the provider must have written policies that protect the recipient against discrimination in the provision of services regardless of the recipient's age, race, creed, national origin, language of preference, sex, social status, disability status or length of residence in the service area except that specialized services/ programs may be developed for specific target populations.

(5) The program shall make good faith efforts to follow up within a reasonable time for missed appointments for all high-risk recipients with clinical indicators such as but not limited to the following:

(a) Recipients who were discharged from psychiatric inpatient services (local or state) in the past year.

(b) Recipients who were decompensating on the last visit.

(c) Recipients who are considered to have intent to harm self or others.

(d) Substance Use Disorders Only: Pregnant women and individuals who inject drugs.

(6) Provider shall have and implement written policies and procedures to ensure recipients physical access to structures and individualized access to services that address the needs of recipients, family members or significant others.

(7) The provider shall have and implement written policies and procedures that prohibit creation after the fact, alteration, or falsification of original administrative or clinical documentation.

(8) The provider shall have and implement written policies and procedures to assure that recipients who are deaf or who have limited English proficiency are provided culturally and linguistically appropriate access to services to include but not limited to the following:

(a) Free language assistance shall be offered to recipients with limited English proficiency or who are deaf. All interpreters must be qualified as defined by state and federal law to work in the assigned setting with preference given to Qualified Mental Health Interpreters as defined by Administrative Code 580-3-24.

(b) While face-to-face interpreter services are preferable, procedures shall specify how services will be secured when face-to-face interpreters are not available. Procedures shall include the following:

1. For recipients needing spoken language assistance, telephonic or video remote interpreting services may be used.

2. Video remote interpreters may be used for deaf recipients using sign language.

3. Video relay services shall not be used for deaf recipients using sign language when providing treatment.

4. Video relay services may be used for making appointments.

(c) If qualified interpreters are offered and refused, refusal shall be documented on an approved ADMH Office of Deaf Services notification of free language assistance form in the recipient's file.

(d) If family members are used to interpret, this shall be documented on an approved ADMH Office of Deaf Services notification of free language assistance form.

(e) Individuals under the age of 18 shall not be utilized as interpreters.

(f) For recipients who are deaf, hard of hearing, or physically disabled, appropriate environmental and/or communication accommodations shall be provided on an individually assessed basis.

1. Treatment shall be modified to effectively serve recipients who are hard of hearing.

(g) Treatment for recipients who are deaf or who have limited English proficiency shall be offered by staff fluent in the language of the recipient's choice or by using qualified interpreters. This shall be documented on an approved ADMH Office of Deaf Services notification of free language assistance form.

1. Staff providing direct services to deaf recipients shall be fluent, defined as advanced or better on the Sign Language Proficiency Interview or an equivalent rating on an assessment approved by ADMH Office of Deaf Services, prior to providing services.

(h) Treatment will be modified to effectively serve recipients who are deaf as determined by a communication assessment conducted by the Office of Deaf Services or staff approved by the Office of Deaf Services. This communication assessment shall be filed in the recipient's record.

(9) Screening. The provider shall have and implement written policies and procedures for a screening process to briefly screen individuals prior to initiation of a behavioral health assessment or diagnostic interview examination. At a minimum, this process shall:

(a) Describe the screening process.

(b) Specify the instrument(s) or process utilized to conduct the screening process. Substance Use Disorder providers shall use the ADMH approved screening instrument(s). Mental Health providers shall use an ADMH approved screening instrument(s) when applicable.

(c) Describe the procedures followed when the screening process:

1. Identifies risk factors for mental health, substance use or co-occurring disorder(s).

2. Does not identify risk factors for a mental health, substance use or co-occurring disorder(s).

3. Identifies the need for crisis intervention.

4. Identifies special supports for recipients who have mobility challenges, hearing or vision loss, and/or Limited English proficiency.

(d) Specify the procedures for documenting the screening process and that the results of the screening were explained to the recipient and recipient's lawful representative as appropriate.

(10) Intake/Assessment. All providers seeking to have a recipient admitted to an ADMH certified level of care/service shall have and implement written policies and procedures to:

(a) Intake/assessment shall be a clinical interview with recipient, and may include family members, lawful representative, significant other, as appropriate.

(b) Substance Use Disorder Only:

1. Conduct or receive from an ADMH certified provider an ADMH approved placement assessment or receive an assessment from noncertified agency containing an evaluation of each recipient's level of functioning in the six (6) ASAM dimensions.

2. Scheduling a placement assessment and how this information is publicized.

3. Identify any additional tools the provider chooses to utilize in the assessment process.

4. Addressing request by other organizations to conduct a placement assessment.

5. Develop a level of care recommendation based upon the Placement Assessment, which shall describe the role of the recipient and significant others/lawful representative in this process.

6. Describe the procedure when the placed level of care is different from the assessed level of care.

(c) Mental Illness Only:

1. Conduct an assessment/intake, utilizing an ADMH approved assessment tool, if applicable, in developing service/treatment planning processes:

(i) Shall be completed prior to development of initial treatment plan and at discharge, if applicable.

(ii) Updates shall be conducted within other time limits specified under programs specific requirements.

(iii) Shall be placed in the recipient record, if applicable.

(iv) Case Management services do not require a clinical intake. However, case management does require an ADMH approved assessment tool to be completed.

2. Assignment of a diagnosis (most current DSM or ICD). The diagnosis must be signed by a licensed physician, a licensed psychologist, a licensed professional counselor, a licensed marriage and family therapist, a certified registered nurse practitioner, or licensed physician's assistant licensed under Alabama law and operating within licensee's scope of practice.

3. Development of an initial treatment/service recommendations for subsequent treatment and/or evaluation.

(d) Initiate service delivery including referral(s), as appropriate, based upon the recipient's level of care or service recommendation, which shall identify the procedures followed when the placement assessment or intake identifies the need for:

1. An available level of care or service(s).

2. A level of care or service that is otherwise unavailable at assessing provider.

3. Crisis intervention.

(e) The entity shall submit placement assessment/intake data to the ADMH Management Information System according to the most recent edition of Data Reporting Guidelines established and published by ADMH.

(11) Referral Policies/Community Linkage. The provider shall have and implement written policies and procedures for referring recipients to outside services based on individual needs and receiving recipient referrals from other service providers.

(12) Admission Criteria. Each provider shall have and implement compliance with the following written criteria that shall, at a minimum:

(a) Specify the unique characteristics of the program's target population.

(b) Define the admission criteria for each level of care or program provided.

(c) Describe the process implemented when an individual is found to be ineligible for admission. This process shall include the following procedures, at a minimum:

1. Upon request, a written rationale that objectively states or describes the reasons for service denial shall be provided to recipients who have been determined ineligible for admission within five (5) working days.

2. Provide referrals appropriate to the prospective recipient's needs.

3. A description of the appeal policies and procedures for persons denied admission, which shall include the process in which recipients are informed of this right.

(d) Substance Use Disorder Only: Describe the process utilized for prioritizing admission requests and specify that priority access to admission for treatment will be given to the following groups in order of priority:

1. Individuals who are pregnant and have a substance use disorder(s) and whose route of administration is intravenous.

2. Individuals who are pregnant and have a substance use disorder(s).

3. Individuals who have a substance use disorder(s) and whose route of administration is intravenous.

4. Women with dependent children and have a substance use disorder(s).

5. Individuals who are HIV positive and have a substance use disorder(s).

6. All others with substance use disorders.

(13) Readmission Criteria. Each provider shall have and implement policies and procedures regarding criteria and process for readmission.

(14) Exclusionary Criteria. Each provider shall have and implement policies and procedures regarding criteria used to deny admission or readmission of recipients into the program.

Any program's exclusionary criteria shall comply with federal, state and local law. The provider's policies, procedures and

practices shall not support admission denials based exclusively on:

(a) Pregnancy status.

(b) Educational achievement and literacy.

(c) Income level and ability to pay. This shall not apply to certified substance use disorder treatment providers who do not have a contract with ADMH.

(d) Need for or current use of medication assisted therapy.

(e) Existence of a co-occurring mental illness and substance use disorder.

(f) HIV status.

(g) Previous admissions to the program.

(h) Prior withdrawal from treatment against clinical advice.

(i) Referral source.

(j) Involvement with the criminal justice system.

(k) Relapse.

(l) Disability.

(m) Language of preference.

(15) Substance Use Disorder Only: Case Review. Each provider shall have and implement written policies and procedures that define a case review that shall, at a minimum, incorporate the following elements:

(a) Completed by recipient's primary counselor.

(b) Conducted at intervals as defined in level of care.

(c) Continuing Service/Transfer/ Discharge Criteria which consist of the following:

1. Making progress.

2. Not yet making progress, but able to in the current level of care/program.

3. New problems have been identified but these can be handled in the current level of care/program.

4. Achieved goals set but requires chronic disease management at a less intensive level of care/program.

5. Unable to resolve problems despite amendments to the treatment/service plan.

6. Intensification or introduction of new problems that require a different level of care/program.

7. Recipient preferences.

8. Goals have been met to the extent that the services are no longer needed.

(d) Narrative supporting the above choice.

(e) Document the case review was discussed with the recipient and others designated by the recipient as active participants in the decision-making process.

(16) Waiting List Maintenance. The provider shall establish a formal process to address requests for services when space is unavailable in the program/service. This process shall include, at a minimum:

(a) Written procedures for management of the waiting list that shall include, at a minimum, provisions for:

1. Referral for emergency services.

2. Maintaining contact with a recipient or referral source while awaiting space availability.

3. Adding and removing a recipient from the waiting list.

4. Substance Use Disorder Only: Recipient access to interim services while awaiting program admission shall be made available no later than forty-eight (48) hours after the initial request for admission. At a minimum, interim services provided by the agency shall include:

(i) Counseling and education about HIV and TB.

(ii) Risk of needle sharing.

(iii) Risks of transmission of HIV to sexual partners and Infants.

(iv) Steps that can be taken to ensure that HIV and TB transmission does not occur.

(v) Referral for HIV or TB treatment, if necessary.

(vi) Pregnant individuals with substance use disorders receive counseling on the effects of alcohol and drug use on the fetus.

(vii) Pregnant individuals with substance use disorders are referred for pre-natal care, if not already receiving pre natal care.

5. Substance Use Only: Specify that priority access to admission for treatment will be given to the priority population outlined in 580-2-20-.09 (12).

(b) The provider shall identify and designate staff position(s) who has responsibility for management of the waiting list(s).

(c) The provider shall comply with requests from ADMH for data reports relative to waiting list maintenance and management i.e., compliance with ADMH Data Management System(s).

(17) Drug Testing. The agency shall have and implement written policies and procedures addressing circumstances under which drug screening of recipients may be utilized and how recipients will be notified of drug testing procedures. If it is utilized at any point, the program shall:

(a) Identify circumstances under which drug testing of recipients will occur.

(b) Indicate specimens used for testing including breath, blood, urine, hair and saliva.

(c) Establish chain of custody procedures that protect against the falsification and/or contamination of any specimen.

(d) Demonstrate that the individual's privacy is protected each time a specimen is collected.

(e) Define method of observation.

(f) Location of where the specimen will be collected.

(g) Individualized drug screen procedures, which include:

1. Frequency of testing based on needs of the recipient or as identified in level of care/program.

2. Procedures used to ensure that drug test screening results are not used as the sole basis for treatment decisions or termination of treatment.

3. Procedures to ensure that drug testing is used as a treatment tool and is addressed with the recipient.

4. Procedures to review for false-negative and false-positive results.

(h) The provider shall establish a reasonable timeframe to discuss with the recipient and document all drug testing results, confirmation results and related follow-up therapeutic interventions in the recipient record.

(18) The provider shall have and implement written policies and procedures governing tobacco use at the provider's physical facility(ies) by the program's staff and recipients that includes compliance with federal, state, and local ordinances. Tobacco use includes, but is not limited to, cigarettes, smokeless tobacco, and e-cigarettes and other vaping products.

(a) Substance Use Only: Provide services that address tobacco use either directly or by referral for all recipients enrolled in each level of care who have requested these services.

(19) Transportation. When a provider provides transportation, the provider shall have and implement written policies and procedures that govern recipient transportation and include, at a minimum, the following specifications:

(a) Document that vehicles operated by the provider to transport recipients shall have:

1. Properly operating seat belts or child restraint seats.

2. Provide for seasonal comfort with properly functioning heat and air conditioning.

3. Vehicles are in good repair and have regular maintenance inspections.

(b) The number of recipients permitted in any vehicle shall not exceed the number of seats, seat belts and age-appropriate child restraint seats.

(c) Vehicles operated by the provider shall carry proof of:

1. Accident and liability insurance.

2. The vehicle's current registration.

(d) Vehicles operated by the provider shall have an operational fire extinguisher and a first aid kit that are not expired.

(e) The driver of any vehicle used in recipient transportation shall carry, at all times, the name and telephone number of

the program's staff to notify in case of a medical or other emergency.

(f) The driver of any vehicle used in recipient transportation shall be:

1. At least eighteen (18) years old and in possession of a valid driver's license.

2. Prohibited from the use of tobacco/vaping/e- cigarette and smokeless tobacco products, cellular phones or other mobile devices, or from eating while transporting recipients.

3. Prohibited from leaving a recipient unattended in the vehicle at any time.

4. Prohibited from making stops between authorized destinations, altering destinations, and taking recipients to unauthorized locations.

(g) The provider shall provide an adequate number of staff for supervision of recipients during transportation to ensure the safety of all passengers.

(h) Substance Use Only: All vehicles operated by the agency to transport recipients shall not be identifiable as a vehicle belonging to a substance use disorder treatment program.

Author: Division of Mental Health and Substance Abuse Services, DMH
Statutory Authority: Code of Ala. 1975, §22-50-11.
History: **New Rule:** Published January 31, 2023; effective March 17, 2023.

580-2-20-.10 Mental Illness General Outpatient.

The agency shall have a program description for General Outpatient service/program. The program description shall include all requirements per 580-2-20-.09 (2) (a-e) General Clinical Practice and the program(s) criteria as follows:

(1) A description of the target population of SMI and/or SED.

(2) Age range.

(3) A description of the nature and scope of the program as indicated by individual recipient needs and preferences.

(4) Location of the geographic service area for the program.

(5) Admission criteria.

(6) Discharge/transfer criteria and procedures.

(7) As evidenced by personnel records, staff are qualified to provide the services that they render.

(8) Recipient records document that each recipient admitted for treatment must be assigned to an appropriately qualified staff member or clinical treatment team who has the primary responsibility for coordination/implementation of the treatment plan.

(9) Recipients receiving medication only shall have a registered nurse with the primary case responsibility.

(10) Outpatient services shall include a variety of treatment modalities and techniques:

(a) The following modalities and techniques shall be provided to be certified Outpatient Services:

1. Intake. Initial clinical evaluation of the recipient's request for assistance completed by a mental health rehabilitative services professional. The intake assesses psychological and social functioning, recipient's reported physical and medical condition, and the need for additional evaluation and/or treatment. Key service functions shall include the following:

(i) A clinical interview with the recipient and/or family members, legal guardian/lawful representative, significant other.

(ii) Screening for needed medical, psychiatric, or neurological assessment as well as other specialized evaluations.

(iii) A brief mental status examination.

(iv) Review of the recipient's presenting problem, symptoms, functional deficits, and history.

(v) Initial diagnostic formulation.

(vi) Development of an initial plan for subsequent treatment and/or evaluation.

(vii) Referral to other medical, professional, or community services as indicated.

(viii) May be rendered face-to-face or via tele-health (audiovisual or audio only).

2. Individual Therapy/Counseling. The utilization of professional skills by a mental health rehabilitative services professional to assist a recipient in a one-to-one (1 to 1) psychotherapeutic encounter in achieving specific objectives of treatment or care for a mental health disorder. Key service functions at a minimum shall include:

(i) Therapeutic interaction where interventions are tailored toward achieving specific measurable goals and/or objectives of the recipient's treatment plan.

(ii) On-going assessment of the recipient's preexisting condition and progress being made in treatment.

(iii) Symptom management education and education about mental illness and medication effects.

(iv) Psychological support, problem solving, and assistance in adapting to illness.

(v) May be rendered face-to-face or via tele-health (audiovisual or audio only).

3. Family Therapy/Counseling. A recipient focused intervention that may include the recipient, his/her family, and delivered by a mental health rehabilitative services professional. Key service functions at a minimum shall include:

(i) Therapeutic interaction with the recipient, family, and/or significant others where interventions are tailored toward achieving specific measurable goals and/or objectives of the recipient's treatment plan.

(ii) On-going assessment of the recipient's presenting condition and progress being made in treatment.

(iii) May be rendered face-to-face or via tele-health (audiovisual or audio only).

4. Physician/Medical Assessment and Treatment. Contact with a recipient during which a qualified practitioner provides psychotherapy and/or medical management services. Physician medical assessment and treatment may be performed by a physician, a licensed physician assistant, or a Certified Registered Nurse Practitioner (CRNP). Key service functions at a minimum shall include:

(i) Specialized medical/psychiatric assessment of physiological phenomena.

(ii) Psychiatric diagnostic evaluation.

(iii) Medical/psychiatric therapeutic services.

(iv) Assessment of the appropriateness of initiating or continuing the use of psychotropic medication.

(v) Assessment of the need for inpatient hospitalization.

(vi) May be rendered face-to-face or via tele-health (audiovisual or audio only).

5. Medication Monitoring. Contact between a recipient and a mental health rehabilitative services professional, qualified mental health provider – bachelors, licensed registered nurse, pharmacist, certified nursing assistant licensed under Alabama law, certified medical assistant, or licensed practical nurse. Key service functions shall include:

(i) Monitor compliance with dosage instructions.

(ii) Educate the recipient and/or caregivers of expected effects of medication.

(iii) Identify changes in the medication regime.

(viii) May be rendered face-to-face or via tele-health (audiovisual only).

6. Treatment Plan Review. Review and/or revision of a recipient's individualized treatment plan by a licensed physician, certified registered nurse practitioner, licensed physician's assistant, or rehabilitative service professional who is not the primary therapist for the recipient. This review shall evaluate:

(i) The recipient's progress toward treatment objectives.

(ii) The appropriateness of services being provided.

(iii) The need for a recipient's continued participation in treatment.

7. Crisis Intervention. Immediate emergency intervention with a recipient, family member, legal guardian/ lawful representative, and/or significant others to ameliorate a recipient's maladaptive emotional/behavioral reaction. Service is designed to resolve the crisis and develop symptomatic relief, increase knowledge of resources to assist in mitigating a future crisis, and facilitate return to pre-crisis routine functioning. Services can be provided by a mental health rehabilitative service professional, licensed registered nurse, licensed practical nurse, certified nursing assistant, certified medical assistant, qualified mental health provider – bachelors, or a certified mental health peer specialist (youth, adult, parent). Key services shall include:

(i) A brief, situational assessment.

(ii) Verbal interventions to de-escalate the crisis.

(iii) Assistance in immediate crisis resolution.

(iv) Mobilization of natural and formal supports.

(v) Referral to alternate services at the appropriate level.

(vi) May be rendered face-to-face or via tele-health (audiovisual or audio only).

8. Behavioral Health Placement Assessment/Pre-hospitalization screening. A structured interview process conducted by a mental health rehabilitative services professional or licensed registered nurse to identify a recipient's presenting strengths and needs and establish a corresponding recommendation for placement in an appropriate level of care. This process may incorporate determination of the appropriateness of admission/ commitment to a state psychiatric hospital or local inpatient psychiatric unit. Key service functions shall at a minimum include:

(i) A clinical assessment of the recipient's needs for local or state psychiatric hospitalization.

(ii) An assessment of whether the recipient meets involuntary commitment criteria, if applicable.

(iii) Preparation of reports for the judicial system and/or testimony presented during the course of a commitment hearing.

(iv) An assessment of whether other less restrictive treatment alternatives are appropriate and available.

(v) Referral to other appropriate and available treatment alternatives.

(vi) May be rendered face-to-face or via tele-health (audiovisual only).

9. Medication Administration. Key functions include the administration of injectable or oral psychotropic medications under the direction of a physician, licensed physician assistant, or certified registered nurse practitioner. Medication administration may be performed by a Licensed Registered Nurse (RN), Licensed Practical Nurse (LPN), or Certified Medical Assistant. MAC Worker can only administer oral medications under delegation of a MAS nurse.

10. Mental Health Care Coordination/Consultation. Services to assist a recipient to receive coordinated mental health services from external agencies, and/or providers/ independent practitioners. This service can be provided by a mental health rehabilitative services professional, licensed registered nurse, licensed practical nurse, certified nursing assistant, certified medical assistant, or a qualified mental health provider – bachelor's degree in a mental health field. Key service functions shall include:

(i) Written or verbal interaction in a clinical capacity in order to assist another provider in addressing the specific treatment needs of a recipient and to assure continuity of care to another setting.

(ii) May be rendered face-to-face, or via tele-health (audiovisual or audio only) or through written communication.

11. Peer Support Services (required for contract providers only). Services that provide structured activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community skills. Peer Support Services shall be provided by an ADMH certified Adult, Youth, or Family Peer Support Specialist who:

(i) Actively engages and empowers an individual and their identified supports in leading and directing the design of the service plan.

(ii) Actively participates in the treatment plan development process to ensure the treatment plan reflects the needs and preferences of the recipient and family.

(iii) Provides support and coaching interventions to individuals and family, when appropriate, to promote recovery, resiliency, and healthy lifestyles.

(iv) Assists in reducing identifiable behavioral health and physical health risks and increase healthy behaviors intended to prevent the onset of disease or lessen the impact of existing chronic health conditions.

(v) Assists with development of effective techniques that focus on the individual's self-management and decision making about healthy choices, which ultimately extend the recipient's lifespan.

(vi) Family peer specialists assist families to participate in the wraparound planning process, access services, and navigate complicated adult/child-serving agencies.

(vii) Peer Support Specialist shall successfully complete an approved ADMH Peer Support Specialist training/certification program within six (6) months of date of hire.

(viii) May be rendered face-to-face or via tele-health (audiovisual or audio only).

12. Therapeutic Mentoring (required for contract providers only). Services provided in a structured one-on-one (1 to 1) intervention to a recipient and their families that is designed to ameliorate behavioral health related conditions that prevent age-appropriate social functioning. Services include supporting and preparing the child or youth in age-appropriate behaviors by restoring daily living, social, and communication skills that have been adversely impacted by a behavioral health condition. Services shall be delivered according to:

(i) Based on individualized treatment plan.

(ii) Progress towards meeting identified goals shall be monitored and communicated to the primary therapist so that the treatment plan can be modified as needed.

(iii) Therapeutic Mentor cannot provide social, educational, recreational, or vocational services.

(iv) Services are provided by a mental health rehabilitative services professional, licensed registered nurse, licensed practical nurse, qualified mental health provider – bachelors, or a qualified mental health provider – non-degreed who has successfully completed an approved ADMH therapeutic mentor training program within six (6) months of date of hire.

(v) Component Services include:

(I) Basic Living Skills

(II) Social Skills Training

(III) Coping Skills Training

(IV) Assessment

(V) Plan Review

(VI) Progress Reporting

(VII) Transition Planning

(vi) May be rendered face-to-face or via tele-health (audiovisual only).

13. Emergency Services. There is twenty-four (24) hours per day, seven (7) days per week capability to respond to an emergency need for mental health services. Such capability shall include:

(i) A response by a credentialed staff member (a direct service provider with at least a bachelor's degree, licensed registered nurse, or Certified Mental Health Peer Specialist (Adult, Youth, Parent)).

(ii) Adequate provision for handling special and difficult cases, e.g. violent/suicidal, or limited English proficient.

(iii) When an answering service is used, instructions must be provided in the proper handling of emergency calls.

(iv) Staff involved in emergency services shall be trained in crisis intervention techniques.

(v) A master's level clinical staff member with at least two (2) years of post-master's clinical experience shall be available as a backup to those persons providing emergency telephone service.

(vi) There shall be documentation of all after-hours incoming emergency calls, including time, nature of the emergency, telephone number of caller (if possible), and disposition.

(vii) There is documentation of each contact including disposition after the initial emergency interview.

(viii) All emergency contacts should document any referral to any other agency or non-agency services.

(ix) There is documentation of follow-up on disposition recommendations in all high-risk crisis situations.

(x) May be rendered face-to-face or via tele-health (audiovisual or audio only).

(b) The following modalities and techniques are optional based on the individual needs and preferences:

1. Diagnostic Testing. Psychological testing evaluation services that include integration of recipient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning, and report and interactive feedback to the recipient. Key service functions shall include:

(i) The administration and interpretation of standardized objective and/or projective tests of an intellectual, personality, or related nature.

(ii) Testing of recipients who have limited English proficiency must be done by staff who are fluent in the recipient's preferred language or by using a Qualified Interpreter. If the recipient is deaf, the staff member will have at least an Advanced level on the Sign Language Proficiency Interview, or the interpreter shall be a Qualified Mental Health Interpreter as defined by 380-3-24.

(iii) May be rendered face-to-face or via tele-helath (audiovisual only).

2. Group Therapy/Counseling. The utilization of professional skills by a mental health rehabilitative services professional to assist two (2) or more recipients in a group setting in achieving specific objectives, treatment, or care for mental health disorders. Key service functions shall at a minimum include:

(i) Interaction with a group of recipients (not to exceed sixteen (16) for adults and ten (10) for children and adolescents) where interventions utilize the interactions of recipients and group dynamics to achieve specific goals and/or objectives of the recipient's treatment plan.

(ii) On-going assessment of the recipient's presenting condition and progress being made in treatment.

(iii) May be rendered face-to-face or via tele-health (audiovisual only).

3. Basic Living Skills. Psychosocial services provided by a staff member supervised by another staff member who has at least a master's degree and two (2) years of post-master's clinical experience on an individual or group basis to enable a recipient(s) to establish and improve community tenure and to increase their capacity for age-appropriate independent living. This service also includes training about the nature of illness, symptoms, and recipient's role in management of the illness. Key services functions include the following services as appropriate to individual recipient needs:

(i) Training and assistance in restoring skills such as personal hygiene, housekeeping, meal preparation, shopping, laundry, money management, using public transportation, medication management, healthy lifestyle, stress management, and behavior education appropriate to the age and setting of the recipient.

(ii) Recipient education about the nature of the illness, symptoms, and the recipient's role in management of the illness.

(iii) May be rendered face-to-face only.

4. Psychoeducational Services/Family Support. Services provided by a staff member under the supervision of another staff member who has a master's degree and two (2) years of post-master's clinical experience to families (caregivers, significant others) of a mentally ill recipient to assist them in understanding the nature of the illness of their family member, symptoms, management of the disorder, or to help the recipient be supported in the community and to identify strategies to support restoration of the recipient to their possible level of functioning. Key service functions shall include at a minimum education about:

(i) The nature of the illness.

(ii) Expected symptoms.

(iii) Medication management.

(iv) Ways in which the family member can support the recipient.

(v) Ways in which the family member can cope with the illness.

(vi) May be rendered face-to-face or via tele-health (audiovisual only) for group services. May be rendered face-to-face or via tele-health (audiovisual or audio only) for individual services.

5. Nursing Assessment and Care. Nursing services with or on behalf a recipient to monitor, evaluate, assess, establish nursing goals, and/or carry out physician's orders regarding treatment and rehabilitation of the physical and/or behavioral health conditions of recipient as specified in the individualized recovery plan.

(i) The following are eligible staff/providers who may perform duties:

1. Licensed Registered Nurse (RN), operating within their scope of Practice or

2. Licensed Practical Nurse (LPN), operating within their scope of practice or

3. Certified Nursing Assistant (CNA), operating within their scope of practice or

4. Certified Medical Assistant (CMA), operating within their scope of practice or

5. MAC, operating within their scope of practice.

(ii) Key services shall include:

1. Providing special nursing assessments to observe, monitor, and care for physical, nutritional, and psychological issues or crisis manifested in the course of the recipient's treatment.

2. Assessing and monitoring a recipient’s response to medication to determine the need to continue medication and/or for a physician referral for a medication review.

3. Assessing and monitoring an individual’s medical and other health issues that are either directly related to the mental health or substance use related disorder, or to the treatment of the disorder (e.g. diabetes, cardiac and/or blood pressure issues, substance use withdrawal symptoms, weight gain and fluid retention, substance use withdrawal symptoms, etc.).

4. Venipuncture required to monitor and assess mental health, substance use disorders or directly related to medical conditions, and to monitor side effects of psychotropic medication.

5. Consultation with the recipient’s family and/or significant others for the benefit of the recipient about medical and nutritional issues.

6. Determine biological, psychological, and social factors which impact the recipient's physical health and to subsequently promote wellness and healthy behavior and provide medication education and medication self-administration training to the recipient and family.

7. May be rendered face-to-face or via tele-health (audiovisual or audio only).

(11) Recipients who are deaf or limited English proficient shall have effective communication access to these services provided by staff proficient in the recipient’s preferred language, or a qualified interpreter. Proficient in American Sign Language is defined as having at least an Intermediate Plus level on the Sign Language Proficiency Interview.

(12) Documentation that communication access has been provided for recipients who are deaf or who have limited English proficiency.

(13) The use of family members to interpret is discouraged due to the possibility of conflicts of interest. If family members are used to interpret, this shall be noted on the waiver. Family members under the age of eighteen (18) cannot be used as interpreters.

(14) Programming will be modified to provide effective participation for all recipients who are deaf.
Author: Division of Mental Health and Substance Use Services, DMH
Statutory Authority: Code of Alabama 1975, §22-50-11
History: **New Rule:** Published April 28, 2023; effective June 12, 2023. **Amended:** Published July 31, 2025; effective September 14, 2025.

580-2-20-.11 Mental Illness Outreach Services.

The agency shall have a separate program description for each Outreach Service/Program. The program description shall include all requirements per 580-2-20-.09 (2) (a-e) General Clinical Practice and the program(s) criteria as follows:

(1) Adult Case Management.

(a) A description of the target population of serious mental illness (SMI).

(b) Age range.

(c) Nature and scope of the program, as indicated by the individual recipient needs and preferences.

(d) Location of the geographic services area for the program.

(e) Specifies that the program is staffed by qualified individuals whose primary job function is case management.

(f) Admission criteria.

(g) Discharge/transfer criteria/procedures.

(h) The following services shall be delivered within the program:

1. Recipient Needs Assessment - A Case Management provider performs a written comprehensive assessment of the recipient's assets, deficits, and needs. The completed assessment shall be maintained in the recipient's file. The case management provider gathers the following information:

(i) Identifying information.

(ii) Socialization and recreational needs.

(iii) Training needs for community living.

(iv) Vocational needs.

(v) Physical needs.

(vi) Medical care concerns.

(vii) Social and emotional status.

(viii) Housing and physical environment.

(ix) Resource analysis and planning.

2. Case Planning - The development of a systematic, recipient-coordinated Plan of Care (POC) that:

(i) Lists the recipient's needs, strengths, and goals.

(ii) Lists the actions required to meet the identified needs of the recipient.

(iii) Is based on the needs assessment and is developed through a collaborative process involving the recipient, their family or other support system, and the case manager.

(iv) Is completed in conjunction with the needs assessment within the first thirty (30) days of contact with the recipient and every six (6) months thereafter as long as the recipient is receiving case management services.

(v) Is approved by the supervisor.

3. Service arrangement - Through linkage and advocacy, the case manager coordinates contacts between the recipient and the appropriate person or agency. These contacts may be face-to-face, virtual, phone calls, or electronic communication.

4. Social Support - Through interviews with the recipient and significant others, the case manager determines whether the recipient possesses an adequate personal support system. If this personal support system is inadequate or nonexistent, the case manager assists the recipient in expanding or establishing such a network through advocacy and linking the recipient with appropriate persons, support groups, or agencies.

5. Reassessment and Follow-up - Through interviews and observations, the case manager evaluates the recipient's progress toward accomplishing the goals listed in the case plan at intervals of six (6) months or less. In addition, the case manager contacts persons or agencies providing services to the recipient

and reviews the results of these contacts, together with the changes in the recipient's needs shown in the reassessments, and revises the case plan if necessary.

6. Monitoring - The case manager determines what services have been delivered and whether they adequately meet the needs of the recipient. The POC may require adjustments as a result of monitoring.

(i) Adult Case Management Services must be provided by a staff member with a bachelor's degree and who has completed an ADMH approved Case Manager Training Program. Case managers who work with recipients who are deaf must complete training focusing on deafness and mental illness by ADMH Office of Deaf Services.

(j) Adult Case Management Services for recipients who are deaf or who have limited English proficiency must be provided in a linguistically appropriate manner by staff proficient in the recipient's preferred language, or through the use of a qualified interpreter. Proficient in American Sign Language is defined as having at least an Intermediate Plus level on the Sign Language Proficiency Interview.

(k) Adult Case Management Services are supervised by either a staff member who has a master's degree and who has successfully completed an ADMH approved case management supervisor training program, or bachelor's degree with three (3) years mental health case management experience who has successfully completed an ADMH approved case management training program.

(l) Case Managers must possess a valid current driver's license.

(m) Most Case Management Services and activities will occur on an outreach basis.

(n) The following documentation and/or forms are required and must be readily identifiable in the recipient's record:

1. Completed Needs Assessment using an ADMH approved assessment tool.

2. Plan of Care.

3. Progress/Service Notes - Notation by Case Manager of date, service duration, nature of service, and Case Manager's signature for each contact with the recipient or collateral.

4. Documentation that communication access has been provided for recipients who are deaf or who have limited English proficiency.

5. The use of family members to interpret is discouraged due to the possibility of conflicts of interest. If family members are used to interpret, this shall be noted on the waiver. Family members under the age of eighteen (18) cannot be used as interpreters.

6. Programming will be modified to provide effective participation for all recipients who are deaf.

(o) Authorization and consent forms as necessary to carry out case plans.

(p) May be rendered face-to-face or via tele-health (audiovisual or audio only).

(2) Adult In-Home Intervention (IHI).

(a) A description of the target population of serious mental illness (SMI).

(b) Age range.

(c) Nature and scope of the Program, as indicated by individual recipient needs and preferences.

(d) A Location of the geographic service area for the program.

(e) Specifies that the program is staffed by qualified individuals whose primary job function is Adult IHI.

(f) Admission criteria that includes at least the following:

1. Must meet criteria for Serious Mental Illness.

2. Must be eighteen (18) years of age or older and not otherwise meet the criteria for Transitional Age services.

3. Clearly documented need for more intensive

outpatient supports due to at least one (1) of the following:

(i) An increase in symptoms.

(ii) Transition from a more intensive level of service.

(iii) The need to defuse an immediate crisis situation.

(iv) The need to stabilize the living arrangement.

(v) The need to prevent out of home placement.

(vi) A history of failure to engage in other outpatient services.

(g) Discharge. Policies and procedures shall be developed and implemented for discharge from the program under any one or more of the following criteria:

1. The maximum benefits of the intensive in-home service have been reached.

2. The treatment plan goals have been met to the extent that the in-home therapy services are no longer needed.

3. The recipient/family has not responded to repeated, documented follow-up by the IHI team during a fourteen (14) day period.

4. The IHI team is unable to meet obvious, suspected or expressed needs of the recipient and/or their family system.

5. The recipient becomes otherwise unavailable for services during a fourteen (14) day period.

(h) Transfer or referral to a different program

outside of IHI will occur when it is determined that the transfer will better meet the needs of the recipient. Transfer shall be considered under the following conditions:

1. The recipient is in need of more intensive services than the IHI team can provide.

2. The recipient is determined to be in need of less intensive services than those provided by the IHI team.

(i) Reflects the following characteristics and

philosophy of Adult In-Home Intervention:

1. Home-based treatment is provided by a two (2) person treatment team. Duration of treatment is determined on an individual basis as indicated on the treatment plan.

2. The team is the primary provider of services and is responsible for helping recipients in all aspects of community living.

3. The majority of services occur in the community and/or in places where recipients spend their time.

4. Services are highly individualized both among individual recipients and across time for each recipient.

5. Persistent, creative adaptation of services to be acceptable to recipients provided in a manner of unconditional support.

(j) There must be an assigned team that is

identifiable by job title, job description, and job function. IHI shall be provided by a two (2) member treatment team that is composed of one of the following options:

1. Rehabilitation Professional Option- One (1) professional with a master's degree in a mental health related field and one (1) professional with a bachelor's degree in a human services field or one (1) Certified Mental Health Peer Specialist – Adult; or

2. Licensed Registered Nurse Option- One (1) licensed registered nurse under Alabama Law and one (1) professional with a bachelor's degree in a human services field. or Certified Mental Health Peer Specialist – Adult.

3. In each staffing composition, both team members must complete case management training. For Certified Mental Health Peer Specialist – Adult, they shall be certified by ADMH as a Certified Peer Specialist – Adult and maintain ADMH Certified Peer Specialist - Adult certification.

(k) The following key services must be delivered within the program when the team is composed of a master's level clinician and a case manager or Certified Mental Health Peer Specialist - Adult:

1. Individual and Family Therapy.

2. Crisis Intervention.

3. Mental Health Consultation/Care Coordination.

4. Basic Living Skills.

5. Psychoeducational Services/Family Support.

6. Case Management/Care Coordination.

7. Medication Monitoring.

8. Peer Services, only when team member is a Certified Mental Health Peer Specialist – Adult.

(l) The following key services must be delivered within the program when the team is composed of a licensed registered nurse and a case manager or Certified Mental Health Peer Specialist - Adult:

1. Crisis Intervention.

2. Mental Health Consultation/Care Coordination.

3. Basic Living Skills.

4. Psychoeducational Services/Family Support.

5. Case Management/Care Coordination.

6. Medication Monitoring.

7. Medication Administration.

8. Peer Services, only when team member is a Certified Mental Health Peer Specialist – Adult.

(m) The team must function in the following manner:

1. Services should be provided primarily as a team with the team members working individually as dictated by recipient need.

2. The hours of delivering the IHI services shall be flexible to accommodate the scheduling demands and unique issues of the target population (before 8:00 a.m. and after 5:00 p.m. as needed).

3. Documentation should reflect that IHI cases are staffed by the team on a regular basis and that joint decisions are made regarding the frequency of recipient contact for team and individual staff services.

4. The intensive nature of this service should be reflected in the average hours of direct service provided per person per week.

5. The active caseload for a team shall not exceed twenty (20) recipients.

(n) Recipients who are deaf or limited English proficient shall have effective communication access to these services provided by staff proficient in the recipient's preferred language or a qualified interpreter. Proficient in American Sign Language is defined as having at least an Intermediate Plus level on the Sign Language Proficiency Interview.

(o) Documentation that communication access has been provided for recipients who are deaf or who have limited English proficiency.

(p) The use of family members to interpret is discouraged due to the possibility of conflicts of interest. If family members are used to interpret, this shall be noted on the waiver. Family

members under the age of eighteen (18) cannot be used as interpreters.

(q) Programming will be modified to provide effective participation for all recipients who are deaf.

(r) This is a face-to-face program.

(s) The following services may be delivered face-to-face or via tele-health (audiovisual or audio only):

(i) Crisis Intervention,

(ii) Care Coordination,

(iii) Psychoeducation,

(iv) Medication Monitoring,

(v) Peer Services

(vi) Case Management

(3) Assertive Community Treatment (ACT).

(a) A description of the target population of SMI.

(b) Age range.

(c) Nature and scope of the program as indicated by individual recipient needs and preferences.

(d) Location of the geographic service area for the program.

(e) Specifies that the program is staffed by qualified individuals whose primary job function is specific to ACT.

(f) Admission criteria that include at least the following:

1. A psychiatric diagnosis.

2. Admission approval by a psychiatrist, certified registered nurse practitioner (CRNP)or licensed physician assistant (PA) under the supervision of a psychiatrist, licensed psychologist, or the clinical director.

(g) Discharge/transfer criteria and procedures.

(h) Reflects the following characteristics and philosophy of Assertive Community Treatment Teams:

1. Multi-disciplinary staff organized as a team in which members function interchangeably to provide treatment, rehabilitation, and support to persons with serious mental illness and severe functional disability.

2. The team is the primary provider of services and is responsible for helping recipients in all aspects of community living.

3. The majority of services occur in the community in places where recipients spend their time.

4. Services are highly individualized both among individual recipients and across time for each recipient.

5. Persistent, creative adaptation of services to be acceptable to recipients provided in a manner of unconditional support.

(i) The following services must be delivered within the program as indicated by recipient need:

1. Intake.

2. Medical assessment and treatment.

3. Medication administration.

4. Medication monitoring.

5. Individual, group and/or family therapy.

6. Case management.

7. Crisis intervention.

8. Mental health care coordination/consultation.

9. Psycho-educational services/Family support and education.

10. Basic living skills.

(j) There must be an assigned team that is identifiable by job title, job description, and job function. The team must have:

1. Part-time psychiatric coverage.

2. Three (3) full-time equivalent positions which include at least one (1) full-time master's level clinician.

3. At least .50 FTE licensed registered nurse or licensed practical nurse, and

4. A full-time case manager who has completed an ADMH approved case management training curriculum.

5. The remaining .5 FTE position may be filled at the agency's discretion by a master's level clinician, a nurse, a case manager, or a Certified Peer Specialist - Adult.

(k) The team must function in the following manner:

1. Each member of the team must be known to the recipient.

2. Each member of the team must individually provide services to each recipient in the team's caseload.

3. The team will conduct staffing of all assigned cases at least twice weekly.

4. The caseload cannot exceed a one to twelve (1:12) staff to recipient ratio where the part-time psychiatrist or CRNP/ PA working under the supervision of a psychiatrist is not counted as one (1) staff member.

(l) The program coordinator must have a master's degree in a mental health service-related field and at least one (1) year of post-master's direct service experience or be a licensed registered nurse with a minimum of one (1) year psychiatric experience.

(m) Services must be available and accessible, including effective communication access for recipients who are deaf, hard of hearing, or limited English proficient, to enrolled recipients twenty-four (24) hours per day/seven (7) days per week in a manner and at locations that are most conducive to recipients' compliance with treatment and supports.

(n) It is not necessary that a member of the ACT team be on call at all times.

(o) The program does not limit length of stay.

(p) The number of contacts by individual team members and totally for the team varies according to individual recipient need, but shall be:

1. A minimum of once per week for recipients in a maintenance phase up to several times per day for recipients who require it.

2. Done in a manner to assure that all team members provide services to and are known to the recipient and are capable of stepping in when needed.

(q) Recipients who are deaf or limited English proficient shall have effective communication access to these services provided by staff proficient in the recipient's preferred language, or a qualified interpreter. Proficient in American Sign Language is defined as having at least an Intermediate Plus level on the Sign Language Proficiency Interview.

(r) Documentation that communication access has been provided for recipients who are deaf or who have limited English proficiency.

(s) The use of family members to interpret is discouraged due to the possibility of conflicts of interest. If family members are used to interpret, this shall be noted on the waiver. Family members under the age of eighteen (18) cannot be used as interpreters.

(t) Programming will be modified to provide effective participation for all recipients who are deaf.

(v) Psychiatric services may be rendered face-to-face or via tele-health (audiovisual or audio only).

(r) This is a face-to-face program.

(s) The following services may be delivered face-to-face or via tele-health (audiovisual or audio only):

i. Intake Medical assessment and treatment

(iv) Medication Monitoring, Crisis Intervention,

(ii) Mental Health Care Coordination,

(iii) Psychoeducation,

(v) Peer Services

(vi) Case Management

(4) Program for Assertive Community Treatment (PACT).

(a) A description of the target population of SMI.

(b) Age range.

(c) Nature and scope of the program, as indicated by individual recipient needs and preferences.

(d) Location of the geographic service area for the program.

(e) Specifies that the program is staffed by qualified individuals whose primary job function is specific to PACT.

(f) Admission criteria that includes at least the following:

1. Recipients with severe and persistent mental illnesses that seriously impair their functioning in community living. Priority is given to people with schizophrenia, other psychotic disorders, or bipolar disorders. At least eighty percent (80%) of recipients have a diagnosis of schizophrenia, bipolar, or major depression.

2. Functional impairments demonstrated by at least one (1) of the following conditions:

(i) Inability to consistently perform the range of daily living tasks required for basic adult functioning in the community; or persistent or recurrent failure to perform daily living tasks except with significant support or assistance from others such as friends, family, or relatives.

(ii) Inability to be consistently employed at a self-sustaining level; or inability to consistently carry out the maintenance of living environment.

(iii) Inability to maintain a safe living situation.

3. Recipients with one (1) or more of the following which are indicators of continuous high-service needs (greater than eight (8) hours per month).

(i) Two or more admissions per year to acute psychiatric hospitals or psychiatric emergency services.

(ii) Intractable, severe, major symptoms (affective, psychotic, suicidal).

(iii) Co-existing substance use disorder of significant duration (greater than six (6) months).

(iv) High risk of or recent criminal justice involvement.

(v) Inability to meet basic survival needs; or residing in substandard housing, homeless, or at imminent risk of becoming homeless.

(vi) Residing in an inpatient bed or in a supervised community residence, but clinically assessed as being able to live in a more independent living situation if intensive services are provided; or requiring residential/inpatient placement if more intensive services are not available.

4. Admission approval by a psychiatrist, CRNP/PA working under the supervision of a psychiatrist, licensed psychologist, or the Clinical Director.

(g) Discharge/transfer criteria and procedures that do not limit the amount of time a recipient is on the team, that permit the team to remain the contact point for all recipients as needed, and that require discharges to be mutually determined by the recipient and the team.

(h) The description reflects that the Program of Assertive Community Treatment (PACT) operates as follows:

1. Assumes responsibility for directly providing needed treatment, rehabilitation, and support services to identified recipients with severe and persistent mental illnesses.

2. Minimally refers recipients to outside service providers.

3. Provides services on a long-term care basis with continuity of caregivers over time.

4. Delivers seventy-five percent (75%) or more of the services outside program offices.

5. Emphasizes outreach, relationship building, and individualization of services.

(i) There must be an identifiable team with the following characteristics:

1. Clinical staff to recipient ratio of one to ten (1:10), excluding the doctor and administrative assistant.

2. Minimum team size of ten (10) FTE in urban areas, five to seven (5-7) FTE in rural areas.

3. A psychiatrist or CRNP/PA working under the supervision of a psychiatrist ten (10) hours per week per thirty (30) recipients.

4. Administrative Assistant of one (1) FTE in urban areas and .5 Full-time Equivalents in rural areas.

5. Full-time master's level clinician as team leader.

6. At least eight (8) mental health professionals (MA, MSN, RN) in urban areas, five (5) mental health professionals (MA, MSN, RN) in rural areas.

7. Substance use disorder specialist of, at least, one (1) FTE.

8. RN, at least three (3) FTE in urban areas and one and a half (1.5) FTE in rural areas.

9. Vocational specialist of, at least, one (1) FTE.

10. One (1) full-time or two (2) part-time MI Adult Peer Specialist(s) who successfully complete peer specialist certification through ADMH within the first six (6) months of hire and possess a high school diploma or equivalent.

11. A full-time case manager who has completed an ADMH approved case management training curriculum.

12. Members that work as a team so that all team members know and work with all recipients.

(j) Program operates, at least, at eighty percent (80%) of full staffing for the past twelve (12) months, or since program opening, if not in operation for twelve (12) months.

(k) The team leader performs the following functions:

1. Leads daily organizational team meetings.

2. Leads treatment planning meetings.

3. Is available to team members for clinical consultation.

4. Provides one-to-one (1:1) supervision.

5. Functions as a practicing clinician.

(l) The psychiatrist or CRNP/PA under the supervision of a psychiatrist performs the following functions:

1. Conducts psychiatric and health assessments.

2. Supervises the psychiatric treatment of all recipients.

3. Provides psychopharmacologic treatment of all recipients.

4. Supervises the medication management system.

5. Provides individual supportive therapy.

6. Provides crisis intervention on-site.

7. Provides family interventions and psychoeducation.

8. Attends daily organizational and treatment planning meetings.

9. Provides clinical supervision.

(m) The licensed registered nurses perform the following functions:

1. Manage medication system, in conjunction with doctors.

2. Administer and document medication treatment.

3. Conduct health assessments.

4. Coordinate services with other health providers.

(n) The vocational specialist performs the following functions:

1. Acts as the lead clinician for vocational assessment and planning.

2. Maintains liaison with Vocational Rehabilitation and training agencies.

3. Provides the full range of vocational services (job development, placement, job support, career counseling).

(o) The substance use specialist performs the following functions:

1. Serves on the individual treatment team of recipients with substance use disorder.

2. Acts as the lead clinician for assessing, planning, and treating substance use disorder.

3. Provides supportive and cognitive behavioral treatment individually and in groups.

4. Uses a stage-wise model that is non-confrontational, follows behavioral principles, considers interactions of mental illness and substance use disorder, and has gradual expectations of abstinence.

(p) The team provides outreach and continuity of care in the following manner:

1. At least seventy-five percent (75%) of all contacts occur out of the office.

2. Difficult-to-engage recipients are retained.

3. Difficult-to-engage recipients are seen two (2) times per month or more.

4. Acutely hospitalized recipients are seen two (2) times per week or more.

5. Long-term hospitalized recipients are seen each week in the hospital.

6. The team plans jointly with inpatient staff.

(q) The program provides the following intensity of services:

1. The program size does not exceed one hundred twenty (120) recipients in urban areas and eighty (80) in rural areas.

2. The staff to recipient ratio does not exceed one to ten (1:10).

3. The recipients are contacted face-to-face an average of three (3) times per week.

4. Unstable recipients are contacted multiple times daily.

(r) The team operates during the following hours:

1. The staff are on duty seven (7) days per week.

2. The program operates twelve (12) hours on weekdays.

3. The program operates eight (8) hours on weekends/ holidays.

4. The team members are on-call all other hours in the urban model.

5. In rural areas, team members can coordinate after-hours calls with other clinicians.

6. A team member must brief the on-call staff relative to high-risk recipients.

7. A team member must provide face-to-face services, if necessary.

(s) The team is organized and communicates in the following manner:

1. Organizational team meetings are held daily, Monday through Friday.

2. The daily meeting concludes within 45 - 60 minutes.

3. The status of each recipient is reviewed via daily log and staff report.

4. The team leader facilitates the discussion and treatment planning.

5. Services and contacts are scheduled per treatment plans and triage.

6. The shift manager determines the staff assignments.

7. The shift manager prepares the daily staff assignment schedule.

8. The shift manager monitors/coordinates service provision.

9. All staff contacts with recipients are logged.

(t) The team performs assessment and treatment planning in the following manner:

1. Baseline and ongoing assessments are documented in the following areas:

(i) Psychiatric.

(ii) Vocational.

(iii) Activities of daily living and housing.

(iv) Social.

(v) Family interaction.

(vi) Substance use.

(vii) Health.

2. Assessments are performed by qualified staff.

3. Individual treatment teams consist of from three to five (3 to 5) staff per recipient.

4. Treatment planning meetings are held weekly.

5. Treatment planning meetings are led by senior staff.

6. Recipients participate in formulating goals and service plans.

7. Problems, goals, and plans are specific and measurable.

8. The treatment plans are transferred to recipients' weekly schedules.

9. The treatment planning schedule is posted two (2) months in advance.

10. The treatment plan is reviewed and modified at key events in the course of treatment but no less than every three (3) months.

(u) Case management services are provided as follows:

1. A case manager is assigned for each recipient.

2. Other individual treatment team staff back-up the case manager.

3. The case manager provides supportive services, family support, education and collaboration, and crisis intervention.

4. The case manager plans, coordinates, and monitors services.

5. The case manager advocates for the recipient and provides social network support.

6. All staff perform case management functions.

(v) Crisis assessment and intervention services are provided as follows:

1. Crisis services are provided twenty-four (24) hours per day.

2. A team member is available by phone and face-to-face with back-up by the team leader and the psychiatrist or CRNP/PA working under the supervision of a psychiatrist in urban areas.

3. After-hour services are provided in rural areas either by the team or through collaboration with other emergency service providers.

(w) Individual supportive therapy is provided as follows:

1. Ongoing assessment of symptoms and treatment response.

2. Education about the illness and medication effects.

3. Symptom management education.

4. Psychological support, problem solving, and assistance in adapting to illness.

(x) Medication management is provided as follows:

1. The psychiatrist or CRNP/PA working under the supervision of a psychiatrist actively supervises/collaborates with the RNs.

2. There is frequent assessment of recipient response by the psychiatrist or CRNP/PA working under the supervision of a psychiatrist.

3. All team members monitor medication effects/response.

4. Medication is managed in accordance with the policies and procedures.

(y) Substance use disorder services are provided as follows:

1. The team includes one (1) or more designated substance use disorder specialists.

2. All team members assess and monitor substance use.

3. Interventions follow an established co-occurring disorders treatment model.

4. Individual interventions are provided.

5. Group interventions are provided.

(z) Work-related services are provided as follows:

1. Services include an assessment of interest and abilities and of effect of mental illness on employment.

2. All team members provide vocational services that are coordinated by the team vocational specialist.

3. An ongoing employment rehabilitation plan is developed.

4. On-the-job collaboration with the recipient and supervisor is provided.

5. Off-the-job work-related supportive services are provided.

(aa) Services for activities of daily living include the following training:

1. Self-care skills.

2. Maintenance of living environment skills.

3. Financial management skills.

4. Use of available transportation.

5. Use of health and social services.

(bb) The team organizes leisure time activities. Services for social, interpersonal relationship, and leisure time include the following:

1. Communication skills training.

2. Interpersonal relations skills training.

3. Social skills training.

4. Leisure time skills training.

5. Support to recipients in participating in social, recreational, educational, and cultural community activities.

(cc) Support services are provided and include the following:

1. Access to medical and dental services.

2. Assistance in finding and maintaining safe, clean affordable housing.

3. Financial management support.

4. Access to social services.

5. Transportation and access to transportation.

6. Legal advocacy.

(dd) Recipients who are deaf or have limited English proficiency shall have effective communication access to these services provided by staff proficient in the recipient's preferred language, or by a qualified interpreter. Proficient in American Sign Language is defined as having at least an Intermediate Plus level on the Sign Language Proficiency Interview.

(ee) Documentation that communication access has been provided for recipients who are deaf or who have limited English proficiency.

(ff) The use of family members to interpret is discouraged due to the possibility of conflicts of interest. If family members are used to interpret, this shall be noted on the waiver. Family members under the age of eighteen (18) cannot be used as interpreters.

(gg) Programming will be modified to provide effective participation for all recipients who are deaf.

(ii) Psychiatric services may be rendered face-to-face or via tele-health (audiovisual or audio only).

(r) This is a face-to-face program.

(s) The following services may be delivered face-to-face or via tele-health (audiovisual or audio only):

(i) Intake Medical assessment and treatment

(iv) Medication Monitoring, Crisis Intervention,

(ii) Mental Health Care Coordination,

(iii) Psychoeducation,

(v) Peer Services

(vi) Case Management

(5) Individual Placement and Support – Supported Employment (IPS-SEP).

(a) A description of the target population of serious mental illness (SMI).

(b) Age range.

(c) Nature and scope of the program, as indicated by individual recipient needs and preferences.

(d) Location of the geographic service area for the program.

(e) Specifies that the program is staffed by qualified individuals whose primary job function is IPS-SEP.

(f) Admission criteria shall address inclusionary criteria as follows:

1. Presence of a psychiatric diagnosis.

2. Mild to moderate persistent, chronic, and/or refractory symptoms and impairments in one (1) or more areas of living (e.g., difficulty attaining & sustaining life goals and/or community integration).

3. Recipient has expressed interest in employment as a recovery goal.

(g) IPS-SEP services are reasonably expected to improve the recipient's functional level, increase quality of life, and facilitate attainment of personal life goals to include goals for competitive employment or supported education.

(h) Once determined to meet_admission criteria, no exclusionary criteria for IPS-SEP shall be implemented. Recipients are not screened out formally or informally. All recipients interested in working have access to IPS-SEP regardless of job readiness factors, substance use disorder, symptoms, history of violent behavior, cognition impairments, treatment non-adherence, and personal presentation.

(i) Discharge/transfer criteria shall include the following:

1. Employment or educational goals have been met and the individual no longer needs this type of service.

2. The recipient chooses to no longer participate.

(j) The program does not limit length of stay.

(k) IPS-SEP constitutes services and supports that specifically address the individual's employment/educational goals. The IPS-SEP should include an individualized employment goal identified on the treatment plan. Based upon the individual's needs and preferences, the following services shall be provided at a minimum by the IPS-SEP:

1. Vocational profile and assessment.

2. Employment Search Plan to include career/education/ training.

3. Rapid Job Search/Job Development.

4. Job coaching/On the job supports.

5. Follow Along Employment/Education Supports.

6. Assertive Engagement and Outreach.

7. Benefits/Incentives Planning.

8. Peer Support.

(l) There must be an identifiable team with the following staff configuration and credentials:

1. The part-time Program Coordinator shall serve as the team leader/supervisor. The coordinator shall have a bachelor's degree in a human services field or alternatively, two years' experience working as an IPS-SEP team member. The supervisor shall complete the ADMH approved IPS-SEP Supervisor's training within the first six (6) months of hire.

2. At minimum, two (2) full-time Employment Specialists shall have a high school diploma or equivalent with either knowledge of the field of employment or experience in providing services to individuals with serious mental illness and/or providing employment services to disabled populations. The Employment Specialist shall complete the ADMH approved IPS-SEP Practitioner's training within the first six (6) months of hire.

3. One (1) full-time or two (2) part-time MI Adult Peer Specialist(s) who successfully complete peer specialist certification through ADMH within the first six (6) months of hire and possess a high school diploma or equivalent.

4. One (1) full-time Benefits Specialist must possess either a nationally approved certification recognized by ADMH or will have a high school diploma or equivalent and obtain a nationally approved certification recognized by ADMH within the first twelve (12) months of hire.

(m) The team shall function and provide activities in the following manner:

1. Employment Specialists shall maintain a staff to recipient ratio of no greater than one to twenty (1:20).

2. Individualized benefits plan before starting a job.

3. IPS-SEP Team may be available after hours on a case-by-case basis as needed for provision of services.

(n) The Team leader (IPS-SEP Supervisor) shall perform the following functions:

1. Conduct weekly group supervision with IPS-SEP team focusing on recipient goals, employer relationships, and celebrations.

2. Conduct field mentoring activities.

(o) Recipients who are deaf or limited English proficient shall have effective communication access to these services provided by staff proficient in the recipient's preferred language, or a qualified interpreter. Proficient in American Sign Language is defined as having at least an Intermediate Plus level on the Sign Language Proficiency Interview.

(p) Documentation that communication access has been provided for recipients who are deaf or who have limited English proficiency.

(q) The use of family members to interpret is discouraged due to the possibility of conflicts of interest. If family members are used to interpret, this shall be noted on the waiver. Family members under the age of eighteen (18) cannot be used as interpreters.

(r) Programming will be modified to provide effective participation for all recipients who are deaf.

(s) May be rendered face-to-face, or via tele-health (audiovisual or audio only) or through written communication.

(6) First Episode Psychosis Program (FEP).

(a) A description of the target population of serious mental illness (SMI)/serious emotional disturbance (SED).

(b) Age range.

(c) Nature and scope of the program, as indicated by individual recipient needs and preferences.

(d) Location of the geographic service area for the program.

(e) Specifies that the program is staffed by qualified individuals whose primary job function is specific to FEP.

(f) Admission criteria that include at least the following:

1. Presence of a primary diagnosis of a psychotic/ affective disorder as approved by ADMH.

2. Age range from 15-30 years at initiation of services.

3. Recipient must agree to participate in treatment.

4. Recipient must require intensive treatment not available in a less restrictive program and must be experiencing one (1) or more of the following symptoms:

(i) Hallucinations or delusions.

(ii) Other psychotic symptoms.

(iii) Impaired contact with reality.

(iv) Social withdrawal and confusion not warranting hospitalization.

(v) Mild to severe symptoms of mania.

(vi) Mild to severe or disabling anxiety.

(vii) Inappropriate problem-solving skills.

(viii) Inappropriate attention seeking behavior.

(ix) Poor adherence to medication regimen or immediate need for medication.

5. Admission is approved by a program coordinator/ program supervisor.

(g) Exclusionary criteria must be included. All

recipients receiving treatment from the program will be evaluated at admission and periodically after admission to determine if any of the following exclusionary criteria are met. If a recipient is found to meet one (1) or more of the following criteria, the recipient will be provided with a referral to the appropriate treatment setting. Exclusionary criteria include the following:

1. The needs identified in the referral to FEP does not meet admission criteria.

2. The needs identified in the referral to FEP are not directly related to a primary SMI diagnosis.

3. The recipient is placed in a hospital and/or Child and Adolescent Psychiatric Residential Treatment Facility (PRTF) setting and is not expected to discharge within ninety to one hundred-eighty (90 to 180) days.

4. Recipient has a primary diagnosis of substance use disorder.

5. Recipient has a primary diagnosis of a physical illness that requires a more intensive treatment setting which precludes participation in treatment in an ambulatory treatment setting.

6. Recipient has a primary diagnosis of an organic or neurological mental disorder that precludes participation in treatment in an ambulatory treatment setting.

7. Recipient has a primary diagnosis of an intellectual/developmental disability, to include autism spectrum disorder (ASD).

(h) Discharge/transfer criteria and procedures shall be developed. This setting is not designed to provide long term outpatient care. Each recipient engaged in care through the program will have the next treatment provider identified by the end of the second year of treatment. Recipients shall be considered for discharge if one (1) or more of the following conditions are met:

1. Recipient is found to meet one (1) or more of the exclusionary criteria.

2. Recipient fails to adhere to the treatment plan established jointly by the recipient and treatment team.

3. All goals on the treatment plan have been met.

(i) First Episode Psychosis Program Reflects the following characteristics and philosophy of the:

1. Trans-disciplinary staff organized as a team in which members function interchangeably to provide treatment, rehabilitation, and support to recipients experiencing psychosis.

2. The team is the primary provider of services and is responsible for helping recipients in all aspects of community living.

3. The majority of services occur in the community in places where recipients spend their time.

4. Services are highly individualized both among individual recipients and across time for each recipient.

5. Emphasizes outreach, relationship building, and individualization of services.

(j) There shall be an identifiable team with the following characteristics:

1. Clinical staff to recipient ratio of one to ten (1:10), excluding the psychiatrist or CRNP/PA working under the supervision of a psychiatrist and nurse.

2. A Master's level clinical coordinator of, at least, one (1) FTE who has at least two (2) years of treatment experience in a mental health setting.

3. A psychiatrist, licensed Physician Assistant (PA) or Certified Registered Nurse Practitioner (CRNP) working under the supervision of a psychiatrist, of, at least, .33 FTE.

4. A licensed practical nurse or licensed registered nurse of, at least, .5 FTE

5. A Care Coordinator of, at least, one (1) FTE who has a minimum of a bachelor's degree and has completed both of_the ADMH approved Child and Adolescent Intensive Care Coordination Training and Adult Case Management Training.

6. A Supported Employment/Education Specialist of, at least, one (1) FTE who has a minimum of a high school diploma or equivalent and has completed the ADMH Individualized Placement Support – Supported Employment (IPS-SEP) Training, and the ADMH approved Child and Adolescent Intensive Care Coordination Training(s) and the Adult Case Management Training(s).

7. A Certified Peer Specialist-Youth of, at least, .5 FTE who has completed the ADMH approved Certified Peer Specialist – Youth Training.

8. A Certified Peer Specialist-Parent of, at least, .5 FTE who has completed the ADMH approved Certified Peer Specialist – Parent Training.

9. Each team member is responsible for performing all the specific duties and responsibilities identified for their

position as outlined in the FEP Model. The team members will adhere to the fidelity of the identified model.

10. Members work as a team so that the entire team knows and works with all recipients.

11. FEP services are supervised by a staff member who has a master's degree and two (2) years of post-master's clinical experience and who has completed an ADMH approved child and Adolescent Intensity Care Coordination Training, Adult Case Management Training and IPS-SEP Training. The supervisor shall document a minimum of one (1) hour of staffing consultation with the team and shall include any recommendations made to the team.

(k) The following services must be delivered within the program as appropriate for the recipient:

1. Intake Evaluation.

2. A systematic determination of the specific human service needs of each recipient and their family (if appropriate) as well as a clinical assessment that demonstrates the need for this level of service. The needs determination shall be based upon the approved ADMH functional assessment tool.

3. Person Centered Treatment Planning with the development of a written plan that is completed by the fifth contact or by the thirtieth (30^{th}) day of enrollment.

4. Individual Therapy/Counseling.

5. Family Therapy/Counseling.

6. Group Therapy/Counseling.

7. Psychoeducational Services (Family Support).

8. Physician/Medical Assessment and Treatment.

9. Medication Administration.

10. Medication Monitoring.

11. Crisis Intervention and Resolution.

12. Pre-Hospitalization Screening.

13. Mental Health Care Coordination/Case Consultation.

14. Intensive Care Coordination/Case Management.

15. Community Integration Support Services.

16. Education/Employment Support Services.

17. Youth Peer Support Services.

18. Family Peer Support Services.

19. Basic Living Skills.

20. Community Outreach to educate the community regarding services and the referral process.

21. Treatment Plan Review.

(l) The Team shall function in the following manner:

1. The team will convene a staffing of active recipients at a minimum of one (1) time per week.

2. The hours of delivering the FEP services shall be flexible to accommodate the scheduling demands and unique issues of the target population (before 8:00 a.m. and after 5:00 pm as needed).

(m) The anticipated length of stay for the FEP program is three (3) years.

1. The FEP team has the option of extending services for an additional one (1) year if treatment needs are clearly indicated, with prior approval from ADMH.

(n) Upon discharge from the FEP program, the team will link the recipient and family to follow up services as appropriate.

(o) Recipients who are deaf or limited English proficient shall have effective communication access to these services provided by staff proficient in the recipient's preferred language, or a qualified interpreter. Proficient in American Sign Language is defined as having at least an Intermediate Plus level on the Sign Language Proficiency Interview.

(p) Documentation that communication access has been provided for recipients who are deaf or who have limited English proficiency.

(q) The use of family members to interpret is discouraged due to the possibility of conflicts of interest. If family members are used to interpret, this shall be noted on the waiver. Family members under the age of eighteen (18) cannot be used as interpreters.

(r) Programming will be modified to provide effective participation for all recipients who are deaf.

(s) This is a face-to-face program.

(t) The following services may be delivered face-to-face or via tele-health (audiovisual or audio only):

(i) Intake

(ii) Medical assessment and treatment

(iv) Medication Monitoring, Crisis Intervention,

(ii) Mental Health Care Coordination,

(iii) Psychoeducation,

(v) Peer Services

(vi) Case Management

(7) Child and Adolescent Low Intensity Care Coordination (LICC).

(a) A description of the target population of SED/SMI.

(b) Age range.

(c) Nature and scope of the program, as indicated by individual recipient needs and preferences.

(d) Location of the geographic service area for the program.

(e) Specifies that the program is staffed by qualified individuals whose primary job function is specific to LICC.

(f) Admission criteria.

(g) Discharge/transfer criteria and procedures shall include:

1. The care plan goals have been met to the extent that LICC is no longer needed to prevent worsening of the recipient's mental health needs.

2. The recipient is placed in a hospital, psychiatric residential treatment facility, or other residential treatment

setting and is not expected to discharge within ninety to one hundred-eighty (90 to 180) days.

3. Required consent for treatment is withdrawn.

4. The recipient is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care, and this level of care is not required to prevent worsening of the recipient's mental health condition.

(h) Exclusionary Criteria includes any of the following:

1. The needs identified in the referral to LICC do not meet admission criteria.

2. The needs identified in the referral to LICC are not directly related to a primary SED or SMI diagnosis. Individuals with the following conditions are excluded from admission unless there is a psychiatric condition co-occurring with one (1) of the following diagnoses:

(i) Substance Use Disorder.

(ii) Developmental Disability.

(iii) Autism.

(iv) Organic Mental Disorder.

(v) Traumatic Brain Injury.

3. The person(s) with authority to consent to medical treatment for the youth does not voluntarily consent to participate in LICC.

4. The recipient is placed in a hospital, psychiatric residential treatment facility, or other residential treatment setting and is not expected to discharge within ninety to one hundred-eighty (90 to 180) days.

(i) The following services shall be delivered within the program:

1. Recipient Needs Assessment - A LICC provider performs a written comprehensive assessment of the recipient's assets, deficits, and needs. The completed assessment shall be maintained in the recipient's file. The LICC provider gathers the following information:

(i) Identifying information.

(ii) Socialization and recreational needs.

(iii) Training needs for community living.

(iv) Vocational needs.

(v) Physical needs.

(vi) Medical care concerns.

(vii) Social and emotional status.

(viii) Housing and physical environment.

(ix) Resource analysis and planning.

(x) The needs assessment must be completed or reviewed within fourteen (14) days of the first care coordination contact and reviewed/updated every six (6) months or less thereafter as long as the recipient is receiving services (LICC).

2. Case Planning - The development of a systematic, recipient-coordinated Plan of Care (POC) that:

(i) Lists the recipient's needs, strengths, and goals.

(ii) Lists the actions required to meet the identified needs of the recipient.

(iii) Is based on the needs assessment and is developed through a collaborative process involving the recipient, their family or other support system and the care coordinator.

(iv) Is completed in conjunction with the needs assessment within the first thirty (30) days of contact with the recipient and every six (6) months thereafter as long as the recipient is receiving LICC services.

(v) Is approved by the supervisor.

3. Service arrangement - Through linkage and advocacy, the care coordinator coordinates contacts between the recipient and the appropriate person or agency. These contacts may be face-to-face, virtual, phone calls, or electronic communication.

4. Social Support - Through interviews with the recipient and significant others, the care coordinator determines whether the recipient possesses an adequate personal support system. If this personal support system is inadequate or nonexistent, the care coordinator assists the recipient in expanding or establishing such a network through advocacy and linking the recipient with appropriate persons, support groups, or agencies.

5. Reassessment and Follow-up - Through interviews and observations, the care coordinator evaluates the recipient's progress toward accomplishing the goals listed in the case plan at intervals of six months or less. In addition, the care coordinator contacts persons or agencies providing services to the recipient and reviews the results of these contacts, together with the changes in the recipient's needs shown in the reassessments and revises the case plan if necessary.

6. Monitoring - The care coordinator determines what services have been delivered and whether they adequately meet the needs of the recipient. The POC may require adjustments as a result of monitoring.

(j) LICC Services shall be provided by a staff member with a bachelor's degree and who has completed a Child and Adolescent ADMH approved Case Management Training Program. Care coordinators who work with recipients who are deaf must complete training focusing on deafness and mental illness by the ADMH Office of Deaf Services.

(k) LICC Services for recipients who are deaf or limited English proficient shall have effective communication access to these services provided by:

1. Staff fluent in the recipient's preferred language, or

2. A qualified interpreter.

3. Staff working with recipients who are deaf shall have at least an Intermediate Plus level on the Sign Language Proficiency Interview.

4. Programming will be modified to provide effective participation for all recipients who are deaf.

(l) Child and Adolescent LICC Services are supervised by either a staff member who has a master's degree who has successfully completed an ADMH approved child and adolescent LICC training program or bachelor's degree with three (3) years child and adolescent mental health case management/care coordination experience who has successfully completed an ADMH approved child and adolescent case management/care coordination training program.

(m) Care coordinators must possess a current valid driver's license.

(n) Most LICC services and activities will occur on an outreach basis.

(o) The following documentation and/or forms are required and must be readily identifiable in the recipient's record or on the ADMH website (for needs assessment):

1. Completed or reviewed Needs Assessment using an ADMH approved assessment tool.

2. Plan of Care

3. Progress/Service Notes - Notation by care coordinator of date, service duration, nature of service, and care coordinator's signature for each contact with the recipient or collateral.

4. Documentation that communication access has been provided for recipients who are deaf or who have limited English proficiency.

(p) Services for recipients who are deaf or who have limited English proficiency must be provided in a linguistically appropriate manner by staff proficient in the recipient's preferred language, or through the use of a qualified interpreter. Proficient in American Sign Language is defined as having at least an Intermediate Plus level on the Sign Language Proficiency Interview.

(q) The use of family members to interpret is discouraged due to the possibility of conflicts of interest. If family members are used to interpret, this shall be noted on the waiver. Family members under the age of eighteen (18) cannot be used as interpreters.

(r) Programming will be modified to provide effective participation for all recipients who are deaf.

(s) Authorization and consent forms as necessary to carry out care plans.

(t) Crisis Intervention and LICC services may be rendered face-to-face or via tele-health (audiovisual or audio only).

(8) Child and Adolescent High Intensity Care Coordination (HICC).

(a) A description of the target population of serious emotional disturbance (SED) and/or a serious mental illness (SMI).

(b) Age range.

(c) Nature and scope of the program, as indicated by individual recipient needs and preferences.

(d) Location of the geographic service area for the program.

(e) Specifies that the program is staffed by qualified individuals whose primary job function is specific to HICC.

(f) Admission criteria includes presence of a SED and/or a SMI; and at least one (1) of the following:

1. The recipient is involved in multiple child-serving systems or is at risk.

2. The recipient has more intensive needs (such as admissions to inpatient psychiatric hospitals and/or residential) or is at risk.

3. The recipient's treatment requires cross-agency collaboration.

(g) Discharge/transfer criteria/procedures. Discharge criteria includes the following:

1. The care plan goals have been met to the extent that HICC is no longer needed to prevent worsening of the recipient's mental health needs.

2. The recipient is not engaged in treatment during a ninety (90) day period despite multiple, documented attempts to address engagement or lack thereof.

3. The recipient is placed in a hospital, psychiatric residential treatment facility, or other residential treatment setting and is not expected to discharge within ninety to one hundred-eighty (90 to 180) days.

4. Required consent for treatment is withdrawn.

5. The recipient is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care, and this level of care is not required to prevent worsening of the recipient's mental health condition.

6. Exclusionary Criteria includes any of the following:

(i) The needs identified in the referral to HICC do not meet admission criteria.

(ii) The needs identified in the referral to HICC are not directly related to a primary SED or SMI diagnosis. Individuals with the following conditions are excluded from admission unless there is a psychiatric condition co-occurring with one (1) of the following diagnoses:

(I) Substance Use Disorder.

(II) Developmental Disability.

(III) Autism.

(IV) Organic Mental Disorder.

(V) Traumatic Brain Injury.

(iii) The person(s) with authority to consent to medical treatment for the youth does not voluntarily consent to participate in HICC.

(iv) The recipient is placed in a hospital, psychiatric residential treatment facility, or other residential treatment setting and is not expected to discharge within ninety to one hundred-eighty (90 to 180) days.

7. Continued stay criteria includes the following:

(i) The recipient is continuing to make progress toward care plan goals and there is a reasonable expectation of progress at this level of care; or

(ii) This level of care is required to prevent worsening of the recipient's mental health condition.

(h) The following services must be delivered within the program:

1. The first appointment within seven (7) days of the recipient's acceptance of HICC.

2. The ADMH approved Functional Assessment must be completed or reviewed with the recipient within fourteen (14) days of the first care coordination contact and reviewed/updated with the recipient every six (6) months or less thereafter as long as the recipient is receiving HICC services.

3. The ADMH approved Crisis Stabilization and Support Plan must be completed or reviewed with the recipient within fourteen (14) days of the first care coordination contact and reviewed and updated regularly, but at a minimum of every six (6) months.

4. The development of a systematic, recipient-coordinated Plan of Care (POC)must be completed within thirty (30) days of the first care coordination contact with the recipient and every six months thereafter as long as the recipient is receiving HICC services. The HICC is required to convene the child and family team (CFT) to complete the POC. All POCs must be approved by the supervisor.

5. Service arrangement - Through linkage and

advocacy, the HICC coordinates contacts between the recipient and the appropriate person or agency. These contacts may be face-to-face, virtual, phone calls, or electronic communication.

6. Social Support - Through interviews with the

recipient and significant others, the HICC determines whether the recipient possesses an adequate personal support system. If this personal support system is inadequate or nonexistent, the HICC assists the recipient in expanding or establishing such a network through advocacy and linking the recipient with appropriate persons, support groups, or agencies.

7. Reassessment and Follow-up - Through interviews

and observations, the HICC evaluates the recipient's progress toward accomplishing the goals listed in the POC at intervals of six (6) months or less. In addition, the HICC contacts persons or agencies providing services to the recipient and reviews the results of these contacts, together with the changes in the recipient's needs shown in the reassessments and revises the POC if necessary.

8. Monitoring - The HICC determines what services

have been delivered and whether they adequately meet the needs of the recipient. The POC may require adjustments as a result of monitoring.

(i) HICC Services must be provided by a staff member with a bachelor's degree in psychology, social work, couseling,_or mental health human service-related field areas or a licensed registered nurse. Both shall complete an ADMH approved Child and Adolescent Intensive Care Coordination Training Program within an ADMH approved timeline.

(j) HICC who work with recipients who are deaf must complete training focusing on deafness and mental illness by ADMH Office of Deaf Services.

(k) Child and Adolescent HICC Services are supervised by either a staff member who has a master's degree who has successfully completed an ADMH approved Child and Adolescent Intensive Care Coordination Training Program or bachelor's degree in a human service field with three (3) years child and adolescent mental health case management/care coordination experience who has successfully completed an ADMH Child and Adolescent Intensive Care Coordination Training Program.

(l) The active caseload for a HICC shall not exceed eighteen (18) recipients.

(m) HICCs must possess a current valid driver's license.

(n) Most HICC Services and activities will occur on an outreach basis.

(o) The following documentation and/or forms are required and must be readily identifiable in the recipient's record or on the ADMH website:

1. Completed or reviewed Functional Assessment using ADMH approved assessment tool.

2. Plan of Care – Goals, methods of accomplishment,

and approval of same by HICC supervisor.

3. Service Notes - Notation by HICC of date, service duration, nature of service, and HICC's signature for each contact with the recipient or collateral.

4. Documentation that communication access has been provided for recipients who are deaf or who have limited English proficiency.

5. The use of family members to interpret is discouraged due to the possibility of conflicts of interest. If family members are used to interpret, this shall be noted on the waiver. Family members under the age of eighteen (18) cannot be used as interpreters.

(p) Services for recipients who are deaf or who have limited English proficiency must be provided in a linguistically appropriate manner by staff proficient in the recipient's preferred language, or through the use of a qualified interpreter. Proficient in American Sign Language is defined as having at least an Intermediate Plus level on the Sign Language Proficiency Interview.

(q) Programming will be modified to provide effective participation for all recipients who are deaf.

(r) Authorization and consent forms as necessary to carry out case plans.

(gg) Crisis Intervention and HICC services may be rendered face-to-face or via tele-health (audiovisual or audio only).

(9) Child and Adolescent In-Home Intervention.

(a) A description of the target population of serious emotional disturbance (SED)/serious mental illness (SMI).

(b) Age range.

(c) Nature and scope

of the program, as indicated by individual recipient needs and preferences.

(d) Location of the geographic

service area for the program.

(e) Specifies that the program is staffed by qualified individuals whose primary job function is specific to Child and Adolescent In-Home Intervention.

(f) Admission criteria that includes at least the following:

1. Presence of a serious emotional disturbance (SED and/or serious mental illness (SMI).

2. Age ranges from five to twenty (5-20) years (exception of Transitional Age specialized teams which are age range of 17-25).

3. IQ of 70 or above (exception of MI/ID specialized teams in which both team members have documentation in their personnel file of at least five (5) hours of training specific to addressing the ID/DD population within one (1) year from the date they began providing services, with two (2) hours annually thereafter. In addition, they must complete the required ten (10) hours training within one (1) year from the date they began providing such services for the specialty population of children and adolescents).

4. Clearly documented need to defuse a crisis situation, stabilize the family unit, or reduce the likelihood of the need for more intensive or restrictive services.

5. The recipient resides in a family home environment (e.g., foster, adoptive, birth, kinship).

6. Admission is approved by the program coordinator/ supervisor.

(g) Discharge criteria. Policies and procedures shall be developed and implemented for discharge from the program under one (1) or more of the following criteria:

1. The treatment plan goals have been met to the extent that the intensive in-home therapy services are no longer needed to prevent worsening of the recipient’s mental health needs.

2. The recipient is not engaged in treatment during a fourteen (14) day period despite multiple documented attempts to address engagement or lack thereof.

3. The IHI team is unable to meet obvious, suspected, or expressed needs of the recipient.

4. The recipient is placed in a hospital, skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting.

5. Required consent for treatment is withdrawn.

6. The recipient is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care, and this level of care is not required to prevent worsening of the recipient's mental health condition.

(h) Transfer or referral to a different

program outside of IHI will occur when it is determined that the transfer will better meet the needs of the recipient and/or family. Transfer or referral shall be considered under the following conditions:

1. The recipient is in need of more intensive services than the IHI team can provide.

2. The recipient is determined to be in need of less intensive services than those dictated by the IHI model and therefore the recipient is no longer in need of more intensive or restrictive services.

3. The child or adolescent recipient and

his/her family are receiving duplicate services from another child-serving agency that either cannot be terminated or are preferred by the family in lieu of IHI services.

(i) Exclusionary criteria that include any of the following:

1. The needs identified in the referral to IHI does not meet admission criteria.

2. The needs identified in the referral to IHI services are not directly related to a primary SED or SMI diagnosis; or

3. Individuals with the following conditions are excluded from admission unless there is a psychiatric condition co-occurring with one (1) of the following diagnoses:

(i) Substance Use Disorder.

(ii) Developmental Disability.

(iii) Autism.

(iv) Organic Mental Disorder.

(v) Traumatic Brain Injury.

4. The recipient is in a hospital, skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting at the time of referral and is not ready for discharge to a family home environment or community setting with community-based supports.

5. The needs identified in the treatment plan that would be addressed by IHI services are being fully met by other less restrictive community-based services.

6. The recipient has severe medical conditions or impairments that would prevent any beneficial utilization of IHI services.

(j) Continued stay criteria include the following:

1. The recipient is continuing to make

progress toward treatment goals and there is a reasonable expectation of progress at this level of care; or

2. This level of care is required to prevent worsening of the recipient's mental health condition.

(k) Reflects the following characteristics and

philosophy of In-Home Intervention:

1. Time-limited, home-based services provided by a two (2) person team consistent with wrap-around principles and process. IHI services are limited to twelve (12) weeks, subject to two (2) clinical extensions of up to four (4) weeks each and additional extensions via the ADMH approved prior authorization process.

2. The team is the primary provider of services and is responsible for helping recipients and/or family in ~~of~~ community living.

3. The majority of services occur in the community in places where recipients spend their time.

4. If not previously assessed with completion of a Psychosocial Assessment/Intake, the IHI team can perform the Psychosocial Assessment/Intake as part of the bundled service delivery.

(l) The following services must be delivered within the program:

1. A systematic determination of the specific human service needs of each recipient and/or family, as well as a comprehensive community-based mental health assessment that demonstrates the need for this level of service. The needs determination must be based upon the approved ADMH assessment tool(s) and be completed or reviewed with the recipient and/or family within the first fourteen (14) days of enrollment.

2. The development of an approved ADMH Crisis Stabilization and Support Plan (CS&SP) with the youth and/or family, or review if already completed, by the fourteenth (14^{th}) day of the first contact. The CS&SP shall be developed with input from the youth, family, and support individuals identified on the plan.

3. The development of a treatment plan based on the strengths and needs of the recipient as identified by the ADMH approved functional assessment tool, the recipient, and/or the recipient's family shall be completed by the thirtieth (30^{th}) day of enrollment.

4. Individual Therapy.

5. Family Counseling.

6. Psychoeducation (Family Support and Education).

7. Basic Living Skills.

8. Crisis Intervention (twenty-four (24) hour availability.).

9. Medication Monitoring.

10. Mental Health Coordination/Case Consultation.

11. Treatment Plan Review.

(m) There must be an assigned team that is

identifiable by job title, job description, and job function. IHI shall be provided by a two (2) member treatment team that is composed of the following:

1. One (1) professional with a master's degree in a mental health-related field or a licensed_registered nurse licensed under Alabama law, who has completed a master's degree in psychiatric nursing; and

2. One (1) professional with a bachelor's degree in a human services field or a Certified Peer Specialist – Youth.

3. Both team members must have completed an ADMH approved In-Home Intervention Training program as documented in personnel records. In addition, the Certified Peer Specialist – Youth must successfully complete an ADMH approved Certified Peer Specialist – Youth training as documented in personnel records.

(n) The team shall function in the following manner:

1. The majority of the IHI services are to be

delivered with the team together at a frequency of two (2) to three (3) direct face-to-face contacts per week during the Assessment Phase; two (2) to five (5) direct face-to face contacts per week in the Treatment Phase; and one (1) to two (2) direct face-to-face contacts per week during the Generalization Phase.

2. The hours of delivering the IHI services shall be flexible to accommodate the scheduling demands and unique issues of the target population (before 8:00 a.m. and after 5:00 pm as needed).

3. Documentation reflects those services are provided primarily by both team members in attendance. If In-Home Intervention services are discontinued, enrollees are referred to other services when the team is no longer a two (2) person team. Examples would include the loss of one (1) of the team members due to extended illness, maternity leave, etc. exceeding a two (2) week period.

4. The active caseload for a team shall not exceed six (6) recipients and their families.

5. The intensive nature of this service shall be reflected in the average hours of direct service provided per family per week and documented in the recipient record.

(o) IHI services are supervised by a staff member who has a master’s degree and two (2) years of post-master’s clinical experience and who has successfully completed an ADMH approved intensive In-Home Intervention training program. The record shall document a minimum of one (1) hour of face-to-face staffing consultation with the supervisor every two (2) weeks as documented in the recipient’s record and shall include any recommendations made to the team.

(p) Recipients who are deaf, or limited English proficient shall have effective communication access to these services provided by staff proficient in the recipient’s preferred language, or a qualified interpreter. Proficient in American Sign Language is defined as having at least an Intermediate Plus level on the Sign Language Proficiency Interview.

(q) Documentation that communication access has been provided for recipients who are deaf or who have limited English proficiency.

(r) The use of family members to interpret is discouraged due to the possibility of conflicts of interest. If family members are used to interpret, this shall be noted on the waiver. Family members under the age of eighteen (18) cannot be used as interpreters.

(s) Programming will be modified to provide effective participation for all recipients who are deaf.

(t) IHI shall reflect the following characteristics and philosophy of Child and Adolescent In-Home Intervention:

1. IHI services and activities shall be provided on an outreach basis. IHI services, while by definition and practice are usually provided in the recipient's home, infrequently may be provided in other locations such as schools, juvenile court, a local park, clinic, etc.

2. The IHI team's priorities shall include:

(i) Intervening in a crisis situation.

(ii) Stabilizing the family's ability to effectively manage the child recipient's mental health symptoms.

(iii) Facilitating the reunification of a recipient back into their family upon return from a more restrictive treatment placement/facility.

(iv) Working with the recipient and/or family to implement interventions to advance therapeutic goals or improve ineffective patterns of interaction.

(v) Coordination with external agencies and stakeholders that may impact the recipient's treatment plan.

(vi) Referral and linkage to appropriate services along the continuum of care.

(vii) Coaching in support of decision-making in both crisis and non-crisis situations.

(viii) Skill development for the recipient and/or family.

(ix) Monitoring progress on attainment of treatment plan goals and objectives.

(u) During Assessment Phase, week one (1) to four

(4) IHI team shall:

1. Complete an initial assessment within twenty-four (24) hours of the meeting with the youth and/or family to determine program eligibility, to include the review of the ADMH approved Referral Form.

2. Complete or review current ADMH approved functional home-based assessment/re-assessment tool(s) by the fourteenth (14^{th}) day of enrollment.

3. Complete or review the Crisis Stabilization & Support Plan (CS&SP) by the fourteenth (14^{th}) day of enrollment.

4. Review Intensive Home-Based Services (IHBS) and offer appropriate IHBS to the youth and family by the thirtieth (30^{th}) day of enrollment. When the recipient is not actively enrolled in HICC, the offer of services along with the youth and family response must be documented on the ADMH approved IHBS Referral Tracking Form.

5. Collect appropriate information from prior and concurrent treatment sources as appropriate.

6. Assess the recipients need to be evaluated by the physician.

7. Document assessments and services. If one (1) team member is absent, this shall be reflected in the assessment/progress notes.

(v) During the Treatment Plan Formulation Phase week four (4), the IHI team shall develop the treatment plan by the thirtieth (30^{th}) day of enrollment.

(w) During the Treatment Phase weeks five (5) to ten (10) IHI team shall address treatment plan objectives via a variety of therapeutic approaches, therapeutic modalities, and other interventions.

(x) During the Generalization Phase weeks ten (10) to twelve (12), IHI team shall:

1. Continue to follow the IHI model and adjust service delivery when indicated.

2. Refer the recipient and family to appropriate follow-up services, if not already receiving, which could include care coordination, Certified Peer Specialist – Youth, Certified Peer Specialist – Parent, Therapeutic Mentoring, outpatient therapy, etc. and introduce the recipient and family to new service staff.

3. Link the recipient and family to the outpatient services and conduct transfer session to review progress and any future treatment needs/issues for the recipient and their family as appropriate.

(y) The IHI team has the option of extending services

beyond the initial twelve (12) weeks through two (2) clinical extensions of up to four (4) weeks each if treatment needs are clearly indicated, with prior approval of the direct supervisor. A Treatment Plan Review/Extension shall be completed documenting the clinical reasons for the extension, signed by eligible staff and filed in the recipient record. Additional extensions beyond twenty (20) weeks require completion of the prior authorization process.

(z) May be rendered face-to-face only.

(r) This is a face-to-face program.

(s) The following services may be delivered face-to-face or via tele-health (audiovisual or audio only):

(i) Crisis Intervention,

(ii) Care Coordination,

(iii) Psychoeducation,

(iv) Medication Monitoring,

(v) Peer Services

(vi) Treatment Plan Review

Author: Division of Mental Health and Substance Use Services, ADMH
Statutory Authority: Code of Alabama 1975, §22-50-11.
History: New Rule: Published April 28, 2023; effective June 12, 2023. **Amended:** Published July 31, 2025; effective September 14, 2025.

580-2-20-.12 MI Day Programs.

The agency shall have a program description for MI Day Treatment service/program. The program description shall include all requirements per 580-2-20-.09 (2) (a-e) General Clinical Practice and the program(s) criteria as follows:

(1) Adult Rehabilitation Day Program (RDP). The program description is consistent with the provisions of this section and defines Rehabilitative Day Program (RDP) as an identifiable and

distinct program that provides long-term recovery services with the goals of improving functioning, facilitating recovery, achieving personal life goals, regaining self-worth, optimizing illness management, and helping recipients to become productive participants in family and community life. The program description shall include all of the following components:

(a) A description of the target population of serious mental illness (SMI).

(b) Age range.

(c) Nature and scope of the program, as indicated by individual recipient needs and preferences.

(d) Location of the geographic service area for the program.

(e) Specifies that the program is staffed by qualified individuals whose primary job function is specific to Rehabilitative Day Program.

(f) Admission criteria shall address inclusionary criteria as follows:

1. Presence of a psychiatric diagnosis.

2. Mild to moderate persistent, chronic, and/or refractory symptoms and impairments in one (1) or more areas of living (e.g. difficulty attaining & sustaining life goals and/or community integration).

3. Does not meet admission or continued stay criteria for more intensive levels of care such as PHP or AIDT but requires the daily structure and services of a recovery oriented rehabilitative milieu to improve or maintain level of functioning, achieve personal life goals, and sustain a positive quality of life.

4. RDP services are reasonably expected to improve the individual’s functional level, increase quality of life, and facilitate attainment of personal life goals.

5. Be approved by a program coordinator/ supervisor.

(g) Discharge/transfer criteria shall include the following:

1. Rehabilitative goals have been met and the individual no longer needs this type of service.

2. Less intensive levels of care can reasonably be expected to improve or maintain the individual’s level of symptom

remission, condition, functional level, quality of life, attainment of life goals, and recovery; or the degree of impairment, severity of symptoms, and/or level of functioning necessitates admission to a more intensive level of care.

3. The individual primarily needs support, activities, socialization, or custodial care that could be provided in other less intensive settings (e.g. peer support group, drop-in center, or senior center).

4. The individual chooses not to participate.

(h) Exclusionary criteria must include the following:

1. The person's level of functioning requires a more intensive level of care.

2. The individual is not experiencing mild or moderate persistent, chronic symptoms, impairments in one (1) or more areas of daily life, difficulty attaining and sustaining life goals, and/or problems with community integration.

(i) The RDP constitutes active structured, rehabilitative interventions that specifically address the individual's life goals, builds on personal strengths and assets, improves functioning, increases skills, promotes a positive quality of life, and develops support networks. The RDP should include an initial screening and an individualized treatment plan. Based on the specific focus of the program and the needs and preferences of recipients, the adult RDP shall provide the following:

1. Initial screening to evaluate the appropriateness of the recipient's participation in the program.

2. Development of an individualized program plan.

3. As well as at least one (1) more service from the following based on the needs and preferences of recipient's participation in the program:

(i) Psychoeducational services

(ii) Basis Living Skills

(iii) Coping skills training closely related to presenting problems (e.g., stress management, symptom management, assertiveness training, and problem solving)

(iv) Utilization of community resources.

(j) The program coordinator must have at a minimum a bachelor's degree in a mental health related field and at least one (1) year of direct service experience in a mental health

setting, or be a licensed registered nurse with at least one (1) year of mental health experience.

(k) The overall staff present to recipient ratio cannot exceed one to twenty (1:20). If a program has a capacity of twenty (20) or less, an additional staff person should be present during the hours of operation to permit individualized treatment.

(l) Records document that recipients admitted to the RDP meet the admission criteria.

(m) Records document that the recipients admitted to the RDP do not meet the exclusionary criteria.

(n) Rehabilitative Day Programs shall be scheduled at least four (4) hours per day one (1) day per week.

(o) Recipients who are deaf or who have limited English proficiency shall have effective communication access provided by staff proficient in the recipients' preferred language, or by a qualified interpreter. Proficient in American Sign Language is defined as having at least an Intermediate Plus level in the Sign Language Proficiency Interview.

(p) Documentation that communication access has been provided for recipients who are deaf or who have limited English proficiency.

(q) The use of family members to interpret is discouraged due to the possibility of conflicts of interest. If family members are used to interpret, this shall be noted on the waiver. Family members under the age of eighteen (18) cannot be used as interpreters.

(r) Programming will be modified to provide effective participation for all recipients who are deaf.

(s) Recipients are scheduled to attend RDP at least once a week based on individual goals, preferences, needs and circumstances.

(t) The record documents that the treatment plan for rehabilitative day services is evaluated at least every three (3) months to assure that continued participation in RDP is clinically indicated.

(u) This is a face-to-face program.

(2) Adult Intensive Day Treatment (AIDT). The program description is consistent with the provisions of this section and defines Intensive Day Treatment (AIDT) as an identifiable and distinct program that provides highly structured services designed to bridge acute treatment and less intensive services such as

rehabilitative and outpatient with the goals of community living skills acquisition/enhancement, increased level of functioning, and enhanced community integration. The program description shall include all of the following components:

(a) A description of the target population of SMI.

(b) Age range.

(c) Nature and scope of the program, as indicated by individual recipient needs and preferences.

(d) Location of the geographic service area for the program.

(e) Specifies that the program is staffed by qualified individuals whose primary job function is specific to Adult Intensive Day Program.

(f) Admission shall include inclusionary criteria as follows:

1. Presence of a psychiatric diagnosis.

2. Moderately disabling persistent, chronic, and/or refractory symptoms with no significant clinical progress made or expected in a less intensive level of care.

3. Symptoms that do not meet admission criteria for more intensive levels of care but do require the daily structure and supervision of a treatment oriented therapeutic milieu.

4. AIDT can be reasonably expected to improve the recipient’s symptoms, condition, or functional level sufficient to permit transition to a less intensive level of care.

5. Be approved by a program coordinator/supervisor.

(g) Discharge/transfer criteria shall include the following:

1. Treatment plan goals and objectives have been substantially attained and continued treatment can be provided in less intensive levels of care.

2. Recipient’s degree of impairment, severity of symptoms, and level of functioning have improved enough to resume normal activities or to receive less intensive services (e.g., rehabilitative day program, case management, standard outpatient services).

3. Recipient's degree of impairment, severity of symptoms, and/or level of functioning necessitates admission to a more intensive level of care.

4. Recipient is unwilling or unable to participate in/ benefit from the program due to severity of symptoms, functional impairment, behavioral problems, personal choice, or cognitive limitations despite repeated documented efforts to engage the recipient.

(h) Exclusionary criteria shall address the following:

1. The recipient's degree of impairment, severity of symptoms, and level of functioning require a more intensive level of care.

2. The recipient is experiencing mild persistent, chronic symptoms without acute exacerbation, and less intensive levels of care can reasonably be expected to improve the recipient's symptoms, condition, and functional level.

(i) The program description defines the expected length of stay (LOS) as intermediate term, not to exceed six (6) months unless clinically justified.

(j) The program description shall state the procedure for extending a recipient past the expected LOS and must require at least one (1) of the following continued stay criteria:

1. Goals and objectives specified on the treatment plan have not been substantially attained, or new problems have emerged, and further treatment can be reasonably expected to result in progress toward goals and objectives and/or continued stability.

2. Continued treatment cannot be provided in less intensive levels of care (e.g., rehabilitative day program, case management, standard outpatient services) due to a reasonable risk of relapse and/or hospitalization based on documented clinical judgment or failed attempts to transition the recipient to a less intensive level of care.

(k) The following services shall be available within the program as indicated by individual recipient needs:

1. Initial screening to evaluate the appropriateness of the recipient's participation in the program.

2. Development of an individualized treatment plan.

3. Individual, group, and family therapy.

4. Coping skills training (e.g., stress management, symptom management, problem solving).

5. Utilization of community resources.

6. Family education closely related to the presenting problems, such as diagnosis, symptoms, medication, coping skills, etc.

7. Basic living skills

8. Recipient education closely related to presenting problems such as diagnosis, symptoms, medication, etc., rather than academic training.

(l) The program coordinator must have a master's degree in a mental health related field and one (1) year of post-master's direct mental illness experience.

(m) The overall staff present to recipient ratio cannot exceed one to sixteen (1:16). If a program has a capacity of sixteen (16) or less, an additional staff person shall be present during the hours of operation to permit individualized treatment.

(n) The program is operated a minimum of four (4) hours per day and at least four (4) days per week.

(o) Recipient records document that the recipient received a minimum of one (1) hour of individual or group therapy weekly.

(p) There is documentation in the recipient record that group therapy size does not exceed sixteen (16) in each group.

(q) The AIDT program's length of stay (LOS) is an intermediate term, not to exceed six (6) months unless clinically justified.

(r) Extensions of LOS clearly document reasons consistent with the continued stay criteria, specify a period not to exceed three (3) months, specify clinical objectives to be achieved during the extension, and are approved by a Mental Health Rehabilitative Services Professional.

(s) Each recipient in an Intensive Day Treatment program shall have a counselor/therapist.

(t) Program statistics document that recipients are scheduled to attend three to five (3 to 5) days per week and at least four (4) hours per day. If a recipient is scheduled less frequently, it is clearly documented that the recipient is in a brief transition period, not to exceed three (3) months.

(u) Recipients who are deaf or limited English proficient shall have effective communication access provided by staff proficient in the recipient's preferred language, or by a qualified interpreter. Proficient in American Sign Language is defined as having at least an Intermediate Plus level on the Sign Language Proficiency Interview.

(v) Documentation that communication access has been provided for recipients who are deaf or who have limited English proficiency.

(w) The use of family members to interpret is discouraged due to the possibility of conflicts of interest. If family members are used to interpret, this shall be noted on the waiver. Family members under the age of eighteen (18) cannot be used as interpreters.

(x) Programming will be modified to provide effective participation for all recipients who are deaf.

(y) This is a face-to-face program.

(z) The following services may be delivered face-to-face or via tele-health (audiovisual or audio only):

(i) Family Therapy.

(3) Partial Hospitalization Program (PHP). The program description is consistent with the provisions of this section and defines the Partial Hospitalization Program (PHP) as an identifiable and distinct organizational unit that provides intensive, structured, active, clinical treatment with the goal of acute symptom remission, hospital avoidance, and/or reduction of inpatient length of stay. The program description shall include all of the following components:

(a) A description of the target population of SMI.

(b) Age range.

(c) Nature and scope of the program, as indicated by individual recipient needs and preferences.

(d) Location of the geographic service area for the program.

(e) Specifies that the program is staffed by qualified individuals whose primary job function is specific to Partial Hospitalization Program.

(f) Admission criteria shall include the following inclusionary criteria:

1. Presence of a psychiatric diagnosis.

2. Acute psychiatric symptoms resulting in marked or severe impairment in multiple areas of daily life sufficient to make hospitalization very likely without admission to PHP.

3. Admission is an alternative to continued hospitalization.

4. Severe, persistent symptoms without acute exacerbation where significant clinical progress has not been made in a less intensive treatment setting and where PHP services are reasonably expected to improve the recipient's symptoms, condition, or functional level.

(g) Discharge/transfer criteria shall include the following:

1. Treatment plan goals and objectives have been substantially attained and continued treatment can be provided in less intensive levels of care.

2. Recipient's degree of impairment, severity of symptoms, and level of functioning have improved enough to resume normal activities (school, work, home) or to receive less intensive services (e.g. intensive day treatment, rehabilitative day program, standard outpatient services, case management, etc.).

3. Recipient's degree of impairment, severity of symptoms, and/or level of functioning necessitates admission to a more intensive level of care.

4. Recipient is unwilling or unable to participate in/ benefit from the program due to severity of symptoms, functional impairment, behavioral problems, personal choice, or cognitive limitations despite repeated documented efforts to engage the recipient.

5. Recipient primarily needs support, activities, socialization, custodial, respite, or recreational care that could be provided in other less intensive settings (e.g. drop-in center, senior center, peer support group).

(h) Exclusionary criteria shall address the following:

1. The recipient requires a more intensive level of care.

2. The recipient is experiencing mild to moderate symptoms without an acute exacerbation.

3. Less intensive levels of treatment can reasonably be expected to improve the recipient's symptoms, condition, and functional level.

(i) The program description clearly identifies the PHP as a time-limited program with the expected length of stay (LOS) not to exceed three (3) months, unless clinically justified, but not more than six (6) months per admission.

(j) The program description shall state the procedure for extending a recipient past the expected LOS. The psychiatrist, certified registered nurse practitioner, or licensed physician assistant certifies the need to extend the length of stay for a specified period of time not to exceed three (3) one (1) month extensions to achieve clearly articulated clinical objectives. An extension in LOS shall have at least one (1) of the following criteria for continued stay:

1. Goals and objectives specified on the treatment plan have not been substantially attained or new problems have emerged, and further treatment can be reasonably expected to result in progress toward goals and objectives and/or continued stability.

2. Continued treatment cannot be provided in less intensive levels of care due to a reasonable risk of relapse and/ or hospitalization based on documented clinical judgment or failed attempts to transition the recipient to a less intensive level of care.

(k) The following services shall be available and provided as indicated by the initial screening:

1. Medication evaluation and medication management.

2. Individual, group, and family therapy.

3. Coping skills training closely related to presenting problems (e.g. stress management, symptom management, assertiveness training, and problem solving) as opposed to basic living skills such as money management, cooking, etc.

4. Activity therapy closely related to the presenting problems that necessitated admission (e.g. aerobics, maintaining a recovery diary, creative expression (art, poetry, drama) pertaining to the recovery process).

5. Medication administration.

6. Medication monitoring.

7. Family education closely related to the presenting problems such as diagnosis, symptoms, medication, coping skills, etc.

8. Recipient education closely related to presenting problems such as diagnosis, symptoms, medication, etc. rather than academic training.

9. Documentation of daily services attended must be in each recipient's record.

(l) Partial Hospitalization Programs shall have a multi-disciplinary treatment team under the direction of a psychiatrist, certified registered nurse practitioner, or licensed physician's assistant. The team may include social workers, counselors, psychologists, nurses, certified peer specialists, bachelor level staff, occupational therapists, recreational therapists, activity therapists, substance use disorder counselors, and other staff trained to work with psychiatric recipients. At a minimum, the treatment team shall include a psychiatrist or certified registered nurse practitioner or licensed physician's assistant, master's level clinician, a licensed practical nurse, and at least one (1) other trained professional and/or para-professional. The clinician, nurse, and other staff member will each be present during the hours of program operation.

(m) A qualified interpreter will be present at all team meetings when a recipient who is deaf or who has limited English proficiency is present.

(n) There shall be a sufficient number of staff for the daily census of the program with a minimum staff to recipient ratio of one to ten (1:10).

(o) The program coordinator must have a master's degree in a mental health related field and at least two (2) years of post-master's direct mental illness service experience or be a licensed registered nurse with a minimum of two (2) years of psychiatric experience.

(p) A psychiatrist, certified registered nurse practitioner, or licensed physician's assistant shall be responsible for providing and documenting the following services:

1. Order for admission.

2. Initial psychiatric evaluation.

3. Initial approval and monthly review of the treatment plan.

4. Medication evaluation and management services.

5. Evaluation of readiness for discharge and discharge order.

6. At least monthly face-to-face assessment of the recipient and as medically/psychiatrically indicated.

7. Face-to-face evaluation and certification of need for continued stay on at least a monthly basis.

(q) Each recipient in a Partial Hospitalization Program shall have a qualified counselor/therapist.

(r) The PHP Program shall be scheduled at least four (4) hours per day, five (5) days per week for day programs and a minimum of sixteen (16) hours over at least four (4) days per week for evening programs.

(s) Recipient records document that the recipient received at a minimum one (1) hour of individual or group therapy weekly unless clinically contraindicated and documented.

(t) Group size (all types of groups with the exception of activity therapy) shall not exceed sixteen (16).

(u) Recipients in a PHP shall be scheduled at least four (4) hours per day, three to five (3-5) days per week based on individual clinical needs, preferences, and circumstances. When clinically indicated, less frequent attendance may be utilized during a brief period of transition to less intensive levels of care.

(v) The PHP is a time-limited program with the length of stay (LOS) not to exceed three (3) months, unless clinically justified, but not more than six (6) months per admission.

(w) Extensions of Length of Stay clearly document reasons consistent with the continued stay criteria, specify a period of time not to exceed one (1) month, specify clinical objectives to be achieved during the extension, are certified by a psychiatrist, a certified registered nurse practitioner, or licensed physician’s assistant, and do not exceed three (3) extensions.

(x) Recipients who are deaf or limited English proficient shall have effective communication access to these services provided by staff proficient in the recipient’s preferred language, or by a qualified interpreter. Proficient in American Sign Language is defined as having at least an Intermediate Plus level on the Sign Language Proficiency Interview.

(y) Documentation that communication access has been provided for recipients who are deaf or who have limited English proficiency.

(z) The use of family members to interpret is discouraged due to the possibility of conflicts of interest. If family members are used to interpret, this shall be noted on the waiver. Family

members under the age of eighteen (18) cannot be used as interpreters.

(aa) Programming will be modified to provide effective participation for all recipients who are deaf.

(bb) This is a face-to-face program .

(z) The following services may be delivered face-to-face or via tele-health (audiovisual or audio only):

(i) Family Therapy.

(ii) Medication evaluation and management services.

Author: Division of Mental Health and Substance Use Services, ADMH **Statutory Authority:** Code of Ala. 1975, §22-50-11. **History: New Rule: Filed:** February 17, 2023 **Effective:** June 12, 2023.

(4) Child and Adolescent Day Treatment. The program description is consistent with the provisions of this section. The program description shall include all of the following components:

(a) A description of the target population of SED.

(b) Age range.

(c) Nature and scope of the program, as indicated by individual recipient needs and preferences.

(d) Location of the geographic service area for the program.

(e) Specifies that the program is staffed by qualified individuals whose primary job function is specific to Child and Adolescent Day Treatment.

(f) Admission criteria shall be comprehensive enough to justify a recipient's treatment in Child and Adolescent Day Treatment and shall include the following:

1. Presence of a psychiatric diagnosis.

2. Presence of a combination of at least five (5) of the following inclusionary criteria, whose severity would prevent treatment in a less intensive environment or for a temporary, clinically justified period of more intensive services to prevent regression:

(i) Poor self-control.

(ii) Cruelty to animals.

(iii) Inappropriate aggressive behavior.

(iv) Angry/hostile temper tantrums.

(v) Hyperactivity.

(vi) Withdrawn.

(vii) Running away.

(viii) Destructiveness.

(ix) Poor school performance.

(x) Truancy.

(xi) Defiance of authority.

(xii) Manipulative behavior.

(xiii) Sexual maladjustment.

(xiv) Assaultive behavior.

(xv) Child abuse victim.

(xvi) Depression.

(xvii) Anxiety.

(xviii) Homicidal/suicidal ideation.

(xix) Drug experimentation.

(xx) Sexual abuse.

(xxi) Irrational fears.

(xxii) Attention seeking behavior.

(xxiii) Encopretic/enuretic.

(xxiv) Low frustration tolerance.

(xxv) Inadequate social skills.

(xxvi) Dysfunctional family relationships.

(g) Admission is approved by program coordinator/ supervisor.

(h) Recipient shall have documented moderately disabling persistent, chronic, and/or refractory symptoms with no

significant clinical progress made or expected in a less intensive level of care.

(i) The program can be reasonably expected to improve the recipient's symptoms, condition, or functional level sufficient to permit transition to a less intensive level of care.

(j) The program description shall state the expected length of stay (LOS) which should not exceed one (1) academic year.

(k) The program description shall state the procedure for extending a recipient past the expected LOS and shall include the following continued stay criteria:

1. Goals and objectives specified on the treatment plan have not been substantially attained or new problems have emerged.

2. Further treatment can be reasonably expected to result in progress toward goals and objectives and/or continued stability.

3. Documented clinical judgment indicates that continued treatment cannot be provided in less intensive levels of care due to reasonable risk of relapse and/or hospitalization.

4. Documented clinical judgment indicates that an attempt to transition the recipient to a less intensive level of care is reasonably expected to result in the re-emergence of symptoms sufficient to meet admission criteria.

5. A Mental Health Rehabilitative Service Professional approves extending the length of stay of a specified period of time not to exceed four (4) months per extension to achieve clearly articulated clinical objectives.

(l) Discharge/transfer criteria shall include the following:

1. Treatment plan goals and objectives have

been substantially attained and continued treatment can be provided in less intensive levels of care.

2. Recipient's degree of impairment,

severity of symptoms, and level of functioning have improved enough to resume normal activities or to receive less intensive services.

3. Recipient's degree of impairment,

severity of symptoms, and/or level of functioning necessitate admission to a more intensive level of care.

4. Recipient is unwilling or unable to

participate in/benefit from the program due to severity of symptoms, functional impairment, behavioral problems, personal choice, or cognitive limitation despite repeated documented efforts to engage the recipient.

(m) Exclusionary criteria shall address the following:

1. The recipient’s degree of impairment, severity of symptoms, and level of functioning require a more intensive level of care.

2. The recipient is experiencing mild persistent, chronic symptoms without acute exacerbation and less intensive levels of care can reasonably be expected to improve the recipient’s symptoms, condition, and functional level.

(n) The Child and Adolescent Day Treatment shall constitute active, intensive treatment that specifically addresses the presenting problems that necessitate admission. The daily schedule of services attended must be in each recipient’s record, and recipient/staff interviews confirm that the required services are provided. Recipient records document an initial screening, an individualized treatment plan to include documentation of the recipient’s participation in the program and the development of the treatment plan, and verify an active, intensive treatment program. Key service functions include, at a minimum, the following services:

1. Initial screening to evaluate the appropriateness of the recipient’s participation in the program.

2. Development of an individualized program plan.

3. Individual, group, and family therapy.

4. Psychoeducational services.

5. Basic Living Skills.

6. Coping skills training closely related to presenting problems (e.g., stress management, assertiveness training, and problem solving).

7. Education services for children who are attending Day Treatment instead of a local school.

(o) The program coordinator must have a master’s degree in a mental health related field and one (1) year of direct mental

illness service experience, six (6) months of which must be in services for children and adolescents.

(p) The overall staff present to recipient ratio cannot exceed one to ten (1:10). In a program that has only ten (10) recipients, there must be at least one (1) other staff member present during hours of operation.

(q) Programs with an educational component must be in operation five (5) days per week with a minimum of two (2) hours treatment/non-educational service per day. Programs that do not have an educational component must be in operation a minimum of three (3) days per week and have a minimum of three (3) hours of service each day with the exception of pre-school and after-school programs which must operate a minimum of two (2) hours per day.

(r) Recipient records document that the recipient received at a minimum one (1) hour of group therapy per week and one (1) hour of individual or family therapy at least once a month. The minimum services may be met in more than one (1) session of less than one (1) hour each. The time requirements for pre-school day treatment are one (1) half hour of group therapy per week and one (1) half hour individual or family therapy at least once a month.

(s) There is documentation that group therapy size does not exceed ten (10) in each session.

(t) Recipient records document that group and individual therapy address clinical issues identified in the recipient's treatment plans.

(u) Extensions of length of stay clearly document:

1. Clinical reasons for extension.

2. Specify a period of time not to exceed four (4) months.

3. Specify clinical objectives to be achieved during the extension and are approved by a qualified staff member.

4. Recipient records indicate that extensions of length of stay are consistent with procedures for extending length of stay as stated in the program description.

(v) Child and Adolescent Day Treatment programs that children attend instead of a Local Educational Agency (LEA) must be registered with the Alabama State Department of Education. The program must agree to meet the minimum assurance statements and guidelines set forth by the Alabama State Department of Education.

(w) All Child and Adolescent Day Treatment Programs that serve school-age children with an educational component must provide an educational curriculum or document coordination with the Local Educational Agency.

(x) Recipients who are deaf or limited English proficient shall have effective communication access to these services provided by staff proficient in the recipient's preferred language or a qualified interpreter. Proficient in American Sign Language is defined as having at least an Intermediate Plus level on the Sign Language Proficiency Interview.

(y) Documentation that communication access has been provided for recipients who are deaf or who have limited English proficiency.

(z) The use of family members to interpret is discouraged due to the possibility of conflicts of interest. If family members are used to interpret, this shall be noted on the waiver. Family members under the age of eighteen (18) cannot be used as interpreters.

(aa) Programming will be modified to provide effective participation for all recipients who are deaf.

(bb) This is a face-to-face program.

(cc) The following services may be delivered face-to-face or via tele-health (audiovisual or audio only):

(i) Family Therapy.

Author: Division of Mental Health and Substance Use Services, ADMH
Statutory Authority: Code of Alabama 1975, §22-50-11.
History: New Rule: Published April 28, 2023; effective June 12, 2023. **Amended:** Published July 31, 2025; effective September 14, 2025.

580-2-20-.13 MI Residential Services.

The agency shall have a program description for MI Residential services/programs. Residential setting applies to settings that provide congregate living and dining to recipients. The program description shall include all requirements per 580-2-20-.09 (2) (a-e) General Clinical Practice and the program(s) criteria as follows:

(1) Staffing pattern of the home consistent with staffing requirements for each type of residential program certified.

(2) Type of the program to include:

(a) The number of beds.

(b) Services to be provided.

(c) Serious mental illness (SMI) or serious emotional disturbance (SED) population served.

(d) Age range.

(e) Expected length of stay.

(f) Expected outcomes.

(3) Staff qualifications consistent with requirements for each type of residential program certified.

(4) Service area for the program.

(5) Admission criteria shall include the following inclusionary criteria:

(a) Require the recipient's willingness to participate in daily structured activities.

(b) Require a principal psychiatric diagnosis.

(c) Require a setting that has staff on the premises twenty-four (24) hours/day when recipients are present and a combination of the following criteria, whose severity would preclude treatment in a less restrictive environment:

1. Impaired contact with reality manifested by hallucinations, delusions, or ideas of reference.

2. Withdrawal, regression, or confusion not warranting inpatient hospitalization.

3. Moderate to severe disabling depression.

4. Moderate to severe disabling anxiety.

5. Disabling somatic symptoms.

6. Poor medication compliance.

7. Inpatient care is not warranted.

8. Poor socialization skills.

9. Inappropriate attention-seeking behaviors.

10. Poor interpersonal skills.

11. Inadequate problem-solving skills.

(6) Discharge/transfer criteria and procedures.

(7) Exclusionary criteria must include the following:

(a) Primary diagnosis of the following:

1. "Z" Code.

2. Substance Use Disorder.

3. Autism Spectrum Disorder.

4. Developmental/Intellectual Disability.

5. Organic Mental Disorder.

6. Traumatic Brain Injury.

7. Primary physical disorder (serious illness requiring hospital care, nursing care, home health care, or impaired mobility that prohibits participation in program services).

(8) The program description should indicate that the following services, at a minimum, should be either provided in-house or arranged for by the residential staff, depending upon the needs of the individual recipient:

(a) Assistance in applying for benefits.

(b) Assistance in improving social and communication skills.

(c) Assistance with medication management.

(d) Assistance in the development of basic living skills (money management, laundering, meal preparation, shopping, transportation, house cleaning, personal hygiene, nutrition, and health and safety).

(e) Vocational services.

(f) Community orientation.

(g) Recreation and activities.

(h) Assistance in locating long term community placement in least restrictive setting.

(i) Transportation to and from necessary community services and supports.

(j) Education about psychiatric illness.

(k) Family support and education.

(l) The program description for a child/adolescent residential program must include a description of how the child/ adolescent shall continue to receive appropriate education while in the program.

(9) The program description addresses a procedure for referral to the appropriate resource (DHR, Probate Court, etc.) for those recipients who may need a legal guardian/lawful representative while residing in the program.

(10) Residential facilities shall demonstrate on-site staff coverage twenty-four (24) hours a day, seven (7) days per week as indicated by staff duty rosters. The agency shall develop policies and procedures that include the following:

(a) Protective oversight within a twenty (24) hour setting.

(b) Process for conducting routine daily checks to include overnight shifts.

(c) Reflect the individualized needs of the target population.

(d) Documentation of protective oversight must be maintained and made available upon request to ADMH.

(11) The personnel records of all residential staff have current certification for First Aid and CPR from an authorized certifying agency. Staff are trained prior to working alone with recipients.

(12) There is documentation that all residential staff who transport recipients have a current valid driver's license. The license shall be appropriate for the type of vehicle operated by the driver.

(13) The majority of residential staff of a residential program serving primarily recipients who are deaf shall hold at least Intermediate Plus level proficiency in American Sign Language as measured by the Sign Language Proficiency Interview (SLPI) with at least one proficient person per shift. Staff providing clinical services shall have an Advanced Plus fluency or use a qualified interpreter. Non-signing staff will engage in on-the-job training to learn American Sign Language.

(14) Programming will be modified to provide effective participation for all recipients who are deaf.

(15) Residential programs shall provide or arrange access to a wide range of services. The following services, at a minimum, shall be either provided in-house or arranged for by the residential staff, depending upon the needs of the individual recipient:

(a) Assistance in applying for benefits.

(b) Assistance in improving social and communication skills.

(c) Assistance with medication management.

(d) Assistance in the development of basic living skills (money management, laundering, meal preparation, shopping, transportation, house cleaning, personal hygiene, nutrition, and health and safety).

(e) Vocational services.

(f) Community orientation.

(g) Recreation and activities.

(h) Assistance in locating long term community placement in least restrictive setting.

(i) Transportation to and from necessary community services and supports.

(j) Education about psychiatric illness.

(k) Family support and education.

(l) Monthly/weekly schedule of activities and recipient/ staff member interview confirm that the appropriate services are being accessed or provided to recipients of residential services.

(m) The recipient records indicate that the required services are being provided.

(n) The recipient records indicate that the provision of communication access for people who are deaf is consistent with programming offered by the home.

(16) There are policies and procedures designed to assure that meals are nutritious, offer a variety of foods, and reflect recipient preferences to the extent possible. Agency policies and procedures shall include, at a minimum, the following:

(a) Provide each recipient a variety of three (3) nutritious meals plus snacks per day seven (7) days per week as

evidenced by weekly menus. (Exception: Recipients served a meal at another location).

(b) Assure that recipients who are involved in activities outside of the home during mealtimes get a meal.

(c) Provision of special diets based on recipient needs.

(17) There is a policy stating that staff shall not serve as the legal guardian for recipients of the residential facility.

(18) All filled prescriptions controlled by staff of residential facilities shall be stored in a locked cabinet or other substantially constructed storage area that precludes unauthorized entry. There shall be a written policy that medication cabinets be locked when not in use.

(19) There shall be written policies and procedures regarding disposition of all medications in residential programs in accordance with ADMH Nurse Delegation Guidelines, Alabama Board of Pharmacy and Drug Enforcement Agency (DEA).

(20) There must be written procedures for handling the disruptive behavior of recipients. Staff shall be trained in these procedures. Such procedures shall include:

(a) Access to agency backup staff and appropriate community personnel.

(b) If incarceration is necessary, the following procedures are required, or documentation of why, in an individual case, they could not be implemented:

1. Face-to-face contact by a mental health professional either prior to or within two (2) hours of incarceration.

2. A staff member informs the jail/detention center of the recipient’s medication and offers to bring medication to the jail/detention center.

3. Regular visits by a staff member during incarceration unless it is considered to be non-therapeutic or is not permitted by the jail/detention center and is so documented in the recipient’s record.

4. If the recipient is on temporary visit status, the state hospital will be notified within twenty-four (24) hours.

5. The emergency contact will be notified within twenty-four (24) hours.

(21) There is a policy that recipients will not be discharged solely on the basis of one positive urine analysis

showing the presence of alcohol, illegal drugs, or medication not prescribed.

22) At the time of admission, the provider will secure a written agreement with the recipient, family member, lawful representative, placing agency, or significant other indicating who will be responsible for medical and dental expenses.

(23) All residential programs must demonstrate their recipient's accessibility to a local licensed hospital for the purpose of providing emergency hospital care.

(24) Residential programs will assist recipients in obtaining necessary medical care.

(25) First aid supplies in the type and quantity approved by a licensed registered nurse or a pharmacist shall be kept in a readily accessible location for all shifts and will be restocked upon use.

(26) There shall be adequate room for private visits with relatives and friends, for small group activities, and for social events and recreational activities.

(27) In residential programs occupied by recipients who are deaf, an adaptive telecommunication device must be present in order to allow the recipient to make and receive telephone calls.

(28) Radios, televisions, books, current magazines and newspapers, games, etc. shall be available for recipients. In homes occupied by deaf recipients, televisions will have closed-caption turned on.

(29) In the case of death, the provider shall:

(a) Follow the most recent ADMH Incident Management Plan for all deaths.

(b) Follow all local, state, and federal guidelines/laws regarding reporting deaths.

(30) If the provider uses residential beds for respite services (also known as crisis respite), the following criteria shall be met:

(a) There are written admission, expected length of stay, and continued stay criteria.

(b) There is a written screening/referral protocol.

(c) Services provided and documented must be appropriate to meet the identified needs of each person admitted for crisis respite services.

(d) The beds must be in a certified residential program.

(31) The capacity of each type of residential program shall not exceed ten (10) except in cases where a waiver is recommended by the Associate Commissioner for Mental Health and Substance Use Services (MHSUS) and approved by the ADMH Commissioner based upon the presence of a compensating advantage to the residents in increased privacy and personal space. Programs in excess of a capacity of ten (10) and/or that have more than two (2) residents per bedroom that have been previously certified are eligible to continue to be certified at the existing capacity and bedroom occupancy at the existing location so long as compliance with all applicable administrative codes are maintained. If a previously certified program with a capacity greater than ten (10) and/or with more than two (2) residents per bedroom changes location, the new location cannot exceed a capacity of ten (10) and cannot have more than two (2) residents per bedroom unless a waiver of this administrative code, applied for in writing, is granted by the ADMH Commissioner.

(32) There shall be written program rules developed in accordance with the following principles:

(a) Be developed with documented active participation of recipients and staff.

(b) Promote individual responsibility and prohibit rules for staff convenience and rules based on one person’s behavior.

(c) Be based on the Rights Protection and Advocacy guidelines for recipient rights and responsibilities.

(d) Address the following areas, at a minimum.

1. Visitation hours.

2. Sign in/out requirements.

3. Curfew.

4. Sexual contact on provider/facility property which respect recipient’s dignity, privacy, and need for social interaction with others.

5. Supervised access to the kitchen for health and safety reasons.

6. Possession and consumption of legal and illegal substances.

7. Possession of weapons.

(e) Provide for resolution of disputes on an individual basis. When necessary, adjustments should be made to the treatment plan.

(f) Make clear the consequences when rules are not followed.

(g) Limit chores to those necessary to maintain personal and treatment areas and prohibit using recipients for other duties unless the recipient chooses to perform those duties and is compensated fairly.

(h) Application of the rules and consequences will be fair, consistent, and recognize extenuating circumstances.

(33) <u>An Adult Small Capacity (3-bed) Residential Home</u> shall meet the following criteria:

(a) The program coordinator shall have one of the following:

1. A bachelor's degree in a mental health service-related field with one (1) year experience in a direct mental health service-related field.

2. A bachelor's degree not in a mental health service-related field with two (2) years of experience in a direct mental health service-related field.

3. A high school diploma/GED with three (3) years of experience working directly in a mental health residential setting(s).

(b) All staff shall receive initial training related to the special needs of the population served.

(c) The program has the following staffing pattern:

1. Day Shift – one (1) Program Coordinator (5 days per week) and one (1) Mental Health Worker (2 days per week).

2. Evening Shift – one (1) Mental Health Worker (7 days per week).

3. Night Shift – one (1) Mental Health Worker (7 days per week, awake).

(d) The program shall provide specialized services that are based on the admission criteria contained in the program description.

(34) An Adult Residential Care Home with Specialized Basic Services shall meet the following criteria:

(a) The program coordinator shall have one of the following:

1. A bachelor's degree in a mental health service--related field with one (1) year experience in a direct service-related field.

2. A bachelor's degree not in a mental health service-related field with two (2) years of experience in a direct mental health service-related field.

3. A high school diploma/GED with three (3) years of experience working directly in a mental health residential setting(s).

(b) All staff shall receive initial training related to the special needs of the population served.

(c) The program shall provide specialized services that are based on the admission criteria contained in the program description.

(d) The program has the following staffing pattern for a **four (4) to ten (10) bed home:**

1. Day shift - one (1) Program Coordinator (5 days per week), and 1 Mental Health Worker (2 days per week).

2. Evening shift - one (1) Mental Health Worker (7 days per week).

3. Night shift - one (1) Mental Health Worker (7 days per week, awake).

(e) The program has the following staffing pattern for an **eleven (11) to sixteen (16) bed home:**

1. Day Shift - one (1) Program Coordinator (5 days/ week), 1 Mental Health Worker (7 days/week).

2. Evening Shift - one (1) Mental Health Worker (7 days/ week).

3. Night Shift - one (1) Mental Health Worker (7 days/ week, awake).

(35) An Adult Residential Care Home with Specialized Behavioral Services shall meet the following criteria:

(a) The program coordinator shall have one of the following:

1. A bachelor's degree in a mental health service-related field with one (1) year experience in a direct mental health service-related field.

2. A bachelor's degree not in a mental health service-related field with two (2) years of experience in a direct mental health service-related field.

3. A high school diploma/GED with three (3) years of experience working directly in a mental health residential setting(s).

(b) All staff shall receive initial training related to the special needs of the population served.

(c) The program shall provide specialized services that are based on the admission criteria contained in the program description.

(d) The program has the following staffing pattern for a **four (4) to ten (10) bed home:**

1. Day shift – 1 Program Coordinator (5 days per week), one (1) Mental Health Worker five (5) days per week, and two (2) Mental Health Workers (2 days per week).

2. Evening shift – two (2) Mental Health Workers (7 days per week).

3. Night shift – one (1) Mental Health Worker (7 days per week, awake).

(e) The program has the following staffing pattern for an **eleven (11) to sixteen (16) bed home:**

1. Day Shift – 1 Program Coordinator (5 days/week), one (1) Mental Health Worker 5 days/week, and two (2) Mental Health Workers (2 days/week).

2. Evening Shift – two (2) Mental Health Workers (7days/ week).

3. Night Shift – two (2) Mental Health Workers (7 days/ week, a minimum of one (1) awake).

(36) <u>An Adult Residential Care Home with Specialized Medical Services</u> shall meet the following criteria:

(a) The program coordinator shall be a licensed registered nurse.

(b) All staff shall receive initial training related to the special needs of the population served.

(c) The program shall provide specialized services that are based on the admission criteria contained in the program description.

(d) The program has the following staffing pattern for a **four (4) to ten (10) bed home:**

1. Day shift – one (1) licensed registered nurse (7 days per week), and one (1) Mental Health Worker (7 days per week).

2. Evening shift – one (1) licensed practical nurse and one (1) Mental Health Worker (7 days per week).

3. Night shift – one (1) licensed practical nurse and one (1) Mental Health Worker (both 7 days per week, both awake).

(e) The program has the following staffing pattern for an **eleven (11) to sixteen (16) bed home:**

1. Day Shift – one (1) licensed registered nurse (7 days/week), two (2) Mental Health Worker (7 days/week).

2. Evening Shift – one (1) Licensed Practical Nurse and two (2) Mental Health Workers (7 days/week).

3. Night Shift – one (1) Licensed Practical Nurse and one (1) Mental Health Worker (7 days/week, both awake).

(37) A Crisis Residential Unit (CRU)(only available to contracted providers) program shall meet the following criteria:

(a) The program coordinator shall have a master's degree in a mental health service-related field and one (1) year post master's experience in a direct mental health service-related field or be a licensed registered nurse with one (1) year in a mental health service-related field.

(b) The program shall provide specialized services that are based on the admission criteria contained in the program description.

(c) All staff shall receive initial training related to the special needs of the population served.

(d) A psychiatrist, a certified registered nurse practitioner (CRNP) or licensed physician assistant (PA) shall make rounds at a minimum of two (2) non-consecutive days per week and shall be on call seven (7) days per week.

(e) The expected length of stay is based on an ADMH approved program description, not to exceed six (6) to twelve (12) months. Extensions of LOS clearly document reasons consistent with the continued stay criteria, specify a period of time not to exceed three (3) months, specify clinical objectives to be achieved during the extension, and are approved by a Mental Health Rehabilitative Services Professional member.

(f) Case Management shall be available within the organization to facilitate discharge planning and diversion from hospitalization in a state hospital.

(g) The program has the following staffing pattern for a **maximum of ten (10) beds or less:**

1. Day shift – .10 psychiatrist/CRNP/PA, 1 MA (5 days per week), 1 RN or LPN (7 days per week), one (1) Mental Health Worker (7 days per week), where the MA position or the RN may be the program coordinator.

2. Evening shift –one (1) licensed registered nurse or licensed practical nurse (7 days per week) and 1 Mental Health Worker (7 days per week).

3. Night shift – one (1) licensed registered nurse or licensed practical nurse and 1 Mental Health Worker (both 7 days per week).

(h) The program has the following staffing pattern for **eleven (11) to sixteen (16) beds:**

1. Day Shift - .15 psychiatrist/CRNP/PA (includes on-call time), one (1) MA (5 days/week), one (1) licensed registered nurse or licensed practical nurse (7 days/week), one (1) BA, CPS-Adult, or Mental Health Worker (7 days/week), and one (1) Mental Health Worker (7 days/week) where either the MA position or the licensed registered nurse may be the program coordinator.

2. Evening Shift – one (1) licensed registered nurse or licensed practical nurse and two (2) Mental Health Workers (7 days/week).

3. Night Shift – one (1) licensed registered nurse or licensed practical nurse and two (2) Mental Health Workers (7 days/week, all awake).

(38) The Transitional Age Residential Care Program (age 17-25) shall meet the following criteria:

(a) The Program Coordinator shall have either a

bachelor's degree in a mental health service-related field or be a licensed registered nurse. The Program Coordinator shall have at

least one (1) year post-degree direct service experience with adolescents/youth.

(b) Recipients shall continue to receive

educational services while in the residential program, if deemed appropriate based upon an assessment of educational needs and age. School-age recipients shall receive the required educational elements as outlined by the Alabama State Department of Education, unless modified by an Individual Education Program (IEP). If the educational program is provided by the residential program, it must be registered with the Alabama State Department of Education. If the program is receiving special education funds, the program must agree to meet the minimum assurance statements and guidelines set forth by the Alabama State Department of Education.

(c) The recipient's IEP shall be followed and updated as needed while in residential care, including providing access to special needs services. The recipient and/or lawful representative shall be informed of any meeting regarding an update or alteration in the recipient's IEP.

(d) All staff shall receive initial training (before working alone with recipients) and 20 hours of annual training related to the target population with 2 of those hours involving the perspective of families and recipients with regard to residential treatment.

(e) The program shall provide specialized services that are based on the essential service components and the admission criteria contained in the program description. Custody must be verified through the admission process, if applicable.

(f) The frequency and intensity of treatment interventions must be specified in the individual treatment plans. Individual service elements must meet the applicable criteria in the Outpatient Service standards.

(g) The treatment plans are consistent with the admission criteria.

(h) The recipients shall receive at least one (1) hour of individual therapy and one (1) hour of group therapy each week. There is documentation that there are no more than 10 recipients in each group therapy session.

(i) The clinical backgrounds of the recipients should be considered when room assignments are made.

(j) Within ninety (90) to one hundred-eighty (180) days prior to discharge the residential facility will begin coordinating recommended transitional services.

(k) Within fourteen (14) days prior to discharge, with the permission of the recipient and/or lawful representative/legal guardian, the program shall set up appointments for the recipient for all recommended follow-up services.

(l) Upon discharge, the recipient and/or lawful representative/legal guardian will be given a list of all medications given during the residential stay and an explanation for why they were prescribed and the reason for discontinuation, if applicable.

(m) The program has the following staffing pattern for sixteen **(16) beds:**

1. Day Shift – one (1) Program Coordinator (5 days per week), 1 BA Care Coordinator/Case Manager (7 days per week), and 1 Mental Health Worker (7 days per week).

2. Evening Shift – two (2) Mental Health Workers (7 days per week).

3. Night Shift – two (2) Mental Health Workers (7 days per week with at least one (1) awake)

(n) Admissions will be drawn primarily from persons referred from state psychiatric hospitals.

(39) A Child/Adolescent Residential program must meet the following criteria:

(a) The program coordinator shall have a master's degree in a mental health service-related field and shall have at least two (2) years post master's experience in a direct service functional area. One of the two years post master's experience must be with children/adolescents.

(b) Children/adolescents shall continue to receive an appropriate education while in the residential program. Children and adolescents shall receive the required educational elements as outlined by the Alabama State Department of Education, modified by an Individual Education Program (IEP). If the educational program is provided by the residential program, it must be registered with the Alabama State Department of Education. If the program is receiving special education funds, the program must agree to meet the minimum assurance statements and guidelines set forth by the Alabama State Department of Education.

(c) Staffing pattern shall be outlined in the program description and approved by ADMH. The staffing pattern shall reflect the number of children/adolescents being served, staff to recipient ratio, and the acuity of the treatment needs of those being served.

(d) All staff shall receive initial (before working alone with recipients) and twenty (20) hours of annual training related to the target population with two (2) of those twenty (20) hours involving the perspective of families and recipients with regard to residential treatment.

(e) The frequency and intensity of treatment interventions shall be specified in the individual treatment plans. Individual service elements shall meet the applicable criteria in the Outpatient Service standards.

(f) The treatment plans are consistent with the admission criteria.

(g) The child/adolescent shall be assessed for special education services. Once assessed, if the child/adolescent is determined to qualify for Special Education services, an Individualized Education Plan (IEP) is developed, and a copy is placed in the clinical record.

(h) If a child/adolescent has an IEP, it shall be followed while in residential care including any updates. The lawful representative/legal guardian shall be informed of any meeting regarding an update or alteration in the child/ adolescent's IEP.

(i) Children/adolescents shall receive at least one (1) hour of individual therapy and one (1) hour of group therapy each week. There is documentation that there are no more than ten (10) recipients in each group therapy session.

(j) The clinical backgrounds of the children and adolescents shall be considered when room assignments are made.

(k) Within ninety (90) to one hundred-eighty (180) days prior to discharge, the residential facility will begin coordinating recommended transitional services.

(l) Within fourteen (14) days prior to discharge, with the permission of the lawful representative/legal guardian, the facility will set up appointments for the child/adolescent for all recommended follow-up services.

(m) Upon discharge, the lawful representative/legal guardian will be given a list of all medications given during the residential stay and an explanation for why they were prescribed and the reason for discontinuation, if applicable.

(40) A Medication/Observation/Meals (MOM) program is exempt from the following general residential standards in this section (5) (a), (15) (l) and (m), (16) (a) (b) (c), (18), (28), (31), and (32) (a-h), and must meet the following criteria:

(a) The program coordinator shall have one of the following:

1. A bachelor's degree in a mental health service-related field with one (1) year of experience in a direct mental health service-related field.

2. A bachelor's degree not in a mental health service-related field with two (2) years of experience in a direct mental health service-related field.

3. A high school diploma/GED with three (3) years of experience working directly in a mental health residential setting(s).

(b) All staff shall receive initial training related to the special needs of the population served.

(c) The program shall provide specialized services that are based on the admission criteria contained in the program description. The program description shall specifically address provisions for the following core services: meals, observation, and medication.

(d) Residents shall be provided choice to what degree, if any, they wish to participate in on-site activities.

(e) Outpatient Services such as psychiatry, nursing, and therapy services shall be delivered on-site or staff shall arrange services offsite, to include transportation as clinically appropriate.

(f) Living units shall be exclusively for the target population and shall be communally located with 24/7 on-site awake staff.

(g) The number of living units located at one site shall not exceed 30 unless approved by ADMH.

(h) The program has the following staffing pattern for a twenty **(20) bed location:**

1. Day shift – 1 Program Coordinator (5 days per week), .10 full-time equivalent psychiatrist or CRNP/PA working under the supervision of a psychiatrist, .10 full-time equivalent MA therapist,.10 full-time equivalent licensed registered nurse or licensed practical nurse, and 1 Mental Health Worker or Certified Peer Specialist- Adult (7 days per week).

2. Evening shift – 1 Mental Health Worker or Certified Peer Specialist - Adult (7 days per week).

3. Night Shift – 1 Mental Health Worker or Certified Peer Specialist - Adult (7 days per week, awake).

(i) The program has the following staffing pattern for a twenty-one **(21) to thirty (30) bed location:**

1. Day shift – one (1) Program Coordinator (5 days per week),.10 full-time equivalent psychiatrist or CRNP/PA working under the supervision of a psychiatrist, .10 full-time equivalent MA therapist, ~~and~~ .10 full-time equivalent licensed registered nurse or licensed practical nurse , one (1) Mental Health Worker or Certified Peer Specialist- Adult (7 days per week) and one (1) Mental Health Worker or Certified Peer Specialist - Adult (2 days per week).

2. Evening shift – two (2) Mental Health Workers or Certified Peer Specialist - Adult (7 days per week).

3. Night Shift – 2 Mental Health Workers or Certified Peer Specialist - Adult (7 days per week, awake).

Author: Division of Mental Health and Substance Use Services, ADMH
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580-2-20-.14 Nurse Delegation Program.

580-2-20-.14 Nurse Delegation Program (NDP) - The Alabama Department of Mental Health (ADMH), Nurse Delegation Program (NDP), governs and regulates certification competency and practice requirements for MAC Workers in the provision of medication administration including assisting with other delegated nursing tasks for individuals and recipients served in certified, ADMH community programs and facilities.

(1) DEFINITIONS:

(a) Agency: An ADMH certified provider facility or site offering ADMH regulated community services or supports to people living with mental illnesses, and/or substance use disorders.

(b) Alabama Board of Nursing (ABN): A State government agency responsible for the regulation of the nursing practice. ABN directs and controls the administration of medications.

(c) Medication Assistance Certified Worker (MAC): An unlicensed, direct care mental health worker authorized to perform basic

strategies in assisting with the medication administration process under the supervision of a Medication Assistance Supervisor (MAS).

(d) Medication Assistance Supervisor (MAS): An (ABN) licensed Registered Nurse (RN) or Licensed Practical Nurse (LPN) employed or contracted by an ADMH certified facility or community program and authorized to supervise and delegate nursing tasks including medication assistance to Medication Assistance Certified (MAC) workers in ADMH-certified community programs and facilities.

(e) Nurse Delegation Program (NDP): An ADMH governing entity established to provide oversight, compliance regulation, and training for certified ADMH community providers' MAS nurses and MAC workers administering medication and other approved nursing task in a residential setting for individuals and recipients receiving ADMH programmatic services and supports.

(2) ADMH Nurse Delegation Program (NDP) shall meet the following, and programs certified by ADMH shall develop, maintain, and document implementation of the following requirements:

(a) The ADMH NDP applies only to programs certified by ADMH.

(b) The ADMH NDP incorporates state laws related to medication, health, safety, and provision of care for people served through certified ADMH community programs.

(c) The goals of the ADMH NDP are as follows:

1. Provide safe and accurate assistance with medication administration.

2. Provide safe and effective nursing care to persons served in ADMH Community Programs.

(d) The ADMH NDP follows regulations set forth by ABN, ADMH Service Divisions (Mental Health/Substance Use Division), Alabama Board of Pharmacy (ABP), Alabama Department of Public Health (ADPH), Alabama Department of Human Resources (DHR), Centers for Disease Control (CDC), Food and Drug Administration (FDA), Medicaid Standards, and the Occupational Safety and Health Administration (OSHA).

(e) ABN regulations permit trained Medication Assistance Supervisor (MAS) Nurses to delegate specific limited tasks to, evaluate, and monitor the ADMH Medication Assistance Certification (MAC) trained non-nursing unlicensed personnel in ADMH residential community mental health settings, substance use residential settings, and the community extensions, including day habilitation programs.

1. The MAS RN/LPN shall be accountable and responsible for the delegation of selected nursing activities in selected situations to unlicensed individuals (ABN Administrative Code § 610-X-6-.03[6]).

2. The MAS RN/LPN, who provides care in residential community mental health programs certified by ADMH, is accountable and responsible for the nursing care delivered to patients in those settings (ABN Administrative Code § 610-X-7-.06[1]).

3. The MAS RN/LPN, who provides nursing care in the residential community mental health setting and community extensions including day habilitative programs, may delegate specific limited tasks to designated unlicensed personnel (ABN Administrative Code § 610-X-7-.06[2]).

4. The MAS RN is accountable for determining the tasks that may be safely performed by the unlicensed assistive personnel in residential community mental health settings following appropriate training and demonstration of competency (ABN Administrative Code § 610-X-7-.06[3]).

(f) MAC certification shall meet the following minimum prerequisites:

1. A high school diploma/GED, or

2. No high school diploma or GED successful completion of the MAC Competency Exam.

3. The successful completion of the six (6) MAC 1 e-learning modules as evidenced by certificates/transcript of completion for each module and verified by the MAS Nurse.

4. The successful completion of the MAC II Training Program which consists of a minimum of eight (8) hours of face-to-face MAS Nurse contact (may extend hours if needed) with the MAC candidate allowing time to determine competency.

5. Successful demonstration of all nursing tasks delegated using Skills Checklist-NDP 13 by a MAS RN/LPN.

6. Decision by a MAS Nurse to sign the delegation form with the MAC Worker.

(g) MAS Nurses and MAC Workers shall maintain current training certificate(s) and shall include but not limited to the following:

1. All training certificates have a 90-day grace period to renew after the expiration date on the certificate.

2. Recertification is required every two (2) years via a certificate issued from the four (4) hour MAS Update or MAC Recertification. Recertification will include the following areas of review:

(i) Review of agency policies and procedures related to NDP.

(ii) Review of documentation on the Medication Administration Record and controlled substance records.

(iii)Recognition of medication errors and appropriate reporting.

(iv) Review of any specialized medical equipment used at the agency.

(v) Review of any emergency situations and the medication used at the agency to include seizure and choking incidents.

(vi) Infection Control precautions.

(h) MAC Worker Competency Exam shall meet the following requirements:

1. ADMH has created a MAC Worker Competency Exam for the purpose of substituting for the GED/High School Diploma to assist providers with recruitment.

2. MAC Worker applicants who are utilizing the exam in lieu of the high school diploma /GED requirement shall pass the MAC Worker Competency Exam prior to obtaining Medication Assistance Certification I (MAC I) eligibility.

3. The MAC Worker Competency Exam is divided into several components and will assess the following skills:

(i) The learners' ability to tell time.

(ii) The learners' knowledge of math.

(iii) The learners' knowledge of the medical environment and safety hazards.

(iv) The learners' knowledge of English and Grammar.

(v) The learners' ability to understand what they read.

(vi) The learners' ability to understand scenarios and make decisions.

4. The MAC Worker Competency Exam comprises the following:

(i) MAC Workers are allotted two (2) hours to complete the 40-question exam.

(ii) MAC Workers are allowed three (3) attempts to successfully complete the exam.

(iii) The pass rate is 80% or 32/40 correctly answered questions.

(iv) The exam is proctored in-person or via web monitoring by ADMH.

(i) MAC I Curriculum and Exam shall meet the following requirements:

1. The MAC 1 Curriculum contains six (6) courses requiring a 90% final exam score per course for successful completion. The NDP's MAC I course is as follows:

(i) Nurse Delegation Program: Describes the role played by ADMH, the basic functions of nurses, the basic requirements, responsibilities, and rights of MAC workers, and lists important guidelines of the NDP.

(ii) Principles for Working with Persons with Mental Disorders and/or Substance Use Disorders: States the purpose of the Health Insurance Portability and Accountability Act (HIPAA); identifies breaches of confidentiality; demonstrates People First Language; and several examples of required agency policy.

(iii) Mental and Physical Disorders: Describes common medications taken by persons with Mental Illness (MI) an/or Substance Use (SU); and gives a general description and states multiple facts about MI and/or SU.

(iv) Health Status Observations: Assesses how the candidate will be able to recognize and identify changes in mental status, changes in physical status, behavioral changes, physical signs of spasticity and contractures, and concerns related to a person's sexual activity as well as identifying health issues.

(v) First Aid, Infection Control, and Principles of Assisting with Medications: Describes important guidelines that must be followed when assisting with medication administration; the Seven (7) Rights of assisting with medication administration; describes

the three (3) main types of medication effects; describes recognizing a medication error and the appropriate response; and describes the understanding of First Aid and Infection Control.

(vi) Medication Assistance Guidelines: States the procedural steps of assisting with prescribed oral, crushed, eye, ear, nose, topical, and inhalant medications.

2. The MAC Worker has five (5) attempts to pass each module.

3. The provider agency is responsible for ensuring testing credibility. MAC I training requires provider agency supervision.

4. The successful completion of MAC I allows an individual employed with any agency certified by ADMH to advance to the MAC II Course.

(j) MAC II Curriculum and skills demonstration shall include the following requirements:

1. Only a licensed MAS Nurse (RN/LPN) can teach MAC II and verify that a Direct Care Worker is competent to work as a MAC Worker.

2. MAC I trainings may transfer from one (1) agency to another. MAC II training shall not transfer between agencies. If an agency initiates MAC I training with an individual, the MAC I training must be completed within ninety (90) days.

3. Once MAC II training begins, it must be completed within 60 days. The minimum of eight (8) hours of required MAC II training may be broken into blocks of time equaling eight (8) hours according to agency need and MAS Nurse availability/ preference.

4. The MAC II Curriculum comprises the following components:

(i) Review of agency policies and procedures related to NDP.

(ii) Review of standardized NDP Forms.

(iii) Review of MAC I e-learning modules.

(iv) Review of the MAS-MAC Connection.

(v) Review of the Principles of First Aid.

(vi) Review of the Principles of Infection Control.

(vii) Documenting appropriately on the MAR and controlled count sheets.

(viii) Recognizing and reporting medication errors.

(ix) Recognizing emergencies and responding appropriately.

5. MAC Workers must exhibit satisfactory performance of all tasks to be delegated as listed on the Skills Competency Check List (NDP #13 Form).

6. The MAS Nurse makes the final decision to delegate based on overall performance conducted by MAC Workers during the MAC II Curriculum.

7. Successful completion of the MAC II Curriculum, and demonstration of skills documented on the Skills Competency Check List (NDP 13) serves as the final confirmation for certification for MAC Workers.

(k) Required Training.

1. The Alabama Board of Nursing standards (ABN Administrative Code §610-X-7-.06) allows ADMH to train Medication Assistance (MAS) nurses to delegate to trained direct care workers called Medication Assistance Certified (MAC) Workers.

2. ADMH shall train licensed nurses by the ADMH approved nurse delegation programs (NDP and MAS).

3. The licensed MAS RN/LPN shall provide and document annual evaluation and monitoring of the unlicensed mental health worker performing the delegated tasks utilizing the following qualitative metrics:

(i) Competency

(ii) Documentation

(iii) Error reporting

(iv) Identification of the Seven (7) Rights of assisting with medication

(v) Professionalism

(vi) Reliability

(vii) Respect

4. All MAC training must be documented on the MAC Worker Training Record (NDP #11 Form) and maintained as long as the MAC Worker is an active employee or for five (5) years. Additionally, the MAC file shall contain the following:

(i) Six (6) certificates obtained from the MAC I Curriculum (or Relias transcript)

(ii) Certificate of completion of the MAC II Curriculum

(iii) Skills/Competency Checklist

(iv) Delegation Form signed by the MAC and MAS nurse(s)

(v) Annual Supervision Form

(vi) The four (4) hour Recertification Certificate including a reviewed Skills Check/Competency Check List, and an additional Annual Supervision Form.

(vii) NDP 21 Medication Error Retraining Form (used to retrain when MAC has a medication error other than a documentation error.

(l) Scope of Practice

1. The MAC Workers serve as extenders, not replacements, of licensed nursing professionals.

2. All skilled tasks must be completed by a licensed RN/LPN and documented accordingly.

3. A MAS Nurse must verify competency prior to delegating any task to an unlicensed worker.

4. It is unlawful for a non-nursing person to perform nursing tasks without a supervising MAS nurse.

5. Specific tasks that require independent nursing judgment or intervention by a licensed RN/LPN shall not be delegated to a MAC Worker and include the following:

(i) Catheterization, clean or sterile

(ii) Administration of injectable medications, except for pre-measured emergency injectable medication or anaphylaxis such as the Epi-pen.

(iii) Calculation of medication dosages other than measuring a prescribed amount of liquid medication or breaking a scored tablet.

(iv) Tracheotomy care (including suctioning)

(v) Gastric tube insertion, replacement, or feedings

(vi) Invasive procedures or techniques

(vii) Sterile procedures

(viii) Ventilator care

(ix) Receipt of verbal or telephone orders from a licensed prescriber. The MAC Worker cannot transcribe orders.

6. MAC Workers can assist with the administration of medications under the delegation of a MAS RN/LPN.

7. MAC Workers must maintain security and documentation of medication in compliance with state and federal laws.

8. One of the MAC Worker's responsibilities is to communicate with MAS Nurse and give accurate information about the person's status.

(m) Medication storage. The agency shall have policies and procedures regarding medication storage that include, at a minimum, the following:

1. The facility shall store all medications in locked compartments and permit only authorized personnel to have access.

2. Controlled medications shall be stored under double lock and key. Defined as an additional locked compartment located inside the first/original locked compartment that is secured/bolted to the facility.

3. Medications shall be stored separately from non-medical items.

4. Medications shall be stored under proper conditions of temperature, light, humidity, sanitation, and ventilation.

5. All medication storage units must be locked when not in use.

6. Access to all "controlled substance" and/or "prescription legend" drugs must be restricted to the absolute minimum number of employees needed to handle daily transactions of such drugs.

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