

Policies and Procedures: Treatment

Please provide policies for those noted applicable to all agencies as well as policies that are specific to the services you are applying to offer. **Please ensure the Page # where each policy can be located within your Manual is noted in the right column.**

NAC 458.065 “Staff” defined. (NRS 458.025) “Staff” means the:

1. Paid employees, including, without limitation, paid employees hired on a temporary basis;
2. Volunteers;
3. Independent contractors; and
4. Consultants, of a program.

Policy & Procedure Requirements	Notes	Page # where policy can be located
The policies and procedures to be followed in the event of a medical emergency. NAC 458.158, 1.; NRS 458.025	Applies to all agencies.	
The policies and procedures for the registration and disposition of complaints by clients, participants and staff and the right to appeal without threat of reprisal. NAC 458.158, 2.; NRS 458.025	Applies to all agencies.	
The policies and procedures for the staff, including, without limitation, an accurate job description, signed by the applicable employee, for each position held by an employee of the program that describes: <ul style="list-style-type: none"> • The title of the position; • The duties and responsibilities of the position; and • The qualifications for the position. NAC 458.158, 3. a-c; NRS 458.025	Applies to all agencies.	
The policies and procedures to be used by the operator to: <ul style="list-style-type: none"> • Claim funds or bill for services; • Receive and record funds; • Record expenditures; • Prepare financial reports; • Maintain information for the support of claims for funds or to bill for services; and Implement internal controls and audits, as necessary. NAC 458.158, 4. a-f; NRS 458.025	Applies to all agencies.	
The policies and procedures of the program and the services to be provided by the program, including, without limitation, the policies and procedures to be used to maintain financial records of clients or participants when a client or participant is billed for services. The policies and procedures must include, without limitation, requirements that an operator shall: <ul style="list-style-type: none"> • Inform prospective clients and participants of financial arrangements concerning a service before providing the service; • Maintain accurate records of: <ul style="list-style-type: none"> ○ Any fees charged to a client or participant; and ○ Any payments made by a client or participant; and • Make the records required pursuant to paragraph (b) available to the client or participant for review upon request. NAC 458.158, 5. a-c; NRS 458.025	Applies to all agencies.	
Policy & Procedure Requirements	Notes	Page # where policy

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<p>An operator shall ensure that the program complies with all applicable confidentiality and recordkeeping provisions set forth in 42 C.F.R. Part 2, 45 C.F.R. Parts 160, 162 and 164, NRS 458.055 and any other applicable confidentiality laws pertaining to the services provided by the program.</p> <p>In the event of a conflict in the confidentiality requirements set forth in 42 C.F.R. Part 2, 45 C.F.R. Parts 160, 162 and 164, NRS 458.055 and any other applicable confidentiality laws, the more restrictive law will apply.</p> <p>NAC 458.163, 1-2; NRS 458.025, 458.055</p>	Applies to all agencies.	
<p>An operator shall ensure that the program allows a consultant to have access to confidential information concerning clients or participants only if the confidentiality agreements required by 42 C.F.R. Part 2, 45 C.F.R. Parts 160, 162 and 164 are satisfied. Such agreements must be maintained in the personnel file of the consultant.</p> <p>NAC 458.163, 3; NRS 458.025, 458.055</p>	Applies to all agencies.	
<p>An operator shall ensure that:</p> <ul style="list-style-type: none"> • The staff readily has access to the client records to the extent authorized pursuant to 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164. • The program maintains a system for the maintenance and protection of client information which satisfies the requirements set forth in 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164, including, without limitation, requirements for: <ul style="list-style-type: none"> ○ Adequate provisions to prevent unauthorized access or theft of any form of a record of a client. ○ The locked storage of paper records. ○ Adequate provisions for a system of backup of records maintained in a computer system in case of a failure of the primary system. ○ Retention of the records of each client for not less than 6 years after the client is discharged from the treatment program, to be made available as required pursuant to 45 C.F.R. Parts 160, 162 and 164. ○ Appropriate methods to destroy records of clients as required by federal regulation. • Each client has access to their records as required pursuant to 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164. <p>NAC 458.272, 5-7.; NRS 458.025, 458.055</p>	Applies to all agencies.	
<p>An operator must establish a system for maintaining the records of the members of the staff which maintains the confidentiality and safekeeping of the records and contains elements per NAC 458.168 1. b-g, 2. (Elements are in HR section).</p> <p>NAC 458.168, 1. 2.; NRS 458.025, 458.055</p>	Applies to all agencies.	
<p>A record of a member of the staff must be made available only to the member of the staff upon submission of a request to review the records and to persons who are:</p> <ul style="list-style-type: none"> • Authorized by the policies and procedures of the program; • Inspecting the program; and • Authorized by the member of the staff. <p>NAC 458.168, 3.; NRS 458.025, 458.055</p>	Applies to all agencies.	
<p>An operator and the staff shall use information that is generally accepted in the field of prevention or treatment of substance-related disorders.</p>	Applies to all agencies.	

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NAC 458.177, 2.; NRS 458.025		
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<p>An operator shall not allow a client or participant to grant power of attorney to the operator or a member of the staff. NAC 458.177, 4.; NRS 458.025</p>	Applies to all agencies.	
<p>The policies and procedures of the treatment program which includes, without limitation, the policies and procedures concerning the control of infections, including, without limitation, communicable diseases, and concerning universal precautions against bloodborne pathogens. NAC 458.241, 1.; NRS 458.025, 458.055</p>	Applies to all agencies.	
<p>(Assessment and Treatment Procedures) The policies and procedures of the treatment program which includes, without limitation, the policies and procedures describing the manner in which the treatment program will satisfy the requirements set forth in NAC 458.246 and 458.272. 458.246: Provisions of services to clients. 458.272: Records regarding clients. NAC 458.241, 3.; NRS 458.025, 458.055</p>	Applies to all agencies.	
<p>The policies and procedures of the treatment program which includes, without limitation, the policies and procedures for releasing information about a client which satisfies the requirements set forth in 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164 and which reveals:</p> <ul style="list-style-type: none"> • That the client has abused or neglected a child or an elderly person; • That the client presents a danger to other people; • That the client has a communicable disease; or • The identity of the client and his or her human immunodeficiency virus seropositive status. NAC 458.241, 3.; NRS 458.025, 458.055	Applies to all agencies.	
<p>The policies and procedures of the treatment program which includes, without limitation, the policies and procedures describing the criteria which the treatment program will use to satisfy and comply with the criteria of the Division for admission, continued service and discharge. (<i>ASAM Criteria</i>) NAC 458.241, 4.; NRS 458.025, 458.055</p>	Applies to all agencies.	
<p>The operator of an opioid treatment program shall develop a program description and policies and procedures describing the manner in which the program will satisfy the requirements set forth in The ASAM Criteria. NAC 458.257; NRS 458.025</p>		
<p>A treatment program which offers services using telehealth shall submit the policies and procedures for telehealth to the Division for approval. The policies, procedures and protocols must provide for:</p> <ul style="list-style-type: none"> • The confidentiality of the setting for clients and information concerning clients which satisfies the requirements set forth in 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164; • Protocols for verifying: <ul style="list-style-type: none"> ○ The location of a client; ○ The identity of a client and the professional at the time the service using telehealth is provided; 		

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<ul style="list-style-type: none"> ○ Whether telehealth is appropriate for a client; and ○ The informed consent of a client concerning telehealth; • Actions the program will take in case of an emergency involving a client including, without limitation, verifying the safety of the client and emergency services available to the client; • Compliance with ethical standards relating to any applicable professional licensure and certification specific to telehealth; • Compliance with other policies of the Division required in the <u>Administrative Manual</u> of the Division; • Compliance with the applicable documentation requirements of NAC 458.103 to 458.193, inclusive, and section 2 of this regulation and 458.241 to 458.272, inclusive, and section 3 of this regulation as if the services were provided to a client in person; and • The manner in which the dignity of clients will be maintained. <p><i>Telehealth means the use of telecommunications and information technology to provide access to health assessment, diagnoses, interventions, consultations, supervision and information across distance. NAC 458.267, 1-2.; NRS 458.025, 458.055</i></p>		
<p>A Drug Court program shall maintain a manual containing the policies and procedures of the drug court program which includes, without limitation, the policies and procedures required pursuant to NAC 458.158, and the policies and procedures of the drug court program must include, without limitation, evidence of implementation of:</p> <ul style="list-style-type: none"> • A restorative justice model of treatment for criminal justice clients; • Incentives and sanctions; • Motivation enhancement approaches; • Activities that encourage behavior that is designed to benefit other persons; • Phasing of programs; and • Modeling of behavior by staff. <p>NAC 458.291, 1-6.; NRS 458.025, 458.055</p>		
<p>An Evaluation Center program shall maintain a manual containing the policies and procedures of the evaluation center program which includes, without limitation, the policies and procedures required pursuant to NAC 458.158, and policies and procedures describing the manner in which the evaluation center program will satisfy the requirements set forth in NAC 458.326 and 458.331.</p> <p>458.326: Assessments of clients. 458.331: Records regarding clients.</p> <p>NAC 458.321; NRS 458.025, 458.055, 484C.310</p>		
<p>An Early Intervention program shall develop a program description and policies and procedures describing the manner in which the program will satisfy the requirements set forth in The ASAM Criteria. Division Criteria</p>		
<p>A Level 1 Outpatient program shall develop a program description and policies and procedures describing the manner in which the program will satisfy the requirements set forth in The ASAM Criteria. Division Criteria</p>		
<p>A Level 2.1 Intensive Outpatient program shall develop a program description and policies and procedures describing the manner in which the program will satisfy the requirements set forth in The ASAM Criteria. Division Criteria</p>		

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A Level 2.5 Partial Hospitalization program shall develop a program description and policies and procedures describing the manner in which the program will satisfy the requirements set forth in The ASAM Criteria. Division Criteria		
A Level 3.1 Clinically Managed Low-Intensity Residential program shall develop a program description and policies and procedures describing the manner in which the program will satisfy the requirements set forth in The ASAM Criteria. Division Criteria		
A Level 3.5 Clinically Managed Medium-Intensity Residential (Adolescent) program shall develop a program description and policies and procedures describing the manner in which the program will satisfy the requirements set forth in The ASAM Criteria. In addition to the description in ASAM, the program must include no less than 25 hours per week of counseling interventions. A minimum of 7 hours per day of structured activities must be provided. A minimum of 10 hours of clinical counseling services must be provided in each week. Division Criteria		
A Level 3.5 Clinically Managed High-Intensity Residential (Adult) program shall develop a program description and policies and procedures describing the manner in which the program will satisfy the requirements set forth in The ASAM Criteria. In addition to the description in ASAM, the program must include no less than 25 hours per week of counseling interventions. A minimum of 7 hours per day of structured activities must be provided. A minimum of 10 hours of clinical counseling services must be provided in each week. Division Criteria		
A Level 3.7 Medically Monitored Intensive Inpatient (Adult) program shall develop a program description and policies and procedures describing the manner in which the program will satisfy the requirements set forth in The ASAM Criteria. Division Criteria		
A Level 1-WM Ambulatory Withdrawal Management without Extended On-Site Monitoring (Adult) program shall develop a program description and policies and procedures describing the manner in which the program will satisfy the requirements set forth in The ASAM Criteria. Division Criteria		
A Level 2-WM Ambulatory Withdrawal Management with Extended On-Site Monitoring (Adult) program shall develop a program description and policies and procedures describing the manner in which the program will satisfy the requirements set forth in The ASAM Criteria. Division Criteria		
A Level 3.2-WM Clinically Managed Residential Withdrawal Management program shall develop a program description and policies and procedures describing the manner in which the program will satisfy the requirements set forth in The ASAM Criteria. Division Criteria		
A Level 3.7-WM Medically Monitored Inpatient Withdrawal Management (Adult) program shall develop a program description and policies and procedures describing the manner in which the program will satisfy the requirements set forth in The ASAM Criteria. Division Criteria		
A Co-Occurring Disorder program shall develop a program description and policies and procedures describing the manner in which the program will satisfy the requirements set forth in The Dual Diagnosis Capability Toolkits. Division Criteria; DDC Toolkits		

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<p>A Transitional Housing program shall develop a program description and policies and procedures describing the manner in which the program will satisfy the following requirements:</p> <ul style="list-style-type: none"> • Supportive living / drug free environment for individuals being treated in a SAPTA certified Level 1 or Level 2.1 service; and • Admission, Continued Service, Transfer and Discharge Criteria <p>Division Criteria</p>		
<p>A Civil Protective Custody (controlled substance) adult program shall develop a program description and policies and procedures describing the manner in which the program will satisfy the requirements set forth in the Division Criteria (NRS 458.175). CPC's must meet, at a minimum, requirements of a Level 3.2WM program per ASAM.</p> <p>Division Criteria</p>		
<p>A Civil Protective Custody (alcohol) adult program shall develop a program description and policies and procedures describing the manner in which the program will satisfy the requirements set forth in the Division Criteria (NRS 458.270). CPC's must meet, at a minimum, requirements of a Level 3.2WM program per ASAM.</p> <p>Division Criteria</p>		
<p>If a treatment program provides counseling for groups, the operator shall ensure that any session for counseling for a group includes not more than 15 clients. The Provider shall include this requirement in policy for treatment levels of service.</p> <p>NAC 458.262; NRS 458.025</p>	Applies to all agencies that offer group treatment.	
<p>Certified treatment programs, private, public or funded cannot deny treatment services to clients that are on stable medication maintenance for the treatment of an opioid use disorder including FDA approved medications.</p> <p>Division Criteria</p>	Applies to all agencies	
<p>Certified treatment programs, private, public or funded are required to report Treatment Episode Data Set (TEDS) to SAPTA on a monthly basis in a format determined by the Division.</p> <p>Division Criteria</p>	Applies to all agencies	

A QA Plan meeting the following minimum Standard must also be provided:

Standard: An operator shall establish a plan for:

- Improving the quality of the services provided by the program which addresses, without limitation, **operational services, human resources, fiscal services and clinical outcome measures**; and
- Ensuring that the integrity of the program will be maintained;
- Make a copy of the plan established pursuant to paragraph (f) available to the Division at the time of an inspection by the Division of the premises where the program is providing services.

**Policy and Procedure Guidance
for
Medication Assisted Treatment Centers**
Integrated Opioid Treatment and Recovery Centers (IOTRC)

In addition to the applicable Policies above, the Providers will need to write policies and procedures that address Option 1 **or** Option 2 and the combined requirements for both options as shown within the Criteria listed below.

Policies should operationalize the Division Criteria detailing the procedures that are unique to the individual provider. Policy and procedures must be reviewed and approved by the Provider's Board of Directors. Written documentation showing that applicable staff have been trained on these polices.

There are two options for certification under the IOTRC designation: The Provider can only be certified for one of the two options.

Option 1:

- Opioid Treatment Program (OTP): Licensed by the Division through Health Care Quality & Compliance (HCQC) (Narcotic Treatment Center/NTC) and Certified by the Division through the Substance Abuse Prevention and Treatment Agency (SAPTA)
 - This level of service, shall utilize Methadone and other FDA approved medications for the treatment of an opioid use disorder.
 - In addition, the Provider shall meet all applicable requirements of NAC 458 including Division Criteria approved by the Commission on Behavioral Health.
 - Programs under Option 1 shall admit patients within 48 hours of referral.

Option 2:

- Medication Assisted Treatment (MAT) Program
 - This level of service shall utilize at a minimum two (2) of the three (3) FDA approved medications for an Opioid Use Disorder.
 - The Provider shall also have a formal written care coordination plan with an Opioid Treatment Program that utilizes Methadone.
 - In addition, the Provider shall meet all applicable requirements of NAC 458 including Division Criteria approved by the Commission on Behavioral Health.
 - Programs under Option 2 shall admit patients within 48 hours of referral

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<p>A Co-Occurring Disorder program shall develop a program description and policies and procedures describing the manner in which the program will satisfy the requirements set forth in The Dual Diagnosis Capability Toolkits. Division Criteria; DDC Toolkits</p>		
<p>A Level 1 Outpatient program shall develop a program description and policies and procedures describing the manner in which the program will satisfy the requirements set forth in The ASAM Criteria. Division Criteria</p>		
<p>A Level 1-WM Ambulatory Withdrawal Management without Extended On-Site Monitoring (Adult) program shall develop a program description and policies and procedures describing the manner in which the program will satisfy the requirements set forth in The ASAM Criteria. Division Criteria</p>		
<p>A Level 2-WM Ambulatory Withdrawal Management with Extended On-Site Monitoring (Adult) program shall develop a program description and policies and procedures describing the manner in which the program will satisfy the requirements set forth in The ASAM Criteria. Division Criteria</p>	If applicable.	
<p>The prescriber shall conduct an intake examination that includes any relevant physical and laboratory tests including random monthly toxicology of clients on MAT. Policy Guidance: This policy must provide a step by step process of what will be included in this examination as well as what types of laboratory tests including toxicology, how often and under what circumstances they would be utilized and how the information will be used to promote success to treatment. Division Criteria</p>		
<p>Shall conduct a written medical evaluation for clients prior to commencing Medication Assisted Treatment (MAT). Policy Guidance: This policy must provide the elements covered in the medical evaluation and how this information will be utilized to promote success to treatment. Division Criteria</p>		
<p>Shall provide onsite or through referral HIV/Hepatitis C testing. Policy Guidance: This policy must describe whether testing will be on-site or through referral. If onsite, the policy must describe how testing will be administered, address universal precautions, privacy and chain of command. Additionally, the policy must describe how information will be communicated with the client and if additional health services are needed how these services will be coordinated. Division Criteria</p>		
<p>Shall provide overdose education and Naloxone distribution. Policy Development: This policy must describe how overdose educational information and Naloxone will be distributed. Division Criteria</p>		
<p>Additionally, coordination of services with other providers shall include a formal written agreement stating the clear referral path, communication related to patient care and documentation of coordination in the clinical record. Policy Guidance: This policy can be stated as above. The Provider should also keep a file containing formal written agreements. Division Criteria</p>		

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<p>Shall provide dedicated Care Coordination services. Policy Guidance: This policy must describe in detail how care coordination services will be implemented, documented and measured for success. Division Criteria</p>		
<p>Shall provide Mobile Recovery Outreach services. Policy Guidance: This policy must describe the targeted geographic area being served, staff providing services, and training that will be provided to assure effectiveness of delivery of services. Additionally, this policy must describe specifically what the Mobile Recovery Outreach Services will provide. Division Criteria</p>		
<p>Shall provide Supported Employment services onsite or through referral. Policy Guidance: This policy shall provide detail on implementation of services or how services will be coordinated, staff training on implementation of services and policies on implementation and effectiveness of services. (Please see SAMHSA Publications related to Supportive Employment) Division Criteria</p>		
<p>Peer/Recovery Support Services shall include evidence based practices and meet all Medicaid billing requirements for such services. Policy Guidance: This policy must describe how Peer Support Services will be utilized and implemented, including training of Peer Support Specialist and supervision policy of Peer Support staff. Division Criteria</p>		
<p>Shall provide 24 hours, 7 days a week, 365 days a year emergency telephone system for patients. Policy Guidance: This policy must describe how emergency telephone services will be utilized, staff training related to emergency situations and how follow-up services will be coordinated. Division Criteria</p>		
<p>Shall develop a written formal policy related to medication monitoring and diversion. This policy will follow the Drug Enforcement Administration (DEA) to ensure the protocol is being followed. Policy Guidance: This policy must describe protocols related to monitoring and diversion activities to support the client's recovery. DEA requirements and protocols must be integrated into the policy. Division Criteria</p>		
<p>Shall develop a written formal policy related to Pregnant Women receiving medication assisted treatment including, but not limited to:</p> <ol style="list-style-type: none"> a. Shall provide onsite or through referral Obstetrician/Perinatologist services. b. Due to the risks of opioid addiction to pregnant women and their fetuses, a pregnant woman seeking buprenorphine from a certified provider shall either be admitted to the program or referred to an OTP within 48 hours of initial contact. c. Prescribers unable to admit pregnant women, or unable to otherwise arrange for MAT care within 48 hours, shall notify SAPTA within 48 hours to ensure continuity of care. d. In the event that a pregnant woman is involuntarily withdrawn from MAT, the prescriber shall refer the woman to a high-risk obstetrician (OB) physician for care. If no high-risk OB is available, the woman can see a local obstetrician who prescribes buprenorphine until a high-risk OB is available. <p>Policy Guidance. This policy must describe the requirements as listed above. Division Criteria</p>		

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<p>Shall provide services within a multidisciplinary team approach and at a minimum require the following multidisciplinary team members:</p> <ol style="list-style-type: none"> a. Nevada Licensed Physician and/or Physician Assistant or nurse Practitioner who has been approved by the FDA Waiver to prescribe buprenorphine and buprenorphine/naloxone. b. Skilled nursing staff licensed by the State of Nevada. c. Nevada Licensed Alcohol and Drug Counselor or Licensed Clinical Alcohol and Drug Counselor and Certified Alcohol and Drug Counselor. d. Nevada Licensed Clinical Social Worker, Licensed Psychologist, Licensed Marriage and Family Therapist, or a Licensed Professional Counselor. e. Medicaid approved Case Manager (Qualified Mental Health Professional/QMHP or/a Qualified Mental Health Associate/QMHA). f. Peer Support Specialist. <p>Policy Guidance: This policy must describe how the provider will be in compliance with the requirements stated above. Division Criteria</p>		
<p>Shall provide at a minimum the following Evidence Based Practices (EBP's) recommended in the ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use publication, (2015).</p> <ol style="list-style-type: none"> a. Cognitive Behavioral Therapy b. Behavioral Couples Counseling when clinically indicated c. Cognitive Behavioral Coping Skills d. Community Reinforcement Approaches e. Motivational Enhancement f. Relapse Prevention <p>Policy Guidance: This policy must describe how these EBP's will be implemented by the provider. Division Criteria</p>		
<p>Shall have an Emergency and Closure Preparedness Plan</p> <ol style="list-style-type: none"> a. Each certified program shall develop and maintain a plan for the administration of medications in the event of a temporary closure due to inclement weather, prescriber illness or similar unanticipated service interruptions. The plan shall include: <ol style="list-style-type: none"> i. A plan for a reliable mechanism to inform patients of these emergency arrangements. ii. The identification of emergency procedures for obtaining prescriptions/access to medications in case of temporary program/office closure. This may include an agreement with another physician authorized to prescribe buprenorphine and buprenorphine/naloxone, an OTP or another FDA approved prescriber. <p>Policy Guidance: This policy must describe how a form Emergency and Closure Preparedness Plan will be implemented by the provider. Division Criteria</p>		

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<p>Shall have an Emergency and Closure Preparedness Plan</p> <ul style="list-style-type: none"> a. Each certified program shall have a plan for continuity of care in the event that a future voluntary or involuntary program closure occurs. Programs shall have an operational plan for managing a program closure. The plan shall include: <ul style="list-style-type: none"> iii. The orderly and timely transfer of patients to another Office-based Opioid Treatment (OBOT) Provider. iv. Notification to patients of any upcoming closure and reassure them of transition plans for continuity of care. v. Notification to SAPTA no fewer than 60 days prior to closure to discuss the rationale for closure, and plans for continuity of care. vi. A plan for the transfer of patient records to another Provider. vii. A plan to ensure that patient records are secured and maintained in accordance with State and Federal regulations. <p>Policy Guidance. This policy can be described to include procedures to address the requirements listed above. Division Criteria</p>		
<p>Shall meet the minimum standards per to NAC 458 and Division Criteria related to assessment of the client's needs. In addition, the program shall provide a comprehensive evaluation that includes the following requirements;</p> <ul style="list-style-type: none"> a. behavioral health history (including trauma history); b. a diagnostic assessment, including current mental status; c. assessment of imminent risk (including suicide risk, danger to self or others, urgent or critical medical conditions, other immediate risks including threats from another person); d. basic competency/cognitive impairment screening (including the consumer's ability to understand and participate in their own care); e. a description of attitudes and behaviors, (including cultural and environmental factors, that may affect the consumer's treatment plan); f. assessment of need for other services related to Limited English Proficiency (LEP) or linguistic services; g. assessment of the social service needs of the consumer, with necessary referrals made to social services and, for pediatric consumers, to child welfare agencies as appropriate. <p>Policy Guidance: This policy can be described to include procedures to address the requirements listed above. Division Criteria</p>		