



This document will provide guidance to providers on how to address and develop program operations as necessary to facilitate compliance with the Part 820 Residential Services (Part 820) regulation. It is intended to support providers in the development of a Part 820 Policy and Procedure Manual. These are exciting times that offer the field tremendous opportunity to enhance staffing and services for OASAS-certified residential programs. The Part 820 regulation is less prescriptive to allow providers more flexibility in operation and was designed to integrate:

- Part 819.8 Intensive Residential Rehabilitation;
- Part 819.9 Community Residential;
- Part 819.10 Supportive Living; and
- Part 816.9 Medically Monitored Withdrawal and Stabilization Services.

Completion of a Policy and Procedure Manual does not ensure compliance with all regulatory requirements. Program staff are ultimately responsible for ensuring that program operations meet all regulatory requirements, both within the scope of the Part 820 regulation and as required by any other applicable regulation or law.

Each Part 820 provider must develop policies, procedures, and methods that capture the day-to-day operation of your program. Your Policy and Procedure Manual will provide the philosophy of the program and information as to how you conduct business. Even though there are specific regulatory requirements, policies, procedures, and methods themselves should be a reflection of the philosophy and actual practices of the program.

A policy and procedure manual **should not be** an exact recitation of the regulations; rather it **should be** the program's way of implementing standards to comply with the regulations. In doing so, a program's Policy and Procedure Manual should address compliance with minimum regulatory standards and any additional aspects or nuances that the program feels are important to its operation and philosophy.

Effective Policy and Procedure Manuals are written in a clear, concise, and easy-to-follow manner that allows anyone, whether a new or veteran staff person, administrator, patient or family member, to read and understand the manual, as follows:

Patients/Family: expectations from the program when receiving services (e.g., length of admission process; rules I am expected to follow; recourse if I feel I am being treated poorly).

Staff members: expectations of their role within the program and what the methods of documenting tasks are (e.g., tasks and methods of completion; documentation; available resources if assistance and/or clarification is needed).

Administrators: philosophy and framework for how the program is to be operated to ensure compliance with regulatory requirements and maintain quality patient care, as well as indicating how important functions are documented (e.g., policy statements; case record documentation; forms).

Specific recommended policy content in each of the required areas is as follows:

Section 1 - Admission and discharge, including transfer and referral procedures
Recommended Policy Content
Initial Determination: Policy should be comprised of three specific criteria that indicate the need for CD services; see Section 820.7(a)(1)(i-iii).
Level of Care Determination: Policy should identify who completes the level of care determination, who signs off or documents its completion and what protocol you are using; see Section 820.7(a)(2).
Admission Criteria: Policy should identify the population served and include a reference to the outcome of the initial determination and LOCADTR 3.0. Each element has its own admission criteria; reintegration has additional criteria found in Section 820.12(b)(1-2).
Anti-Discrimination: Policy should denote those instances whereby a person cannot be denied admission; see Section 820.7(a)(3)(i-viii).
Communicable Disease Risk Assessment: Requires a communicable disease risk assessment be conducted prior to admission; see Section 820.7(c)(1)(i).
Admission Decision: Policy should identify which staff are responsible for making the admission decision and how it is documented; see Section 820.7(a)(4).
Rules and Regulations; Confidentiality and Voluntary: Policy should describe the process by which residents are advised of the program rules, patient rights, a summary of the confidentiality requirements and that admission is on a voluntary basis; see Section 820.7(a)(4)(ii).
Transfer: Policy identifies the process utilized by the program which insures a seamless transition from one element of care to another.
Referral: Policy that includes a referral be made for those individuals that are not appropriate for admission into the program unless they are presently receiving services from another provider; see Section 820.7(a)(4)(iv).
Discharge Criteria: Policy that stipulates the criteria necessary for the discharge of a patient; see Section 820.9(b)(1-6).
Involuntary Discharge: Policy that includes the process that must be taken when a resident is being discharged against their wishes; see Section 815.7(a)(1-7) Patient Rights for further guidance.
Discharge Planning: Policy describing the discharge plan development, including appropriate content and required signatures. Consider shorter time frame for stabilization; see Section 820.9(c)(1-3).
Discharge Summary: Policy denotes when the summary is to be completed and required contents; see Section 820.9(c)(5).

Section 2 - Treatment/Recovery Plans, Service Plans
Recommended Policy Content
Treatment/Recovery Plan; Service Plan: Provide a policy that describes who develops the plan, who reviews it, who signs it and when. Policy should also contain expected plan elements. Completion time frames should reflect the shift to Medicaid managed care; see Section 820.8(a)(1).
Treatment/Recovery Plan Review; Service Plan Review: Policy will delineate the time frames and expectations for completion of a treatment plan review; see Section 820.8(a)(2).
Care Coordination: Describes the requirements relative to a resident who is receiving services off site; see Section 820.8(b)(1)(v).

Section 3 - Staffing
Recommended Policy Content
Staffing: Policy will identify the various titles and respective qualifications appropriate to the element or elements requesting certification; see Section 820.6(a-e), as well as Section 820.10(b) for stabilization, Section 820.11(b) for rehabilitation, and Section 820.12(e)(1-4) for reintegration.

Section 4 - Screening and Referral Procedures for Associated Physical or Psychiatric Conditions
Recommended Policy Content
Medical assessment: The medical assessment will be utilized to determine the need for a physical examination. When developing this policy, please consider the shorter length of stay for stabilization as opposed to rehabilitation; see Section 820.7(d)(2)(ii) for specifics with regard to time frames for completion.
Psychiatric assessment: A policy and procedure which stipulates that a psychiatric assessment will be conducted in the stabilization and rehabilitation elements; see Section 820.10(c)(3) and Section 820.11(c)(2)(i).
Physical exam: Policy must include a procedure that identifies a physical exam will be conducted based upon the results of the medical assessment for stabilization and rehabilitation. Consider the length of stay in stabilization; see Section 820.7(d)(2)(ii) for specifics with regard to time frames for completion.

Section 5 - Schedule of Fees for Services Rendered
Recommended Policy Content
Schedule of fees for services rendered: Submit the fee schedule if one is available; if not, this requirement will be reviewed at the first recertification review.

Section 6 - Infection Control Procedures
Recommended Policy Content
Infection Control Procedures: Should be developed in consultation with medical staff and include universal precautions.

Section 7 - Cooperative Agreements
Recommended Policy Content
Cooperative Agreements: Provide a policy that includes a listing of those entities that you have or will have cooperative agreements with.

Section 8 - HIV/AIDS Education, Testing and Counseling; Medication Supported Recovery
Recommended Policy Content
HIV/AIDS Education, Testing and Counseling: Policy should focus on the provision of HIV/AIDS services (including education, testing, pre- and post-test counseling), whether they are provided in house or by referral.
Medication Supported Recovery: Policy contains a statement of the programs provision of this service and its philosophy regarding this practice.

Section 9 - Alcohol and Drug Screening
Recommended Policy Content
Alcohol and Drug Screening: Policy should include the process and instances when a toxicology or Breathalyzer will be conducted (e.g., prior to admission; upon returning from an extended leave from the facility; randomly; suspected use). Policy should include how results of testing are documented in the resident case record. Chain of custody should be addressed. Policy should inform staff of the step by step collection process; see Section 815.8(a-b).

Section 10 - Ordering, Procuring, and Disposing of Medication, as well as Self Administration
Recommended Policy Content
Ordering: Policy should identify who is responsible for ongoing monitoring and ordering of medication to ensure that patients have an ample supply.
Procurement: Policy should identify how medication is obtained from the pharmacy; staff should conduct a count upon receipt of controlled substances.
Disposal: Policy should identify how medication is disposed, according to DOH guidelines.
Self-Administration: Policy should include the process for self-administration of medication in accordance with the Institutional Dispenser Certificate. Patients should be observed when taking medication to reduce diversion. Staff should be trained in how to properly document the self-administration of medication in the Medication Record (MARS).

Section 11 - Quality Improvement and Utilization Review
Recommended Policy Content
Quality Improvement: Policy must include identification of the QI committee members, the frequency of deliberations and responsibilities. Policy should include findings of other management activities i.e. utilization reviews, incident reviews , reviews of staff training, development and supervision needs, surveys of resident satisfaction and analysis of treatment data.
Key Performance Measures: This policy will identify the clinically relevant key performance measures relative to the specific element(s) of care.
Utilization Review Process: The utilization review process should include a procedure that ensures admissions are appropriate and discharge criteria are met. The utilization review plan should consider each resident's need for continued treatment and utilize the LOCADTR 3.0.

Section 12 - Emergencies
Recommended Policy Content
Emergencies: This policy and procedure provides staff with instruction on what specific steps to take in case of an emergency.

Section 13 - Incident Reporting and Review in accordance with Part 836
Recommended Policy Content
Responsibility: The Incident Reporting and Review policy and procedure must identify a staff responsible for administration of the incident management program.
Corrective Action Plans: The plan should identify procedures for the implementation of corrective action plans when required. The plan should ensure that corrective action is related from the committee or governing authority to the program representative responsible for implementation.
Incident Review Committee: Policy should identify the members of the incident review committee in accordance with Section 836.5(f)(1); the Executive Director may not serve as a member of the incident review committee. Policy should indicate that the committee will monitor the overall effectiveness of the incident management program and the related procedures. The policy should identify the minimum standards for investigation of incidents observed, discovered or alleged in accordance with Section 836.5(b)(5)(i-iv).
Annual Review: Policy should include a reference to the annual review by the governing body (e.g., Board of Directors), as well as recording and reporting procedures. Policy should indicate how and what constitutes a reportable vs. non reportable incident and the steps staff must take to report to the Justice Center, when appropriate.
Periodic training: Policy should include a reference to the provision of incident report training and code of conduct upon hire and annually thereafter.
Retention of Records: Policy should include a time frame (minimum of six years) that identifies the length of time to retain incident reports and summaries of the incident review committee.

Section 14 - Record Keeping
Recommended Policy Content
Recordkeeping: Policy should include the frequency of progress notes entered into the resident case record in accordance with Section 820.8(c)(2). Additionally, all individual and medical contacts for the purpose of assessing, diagnosing or treating the resident should be documented in the resident record by the staff member delivering the service. This policy needs to include the agency expectation as to the time frame for completion of notes into the case records.
Type of System: Policy should identify type of record keeping system (e.g., electronic) and appropriate safeguards.

Section 15 - Educational Services for School Age Children
Recommended Policy Content
Educational Services for School Age Children: Policy should ensure that programs who provide services to school age children have the availability of required educational and childcare services.

Section 16 - Procurement, Storage, Preparation of Food and Nutritional Planning
Recommended Policy Content
Procurement, Storage, Preparation of Food and Nutritional Planning: Policy should describe who orders the food, how food is stored, how food is prepared and who approves the menu with regard to nutritional planning.

Section 17 - Records Retention
Recommended Policy Content
Records Retention: Policy should provide a time frame with regard to how long the resident case records will be maintained (minimum of 6 years after the date of discharge or last contact).