

Regulatory Analysis Form

<p>(1) Agency</p> <p>Department of Public Welfare Office of Medical Assistance Programs</p>	<p>This space for use by IRRC</p> <p style="text-align: center;">2008 SEP 12 PM 2:55 RENEW COMMISSION</p> <p>IRRC Number:</p>
<p>(2) I.D. Number (Governor=s Office Use)</p>	<p style="text-align: center; font-size: 2em;">2291</p>
<p>(3) Short Title</p> <p>Provisions of Drug and Alcohol Treatment</p>	
<p>(4) PA Code Cite</p> <p>55 Pa. Code. Chapter 1223</p>	<p>(5) Agency Contacts & Telephone Numbers</p> <p>Primary Contact: Maria Gerardi 772-6098</p> <p>Secondary Contact: John Hummel 772-6178</p>
<p>(6) Type of Rule Making (Check One)</p> <p><input type="checkbox"/> Proposed Rule Making</p> <p><input type="checkbox"/> Final Order Adopting Regulation</p> <p><input checked="" type="checkbox"/> Final Order, Proposed Rule Making Omitted</p>	<p>(7) Is a 120-Day Emergency Certification Attached?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes: By the Attorney General</p> <p><input type="checkbox"/> Yes: By the Governor</p>
<p>(8) Briefly explain the regulation in clear and nontechnical language.</p> <p>The purpose of these amendments is to revise 55 Pa. Code Chapter 1223. These regulations provide for the elimination of the outpatient drug and alcohol clinic's supervisory physician to perform a comprehensive medical examination within 15 days following intake and before the provision of treatment.</p>	
<p>(9) State the statutory authority for the regulation and any relevant state or federal court decisions.</p> <p>The Department amends these regulations pursuant to the authority of Section 443.3(1) of the Public Welfare Code, Act of June 13, 1967 (P.L. 31, Act 21,) 62 P.S. § 443.3(1).</p>	

Regulatory Analysis Form

(10) Is the regulation mandated by any federal or state law or court order, or federal regulation? If yes, cite the specific law, case or regulation, and any deadlines for action.

No

(11) Explain the compelling public interest that justifies the regulation. What is the problem it addresses?

These regulations benefit recipients and providers by eliminating the need for the outpatient drug and alcohol clinic's supervisory physician to perform a physical exam within 15 days following intake and before the provision of treatment allowing MA recipients access to drug and alcohol treatment prior to a comprehensive medical examination.

(12) State the public health, safety, environmental or general welfare risks associated with non-regulation.

None

(13) Describe who will benefit from the regulation. (Quantify the benefits as completely as possible and approximate the number of people who will benefit.)

All MA recipients requiring outpatient drug and alcohol treatment services will benefit from these regulations by allowing access to such medically necessary services prior to a comprehensive medical examination.

Regulatory Analysis Form

(14) Describe who will be adversely affected by the regulation. (Quantify the adverse effects as completely as possible and approximate the number of people who will be adversely affected.)

No one will be adversely affected by these regulations.

(15) List the persons, groups or entities that will be required to comply with the regulation. (Approximate the number of people who will be required to comply.)

All providers enrolled in the Medical Assistance Program and managed care organizations under contract with the Department providing outpatient drug and alcohol services. This regulation does not apply to methadone maintenance clinics because of Federal law requirements at 42 C.F.R. § 8.12(f)(2) that provide for a comprehensive medical examination prior to the administration of methadone treatment.

(16) Describe the communications with and input from the public in the development and drafting of the regulation. List the persons and/or groups who were involved, if applicable.

The Department received input from the Pennsylvania Community Providers Association, the Pennsylvania Psychological Association, the Pennsylvania Psychiatric Society, and the Medical Assistance Advisory Committee (MAAC). This regulation was presented and reviewed by MAAC on four separate occasions: December 9, 1999, December 14, 2000, January 25, 2001, and March 28, 2002.

Regulatory Analysis Form

(17) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required.

See #20 of the Regulatory Analysis Form

(18) Provide a specific estimate of the costs and/or savings to local governments associated with compliance, including any legal, accounting or consulting procedures which may be required.

See # 20 of the Regulatory Analysis Form

(19) Provide a specific estimate of the costs and/or savings to state government associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required.

See # 20 of the Regulatory Analysis Form

Regulatory Analysis Form

(20) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

(Dollar Amounts in Thousands)

	Current FY Year	FY +1 Year	FY +2 Year	FY +3 Year	FY +4 Year	FY +5 Year
SAVINGS:						
Regulated Community						
Local Government						
State Government	\$0	\$0	\$0	\$0	\$0	\$0
Total Savings	\$0	\$0	\$0	\$0	\$0	\$0
COSTS:						
Regulated Community						
Local Government						
State Government	\$0	\$222	\$0	\$0	\$0	\$0
Total Costs	\$0	\$222	\$0	\$0	\$0	\$0
REVENUE LOSSES:						
Regulated Community						
Local Government						
State Government	\$0	\$0	\$0	\$0	\$0	\$0
Total Revenue Losses	\$0	\$0	\$0	\$0	\$0	\$0

(20a) Explain how the cost estimates listed above were derived.

The above estimate assumes a 15-day one-time cash flow impact in MAMIS claims relating to Drug and Alcohol Clinic Cost.

	FY 01-02	FY 02-03	FY 03-04	FY 04-05	FY 05-06	FY 06-07
MA-outpatient	\$0	\$83	\$0	\$0	\$0	\$0
MA-capitation	\$0	\$139	\$0	\$0	\$0	\$0

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Regulatory Analysis Form

(20b) Provide the past three-year expenditure history for programs affected by the regulation.
(Dollar Amounts in Thousands)

Program	FY -3	FY -2	FY -1	Current FY
MA-Outpatient	\$695,935	\$622,669	\$ 668,586	\$581,548
MA-Capitation	\$1,026,075	\$1,384,763	\$1,487,944	\$1,737,003

(21) Using the cost-benefit information provided above, explain how the benefits of the regulation outweigh the adverse effects and costs.

This change brings Departmental regulations in agreement with standards promulgated by the Department of Health. The standards require drug and alcohol clinics to have more highly credentialed drug and alcohol treatment professionals to determine patients assessed needs and treatment plans.

(22) Describe the nonregulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.

No other alternatives were considered because a regulatory change was required.

(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.

No other alternative regulatory schemes were considered given the input by all affected parties.

Regulatory Analysis Form

(24) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulation.

No

(25) How does this regulation compare with those of other states? Will the regulation put Pennsylvania at a competitive disadvantage with other states?

These regulations will not put Pennsylvania at a disadvantage with other states. It will be to Pennsylvania's advantage to better serve MA recipients by allowing access to medically necessary outpatient drug and alcohol treatment prior to a comprehensive medical examination.

(26) Will the regulation affect existing or proposed regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

No

(27) Will any public hearings or informational meetings be scheduled? Please provide the dates, times, and locations, if available.

No public hearings are scheduled.

Regulatory Analysis Form

(28) Will the regulation change existing reporting, record keeping, or other paperwork requirements? Describe the changes and attach copies of forms or reports which will be required as a result of implementation, if available.

No

(29) Please list any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, elderly, small businesses, and farmers.

None

(30) What is the anticipated effective date of the regulation; the date by which compliance with the regulation will be required; and the date by which any required permits, licenses or other approvals must be obtained?

These regulations will be effective immediately upon publication in the Pennsylvania Bulletin.

(31) Provide the schedule for continual review of the regulation.

The Department's Office of Medical Assistance Programs will evaluate the effectiveness of these regulations on an on-going basis. Necessary and appropriate changes will be made in response to letters, recommendations and comments from other offices, agencies and individuals and as a result of Departmental findings.

CDL-1

FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU

(Pursuant to Commonwealth Documents Law)

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SEP 12 PM 2:55
LEGISLATIVE COMMISSION

#2291

DO NOT WRITE IN THIS SPACE

Copy below is hereby approved
as to form and legality.
Attorney General

By: _____
(Deputy Attorney General)

Date of Approval

π Check if applicable
Copy not approved.
Objections attached.

Copy below is hereby certified to be a true and correct
copy of a document issued, prescribed or promulgated
by:

DEPARTMENT OF PUBLIC WELFARE

(Agency)

LEGAL COUNSEL: Kathleen Bryan

DOCUMENT/FISCAL NOTE NO. 14-476

DATE OF ADOPTION: _____

BY: Jeather O'Hara

TITLE: SECRETARY OF PUBLIC WELFARE
(Executive Officer, Chairman or Secretary)

Copy below is hereby approved as to
form and legality. Executive or
Independent Agency

BY: _____

SEP 09 2002

Date of Approval

(Deputy General Counsel)
(Chief Counsel, Independent Agency)
(Strike inapplicable title)

π Check if applicable. No Attorney
General approval or objection
within 30 days after submission.

Final Omitted

Department of Public Welfare
Office of Medical Assistance Programs

[55 Pa. Code Chapter 1223]

Outpatient Drug and Alcohol Clinic Services

Statutory Authority

The Department of Public Welfare (Department), by this Order, adopts the amendments to 55 Pa. Code, Chapter 1223, set forth in Annex A, pursuant to the authority of Section 443.3(1) of the Public Welfare Code, Act of June 13, 1967 (P.L. 31, No. 21) (62 P.S. § 443.3(1)).

Notice of proposed rulemaking is omitted in accordance with § 204(1)(iv) of the Commonwealth Documents Law (CDL) (45 P.S. § 1204(1)(iv)) and 1 Pa. Code § 7.4(1)(iv) because these regulations relate to Commonwealth benefits. Additionally, notice of proposed rulemaking is omitted for good cause as unnecessary in accordance with § 204(3) of the CDL (45 P.S. § 1204(3)) and 1 Pa. Code § 7.4(3) as this regulation benefits medical assistance recipients as well as providers by allowing for drug and alcohol treatment services to be more efficiently and expeditiously provided. The rulemaking provides for the elimination of the current requirement for an outpatient drug and alcohol clinic's supervisory physician to perform a comprehensive medical examination within 15 days following intake and before the provision of treatment. In many instances, this requirement unnecessarily delayed treatment to individuals requiring drug and alcohol services.

Providers, consumers, advocacy groups and Department of Health (DOH) officials have worked closely with the Department in establishing this regulatory change based on current DOH requirements relating to staff qualifications for drug and alcohol clinics at 28 Pa. Code §§ 704.6, 704.7 and 704.8. These staff requirements ensure that individuals who seek drug and alcohol services are initially assessed and determined to require treatment by professionally trained staff, without the need for a comprehensive medical examination by a physician.

Purpose

The purpose of this regulation is to:

1. Eliminate the need for the outpatient drug and alcohol clinic's supervisory physician to perform a comprehensive medical examination within 15 days following intake and before the provision of treatment.
2. Require a level of care assessment for each patient prior to admission to the clinic and the provision of treatment by a Drug and Alcohol Addictions Professional (DAAP). A DAAP must be trained in the use of the Pennsylvania Client Placement Criteria (PCPC) for adults, American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC) for adolescents or an alternative level of care criteria approved by the DOH or other criteria jointly approved by both DOH and the Department.

3. Require within 15 days following intake, the clinic's supervisory physician to review and verify each patient's level of care assessment, psychosocial evaluation and initial treatment plan prior to the provision of any treatment beyond the 15th day following intake. If this condition is not met, payment will not be made for outpatient drug and alcohol clinic services.
4. Require a physician to perform a comprehensive medical examination or psychiatric evaluation, when medically necessary, as indicated by the level of care assessment or the clinic's supervisory physician's review.

Background

Current regulations at Section 55 Pa. Code §1223.52(a)(6) require a drug and alcohol clinic's supervisory physician to examine and evaluate a potential patient, determine the patient's diagnosis and develop an initial treatment plan within 15 days following intake and before the provision of any treatment. This regulation was developed at a time when drug and alcohol clinics did not have clinical or ongoing training requirements for staff. Since that time, standards have been promulgated by the DOH at 28 Pa. Code, Chapter 704, Staffing Requirements For Drug and Alcohol Treatment Activities. Based on the DOH requirements, the Department and DOH maintain contractual arrangements with managed care organizations and Single County Authorities that ensure qualified staff perform a patient's level of care assessment prior to admission to an outpatient drug and alcohol clinic and the provision of treatment.

In addition to the DOH regulatory standards relating to staffing in drug and alcohol clinics, all drug and alcohol treatment programs serving DOH and/or Medical Assistance (MA) eligible patients have been required to use the approved standards of clinical necessity or guidelines; PCPC for adults, ASAM PPC for adolescents. The DOH approved standards of clinical necessity or guidelines were developed to address the medical need for the placement of the patient in the level, type and duration of treatment necessary and to address the degree of direct medical management. Patient level of care assessment and the application of the DOH approved placement criteria is conducted by a DAAP trained in the use of the PCPC or ASAM PPC.

As a result of the DOH regulatory standards relating to drug and alcohol clinic staffing qualifications, the Department was requested to reexamine the regulations requiring the clinic's supervisory physician to perform the comprehensive medical examination. Based on input from consumers, providers and advocacy groups, the Department determined that the requirements at 55 Pa. Code § 1223.52(a)(6) created unnecessary barriers to expedient drug and alcohol clinic services. The Department also considered and adopted the Pennsylvania Psychiatric Society's recommendation to provide payment for a comprehensive medical examination or psychiatric evaluation by a physician, when either the level of care assessment or the physician's review indicates the need.

This regulation does not apply to methadone maintenance clinics because of Federal law requirements at 42 C.F.R. § 8.12(f)(2). Federal regulations require a comprehensive medical examination be performed for each MA recipient before dispensing methadone to the MA recipient.

Need for Regulation

This amendment is necessary to eliminate the need for the outpatient drug and alcohol clinic's supervisory physician to perform a comprehensive medical examination within 15 days following intake and before the provision of treatment. This amendment also provides for consistency with DOH regulations by allowing a DAAP trained in the use of PCPC for adults or ASAM PPC for adolescents or an alternative level of care criteria approved by the DOH or other criteria jointly approved by both DOH and the Department to perform a level of care assessment for each patient prior to admission to the clinic and the provision of treatment.

Affected Individuals

All Medical Assistance outpatient recipients seeking drug and alcohol services will be affected by these regulatory changes with the exception of methadone maintenance clients.

All providers of outpatient drug and alcohol services with the exception of methadone maintenance clinics are subject to these regulatory changes. Affected clinics have sought and are already aware of this regulation change.

Summary of Amendment

55 Pa. Code §§ 1223.2, "Definitions," 1223.14, "Noncovered services," 1223.41, "Participation Requirements," and 1223.52, "Payment conditions for various services," are revised or added to reflect current staff qualification standards by the DOH at 28 Pa. Code §§ 704.6, 704.7 and 704.8 Staffing Requirements For Drug and Alcohol Treatment Activities and in accordance with the Pennsylvania State Civil Service Commission standards. These revisions allow for individual level of care assessments and the application of the DOH approved placement criteria to be conducted by a DAAP trained in the use of the PCPC for adults and ASAM PPC for adolescents. Such an assessment eliminates the need for the outpatient drug and alcohol clinic's supervisory physician to perform a comprehensive medical examination within 15 days following intake and before the provision of treatment. This allows MA recipients the benefit of access to medically necessary drug and alcohol treatment services in a more expeditious manner.

Fiscal Impact

PUBLIC SECTOR

The Department's Office of Medical Assistance Programs (OMAP) does not anticipate any fiscal impact on the public sector other than minor cash flow costs over one year that is estimated to be approximately \$222 thousand.

PRIVATE SECTOR

The OMAP does not anticipate any fiscal impact on the private sector.

GENERAL PUBLIC

The OMAP does not anticipate any impact on the general public.

Paperwork Requirements

There are no additional reports or new forms needed to comply with the regulation changes.

Sunset Date

OMAP will evaluate the effectiveness of this regulation on an on-going basis. Necessary and appropriate changes will be made in response to letters, recommendations and comments from other offices, agencies and individuals and as a result of Departmental findings. No sunset date is required.

Public Comment

Although these regulations are being adopted without prior notice, interested persons are invited to submit their written comments, within 30 days of the date of this publication. Comments should be sent to the Department of Public Welfare, Office of Medical Assistance Programs, c/o Deputy Secretary's Office, Attention: Regulations Coordinator, Room 515, Health and Welfare Building, Harrisburg, Pennsylvania 17120.

Persons with a disability may use the AT&T Relay Service by calling 1-800-654-5984 (TDD users).

Regulatory Review Act

Under Section 5(f) of the Regulatory Review Act of June 30, 1989 (P.L. 73, No. 19) (71 P.S. §§ 745.1 – 745.15), the agency submitted a copy of this regulation with proposed rulemaking omitted on SEP 12 2002 to the Independent Regulatory Review Commission and to the Chairpersons of the House Committee on Health and

Human Services and the Senate Committee on Public Health and Welfare. On the same date, the regulation was submitted to the Office of the Attorney General for review and approval pursuant to the Commonwealth Attorneys Act. In accordance with § 5(c) of the Act, this regulation was (deemed) approved by the Committees on _____ and was (deemed) approved by the Commission on _____.

The Department finds:

- (a) That notice of proposed rulemaking is omitted because this regulation relates to Commonwealth benefits in accordance with § 1204(1)(iv) of the CDL (45 P.S. § 1204(1)(iv)) and 1 Pa. Code § 7.4(1)(iv).
- (b) That notice of proposed rulemaking is unnecessary under § 204(3) of the CDL (45 P.S. § 1204(3)) and 1 Pa. Code § 7.4(3).
- (c) That the adoption of this regulation in the manner provided in this Order is necessary and appropriate for the administration and enforcement of the Public Welfare Code.

The Department acting pursuant to the Public Welfare Code orders:

- (a) The regulations of the Department are amended to read as set forth in Annex A to this Order.
- (b) The Secretary of the Department shall submit this Order and Annex A hereto to the Attorney General and General Counsel for approval as to legality and form as required by law.
- (c) The Secretary of the Department shall duly certify this Order and Annex A hereto and deposit same in the Legislative Reference Bureau as required by law.
- (d) This Order shall take effect immediately upon publication in the Pennsylvania Bulletin.

ANNEX A
PART III. MEDICAL ASSISTANCE MANUAL
TITLE 55. PUBLIC WELFARE

CHAPTER 1223. OUTPATIENT DRUG AND ALCOHOL CLINIC SERVICES

§ 1223.2 Definitions

Drug and Alcohol Addictions Professional (DAAP) – An individual who is certified as an addictions counselor by a statewide certification body and who is a member of a national certification body; or an individual who is certified by another state government's substance abuse counseling certification board; or an individual possessing a minimum of a bachelor's degree in Social Science and two years experience in treatment/case management services for persons with substance abuse/addiction disorders; or an individual meeting the qualifications of one of the following: Drug and Alcohol Case Management Specialist, Drug and Alcohol Case Management Specialist Trainee, Drug and Alcohol Case Management Supervisor, Drug and Alcohol Counselor, or Drug and Alcohol Counselor Assistant.

Drug and Alcohol Case Management Specialist (DACMSP) – An individual who meets the minimum experience and training requirements established by the Pennsylvania State Civil Service Commission for DACMSP.

Drug and Alcohol Case Management Specialist Trainee (DACMST) – An individual who meets the minimum experience and training requirements established by the Pennsylvania State Civil Service Commission for DACMST.

Drug and Alcohol Case Management Supervisor (DACMSU) – An individual who meets the minimum experience and training requirements established by the Pennsylvania State Civil Service Commission for DACMSU.

Drug and Alcohol Counselor (DAC) – An individual who provides a wide variety of treatment services which may include performing diagnostic assessments for chemical dependency, developing treatment plans, and providing individual and group counseling. This individual must meet the education and experience requirements in 28 Pa. Code § 704.7 (relating to qualifications for the position of counselor).

Drug and Alcohol Counselor Assistant (DACA) – An individual in an entry level position who provides treatment services under the direct supervision of a trained counselor or clinical supervisor. This individual must meet the education, experience, supervision and training requirements in 28 Pa. Code §§ 704.8 (relating to qualifications for the position of counselor assistant) and 704.11 (relating to staff development program).

Level of Care Assessment – A face-to-face interview with an individual using the most current edition of the Pennsylvania Client Placement Criteria for adults and the most current edition of the American Society of Addiction Medicine Patient Placement Criteria for adolescents to ascertain the severity of alcohol or other drug use and degree of impairment by identifying the biomedical, emotional/behavioral and environmental effects of that use in order to determine proper placement and treatment for the individual.

Psychosocial Evaluation – A composite picture of the individual in relationship to the collected historical information in order to identify possible relationships, conditions and causes leading to the individual's current situation.

§ 1223.14 Noncovered services

(14) Methadone maintenance clinic [S]services provided before the date of the physician's comprehensive medical examination, diagnosis and treatment plan.

(15) Services provided without a level of care assessment for each patient prior to admission to the clinic.

(16) Services provided within or beyond the 15th calendar day following intake, without the clinic's supervisory physician's review and approval of the patient's level of care assessment, psychosocial evaluation, treatment plan, and determination of the patient's diagnosis as specified in § 1223.52(a)(6)(i).

§ 1223.41 Participation requirements.

(11) Must ensure that a DAAP performs a level of care assessment for each patient prior to admission to the clinic and the provision of treatment.

§ 1223.52. Payment conditions for various services.

(a) [Physician coverage.] The following conditions [apply to payment for physician services:] shall be met by an outpatient drug and alcohol clinic, as applicable, to be eligible for payment:

* * * * *

(6) [Within 15 days following intake, prior to the provision of any treatment or rehabilitation, the supervisory physician shall examine and evaluate each patient in the clinic; determine the patient's diagnosis and an initial treatment plan; and date, document and sign the examination diagnosis and treatment plan in the patient's record. Sixty days following the date of the initial treatment plan, and at the end of every 60-day period during the duration of treatment, the supervisory physician shall reevaluate and update the patient's treatment plan; and date, document and sign each reevaluation and update in the patient's record. The treatment plan and updates shall be based upon the physician's evaluation and diagnosis. All treatment shall be provided in accordance with the physician's treatment plan and updates and under the supervision and direction of the physician. All reevaluations and updates shall be done in the clinic with the patient and appropriate drug/alcohol outpatient clinic medical and psychotherapy personnel.] With the exception of methadone maintenance clinic services, a DAAP shall perform a level of care assessment for each patient prior to admission to the clinic and the provision of services.

(i) Within 15 days following intake, the clinic's supervisory physician shall review and verify each patient's level of care assessment, psychosocial evaluation and initial treatment plan prior to the provision of any treatment beyond the 15th day following intake. The clinic's supervisory physician must verify the patient's diagnosis. The clinic's supervisory physician must sign and date the patient's level of care assessment, psychosocial evaluation, treatment plan and diagnosis in the patient's record. Payment will not be made for services provided within or beyond the 15th day following intake, without the clinic's supervisory physician's review and approval of the level of care assessment, psychosocial evaluation, treatment plan and determination of the patient's diagnosis.

(ii) Sixty days following the date of the initial treatment plan and at the end of every sixty-day period during the duration of treatment, the clinic's supervisory physician shall review and update each patient's treatment plan. Each review and update must be dated, documented and signed in the patient's record by the clinic's supervisory physician.

(iii) The treatment plan and updates shall be based upon the psychosocial evaluation and diagnoses. All treatment shall be provided in accordance with the treatment plan and updates and under the supervision and direction of the clinic's supervisory physician. All clinic supervisory physician reviews and reevaluations of diagnoses, treatment plans and updates shall be done in the clinic.

(iv) A physician may perform a comprehensive medical examination or psychiatric evaluation, when medically necessary, as indicated by either the level of care assessment or the clinic's supervisory physician's review.

(7) For methadone maintenance clinics, following intake and prior to the provision of any services, the clinic's supervisory physician shall perform a comprehensive medical examination on each patient to determine the patient's diagnoses, initial treatment plan and identify any medical conditions. The clinic's supervisory physician must document and sign the comprehensive medical examination and treatment plan in the patient's record. The treatment plan shall be developed, maintained and periodically reviewed in accordance with the following criteria:

(i) Sixty days following the date of the initial treatment plan and at the end of every sixty-day period during the duration of treatment, the clinic's supervisory physician shall review and update each patient's treatment plan. Each review and update must be dated, documented and signed in the patient's record by the clinic's supervisory physician.

(ii) The treatment plan and updates shall be based upon the comprehensive medical examination, psychosocial evaluation and diagnoses. All treatment shall be provided in accordance with the treatment plan and updates and under the supervision and direction of the clinic's supervisory physician. All clinic supervisory physician reviews and reevaluations of diagnoses, treatment plans and updates shall be done in the clinic.

**TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO
REGULATORY REVIEW ACT**

**PLEASE RETURN TO:
Independent Regulatory
Review Commission
14th Floor, Harristown II**

I.D. NUMBER: 14-476
 SUBJECT: Outpatient Drug and Alcohol Clinic Services
 AGENCY: DEPARTMENT OF PUBLIC WELFARE

TYPE OF REGULATION

- Proposed Regulation
- Final Regulation
- Final Regulation with Notice of Proposed Rulemaking Omitted
- 120-day Emergency Certification of the Attorney General
- 120-day Emergency Certification of the Governor
- Delivery of Tolled Regulation
 - a. With Revisions
 - b. Without Revisions

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 SEP 12 2002
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FILING OF REGULATION

DATE	SIGNATURE	DESIGNATION
9/12/02	<i>Patricia McKinney</i>	HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES
9/12/02	<i>Heidi Chan</i>	
9/12/02	<i>Krista Krueger</i>	SENATE COMMITTEE ON PUBLIC HEALTH & WELFARE
9/12/02	<i>L. Cal</i>	
9/12/02	<i>St. Belmont</i>	INDEPENDENT REGULATORY REVIEW COMMISSION
9-12-02	<i>Mary Mummert</i>	ATTORNEY GENERAL
		LEGISLATIVE REFERENCE BUREAU

September 9, 2002