SA Detoxification

1. (65D-30) If the provider maintains an emergency overdose prevention kit (i.e. Naloxone) are they able to provide evidence that they have developed and implemented a plan to train staff in the prescribed use and the availability of the kit for use during all program hours of operation?

2. (65D-30) Does the Overdose Prevention Plan include information regarding: 1. Education about the risks of overdose, including having a lower tolerance for opioids if the individual is participating in an abstinence-based treatment program or is being discharged from a medication-assisted treatment program. 2. Information about Naloxone, the medication that reverses opioid overdose, including how to use Naloxone and where and how to access it.

3. (65D-30) Does the provider have an overdose prevention plan? All staff must have a working knowledge of the overdose prevention plan.

4. Cx Ancillary Svcs (65D-30.0044 (1)(C) (2)) Ancillary services shall be provided directly or through referral in those instances where a provider cannot or does not provide certain services needed by an individual. The provision of ancillary services shall be based on individual needs as determined by the treatment plan and treatment plan reviews. In those cases where individuals need to be referred for services, the provider shall use a case management approach by linking individuals to needed services and following-up on referrals. All such referrals shall be initiated and coordinated by the individual's primary counselor or other designated clinical staff who shall serve as the individual's case manager. A record of all such referrals for ancillary services shall be maintained in the clinical record, including whether or not a linkage occurred or documentation of efforts to confirm a linkage when confirmation was not received.

5. Cx Assessment (65D-30.0042 (2)(a)(4) (a)) Laboratory Tests. Individuals shall provide a sample for testing blood and urine, including a drug screen. Further, the results of the laboratory tests shall be reviewed, signed and dated during the assessment process and in accordance with the medical protocol.

6. Cx Assessment (65D-30.0042 (2)(a)(2)) Medical History. A medical history shall be completed on each individual. all laboratory tests will be performed in accordance with the medical protocol.

7. Cx Assessment (65D-30) Does the assessment include a physical health assessment and a psychosocial assessment?

8. Cx Consent (65D-30.0041 (3)(a)(4), 65D-30.0042 (1)(b)) Consent for Drug Screens: A drug and alcohol screen shall be conducted at admission. Thereafter, the program shall require random drug and alcohol screening for each individual in accordance with the providers medical protocol. Individuals shall give informed consent for a drug screen.

9. Cx Consent (65D-30.0041 (3)(a)(3), 65D-30.0042 (1)(d)) Consent for Services: Voluntary informed consent for treatment or an order to treatment for involuntary admissions and for criminal and juvenile justice referrals;A consent for services form shall be signed by the individual prior to or upon placement, with the exception of involuntary placements.

10. Cx Counseling (65D-30.005 (2) (b)) Each individual shall be offered supportive counseling on a daily basis and participate in supportive counseling on a weekly basis, unless an individual is not sufficiently stabilized. Supportive counseling sessions shall be of sufficient duration to enable staff to make reasonable decisions regarding the individual's need for other services. Services shall be directed toward assuring that the individual's most immediate needs are addressed and that the individual is encouraged to remain engaged in treatment and to follow up on referrals after discharge.

11. Cx Counseling (65D-30.005 (1)) Stabilization services shall be provided as an initial phase of detoxification.

12. Cx Ct. Information (65D-30) Does the chart reflect reports to the criminal and juvenile justice systems, as applicable?

13. Cx Demographics (65D-30.0041 (3)(a)(1)) Basic Demographics: Name and address of the individual receiving services and referral source;

14. Cx Determ of Need (65D-30.0042 (1)(a)) Determination of Need and Eligibility for Placement. The condition and needs of the individual shall dictate the urgency and timing of screening; screening is not required if an assessment is completed at time of admission. All individuals presenting for services, voluntarily or involuntarily, shall be evaluated to determine service needs and eligibility for placement or other disposition.The person conducting the screening shall document the rationale for any action taken and the validated tool used for service determination.

15. Cx Discharge (65D-30.004 (4)(a)) A written discharge summary shall be completed for individuals who complete services or who leave prior to completion of services. The discharge summary shall include a summary of the individual's involvement in services,the reasons for discharge, and the provision of and referral to other services needed by the individual following discharge, including aftercare. The discharge summary shall be completed within 15 business days and signed and dated by a primary counselor.

16. Cx Medical (65D-30.004(2)(a)(1)) An in-person nursing physical screen shall be completed on each person considered for placement in addictions receiving facilities, detoxification, or intensive inpatient treatment. The screen shall be completed by a L.P.N.,R.N., APRN., or physician's assistant, or physician. When completed by a L.P.N., it shall be countersigned by a R.N.a R.N., A.P.R.N. physician's assistant, or physician. The results of the screen shall be documented by the physician, nurse, or physician's assistant providing the service and signed and dated by that person.

17. Cx Medication (65D-30.0041 (3)(a)(15)) Record of medical prescriptions and medication, when provided;

18. Cx Orientation (65D-30.0043(3)(b)) A description of services to be provided;
A copy of the individual's rights pursuant to chapter 397, part III, F.S.;
A summary of the facility's admission and discharge policies;
A copy of the service fee schedule, financial responsibility policy, and applicable fees;
Written rules of conduct for individual's served which shall be reviewed, signed, and dated;
A copy of the grievance process and procedure;
General information about infection control policies and procedures;
Limits of confidentiality;
Information on parental or legal guardian's access to information and participation in treatment
Information regarding advance directives which delineate the facility's position with respect to the state law and rules relative to advance directives.

19. Cx Physical (65D-30.004(2)(a)(3)) Physical: A physical examination shall be completed within seven calendar days prior to placement or two calendar days after placement.

20. Cx Placement (65D-30.0041 (3)(a)(10)) Individual placement information, including the signature of the person who recommended placement at the level of care;

21. Cx Preg. Test (65D-30.0042 (2)(a)(5)) Pregnancy Test: Female individuals shall be evaluated by a physician, or in accordance with the medical protocol, to determine the necessity of a pregnancy test. In those cases where it is determined necessary, individuals shall be provided testing services directly or be referred within 24 hours following placement.

22. Cx Progress Notes (65D-30.0044(1)(c)) Progress notes shall be recorded at least daily.Content: Progress notes shall document client's progress toward meeting TP goals and objectives. Individual notes to be signed/dated by the person providing the service.
When more than one (1) service event is documented, progress notes may be signed by any clinical staff member assigned to the individual. The following are requirements for recording progress notes. Progress notes shall be recorded and signed at least daily.

23. Cx Release of Info (65D-30.004(13), detailed in 42 Code of Federal Regulations, Part 2.) Consent for Release of Information.
(1) Includes the specific name/program permitted to make the disclosure,
(2) Name of the individual/organization to which the discosure is to be made,
the name of th client,
(3)purpose of the disclosure,
(4) How much and what kind of information to be disclosed,
(5) Signature of the client/legal guardian, date on which consent is signed, (May be signed by the individual only if the form is complete)
(6) Statement that the consent is subject to revocation at any time,
(7) Date which consent will expire if not revoked before.

24. Cx Screening (65D-30.004 (12)(c)(2), 65D-30.0042 (1)) Screening information: If the screening is not completed by a qualified professional, then it shall be countersigned and dated by a qualified professional.

25. Cx STD & TB Tests (65D-30.0042 (2)(a)(6)) Tests for Sexually Transmitted Diseases and Tuberculosis. A screening for sexually transmitted diseases, HIV, hepatitis, and tuberculosis shall be conducted. For a screening result indicating the individual is at-risk for any of these conditions, the provider shall conduct testing or make testing available through appropriate referral, in instances where a provider cannot or does not provide the testing. The individual may refuse the screening or the testing, and the provider shall document the refusal.

26. Cx Transfer (65D-30.004(22)(b)) A transfer summary in accordance with policies and procedures shall be completed immediately for individuals who transfer from one (1) component to another within the same provider and shall be completed within 5 calendar days when transferring from one (1) provider to another. In all cases, an entry shall be made in the individual's clinical record regarding the circumstances surrounding the transfer and that entry and transfer summary shall be signed and dated by a primary counselor within 15 days.

27. Cx Trx Plan (65D-30.0043(3)) An abbreviated treatment plan, as defined in subsection 65D-30.002(1), F.A.C., shall be completed upon placement. This is a preliminary, written plan of goals and objectives intended to inform the individual of service expectations and to prepare the individual for service provision. The abbreviated treatment plan shall include a medical plan for stabilization and detoxification, provision of education, therapeutic activities and discharge planning.

28. Daily Activities (65D-30.002(27)) Are recreational and educational activities provided daily and is client participation documented in the clinical record?

29. Orientation (65D-30) Is overdose prevention information (1. Education about the risks of overdose, including having a lower tolerance for opioids if the individual is participating in an abstinence-based treatment program or is being discharged from a medication-assisted treatment program. 2. Information about Naloxone, the medication that reverses opioid overdose, including how to use Naloxone and where and how to access it.) shared with individuals upon admission?

30. Wait List (65D-30) Is overdose prevention information (Education about the risks of overdose, including having a lower tolerance for opioids if the individual is participating in an abstinence-based treatment program or is being discharged from a medication-assisted treatment program.2. Information about Naloxone, the medication that reverses opioid overdose, including how to use Naloxone and where and how to access it.) offered to individuals placed on a waitlist to receive treatment services?