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1 What parts of the draft rules do you believe are effective?

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1. Overall, the draft rules preserve the program components and staffing requirements that are currently in place within Level IV Rural Substance Abuse Transitional Facilities. We are pleased that we will be able to bill separately for counseling services provided by qualified personnel.

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answered question 1

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2. How can the draft rules be improved?

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1. The draft rules still contain a provision that the initial assessment be reviewed by a registered nurse within 24 hours of admission if the assessment was performed by an EMT. This would prove a hardship for

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2 How can the draft rules be improved?

facilities not currently employing a registered nurse. We would appreciate consideration being given to having the initial assessment reviewed by a BHP within 72 hours of admission to account for weekends. We have also noticed that upon discharge, an individual must have a discharge order written by a medical practitioner. Given that the facility and its program are not medically supervised or managed, we are curious why a medical practitioner would need to sign a discharge order, especially if a consumer does not require a medical practitioner order for admission? This requirement would also place a burden on facilities that do not have a medical practitioner associated with its program.

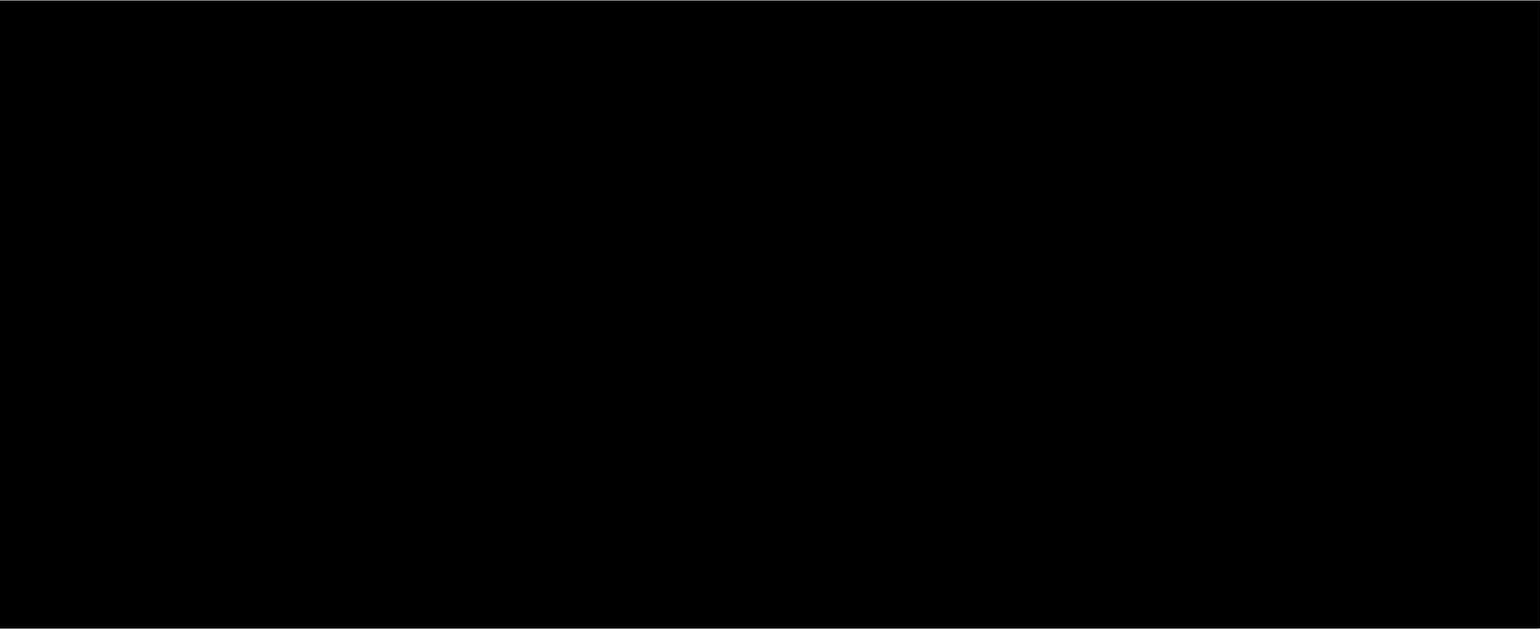
answered question **1**
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3 Has anything been left out that should be in the rules?

Response
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0

answered question **0**
skipped question **1**



This looks very good and am meeting with Laurel this morning at 1115 so will re-review with her also. One question in R9-10-1047 (B)(1)(a), could it be changed from physician to medical practitioner? NPs may be more available via telemed at 0200 than a Doc other than the sites where a nurse is on duty that can call for a Physician order.

Also this may be a little late in the game but can something be added with monitoring the manifestation of withdrawal and reviewed by a RN who is available or on-call? The only reason I point this out is because most of the folks who come through are actively under the influence and 76% have some sort of medical issue (diabetes, asthma, high blood pressure, etc.). The combination of active withdrawal that meets medical necessity criteria for a Level I Sub-Acute admission for detox combined with exiting medical issues can be dangerous.

May have more after meeting with Laurel today and will email you later

Thanks,

John

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