



ADMINISTRATIVE RULES OF MONTANA

24.156.429 QUALIFICATION CRITERIA FOR EVALUATION AND TREATMENT PROVIDERS

- (1) The physician assistance program will make appropriate referrals to qualified programs for evaluation and treatment based on the participant's needs.
- (2) To be qualified, an evaluation program must meet the following criteria:
 - (a) possess the knowledge, experience, staff, and referral resources necessary to fully evaluate the forensic and clinical condition(s) of impairment in question;
 - (b) adhere to all applicable federal and state confidentiality statutes and regulations;
 - (c) have no actual or perceived conflicts of interest between the evaluator and the referent or patient which includes:
 - (i) no secondary gain may accrue to the evaluator dependent on evaluation findings/outcome;
 - (ii) there can be no current treatment relationship with the professional being evaluated; and
 - (iii) the evaluator cannot be affiliated with the entity requiring the evaluation;
 - (d) keep the physician assistance program fully advised throughout the evaluation process;
 - (e) have resources available to conduct a secondary intervention as indicated/needed at the time diagnoses and recommendations are discussed;
 - (f) have immediate access to medical and psychiatric hospitalization if needed;
 - (g) be able to arrange for timely intake and admission;
 - (h) fully disclose costs prior to admission;
 - (i) evaluate all causes of impairment, including:
 - (i) mental illness;
 - (ii) chemical dependency and other addictions;
 - (iii) dual diagnosis;
 - (iv) behavioral problems including: sexual harassment, disruptive behaviors, abusive behaviors, criminal conduct; and
 - (v) physical illness including: neurological disorders and geriatric decline;
 - (j) employ standardized psychological tests and questionnaires during the evaluation process;

- (k) conduct comprehensive and discrete collateral interviews of colleagues and significant others to develop an unbiased picture of all circumstances, behavior, and functioning;
 - (l) make rehabilitation/treatment recommendations; and
 - (m) have resources and qualified staff to complete a multidisciplinary assessment if recommended.
- (3) To be qualified, a treatment program must meet the following criteria:
- (a) meet criteria as listed in (2);
 - (b) allow physician assistance program staff to visit the treatment site and the referred patients;
 - (c) maintain a business office capable of and willing to work with insurance providers and assist indigent physicians with payment plans;
 - (d) have a peer professional patient population and a staff accustomed to treating this population;
 - (e) make appropriate referrals when faced with a patient who has an illness/issue that is outside of the program's area of expertise;
 - (f) maintain a staff-to-patient ratio conducive to each patient receiving individualized attention;
 - (g) inform the physician assistance program throughout the treatment process through calls from the therapists involved, as well as written reports. Type and frequency of contact may be arranged with the physician assistance program, but in all cases should occur no less than monthly;
 - (h) include a strong family program;
 - (i) report immediately to the physician assistance program, a patient's threat to leave against medical advice, any discharges against medical advice, therapeutic discharges, any other irregular discharge or transfer, hospitalization, positive urine drug screen, noncompliance, significant change in treatment protocol, significant family or workplace issues, or other unusual occurrences;
 - (j) specifically, the staff must be vigilant in screening for, identifying, and diagnosing covert co-occurring addictions and comorbid psychiatric illnesses and address these concurrently with the presenting illness. This includes appropriately assessing and managing concurrent chronic pain diagnoses (in house, consultative, and/or referral capacity);
 - (k) use a multidisciplinary team approach and include psychological, psychiatric, and medical stabilization;
 - (l) provide disclosure of full fees upfront;
 - (m) offer a flexible payment plan for the varied income levels of participants, but the patient should make some financial investment into the treatment process;
 - (n) determine clinically justified length of residential stay;
 - (o) maintain complete and appropriate records to fully defend diagnoses, treatment, and recommendations; and

- (p) provide discharge planning and coordination, including documentation of final diagnoses, recommendations for return to work, and aftercare recommendations.
- (4) A treatment program that offers substance use disorder treatment must also meet the following:
 - (a) use an abstinence-based model with provision for appropriate psychoactive medication as prescribed. In rare cases that are refractory to abstinence-based treatment, alternative evidence-based approaches should be considered;
 - (b) make available, when a 12-step model is utilized for substance use disorders, appropriate therapeutic alternatives (acceptable to the physician assistance program) to participants with religious or philosophical objections;
 - (c) provide a strong family program. The family program component should focus on disease education, family dynamics, and supportive communities for family members. Family/significant other needs must be accessed early in the process and participation with family/significant other programs and family and individual therapy and treatment encouraged;
 - (d) offer treatment services that include:
 - (i) intervention and denial reduction;
 - (ii) detoxification; and
 - (iii) ongoing assessment and treatment of patient needs throughout treatment, with referral for additional specialty evaluation and treatment as appropriate;
 - (e) offer family treatment;
 - (f) offer group and individual therapy;
 - (g) offer educational programs;
 - (h) offer mutual support experience (e.g. AA/NA/etc.) and appropriate alternatives when indicated;
 - (i) develop a continuing care plan and sobriety support system for each participant;
 - (j) offer relapse prevention training;
 - (k) assess return to work/fitness to practice prior to discharge; and
 - (l) extend treatment options when indicated.
- (5) The physician assistance program will maintain a current list of qualified programs available to accept referrals for evaluation and treatment.

Authorizing statute(s): 37-3-203, 37-1-131, MCA

Implementing statute(s): 37-3-203, MCA

History: NEW, 2010 MAR p. 2729, Eff. 11/27/10.