

NORTH DAKOTA

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Types of Facilities

Mental Health (MH): North Dakota does not regulate MH residential treatment facilities.

Substance Use Disorder (SUD): North Dakota regulates Clinically Managed Residential Services, in accordance with ASAM levels of low (3.1) and high-intensity (3.5). Each level corresponds to extent of clinical services delivered per day or week and varies by specification of treatment requirements. North Dakota also regulates alcohol and drug detoxification services in a residential setting as Social Detoxification ASAM Level 3.2-D. No other regulated SUD residential treatment facility types were identified.

Unregulated Facilities: If there are MH residential treatment facilities in North Dakota, they are unregulated.

Approach

Substance Use Disorder (SUD): The North Dakota Department of Human Services (DHS) regulates all SUD residential treatment facilities regardless of funding source.

Processes of Licensure or Certification and Accreditation

Substance Use Disorder (SUD): Facilities require licensure by the DHS for operation.

- Accreditation is not required but proof of accreditation by a nationally recognized body that reviews and certifies providers of drug and alcohol services means that a license will be issued.
- A facility may be provisionally licensed for as long as one year or have a restricted license for no more than 90 days. Unrestricted licensure duration is no longer than 2 years.
- Onsite review is required to obtain an unrestricted license and at least biennially to determine continued compliance with the regulatory standards.

- A Certificate of Need is not required for operation of SUD residential facilities.

Cause-Based Monitoring

Substance Use Disorder (SUD): The DHS performs onsite reviews at licensure renewals and may conduct scheduled or unscheduled visits at other times. A plan of corrective action may be required, and licensure may be suspended or revoked.

Access Requirements

Substance Use Disorder (SUD): Wait-time requirements were not found but all SUD facilities must conform to applicable legal requirements of all governmental and legally authorized agencies under whose authority it operates, to include accessibility, affirmative action, and equal employment opportunity.

Staffing

Substance Use Disorder (SUD): Substance use treatment programs must employ sufficient and qualified staff members to meet the needs of the clients, have a policy regarding verification of staff qualification, maintain documentation regarding volunteers or consultants, maintain personnel files, and have a written employment policy related to nondiscrimination. All residential treatment facilities must provide staff twenty-four hours per day. High-intensity residential treatment facilities must include onsite, twenty-four hour per day clinical staffing by licensed counselors, other clinicians, and other allied health professionals such as counselor aides. Social detoxification facilities must provide: (a) a trained staff member familiar with complications associated with alcohol and other drug use and with community resources awake on all shifts; (b) awake staff twenty-four hours per day to monitor clients' conditions; and (c) staff trained in admission, monitoring skills, including signs and symptoms of alcohol and other drug intoxication and withdrawal as well as appropriate treatment of those conditions, supportive care, basic cardiopulmonary resuscitation technique, assessment, and referral procedures.

Placement

Substance Use Disorder (SUD): Each residential SUD facility must implement written criteria for client admission for each of the program's levels of care based on the DSM and the ASAM patient placement criteria and policies for client admission. A program may not admit a client that does not meet those criteria. Placement criteria for low- and high-intensity residential treatment correspond to ASAM levels 3.1 and 3.5 placement criteria. For social detoxification,

the client must meet the diagnostic criteria for a substance-induced disorder of the current DSM and current clearance by a physician or a CIWA-Ar score of less than eight and the presence of any of the following: (1) Diffuse mild central nervous system symptoms such as specific: (a) cerebral symptoms; (b) coordination symptoms; (c) reflex abnormalities; or (d) motor abnormalities. (2) Onset of any stated symptoms listed in subsection 1 over a few hours. (3) Intoxication. (4) The absence of other more serious symptoms, including medical or psychiatric histories of significant problems and the absence of suicidal ideations or suicidal ideation of low lethality without plan or means. (5) Presence of any one of several physical findings. (6) Ability to comprehend and function in an ambulatory setting.

Treatment and Discharge Planning and Aftercare Services

Substance Use Disorder (SUD): All residential SUD treatment and detoxification facilities are required to develop an individualized treatment plans that includes discharge/aftercare requirements. For the social detoxification setting, the preliminary individualized treatment plan must include problem identification in ASAM PPC dimensions two through six and development of treatment goals and measurable treatment objectives and activities designed to meet those objectives. Individual treatment plans must be created in the following timeframes: (a) By the end of the first day for a client in a social detoxification program; and (b) By the end of the fifth working day for a client receiving low-intensity and high-intensity residential treatment. Review of plans is required at least every month in low-intensity residential treatment and every week for high-intensity residential treatment. Referrals and recommendations for additional treatment must be part of the treatment or discharge plan. When a client is transferred, the discharge summary must include a discharge plan which identifies the treatment goals not yet achieved as well as any problems that have been deferred for treatment by a subsequent provider. For the social detoxification setting, the facility must have a clearly defined policy for discharge and transfer of a client to another level of care.

Treatment Services

Substance Use Disorder (SUD): The general requirements for SUD treatment programs include that the services are coordinated, integrated, and address goals that reflect the client's informed choice. Services essential to the attainment of a client's goals and objectives must be provided or it must be documented that attempts were made to provide such services either through staff members or through formal affiliation or consultation arrangements with or referral to appropriate agencies or individuals. The requirements for services in the three categories of residential SUD treatment facilities follow those of the ASAM standards, including requirement regarding hours or other extent of clinical services, the focus of services, and, for high-intensity residential programs, daily clinical services which include, among other things, a range of cognitive, behavioral, and other therapies in individual or group therapy and psychoeducation as deemed appropriate by an assessment and treatment plan; motivational

enhancement and engagement strategies appropriate to the client's stage of readiness to change; counseling and clinical interventions to teach a client the skills needed for daily productive activity, prosocial behavior, and reintegration into family or community. The social detoxification program, among other things, must have hospital affiliation; available specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive problems; linkage with providers of other levels of care so the client may begin a therapeutic process as soon as the client is physically and mentally able to do so; administer a range of cognitive, behavioral, medical, mental health, and other therapies on an individual or group basis designed to meet the client's ability to participate in order to enhance the client's understanding of addiction, the completion of the detoxification process, and referral to an appropriate level of care for continuing treatment.

Patient Rights and Safety Standards

Substance Use Disorder (SUD): All SUD treatment facilities must assure certain client rights, including but not limited to, the right to dignity, nondiscrimination, confidentiality, and freedom from abuse. Programs must provide services reflecting the needs of each gender and must provide information on client rights in a language the client understands. Programs must develop a complaint/grievance process and must document critical incidents in the person's record. Researchers did not locate restrictions on restraint or seclusion nor requirements for reporting critical incidents.

Quality Assurance or Improvement

Substance Use Disorder (SUD): All SUD treatment facilities must implement an established written system that provides for internal, professional review of the quality and appropriateness of the program of services for the client. A program shall implement a written quality assurance plan and designate an employee to coordinate that plan. A program shall implement a written policy that provides that peer review must occur at least quarterly and must involve a representative sampling of clients served. The review must be conducted irrespective of sources of funding for the clients and the documented results of the review must:

- Produce a documented list of areas needing improvement and actions taken.
- Be integrated into the individual planning, plan evaluation, and program management activities for the client.
- Be administratively used, in conjunction with results of consume satisfaction surveys, in program evaluation activities, and in organizational planning.

- Be reviewed at least annually by the program's administration.

Governance

Substance Use Disorder (SUD): A program must identify to the department an individual or entity that is responsible for the conduct of the program; implement a written policy governing the operation of services including admission procedures, discharge procedures, client grievance procedures, scope of service, treatment plans, staffing patterns, outside referrals, and continued or follow-up treatment; conform to applicable legal requirements and regulations of all governmental and legally authorized agencies under whose authority it operates, to include accessibility, affirmative action, equal employment opportunity, health and safety, and licensure; and be responsible for providing qualified personnel, facilities, and equipment needed to carry out the goals and objectives and meet the needs of the clients.

Special Populations

No requirements regarding special populations were located.

Location of Regulatory and Licensing Requirements

Article 75-09. Chapter 75-09.1-01 General Standards for Substance Abuse Treatment Programs (All)¹; Chapter 75-09.1-02 Clinically Managed Low-Intensity Residential Care--Adult ASAM Level III.1²; Chapter 75-09.1-03 Clinically Managed High-Intensity Residential Care--Adult ASAM Level III.5³; Chapter 75-09.1-08 Social Detoxification ASAM Level III.2-D⁴. Regulatory data collected May 17, 2019.

Other Information Sources

L. Graham and N. Berman (DHS); National Conference of State Legislatures CON Program Overview, <http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

¹ See <https://www.legis.nd.gov/information/acdata/pdf/75-09.1-01.pdf>.

² See <https://www.legis.nd.gov/information/acdata/pdf/75-09.1-02.pdf>.

³ See <https://www.legis.nd.gov/information/acdata/pdf/75-09.1-03.pdf>.

⁴ See <https://www.legis.nd.gov/information/acdata/pdf/75-09.1-08.pdf>.

NORTH DAKOTA MEDICAID

This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.

Approach

The North Dakota Department of Human Services (DHS) oversees the state Medicaid program. North Dakota does not have a Section 1115 waiver that affects reimbursement of residential services within Institutions for Mental Diseases (IMDs). It has historically relied to some extent on Disproportionate Share Hospital (DSH) payments but not the in lieu of provision to reimburse services in IMDs.

Types of Facilities

Mental Health (MH): No evidence of coverage of MH residential treatment facilities for adults was located.

Substance Use Disorder (SUD): No evidence of coverage of SUD residential treatment facilities for adults was located.

Processes of Medicaid Enrollment

To participate in the North Dakota Medicaid program, health care providers either must be certified to participate in Medicare or satisfy other standards. An application must be made, which can be denied, and a provider agreement signed. Providers are subject to sanctions and must apply with all applicable statutes and regulations.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based staffing requirements for residential treatment facilities for adults was located.

Placement

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based placement requirements for residential treatment facilities for adults was located.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based treatment or discharge planning or aftercare service requirements for residential treatment facilities for adults was located.

Treatment Services

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based treatment service requirements for residential treatment facilities for adults was located.

Care Coordination

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based care coordination requirements for residential treatment facilities for adults was located.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based quality assurance or improvement requirements for residential treatment facilities for adults was located.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based special population requirements for residential treatment facilities for adults was located.

Location of Medicaid Requirements

North Dakota Administrative Code Article 75-02-02⁵. Regulatory data collected December 2019.

⁵ See <https://www.legis.nd.gov/information/acdata/html/75-02.html>.

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 <http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services>

This state summary is part of the report **“State Residential Treatment for Behavioral Health Conditions: Regulation and Policy”**. The full report and other state summaries are available at <https://aspe.hhs.gov/state-bh-residential-treatment>.