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KRS 222.005(3), 439.250, 439.268, 908 KAR 1:370	30.7	7
	**	July 20, 2021
	DOC Approved Substance Abuse Program Parole Compliance Credits and Probation Program Credits	

I. DEFINITIONS

“Alcohol and other drug treatment entity” or “AODE” is defined by 908 KAR 1:370 Sec. 1(3).

“Approved provider or approved program” means any AODE or psychiatric hospital licensed program, hospitals that have licensed chemical dependency beds, or hospitals with licensed psychiatric beds designated for co-occurring disorder clients, that provides treatment for substance use disorder that has agreed to provide Department of Corrections (DOC) with ongoing documentation of program compliance and progress of a supervised individual who is on probation or parole and has been approved by the DOC.

“Client” means an offender under probation and parole supervision who is participating or seeking to participate in a treatment program to receive program good time credit.

“Evidence based curriculum” means practices that have been vetted through rigorous research.

“Memo of Understanding or MOU” means a document that describes the broad outlines of an agreement that two or more parties have reached and communicates the mutually accepted expectations of all parties involved in the agreement.

“Parole compliance credit” is defined in KRS 439.250.

“Probation program credit” is defined in CPP 30.4.

II. POLICY and PROCEDURE

The program shall be a recognized Kentucky Department of Corrections (DOC) approved substance use disorder service provider whose treatment programming meets criteria allowing DOC to grant program good time credit. Programs who are interested in becoming a DOC approved providers shall follow the application process. Accepted programs shall be maintained on the DOC approved provider list that shall be available for review on the DOC website and used by Probation and Parole staff and Addiction Services clinicians. The providers on the DOC approved provider list shall be qualified to receive

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referrals to administer evaluations, treatment, and assessment services to clients on misdemeanor supervision, pre-trial diversion, probation, mandatory reentry supervision (MRS), and parole and are statutorily eligible may receive program good time credit upon the completion of the program.

A. Program Approval Criteria

1. Have a current site-specific AODE license issued by the Cabinet for Health and Family Services (CHFS) and shall be in good standing with their AODE licensure by complying with and maintaining all requirements in 908 KAR 1:370. An agency site license shall not be accepted. A psychiatric hospital license issued by CHFS, a hospital that has licensed chemical dependency beds, or hospitals with licensed psychiatric beds designated for co-occurring disorder clients shall also meet program approval criteria.
2. Use an evidence based program curriculum approved by the DOC.
3. Programs may offer several levels of care that may qualify to become a DOC Approved Provider. An applicant shall meet one of the following levels of the ASAM criteria:
 - a. Level II-intensive outpatient treatment/partial hospitalization;
 - b. Level III-residential clinically managed/medically monitored intensive inpatient treatment; or
 - c. Level IV-medically managed intensive inpatient treatment

B. Application Process

An applicant shall complete and submit an application for review to the Division of Addiction Services with the following criteria:

1. Provide documentation of all program staff education and verification of any professional license or certification related to counseling.
2. Provide a current site-specific AODE or psychiatric license issued by the Cabinet for Health and Family Services (CHFS).
3. Provide documentation of current treatment plan.
4. Provide a list of all program staff, including administrative staff not involved in the provision of treatment.

C. Denial of Application Appeal Process

1. If the application is denied approval, a program may appeal the decision in writing within thirty (30) calendar days of receipt of the denial. A program may provide additional supporting documents in their appeal request to the DOC. The appeal shall be reviewed and a decision shall be rendered within

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thirty (30) calendar days. A program shall be notified of the decision in writing. A program shall have one (1) appeal per calendar year.

2. Applications and appeals shall be submitted by mail or email at the following address:

Kentucky Department of Corrections
Division of Addiction Services
Sarah Johnson, Director
P.O. Box 2400
Frankfort, KY 40601
SarahG.Johnson@ky.gov

B. Parole Compliance Credit and Probation Program Credit

The amount of parole compliance credit or probation program credit earned shall be based on the length of the client's time in the treatment program. A client's absence shall be considered when calculating the duration of treatment. Clients shall be in compliance to receive parole compliance credit or probation program credit with the program requirements for completion and with their ongoing supervision with Probation and Parole.

1. Parole compliance credit or probation program credit may be awarded based on days in the program as follows:
 - a. 28 days – 59 days = 30 days of parole compliance or probation program credit.
 - b. 60 days – 90 days = 60 days of parole compliance or probation program credit.
 - c. 91 days – 180 days = 90 days of parole compliance or probation program credit.

2. Appeal Process for Clients

The client shall have fourteen (14) days to submit an appeal in writing to KDOC. If the appeal is granted, DOC may request that the client return to the treatment agency from which they were terminated or may elect to send the client to a new agency to complete the remainder of the program. A designated KDOC staff shall determine the amount of parole compliance credit or probation program credit the client is eligible to receive.

3. Discharged and Terminated Clients

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If a client is discharged or terminated, the program shall provide a copy of any discharges or terminations of clients within seven (7) business days. Terminations may be sent through United States Postal Service, email, or other agreed upon communication with the client. A discharge or termination letter shall include a statement detailing the DOC appeal process.

C. Accountability

Approved providers shall provide to DOC monthly reports and timely communication and program completion certificates in order for a client to be eligible to earn program good time credit. DOC shall provide format of monthly reports. Approved programs shall submit their monthly report by the fifth (5th) of the following month.

1. Monthly reports shall include:
 - a. Attendance and absences of clients;
 - b. Drug tests dates and results for clients;
 - c. Program participation status: completions, terminations, discharges-(administrative and referrals for additional services);
 - d. Client progress;
 - e. Clients on medications for addiction treatment participation with dates of injections;
 - f. Approval of Medicaid or insurance status;
 - g. Significant clinical staff change;
 - h. Number of KDOC clients;
 - i. Number of KDOC intakes;
 - j. Referrals to an additional level of care; and
 - k. Satisfaction survey results.
2. A program shall provide a DOC client with a satisfaction survey at least once during the client's participation.
3. A program shall inform DOC of grievances filed by DOC. Clients shall allow DOC to review and address grievances as deemed necessary.
4. A program shall notify DOC of the appropriate referral process, paperwork, and contact person for referring clients for services.

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5. A program shall allow representatives from DOC to visit the program for a review of services as deemed necessary.
6. A program shall provide discharge summaries that include terminations, completions, and referrals to other levels of care.
7. A program shall have the contact information for the DOC ombudsman clearly posted or easily accessible to all DOC clients in the program.
8. During the intake process, a program shall obtain a release of information authorizing communication with the client and DOC.
9. A program shall use an evidence based assessment instrument and ensure that all clients meet the criteria for admission into the program for services.
10. If a program finds that a client in the program is on supervision with the DOC, it shall notify the DOC to determine if the client is eligible for program good time credit.
11. A program that cannot accommodate a client's needs shall refer the client to the program of his choice for education or treatment and refrain from referring a client to level of care that is not in his best interest.
12. The program shall notify DOC of any changes in a client's recommended level of care.
13. A program shall not keep a client in treatment longer than is necessary to address the client's treatment and recovery needs.
14. A program shall not knowingly present false or misleading information to a client or misrepresent the policies of DOC.
15. A program shall not engage in unethical practices and shall abide by the code of ethics set forth by the Kentucky Board of Alcohol and Drug Counselors.
16. A program shall comply with applicable Federal civil rights laws and shall not discriminate based on race, color, national origin, age, disability or sex, including discrimination based on pregnancy, gender identity and sex stereotyping. A program shall not exclude people or treat them differently because of race, color, national origin, age, disability or sex, including discrimination based on pregnancy, gender identity and sex stereotyping.
17. A program shall notify DOC immediately of changes in AODE license status or deficiencies that may affect a program from providing services to clients.

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18. Program staff on active supervision with Probation and Parole shall not oversee drug screens, attendance records, charts, reports, terminations or other matters that could potentially negatively impact treatment or supervision status.
19. Program staff on active supervision with Probation and Parole may function in a leadership role with others who are not on active Probation and Parole supervision.
20. Staff in a leadership role may participate in such duties once they successfully complete Probation and Parole supervision.

D. Program Referral of Clients

An approved provider list of identified programs shall be maintained for all DOC clients to choose treatment programs. DOC shall not require that a client choose a specific provider if the client is self-pay. Upon selection of a provider, a client shall be advised that completing treatment with an approved provider may allow program good time credit that may be applied toward the client's sentence by the DOC.

E. Dissolution of the Agreement and Non-Compliance

1. The program or DOC may choose to end the agreement and remove the provider from the DOC approved program list at any time. Each party shall abide within the terms of the Memo of Understanding (MOU). DOC may immediately remove any provider if issues with compliance are substantiated.
2. Causes of immediate dissolution of the MOU may include:
 - a. AODE or psychiatric license is removed;
 - b. Staff misconduct;
 - c. Ethics violations;
 - d. Discrimination;
 - e. Failure to communicate with KDOC within thirty (30) days;
 - f. Failure to submit program monthly reports;
 - g. Failure to submit client monthly reports; or
 - h. Failure to submit timely discharges.

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3. If non-compliance is indicated, the DOC shall provide a program with notice of intent to remove and shall provide a program an appeal process. A program choosing to appeal the decision, shall have thirty (30) calendar days to submit written documentation of request for reconsideration. During the pending appeal process, a program shall be removed from the approved list. If the program is removed from approved status, a designated DOC staff shall notify active clients that their program good time credit may be affected. The client shall have the opportunity to remain in the program or may request to be referred to a similar program. The appeal shall be reviewed and a decision shall be rendered within thirty (30) calendar days of receipt. A program shall be notified of the decision in writing.
4. A program that is denied an appeal may submit their appeal by United States Postal Services or email to the following addresses.

Kentucky Department of Corrections
Division of Addiction Services
Sarah Johnson, Director
P.O. Box 2400
Frankfort, KY 40601
SarahG.Johnson@ky.gov

- F. A program that is removed from the list, may choose to apply in the following calendar year after the deficiencies have been addressed. If a program chooses not to apply or reapply for DOC approval shall not prevent DOC clients from receiving private pay services from any AODE program that is licensed by CHFS. It will only affect the eligibility of the clients to parole compliance credit or probation program credit for the completion of the program.