

Paragraph 1 of subdivision (c) of section 822.2 is amended to read as follows:

(c) Each outpatient service must directly provide the following:

1) individual counseling. OASAS recognizes that individual counseling is a critical element of chemical dependence treatment and patient-centered care. Individual counseling is a requirement that must be provided with a frequency and intensity consistent with the individual needs of each unique patient, as prescribed by the primary counselor and the multi-disciplinary team in the treatment plan. Individual counseling sessions must be of at least 30 minutes in duration and be with the individual patient's primary counselor or another appropriate member of the treatment staff, depending on the individual needs of the patient and as identified in the individual treatment plan.

Paragraphs 1 and 2 of subdivision (b) of section 822.4 is amended to read as follows:

(b) *Physical examination.* (1) For those patients who do not have an available medical history and no physical examination has been performed within 12 months, each such patient shall be assessed face-to-face by a member of the medical staff within 45 days of admission to ascertain the need for a physical examination. If a physical examination is determined to be indicated, a referral shall be made for a physical examination to be conducted by a physician, physician's assistant, or a nurse practitioner. The physical examination may include but shall not be limited to the investigation of, and if appropriate, screenings for: infectious diseases, including, but not limited to, an intradermal PPD; pulmonary, cardiac or liver abnormalities; and physical and/or mental limitations or disabilities which may require special services or attention during treatment.

(2) If the patient has a medical history available and has had a physical examination performed within 12 months prior to admission, or if the patient is being admitted directly to the outpatient service from another chemical dependence service authorized by the Office, the existing medical history and physical examination documentation may be used to comply with the requirements of this Part, provided *within 45 days after*

admission that such documentation has been reviewed by a medical staff member and determined to be current and accurate.

Subdivision (c) of section 822.6 is amended to read as follows:

(c) The utilization review plan shall include procedures for ensuring that retention criteria are met and services are appropriate. The utilization review plan shall consider the needs of a representative sample of patients for continued treatment, the extent of the chemical dependence problem, and the continued effectiveness of, and progress in, treatment. At a minimum, utilization review shall include separate random samples based upon a patient's length of stay, with larger samples for patients with longer lengths of stay. Utilization review shall also be conducted for all active cases on the 365th day after admission and every 90 days thereafter.