



RULE-MAKING ORDER

PERMANENT RULE ONLY

CR-103P (December 2017)
(Implements RCW 34.05.360)

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: May 29, 2025

TIME: 7:32 AM

WSR 25-12-048

Agency: Department of Health

Effective date of rule:

Permanent Rules

- ☒ 31 days after filing.
☐ Other (specify) _____ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

- ☐ Yes ☒ No If Yes, explain:

Purpose: Behavioral Health Agency (BHA) rules concerning reporting information about early release of individuals receiving substance use disorder (SUD) treatment. The Department of Health (department) is adopting updates to WAC 246-341-1108. The purpose of the updates are to alleviate barriers that prevent individuals from completing SUD treatment by requiring BHAs to report to the department each instance an individual is released prior to completion of the clinical determination of treatment as required by Second Substitute Senate Bill (2SSB) 6228 (chapter 366, Laws of 2024). The updates require BHAs to report the circumstances that led to the early release, including if the early release was voluntary or involuntary, efforts made to avoid the early release, and efforts made to establish a safe discharge plan.

Citation of rules affected by this order:

New: None
Repealed: None
Amended: WAC 246-341-1108
Suspended: None

Statutory authority for adoption: RCW 71.24.037 and 71.24.847

Other authority: None

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 25-08-014 on 03/24/2025 (date).

Describe any changes other than editing from proposed to adopted version: No changes were made.

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name:
Address:
Phone:
Fax:
TTY:
Email:
Web site:
Other:

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Federal rules or standards:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Recently enacted state statutes:	New	<u>0</u>	Amended	<u>1</u>	Repealed	<u>0</u>

The number of sections adopted at the request of a nongovernmental entity:

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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The number of sections adopted on the agency's own initiative:

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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The number of sections adopted using:

Negotiated rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Pilot rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Other alternative rule making:	New	<u>0</u>	Amended	<u>1</u>	Repealed	<u>0</u>

Date Adopted: 5/29/2025

Name: Kristin Peterson, JD for Jessica Todorovich, MS

Title: Chief of Policy for Acting Secretary of Health

Signature:



WAC 246-341-1108 Residential and inpatient substance use disorder treatment services—Service standards. Residential substance use disorder treatment services provide substance use disorder treatment for an individual in a facility with 24 hours a day supervision.

(1) An agency providing residential and inpatient substance use disorder treatment services must:

(a) Provide education to each individual admitted to the treatment facility on:

- (i) Substance use disorders;
- (ii) Relapse prevention;
- (iii) Bloodborne pathogens;
- (iv) Tuberculosis (TB);
- (v) Emotional, physical, and sexual abuse; and
- (vi) Nicotine use disorder;

(b) Maintain a list or source of resources, including self-help groups, and referral options that can be used by staff to refer an individual to appropriate services; and

(c) Develop and implement written procedures for:

- (i) Urinalysis and drug testing, including laboratory testing; and
- (ii) How agency staff members respond to medical and psychiatric emergencies.

(2) An agency that provides services to a pregnant woman must:

(a) Develop and implement a written procedure to address specific issues regarding the woman's pregnancy and prenatal care needs;

(b) Provide referral information to applicable resources; and

(c) Provide education on the impact of substance use during pregnancy, risks to the developing fetus, and the importance of informing medical practitioners of substance use during pregnancy.

(3) An agency that provides an assessment to an individual under RCW 46.61.5056 must also meet the requirements for driving under the influence (DUI) assessment providers in WAC 246-341-0820.

(4) Inform individuals of their treatment options so they can make individualized choices for their treatment. This includes, as applicable, the initiation, continuation, or discontinuation of medications for substance use disorders.

(5) For individuals choosing to initiate or continue medications for their substance use disorder, make available on-site or facilitate off-site access to continue or initiate Federal Drug Administration (FDA)-approved medication for any substance use disorder, when clinically appropriate, as determined by a medical practitioner.

(6) Provide continuity of care that allows individuals to receive timely and appropriate follow up services upon discharge and, if applicable, allows the individual to continue medications with no missed doses.

(7) In addition to the requirements in WAC 246-341-0640, document in the individual service record:

(a) The individual being informed of their treatment options, including the use of medications for substance use disorder;

(b) The continuation or initiation of FDA-approved medication for substance use disorder treatment that has been provided on-site or facilitated off-site, if applicable;

(c) Referrals made to behavioral health providers, including documentation that a discharge summary was provided to the receiving behavioral health provider as allowed under 42 C.F.R. Part 2; and

(d) Contact or attempts to follow up with the individual post-discharge, including the date of correspondence.

(8) An agency may not deny admission based solely on an individual taking FDA-approved medications, under the supervision of a medical provider, for their substance use disorder or require titration of dosages in order to be admitted or remain in the program.

(9) All behavioral health agencies providing voluntary inpatient or residential substance use disorder treatment services or withdrawal management services shall submit a report to the department for each instance in which a person receiving services either:

(a) Was transferred or discharged from the facility by the agency without the person's consent including, but not limited to, when the person was:

(i) Administratively discharged against their will;

(ii) Discharged or transferred after completing treatment against their will;

(iii) Transferred to another facility against their will;

(iv) Discharged or transferred due to financial reasons against their will; or

(b) Released the person's self from the facility prior to a clinical determination that the person had completed treatment.

(10) All reports required in subsection (9) of this section must be submitted within 30 calendar days of occurrence on the department approved form and include the following information as applicable to a person's discharge or transfer:

(a) Whether the departure was voluntary or involuntary;

(b) The extent to which a therapeutic progressive disciplinary process was applied;

(c) The person's self-reported understanding of the reasons for discharge;

(d) The efforts that were made to avert the discharge; and

(e) The efforts that were made to establish a safe discharge or transfer plan prior to the person leaving the facility.

(11) Subsections (9) and (10) of this section do not apply to hospitals licensed under chapter 70.41 RCW and psychiatric hospitals licensed under chapter 71.12 RCW.