

**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**

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**ADP BULLETIN**

Title  Updated Medical Forms for Clients and Facility Personnel		Issue Date: Nov. 30, 2011 Expiration Date: N/A	Issue No.  11-16 (revised )
Deputy Director Approval  MILLICENT GOMES Acting Deputy Director Licensing and Certification Division	Function: [ ] Information Management [ X] Quality Assurance [ ] Service Delivery [ ] Fiscal [ ] Administration [ ] Other	Supersedes Bulletin/ADP Letter No.  N/A	

**PURPOSE**

This bulletin updates the health questionnaire requirements for participants and facility personnel.

**DISCUSSION**

ADP has recently received information from providers that the self-certifying health questionnaire (ADP 10100-A-E) for staff of outpatient facilities may potentially lead to discriminatory practices against facility personnel. In response to these concerns, ADP has created a new self-certifying health questionnaire form, ADP 100225, for staff of outpatient facilities only.

If staff does not wish to complete the self-certifying health questionnaire, they must complete the Health Screening Report, ADP 100223, which must be signed by a health professional (physician, nurse practitioner, etc.). The ADP 100226 has also been revised to eliminate non-pertinent questions and information.

ADP has also revised the health questionnaire form for clients (ADP 10100-A-E), which has resulted in an updated form number, ADP 100226. This form had minor revisions in order for the Department to be in compliance with HIPAA requirements.

Please discontinue the use of previous versions of health questionnaires and health screening reports. All updated forms are now posted on the Department's website at [www.adp.ca.gov](http://www.adp.ca.gov).



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The following chart lists which forms are required depending on the type of facility:

	<b><i>ADP 100223 – Health Screening Report</i></b>
<b>Licensed Facility</b>	Staff - required
<b>Licensed/Certified Facility</b>	Staff - required
<b>Certified-Outpatient Facility</b>	Staff - option between this form or ADP 100225

	<b><i>ADP 100225 – Employee Health Questionnaire</i></b>
<b>Licensed Facility</b>	N/A
<b>Licensed/Certified Facility</b>	N/A
<b>Certified-Outpatient Facility</b>	Staff - option between this form or ADP 100223

	<b><i>ADP 100226- Health Questionnaire</i></b>
<b>Licensed Facility</b>	Client - required
<b>Licensed/Certified Facility</b>	Client - required
<b>Certified-Outpatient Facility</b>	Client - required

**REFERENCES**

Health and Safety Code Sections, 11834.01 and 11834.50; Alcohol and/or Other Drug Program Certification Standards, Section 12020 and 19015.

**BACKGROUND**

Title 9, California Code of Regulations, Section 10564(e)(1) requires personnel of residential (licensed) facilities to verify good health by a health screening. Section 10567(a) requires every resident to complete a health questionnaire.

Alcohol and/or Other Drug Program Certification Standards, Section 19015, requires facility personnel whose functions require or necessitate contact with participants or food preparation to complete a health questionnaire or health screening report.

ADP has the sole authority to license and certify residential 24-hour non-medical facilities, and certify residential and outpatient facilities that provide treatment, recovery, and detoxification services for alcohol and/or drug abuse.

### QUESTIONS/MAINTENANCE

For questions regarding this bulletin, please contact the Licensing and Certification Division's Officer of the Day at (916) 322-2911. An additional copy of this document may be requested through the Department's Resource Center at (800) 879-2772. This bulletin is also available on ADP's website at [www.adp.ca.gov](http://www.adp.ca.gov).

### EXHIBITS

Health Questionnaire (Staff Only), ADP 100225  
Health Questionnaire (Clients Only), ADP 100226  
Health Screening Report, ADP 100223

### DISTRIBUTION

County Alcohol and Drug Program Administrators  
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LCD Managers and Staff