



Republic of the Philippines
Office of the President
DANGEROUS DRUGS BOARD

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BOARD REGULATION NO. 2
Series of 2019

**SUBJECT: IMPLEMENTING RULES AND REGULATIONS GOVERNING
THE ACCREDITATION OF DRUG ABUSE TREATMENT AND
REHABILITATION CENTERS**

Section 1. Scope

These Implementing Rules and Regulations shall apply to all Drug Abuse Treatment and Rehabilitation Centers (DATRCs).

Section 2. Authority

These Implementing Rules and Regulations are issued to implement the provisions of Republic Act No. 9165, otherwise known as the “Comprehensive Dangerous Drugs Act of 2002,” as amended (the “Act”), and other national issuances.

Section 3. Regulatory Agency

The Department of Health (DOH) shall exercise the regulatory function through the Health Facilities and Services Regulatory Bureau (HFSRB) in the accreditation of all DATRCs in accordance with personnel complement, physical plant, equipment / instruments, and service capability.

Section 4. Definition of Terms

Accreditation	a formal authorization issued by the DOH to an individual, partnership, corporation or association in compliance with all licensing requirements (input/structural standards) and accreditation requirements (process standards and outcome/output/impact standards) as prescribed in the Manuals of Operations (ManOps) for the Accreditation of DATRCs.
Authorized Bed Capacity	approved number of beds issued by HFSRB or CHD, the licensing offices of DOH.
Bureau Director	refers to the Director of Health Facilities and Services Regulatory Bureau
Center	refers to any Drug Abuse Treatment and Rehabilitation Center, which undertake treatment, aftercare and follow up program of drug dependents. It includes institutions, agencies and the like whose purposes are: the development of skills, arts and technical know-how, counseling and/or inculcating civic, social and moral values to drug dependent patients, with the aim of weaning them

away from dangerous drugs and keeping them drug-free, adapted to their families and peers and readjusted into the community as law abiding, useful and productive citizens

CHD	Center for Health Development which serves as the regional office of the DOH
DDB	Dangerous Drugs Board
DOH	Department of Health
Drug Dependent	a person suffering from drug dependence syndrome.
Drug Dependence	a cluster of physiological, behavioral and cognitive phenomena where the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviors that once had greater value. The use of psychoactive drug takes on a high priority, thereby, involving among others, a strong desire or a sense of compulsion to take the substance and the difficulties in controlling substance taking behavior in terms of its onset, termination or levels of use (ICD 10).
HFSRB	Health Facilities and Services Regulatory Bureau formerly known as the Bureau of Health Facilities and Services (BHFS)
Indigent	one who cannot afford to pay the treatment and rehabilitation services of the Center based on the socio-economic status.
Manual of Operations (ManOps) for the Accreditation of DATRCs	standard reference material that describes in detail the processes, policies and systems for the accreditation of DATRCs. This shall aid administrators and practitioners in the management and operations of drug treatment and rehabilitation centers in the Philippines.
PDEA	Philippine Drug Enforcement Agency
Rehabilitation	a dynamic process including re-integration, aftercare and follow up treatment directed towards the physical, emotional/psychological, vocational, social and spiritual change of a drug dependent to enable him/her to live without dangerous drugs, enjoy the fullest life compatible with his capabilities and potentials and render him/her able to become a law abiding and productive member of the community.

Section 5. Guidelines for the Accreditation of Drug Abuse Treatment and Rehabilitation Centers

A. Classification of Drug Abuse Treatment and Rehabilitation Centers

The Centers shall be classified as follows:

1. Ownership

- i. Government: operated and maintained by the national, provincial, city or municipal government, or any other government agency

- ii. Private: owned, established and operated with funds through donation, principal, investment or other means, by any individual, corporation, association or organization, such as NGOs and foundations.

2. Institutional Character

- i. Institution-based: operates within the premises and as part of an institution.
- ii. Freestanding: operates separately from any other institution.

3. Service Capability

- i. Non-residential Treatment and Rehabilitation Center (Outpatient Center): a health facility that provides diagnosis, treatment and management of drug dependents on an outpatient basis. It may be a drop-in/walk-in center, recovery clinic, or any other facility with consultation and counseling as the main services provided, or may be an aftercare service facility. From time to time, it may provide temporary shelter for patients in crisis for not more than twenty-four (24) hours. Patients diagnosed with moderate substance use disorder are oftentimes referred to this center.
- ii. Residential Treatment and Rehabilitation Center (Inpatient Center): a health facility that provides comprehensive rehabilitation services utilizing any of the accepted modalities as described in the Manual of Operations towards the rehabilitation of a person with substance use disorder. Patients diagnosed with severe substance use disorder are oftentimes admitted to this center.
- iii. Residential Treatment and Rehabilitation Center with Outpatient Service Capability: a health facility that provides both outpatient and inpatient services.

B. Technical Requirements for Accreditation

1. For a Center to be accredited, it shall comply with the following technical requirements (refer to the Manual of Operations for the Accreditation of DATRCs for specific details):
 - i. Service Capability – services provided in accordance with its physical plant, personnel and equipment;
 - ii. Personnel – minimum staffing of qualified and trained physicians and drug rehabilitation practitioners;
 - iii. Equipment / Instruments – minimum equipment / instruments to perform the required services;
 - iv. Physical Plant - well ventilated, lighted, clean, and safe with adequate water supply and functional structures sufficient to accommodate the different activities in the Center;
 - v. Manual of Operations - document describing the administrative and technical policies and procedures of the Center. It must contain, among others, the background of the Center, admission and exclusion criteria, description of services offered, treatment modality, major

policies, disciplinary measures, source of funds, and aftercare/referral services. The Manual shall be based mainly on and should be consistent with the Manual of Operations for the Accreditation of DATRCs;

- vi. Quality Improvement Activities – the center shall establish and maintain a system for continuous quality improvement activities;
 - vii. Staff Protection Policy – the Center should develop policy, under the Human Resource Management, on prevention of any forms of violence against the center staff by a patient or a fellow employee; and
 - viii. Maintenance of a set of Information Technology (IT) equipment – the center shall conform with the minimum IT equipment requirements set by the DDB / DOH.
2. For Residential Treatment and Rehabilitation Centers with Outpatient Service Capability, the following guidelines shall also be followed:
- i. The outpatient facility shall be located within the premises or perimeter area of the inpatient facility and may be situated adjacent to its administrative area. However, there shall be no access between the outpatient and residential facilities;
 - ii. Requirements for the physical plant shall be in accordance with the specifications provided in the Manual of Operations for the Accreditation of DATRCs. However, the outpatient facility may utilize common facilities such as client reception and waiting area, administrative office, counseling and psychological testing room, and emergency clinic of the inpatient facility as approved by HFSRB / CHD based on the issued Permit to Construct. Conduct of activities in these specific areas must be properly scheduled.
 - iii. Medical records room may be shared by the outpatient and inpatient facilities. However, clear delineation of filing of patient records shall be strictly observed.
 - iv. The required staffing pattern for outpatient and inpatient centers shall be strictly complied with.

C. Allowable Service Fees

All private residential Centers shall allocate five (5) percent of the total beds for indigent patients. Government Residential Centers must not exceed fifty (50) percent of the total bed allocation for paying patients. Discounted rates shall be based on the guidelines prescribed by the Department of Social Welfare and Development. Further, cost sharing in the treatment and rehabilitation of any dependent shall follow what is prescribed in Section 74 of RA No. 9165.

D. Procedural Guidelines for Certificate of Accreditation (COA)

1. Issuance of Permit to Construct- for Non-residential and Residential DATRCs

The applicant shall secure a Permit to Construct from the HFSRB / CHD for construction of a new facility, alteration, expansion or renovation of an existing health facility, change in classification or increase in bed capacity. It is a prerequisite for accreditation.

2. Issuance of Certificate of Accreditation

- i. For a new facility, a COA shall be secured prior to conduct of operations. The applicant shall accomplish the required documents and submit them to the HFSRB / CHD.
- ii. For the renewal of accreditation, application shall be filed with the HFSRB / CHD within the required period as prescribed in the administrative issuance of the DOH.

An accreditation that is not renewed within the required period shall be considered lapsed and registration shall be cancelled. A new application for registration and issuance of COA shall be required before a Center can be allowed to operate.

A separate accreditation shall be required for all Centers maintained in separate premises but operated under the same management.

3. Payment of Fees

The following application fees for initial and renewal of COA shall be paid to the cashier of the DOH:

	Permit to Construct Fees	Accreditation Fees
Non-residential Center	Php 1,000.00	Php 6,000.00
Residential Center	Php 1,000.00	Php 14,000.00
Residential Center with Outpatient Service	Php 1,000.00	Php 15,000.00

A discount rate shall be applied to the accreditation fee for filing earlier during the prescribed period of submission of application for renewal of COA. This shall be based on the guidelines to be issued by the DOH. The above fees may also be adjusted by the DOH, if deemed necessary.

The initial Certificate of Accreditation of private center shall be issued upon deposit of thirty thousand pesos (Php30,000.00) cash bond per center / branch applied for.

4. Content of Certificate of Accreditation

The Certificate of Accreditation shall indicate on its face the following:

- i. Name of the Center;
- ii. Location where treatment and rehabilitation services shall be provided;
- iii. Name of the Center Owner / Operator;
- iv. Service Capability;
- v. Authorized Bed Capacity; and

vi. Validity Period;

The COA shall be signed by the Bureau / CHD Director.

5. Validity

The Certificate of Accreditation shall be valid for a period of three (3) years.

E. Monitoring of Centers

The HFSRB shall require all accredited Centers to regularly and timely upload a patient's profile to the Treatment and Rehabilitation Admission Information System (TRAIS), formerly known as Integrated Drug Abuse Data and Information System Network (IDADIN) Form 6-06.

Centers with pending application for COA are also required to upload patient's profile to TRAIS. However, if such Center fails to secure its COA, its account shall be terminated from TRAIS. The DDB shall issue guidelines on TRAIS implementation.

The HFSRB or CHD may conduct onsite monitoring visits of an accredited Center. It is required for the CHD regulatory officers to coordinate with the HFSRB prior to conduct thereof and furnish the latter with a report of its findings. An onsite monitoring visit shall be unannounced and conducted during regular office hours.

The HFSRB or CHD monitoring team shall be allowed unrestricted ocular inspection of the Center, access to any case file or charts of patients, random chart reviews, and individual and/or group interviews with patients and/or employees of the Center.

Section 6. Complaints and Violations

The HFSRB or CHD shall evaluate complaints against Centers and initiate the conduct of fact – finding investigation, subject to the provisions of the Act.

Pursuant to Section 81 (j) of the Act, the DDB shall initiate and authorize closure proceedings against non – accredited and / or sub – standard treatment and rehabilitation centers based on verified reports of human rights violations, subhuman conditions, inadequate medical training and assistance and excessive fees.

The PDEA shall assist in the implementation of closure orders.

Section 7. Penalties

The HFSRB / CHD, on its own, after the conduct of onsite monitoring visit, or based on a complaint, may cause the investigation of a Center alleged to have violated the provisions of the Act and this Regulation. After determination of administrative liability, the HFSRB / CHD shall impose the following penalties:

1st Offense: Written Warning

2nd Offense: Twenty thousand pesos (Php20,000.00)

3rd Offense: Fifty thousand pesos (Php50,000.00) and / or order from HFSRB / CHD that the Center shall cease admission of new patients for a period of three (3) months

4th Offense: Revocation of Certificate of Accreditation and forfeiture of cash bond. Once revoked, the owner is prohibited from applying for accreditation for a period of one (1) year

These penalties shall also apply against Centers refusing entry to HFSRB / CHD Monitoring Team conducting onsite monitoring visit.

Pending investigation, the HFSRB / CHD may preventively suspend the operations of a Center. During preventive suspension, the Center shall cease admission of new patients, but may continue providing treatment and rehabilitation services to existing patients. A preventive suspension shall not exceed sixty (60) days.

The HFSRB / CHD shall issue an order directing the Center to comply with instructions to address such violations within a set period of time. Failure to comply shall cause the suspension of operations for a period of six (6) months. During the duration of such suspension, the Center shall cease operations and transfer all patients to other accredited Centers without prejudice to the filing of any criminal charge against responsible personnel.

The provisions of this Section shall be the subject to Section 81 (j) of the Act.

Section 8. Appeal

Any Center or personnel thereof aggrieved by the decision of the HFSRB / CHD may, within fifteen (15) days after receipt thereof, file a notice of appeal with the Office of the Secretary of Health, and serve a copy to the HFSRB / CHD. Thereupon, the HFSRB / CHD shall promptly certify and file a copy of the decision, including the transcript of the hearings on which the decision is based, with the Office of the Secretary, for review. The decision of the Office of the Secretary shall be final and executory.

For cases falling under the jurisdiction of the DDB pursuant to Section 81 (j) of the Act, appeal shall be filed with the DDB Committee on Appeals.

Section 9. Separability Clause

In the event that any section, paragraph, sentence, clause or word of this order is declared invalid for whatever reason, other provisions thereof shall not be affected thereby.

Section 10. Repealing Clause.

Board Regulation No. 4, s 2003 and No. 4, s 2008 are hereby repealed. Other Regulations or parts thereof inconsistent with this Regulation are hereby repealed or modified accordingly.

Section 11. Effectivity.

This Regulation shall take effect fifteen (15) days after its publication in two (2) newspapers of general circulation and after its registration with the Office of the National Administrative Register (ONAR), UP Law Center, Quezon City.

APPROVED and ADOPTED, this 7th day of February, in the year of Our Lord, 2019 in Quezon City.


Secretary CATALINO S. CUY
Chairman

Attested by:


Undersecretary EARL P. SAAVEDRA
Secretary of the Board