

TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

CHAPTER 1. ADMINISTRATION

[**Authority:** 43A O.S., §§ 2-101, 3-306, 3-306.1, 3-315, 3-317, 3-318, 3-319, 3-415]
[**Source:** Codified 7-1-93]

SUBCHAPTER 1. GENERAL INFORMATION

450:1-1-1. Purpose

(a) These rules are promulgated pursuant to the requirements of the Administrative Procedures Act, 75 O.S. § 250, et seq. The purpose of these rules is to effectively implement and enforce the provisions of Title 43A of the Oklahoma Statutes. These rules supplement existing state and federal laws, and being duly promulgated, have the force and effect of law.

(b) These rules govern formal proceedings of the Department. Informal proceedings may be held as announced by the Department or as agreed with any person.

[**Source:** Added at 10 Ok Reg 3087, eff 7-1-93 ; Amended at 19 Ok Reg 1346, eff 7-1-02]

450:1-1-1.1. Definitions

The following words or terms, as defined below, when used in Chapters 1, 15, 16, 17, 18, 21, 23, 24, 27, 30, 50, 53, 55, 60, 65, 70, and 75 shall have the following meaning, unless the context clearly indicates otherwise and will prevail in the event there is a conflict with definitions included elsewhere in Chapters 1, 15, 16, 17, 18, 21, 23, 24, 27, 30, 50, 53, 55, 60, 65, 70 and 75:

"Administrative Hearing Officer" means an individual who is an attorney licensed to practice law in the State of Oklahoma and is appointed by the Commissioner of ODMHSAS to preside over and issue a proposed order in individual proceedings.

"AOA" means American Osteopathic Association.

"Behavioral Health Aide (BHA)" means individuals must have completed sixty (60) hours or equivalent of college credit or may substitute one year of relevant employment and/or responsibility in the care of children with complex emotional needs for up to two years of college experience, and:

(A) must have successfully completed the specialized training and education curriculum provided by the ODMHSAS; and

(B) must be supervised by a bachelor's level individual with a minimum of two years case management experience or care coordination experience; and

(C) treatment plans must be overseen and approved by a LBHP or Licensure Candidate; and

(D) must function under the general direction of a LBHP, Licensure Candidate and/or systems of care team, with a LBHP or Licensure Candidate available at all times to provide back up, support, and/or consultation.

"Board" means the Oklahoma State Board of Mental Health and Substance Abuse Services.

"CARF" means Commission on Accreditation of Rehabilitation Facilities (CARF).

"Certification" means a status which is granted to a person or an entity by the Oklahoma State Board of Mental Health and Substance Abuse Services or the ODMHSAS, and indicates the provider is in compliance with minimum standards as incorporated in OAC 450 to provide a particular service. In accordance with the Administrative Procedures Act, 75 O.S. § 250.3(8), certification is defined as a "license."

"Certified Alcohol and Drug Counselor (CADC)" means Oklahoma certification as an Alcohol and Drug Counselor.

"Certified Behavioral Health Case Manager" or **"CM"** means any person who is certified by the ODMHSAS as a Behavioral Health Case Manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50.

"Certified facility" means any facility which has received a certification status by the Oklahoma State Board of Mental Health and Substance Abuse Services or the ODMHSAS.

"Certification report" means a summary of findings documented by ODMHSAS related to an applicant's compliance with certification standards.

"COA" means the Council on Accreditation of Services for Families and Children, Inc.

"Consumer" means an individual who has applied for, is receiving or has received evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450 as client(s) or patient(s) or resident(s) or a combination thereof.

"Critical incident" means an occurrence or set of events inconsistent with the routine operations of a facility, service setting, or otherwise routine care of a consumer. Critical incidents specifically include, but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths and injuries to consumers, staff, and visitor; medication errors; residential consumers that have absent without leave (AWOL); neglect or abuse of a consumer; fire; unauthorized disclosure of information; damage to or theft of property belonging to consumers or the facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

"Critical standard" means a standard that ODMHSAS deems to have the potential to significantly impact the safety, well-being, and/or rights of consumers, or consumers' access to appropriate services.

"Discharge summary" means a clinical document in the treatment record summarizing the consumer's progress during treatment, with goals reached, continuing needs, and other pertinent information including documentation of linkage to aftercare.

"Contractor" or **"contractors"** means any person or entity under contract with ODMHSAS for the provision of goods, products or services.

"Employment Consultant (EC)" means an individual who (i) has a high school diploma or equivalent; and (ii) successful completion of Job Coach training.

"Entities" or **"entity"** means sole proprietorships, partnerships and corporations.

"Facilities" or **"facility"** means entities as described in 43A O.S. § 1-103(7), community mental health centers, residential mental health facilities, community-based structured crisis centers, certified services for the alcohol and drug dependent, programs of assertive community treatment, eating disorder treatment, gambling addiction treatment, and narcotic treatment programs.

"Family" means the parents, brothers, sisters, other relatives, foster parents, guardians, and others who perform the roles and functions of family members in the lives of consumers.

"Family Support and Training Provider (FSP)" means an individual who is credentialed through the ODMHSAS to provide training and support necessary to ensure engagement and active participation of family members during treatment. In order to qualify as an FSP, individuals shall:

- (A) Have a high school diploma or equivalent;
- (B) Be 21 years of age and have successful experience as a family member of a child or youth with serious emotional disturbance, or have lived experience as the primary caregiver of a child or youth who has received services for substance use disorder and/or co-occurring substance use and mental health, or have lived experience being the caregiver for a child with Child Welfare/Child Protective Services involvement;
- (C) Complete Family Support Training according to a curriculum approved by the ODMHSAS and pass the examination with a score of 80% or better;
- (D) Pass an OSBI background check and
- (E) An FSP must also:
 - (i) Utilize treatment plans that are overseen and approved by a LBHP or Licensure Candidate; and
 - (ii) Function under the general direction of a LBHP, Licensure Candidate or systems of care team, with a LBHP or Licensure Candidate available at all times to provide back up, support, and/or consultation.

"Follow-up" means the organized method of systematically determining the status of consumers after they have been discharged to determine post-treatment outcomes and utilization of post-treatment referrals.

"Governing authority" means the individual or group of people who serve as the treatment facility's board of directors and who are ultimately responsible for the treatment facility's activities and finances.

"Individual proceeding" means the formal process employed by an agency having jurisdiction by law to resolve issues of law or fact

between parties and which results in the exercise of discretion of a judicial nature.

"Institutional Review Board" or "IRB" means the ODMHSAS board established in accordance with 45 C.F.R. Part 46 for the purposes expressed in this Chapter.

"Intensive Case Manager (ICM)" means an individual who is designated as an ICM and carries a caseload size of not more than twenty-five (25) individuals. They are a LBHP, Licensure Candidate, CADC, or certified as a Behavioral Health Case Manager II, and have:

- (A) a minimum of two (2) years Behavioral Health Case Management experience,
- (B) crisis diversion experience, and
- (C) successfully completed ODMHSAS ICM training.

"IRB approval" means the determination of the IRB that the research has been reviewed and may be conducted within the constraints set forth by the IRB and by other agency and Federal requirements.

"Levels of performance" or "level of performance" means units of service by types of service.

"Licensed Alcohol and Drug Counselor" or "LADC" means any person who is licensed through the State of Oklahoma pursuant to the provisions of the Licensed Alcohol and Drug Counselors Act.

"Licensed Behavioral Health Professional" or "LBHP" means:

- (A) An Allopathic or Osteopathic Physician with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry;
- (B) An Advanced Practice Registered Nurse licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided and certified in a psychiatric mental health specialty;
- (C) A Clinical Psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists;
- (D) A Physician Assistant who is licensed in good standing in Oklahoma and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions;
- (E) A practitioner with a license to practice in the state in which services are provided issued by one of the following licensing boards:
 - (i) Social Work (clinical specialty only);
 - (ii) Professional Counselor;
 - (iii) Marriage and Family Therapist;
 - (iv) Behavioral Practitioner; or
 - (vi) Alcohol and Drug Counselor.

"Licensed dietitian" means a person licensed by the Oklahoma Board of Medical Licensure and Supervision as a dietitian.

"Licensed mental health professional" or "LMHP" means a practitioner who meets qualifications as defined in Title 43A §1-103(11).

"Licensed physician" means an individual with an M.D. or D.O. degree who is licensed in the state of Oklahoma to practice medicine.

"Licensed practical nurse" means an individual who is a graduate of an approved school of nursing and is licensed in the State of Oklahoma to provide practical nursing services.

"Licensure candidate" means a practitioner actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards:

- (A) Psychology;
- (B) Social Work (clinical specialty only);
- (C) Professional Counselor;
- (D) Marriage and Family Therapist;
- (E) Behavioral Practitioner; or
- (F) Alcohol and Drug Counselor.

"Minimal risk" means that the probability and magnitude of harm or discomfort anticipated in the research are not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examination or tests.

"Necessary standard" means a certification standard that ODMHSAS deems important for an entity's overall functioning but generally does not have a significant, immediate impact on consumers.

"ODMHSAS" or **"Department"** means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Oklahoma Administrative Code" or **"OAC"** means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code, or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A)(1)(a) and maintained in the Office of Administrative Rules.

"Paraprofessional" means a person who does not have an academic degree related to the scope of treatment or support services being provided but performs prescribed functions under the general supervision of that discipline.

"Peer Recovery Support Specialist" or **"PRSS"** means an individual certified by ODMHSAS as a Peer Recovery Support Specialist pursuant to requirements found in OAC 450:53.

"Performance improvement" means an approach to the continuous study and improvement of the processes of providing services to meet the needs of consumers and others.

"Probationary certification" means a certification status granted for a one-year period for programs or facilities that have changed majority ownership or majority board composition but operations of the program or facility continue.

"Psychiatrist" means a licensed physician who specialized in the assessment and treatment of individuals having psychiatric disorders and who is fully licensed to practice medicine in the state in which he or she practices and is certified in psychiatry by the American Board of Psychiatry and Neurology, or has equivalent training or experience.

"Registered nurse" means an individual who is a graduate of an approved school of nursing and is licensed in the state of Oklahoma to practice as a registered nurse.

"Rehabilitative services" means face-to-face individual or group services provided by qualified staff to develop skills necessary to perform activities of daily living and successful integration into community life.

"Reimbursement rates" means the rates at which all contractors are reimbursed (paid) for services they provide under their ODMHSAS contract.

"Research" means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this Chapter, whether or not they are conducted or supported under a program that is considered research for other purposes. For example, some demonstration and service programs may include research activities.

"Respondent" means the person(s) or entity(ies) named in a petition for an individual proceeding against whom relief is sought.

"Sentinel event" means a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a consumer, staff member, or visitor, or risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes a variation in approved processes which could carry a significant chance of a serious adverse outcome. These events signal the need for immediate investigation and response. Sentinel events include, but are not limited to, suicide, homicide, assault and other forms of violence, including domestic violence or sexual assault, and adverse drug events resulting in serious injury or death. Sentinel events include occurrences that take place at the facility and/or during the delivery of services, as well as suicide and unintentional drug overdose deaths that occur at any time while an outpatient consumer is an active consumer and within seventy-two (72) hours of discharge from inpatient and residential settings, including sites certified under Chapter 23 of this Title.

"Service area" means a geographic area established by the Department of Mental Health and Substance Abuse Services for support of mental health [43A O.S. § 3-302(1)].

"Service Provider" means a person who is allowed to provide substance abuse services within the regulation and scope of their certification level or license.

"Site Review Protocol" means an ODMHSAS document developed as a work document in the certification site visit(s) that is based primarily upon the rules (standards/criteria) being reviewed. The Site Review Protocol is used in preparing the Certification Report, which is provided to the facility as well as to the Board for its consideration and action related to certification.

"Staff privileging" means an organized method for facilities and programs to authorize an individual to provide specific care and treatment services to consumers within well-defined limits, based on the evaluation of the individual's license, education, certification, training, experience, competence, judgment, and other credentials.

"Substantial compliance" means the demonstration of compliance by an entity subject to certification to ODMHSAS of a minimum percentage of all applicable critical and necessary standards in

accordance with these rules. The determination of whether an individual standard is deemed compliant may be done on a pass/fail basis or as a minimum percentage of required elements.

"Support Services Provider (SSP)" means an individual age eighteen (18) or older with a high school diploma or equivalent.

"TJC" means The Joint Commission formerly referred to as the Joint Commission on Accreditation of Healthcare Organizations or JCAHO.

"Tobacco" means any nicotine delivery product or device that is not approved by the U.S. Food and Drug Administration (FDA) for the purpose of nicotine dependence treatment, including, but not limited to cigarettes, cigars, snuff, chewing tobacco, electronic cigarettes and vaping devices.

"Volunteer" means any person who is not on the program's payroll, but provides services and fulfills a defined role within the program and includes interns and practicum students.

[Source: Added at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 20 Ok Reg 2100, eff 7-1-03 ; Amended at 22 Ok Reg 2099, eff 7-1-05 ; Amended at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 24 Ok Reg 2554, eff 7-12-07 ; Amended at 27 Ok Reg 2200, eff 7-11-10 ; Amended at 30 Ok Reg 1392, eff 7-1-13 ; Amended at 31 Ok Reg 1989, eff 10-1-14 ; Amended at 32 Ok Reg 2066, eff 9-15-15 ; Amended at 34 Ok Reg 1771, eff 10-1-17 ; Amended at 38 Ok Reg 1203, eff 9-15-21 ; Amended at 39 Ok Reg 183, eff 10-28-21 (emergency); Amended at 39 Ok Reg 1915, eff 9-15-22 ; Amended at 40 Ok Reg 1042, eff 9-15-23]

450:1-1-2. Applicability

This, and all subsequent chapters are applicable, unless otherwise specifically noted in a chapter, subchapter, part or section of Oklahoma Administrative Code Title 450, to the Oklahoma Department of Mental Health and Substance Abuse Services, the State Board of Mental Health and Substance Abuse Services, and:

- (1) all employees and institutions and facilities of ODMHSAS (43A O.S. §§ 3-101 and 3-107); and
- (2) all facilities (43A O.S. §§ 1-103(7), 3-306.1, 3-315, 3-317, 3-319, 3-320, 3-222, 3-323A and 3-415) under contract with ODMHSAS; and
- (3) all facilities subject to certification by ODMHSAS (43A O.S. §§ 3-306.1, 3-315, 3-317, 3-319, 3-320, 3-222, 3-415, 3-601); and
- (4) institutions, organizations and individuals subject to certification by ODMHSAS to provide alcohol and drug substance abuse courses (43A O.S. §§ 3-451 through 3-453); and
- (5) agencies and individuals subject to certification by ODMHSAS to provide alcohol and drug assessment and evaluation programs related to driver's license revocation [47 O.S. §§ 11-902(G) and 6-212.2; 43A O.S. § 3-460];
- (6) individuals subject to certification to be a behavioral health case manager pursuant to 43A O.S. § 3-318;
- (7) Individuals subject to certification to be recovery support specialist to 43A O.S. § 3-326; and
- (8) Individuals subject to certification to be a problem gambling treatment counselor pursuant to 43A O.S. § 3-322a.

[Source: Added at 10 Ok Reg 3087, eff 7-1-93 ; Amended at 13 Ok Reg 2209, eff 7-1-96 ; Amended at 14 Ok Reg 1906, eff 5-27-97 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 18 Ok Reg 521, eff 10-13-00 (emergency); Amended at 18 Ok Reg 2649, eff 7-1-01 ; Amended at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 20 Ok Reg 2100, eff 7-1-03 ; Amended at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 24 Ok Reg 2554, eff 7-12-07 ; Amended at 30 Ok Reg 1392, eff 7-1-13 ; Amended at 39 Ok Reg 183, eff 10-28-21 (emergency); Amended at 39 Ok Reg 1915, eff 9-15-22]

450:1-1-3. Compliance with laws and rules

(a) Any statute of the United States or of the State of Oklahoma now existing, or duly enacted in the future, shall supersede any conflicting provision of the rules of this and all subsequent chapters to the extent of such conflict, but shall not affect the remaining provisions therein.

(b) All persons and organizations affected by the rules of this and all subsequent chapters and related laws shall be knowledgeable of the conduct pertinent in operating in accordance with all such rules and laws.

[Source: Added at 10 Ok Reg 3087, eff 7-1-93 ; Amended at 24 Ok Reg 2554, eff 7-12-07 ; Amended at 32 Ok Reg 2066, eff 9-15-15 ; Amended at 39 Ok Reg 1915, eff 9-15-22]

450:1-1-4. Organization

(a) The Board is the entity vested with authority to make rules for the implementation of the Department's statutorily mandated and permissible functions under 43A O.S. §§ 1-101, et seq.

(b) The Board shall appoint the Commissioner, who is the chief executive officer of the Department with duties, privileges and responsibilities set forth in 43A O.S. § 2-202.1. The Commissioner shall maintain such staff as authorized by law and assign said staff to carry out the duties and responsibilities required to fulfill the statutory requirements of 43A O.S. §§1-101 et seq., and the rules and directives of the Board.

(c) The Department shall be organized and divided into such areas and departments as the Board and the Commissioner deem desirable for efficiency. Copies of organizational charts are available upon request from the Human Resources Management Division.

[Source: Added at 10 Ok Reg 3087, eff 7-1-93 ; Amended at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 27 Ok Reg 2200, eff 7-11-10]

450:1-1-5. Objectives

The objectives of the ODMHSAS are as follows:

(1) The provision of quality mental health and substance abuse services within the resources available, to those persons, and their families, receiving services from the facilities either operated by, certified by or under contract with ODMHSAS.

(2) The services by mental health and substance abuse providers are rendered in an environment of safety, dignity and with respect to the rights of those persons and their families.

(3) Adherence to and compliance with applicable state and federal statutes, including but not limited to Title 43A of the Oklahoma Statutes and the Public Health Services Act (42 U.S.C.) by all facilities operated by, under contract with, or certified by

ODMHSAS.

[Source: Added at 10 Ok Reg 3087, eff 7-1-93 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 20 Ok Reg 2100, eff 7-1-03 ; Amended at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 24 Ok Reg 2554, eff 7-12-07]

450:1-1-6. Public records

(a) Official records. Official records of the Board and the Department include information, rules, forms, the record in individual proceedings, records submitted to the Department, and other public records in accordance with the Oklahoma Open Records Act 51 O.S. §§ 24A.1, *et seq.*

(b) Copies. Copies of official records of the Board or Department, not privileged or protected from publication by law, shall be available to the public.

[Source: Added at 10 Ok Reg 3087, eff 7-1-93 ; Amended at 15 Ok Reg 2741, eff 7-1-98 ; Amended at 19 Ok Reg 1346, eff 7-1-02]

450:1-1-7. Requests for agency public information

Any person making a request pursuant to 450:1-1-6 shall comply with the following:

- (1) The request must be in writing and may be mailed to Oklahoma Department of Mental Health and Substance Abuse Services, P.O. Box 53277, Oklahoma City, Oklahoma 73152-3277, or sent via facsimile to (405) 522-3650, or made in person during regular office hours between 8:00 a.m. and 5:00 p.m. at 2000 N. Classen, Suite E600, Oklahoma City.
- (2) The request must describe the record(s) requested, be signed by the party making the request, and have the party's mailing address and telephone number.
- (3) Whenever possible, requests shall be made to the division or area of the Department that maintains the records. Requests by attorneys in formal litigation must go through the Legal Division. Requests for personnel records that are not confidential must go through the Human Resources Management Division. Requests for records regarding facilities or programs certified by the Board must be directed to the Provider Certification Division. Requests for records regarding persons or entities contracting with the Department must be directed to the Contracts Division. Requests from the media for records must go through the Communications Division. Requests for records regarding Board meetings must go through the Office of the Commissioner. If the division or area that maintains the records is unknown to the party making the request, the request should be directed to the Legal Division.
- (4) The requesting party shall pay a fee for copies. Said fee shall be twenty-five cents (25¢) per page, twelve dollars (\$12.00) per 3½-inch diskette, and \$1.00 per page for certified documents. For commercial requests or those that would cause excessive disruption of office function, such as documents that are archived, either internally or with the Oklahoma Archives and Records

Commission, a search fee will be charged based upon the hourly rate of the individual(s) searching for, and locating, the requested records.

(5) Mental health and substance abuse treatment records are confidential and not subject to release by statutes and federal regulations including, but not limited to, 43A O.S. §§ 1-109, 3-313, 3-422 and 3-423; 63 O.S. § 1-1502; and 42 CFR, Part 2.

(6) Certain ODMHSAS employee personnel records are confidential and not subject to the Oklahoma Open Records Act, including employee evaluations, payroll deductions, applications submitted by persons not hired by ODMHSAS; internal personnel investigations including examination and selection material, employees' home addresses, telephone numbers, and social security numbers, medical and employee assistance records, and other personnel records where disclosure would constitute a clear invasion of privacy. Personnel records information that are subject to release are the application of a person who becomes an employee of the Department, gross receipt of public funds, dates of employment, title or position and any final disciplinary action resulting in loss of pay, suspension, demotion or termination.

(7) Any other document protected, as confidential, by any Oklahoma or federal law, or Oklahoma or federal administrative rule, or by order of a court of competent jurisdiction, is not subject to the Oklahoma Open Records Act.

[Source: Added at 10 Ok Reg 3087, eff 7-1-93 ; Amended at 13 Ok Reg 2209, eff 7-1-96 ; Amended at 14 Ok Reg 1906, eff 5-27-97 ; Amended at 15 Ok Reg 2741, eff 7-1-98 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 22 Ok Reg 2099, eff 7-1-05 ; Amended at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 34 Ok Reg 1771, eff 10-1-17]

450:1-1-8. Forms

In order to maintain efficiency and uniformity in the administration of duties, ODMHSAS will devise and maintain forms for use by any party. The forms may be revised periodically to insure uniformity, efficiency, and expediency. The prescribed forms must be used by all affected parties unless another form is approved by ODMHSAS prior to its submission, or other provisions are stated in subsequent chapters. Each division or departmental area shall make available to the public all rules and other written statements of policy adopted or used in the discharge of its functions, all forms, applications and instructions for use by the public, including those required to apply for a certification. Additionally, forms may be acquired by request under 450:1-1-7.

[Source: Added at 10 Ok Reg 3087, eff 7-1-93 ; Amended at 14 Ok Reg 1906, eff 5-27-97 ; Amended at 19 Ok Reg 1346, eff 7-1-02]

450:1-1-9. Procedures to secure a declaratory ruling as to the applicability of any rule or order of ODMHSAS

(a) Any person subject to the rules contained in rules of ODMHSAS (Oklahoma Administrative Code Title 450) may petition for a declaratory ruling as to the applicability of a specific rule and its effect on petitioner.

In petitioning ODMHSAS for a declaratory ruling, the following procedures must be followed:

- (1) The petition must be in writing and submitted to the Rules Liaison of ODMHSAS at 2000 N. Classen, Suite E600, Oklahoma City, OK 73106;
 - (2) The petition shall state with specificity the rule in question;
 - (3) The petition shall state clearly and with specificity the bases for the action and the action or relief sought;
 - (4) The petition shall pose the specific question(s) to be answered by ODMHSAS; and
 - (5) The petitioner or petitioner's authorized representative shall print his or her name address and telephone number on the petition and sign it.
- (b) The petition will be stamped upon receipt by ODMHSAS to show the date of submission. The petition shall be referred to the appropriate staff persons to make a recommendation to the Commissioner, who shall issue a ruling within 30 days.
- (c) The petitioner shall be notified of the declaratory ruling in writing by the U.S. Postal Service's Certified Mail with Return Receipt Requested.
- (d) The ruling shall become final unless, within 10 days, the petitioner files with the Rules Liaison a written request for a hearing before the Board. If the petitioner requests such a hearing, the matter shall be placed on the agenda of the next scheduled Board meeting if it is filed ten (10) calendar days or more prior to the meeting. If the request is filed less than ten (10) days prior to the next scheduled Board meeting, it will be placed on the agenda of the following meeting.
- (e) At the hearing of the matter by the Board, the petitioner and Department staff shall be permitted to present oral argument to the Board, the length of which shall be limited by the chair of the Board. At the conclusion of the presentation of the matter, the Board shall render a decision on the petition and a written decision shall follow within 10 days.
- (f) A declaratory ruling or refusal to issue such ruling, shall be subject to judicial review in the manner provided for review of decisions in individual proceedings in the Oklahoma Administrative Procedures Act (75 O.S. § 307).

[Source: Added at 10 Ok Reg 3087, eff 7-1-93 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 18 Ok Reg 2649, eff 7-1-01 ; Amended at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 24 Ok Reg 2554, eff 7-12-07 ; Amended at 34 Ok Reg 1771, eff 10-1-17]

450:1-1-10. Procedures to petition the ODMHSAS to request the promulgation, amendment or repeal of a rule

Any person affected either by a rule adopted and promulgated by ODMHSAS, or the lack of a rule and regulation may petition ODMHSAS to promulgate, adopt, amend or repeal the rule pursuant to 75 O.S. § 305 and in accordance with this section.

- (1) The petition must be in writing and submitted to the Rules Liaison of ODMHSAS at 2000 N. Classen, Suite E600, Oklahoma City, OK 73106 setting forth:

- (A) The proposed amendment, promulgation, or repeal of a specific rule
 - (B) The reason for the petition to repeal, promulgate, or amend a rule; and
 - (C) The effect that the repeal, amendment or promulgation of the rule would have on the petitioner.
- (2) The petitioner must print his or her name, address and telephone number on the petition and it must be signed by the petitioner.
- (3) The Department shall timely respond to such petition, either by initiating rulemaking proceedings or by denying the petition.
- (4) The petitioner will be notified by regular mail if rulemaking proceedings are initiated.
- (5) A petition for rulemaking will be deemed denied if the Department has not initiated rulemaking proceedings within thirty (30) calendar days after the petition is submitted.

[Source: Added at 10 Ok Reg 3087, eff 7-1-93 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 18 Ok Reg 2649, eff 7-1-01 ; Amended at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 20 Ok Reg 2100, eff 7-1-03 ; Amended at 24 Ok Reg 2554, eff 7-12-07 ; Amended at 34 Ok Reg 1771, eff 10-1-17]

450:1-1-11. Procedures to request suspension of rules for performance improvement study

- (a) Any person or entity subject to the rules contained in rules of ODMHSAS (Oklahoma Administrative Code Title 450) may petition for a suspension of a particular rule or rules as applied for by the petitioner if necessary for the petitioner to undergo performance improvement studies to determine the validity of the rule or rules and such study is being funded by either a state or federal authority.
- (b) In petitioning ODMHSAS for a declaratory ruling, the following procedures must be followed:
- (1) The petition must be in writing and submitted to the Rules Liaison of ODMHSAS in person at 2000 N. Classen, Suite E600, Oklahoma City, OK 73106;
 - (2) The petition shall state with specificity the rule or rules in question;
 - (3) The petition shall state clearly and with specificity the bases for the suspension, the funding source of the study, and the time period the suspension will be needed; and
 - (4) The petitioner or petitioner's authorized representative shall print his or her name address and telephone number on the petition and sign it.
- (c) The petition will be stamped upon receipt by ODMHSAS to show the date of submission. The petition shall be referred to the appropriate staff persons to make a recommendation to the Commissioner, who shall issue a ruling within 30 days.
- (d) The petitioner shall be notified whether the suspension is granted in writing by the U.S. Mails, certified mail, return receipt requested.

[Source: Added at 24 Ok Reg 2554, eff 7-12-07 ; Amended at 34 Ok Reg 1771, eff 10-1-17]

SUBCHAPTER 3. CONTRACTS FOR MENTAL HEALTH, SUBSTANCE ABUSE, AND RESIDENTIAL CARE SERVICES

PART 1. ELIGIBILITY TO CONTRACT

450:1-3-1. Purpose

The purpose of this Part is to delineate the criteria for eligibility for entities to contract with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) for the provision of mental health, substance abuse, eating disorder, gambling addiction, narcotic treatment, and residential care services to the public as permitted or required under Title 43A of the Oklahoma Statutes.

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 24 Ok Reg 2554, eff 7-12-07]

450:1-3-2. Definitions [REVOKED]

[Source: Amended at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Revoked at 19 Ok Reg 1363, eff 7-1-02]

450:1-3-3. Applicability

This part is applicable to all entities presently under contract with ODMHSAS to provide mental health, substance abuse, eating disorder, gambling addiction, narcotic treatment, and residential care services; and to all entities which may either be, or desire to be, considered for such contracts.

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 20 Ok Reg 2100, eff 7-1-03 ; Amended at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 24 Ok Reg 2554, eff 7-12-07]

450:1-3-4. Criteria for eligibility to contract

The criteria for eligibility to contract with the ODMHSAS are as follows:

- (1) The entity shall exist in conformity with Oklahoma Statutes regulating said entity, and provide such proof. In addition, if said entity purports to be a not for profit corporation, the proof of exemption from federal taxes under the U.S. Internal Revenue Service Code shall be made.
- (2) Revocation or non-renewal of an entity's certification by ODMHSAS shall result in contract termination for any service requiring such certification as of the date of ODMHSAS action.

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 18 Ok Reg 521, eff 10-13-00 (emergency); Amended at 18 Ok Reg 2649, eff 7-1-01 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 27 Ok Reg 2200, eff 7-11-10]

450:1-3-5. Staff qualifications for contracted entities

(a) All staff who provide clinical or supportive services for an agency contracting with ODMHSAS shall have documented qualifications, licensing or training specific to the clinical services they provide.

(b) The following service providers, as defined in 450:1-1-1.1, may provide behavioral health treatment and support services as agreed upon per contract between ODMHSAS and the contractor:

- (1) Behavioral Health Aide (BHA);
- (2) Behavioral Health Case Manager (CM);
- (3) Certified Alcohol and Drug Counselor (CADC);
- (4) Employment Consultant (EC);
- (5) Family Support and Training Provider (FSP);
- (6) Gambling Treatment Professional (GTP);
- (7) Intensive Case Manager (ICM);
- (8) Licensed Behavioral Health Professional (LBHP);
- (9) Licensure Candidate;
- (10) Licensed Mental Health Professional (LMHP);
- (11) Licensed Physician;
- (12) Licensed Practical Nurse;
- (13) Paraprofessional;
- (14) Psychiatrist;
- (15) Peer Recovery Support Specialist (PRSS);
- (16) Registered Nurse;
- (17) Support Services Provider (SSP).

(c) Compliance with 450:1-3-5 shall be determined by a review of staff personnel files and other supporting documentation provided.

(d) Failure to comply with 450:1-3-5 will result in the initiation of procedures to deny, suspend and/or revoke certification.

[Source: Added at 27 Ok Reg 2200, eff 7-11-10 ; Amended at 30 Ok Reg 1392, eff 7-1-13 ; Amended at 31 Ok Reg 1989, eff 10-1-14 ; Amended at 32 Ok Reg 2066, eff 9-15-15 ; Amended at 34 Ok Reg 1771, eff 10-1-17]

PART 3. CONTRACTS AND CONTRACTING PROCESSES**450:1-3-14. Purpose**

The purpose of this Part is to describe the contracts and contracting processes of ODMHSAS for the provision of mental health, substance abuse, eating disorder, gambling addiction, narcotic treatment, and residential care services to the public.

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 18 Ok Reg 521, eff 10-13-00 (emergency); Amended at 18 Ok Reg 2649, eff 7-1-01 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 24 Ok Reg 2554, eff 7-12-07]

450:1-3-15. Applicability

This Part is applicable to all entities presently under contract to provide mental health services, substance abuse services, community-based structured crisis services, eating disorder services, gambling

addiction services, narcotic treatment services, and residential care services, and to all entities which may either be, or desire to be, considered for such contracts.

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 18 Ok Reg 521, eff 10-13-00 (emergency); Amended at 18 Ok Reg 2649, eff 7-1-01 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 24 Ok Reg 2554, eff 7-12-07]

450:1-3-16. Contract forms

Contracts are in a standardized form and format as determined by ODMHSAS which may be revised from year to year to meet changing state and federal statutes and regulations, and the requirement of ODMHSAS to fulfill its functions and responsibilities).

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 19 Ok Reg 1363, eff 7-1-02]

450:1-3-17. Contract execution ODMHSAS [REVOKED]

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 18 Ok Reg 521, eff 10-13-00 (emergency); Amended at 18 Ok Reg 2649, eff 7-1-01 ; Amended at 19 Ok Reg 1363, eff 7-1-02]

450:1-3-18. Contract type [REVOKED]

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Revoked at 16 Ok Reg 1466, eff 7-1-99]

450:1-3-19. Competitive bidding

With regard to competitive bidding:

(1) Contracts which are not based upon fixed uniform rates shall be competitively bid unless said contract is exempt from competitive bidding.

(2) Contracts based upon fixed uniform rates, which have been previously approved by the Department of Central Services, set by the Board, on the recommendation of the Commissioner of ODMHSAS, are not subject to competitive bidding [74 O.S. § 85.7 (11)].

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 15 Ok Reg 2741, eff 7-1-98 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 19 Ok Reg 1363, eff 7-1-02]

450:1-3-20. Contract, services performance

Contracts shall require performance of specific service(s) to be performed). Where the services cannot be broken down into units, specifically measurable and reviewable services shall be stated. Additionally, contracts may contain requirements of performance based upon measurable quality outcome indicators.

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 18 Ok Reg 521, eff 10-13-00 (emergency); Amended at 18 Ok Reg 2649, eff 7-1-01 ; Amended at 19 Ok Reg 1363, eff 7-1-02]

450:1-3-21. Contract renewal

(a) Contracts for community mental health services, substance abuse services, community-based structured crisis services, eating disorder services, gambling addiction services, narcotic treatment services, and residential care services are considered during the third (3rd) and fourth (4th) quarter of the ODMHSAS fiscal year, for contracting in the following fiscal year.

(b) Consideration for renewal shall include a review of performance of the current contract including, but not limited to, measurable outcome indicators, target populations served, levels of performance of specific services, the existence of any patients' rights violations, and cost effectiveness of the delivery of services.

(c) If ODMHSAS determines the contractual relationship shall be renewed, it shall be in a new contract for the upcoming fiscal year and may or may not contain the same terms, conditions, form and format as the previous contract.

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 18 Ok Reg 521, eff 10-13-00 (emergency); Amended at 18 Ok Reg 2649, eff 7-1-01 ; Amended at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 24 Ok Reg 2554, eff 7-12-07 ; Amended at 27 Ok Reg 2200, eff 7-11-10]

450:1-3-22. Contractor reimbursement rates

Reimbursements to contractors for mental health, substance abuse, eating disorder services, gambling addiction services, narcotic treatment services, and residential care services shall be considered and set in the manner described as follows:

(1) Contractors shall annually, or as otherwise prescribed, submit to ODMHSAS a uniform cost report in the form and format determined by ODMHSAS, and within time-frames established by ODMHSAS.

(2) ODMHSAS staff shall review and analyze these cost reports, requesting where deemed necessary the submission of supporting clarifying information within fifteen (15) days of said request.

(3) ODMHSAS staff may recommend to the Board fixed uniform rates for services, taking into consideration variables such as average costs, appropriate inflationary factors, capitation methods, performance outcome measures, staff credentials and available funding.

(4) Prior to submitting to the Board the proposed rates or changes to existing rates, the following shall occur:

(A) The ODMHSAS shall provide written notice of an open hearing on the proposed fixed rates to each applicable contractor of record.

(B) The ODMHSAS shall conduct, and make a summary of, the scheduled open hearing.

(5) Consideration of the proposed fixed rate by the Board shall not occur until the Director of Department of Central Services has been provided with, pursuant to 74 O.S. § 85.7:

(A) Thirty (30) days written notice of the Board Meeting to consider the uniform rates of reimbursement;

- (B) A copy of the Board Meeting agenda item(s) concerning the proposed rate(s); and
 - (C) All supporting documentation and materials regarding the reimbursement rates being proposed.
- (6) The Board shall, at the meeting referenced in (5)(A) and (B) of this section, separately consider each proposed fixed and uniform rate of reimbursement. These rates, if adopted, shall then take effect on a date determined by the Board when the rates are considered for adoption; and remain in effect until subsequent Board action.
- (7) All revisions shall be examined, proposed, considered and adopted pursuant to this section.
- (8) Where a fixed rate is already authorized by the Department of Central Services according to the provisions of 74 O.S. § 85.7, ODMHSAS, through its Commissioner, may adopt and utilize said fixed rate without Board approval.

[Source: Added at 20 Ok Reg 2100, eff 7-1-03 ; Amended at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 24 Ok Reg 2554, eff 7-12-07 ; Amended at 28 Ok Reg 902, eff 7-1-11]

SUBCHAPTER 5. PROCEDURE IN INDIVIDUAL ADMINISTRATIVE PROCEEDINGS

450:1-5-1. Individual proceedings

- (a) Article II of the Administrative Procedures Act ("APA"), 75 O.S. §§ 308a, *et seq.*, governs individual proceedings by ODMHSAS or the Board for revocation and suspension of certification or for reprimand of certified facilities.
- (b) Further, this chapter sets forth the procedural aspects of individual proceedings and hearings provided for in accordance with the Administrative Procedures Act.

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 23 Ok Reg 1941, eff 7-1-06]

450:1-5-2. Definitions [REVOKED]

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 14 Ok Reg 1906, eff 5-27-97 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 18 Ok Reg 521, eff 10-13-00 (emergency); Amended at 18 Ok Reg 2649, eff 7-1-01 ; Amended at 19 Ok Reg 1363, eff 7-1-02]

450:1-5-3. Persons affected by individual actions

The Board directs that ODMHSAS may bring an individual proceeding against any person or entity certified by the Board or ODMHSAS for violation of Title 43A of the Oklahoma Statutes or the rules of the ODMHSAS as set forth in Title 450 of the Oklahoma Administrative Code.

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 13 Ok Reg 2209, eff 7-1-96 ; Amended at 14 Ok Reg 1906, eff 5-27-97 ; Amended at 19 Ok Reg 1363, eff 7-1-02]

450:1-5-4. Types of sanctions

The following administrative sanctions may be taken against a respondent:

- (1) Revocation of certification
- (2) Reduction in certification
- (3) Suspension of certification
- (4) Reprimand

[**Source:** Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 13 Ok Reg 2209, eff 7-1-96 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 22 Ok Reg 2099, eff 7-1-05]

450:1-5-5. Petition and notice in individual proceedings

(a) **Petition and Notice.** In the event the Commissioner determines action should be taken, an individual proceeding may be initiated by filing a petition and notice with the Hearing Clerk for ODMHSAS, who shall be designated by the Commissioner, and by serving the petition on all respondents. The petition and notice shall include a statement of the legal authority and jurisdiction under which the action is taken, reference to the statutes and rules involved, a short and plain statement of the matters asserted and the relief requested. The petition may allege facts by attaching and incorporating a document by reference. The petition and notice shall commence and become effective fifteen (15) calendar days after receipt of said notice by the respondent, unless the respondent timely files a written request for a hearing with ODMHSAS.

(b) **Request for hearing.** A request for hearing will be timely filed if said request is in writing and received by the Hearing Clerk of ODMHSAS within ten (10) calendar days of the date the party received the petition and notice. If a timely written request for a hearing is not filed by the respondent, the allegations in the petition shall be deemed confessed by the respondent and the action will become final as set forth herein. If the written request for hearing is timely filed, such hearing shall be scheduled before an Administrative Hearing Officer at least fifteen (15) days from the date said request is filed, and the parties shall be notified of the date, time and place of the hearing. If an emergency exists, a hearing may be conducted without the filing of a petition and without waiting fifteen (15) days.

[**Source:** Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2100, eff 7-1-03 ; Amended at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 24 Ok Reg 2554, eff 7-12-07]

450:1-5-5.1. Service of petition and notice

(a) **Service.** The petition and notice shall be served on the respondent(s) personally or by certified mail, return receipt requested to the address of the respondent(s) on file with the Department.

(b) **Proof of service.** Proof of service shall be filed with the hearing clerk.

(c) **Substitute service.** If the Department is unable to obtain service on a respondent, the petition and notice shall be mailed by regular mail to the last known address of the respondent, and the Department shall file

an affirmation service was attempted.

(d) **Service of other papers and documents.** Service of all other papers and documents connected with an individual proceeding shall be served on the parties or their counsel by delivering a copy or via regular mail or facsimile.

[Source: Added at 19 Ok Reg 1346, eff 7-1-02]

450:1-5-5.2. Emergency actions

When the Commissioner or Hearing Officer finds that the public health, safety or welfare requires action be taken immediately and when such a finding is incorporated in an order, emergency action or summary suspension of a certification may be ordered pending the filing of a petition or the outcome of an individual proceeding.

[Source: Added at 19 Ok Reg 1346, eff 7-1-02]

450:1-5-5.3. Procedures in individual proceedings generally

The order of procedure in all individual proceedings shall generally be governed by the APA, Oklahoma Pleading Code and the Oklahoma Discovery Code. Any matter of practice or procedure not specified will be guided by the practice and procedure followed by the district courts of this state.

[Source: Added at 19 Ok Reg 1346, eff 7-1-02]

450:1-5-5.4. Prehearing conference

A pre-hearing conference may be ordered and scheduled by the Hearing Officer on his own motion or upon the request of any party. The Hearing Officer may authorize the conference to occur by teleconference. The subjects and objectives of the pre-hearing conference shall be similar to those for pretrial proceedings in district courts.

[Source: Added at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 23 Ok Reg 1941, eff 7-1-06]

450:1-5-6. Continuances

(a) **Continuance by ODMHSAS.** The Hearing Officer may continue or adjourn the proceedings at any time for a specified time, with notice or motion.

(b) **Continuance by motion of parties.** Except for good cause shown, or by agreement of all parties, no continuance will be granted upon motion of a party unless written request therefore is filed and served on all parties of record and filed with the Hearing Clerk at least seven (7) days prior to the date set for hearing. A stipulation for continuance among all parties of record ordinarily will be approved, unless the Hearing Officer determines that the public interest requires otherwise.

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 23 Ok Reg 1941, eff 7-1-06]

450:1-5-7. Discovery

(a) **Purpose.** Discovery is designed to enable a party to obtain relevant information needed for presentation of the party's case. This section is intended to provide a simple method of discovery.

(b) **Explanation.** Discovery is a process apart from the hearing whereby a party may obtain information from another person which has not otherwise been provided. This information is obtained for the purpose of assisting the parties in developing, preparing and presenting their cases.

(c) **Methods.** Discovery shall be conducted generally in accordance with Section 315 of the APA and as set forth in the Oklahoma Discovery Code. Additionally, the Hearing Officer may enter specific orders directing the conduct of discovery.

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 23 Ok Reg 1941, eff 7-1-06]

450:1-5-8. Protective orders

(a) The Hearing Officer at the hearing or at anytime upon application of a party, with or without notice, may make such orders relating to discovery as may be necessary or appropriate for the protection of the parties, and to prevent hardship to and excessive burden upon a party. Such orders may, among other subjects, limit the scope of depositions, prohibit questions or subjects of inquiry, require or excuse answers to questions on deposition, limit or excuse, in whole or in part, production of documents or answers to interrogatories, and shorten or extend the time within which any act shall be performed. Disclosure of consumer identification shall only be ordered pursuant to state and federal law.

(b) The Hearing Officer may make appropriate orders, including dismissal of a proceeding or denial of relief, as may be warranted for failure or refusal to comply with an order issued pursuant to this rule.

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 23 Ok Reg 1941, eff 7-1-06]

450:1-5-9. Subpoenas

(a) **Issuance and service.** Subpoenas for the attendance of witnesses, the furnishing of information and the production of evidence shall be issued by the Hearing Clerk upon request by a party. As an officer of the court, an attorney authorized to practice law in Oklahoma may also issue and sign subpoenas. Filing a formal request for the issuance of subpoenas shall not be required. Subpoenas shall be served and a return made in the same manner as provided in the Oklahoma Pleading Code, 12 O.S. § 2004.1.

(b) **Failure to obey.** Either party may seek an appropriate judicial proceeding to compel compliance by persons who fail to obey a subpoena, who refuse to be sworn or make an affirmation at a hearing or who refuse to answer a proper question during a hearing. The hearing shall proceed despite any such refusal but the Hearing Officer may, in his or her discretion, continue the proceedings as necessary to secure a court ruling.

(c) **Motions to quash.** Any person to whom a subpoena is directed, may file a motion to quash or limit the subpoena with the Hearing Clerk, setting forth the reasons why the subpoena should not be complied with or why it should be limited in scope and the Hearing Officer will rule on the motion.

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 23 Ok Reg 1941, eff 7-1-06]

450:1-5-10. Conduct and record of hearing

(a) **Open to public.** Every hearing before ODMHSAS shall be conducted by the designated Hearing Officer. All hearings shall be open to the public unless a protective order is entered for protection of consumer confidentiality; however, upon motion of a party to the proceeding, the Hearing Officer may exclude from the hearing room any witness not at that time under examination. A party to the proceeding and that party's attorney may not be excluded.

(b) **Record.** All testimony shall be taken on the record unless otherwise designated by the Hearing Officer. An electronic recording of the hearing proceedings shall be made. The recording will not be transcribed as a matter of course. The electronic recording of ODMHSAS shall be the official record. Copies of the recordings shall be provided to a party on written request. The cost of transcription, if done, shall be borne by the party having the recording transcribed.

(c) **Court reporter.** A party may have the proceeding transcribed by a court reporter at the expense of the party. Each party requesting copies shall make arrangements for such with the reporter, and pay the costs.

(d) **Maintenance of the record.** The record of a proceeding and the file containing the notices and the pleadings will be maintained by the Hearing Clerk in a location designated by the Hearing Clerk. All pleadings, motions, orders and other papers submitted for filing in an individual proceeding shall be stamped with the date filed by the Hearing Clerk upon receipt.

(e) **Designation on appeal.** On an appeal to district court, the parties may designate and counter-designate portions of the record to save costs, following the procedures in the APA.

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 23 Ok Reg 1941, eff 7-1-06]

450:1-5-11. Hearing officers

(a) **Exercise of authority.** The Commissioner shall appoint at least one individual who is a licensed attorney to act as the Administrative Hearing Officer in individual proceedings filed before the Department of Mental Health and Substance Abuse Services.

(b) The Administrative Hearing Officer shall conduct fair and impartial hearings and take all necessary action to avoid delay in the disposition of all proceedings. He or she shall have all powers necessary to that end unless otherwise limited by law, including but not limited to, the authority to:

- (1) Administer oaths and affirmations;

- (2) Rule upon objections and offers of proof and receive relevant evidence;
- (3) Rule upon the institution of discovery procedures as appropriate;
- (4) Convene a hearing as appropriate, regulate the course of the hearing, examine any witness in order to clarify issues; maintain decorum and exclude from the hearing any disruptive persons;
- (5) Exclude from the hearing any witness whose later testimony might be colored by testimony of other witnesses or any person whose presence might have a chilling effect on testifying witness;
- (6) Rule on all motions, witness and exhibit lists and proposed findings;
- (7) Require the filing of memoranda of law and the presentation of oral argument with respect to any question of law;
- (8) Order the production of evidence and the appearance of witnesses whose testimony would be relevant, material and non-repetitious;
- (9) Make inquiries of the parties or witnesses for the purpose of clarification or fact findings to insure a fair and impartial decision;
- (10) Render decisions pursuant to the particular action taken;
- (11) May require, or allow, the filing of briefs by the parties, and may designate the order and time for filing briefs and reply briefs;
- (12) Close the record when all interested parties have had the opportunity to be heard and to present evidence; and
- (13) Issue findings and orders.

(c) Disqualification of hearing officer.

- (1) The Administrative Hearing Officer shall withdraw from any individual proceeding in which he cannot accord a fair and impartial hearing or consideration, stating on the record the reasons therefore, and shall immediately notify all parties of the withdrawal.
- (2) Any party may file a motion requesting the Administrative Hearing Officer withdraw on the basis of personal bias or other disqualification and specifically setting forth the reasons for the request. This motion shall be filed as soon as the party has reason to believe there is a basis for the disqualification. The Administrative Hearing Officer shall rule on said motion.

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2100, eff 7-1-03 ; Amended at 23 Ok Reg 1941, eff 7-1-06]

450:1-5-12. Sanctions for non-compliance with hearing and discovery procedures

The Hearing Officer may impose sanctions upon the parties as necessary to serve the ends of justice.

[Source: Added at 10 Ok Reg 3741, eff 7-12-93]

450:1-5-13. Order of hearing

(a) **Appearances and default.** At the hearing, every party shall announce an appearance. An individual may appear on their own behalf or be represented by an attorney. A corporation must be represented by counsel. Any respondent who fails to appear as directed, after service of the petition and notice of hearing as provided by these rules, may be determined to have waived the right to appear and present a defense to the allegations contained in the petition, and the Hearing Officer may default the party and issue an order sustaining the allegations.

(b) **Preliminary matters.** The following shall be taken up prior to receiving evidence:

- (1) The ODMHSAS and other parties may offer preliminary exhibits, including pleadings necessary to present the issues to be heard.
- (2) Ruling shall be made on any pending motions, including requests for delivery of documents.
- (3) Stipulations of fact and stipulated exhibits shall be received.
- (4) Parties shall make opening statements where appropriate.
- (5) Any other preliminary matters appropriate for dispositions prior to offers of evidence.

(c) **Rules of evidence.** The rules of evidence shall be those specified by the APA.

(d) **Presentation of the case.** At the hearing, each party may make a brief opening statement, present witnesses and exhibits, cross-examine adverse witnesses, and make closing arguments.

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 19 Ok Reg 1363, eff 7-1-02]

450:1-5-14. Order

(a) **Issuance and services of order.** Not more than twenty (20) calendar days after conclusion of the hearing, the Hearing Officer shall issue a proposed order with findings of fact and conclusions of law. If ODMHSAS proves its allegations in the petition and notice by clear and convincing evidence, the Hearing Officer shall issue an order sustaining the allegations. If ODMHSAS does not meet its burden, the Hearing Officer shall issue an order in favor of the respondent(s). The Hearing Clerk shall file and serve the proposed order on ODMHSAS and respondent(s) by certified mail, return receipt requested.

(b) **Appeal.** A party may appeal a Hearing Officer's Order to the ODMHSAS Board.

- (1) Request for hearing. The Hearing Officer's order shall become final unless a party files and serves a written request for hearing by the ODMHSAS Board with the Hearing Clerk within fifteen (15) calendar days of the filing of the order.
- (2) Briefs and exceptions. In the event a hearing by the Board is requested, all parties will be given the opportunity to file briefs and exceptions to the Hearing Officer's Order.
- (3) Hearing. When a request for hearing is filed, the matter will be set on the agenda for the next Board meeting, unless the request is filed fifteen (15) calendar days or less prior to the next scheduled Board meeting, in which case it will be set for the on

the agenda of the following meeting. The party requesting the hearing shall file any brief it wishes the Board to consider along with the request for hearing. The other party will then have ten (10) days to file its response. At the Board meeting, the parties shall be permitted to present oral argument. The length of oral argument shall be determined by the chair of the Board. Upon conclusion of oral argument by the parties, the Board may convene in executive session to deliberate the matter.

(4) Issuance of decision. The Board shall issue its decision within thirty (30) calendar days after the hearing before the Board.

(5) Appeal. A party may appeal the Board's decision as provided in the APA.

[Source: Added at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 21 Ok Reg 1724, eff 7-1-04 ; Amended at 23 Ok Reg 1941, eff 7-1-06]

450:1-5-15. Hearing before the Board and Final Order [REVOKED]

[Source: Added at 19 Ok Reg 1346, eff 7-1-02 ; Revoked at 21 Ok Reg 1724, eff 7-1-04]

450:1-5-16. Settlement

Unless precluded by law, individual proceedings may be resolved by agreed settlement or consent order, with the concurrence of the Commissioner, or the Chief Operating Officer or the Hearing Officer.

[Source: Added at 19 Ok Reg 1346, eff 7-1-02]

450:1-5-17. Costs of administrative sanction proceedings where sanction results

The cost of certification review, the record, and administrative sanction proceedings shall be advanced by ODMHSAS. Where a certification review results in an administrative sanction, the cost of the certification review, the record, and administrative sanction proceedings shall be surcharged against the sanctioned party. Costs of administrative sanction proceedings shall include costs of prosecution of the sanction imposed. Reapplication for consideration of certification will not be considered unless and until the sanctioned party pays such costs to ODMHSAS.

[Source: Added at 32 Ok Reg 2066, eff 9-15-15]

SUBCHAPTER 7. CHARGES AND ELIGIBILITY FOR ODMHSAS SERVICES

450:1-7-1. Purpose

The purpose of this Subchapter is to set forth the rules of the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) with regard to the charges for services within ODMHSAS operated facilities

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 23 Ok Reg 1941, eff 7-1-06]

450:1-7-2. Applicability

This Subchapter is applicable to all ODMHSAS operated facilities and to entities contracting with ODMHSAS under OAC 450:1 Subchapter 3.

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 16 Ok Reg 1466, eff 7-1-99]

450:1-7-3. Definitions [REVOKED]

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Revoked at 19 Ok Reg 1346, eff 7-1-02]

450:1-7-4. Charges, ODMHSAS operated facilities [REVOKED]

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 20 Ok Reg 2100, eff 7-1-03 ; Revoked at 22 Ok Reg 2099, eff 7-1-05]

450:1-7-4.1. Charges, ODMHSAS operated facilities

At least annually ODMHSAS shall review all charges for services provided at its facilities, and, if warranted, shall propose a change in the rate of charges for any services(s), based upon the cost of providing said services, or changes in the method/form of reimbursement under the U.S. Social Security Act Titles for Medicare and Medicaid.

[Source: Added at 23 Ok Reg 1941, eff 7-1-06]

450:1-7-5. Reimbursement rates, contractors [REVOKED]

[Source: Added at 10 Ok Reg 3741, eff 7-12-93 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 19 Ok Reg 1346, eff 7-1-02 ; Revoked at 20 Ok Reg 2100, eff 7-1-03]

450:1-7-6. Liability of Consumer for care and treatment - Eligibility for Waiver of Liability

(a) A consumer at a facility within the Department is responsible for payment and liable for his care and treatment unless he or she has received a waiver of the indebtedness from the Department.

(b) A consumer at a facility within the Department shall be granted a waiver from payment for services if the following criteria are met:

(1) The individual must be in need of behavioral health services. An individual shall be considered to be in need of behavioral health services if treatment is needed to stabilize, reduce or

eliminate the symptoms of, or prevent worsening of any of the following conditions for which a facility within the Department offers treatment needed based on the diagnosis and level of care:

- (A) A diagnosable behavioral health condition as defined by the current DSM, excluding a sole diagnosis of developmental disorders or dementia disorders;
- (B) A presenting problem(s) that indicates a behavioral health illness or condition;
- (C) A level of functioning that indicates the need for behavioral health treatment based on a standard assessment instrument; or
- (D) A behavioral health crisis.

(2) The individual must be uninsured. An individual shall be considered uninsured if one of the following applies:

- (A) The individual is not covered by private or public insurance and receives no insurance benefits for behavioral health services;
- (B) The individual has used all available benefits or coverage allowed for behavioral health services;
- (C) The individual has limited benefits for behavioral health services, but the service(s) needed by the individual are not covered by the individual's insurance or plan; or
- (D) Except for housing and vocational services, persons receiving behavioral health services through a health maintenance organization are considered to be fully covered for behavioral health services and are not eligible for a waiver of liability.

(3) The individual is indigent. An individual shall be considered indigent if he or she is at or below 200% of the Federal Poverty Guidelines based solely on the individual's applicable income. The indigence requirement does not apply to persons receiving emergency services or to persons seventeen (17) years of age or younger.

- (A) "Income" is total annual cash receipts before taxes from all sources, and includes money wages and salaries before any deductions, net receipts from self-employment, regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veterans' payments, public assistance (including Temporary Assistance for Needy Families and Supplemental Security Income), training stipends; alimony, child support, military family allotments or other regular support from an absent family member or someone not living in the household, private pensions, government employee pensions, regular insurance or annuity payments, college or university scholarships, grants, fellowships and assistantships, dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.
- (B) "Income" does not include non-cash benefits, such as the employer-paid or union-paid portion of health

insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and federal non-cash benefit programs such as Medicare, Medicaid, food stamps, school lunches, loans and housing assistance.

(C) Adjustments to "income" are allowed for the following:

(i) Child care allowance for dependent children under the age of fourteen (14). The amount of \$200 for each child under the age of two (2), and \$175 for each child under the age of fourteen (14) can be deducted from "income" to calculate total adjusted "income". If the family has children, there is no verification requirement.

(ii) Working adult allowance for working adults in the household. The amount of \$240 for each working adult can be deducted from "income" to calculate total adjusted "income". "Working adult" is defined as a person age eighteen (18) or older with earned income (adult children in the household are not eligible to be counted for this deduction). There is no verification requirement for this deduction.

(c) Before any waiver of liability is granted, a report or questionnaire must be prepared which indicates the demographic information including the consumer's name, address if any, telephone number if any, and social security number, the consumer's income, number of dependents and third-party insurance or payer information. Income must be verified by the facility obtaining one of the following:

(1) The consumer's Internal Revenue Service Form W-2 from the previous year;

(2) The consumer's federal or state income tax return from the previous year;

(3) Two recent, consecutive paycheck stub(s) showing the pay date, hours worked, types of pay and gross rate of pay;

(4) A Medicaid card; or

(5) Any government document that verifies income. If the facility is unable to verify the consumer's income by an independent source, the consumer or a family member of the consumer must sign an income verification statement before a waiver of liability may be granted.

(d) The executive director of the facility within the Department or his or her designee shall make a determination of whether the consumer meets the criteria for waiver of liability and sign a statement, which must be placed in the consumer's record at the facility, of the reasons for the waiver.

SUBCHAPTER 9. CERTIFICATION AND DESIGNATION OF FACILITY SERVICES

450:1-9-1. Applicability of certification

This subchapter applies to all entities and individuals which are subject to certification by the Board, or the Commissioner or designee.

[Source: Added at 11 Ok Reg 3335, eff 7-5-94 ; Amended at 13 Ok Reg 2209, eff 7-1-96 ; Amended at 18 Ok Reg 521, eff 10-13-00 (emergency); Amended at 18 Ok Reg 2649, eff 7-1-01 ; Amended at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 20 Ok Reg 2100, eff 7-1-03 ; Amended at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 24 Ok Reg 2554, eff 7-12-07 ; Amended at 26 Ok Reg 2670, eff 7-25-09 ; Amended at 30 Ok Reg 1392, eff 7-1-13]

450:1-9-2. Definitions [REVOKED]

[Source: Added at 11 Ok Reg 3335, eff 7-5-94 ; Amended at 14 Ok Reg 1906, eff 5-27-97 ; Revoked at 19 Ok Reg 1346, eff 7-1-02]

450:1-9-3. Purpose of certification

The purpose of ODMHSAS certification is to assess each facility's responsibility to the consumer, and delivery of acceptable services to the consumer. Responsibility to the consumer is demonstrated through the provision of suitable facilities, trained staff and needed services which are accessible, safe and confidential. In addition to the above, is demonstrated by the willingness and ability of the facility's governing authority and staff to provide the planning, budgeting and management of resources necessary to the continued existence and effectiveness of the facility/services.

[Source: Added at 11 Ok Reg 3335, eff 7-5-94 ; Amended at 13 Ok Reg 2209, eff 7-1-96 ; Amended at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 24 Ok Reg 2554, eff 7-12-07 ; Amended at 27 Ok Reg 2200, eff 7-11-10 ; Amended at 30 Ok Reg 1392, eff 7-1-13]

450:1-9-4. Reviewing authority

(a) The Board may certify community mental health centers, community residential mental health facilities, community-based structured crisis centers, eating disorder treatment programs, alcohol and drug treatment programs, outpatient mental health treatment programs (mental illness treatment programs), comprehensive addiction treatment centers, programs of assertive community treatment, gambling addiction treatment programs, and narcotic treatment programs as cited in Section 450:1-9-1, and directs that such shall be carried out as stated in this subchapter.

(b) The Commissioner or designee may approve certifications subsequent to initial certifications for Permits for Temporary Operations, and probationary certifications. Such certifications must be presented at the next ODMHSAS Board meeting for Board review and confirmation. In the event the Board does not confirm the certification status granted by the Commissioner or designee, the certification shall expire no later than thirty (30) days from the Board's action as stipulated in a written notice

provided to the organization for which the certification was denied.

(c) The Board, or the Commissioner or designee, may also certify qualified individuals to perform within the scope of specific functions to provide treatment or support services related to behavioral health services. Certification of individuals shall be carried out as stated in OAC 450: 1 and in accordance with applicable requirements specified in other chapters of OAC 450.

(d) The Commissioner of ODMHSAS may grant or extend a Permit for Temporary Operations to respond to unplanned changes that create an emergency need for service provision in the public behavioral health delivery system for services operated by or funded by ODMHSAS.

(1) Provider Certification shall conduct a site review at the designated facility which must meet the minimal compliance requirements as cited in 450:1-9-7.

(2) The application procedure for completion of the certification process shall be accomplished in accordance with 450:1-9-6 and 450:1-9-7.

(3) The Permit for Temporary Operations emergency certification status granted to the facility by the Commissioner as described above must be presented at the next ODMHSAS Board meeting for Board review and confirmation. In the event the Board does not confirm the Temporary Certification status granted by the Commissioner, the Permit for Temporary Operations expire no later than thirty (30) days from the Board's action as stipulated in a written notice provided to the organization for which the Permit was denied.

[Source: Added at 11 Ok Reg 3335, eff 7-5-94 ; Amended at 14 Ok Reg 1906, eff 5-27-97 ; Amended at 15 Ok Reg 2741, eff 7-1-98 ; Amended at 18 Ok Reg 521, eff 10-13-00 (emergency); Amended at 18 Ok Reg 2649, eff 7-1-01 ; Amended at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 20 Ok Reg 2100, eff 7-1-03 ; Amended at 22 Ok Reg 2099, eff 7-1-05 ; Amended at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 24 Ok Reg 2554, eff 7-12-07 ; Amended at 27 Ok Reg 2200, eff 7-11-10 ; Amended at 30 Ok Reg 1392, eff 7-1-13 ; Amended at 39 Ok Reg 1915, eff 9-15-22]

450:1-9-5. Qualifications for certification of facilities, programs and individuals

(a) Qualifications for certification of facilities and programs providing mental health, substance related, or addictive disorder treatment services are as follows:

(1) Substantial compliance with applicable Standards and Criteria as authorized within the authority of Title 43A of the Oklahoma Statutes, including but not limited to those Core Organizational Standards, Core Operational Standards and Quality Clinical Standards formally codified in Title 450 regulating the area for which certification is sought:

(A) Chapter 16, Standards and Criteria for Community Residential Mental Health Facilities;

(B) Chapter 17, Standards and Criteria for Community Mental Health Centers;

(C) Chapter 18, Standards and Criteria for Substance Related and Addictive Disorder Treatment Services;

- (D) Chapter 23, Standards and Criteria for Community Based Structured Crisis Centers;
- (E) Chapter 24, Standards and Criteria for Comprehensive Community Addiction Recovery Centers;
- (F) Chapter 27, Standards and Criteria for Mental Illness Service Programs;
- (G) Chapter 55, Standards and Criteria for Programs of Assertive Community Treatment;
- (H) Chapter 60, Standards and Criteria for Certified Eating Disorder Treatment Programs;
- (I) Chapter 65, Standards and Criteria for Gambling Treatment Programs; and
- (J) Chapter 70, Standards and Criteria for Opioid Substitution Treatment Programs.

(2) Substantial compliance with applicable Core Organizational Standards, Core Operational Standards and Quality Clinical Standards set forth in OAC 450:1-9-5.4, OAC 450:1-9-5.5 and OAC 450:1-9-5.6. Core Organizational Standards, Core Operational Standards and Quality Clinical Standards address separate requirements as follows:

(A) Core Organizational Standards address requirements necessary to assure the public and consumers of services that essential organizational functions are substantially in place at the facility and the facility is prepared to initiate services for which certification is being requested. These requirements can be verified prior to the initiation of services for which the organization is requesting certification.

(B) Core Operational Standards address other essential conditions and processes that must be in place to assure basic safety and protection of consumer rights. Some of these requirements can also be verified prior to the initiation of service. Others must be verified when an organization begins providing services.

(C) Quality Clinical Standards address actual services provided, qualifications of staff, clinical documentation, and processes designed to assure consistency in quality and efficacy of services. These requirements can only be verified after a reasonable time during which services have been provided.

(3) Substantial compliance with applicable Core Organizational Standards, Core Operational Standards and Quality Clinical Standards will be evaluated by assessing each program or facility's level of compliance with applicable standards. Standards will have separate minimum compliance thresholds based on their categorization as critical or necessary in accordance with 450:1-9-5.7. Critical and Necessary Standards are defined as follows:

(A) Critical Standards are standards that have the potential to significantly impact the safety, well-being, and/or rights of consumers, or consumers' access to appropriate services.

(B) Necessary Standards are standards that are important for the organization's overall functioning but generally do not have a significant, immediate impact on consumers.

(4) Compliance with all applicable Core Organizational Standards, Core Operational Standards and Quality Clinical Standards will be evaluated in the manner and methods prescribed by ODMHSAS. Compliance methods include, but are not limited to, on-site inspections and observation, staff interviews, and review of relevant records and documentation as determined by ODMHSAS. The determination of whether an individual standard is deemed compliant may be done on a pass/fail basis or as a minimum percentage of required elements. Failure to provide documentation or access requested by ODMHSAS will be grounds for disciplinary action. Failure to demonstrate substantial compliance with applicable standards will result in immediate suspension and/or revocation.

(5) An applicant for certification must also comply with all other applicable statutory licensing provisions, including but not limited to individual professional licensure, other licenses, or permits required of organizational entities.

(b) A certified Community Mental Health Center that provides alcohol and drug treatment services in the course of its outpatient or inpatient services, but has no designated or specialized alcohol and drug abuse treatment program component, shall not be subject to additional certification under Chapter 18 of this Title.

(c) A certified Community Mental Health Center providing alcohol and drug abuse treatment services as a designated or specialized program component shall be subject to certification under Chapter 18 or Chapter 24 of this Title.

(d) Qualifications for certification of entities and individuals providing alcohol and drug course instruction or assessments are as follows:

(1) Compliance with applicable Standards and Criteria as authorized within the authority of Title 43A of the Oklahoma Statutes, including but not limited to those formally codified in Title 450, Chapter 21, Alcohol and Drug Substance Abuse Courses (ADSAC) and Assessments.

(2) An applicant for certification must also comply with all other applicable statutory licensing provisions, including but not limited to individual professional licensure and other licenses or permits.

(e) Qualifications for certification of individual providers of mental health, substance use, or addictive disorder services are as follows:

(1) Compliance with applicable Standards and Criteria as authorized within the authority of Title 43A of the Oklahoma Statutes, including but not limited to those formally codified in Title 450 regulating the area for which certification is sought:

(A) Chapter 50, Standards and Criteria for Certified Behavioral Health Case Managers;

(B) Chapter 53, Standards and Criteria for Certified Peer Recovery Support Specialists; and

(C) Chapter 75, Standards and Criteria for Certified Problem Gambling Treatment Counselors.

(2) An applicant for certification must also comply with all other applicable statutory licensing provisions, including but not limited to individual professional licensure and other licenses or permits.

[Source: Added at 11 Ok Reg 3335, eff 7-5-94 ; Amended at 13 Ok Reg 2209, eff 7-1-96 ; Amended at 14 Ok Reg 1906, eff 5-27-97 ; Amended at 15 Ok Reg 2741, eff 7-1-98 ; Amended at 18 Ok Reg 521, eff 10-13-00 (emergency); Amended at 18 Ok Reg 2649, eff 7-1-01 ; Amended at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 20 Ok Reg 2100, eff 7-1-03 ; Amended at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 24 Ok Reg 2554, eff 7-12-07 ; Amended at 26 Ok Reg 2670, eff 7-25-09 ; Amended at 27 Ok Reg 2200, eff 7-11-10 ; Amended at 30 Ok Reg 1392, eff 7-1-13 ; Amended at 32 Ok Reg 2066, eff 9-15-15 ; Amended at 38 Ok Reg 1203, eff 9-15-21 ; Amended at 39 Ok Reg 183, eff 10-28-21 (emergency); Amended at 39 Ok Reg 1915, eff 9-15-22]

450:1-9-5.1. Types and duration of certification status for facilities and programs [REVOKED]

[Source: Added at 27 Ok Reg 2200, eff 7-11-10 ; Amended at 30 Ok Reg 1392, eff 7-1-13 ; Amended at 31 Ok Reg 1989, eff 10-1-14 ; Amended at 32 Ok Reg 2066, eff 9-15-15 ; Amended at 35 Ok Reg 1805, eff 10-1-18 ; Revoked at 38 Ok Reg 1203, eff 9-15-21]

450:1-9-5.2. Types and Duration of certification of individuals [REVOKED]

[Source: Added at 27 Ok Reg 2200, eff 7-11-10 ; Amended at 30 Ok Reg 1392, eff 7-1-13 ; Revoked at 38 Ok Reg 1203, eff 9-15-21]

450:1-9-5.3. Additional conditions related to certification [REVOKED]

[Source: Added at 27 Ok Reg 2200, eff 7-11-10 ; Amended at 30 Ok Reg 1392, eff 7-1-13 ; Amended at 32 Ok Reg 2066, eff 9-15-15 ; Revoked at 38 Ok Reg 1203, eff 9-15-21]

450:1-9-5.4. Core organizational standards for facilities and programs

(a) **Governing Authority.** With the exception of facilities certified under Chapter 16 of this Title, all facilities and programs shall have documents of authority, which shall be available to the public and ODMHSAS upon request. Documents of authority shall identify the duly constituted authority and governance structure for assuring legal responsibility and for requiring accountability for performance and operation of the facility (including all components and satellites). The documents of authority shall indicate:

- (1) Eligibility criteria for governing body membership;
- (2) The number and types of membership;
- (3) The method of selecting members;
- (4) The number of members necessary for a quorum;
- (5) Attendance requirements for governing body membership;
- (6) The duration of appointment or election for governing body members and officers; and
- (7) The powers and duties of the governing body and its officers and committees or the authority and responsibilities of any person legally designated to function as the governing body.

(b) **Organizational Description.** All facilities and programs shall have a written organizational description which is approved by its governing authority. The facility or program shall make the organizational description available to staff and, upon request, to the public. The organizational description shall minimally include descriptions of:

- (1) Population(s) to be served;
- (2) The overall program mission statement;
- (3) The goals and objectives for the program, including the goal of continued progress in providing evidence-based practices; and
- (4) The specific geographic area in which services are provided for programs certified under Chapter 55 of this Title.

(c) **Personnel Policies and Procedures.**

- (1) All facilities and programs shall have written personnel policies and procedures. With the exception of facilities certified under Chapter 16 of this Title, these policies and procedures shall be approved by the governing authority.
- (2) All employees shall have access to personnel policies and procedures, as well as other rules and regulations governing the conditions of their employment.
- (3) The facility or program shall develop, adopt, and maintain policies and procedures at each provider location to provide for qualified personnel during all hours of operation.
- (4) There shall be job descriptions for all positions setting forth minimum qualifications and duties of each position.

(d) **Utilization of Volunteers.**

- (1) In facilities and programs where volunteers are utilized, specific policies and procedures shall be in place to define the purpose, scope, training, supervision and operations related to the use of volunteers.
- (2) There shall be documentation to verify orientation of each volunteer which shall enable him or her to have knowledge of program goals, and familiarity with routine procedures.
- (3) All volunteers must receive in-service training pursuant to OAC 450:1-9-5.6(b).

(e) **Information Analysis and Performance Improvement.**

- (1) With the exception of facilities certified under Chapter 16 of this Title, all facilities and programs shall have an ongoing information analysis and performance improvement system in order to objectively and systematically monitor, evaluate, and improve consumer outcomes and organizational performance.
- (2) The system shall also address the fiscal management of the facility or program.
- (3) Each facility and program shall prepare a year-end management report annually which shall include, at a minimum:
 - (A) An analysis of consumer outcomes and organizational processes, including:
 - (i) A quarterly quality consumer record review to evaluate the quality of service delivery, including:
 - (I) Appropriateness of services;
 - (II) Patterns of service utilization;

- (III) Consumer involvement in service planning;
- (IV) Assessment processes;
- (V) Service planning procedures and compliance;
- (VI) Alignment between services provided and treatment goals;
- (VII) Service documentation procedures and compliance; and
- (VIII) Alignment between services provided and billed service encounters.
- (ii) A review of staff privileging processes;
- (iii) A review of critical incidents and consumer grievances and complaints;
- (iv) An assessment of service provision, including the provision of trauma-informed, co-occurring capable, culturally competent, and consumer-driven services; and
- (v) Consumer satisfaction.
- (B) Identified areas of improvement; and
- (C) Strategies that will be implemented to address areas of improvement.
- (4) The management report shall be made available to consumers, staff, the governing authority and ODMHSAS upon request.
- (f) Special Populations.**
 - (1) Under Titles 11 and 111 of the Americans with Disabilities Act of 1990, all facilities shall comply with the "Accessibility Guidelines for Buildings and Facilities (ADAAG) for alterations and new construction." State and local standards for accessibility and usability may be more stringent. Facilities shall assume responsibility for verification of all applicable requirements and comply with the most stringent standards.
 - (2) All facilities and programs shall have written policy and procedures for providing or arranging for services for persons who fall under the protection of the Americans with Disabilities Act of 1990 and provide documentation of compliance with applicable Federal, state, and local requirements. A recommended reference is the "Americans with Disabilities Handbook" published the in U.S. Equal Employment Opportunities Commission and the U.S. Department of Justice.
 - (3) All facilities shall have a policy of non-discrimination against persons with Human Immunodeficiency Virus (HIV) and persons with Acquired Immunodeficiency Syndrome (AIDS).

[Source: Added at 38 Ok Reg 1203, eff 9-15-21 ; Amended at 39 Ok Reg 1915, eff 9-15-22]

450:1-9-5.5. Core operational standards for facilities and programs

(a) Physical facility environment and safety.

(1) All facilities shall have written policies and procedures to ensure the safety and protection of all persons within the facility's physical environment, including all leased or owned property and buildings.

(2) All facilities shall be in compliance with applicable fire and safety regulations, codes, and statutory requirements of the federal, state, and local government. This shall include, but not be limited to, the Universal Precautions for Transmission of Infectious Diseases from the Occupational Safety and Health Administration (OSHA).

(3) All facilities shall have an annual fire and safety inspection from the State Fire Marshal or local fire department which documents approval for continued occupancy. All facilities shall keep a copy of the inspection documentation and any correspondence regarding any deficiency at the facility.

(4) All facilities shall have an emergency preparedness plan to meet the needs of consumers, visitors, and staff during a disaster. The emergency preparedness plan shall be evaluated annually and shall, at a minimum, address:

- (A) Fires;
- (B) Floods;
- (C) Tornadoes;
- (D) Explosions;
- (E) Chemical spills; and
- (F) Prolonged loss of heat, light, water, and air conditioning.

(5) All facilities shall have a designated Safety Officer.

(6) There shall be written plans and diagrams posted prominently noting emergency evacuation routes and shelter locations.

(7) All facilities shall have fire alarm systems. All alarms shall be in working order and have visual signals suitable for individuals with a hearing impairment.

(8) There shall be emergency power to supply lighting throughout each location where consumers receive services.

(9) Storage of dangerous substances (toxic or flammable substances) shall be in locked, safe areas or cabinets.

(10) There shall be a written plan for the protection and preservation of consumer records in the event of a disaster.

(11) If the facility serves children or adolescents in any form of residential care, there shall be outside play and recreational space and equipment provided which:

- (A) Is protected and free from hazards;
- (B) Is safely accessible from indoors;
- (C) Has supplies and equipment maintained safely; and
- (D) Has some shade provided.

(b) Hygiene and sanitation.

(1) Residential facilities shall provide the following services and applicable supporting documentation:

- (A) Toilet facilities in a minimum ratio of one (1) per eight (8) resident beds. Each toilet facility shall include a sink in the same room or immediately adjacent thereto;

- (B) Bathing facilities in a minimum ratio of one (1) tub or shower per each eight (8) resident beds;
- (C) Sewage discharge into a municipal sewerage system or collected, treated, and disposed of in an independent sewerage system;
- (D) Regular inspections and treatment by a licensed pest control operator;
- (E) Solid waste disposal through public systems or in a manner approved by the local agency having jurisdiction and the OSDH or Department of Environmental Quality (DEQ), as necessary, with documentation from OSDH or DEQ that the solid waste disposal system is free from deficiencies if applicable;
- (F) Water obtained from an approved public water supply or tested at least quarterly and treated as necessary, thereby maintaining a determination as an approved water supply by the authority having jurisdiction and the OSDH or DEQ, as necessary, with documentation from OSDH or DEQ that the solid waste disposal system is free from deficiencies if applicable;
- (G) Linen in quantities adequate to provide at least two (2) changes of bedding each week; and
- (H) Housekeeping services that provide a hygienic environment in the facility.

(2) Outpatient treatment facilities shall provide:

- (A) Toilet facilities in a minimum ratio of one (1) per twenty (20) persons. Each toilet facility shall include a sink in the same room or immediately adjacent thereto;
- (B) Water and sewerage in the same manner as prescribed for residential facilities; and
- (C) Housekeeping services that provide a hygienic environment in the facility.

(c) **Tobacco-free campus.**

- (1) With the exception of facilities certified under Chapter 16 of this Title, all facilities shall provide a tobacco-free campus for its employees, consumers and visitors. Possession and use of any tobacco product is prohibited on the grounds of the facility by employees, consumers, volunteers and visitors.
- (2) All facilities shall visibly post signs on the property notifying consumers, employees and visitors that the visible possession and use of tobacco products is prohibited.
- (3) Facility employees shall not share tobacco or tobacco replacement products with consumers.
- (4) The facility shall offer assistance to employees who are tobacco users while employed by the facility. The facility shall have written policies describing the types of assistance offered to employees.
- (5) The facility shall inquire about consumers' tobacco use status as part of the screening and treatment planning process and be prepared to offer treatment upon request of the consumer.

(d) **Technology.** With the exception of facilities certified under Chapter 16 of this Title, all facilities and programs shall have policies and procedures regarding the use of technology and systems to support and advance effective and efficient service and business practices. The plan shall include, but not be limited to:

- (1) Hardware and software;
- (2) Security;
- (3) Confidentiality;
- (4) Backup policies;
- (5) Assistive technology;
- (6) Disaster recovery preparedness; and
- (7) Virus protection.

(e) **Confidentiality and information security.**

(1) All facilities and programs shall have written policies and procedures describing the conditions under which consumer information may be disclosed and the procedures for releasing such information. These conditions and procedures shall adhere to all applicable federal and state rules and statutes, including:

- (A) 42 C.F.R., Part 2 and 45 C.F.R. §§ 160.101 et seq.;
- (B) 43A O.S. § 1-109 and 63 O.S. § 1-502.2; and
- (C) OAC 450:15-3-20.1, OAC 450: 15-3-20.2 and OAC 450:15-3-60.

(2) It shall be the responsibility of facility or program to safeguard client information against loss, theft, defacement, tampering, or use by unauthorized persons.

[Source: Added at 38 Ok Reg 1203, eff 9-15-21 ; Amended at 39 Ok Reg 1915, eff 9-15-22]

450:1-9-5.6. Quality clinical standards for facilities and programs

(a) **Staff qualifications.**

- (1) All staff who provide clinical services within facilities and programs shall have documented qualifications or training specific to the clinical services they provide.
- (2) Each facility or program shall have policies and procedures for documenting and verifying the training, experience, education, and other credentials of service providers prior to their providing treatment services for which they were hired. All staff shall be documented as privileged prior to performing treatment services.
- (3) All direct care staff shall be at least eighteen (18) years old.
- (4) Each facility or program shall minimally perform a review each calendar year of current licensure, certifications, and current qualifications for privileges to provide specific treatment services.

(b) **Staff development and training.**

- (1) All facilities and programs shall have a written staff development and training plan for all administrative, professional and support staff. This plan shall include, at a minimum:
 - (A) Orientation procedures;
 - (B) In-service training and education programs;
 - (C) Availability of professional reference materials;

(D) Mechanisms for ensuring outside continuing educational opportunities for staff members; and

(E) Performance improvement activities and their results.

(2) In-service training shall be conducted each calendar year and shall be required within thirty (30) days of each employee's hire date and each calendar year thereafter for all employees on the following topics:

(A) Fire and safety, including the location and use of all fire extinguishers and first aid supplies and equipment;

(B) Universal precautions and infection control;

(C) Consumer's rights and the constraints of the Mental Health Patient's Bill of Rights;

(D) Confidentiality;

(E) Oklahoma Child Abuse Reporting and Prevention Act, 10 O.S. §§ 7101-7115;

(F) Facility policy and procedures;

(G) Cultural competence (including military culture if active duty or veterans are being served);

(H) Co-occurring disorder competency and treatment principles;

(I) Trauma informed service provision;

(J) Crisis intervention;

(K) Suicide risk assessment, prevention, and response; and

(L) Age and developmentally appropriate trainings, where applicable.

(3) All clinical staff, direct care staff, and/or volunteers providing direct care shall have non-physical intervention training in techniques and philosophies addressing appropriate non-violent interventions for potentially physical interpersonal conflicts, staff attitudes which promote dignity and enhanced self-esteem, keys to effective communication skills, verbal and non-verbal interaction and non-violent intervention within thirty (30) days of being hired with updates each calendar year thereafter. Staff and volunteers shall not participate in an intervention without first completing this training. This standard shall not apply to facilities or programs subject to Chapter 27 of this Title or outpatient programs subject to Chapter 18 of this Title.

(4) The local facility Executive Director shall designate which positions and employees, including temporary employees, will be required to successfully complete physical intervention training. A designated employee or volunteer shall not provide direct care services to consumers until completing this training. This standard shall not apply to facilities or programs subject to Chapter 16 or Chapter 27 of this Title, or outpatient programs subject to Chapter 18 of this Title.

(5) The training curriculum for (3) and (4) of this subsection must be approved by the ODMHSAS commissioner or designee.

(6) Each site providing residential level of care services and/or subject to Chapter 23 of this Title shall have staff during all hours of operation who maintain current certification in basic first aid and Cardiopulmonary Resuscitation (CPR).

(c) Clinical supervision.

(1) With the exception of facilities certified under Chapter 16 of this Title, all facilities and programs shall have written policies and procedures, operational methods, and documentation of the provision of clinical supervision for all direct treatment and service staff. For facilities that employ only one service provider, supervision will be in the form of clinical consultation from a qualified service provider in the same field. These policies shall include, but are not limited to:

- (A) Credentials required for the clinical supervisor;
- (B) Specific frequency for case reviews with treatment and service providers;
- (C) Methods and time frames for supervision of individual, group, and educational treatment services; and
- (D) Written policies and procedures defining the program's plan for appropriate counselor-to-consumer ratio, and a plan for how exceptions may be handled.

(2) Ongoing clinical supervision shall be provided and shall address:

- (A) The appropriateness of treatment selected for the consumer;
- (B) Treatment effectiveness as reflected by the consumers meeting their individual goals; and
- (C) The provision of feedback that enhances the clinical skills of service providers.

(d) Clinical record keeping, basic requirements.

(1) All facilities and programs shall establish and maintain an organized clinical record system for the collection and documentation of information appropriate to the treatment processes; and which insures organized, easily retrievable, usable clinical records stored under confidential conditions and with planned retention and disposition.

(2) Each facility or program shall maintain an individual record for each consumer.

(3) The facility's or program's policies and procedures shall:

- (A) Define the content of the consumer record in accordance with all applicable state and federal rules, requirements, and statutes;
- (B) Define storage, retention and destruction requirements for consumer records in a manner that prevents unauthorized information disclosures;
- (C) Require consumer records not in electronic format be maintained in locked equipment which is kept within a locked room, vehicle, or premise;
- (D) Require legible entries in consumer records, signed with first name or initial, last name, and dated by the person making the entry;
- (E) Require the consumer's name or unique identifier be typed or written on each page in consumer records not in electronic format;

(F) Require a signed consent for treatment before a consumer is admitted on a voluntary basis; and
(G) Require consent for release of information in accordance with federal and state laws, guidelines, and standards, including OAC 450:15-3-20.1 and OAC 450:15-3-20.2. For disclosure of information related to substance use disorder referral, payment, and follow up, a signed consent is required.

(4) If electronic clinical (medical) records are maintained, there shall be proof of compliance with all applicable state and federal rules and statutes related to electronic medical records, encryption, and other required features.

(5) ODMHSAS operated facilities shall comply with Records Disposition Schedule 82-17 as approved by the Oklahoma Archives and Records Commission.

(6) The facility or program shall assure consumer records are readily accessible to all staff providing services to consumers. Such access shall be limited to the minimum necessary to carry out the staff member's job functions or the purpose for the use of the records.

(e) Discharge summary.

(1) A completed discharge summary shall be entered in each consumer's record within fifteen (15) days of the consumer completing, transferring, or discontinuing services. The summary shall be signed and dated by the staff member completing the summary. Consumers who have received no services for one hundred eighty (180) days shall be discharged if it is determined that services are no longer needed or desired.

(2) A discharge summary shall include, but not be limited to, the consumer's progress made in treatment, initial condition and condition of the consumer at discharge, diagnoses, summary of current medications, when applicable, and recommendations for referrals, if deemed necessary. It shall include a discharge plan which lists written recommendations and specific referrals for implementing aftercare services, including medications.

Discharge plans shall be developed with the knowledge and cooperation of the consumer, when possible. This standard shall not apply to facilities certified under Chapter 16 of this Title.

(3) The signature of the staff member completing the summary and the date of completion shall be included in the discharge summary.

(4) In the event of death of a consumer, in lieu of a discharge summary, a summary statement including applicable information shall be documented in the record.

(f) Critical incidents.

(1) All facilities and programs shall have written policies and procedures requiring documentation and reporting of critical incidents and analysis of the contributors to the incident to ODMHSAS.

(2) The documentation of critical incidents shall contain, at a minimum:

- (A) Facility name and signature of the person(s) reporting the incident;
 - (B) Names of the consumer(s), and/or staff member(s) involved;
 - (C) Time, date, and physical location of the incident;
 - (D) Time and date incident was reported and name of person within the facility to whom it was reported;
 - (E) Description of incident;
 - (F) Severity of each injury, if applicable. Severity shall be indicated as follows:
 - (i) No off-site medical care required or first aid care administered on-site;
 - (ii) Medical care by a physician or nurse or follow-up attention required; or
 - (iii) Hospitalization or immediate off-site medical attention was required;
 - (G) Resolution or action taken and date resolution or action was taken; and
 - (H) Signature of the facility administrator, or designee of the facility administrator. Designees shall be identified in the facility's policy and procedures.
- (3) Critical incidents shall be reported to ODMHSAS with specific timeframes, as follows:
- (A) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax, or ODMHSAS designated electronic system, to ODMHSAS within seventy-two (72) hours of the incident.
 - (B) Critical incidents involving allegations constituting a sentinel event or consumer abuse shall be reported to ODMHSAS immediately via telephone or fax, but within not more than twenty-four (24) hours of the incident. If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours of the incident.

[Source: Added at 38 Ok Reg 1203, eff 9-15-21 ; Amended at 39 Ok Reg 1915, eff 9-15-22 ; Amended at 40 Ok Reg 1042, eff 9-15-23]

450:1-9-5.7. Types and duration of certification status for facilities and programs

(a) The ODMHSAS may grant the following types of certification for the durations specified below.

- (1) **Permit for Temporary Operations.** A Permit for Temporary Operations may be granted upon ODMHSAS's verification that the organization has substantially complied with Core Organizational Standards and Core Operational Standards applicable to the type of services for which Certification is sought. A Permit for Temporary Operations allows for the organization to begin operations so that compliance with Quality Clinical Standards

may be assessed by the Department.

(A) A Permit for Temporary Operations will be granted for six (6) months and will expire upon subsequent certification achieved by the organization or upon a determination by ODMHSAS that the organization is not in substantial compliance with Quality Clinical Standards.

(B) Organizations shall notify ODMHSAS in writing no later than fourteen (14) calendar days after initiating clinical services in order to begin the compliance review of Quality Clinical Standards. Failure to provide such notification within the required timeframe may result in immediate termination of the Permit for Temporary Operation.

(C) A Permit for Temporary Operations may not be renewed. ODMHSAS may extend a Permit for Temporary Operations for no more than ninety (90) days in the event of extenuating circumstances as determined by ODMHSAS.

(D) Organizations that do not achieve subsequent Certification after obtaining a Permit for Temporary Operations must wait a minimum of ninety (90) days before making re-application.

(2) **Probationary Certification.** Probationary Certification may be awarded for a one (1) year period by ODMHSAS in cases where a program or facility has changed majority ownership or majority board composition but operations of the program or facility continue. Such programs or facilities must provide ODMHSAS with documentation of any changes in policies, procedures, personnel, services, and other documentation as requested by ODMHSAS. Upon determination by ODMHSAS that the program or facility meets the requirements of 450:1-9-5.7(a) (3) prior to expiration of the Probationary Certification, the program or facility may obtain applicable Certification.

(3) **Certification.** ODMHSAS may award Certification for a one (1) year or two (2) year period beyond the period approved for a Permit for Temporary Operations or as a renewal of a previously awarded Certification in accordance with applicable chapters as stipulated in 450:1-9-5 and when ODMHSAS determines that the organization has met substantial compliance with applicable standards. To qualify for Certification, programs must meet the following:

(A) Demonstrate compliance with a minimum of ninety percent (90%) of all Critical Standards as identified in the ODMHSAS Provider Certification Manual on the initial site review, file an acceptable plan of correction in the required timeframe addressing standards for which compliance was not achieved on the initial site review, and demonstrate compliance with one hundred percent (100%) of all Critical Standards after the initial site review.

(B) Demonstrate compliance with a minimum of seventy-five percent (75%) of all Necessary Standards as identified

in the ODMHSAS Provider Certification Manual on the initial site review and file an acceptable plan of correction in the required timeframe addressing standards for which compliance was not achieved on the initial site review.

ODMHSAS may verify compliance with standards identified in the plan of correction at its discretion.

(C) Programs with fewer than five (5) active cases for which clinical records could be reviewed must meet the requirements in (B) above, but can be considered for no more than a one (1) year certification.

(D) Community Residential Mental Health Programs can be considered for no more than a one (1) year certification.

(E) Programs awarded a Probationary Certification are not eligible for Certification under the conditions described in 450:1-9-5.7(3) until all conditions of 450:1-9-5.7(2) have been satisfied.

(F) Programs found to have initiated operations prior to the awarding of a Permit for Temporary Operations for the services for which certification is statutorily required shall obtain the necessary Permit for Temporary Operations to continue operations. Subsequently, these programs will be eligible for Certification for a one (1) year period only for the first two (2) years of Certification. Programs that fail to obtain the necessary Permit for Temporary Operations shall be required to cease operations.

(4) Certification with distinction. Certification with Distinction may be awarded for up to three (3) years by ODMHSAS in accordance with applicable chapters as stipulated in 450:1-9-5 for programs seeking renewal of previously awarded certification when ODMHSAS verifies all of the following minimal conditions are satisfied:

(A) Programs must have provided services with an approved ODMHSAS Certification as described in 450:1-9-5.7(a)(3) for one (1) year or longer in addition to the time services were provided under an approved Permit for Temporary Operations.

(B) Programs must demonstrate compliance with a minimum of ninety percent (90%) of all Critical Standards as identified in the ODMHSAS Provider Certification Manual on the initial site review, file an acceptable plan of correction in the required timeframe addressing standards for which compliance was not achieved on the initial site review, and demonstrate compliance with one hundred percent (100%) of all Critical Standards after the initial site review.

(C) Programs must demonstrate compliance with a minimum of eighty-five percent (85%) of all Necessary Standards as identified in the ODMHSAS Provider Certification Manual on the initial site review and file an acceptable plan of correction in the required timeframe

addressing standards for which compliance was not achieved on the initial site review. ODMHSAS may verify compliance with standards identified in the plan of correction at its discretion.

(D) ODMHSAS may refund certification renewal application fees for organizations that demonstrate 100% compliance with all standards (i.e. Core Organizational Standards, Core Operational Standards, and Quality Clinical Standards) during the initial renewal site visit and review.

(E) Community Residential Mental Health Programs can be considered for no more than a one (1) year Certification with Distinction.

(F) Programs awarded a Probationary Certification are not eligible for Certification under the conditions described in 450:1-9-5.7(4) until all conditions of 450:1-9-5.7(2) have been satisfied.

(5) **Certification with special distinction.** Certification with Special Distinction may be awarded for up to three (3) years by ODMHSAS in accordance with applicable chapters as stipulated in 450:1-9-5 for programs seeking renewal of previously awarded certification when ODMHSAS verifies all of the following minimal conditions are satisfied.

(A) The program must meet all conditions for Certification with Distinction as outlined in 450:1-9-5.7(a)(4); and,

(B) The program has attained national accreditation (COA, CARF, or TJC) for the services to which ODMHSAS Certification applies.

(C) Certification with Special Distinction will be reduced by ODMHSAS to Certification with Distinction by ODMHSAS if during the certification period for which the Special Distinction was approved, the program fails to maintain national accreditation status.

(D) ODMHSAS may refund certification renewal application fees for organizations that demonstrate 100% compliance with all standards (i.e. Core Organizational Standards, Core Operational Standards, and Quality Clinical Standards) during the initial renewal site visit and review.

(E) Community Residential Mental Health Programs can be considered for no more than a one (1) year Certification with Special Distinction.

(F) Programs awarded a Probationary Certification are not eligible for Certification under the conditions described in 450:1-9-5.7(a)(4) until all conditions of 450:1-9-5.7(a)(2) have been satisfied.

(b) Permits for Temporary Operations granted to applicants for initial certification of a facility, location, or level of service shall be for a period of six (6) months and shall become effective immediately upon approval by the ODMHSAS Board, the Commissioner or designee.

(c) Certification, other than Permits for Temporary Operations, granted to an applicant shall become effective the first day of the month following the date of the action by the Board, provided however, the Board may waive this requirement and make the Certification effective immediately.

[Source: Added at 38 Ok Reg 1203, eff 9-15-21 ; Amended at 39 Ok Reg 1915, eff 9-15-22]

450:1-9-5.8. Types and duration of certification of individuals

- (a) Certification for organizations and individuals providing alcohol and drug abuse course instruction or assessments will be in accordance with requirements and procedures stipulated in OAC 450:21.
- (b) Certification for Behavioral Health Case Managers will be in accordance with requirements and procedures stipulated in OAC 450:50.
- (c) Certification for Recovery Support Specialists will be done in accordance with requirements and procedures stipulated in OAC 450:53.
- (d) Certification for Problem Gambling Treatment Counselors will be done in accordance with requirement and procedures stipulated in OAC 450:75.

[Source: Added at 38 Ok Reg 1203, eff 9-15-21 ; Amended at 39 Ok Reg 183, eff 10-28-21 (emergency); Amended at 39 Ok Reg 1915, eff 9-15-22]

450:1-9-5.9. Additional conditions related to certification

- (a) Organizations granted certification, including Permits for Temporary Operations, shall only publically refer to ODMHSAS Certification in relationship to the specific services, locations, and dates applicable to each currently granted ODMHSAS Certification. This includes all published materials, electronic media, and information posted within a facility. Failure to adhere to this restriction can be cause for action related to Certification in accordance with 1-5-4.
- (b) ODMHSAS may conduct unannounced additional certification site visits at programs granted Probationary Certification and programs granted 1-Year Certification.
 - (1) A site visit report will be supplied to the program or facility within five (5) days of the site visit unless precluded by extenuating circumstances.
 - (2) If deficiencies are noted, the program or facility must file a Plan of Correction addressing all deficiencies within ten (10) days of receipt of the report.
 - (3) Deficiencies verified during the unannounced site visit that indicate danger to the health, safety and/or welfare of the clients will result in immediate suspension and/or revocation.
- (e) Certification may be suspended or revoked with the basis for such action being delineated in Section 450:1-9-9 of this Subchapter.

[Source: Added at 38 Ok Reg 1203, eff 9-15-21 ; Amended at 39 Ok Reg 1915, eff 9-15-22]

450:1-9-6. Procedures for application for certification

- (a) Applications for certification as a facility or program must be made to ODMHSAS in writing on a form and in a manner prescribed by

ODMHSAS and include the following:

- (1) A fully completed ODMHSAS application for certification form signed by authorized officials;
 - (2) The necessary written documentation or supporting evidence required on the application for certification form; and
 - (3) The required certification fee payable to the Oklahoma Department of Mental Health and Substance Abuse Services.
 - (4) The following fees are required:
 - (A) Application fee for all Treatment Programs is \$1,000 per certification period.
 - (B) Application fee for Community Residential Mental Health Programs is \$100 per certification period.
 - (5) The application may require a listing of all services provided by the applicant, as well as specifics about the applicant including but not limited to governing authority, administrative, fiscal, proof of status as a business entity recognized by the State of Oklahoma, Secretary of State, all locations or sites where applicant will provide services and types of services to be provided.
 - (6) The application must include a listing of key personnel responsible for business and clinical operations of the facility. At a minimum, the application will require a listing of the following, along with current contact information:
 - (A) Agency director;
 - (B) Business director or financial officer;
 - (C) Clinical director, currently licensed in the clinical area(s) for which certification is sought.
 - (i) If both substance use disorder treatment and mental health treatment services will be provided by the entity, the Clinical Director must have evidence of dual license or additional training in the area for which they are not currently licensed.
 - (ii) The facility must also provide evidence that the Clinical Director will be employed to serve as Clinical Director a minimum of ten (10) hours per week.
 - (7) ODMHSAS may refund certification fees based on exemplary performance during the Certification process for which the application has been submitted and based on guidelines established by ODMHSAS.
- (b) Applications for certification or credentials as an individual provider must be made to ODMHSAS in writing on a form and in a manner prescribed by ODMHSAS and, as applicable, in accordance with specific requirements stipulated in OAC 450:21, OAC 450:50, OAC 450:53, and OAC 450:75.
- (c) Failure to provide required materials within sixty (60) days of receipt of the application will result in a denial of the application.

[Source: Added at 11 Ok Reg 3335, eff 7-5-94 ; Amended at 14 Ok Reg 1906, eff 5-27-97 ; Amended at 15 Ok Reg 2741, eff 7-1-98 ; Amended at 18 Ok Reg 2649, eff 7-1-01 ; Amended at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 20 Ok Reg 2100, eff 7-1-03 ; Amended at 22 Ok Reg 2099, eff 7-1-05 ; Amended at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 24 Ok Reg 2554, eff 7-12-07 ; Amended at 27 Ok Reg 2200, eff 7-

11-10 ; Amended at 30 Ok Reg 1392, eff 7-1-13 ; Amended at 32 Ok Reg 2066, eff 9-15-15 ; Amended at 35 Ok Reg 1805, eff 10-1-18 ; Amended at 38 Ok Reg 1203, eff 9-15-21 ; Amended at 39 Ok Reg 183, eff 10-28-21 (emergency); Amended at 39 Ok Reg 1915, eff 9-15-22]

450:1-9-6.1. Expanding certification of facilities and programs to additional geographical areas

(a) After initial certification, a facility or program may request to add additional service locations within the state. A Community Mental Health Center may only request to add additional Community Mental Health Center locations within its service area established by ODMHSAS in accordance with 43A O.S. § 3-302 (3).

(b) Such additional service locations do not require a Permit for Temporary Operations for certification, provided that the organization has an existing certification(s) in good standing for the chapter(s) which cover the scope of services in the additional service locations. The existing certification(s) must not be a Permit for Temporary Operations.

(c) If the additional service locations will provide services not covered by the organization's existing certifications, the organization must first obtain a Permit for Temporary Operations for the applicable services.

(d) Approval for additional service locations specified in (b) above may be granted by the Commissioner or designee upon submission of the following required documentation to ODMHSAS:

(1) The facility must notify ODMHSAS in writing of the plan to expand service locations on a form and in a manner prescribed by ODMHSAS.

(2) The required written documentation and supporting evidence includes, but is not limited to:

(A) fire & safety inspection;

(B) facility policies and procedures;

(C) zoning compliance; and

(D) evidence of compliance with Title 43A O.S. §3-417.1, if applicable.

(e) At the time of the next review of the facility's main office certification, additional service locations may be reviewed on a schedule separate and apart from the certification schedule of the main office.

[Source: Added at 27 Ok Reg 2200, eff 7-11-10 ; Amended at 30 Ok Reg 1392, eff 7-1-13 ; Amended at 32 Ok Reg 2066, eff 9-15-15 ; Amended at 33 Ok Reg 960, eff 9-1-16 ; Amended at 39 Ok Reg 1915, eff 9-15-22]

450:1-9-6.2. Adding new programs or optional services

(a) After initial certification, a facility or program may request to add additional programs or optional services.

(b) Addition of new programs do not require a Permit for Temporary Operations for certification, provided that:

(1) The organization has an existing certification(s) in good standing for the chapter(s) which cover the new program. The existing certification(s) must not be a Permit for Temporary Operations; and

(2) The new program is providing services that are the same or lower level of care than the program(s) currently certified with the organization. If the new program is providing services at a

higher or more restrictive level of care, the organization must first obtain a Permit for Temporary Operations for the applicable services.

- (c) A currently certified Community Mental Health Center service location may add a Certified Community Behavioral Health Clinic certification without first obtaining a Permit for Temporary Operations.
- (d) Organizations may add optional services to their existing certification upon request to ODMHSAS, provided that the optional services are included in the scope of the existing certification Chapter. The existing certification must not be a Permit for Temporary Operations.
- (e) Approval for additional programs that meet the requirements specified in (b) or (c) above may be granted by the Commissioner or designee upon submission of the required documentation to ODMHSAS.
 - (1) The facility must notify ODMHSAS in writing of the plan to add a program or level of care on a form and in a manner prescribed by ODMHSAS.
 - (2) The required documentation and supporting evidence includes, but is not limited to:
 - (A) description of new program or level of care and services provided;
 - (B) personnel and training information; and
 - (C) number of beds and physical facility changes, if applicable.
 - (3) If the new program or level of care will be provided at a new service location, the required written documentation and supporting evidence also includes, but is not limited to:
 - (A) fire & safety inspection;
 - (B) facility policies and procedures;
 - (C) zoning compliance; and
 - (D) evidence of compliance with Title 43A O.S. §3-417.1, if applicable.
- (f) At the time of the next review of the organization's certification, new programs or optional services may be reviewed on a separate schedule.

[Source: Added at 39 Ok Reg 1915, eff 9-15-22]

450:1-9-7. Procedures for completion of the Permit for Temporary Operations certification process

- (a) Completion of the certification process for a Permit for Temporary Operations will be done in cooperation between the applicant and ODMHSAS staff, and consists of the following:
 - (1) Each organization pursuing ODMHSAS certification shall initially apply for a Permit for Temporary Operations, with the exception of special circumstances specified in 450:1-9-5.7(a)(2).
 - (2) Upon receipt of an application ODMHSAS will provide all applicants for a Permit for Temporary Operations a document listing the Core Organizational Standards, Core Operational Standards and Quality Clinical Standards required for a Permit for Temporary Operations. For facilities or programs that have provided clinical services for 30 days or longer, at the time of the

initial application, ODMHSAS may also review applicable Quality Clinical Standards.

(3) The application, including required documentation of policies and procedures, shall be reviewed for completeness by ODMHSAS staff. If the application is deemed complete, a site review of the facility or program will be scheduled and completed. Failure to provide required materials within 60 days of receipt of the application will result in a denial of the application.

(4) Any deficiencies of applicable Core Organizational Standards and Core Operational Standards, and Quality Clinical Standards if applicable, cited as a result of the site visit or review(s) of documents requested by ODMHSAS will be identified and a report will be provided to the facility by ODMHSAS within five (5) working days of the site visit unless precluded by extenuating circumstances.

(5) The facility will have ten (10) working days from receipt of the deficiency report to correct deficiencies related to Core Organizational and Core Operational Standards categorized as Necessary Standards. The facility will have five (5) working days from receipt of the report to submit a plan of correction related to cited deficiencies in standards categorized as Critical Standards. ODMHSAS may conduct an additional site visit(s) to verify proof of compliance with any deficiencies cited in the initial review. Compliance with all Critical Standards for which the facility was not compliant upon the initial review must be demonstrated through a follow up site visit or review.

(6) If any pending deficiencies in Core Organizational Standards and Core Operational Standards are identified following this ten (10) day correction period, the program will have five (5) additional working days from receipt of any subsequent report to correct and verify compliance with any pending deficiencies.

(7) The following additional procedures will apply to programs or facilities reviewed for Quality Clinical Standards pursuant to an application for Permit for Temporary Operation as referenced in 1-9-7 (2) above.

(A) The facility will also have ten (10) working days from receipt of the report to submit a plan of correction related to cited deficiencies in Quality Clinical Standards categorized as Necessary Standards. The facility will have five (5) working days from receipt of the report to submit a plan of correction related to cited deficiencies in Quality Clinical Standards categorized as Critical Standards. The plan of correction will indicate the earliest date by which ODMHSAS should schedule an additional site visit or documentation review to determine compliance with Quality Clinical Standards for which deficiencies were cited but not more than twenty (20) working days from receipt of report as referenced in (5) above. Compliance with all in Quality Clinical Standards categorized Critical Standards for which the facility was not compliant upon the initial review must be demonstrated through a follow

up review.

(B) Any deficiencies of applicable standards identified during the follow up review referenced in (A) above will be identified by ODMHSAS and included in a report provided to the facility by ODMHSAS within three (3) working days of the site visit or review unless precluded by extenuating circumstances. Facilities for which ODMHSAS cannot determine compliance with all pending Clinical Standards categorized as Critical Standards during the follow up site visit or review referenced in (A) above may request ODMHSAS to complete one additional site visit or review prior to the finalization of a certification report. Facilities desiring this additional review must do so in writing to ODMHSAS within three (3) working days of receipt of the follow up report referenced in (A) above and indicate the earliest date by which ODMHSAS should schedule the final review but not more than fifteen (15) working days from receipt of report as referenced in (A) above. If the applicant fails to demonstrate compliance with all Quality Clinical Standards categorized as Critical Standards during the additional site visit or review, the application will be denied.

(8) Facilities for which ODMHSAS can verify substantial compliance with applicable Critical and Necessary Core Organizational Standards, Core Operational Standards, and Quality Clinical Standards during the initial review, and subsequently submit required plans of correction and demonstrate compliance with all Critical Standards within the timeframes specified in (5) through (7) above may be considered for Permit for Temporary Operation in accordance with guidelines established in 450:1-9-5.7.

(9) Anytime, during the process outlined above, ODMHSAS may request one or more written plan(s) of correction in a form and within a timeframe designated by ODMHSAS.

(10) Failure of any applicant for a Permit for Temporary Operation to demonstrate compliance with applicable standards within timeframes stipulated in (5) through (7), shall result in a notice of denial of the application for a Permit for Temporary Operations

(b) Additional certification procedures related to a Permit for Temporary Operations.

(1) Re-application for a Permit can be accepted no sooner than six months after issuance of a notification of denial.

(2) If an applicant fails a second time to satisfy requirements for a Permit for Temporary Operations as stipulated in 450:1-9-7(a)(8), ODMHSAS can accept an additional re-application no sooner than twelve (12) months from time of the issue of the second notification of denial.

(3) Organizations granted a Permit for Temporary Operations must achieve a subsequent level of ODMHSAS certification prior to the expiration of a Permit for Temporary Operations. Failure to do so will result in a cancellation by ODMHSAS of the Permit for

Temporary Operations. ODMHSAS will provide notice of the cancellation and stipulate to the organization that it is must discontinue services subject to any statutory provisions that mandate the applicable ODMHSAS Certification. Re-application for a Permit for Temporary Operations, following a cancellation by ODMHSAS or by the organization to which a Permit was issued, may occur after six months and in accordance with the requirements of 450:1-9-7 and 450:1-9-12.

[Source: Added at 11 Ok Reg 3335, eff 7-5-94 ; Amended at 13 Ok Reg 2209, eff 7-1-96 ; Amended at 14 Ok Reg 1906, eff 5-27-97 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 17 Ok Reg 2120, eff 7-1-00 ; Amended at 18 Ok Reg 521, eff 10-13-00 (emergency); Amended at 18 Ok Reg 2649, eff 7-1-01 ; Amended at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 20 Ok Reg 2100, eff 7-1-03 ; Amended at 21 Ok Reg 1724, eff 7-1-04 ; Amended at 22 Ok Reg 2099, eff 7-1-05 ; Amended at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 24 Ok Reg 2554, eff 7-12-07 ; Amended at 27 Ok Reg 2200, eff 7-11-10 ; Amended at 30 Ok Reg 1392, eff 7-1-13 ; Amended at 32 Ok Reg 2066, eff 9-15-15 ; Amended at 35 Ok Reg 1805, eff 10-1-18 ; Amended at 38 Ok Reg 1203, eff 9-15-21 ; Amended at 39 Ok Reg 1915, eff 9-15-22]

450:1-9-7.1. Procedures for completion of additional certification processes subsequent to a Permit for Temporary Operations

(a) The following procedures apply for organizations awarded Permit for Temporary Operation pursuant to 450:1-9-7 that elect to progress to an additional certification by ODMHSAS. The process outline below will be done in cooperation between the applicant and ODMHSAS staff, and consists of the following:

(1) No later than ninety (90) days prior to the expiration of a Permit for Temporary Operation, ODMHSAS will notify the facility of necessary records and documentation to verify compliance with applicable Quality Clinical Standards for Certification. The facility shall provide the required materials within thirty (30) days of notification from ODMHSAS.

(2) A site review of the facility or program will be scheduled and completed once the necessary records and documentation have been received.

(3) Any deficiencies of applicable Quality Clinical Standards cited as a result of the site visit or subsequent review(s) of documents requested by ODMHSAS will be identified and a report will be provided to the facility by ODMHSAS within five (5) working days of the site visit unless precluded by extenuating circumstances.

(4) The facility will have ten (10) working days from receipt of the deficiency report to correct deficiencies related to Quality Clinical Standards categorized as Necessary Standards. The facility will have five (5) working days from receipt of the report to submit a plan of correction related to cited deficiencies in Quality Clinical Standards categorized as Critical Standards. ODMHSAS may conduct an additional site visit(s) to verify proof of compliance. Compliance with all Quality Clinical Standards categorized as Critical Standards for which the facility was not compliant upon the initial review must be demonstrated through a follow up review.

(5) If any pending deficiencies in Quality Clinical Standards are identified following this ten (10) day correction period, the program will have five (5) additional working days from receipt of

any subsequent report to correct and verify compliance with any pending deficiencies.

(6) Facilities for which ODMHSAS cannot determine compliance with all Quality Clinical Standards categorized as Critical Standards during the follow up site visit or review may request ODMHSAS to complete one additional site visit or review prior to the finalization of a report. Facilities desiring this additional review must do so in writing to ODMHSAS within three (3) working days of receipt of the follow up report and indicate the earliest date by which ODMHSAS should schedule the final review but not more than fifteen (15) working days from receipt of the follow up report. If the applicant fails to demonstrate compliance during the additional site visit or review, the application for subsequent certification shall be denied, and the Permit for Temporary Operations will expire.

(7) Facilities for which ODMHSAS can verify substantial compliance with applicable Critical and Necessary Quality Clinical Standards during the initial review, and subsequently submit required plans of correction and demonstrate compliance with all Critical Quality Clinical Standards within the timeframes specified in (4) through (6) above may be considered for Certification in accordance with guidelines established in 450:1-9-5.7.

(8) Anytime, during the process outlined above, ODMHSAS may request one or more written plan(s) of correction in a form and within a timeframe designated by ODMHSAS.

(9) Failure of any applicant to demonstrate compliance with standards within the timeframes specified in (4) through (6) above shall result in denial of the application for subsequent certification and the Permit for Temporary Operations will expire.

[Source: Added at 27 Ok Reg 2200, eff 7-11-10 ; Amended at 30 Ok Reg 1392, eff 7-1-13 ; Amended at 32 Ok Reg 2066, eff 9-15-15 ; Amended at 38 Ok Reg 1203, eff 9-15-21 ; Amended at 39 Ok Reg 1915, eff 9-15-22]

450:1-9-7.2. Procedures for renewal of certification

(a) The following procedures apply to organizations previously awarded certification pursuant to 450:1-9-5.7 and organizations that have maintained Certification or Certification with Commendation awarded by ODMHSAS prior to November 1, 2010. The process outline below can result in an entity being awarded Certification, Certification with Distinction, or Certification with Special Distinction. The process will be done in cooperation between the applicant and ODMHSAS staff, and consists of the following:

(1) No later than ninety (90) days prior to the expiration of a current Certification, ODMHSAS will provide the certified facility with a notice of certification expiration and advise the facility that a renewal certification application form must be completed so the organization can be reviewed for consideration for a renewal of certification. Along with the notice of certification expiration, ODMHSAS will provide a document listing Core Organization

Standards, Core Operational Standards, and Quality Clinical Standards potentially applicable to the renewed certification.

(2) Each organization desiring to renew Certification must submit a completed certification application form, fees and other required materials in accordance with 450:1-9-6 and at least sixty (60) days prior to the expiration of the current Certification.

(3) In the event an organization, after being notified of the Certification expiration in accordance with (1) above fails to submit the renewal certification application, fees, or other materials as referenced in (2) above, the current Certification will be allowed to expire.

(4) The application shall be reviewed for completeness by ODMHSAS staff. If the application is deemed complete, a site review of the facility or program will be scheduled and completed.

(5) The facility shall provide ODMHSAS documentation regarding its policies and procedures prior to the site review. This documentation may include an attestation that the facility's policies and procedures have not changed since the latest certification review, or a list of which policies and procedures have changed, in lieu of submitting all policies and procedures for review.

(6) Any deficiencies of applicable standards identified as a result of the renewal site visit or subsequent review(s) of documents requested by ODMHSAS will be identified and a report will be provided to the facility by ODMHSAS within five (5) working days of the initial renewal site visit unless precluded by extenuating circumstances.

(7) The facility will have ten (10) working days from receipt of the report to correct deficiencies of all Necessary Standards. ODMHSAS may require an additional site visit to verify proof of compliance of Necessary Standards.

(8) The facility will have five (5) working days from receipt of the report to submit a plan of correction related to cited deficiencies in Critical Standards. The plan of correction will indicate the earliest date by which ODMHSAS should schedule an additional review to determine compliance with Critical Standards for which deficiencies were cited but not more than twenty (20) working days from receipt of report as referenced in (6) above. The site visit may or may not be conducted in conjunction with a site visit to verify compliance with pending Necessary Standards. Compliance with all Critical Standards for which the facility was not compliant upon the initial review must be demonstrated through a follow up review.

(9) Any deficiencies of applicable standards identified during the follow up review referenced in (8) above will be identified by ODMHSAS and included in a report provided to the facility by ODMHSAS within three (3) working days of the site visit or review unless precluded by extenuating circumstances.

(10) Facilities for which ODMHSAS cannot determine compliance with all Critical Standards during the follow up review may request ODMHSAS to complete one additional review prior to the

finalization of a report. Facilities desiring this additional review must do so in writing to ODMHSAS within three (3) working days of receipt of the follow up report and indicate the earliest date by which ODMHSAS should schedule the final review but not more than fifteen (15) working days from receipt of the follow up report.

(11) Facilities for which ODMHSAS can verify substantial compliance with Critical and Necessary Standards upon the initial site review and demonstrate compliance with all Critical Standards within the timeframes specified in (7) through (10) above may be considered for Certification renewal in accordance with guidelines established in 450:1-9-5.7.

(12) Anytime, during the process outlined above, ODMHSAS may request one or more written plan(s) of correction in a form and within a timeframe designated by ODMHSAS.

(13) If the applicant fails to demonstrate compliance with standards within the timeframes specified in (7) through (10) above, a recommendation to initiate revocation proceedings must be made to the Commissioner or designee. If the Commissioner or designee approves the initiation of revocation proceedings, the provisions of Subchapter 5 will be followed.

[Source: Added at 27 Ok Reg 2200, eff 7-11-10 ; Amended at 30 Ok Reg 1392, eff 7-1-13 ; Amended at 32 Ok Reg 2066, eff 9-15-15 ; Amended at 38 Ok Reg 1203, eff 9-15-21 ; Amended at 39 Ok Reg 1915, eff 9-15-22]

450:1-9-7.3. Additional certification procedures

(a) **Site reviews.** The following conditions will apply to site visits and other related certification reviews conducted by ODMHSAS.

(1) Initial, renewal or follow-up site reviews, based on the current certification status of the applicant, will be scheduled and conducted by designated representatives of the ODMHSAS at each location or site of the applicant. ODMHSAS may conduct virtual site visits at its discretion.

(2) ODMHSAS may require materials be submitted to Provider Certification, in a form determined by ODMHSAS, prior to on-site visits to verify compliance with applicable Core Organizational Standards, Core Operational Standards, and/or Quality Clinical Standards.

(3) One or more site review(s) may be conducted to determine compliance with prior deficiencies as well as with standards not applicable during the prior certification visit(s).

(4) A minimum number of consumer records, as determined by ODMHSAS, shall be made available for review to determine compliance with applicable Quality Clinical Standards. For organizations unable to provide the required minimum of records, the current certification status, including a Permit for Temporary Operations, will be allowed to expire. ODMHSAS may require review of additional consumer records to assure a representative sample of records is evaluated to determine compliance with Quality Clinical Standards.

(5) A Site Review Protocol shall be completed during each certification review. Protocols shall contain the current ODMHSAS Standards and Criteria applicable to the facility.

(A) A facility must be prepared to provide evidence of compliance with each applicable standard.

(B) In the event the reviewer(s) identifies some aspect of facility operation that adversely affects consumer safety or health, the reviewer(s) shall notify the facility director and appropriate ODMHSAS staff. An immediate suspension of certification may be made by the Commissioner of ODMHSAS.

(b) **Accreditation status.** The ODMHSAS may accept accreditation granted by The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), or the Council on Accreditation of Services for Families and Children, Inc. (COA), as compliance with certain specific ODMHSAS standards. For such accreditation to be considered, the facility shall make application and submit evidence to the ODMHSAS of current accreditation status and scope. This evidence shall include documentation of the program or programs included in the most recent accreditation survey, including survey reports of all visits by the accrediting organization, any reports of subsequent actions initiated by the accrediting organization, any plans of correction, and the dates for which the accreditation has been granted. ODMHSAS may, at its discretion, conduct additional compliance monitoring and verification of standards deemed compliant based upon accreditation status.

(c) **Deficiencies.** A deficiency shall be cited for each rule not met by the facility.

(d) **Report to applicant and plan of correction.**

(1) During the course of the certification process, and prior to determination of certification status, ODMHSAS staff shall report the results of the certification review to the facility. The facility shall receive written notice of the deficiencies in a Certification Report in accordance with 450:1-9-7, 450:1-9-7.1, and 450:1-9-7.2.

(2) The facility may be required to submit a written plan of correction as determined by 450:1-9-7, 450:1-9-7.1, and 450:1-9-7.2. Approval of the plan of correction by Provider Certification may be required before a final report of findings can be presented to ODMHSAS or the Board.

(3) If a request for a revised plan of correction is necessary, the facility must submit an acceptable plan of correction within the required time frame to continue the certification process. Failure to submit a timely and adequate revised plan of correction shall result in either a notice of denial of the application, expiration of certification, or revocation of the certification status, as applicable.

(e) **Notification of consideration and possible action for certification.**

(1) After consideration of materials requested by ODMHSAS pursuant to certification procedures, and completion of the necessary review(s), ODMHSAS staff shall prepare a report that

summarizes findings related to compliance with applicable certification standards.

(2) Reports regarding applications for Permits for Temporary Operations and Certifications will be forwarded to the ODMHSAS Board, and/or the Commissioner or designee.

(3) Reports for individual certification applications will be handled in accordance with procedures outlined in OAC 450:21, OAC 450:50, OAC 450:53, or OAC 450:75.

(4) Prior to the ODMHSAS staff's presentation of its report related to the applicant's certification to the Board or the Commissioner or designee, the ODMHSAS staff shall notify the applicant of:

(A) the findings included in the report, and

(B) the date and time of the Board meeting at which the facility's certification will be considered, if applicable.

(5) Achievement of certain scores is a prerequisite for consideration of a specific certification status but may not be the sole determinant. Individual deficiencies that meet the criteria in 450:1-9-9 may be grounds for suspending or revoking certification or denying applications for certification.

(6) Consideration of certification may be deferred while additional information regarding a facility's compliance status is reviewed.

(7) The minimum conditions for compliance that must be verified by ODMHSAS for consideration of a certification status shall be stipulated in 450:1-9-5.7.

(f) Recommendations for revocation of certification. In the event ODMHSAS cannot verify compliance with applicable certification standards in accordance with 450:1-9-5.7, except for Permits for Temporary Operations, ODMHSAS shall forward recommendation for revocation of certification to the Commissioner or designee. If the Commissioner or designee approves a recommendation to revoke certification, an individual proceeding shall be initiated pursuant to Subchapter 5. Applicants unable to demonstrate compliance with standards required for Permit for Temporary Operation are not subject to the provisions for revocation and are simply denied the Permit as stipulated in 450:1-9-7.

[Source: Added at 27 Ok Reg 2200, eff 7-11-10 ; Amended at 30 Ok Reg 1392, eff 7-1-13 ; Amended at 32 Ok Reg 2066, eff 9-15-15 ; Amended at 38 Ok Reg 1203, eff 9-15-21 ; Amended at 39 Ok Reg 183, eff 10-28-21 (emergency); Amended at 39 Ok Reg 1915, eff 9-15-22]

450:1-9-7.4. Actions on Non-Certified Providers

If at the initial site review it is found the facility is providing services prior to the granting of an ODMHSAS certification status, applicable for those services being provided and in violation of statutory requirements, including prior to the granting of a Permit for Temporary Operations, the following actions will be taken:

(1) The review will be continued and will include a review of all applicable Core Organizational Standards, Core Operational Standards, and Quality Clinical Standards.

(2) Programs found to have initiated operations prior to the awarding of a Permit for Temporary Operations for the services for which certification is statutorily required shall obtain the necessary Permit for Temporary Operations to continue operations.

(3) The applicant must comply within twenty (20) working days of the initial certification visit, with all applicable Core Organizational Standards, Core Operational Standards, and Quality Clinical Standards for a report for consideration of Permit for Temporary Operation to be made to the Board. Failure to achieve the required compliance level shall result in a denial for Certification and an Order issued to cease the provision of services, if applicable.

(4) If the applicant achieves the required compliance level within the required time frame, a Permit for Temporary Operations may be granted.

(5) Subsequent to the Permit for Temporary Operations, these programs will be eligible for Certification for a one (1) year period only for the first two (2) years of Certification.

[Source: Added at 27 Ok Reg 2200, eff 7-11-10 ; Amended at 30 Ok Reg 1392, eff 7-1-13 ; Amended at 32 Ok Reg 2066, eff 9-15-15 ; Amended at 38 Ok Reg 1203, eff 9-15-21 ; Amended at 39 Ok Reg 1915, eff 9-15-22]

450:1-9-8. Duration of certification status [REVOKED]

[Source: Added at 11 Ok Reg 3335, eff 7-5-94 ; Amended at 13 Ok Reg 2209, eff 7-1-96 ; Amended at 15 Ok Reg 2741, eff 7-1-98 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 18 Ok Reg 521, eff 10-13-00 (emergency); Amended at 18 Ok Reg 2649, eff 7-1-01 ; Amended at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 20 Ok Reg 2100, eff 7-1-03 ; Amended at 22 Ok Reg 2099, eff 7-1-05 ; Amended at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 24 Ok Reg 2554, eff 7-12-07 ; Revoked at 27 Ok Reg 2200, eff 7-11-10]

450:1-9-8.1. Site reviews

ODMHSAS may conduct a site review or visit or an investigation, which may or may not be unannounced. Reasons for such review include but are not limited to:

- (1) verification of continued compliance with Standards and Criteria and related regulations;
- (2) determination of correction of cited deficiencies;
- (3) receipt of a complaint;
- (4) change in ownership, management, Board membership, or location;
- (5) substantial change in either the service provided or new service(s) initiated;
- (6) substantial turnover in staff at the executive or professional level;
- (7) change in statutorily required licensure status; and
- (8) change in or verification of external accreditation status.

[Source: Added at 20 Ok Reg 2100, eff 7-1-03 ; Amended at 30 Ok Reg 1392, eff 7-1-13 ; Amended at 39 Ok Reg 1915, eff 9-15-22]

450:1-9-9. Bases for a decision to issue administrative sanction of suspension, or revocation

(a) A determination that the certification status shall be reduced, suspended, or revoked or that a reprimand be issued, may be made upon the following bases:

- (1) failure to comply with certification standards;
- (2) failure to comply with appropriate statutory licensing provisions;
- (3) violation of consumer rights or consumer confidentiality;
- (4) endangerment of the safety, health, and/or the physical or mental well-being of a consumer served by the program;
- (5) failure to comply with accreditation, inspection, safety, or building code regulations required by local, state, or federal authorities and laws;
- (6) defrauding a consumer, potential consumer, or third party payer;
- (7) inappropriate conduct by program staff or its governing authority;
- (8) utilization of treatment techniques which endanger the safety, health, and mental health or physical well-being of program consumers;
- (9) refusal of access to a facility or any program components by ODMHSAS personnel when conducting announced or unannounced site visits pursuant to this Chapter; or
- (10) any other just cause.

(b) Determinations to initiate suspensions, reductions and revocations or to issue reprimands are made by the Commissioner or designee of ODMHSAS.

(c) The facility's certification status continues unless the facility fails to timely file a written request for a hearing as cited in OAC450:1-5-5 or an order sustaining the allegations made by ODMHSAS is issued by the appointed Hearing Officer.

[Source: Added at 11 Ok Reg 3335, eff 7-5-94 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 22 Ok Reg 2099, eff 7-1-05 ; Amended at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 24 Ok Reg 2554, eff 7-12-07 ; Amended at 30 Ok Reg 1392, eff 7-1-13]

450:1-9-9.1. Appeal of an issued administrative sanction

(a) Any determination of the ODMHSAS regarding the suspension or revocation of a certification may be appealed by the aggrieved party to the ODMHSAS Board.

(b) **Appeal.** The proposed order shall become final unless a party files and serves a written request for an appeal to the Board with the Hearing Clerk within fifteen (15) calendar days of the filing of the proposed order.

(c) **Briefs and exceptions.** In the event an appeal to the Board is requested, all parties will be given the opportunity to file briefs and exceptions to the proposed order.

(d) **Hearing.** When a request for an appeal is filed, the matter will be set on the agenda of the next Board meeting, unless the request is filed fifteen (15) calendar days or less prior to the next scheduled Board

meeting, in which case it will be set on the agenda of the following meeting. At the Board meeting, the parties shall be permitted to present their briefs and oral argument; the length of oral argument shall be determined by the chair of the Board. Upon conclusion of oral argument by the parties, the Board may convene in executive session to deliberate the matter.

(e) **Issuance and service of order.** Within thirty (30) calendar days after the appeal hearing before the Board, the Board shall issue an Order stating the findings of fact made and the conclusions of law reached, and specifying the action to be taken. The Hearing Clerk shall file the Order and serve it on the parties; the respondent(s) shall be served by certified mail, return receipt requested.

(f) **Appeal.** A party may appeal an Order as provided in the APA.

[Source: Added at 23 Ok Reg 1941, eff 7-1-06]

450:1-9-9.2. Voluntary relinquishment of certification

A facility that is the subject of an investigation into, or a pending proceeding involving an administrative sanction pursuant to 450:1-9-9 may voluntarily relinquish its ODMHSAS certification in lieu of a certification suspension or revocation.

[Source: Added at 32 Ok Reg 2066, eff 9-15-15]

450:1-9-10. Contingency for non-action by the Board

In the event the Board of Mental Health and Substance Abuse Services does not meet during the month a facility's certification is due for consideration, or is unable for any reason to consider the certification in a timely manner, any current certification status shall be automatically extended until the next meeting of the Board, unless to do so would endanger the health, welfare and safety of consumers, and there would be a danger of imminent harm.

[Source: Added at 11 Ok Reg 3335, eff 7-5-94 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 23 Ok Reg 1941, eff 7-1-06]

450:1-9-11. Hearings and appeals [REVOKED]

[Source: Added at 11 Ok Reg 3335, eff 7-5-94 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 19 Ok Reg 1346, eff 7-1-02 ; Revoked at 20 Ok Reg 2100, eff 7-1-03]

450:1-9-12. Reapplication following denial, suspension, revocation or voluntary relinquishment of certification

(a) Reapplication for consideration of certification for any program for which certification has been suspended, revoked or relinquished pending administrative sanction will not be accepted or considered unless at least twelve (12) months have passed since issuance of an Order of suspension or revocation.

(b) Reapplication for consideration of certification for any program for which certification has been voluntarily relinquished pursuant to a

mutual agreement between the program and ODMHSAS will not be accepted or considered unless at least six (6) months have passed since the relinquishment.

(c) The cost of certification review, the record, and administrative sanction proceedings shall be advanced by ODMHSAS. Where a certification review results in an administrative sanction, the cost of the certification review, the record, and administrative sanction proceedings shall be surcharged against the sanctioned facility. Costs of administrative sanction proceedings shall include costs of prosecution of the sanction imposed. Reapplication for consideration of certification will not be considered unless and until the sanctioned facility pays such costs to ODMHSAS.

[Source: Added at 11 Ok Reg 3335, eff 7-5-94 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 20 Ok Reg 2100, eff 7-1-03 ; Amended at 21 Ok Reg 1724, eff 7-1-04 ; Amended at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 32 Ok Reg 2066, eff 9-15-15 ; Amended at 34 Ok Reg 1771, eff 10-1-17]

450:1-9-13. Designated emergency examination sites

(a) ODMHSAS shall maintain a list of facilities designated by the Commissioner as appropriate to conduct emergency examinations to determine if emergency detention is warranted. All hospitals licensed by the Oklahoma State Department of Health who have a designated emergency department and who have an LMHP on staff, under contract, or on call, shall automatically be designated as an emergency examination site.

(b) The following types of facilities may be placed on the list of designated emergency examination facilities:

- (1) Hospitals licensed by the Oklahoma State Department of Health;
- (2) Community Mental Health Centers certified by the Board pursuant to Chapter 17 of Title 450 of the Oklahoma Administrative Code;
- (3) Community-based Structured Crisis Centers certified by the Board pursuant to Chapter 23 of Title 450 of the Oklahoma Administrative Code;
- (4) Facilities operated by ODMHSAS; or
- (5) Hospitals accredited by JCAHO, CARF, the Accreditation for Health Care/Health Facility Accreditation Program (ACHC/HFAP), or the Center for Improvement in Health Care Quality (CIHQ).

(c) A facility may request the Commissioner to designate the facility as an emergency examination facility to be placed on the list. The facility shall make a request in writing to the Provider Certification Division of ODMHSAS and verify it has the ability to conduct emergency examinations as defined in 43A O.S. § 5-206(4) and has one or more licensed mental health professionals as defined in 43A O.S. § 1-103(11) capable of performing the functions set forth in 43A O.S. §§ 5-207 and 5-208.

(d) The facility shall receive a letter from the Commissioner notifying the facility whether its request to be placed on the list of designated emergency examination facilities has been granted.

[Source: Added at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 20 Ok Reg 2100, eff 7-1-03 ; Amended at 27 Ok Reg 2200, eff 7-11-10 ; Amended at 39 Ok Reg 1915, eff 9-15-22]

450:1-9-14. Designated emergency detention sites

(a) ODMHSAS shall maintain a list of facilities designated by the Commissioner as appropriate for emergency detention. All hospitals licensed by the Oklahoma State Department of Health who have an LMHP on staff, under contract, or on call and have designated beds for the treatment of mental health or substance abuse disorders, shall automatically be designated as an emergency detention site.

(b) The following types of facilities may be placed on the list of designated emergency detention facilities:

- (1) Hospitals licensed by the Oklahoma State Department of Health;
- (2) Community Mental Health Centers certified by the Board pursuant to Chapter 17 of Title 450 of the Oklahoma

Administrative Code;
(3) Community-based Structured Crisis Centers certified by the Board pursuant to Chapter 23 of Title 450 of the Oklahoma Administrative Code; and
(4) Facilities operated by ODMHSAS; or
(5) Hospitals accredited by JCAHO, CARF, ACHC/HFAP, or CIHQ.
(c) A facility may request the Commissioner to designate the facility as an emergency detention facility to be placed on the list. The facility shall make a request in writing to the Provider Certification Division of ODMHSAS and verify it has the ability to detain a person in emergency detention as defined in 43A O.S. § 5-206(5) and comply with 43A O.S. §§ 5-208 and 5-209.

[Source: Added at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 20 Ok Reg 2100, eff 7-1-03 ; Amended at 27 Ok Reg 2200, eff 7-11-10 ; Amended at 39 Ok Reg 1915, eff 9-15-22]

SUBCHAPTER 11. RESEARCH

450:1-11-1. Purpose

The purpose of this subchapter is to insure conformity with the requirements of the U. S. Department of Health and Human Services, Public Health Service, Office of Research Integrity in the event the ODMHSAS is the recipient of Public Health Service research grants, fellowships, or cooperative agreements; or is involved with such research grants, fellowships, or cooperative agreements on either a pass-through or oversight responsibility basis [42 CFR Part 50, Subpart A, and 42 CFR § 50.103(c)].

[Source: Added at 14 Ok Reg 675, eff 12-24-96 (emergency); Added at 14 Ok Reg 1906, eff 5-27-97 ; Amended at 19 Ok Reg 1346, eff 7-1-02]

450:1-11-2. Applicability

The ODMHSAS, all subrecipients and all ODMHSAS contractors and their subcontractors involved with U.S. Public Health Services research grants, fellowships, or cooperative agreements are bound by this subchapter.

[Source: Added at 14 Ok Reg 675, eff 12-24-96 (emergency); Added at 14 Ok Reg 1906, eff 5-27-97 ; Amended at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 20 Ok Reg 2100, eff 7-1-03]

450:1-11-3. Policy, scientific misconduct allegations

(a) For any research grants, fellowships or cooperative agreements by the (U.S.) Public Health Service for which the ODMHSAS is either the direct recipient, or involved as a financial pass-through agent, or has any oversight responsibility, the "Model Policy and Procedures for Responding to Allegations of Scientific Misconduct" published by the (U.S.) Public Health Service, Office of Research integrity, April 1995 (or any revisions/successor document thereto) shall be utilized by ODMHSAS for responding to allegations of scientific misconduct.

(b) This subchapter shall be distributed to all ODMHSAS operated facilities; and all entities contracting with, or certified by ODMHSAS providing Mental Health, or Substance Abuse, or both.

(c) This subchapter and a copy of the "Model Policy and Procedures for Responding to Allegations of Scientific Misconduct" shall be distributed to all ODMHSAS staff involved with, and any person or business entity with which ODMHSAS is involved with, in (U.S.) Public Health Service research grants, fellowships, and/or cooperative agreements.

(d) Pursuant to the "Model Policy and Procedures for Responding to Allegations of Scientific Misconduct", the Research Integrity Officer for ODMHSAS shall be the Chief of the Decision Support Services, ODMHSAS Central Office. All allegations of scientific misconduct shall be made to the Research Integrity Officer.

[Source: Added at 14 Ok Reg 675, eff 12-24-96 (emergency); Added at 14 Ok Reg 1906, eff 5-27-97 ; Amended at 16 Ok Reg 1466, eff 7-1-99 ; Amended at 19 Ok Reg 1346, eff 7-1-02 ; Amended at 23 Ok Reg 1941, eff 7-1-06]

450:1-11-4. Adherence to ethical principles

All of the ODMHSAS's human subject activities, and all human subject activities of the ODMHSAS IRB designated under the ODMHSAS Federal Wide Assurance, regardless of funding source, shall be guided by the ethical principles in The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research of the National Commission of the Protection of Human Subjects of Biomedical and Behavioral Research.

[Source: Added at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 27 Ok Reg 2200, eff 7-11-10]

450:1-11-5. Compliance with 45 C.F.R. Part 46

Federally-supported human subject research for which the ODMHSAS IRB provides review and oversight shall comply with 45 C.F.R. Part 46. All human subject research supported by the Department of Health and Human Services (HHS) shall comply with all Subparts of HHS regulations at Title 45 Code of Federal Regulations Part 46 (45 C.F.R. Part 46). All federally-supported human subject research shall also comply with any additional human subject regulations and policies of the supporting federal or state department or agency. All federally-supported human subject research shall comply with any human subject regulations and policies of any relevant regulatory federal or state department or agency.

[Source: Added at 23 Ok Reg 1941, eff 7-1-06]

450:1-11-6. Authority of IRB

Except for research exempted or waived under 45 C.F.R. §46.101 (b) & (i), all human subject research for which the ODMHSAS IRB is responsible shall be reviewed, prospectively approved, and subject to continuing oversight by the ODMHSAS IRB. The ODMHSAS IRB shall have authority to approve, require modifications in, or disapprove the covered human subject research for which it is responsible.

[Source: Added at 23 Ok Reg 1941, eff 7-1-06]

450:1-11-7. Informed consent

Except where specifically waived or altered by the ODMHSAS IRB under 45 C.F.R. § 46.101(i), 46.116 (c) & (d), or 46.117 (c) of all research for which the ODMHSAS IRB is responsible requires written informed consent, in nonexculpatory language understandable to the subject (or subject's legally authorized representative), including the following basic elements per 45 C.F.R. § 46.116 (a) & (b):

- (1) Identification as research; purposes, duration, and procedures; procedures which are experimental;
- 2) Reasonable foreseeable risks or discomforts;
- (3) Reasonable expected benefits to the subject or others;
- (4) Alternative procedures or treatments, if any, that might be advantageous to the subject;
- (5) Extent of confidentiality to be maintained;
- (6) Whether compensation or medical treatment are available if injury occurs (if more than minimal risk);
- (7) Whom to contact for answers to questions about the research, subjects' rights, and research-related injury;
- (8) Participation is voluntary; refusal to participate, or discontinuation of participation, shall involve no penalty or loss of benefits to which subject is entitled; and
- (9) When appropriate, additional elements per 45 C.F.R. § 45.116.

[Source: Added at 23 Ok Reg 1941, eff 7-1-06]

450:1-11-8. IRB Membership

(a) The ODMHSAS IRB shall have at least five members, with varying backgrounds to promote complete and adequate review of research activities commonly conducted at facilities or programs operated or funded by ODMHSAS. The IRB shall be sufficiently qualified through the experience and expertise of its members, and the diversity of the members, including consideration of race, gender, and community attitudes, to promote respect for its advice and counsel in safeguarding the rights and welfare of human subjects. In addition to possessing the professional competence necessary to review specific research activities, the IRB shall be able to ascertain the acceptability of proposed research in terms of agency commitments and regulations, applicable law, and standards of professional conduct and practice. The IRB shall therefore include persons knowledgeable in these areas. If the IRB reviews research that involves a vulnerable category of subjects, such as

children, prisoners, pregnant women, or handicapped or mentally disabled persons, consideration shall be given to the inclusion of one or more individuals who are knowledgeable about and experienced in working with these subjects.

(b) The Commissioner or designee shall appoint IRB members and the IRB chairperson.

(c) Every nondiscriminatory effort shall be made to ensure that the ODMHSAS IRB does not consist entirely of men or entirely of women, including the agency's consideration of qualified persons of both sexes, so long as no selection is made to the IRB on the basis of gender. No IRB may consist entirely of members of one profession.

(d) The ODMHSAS IRB shall include at least one member whose primary concerns are in scientific areas and at least one member whose primary concerns are in nonscientific areas.

(e) The ODMHSAS IRB shall include at least one member who is not otherwise affiliated with the ODMHSAS and who is not part of the immediate family of a person who is affiliated with ODMHSAS.

(f) ODMHSAS IRB Members will not participate in the IRB's initial or continuing review of any project in which the member has a conflicting interest, except to provide information requested by the IRB.

(g) The IRB may invite individuals with competence in special areas to assist in the review of issues, which require expertise beyond or in addition to that available on the IRB. These individuals may not vote with the IRB.

[Source: Added at 23 Ok Reg 1941, eff 7-1-06 ; Amended at 27 Ok Reg 2200, eff 7-11-10]

SUBCHAPTER 13. BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT FUND

450:1-13-1. Purpose

[Source: Added at 41 Ok Reg, Number 15, effective 3-13-24 (emergency)]

450:1-13-3. Applicability

[Source: Added at 41 Ok Reg, Number 15, effective 3-13-24 (emergency)]

450:1-13-5. Student Loan Repayment

[Source: Added at 41 Ok Reg, Number 15, effective 3-13-24 (emergency)]

450:1-13-7. Tuition Assistance

[Source: Added at 41 Ok Reg, Number 15, effective 3-13-24 (emergency)]

SUBCHAPTER 13. BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT FUND

450:1-13-1. Purpose

[Source: Added at 41 Ok Reg, Number 15, effective 3-13-24 (emergency)]

450:1-13-3. Applicability

[Source: Added at 41 Ok Reg, Number 15, effective 3-13-24 (emergency)]

450:1-13-5. Student Loan Repayment

[Source: Added at 41 Ok Reg, Number 15, effective 3-13-24 (emergency)]

450:1-13-7. Tuition Assistance

[Source: Added at 41 Ok Reg, Number 15, effective 3-13-24 (emergency)]

CHAPTER 10. STANDARDS AND CRITERIA FOR ALCOHOL, DRUG, DOMESTIC VIOLENCE, AND MENTAL HEALTH PROGRAMS [REVOKED]

[Authority: 43A O.S., § 2-202]
[Source: Codified 12-31-91]

SUBCHAPTER 1. STANDARDS FOR CERTIFICATION OF PROGRAMS [REVOKED]

450:10-1-1. Purpose [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-1-2. Definitions [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-1-3. Department and Board as "Authority" [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-1-4. Psychiatric health program standards [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-1-5. Licensure [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-1-6. Annual review [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-1-7. New standards [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-1-8. Resource directory [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

SUBCHAPTER 3. PROGRAM CERTIFICATION [REVOKED]

450:10-3-1. Certification of programs [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-3-2. Certification procedures for applicants [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-3-3. Procedure for certification [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-3-4. Duration of certification status [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-3-5. Renewal of certification process [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-3-6. Procedures for the issuance, denial of issuance, suspension, or revocation of certification [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

SUBCHAPTER 5. GOVERNING AUTHORITY [REVOKED]

450:10-5-1. Applicability [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-5-2. Responsibility [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-5-3. Duties of governing authority [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-5-4. Source of authority [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-5-5. Governing authority membership [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-5-6. Organizational chart [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-5-7. Oklahoma Open Meeting Laws [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-5-8. Minutes of meetings [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

SUBCHAPTER 7. PROGRAM MANAGEMENT [REVOKED]

450:10-7-1. Program planning [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-7-2. Specifications of persons eligible for services [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-7-3. Program policies and procedures [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-7-4. Program evaluation [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-7-5. Program financial management [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-7-6. Program personnel [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-7-7. Clients'/patients' rights [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-7-8. Confidentiality [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-7-9. Employee Assistance Programs (EAP) [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-7-10. Case record keeping [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-7-11. Program environment [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

SUBCHAPTER 9. TREATMENT SERVICES [REVOKED]

PART 1. ALL PROGRAMS [REVOKED]

450:10-9-1. Intake and assessment process [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-2. Evaluation of effectiveness of treatment services [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-3. Referrals to other resources [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-4. Community information, consultation, and outreach services [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-5. Dietetic services [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-6. Pharmaceutical services [REVOKED]

[Source: Added at 9 Ok Reg 2981, eff 7-15-92]

PART 3. ALCOHOL AND/OR DRUG ABUSE SERVICES [REVOKED]

450:10-9-16. Alcohol and/or drug abuse services to be provided [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-17. Medical detoxification [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-18. Medically supervised (social setting) detoxification [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-19. Nonmedical (social setting) detoxification [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-20. Residential treatment; alcohol and/or drug abuse [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-21. Alcohol and/or drug abuse halfway house [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-22. Outpatient alcohol and drug services [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-23. Day treatment for alcohol and drug services [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-24. Day school; alcohol and/or drug abuse [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-25. Methadone detoxification programs [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-26. Programs using an opiate blockade or long acting opiate derivative [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-27. Inpatient/residential adolescent alcohol and drug abuse treatment facilities or program components [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

**PART 5. OUTPATIENT CLINICAL SETTINGS
[REVOKED]**

450:10-9-38. Definition [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-39. Outpatient services [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-40. Availability of outpatient services [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

**450:10-9-41. Policies and procedures for outpatient services
[REVOKED]**

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

**450:10-9-42. Special qualifications of outpatient services staff
[REVOKED]**

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

**PART 7. COMPREHENSIVE COMMUNITY MENTAL
HEALTH CENTER [REVOKED]**

450:10-9-52. Services provided or arranged for [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

**450:10-9-53. Description of services provided by community
mental health centers [REVOKED]**

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-54. Model quality assurance program for community mental health center outpatient services [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

PART 9. PSYCHIATRIC HOSPITAL [REVOKED]

450:10-9-64. Psychiatric hospital compliance with standards [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

PART 11. PSYCHIATRIC TREATMENT PROGRAMS/UNITS IN GENERAL HOSPITALS [REVOKED]

450:10-9-74. General hospitals who provide psychiatric inpatient programs [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-75. Governing authority [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-76. Program management [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-77. Program personnel [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-78. Utilization of volunteers [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-79. Patients' rights [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-80. Confidentiality [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-81. Staff development and training [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-82. Case record keeping [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-83. Inpatient medical records [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-84. Program environment and safety [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-85. Program services [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-86. Seclusion and restraint [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

**PART 13. MENTAL HEALTH FACILITIES OR PROGRAM
COMPONENTS WHICH SERVE CHILDREN AND YOUTH
[REVOKED]**

450:10-9-96. General statement [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

**450:10-9-97. Mental health services offered to children and
adolescents as part of a larger facility or program [REVOKED]**

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

**450:10-9-98. Facilities which offer mental health services to
children in the custody of the Department of Human Services
[REVOKED]**

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

**450:10-9-99. Outpatient services for children and youth
[REVOKED]**

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

**450:10-9-100. Mental health day treatment/day school programs
for children and youth [REVOKED]**

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

**450:10-9-101. Residential treatment services for children and
youth [REVOKED]**

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

**450:10-9-102. Admission criteria of the Oklahoma Youth Center
[REVOKED]**

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-103. Grouping of patients [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-104. Recreational and social activities [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-105. Prevocational and vocational services [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

**PART 15. DOMESTIC VIOLENCE/SEXUAL ASSAULT
[REVOKED]**

**450:10-9-115. Domestic violence/sexual assault programs
[REVOKED]**

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

**450:10-9-116. Domestic violence/sexual assault shelters
[REVOKED]**

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-117. Shelter facility safety standards [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-118. Environmental facility standards [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-119. Crisis service center [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-120. Domestic violence/sexual assault service components [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-121. Shelter Residents' Bill of Rights [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

**PART 17. TRANSITIONAL LIVING PROGRAMS
[REVOKED]**

450:10-9-131. Definitions [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-132. Local and state licensure and health requirements for group home [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-133. Transitional living program procedures [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-134. Transitional living facility environment - group home or apartment [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-135. Family placement facility for transitional living services [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-136. Transitional living program staff [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-137. Program-policies and procedures [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-138. Admission/intake and discharge policies [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

PART 19. RESIDENTIAL CARE HOMES [REVOKED]

450:10-9-148. Definition [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-149. Applicability [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-150. Residential care home components of service [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-151. Residential care home provider responsibilities [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-152. Residential care home service delivery and documentation [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-153. Termination of service [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

PART 21. PREVENTION/PROMOTION SERVICES [REVOKED]

450:10-9-163. Definition [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-164. Prevention activity policies and procedures [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-165. Administration of prevention/promotion programs [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-166. Organization and staffing of prevention programs [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

**PART 23. REHABILITATION ASSESSMENT,
VOCATIONAL PREPARATION, AND JOB
DEVELOPMENT/PLACEMENT SERVICES [REVOKED]**

450:10-9-176. Goal of rehabilitation assessment, vocational preparation, and job development/placement services [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-177. Policies and procedures; rehabilitation assessment, vocational preparation, and job development/placement services [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-178. Rehabilitation assessment [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-179. Vocational preparation [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-180. Job development/placement [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-181. Interagency collaboration [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-182. Community information [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-183. Evaluation process [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-9-184. Staff qualifications [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

SUBCHAPTER 11. SPECIAL POPULATIONS [REVOKED]

450:10-11-1. Definition [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

450:10-11-2. Description of program services and delivery process [REVOKED]

[Source: Revoked at 9 Ok Reg 2981, eff 7-15-92]

CHAPTER 11. STANDARDS AND CRITERIA FOR SUBSTANCE ABUSE SERVICES [REVOKED]

[**Authority:** 43A O.S., §§ 3-406 and 3-453; 22 O.S., §§ 991a(B) and 991c(B); 47 O.S., §§ 6-212.2 and 11-902(e)]

[**Source:** Codified 7-15-92]

SUBCHAPTER 1. GENERAL PROVISIONS [REVOKED]

450:11-1-1. Purpose and applicability [REVOKED]

[**Source:** Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-1-2. Statutory authority [REVOKED]

[**Source:** Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-1-3. Definitions [REVOKED]

[**Source:** Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-1-4. Meanings of verbs in rules [REVOKED]

[**Source:** Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-1-5. Annual review of Standards and Criteria [REVOKED]

[**Source:** Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-1-6. New standards (rules); notification; compliance [REVOKED]

[**Source:** Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3019, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

SUBCHAPTER 3. CERTIFICATION [REVOKED]

450:11-3-1. Applicability of certification [REVOKED]

[**Source:** Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-3-2. Purpose of certification [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-3-3. Reviewing authority [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3135, eff 7-1-93 ; Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-3-4. Qualifications for and exceptions to certification of facilities [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3135, eff 7-1-93 ; Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-3-5. Procedures for application for certification [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3135, eff 7-1-93 ; Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-3-6. Procedures for completion of certification process [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3135, eff 7-1-93 ; Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-3-7. Duration of certification status [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3135, eff 7-1-93 ; Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-3-8. Contingency for non-action by the Board of Mental Health and Substance Abuse Services [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-3-9. Notice and conduct, of public hearing [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3135, eff 7-1-93 ; Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-3-10. Commencement of a public hearing [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Revoked at 10 Ok Reg 3135, eff 7-1-93]

450:11-3-11. Bases for a decision of denial, suspension, or revocation [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3135, eff 7-1-93 ; Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-3-12. Decisions and orders of the Board of Mental Health and Substance Abuse Services; Hearing Officer's proposed orders [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Revoked at 10 Ok Reg 3135, eff 7-1-93]

450:11-3-13. Reconsideration of decisions [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Revoked at 10 Ok Reg 3135, eff 7-1-93]

450:11-3-14. Appeals [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3135, eff 7-1-93 ; Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-3-15. Reapplication following denial, suspension or revocation of certification [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3135, eff 7-1-93 ; Revoked at 11 Ok Reg 3341, eff 7-5-94]

SUBCHAPTER 5. GOVERNING AUTHORITY [REVOKED]

450:11-5-1. Applicability [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-5-2. Duties and responsibilities of Governing Authority [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-5-3. Documentation of source of authority [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-5-4. Organizational chart [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-5-5. Oklahoma open meeting statutes [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-5-6. Minutes of meetings [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 11 Ok Reg 3341, eff 7-5-94]

SUBCHAPTER 7. FACILITY MANAGEMENT [REVOKED]

450:11-7-1. Facility planning; written goals and planning documentation [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-7-2. Written eligibility criteria [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-7-3. Written policies and procedures; review; availability [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-7-4. Written evaluation plan [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-7-5. Written quality plan [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3135, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-7-6. Facility financial management applicability [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-7-7. Accounting policies and procedures [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-7-8. Financial reporting system [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-7-9. Protection of assets [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-7-10. Cash receipts procedures [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-7-11. Client fees [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-7-12. Cash disbursements [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-7-13. Petty cash [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-7-14. Payroll and travel [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-7-15. Related party transactions [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-7-16. Audit requirement [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

SUBCHAPTER 9. PROGRAM PERSONNEL [REVOKED]

450:11-9-1. Personnel policies and procedures [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-9-2. Selection of personnel [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-9-3. Job descriptions [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-9-4. Non-discrimination [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-9-5. Application for employment records [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-9-6. Supervision of personnel [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-9-7. Orientation of personnel [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-9-8. Evaluation of personnel [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-9-9. Professional standards [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-9-10. Personnel records [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-9-11. Professional development plans; staff education and training [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-9-12. Utilization of volunteer personnel [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

SUBCHAPTER 11. CLIENTS' RIGHTS [REVOKED]

450:11-11-1. General rights procedure [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-11-2. Notification of clients' rights procedure [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-11-3. All facilities clients' rights responsibilities [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-11-4. Protection from disclosure [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Revoked at 10 Ok Reg 3091, eff 7-1-93]

450:11-11-5. Funding/accrediting body record review procedure [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-11-6. Client/family treatment planning procedure [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-11-7. Access to fees, rules, rights procedure [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-11-8. Grievance procedure [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-1-92 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-11-9. Residential facility clients' rights responsibilities [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-11-10. Confidentiality regarding client records procedure [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

SUBCHAPTER 13. EMPLOYEE ASSISTANCE PROGRAM (EAP) [REVOKED]

450:11-13-1. Written EAP policy and procedures [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-13-2. Informing employees and families about EAP [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-13-3. Orientation of management [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-13-4. Administrative functions of the EAP [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 11 Ok Reg 3341, eff 7-5-94]

SUBCHAPTER 15. CASE RECORD KEEPING [REVOKED]

450:11-15-1. Facility record system [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-15-2. Policies and procedures for case record keeping [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-15-3. General record keeping requirements [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-15-4. Intake records content [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-15-5. Pre admission assessment [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-15-6. Comprehensive assessments [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-15-7. Psychosocial evaluation [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-15-8. Treatment planning [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-15-9. Progress notes and other documentation of daily activities [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-15-10. Consultation reports; test results; medication records; other documentation [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-15-11. Continuing care plan/discharge plan [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-15-12. Methadone records [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-15-13. Facility environment and safety [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

SUBCHAPTER 17. ALCOHOL AND OTHER DRUG TREATMENT SERVICES [REVOKED]

450:11-17-1. Written intake and assessment policies and procedures [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-17-2. Treatment follow-up [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-17-3. Referrals [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-17-4. Community information, consultation, and outreach services [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-17-5. Dietetic services [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-17-6. Pharmacy services and medication [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3143, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-17-7. Admissions to state operated psychiatric hospitals [REVOKED]

[Source: Added at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

SUBCHAPTER 19. ALCOHOL AND OTHER DRUG TREATMENT SERVICES LEVELS OF CARE [REVOKED]

450:11-19-1. General requirements for alcohol/drug programs [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-19-2. Medical detoxification location [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-19-3. Medically supervised (social setting) detoxification [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-19-4. Nonmedical (social setting) detoxification [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-19-5. Residential treatment for adults [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-19-6. Residential treatment for women with children [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-19-7. Halfway house [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-19-8. Halfway house for women with children [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-19-9. Three-quarterway house [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-19-10. Outpatient alcohol and other drug services [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-19-11. Day treatment for alcohol and other drug services [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-19-12. Day school [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-19-13. Methadone detoxification programs [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-19-14. Programs using opiate antagonist or long acting opiate agonist [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-19-15. Inpatient/residential adolescent alcohol and drug abuse treatment facilities or program components [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

SUBCHAPTER 21. SPECIAL POPULATIONS [REVOKED]

450:11-21-1. Deaf/hearing impaired [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-21-2. Human Immunodeficiency Virus (HIV) and Infected/ Acquired Immunodeficiency Syndrome (AIDS) clients [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-21-3. Disabled clients [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

SUBCHAPTER 23. CERTIFIED DUI ASSESSMENT AGENCY/STAFF [REVOKED]

450:11-23-1. Purpose and applicability [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 10 Ok Reg 4801, eff 9-29-93 (emergency); Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-23-2. Statutory authority [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 4801, eff 9-29-93 (emergency); Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-23-3. Definitions [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 4801, eff 9-29-93 (emergency); Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-23-4. Analysis [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 4801, eff 9-29-93 (emergency); Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-23-5. Drinking driver offender assessment agencies [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 4801, eff 9-29-93 (emergency); Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-23-6. Department responsibilities [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 10 Ok Reg 4801, eff 9-29-93 (emergency); Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-23-7. Evaluation standards of offenders [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Revoked at 10 Ok Reg 4801, eff 9-29-93 (emergency); Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-23-8. Standardized evaluation instruments [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Revoked at 10 Ok Reg 4801, eff 9-29-93 (emergency); Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-23-9. Assessment personnel [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Revoked at 10 Ok Reg 4801, eff 9-29-93 (emergency); Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-23-10. Assessor responsibilities [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 10 Ok Reg 4801, eff 9-29-93 (emergency); Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-23-11. Denial/revocation of assessment certification [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Revoked at 10 Ok Reg 4801, eff 9-29-93 (emergency); Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-23-12. Disabled clients [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-23-13. Certified approved sites [REVOKED]

[Source: Added at 10 Ok Reg 4801, eff 9-29-93 (emergency); Added at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-23-14. Offender evaluation [REVOKED]

[Source: Added at 10 Ok Reg 4801, eff 9-29-93 (emergency); Added at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-23-15. Standardized evaluation instruments [REVOKED]

[Source: Added at 10 Ok Reg 4801, eff 9-29-93 (emergency); Added at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-23-16. Agency assessment personnel [REVOKED]

[Source: Added at 10 Ok Reg 4801, eff 9-29-93 (emergency); Added at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-23-17. Qualified practitioner [REVOKED]

[Source: Added at 10 Ok Reg 4801, eff 9-29-93 (emergency); Added at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-23-18. Qualified practitioner responsibilities [REVOKED]

[Source: Added at 10 Ok Reg 4801, eff 9-29-93 (emergency); Added at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-23-19. Assessor responsibilities [REVOKED]

[Source: Added at 10 Ok Reg 4801, eff 9-29-93 (emergency); Added at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-23-20. Denial/revocation of assessment certification [REVOKED]

[Source: Added at 10 Ok Reg 4801, eff 9-29-93 (emergency); Added at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

SUBCHAPTER 25. ALCOHOL AND DRUG SUBSTANCE ABUSE COURSE (ADSAC) [REVOKED]

450:11-25-1. Policy [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-25-2. Definitions [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-25-3. Applications [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-25-4. Minimum curriculum requirements [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-25-5. Administrative responsibilities [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-25-6. Facilities, equipment and instructional material [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-25-7. Instructor certification/disqualification [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-25-8. Instructor training [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-25-9. Revocation of certification [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-25-10. Administrator code of ethics [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-25-11. Instructor code of ethics [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 11 Ok Reg 3341, eff 7-5-94]

450:11-25-12. Administrative denial, suspension, or revocation of certification [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-25-13. Student attendance and completion of ADSAC course [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-25-14. ADSAC reporting of completions [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-25-15. Disabled clients [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Amended at 11 Ok Reg 3341, eff 7-5-94 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

SUBCHAPTER 27. AREA PREVENTION RESOURCE CENTERS PREVENTION SERVICES [REVOKED]

450:11-27-1. Purpose [REVOKED]

[Source: Added at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-27-2. Applicability [REVOKED]

[Source: Added at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-27-3. Definitions [REVOKED]

[Source: Added at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-27-4. Components [REVOKED]

[Source: Added at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-27-5. Program descriptions [REVOKED]

[Source: Added at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-27-6. Provider responsibilities [REVOKED]

[Source: Added at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-27-7. Student Assistance Programs [REVOKED]

[Source: Added at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-27-8. Volunteers [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

450:11-27-9. Americans with Disabilities Act of 1990 [REVOKED]

[Source: Added at 9 Ok Reg 2939, eff 7-15-92 ; Amended at 10 Ok Reg 3091, eff 7-1-93 ; Revoked at 13 Ok Reg 2213, eff 7-1-96]

CHAPTER 12. STANDARDS AND CRITERIA FOR RESIDENTIAL CARE FACILITIES [REVOKED]

[**Authority:** 43A O.S., § 2-201 et seq.]

[**Source:** Codified 7-15-92]

SUBCHAPTER 1. GENERAL PROVISIONS [REVOKED]

450:12-1-1. Purpose [REVOKED]

[**Source:** Added at 9 Ok Reg 2941, eff 7-15-92 ; Amended at 11 Ok Reg 3343, eff 7-5-94 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-1-2. Definitions [REVOKED]

[**Source:** Added at 9 Ok Reg 2941, eff 7-15-92 ; Amended at 10 Ok Reg 3749, eff 7-12-93 ; Amended at 11 Ok Reg 535, eff 11-3-93 (emergency); Amended at 11 Ok Reg 3343, eff 7-5-94 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-1-3. Annual review of standards and criteria [REVOKED]

[**Source:** Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-1-4. New standards [REVOKED]

[**Source:** Added at 9 Ok Reg 2941, eff 7-15-92 ; Amended at 11 Ok Reg 535, eff 11-3-93 (emergency); Amended at 11 Ok Reg 3343, eff 7-5-94 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-1-5. Applicability [REVOKED]

[**Source:** Added at 9 Ok Reg 2941, eff 7-15-92 ; Amended at 11 Ok Reg 535, eff 11-3-93 (emergency); Amended at 11 Ok Reg 3343, eff 7-5-94 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-1-6. Program certification [REVOKED]

[**Source:** Added at 9 Ok Reg 2941, eff 7-15-92 ; Amended at 10 Ok Reg 3755, eff 7-12-93 ; Revoked at 11 Ok Reg 535, eff 11-3-93 (emergency); Revoked at 11 Ok Reg 3343, eff 7-5-94]

SUBCHAPTER 3. GOVERNING AUTHORITY [REVOKED]

450:12-3-1. Responsibility [REVOKED]

[**Source:** Added at 9 Ok Reg 2941, eff 7-15-92 ; Amended at 11 Ok Reg 3343, eff 7-5-94 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

SUBCHAPTER 5. FINANCIAL MANAGEMENT STANDARDS [REVOKED]

450:12-5-1. Financial reporting system [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Amended at 10 Ok Reg 3749, eff 7-12-93 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-5-2. Audit requirements [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

SUBCHAPTER 7. SERVICES [REVOKED]

450:12-7-1. Components of service [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Amended at 10 Ok Reg 3749, eff 7-12-93 ; Amended at 11 Ok Reg 535, eff 11-3-93 (emergency); Amended at 11 Ok Reg 3343, eff 7-5-94 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-7-2. Provider responsibilities [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-7-3. Service delivery and documentation [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Amended at 10 Ok Reg 3749, eff 7-12-93 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-7-4. Termination of service [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

SUBCHAPTER 9. INCIDENT REPORTING [REVOKED]

450:12-9-1. Incident reporting [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Amended at 10 Ok Reg 3157, eff 7-1-93 ; Amended at 11 Ok Reg 535, eff 11-3-93 (emergency); Amended at 11 Ok Reg 3343, eff 7-5-94 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

SUBCHAPTER 11. LICENSURE [REVOKED]

450:12-11-1. Licensure [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

SUBCHAPTER 13. SAFETY/ENVIRONMENT [REVOKED]

450:12-13-1. Codes/regulations [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-13-2. First aid supplies/fire fighting equipment [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-13-3. Emergency evacuation/shelter locations [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-13-4. Quality of Life Survey [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Amended at 10 Ok Reg 3749, eff 7-12-93 ; Amended at 11 Ok Reg 535, eff 11-3-93 (emergency); Amended at 11 Ok Reg 3343, eff 7-5-94 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

SUBCHAPTER 15. RESIDENTS' RIGHTS [REVOKED]

450:12-15-1. General statement [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-15-2. Facility responsibilities [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

SUBCHAPTER 17. CONFIDENTIALITY [REVOKED]

450:12-17-1. Written policies/procedures [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 10 Ok Reg 3749, eff 7-12-93]

450:12-17-2. Conditions of disclosure [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Amended at 10 Ok Reg 3749, eff 7-12-93 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-17-3. Responsibility for security [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Amended at 10 Ok Reg 3749, eff 7-12-93 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-17-4. Consent for disclosure [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-17-5. Validity of written consent [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-17-6. Prohibition and redisclosures [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-17-7. Employee and volunteer training in confidentiality [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

SUBCHAPTER 19. RESIDENTS' FILES [REVOKED]

450:12-19-1. Maintenance of record system [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 10 Ok Reg 3749, eff 7-12-93]

450:12-19-2. Period of storage [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-19-3. Components of record entry [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-19-4. Storage, disposal/destruction of records [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-19-5. Intake information [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 11 Ok Reg 535, eff 11-3-93 (emergency); Revoked at 11 Ok Reg 3343, eff 7-5-94]

450:12-19-6. Location of residential care plan [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 10 Ok Reg 3749, eff 7-12-93]

450:12-19-7. Records of maladaptive behavior [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 10 Ok Reg 3749, eff 7-12-93]

SUBCHAPTER 21. PERSONNEL/STAFFING/TRAINING [REVOKED]

450:12-21-1. Personnel policies/procedures [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 11 Ok Reg 535, eff 11-3-93 (emergency); Revoked at 11 Ok Reg 3343, eff 7-5-94]

450:12-21-2. Staffing [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Amended at 10 Ok Reg 3749, eff 7-12-93 ; Amended at 11 Ok Reg 535, eff 11-3-93 (emergency); Amended at 11 Ok Reg 3343, eff 7-5-94 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-21-3. Residential care staff training requirements [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Amended at 11 Ok Reg 535, eff 11-3-93 (emergency); Amended at 11 Ok Reg 3343, eff 7-5-94 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

SUBCHAPTER 23. TRANSPORTATION [REVOKED]

450:12-23-1. Transportation [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Amended at 11 Ok Reg 535, eff 11-3-93 (emergency); Amended at 11 Ok Reg 3343, eff 7-5-94 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

SUBCHAPTER 25. RESIDENT MANAGEMENT/GENERAL SERVICES [REVOKED]

450:12-25-1. Residential care planning [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 10 Ok Reg 3749, eff 7-12-93]

450:12-25-2. Individual residential care plan [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 10 Ok Reg 3749, eff 7-12-93]

450:12-25-3. Residents' training [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 10 Ok Reg 3749, eff 7-12-93]

450:12-25-4. General services [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Amended at 10 Ok Reg 3749, eff 7-12-93 ; Amended at 11 Ok Reg 535, eff 11-3-93 (emergency); Amended at 11 Ok Reg 3343, eff 7-5-94 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-25-5. Vocational services [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 10 Ok Reg 3749, eff 7-12-93]

450:12-25-6. Health care services [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Amended at 10 Ok Reg 3749, eff 7-12-93 ; Amended at 11 Ok Reg 535, eff 11-3-93 (emergency); Amended at 11 Ok Reg 3343, eff 7-5-94 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

SUBCHAPTER 27. BEHAVIOR MANAGEMENT [REVOKED]

450:12-27-1. Behavior management [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

SUBCHAPTER 29. LEVEL OF SERVICES [REVOKED]

450:12-29-1. Enhanced residential care [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

450:12-29-2. Residential treatment [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 12 Ok Reg 2583, eff 6-26-95]

450:12-29-3. Transitional living programs [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 12 Ok Reg 2583, eff 6-26-95]

450:12-29-4. Supervised apartment/housing program [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 12 Ok Reg 2583, eff 6-26-95]

450:12-29-5. Sponsored apartment/housing programs [REVOKED]

[Source: Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 12 Ok Reg 2583, eff 6-26-95]

450:12-29-6. Community lodge programs [REVOKED]

[**Source:** Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 12 Ok Reg 2583, eff 6-26-95]

450:12-29-7. ResCare Home [REVOKED]

[**Source:** Added at 9 Ok Reg 2941, eff 7-15-92 ; Revoked at 13 Ok Reg 3297, eff 9-1-96]

CHAPTER 13. STANDARDS AND CRITERIA FOR COMMUNITY MENTAL HEALTH SERVICES [REVOKED]

[**Authority:** 43A O.S., §§ 2-101 and 3-306]
[**Source:** Codified 7-15-92]

SUBCHAPTER 1. GENERAL PROVISIONS [REVOKED]

450:13-1-1. Purpose [REVOKED]

[**Source:** Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2071, eff 7-1-96]

450:13-1-2. Definitions [REVOKED]

[**Source:** Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-1-3. Annual review of Standards & Criteria [REVOKED]

[**Source:** Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2071, eff 7-1-96]

450:13-1-4. New standards [REVOKED]

[**Source:** Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-1-5. Applicability [REVOKED]

[**Source:** Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-1-6. Program certification [REVOKED]

[**Source:** Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 10 Ok Reg 3763, eff 7-12-93 ; Revoked at 11 Ok Reg 3351, eff 7-5-94]

450:13-1-7. Appeals [REVOKED]

[**Source:** Added at 10 Ok Reg 3763, eff 7-12-93 ; Revoked at 11 Ok Reg 3351, eff 7-5-94]

450:13-1-8. Reapplication following denial, suspension or revocation of certification [REVOKED]

[**Source:** Added at 10 Ok Reg 3763, eff 7-12-93 ; Revoked at 11 Ok Reg 3351, eff 7-5-94]

SUBCHAPTER 3. FINANCIAL MANAGEMENT [REVOKED]

450:13-3-1. Accounting policies and procedures [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-3-2. Financial reporting system [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-3-3. Assets [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-3-4. Cash receipts [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-3-5. Client fees [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-3-6. Cash disbursements [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-3-7. Petty cash [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-3-8. Payroll and travel [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-3-9. Related party transactions [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-3-10. Audit requirement [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

SUBCHAPTER 5. GOVERNING BODY [REVOKED]

450:13-5-1. Documents of authority [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 14 Ok Reg 99, eff 10-2-96 (emergency); Revoked at 14 Ok Reg 1911, eff 5-27-97]

450:13-5-2. Board composition [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Amended at 14 Ok Reg 99, eff 10-2-96 (emergency); Revoked at 14 Ok Reg 1911, eff 5-27-97]

450:13-5-3. Board duties [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 11 Ok Reg 3351, eff 7-5-94]

450:13-5-4. Board meeting minutes [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 11 Ok Reg 3351, eff 7-5-94]

450:13-5-5. Chief Executive Officers of community mental health centers [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 11 Ok Reg 3351, eff 7-5-94]

SUBCHAPTER 7. PROGRAM MANAGEMENT AND WRITTEN PLAN FOR PROFESSIONAL SERVICES [REVOKED]

450:13-7-1. Program planning [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 14 Ok Reg 99, eff 10-2-96 (emergency); Revoked at 14 Ok Reg 1911, eff 5-27-97]

450:13-7-2. Program evaluation [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Amended at 14 Ok Reg 99, eff 10-2-96 (emergency); Revoked at 14 Ok Reg 1911, eff 5-27-97]

SUBCHAPTER 9. QUALITY ASSURANCE [REVOKED]

450:13-9-1. Quality assurance [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 14 Ok Reg 99, eff 10-2-96 (emergency); Revoked at 14 Ok Reg 1911, eff 5-27-97]

450:13-9-2. Written plan [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 14 Ok Reg 99, eff 10-2-96 (emergency); Revoked at 14 Ok Reg 1911, eff 5-27-97]

450:13-9-3. Quality assurance activities [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 14 Ok Reg 99, eff 10-2-96 (emergency); Revoked at 14 Ok Reg 1911, eff 5-27-97]

450:13-9-4. Monitoring and evaluation process [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 14 Ok Reg 99, eff 10-2-96 (emergency); Revoked at 14 Ok Reg 1911, eff 5-27-97]

450:13-9-5. Incident reporting [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 10 Ok Reg 3149, eff 7-1-93 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Amended at 14 Ok Reg 99, eff 10-2-96 (emergency); Revoked at 14 Ok Reg 1911, eff 5-27-97]

SUBCHAPTER 11. UTILIZATION REVIEW [REVOKED]

450:13-11-1. Utilization review [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 14 Ok Reg 99, eff 10-2-96 (emergency); Revoked at 14 Ok Reg 1911, eff 5-27-97]

450:13-11-2. Written plan [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 14 Ok Reg 99, eff 10-2-96 (emergency); Revoked at 14 Ok Reg 1911, eff 5-27-97]

450:13-11-3. Methods for identifying problems [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 14 Ok Reg 99, eff 10-2-96 (emergency); Revoked at 14 Ok Reg 1911, eff 5-27-97]

SUBCHAPTER 13. PERSONNEL [REVOKED]

450:13-13-1. Personnel policies and procedures [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Amended at 14 Ok Reg 99, eff 10-2-96 (emergency); Revoked at 14 Ok Reg 1911, eff 5-27-97]

450:13-13-2. Job descriptions [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Amended at 14 Ok Reg 99, eff 10-2-96 (emergency); Revoked at 14 Ok Reg 1911, eff 5-27-97]

450:13-13-3. Personnel records [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 11 Ok Reg 3351, eff 7-5-94]

450:13-13-4. Utilization of volunteers [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 14 Ok Reg 99, eff 10-2-96 (emergency); Revoked at 14 Ok Reg 1911, eff 5-27-97]

SUBCHAPTER 15. STAFF DEVELOPMENT AND TRAINING [REVOKED]

450:13-15-1. Staff qualifications [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Amended at 14 Ok Reg 99, eff 10-2-96 (emergency); Revoked at 14 Ok Reg 1911, eff 5-27-97]

450:13-15-2. Staff development [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 14 Ok Reg 99, eff 10-2-96 (emergency); Revoked at 14 Ok Reg 1911, eff 5-27-97]

450:13-15-3. Inservice [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 14 Ok Reg 99, eff 10-2-96 (emergency); Revoked at 14 Ok Reg 1911, eff 5-27-97]

SUBCHAPTER 17. CLIENTS' RIGHTS/CONFIDENTIALITY [REVOKED]

450:13-17-1. Client rights [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-17-2. Confidentiality [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

SUBCHAPTER 19. CLINICAL RECORDS [REVOKED]

450:13-19-1. Case record keeping [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-19-2. Clinical record content [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-19-3. Intake and assessment [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-19-4. Health and drug history [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-19-5. Psycho-Social Evaluation [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-19-6. Treatment plan [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-19-7. Progress notes [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-19-8. Medications [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-19-9. Discharge information [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

SUBCHAPTER 21. FACILITY ENVIRONMENT [REVOKED]

450:13-21-1. Facility environment [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Amended at 14 Ok Reg 99, eff 10-2-96 (emergency); Revoked at 14 Ok Reg 1911, eff 5-27-97]

SUBCHAPTER 23. COMMUNITY MENTAL HEALTH TREATMENT SERVICES [REVOKED]

450:13-23-1. General services [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-2. Availability of services [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-3. Screening/intake and assessment services [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-4. Referral services [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-5. Emergency services [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-6. Outpatient counseling services [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-7. Case management services [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-8. Services to homeless individuals [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-9. Therapeutic day programs [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-10. Medication clinic [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 10 Ok Reg 3149, eff 7-1-93 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-11. Pharmaceutical services [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 10 Ok Reg 3149, eff 7-1-93 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-12. Rehabilitation services [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-13. Intensive crisis stabilization programs [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-14. Community living programs [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-15. Residential treatment [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-16. Transitional living programs [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-17. Supervised apartment/housing program [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-18. Sponsored apartment/housing programs [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-19. Community lodge programs [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-20. Sponsor family program [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-21. Psychiatric treatment programs/units in general hospitals [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-22. Inpatient services within the community mental health setting [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-23. Dietetic services [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-24. Community consultation and education services [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-23-25. Admissions to state operated psychiatric hospitals [REVOKED]

[Source: Added at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

SUBCHAPTER 25. SPECIAL POPULATIONS [REVOKED]

450:13-25-1. Service priority/accessibility [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-25-2. Deaf/hearing impaired [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-25-3. Special services to children and adolescents [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

450:13-25-4. Human Immunodeficient Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) [REVOKED]

[Source: Added at 9 Ok Reg 2959, eff 7-15-92 ; Amended at 11 Ok Reg 3351, eff 7-5-94 ; Revoked at 13 Ok Reg 2701, eff 7-1-96]

CHAPTER 14. STANDARDS AND CRITERIA FOR DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAMS [REVOKED]

[**Authority:** 43A O.S., §§ 2-101, 3-313, and 3-314.1]
[**Source:** Codified 7-15-92]

SUBCHAPTER 1. GENERAL PROVISIONS [REVOKED]

450:14-1-1. Applicability [REVOKED]

[**Source:** Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 11 Ok Reg 3377, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-1-2. Statutory citation [REVOKED]

[**Source:** Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 11 Ok Reg 3377, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-1-3. Definitions [REVOKED]

[**Source:** Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 11 Ok Reg 3377, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-1-4. Meaning of verbs [REVOKED]

[**Source:** Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-1-5. Annual review of Standards and Criteria [REVOKED]

[**Source:** Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-1-6. New standards [REVOKED]

[**Source:** Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 11 Ok Reg 3377, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

SUBCHAPTER 3. PROGRAM CERTIFICATION [REVOKED]

450:14-3-1. Applicability of certification [REVOKED]

[**Source:** Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 11 Ok Reg 3377, eff 7-5-94]

450:14-3-2. Purpose of certification [REVOKED]

[**Source:** Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 11 Ok Reg 3377, eff 7-5-94]

450:14-3-3. Reviewing authority [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 10 Ok Reg 2771, eff 7-12-93 ; Revoked at 11 Ok Reg 3377, eff 7-5-94]

450:14-3-4. Qualifications for certification of programs [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 10 Ok Reg 3771, eff 7-12-93 ; Revoked at 11 Ok Reg 3377, eff 7-5-94]

450:14-3-5. Application for certification [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 10 Ok Reg 3771, eff 7-12-93 ; Revoked at 11 Ok Reg 3377, eff 7-5-94]

450:14-3-6. Completion of process [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 10 Ok Reg 3771, eff 7-12-93 ; Revoked at 11 Ok Reg 3377, eff 7-5-94]

450:14-3-7. Duration of certification status [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 10 Ok Reg 3771, eff 7-12-93 ; Revoked at 11 Ok Reg 3377, eff 7-5-94]

450:14-3-8. Contingency for non-action by the Board of Mental Health and Substance Abuse Services [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 10 Ok Reg 3771, eff 7-12-93]

450:14-3-9. Notice and conduct of public hearing [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 10 Ok Reg 3771, eff 7-12-93 ; Revoked at 11 Ok Reg 3377, eff 7-5-94]

450:14-3-10. Commencement of public hearing [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 10 Ok Reg 3771, eff 7-12-93]

450:14-3-11. Basis for a final order of denial, suspension, or revocation [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 10 Ok Reg 3771, eff 7-12-93 ; Revoked at 11 Ok Reg 3377, eff 7-5-94]

450:14-3-12. Decisions and orders of the Board of Mental Health and Substance Abuse Services; hearing officer's proposed orders [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 10 Ok Reg 3771, eff 7-12-93]

450:14-3-13. Reconsideration of decisions [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 10 Ok Reg 3771, eff 7-12-93]

450:14-3-14. Appeals [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 10 Ok Reg 3771, eff 7-12-93]

450:14-3-15. Reapplication for certification [REVOKED]

[Source: Added at 10 Ok Reg 3771, eff 7-12-93 ; Revoked at 11 Ok Reg 3377, eff 7-5-94]

SUBCHAPTER 5. GOVERNING AUTHORITY [REVOKED]

450:14-5-1. Applicability [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-5-2. Responsibility [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-5-3. Duties of governing authority [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-5-4. Documentation of source of authority [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-5-5. Oklahoma open meetings statutes [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-5-6. Minutes of meetings [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

SUBCHAPTER 7. PROGRAM MANAGEMENT [REVOKED]

450:14-7-1. Program planning [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-7-2. Specifications of persons eligible for services [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-7-3. Requirements of written program evaluation [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-7-4. General policies and procedures [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 11 Ok Reg 3377, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-7-5. Program financial management applicability [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-7-6. Documentation of tax exempt certification [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-7-7. Documentation of federal employer identification number [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-7-8. Accounting policies and procedures [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-7-9. Financial reporting system [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-7-10. Protection of assets [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-7-11. Cash receipts procedures [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-7-12. Client fees [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-7-13. Cash disbursements [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-7-14. Petty cash [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-7-15. Payroll and travel [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-7-16. Related party transactions [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-7-17. Audit requirement [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-7-18. Quality assurance [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-1-93 ; Amended at 10 Ok Reg 3151, eff 7-1-93 ; Amended at 11 Ok Reg 3377, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

SUBCHAPTER 9. PROGRAM PERSONNEL [REVOKED]

450:14-9-1. Personnel policies and procedures [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 11 Ok Reg 3377, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-9-2. Non-discrimination [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-9-3. Selection of personnel [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 11 Ok Reg 3377, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-9-4. Job descriptions [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-9-5. Supervision and development [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 11 Ok Reg 3377, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-9-6. Personnel records [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 11 Ok Reg 3377, eff 7-5-94]

450:14-9-7. Evaluation of personnel [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 11 Ok Reg 3377, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-9-8. Utilization of volunteers [REVOKED]

[Source: Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-9-9. Volunteer policies and procedures [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-9-10. Volunteer orientation and training [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-9-11. Maintenance of volunteer records [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 11 Ok Reg 337, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-9-12. Supervision of volunteers [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

SUBCHAPTER 11. CLIENTS' RIGHTS [REVOKED]

450:14-11-1. Statement of clients' rights [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 11 Ok Reg 337, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-11-2. Client confidentiality information provided to staff and volunteers [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 11 Ok Reg 3377, eff 7-5-94]

SUBCHAPTER 13. CLIENT RECORDS [REVOKED]

450:14-13-1. Client confidentiality policies and procedures [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 11 Ok Reg 337, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-13-2. Client records [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 11 Ok Reg 337, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-13-3. Disclosure of client information [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

SUBCHAPTER 15. CLIENT SERVICES [REVOKED]

450:14-15-1. Crisis telephone lines [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 11 Ok Reg 3377, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-15-2. Intake and assessment [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-15-3. Referrals [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 11 Ok Reg 3377, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-15-4. Services for children [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 11 Ok Reg 3377, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-15-5. Community information, consultation and outreach [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-15-6. Medications in non-medical settings [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-15-7. Safe homes [REVOKED]

[Source: Added at 11 Ok Reg 3377, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-15-8. Transitional Living Services [REVOKED]

[Source: Added at 11 Ok Reg 3377, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-15-9. Use of domestic violence/sexual assault shelters and residential housing options [REVOKED]

[Source: Added at 11 Ok Reg 3377, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

SUBCHAPTER 17. FACILITY/ENVIRONMENT [REVOKED]

450:14-17-1. Fire and safety codes and procedures [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-17-2. Accessibility [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-17-3. Environment [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-17-4. Security [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-17-5. Toxic materials and dangerous substances [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 11 Ok Reg 3377, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-17-6. Sanitation [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 11 Ok Reg 3377, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-17-7. Meal preparation [REVOKED]

[Source: Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 11 Ok Reg 3377, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-17-8. Laundry [REVOKED]

[**Source:** Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 11 Ok Reg 3377, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

450:14-17-9. Storage [REVOKED]

[**Source:** Added at 9 Ok Reg 2961, eff 7-15-92 ; Amended at 11 Ok Reg 3377, eff 7-5-94 ; Revoked at 13 Ok Reg 2725, eff 7-1-96]

CHAPTER 15. CONSUMER RIGHTS

[**Authority:** 43A O.S., §§ 2-101, 2-108, and 2-109]

[**Source:** Codified 12-31-91]

SUBCHAPTER 1. GENERAL PROVISIONS

450:15-1-1. Purpose

This Chapter implements 43A O.S. §§ 2-108, 2-109 and addresses the rights of individuals receiving services, either voluntarily or involuntarily from facilities operated by, certified by or under contract with, the Department of Mental Health and Substance Abuse Services, outlines the rules governing the operation of the ODMHSAS Office of Consumer Advocacy, and addresses investigations of alleged consumer rights violations conducted by the Department.

[**Source:** Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 15 Ok Reg 2743, eff 7-1-98 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 21 Ok Reg 1726, eff 7-1-04 ; Amended at 27 Ok Reg 1005, eff 7-1-10]

450:15-1-2. Definitions

The following words or terms, when used in this Chapter shall have the following meaning, unless the context clearly indicates otherwise:

"Abuse" means the causing or permitting of harm or threatened harm to the health, safety, or welfare of a consumer by staff responsible for the consumer's health, safety, or welfare, including but not limited to:

- (A) non-accidental physical injury or mental anguish;
- (B) sexual abuse;
- (C) sexual exploitation;
- (D) use of mechanical restraints without proper authority;
- (E) the intentional use of excessive or unauthorized force aimed at hurting or injuring the consumer; or
- (F) deprivation of food, clothing, shelter, or healthcare by staff responsible for providing these services to a consumer; or
- (G) verbal abuse.

"Advocate" means an employee of the Office of Consumer Advocacy, who provides assistance to consumers in exercising their rights, listens to their concerns, encourages them to speak for themselves, seeks to resolve problems, helps protect their rights, and seeks to improve the quality of the consumer's life and care.

"Advocate General" means the chief administrative officer of the ODMHSAS Office of Consumer Advocacy.

"Board" means Board of Mental Health and Substance Abuse Services.

"Community mental health center" or **"CMHC"** means a facility offering a comprehensive array of community-based mental health services, including but not limited to, inpatient treatment, outpatient treatment, partial hospitalization, emergency care, consultation and education; and, certain services at the option of the center, including, but

not limited to, prescreening, rehabilitation services, pre-care and aftercare, training programs, and research and evaluation.

"Comprehensive basis of accounting" means a system of accounting other than GAAP, including but not limited to statutory basis, cash basis, or tax basis.

"Consumer" means an individual, adult or child, who has applied for, is receiving or has received mental health or substance abuse evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts.

"Consumer committee" or **"Consumer government"** means any established group within the facility comprised of consumers, led by consumers and which meets regularly to address consumer concerns to support the overall operations of the facility.

"Correctional institution" means any penal or correctional facility, jail, reformatory, detention center, work farm, halfway house or residential community program operated by, or under contract to, the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, for the confinement or rehabilitation of persons charged with or convicted of a criminal offense, or other persons held in lawful custody. Other persons held in lawful custody includes juvenile offenders adjudicated delinquent, aliens detained awaiting deportation, persons committed to mental institutions through the criminal justice system, witnesses, or others awaiting charges or trial.

"Crisis stabilization" means emergency, psychiatric, and substance abuse services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment, and, if needed, referral to an ODMHSAS certified facility having nursing and medical support available.

"Critical incident" means an occurrence or set of events inconsistent with the routine operations of a facility, service setting, or otherwise routine care of a consumer. Critical incidents specifically include, but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths and injuries to consumers, staff, and visitors; medication errors; residential consumers that are absent without leave (AWOL); neglect or abuse of a consumer; fire; unauthorized disclosure of information; damage to or theft of property belonging to consumers or the facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

"Department" or **"ODMHSAS"** means the Oklahoma Department of Mental Health and Substance Abuse services.

"Designated record set" means health information, in any medium including paper, oral, video, electronic, film, audio and digital, maintained by or for facilities operated by ODMHSAS for the purpose, in whole or in part, for making decisions about a consumer, that is:

(A) The medical records about a consumer including but not limited to the intake, screenings, assessments, history and physical examination, psychosocial evaluation, consultation report(s), treatment and continuing care plan, medication record(s), progress notes,

psychometric/psychological testing results, discharge assessment, discharge plan, discharge summary, physician orders, immunization record(s), laboratory reports, ancillary therapy notes and reports, and case management records; or

(B) The eligibility, billing and payment information and minimum data sets maintained by or for the facility.

(C) Records that are sometimes filed with the medical records but are not part of the designated record set include:

(i) Administrative records including court commitment paperwork, critical incident reports or peer review documents; and

(ii) Information compiled in anticipation of litigation.

"Emergency detention" means the detention of a person who appears to be a person requiring treatment in a facility approved by the Commissioner of Mental Health and Substance Abuse Services as appropriate for such detention after the completion of an emergency examination and a determination that emergency detention is warranted for a period not to exceed one hundred twenty (120) hours, excluding weekends and holidays, except upon a court order authorizing detention beyond a one hundred twenty-hour period or pending the hearing on a petition requesting involuntary commitment or treatment as provided by 43A of the Oklahoma Statutes.

"Emergency examination" means the examination of a person who appears to be a mentally ill person, an alcohol-dependent person, or drug-dependent person and a person requiring treatment, and whose condition is such that it appears that emergency detention may be warranted, by a licensed mental health professional to determine if emergency detention of the person is warranted.

"Exploitation" or **"exploit"** means an unjust or improper use of the resources of a consumer for the profit or advantage, pecuniary or otherwise, of a person other than the consumer through the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense.

"Facility" means a public or private agency, corporation, partnership, or other entity operated or certified by ODMHSAS or with which ODMHSAS contracts to provide the physical custody, detention or treatment of consumers.

"Generally Acceptable Accounting Principles" or **"GAAP"** means the authoritative set of accounting principles, standards, and procedures.

"Guardian" means a person appointed by a court to ensure the essential requirements for the health and safety of an incapacitated or partially incapacitated person. As used in this subchapter, guardian includes a general or limited guardian of the person, a general or limited guardian of the estate, a special guardian, and a temporary guardian.

"Licensed mental health professional" or **"LMHP"** means a practitioner who meets qualifications as defined in Title 43A §1-103 (11).

"Maltreatment" means abuse, neglect, exploitation, mistreatment, sexual abuse or exploitation, verbal abuse, and rights violations.

"Minor" means any person under the age of 18 years except any person convicted of a crime specified in Section 7306-1.1 of Title 10 of the Oklahoma Statutes or any person who has been certified as an adult pursuant to Section 7303-4.3 of Title 10 and convicted of a felony.

"Mistreatment" means an act or omission that results in or creates an unreasonable risk of harm to a consumer and that also:

(A) violates a statute, regulation, written rule, policy, procedure, directive, or accepted professional standards and practices; or

(B) unintentional excessive or unauthorized use of force.

"Money" means any legal tender, note, draft, certificate of deposit, stock, bond, check or credit card.

"Neglect" means:

(A) the failure of staff to provide adequate food, clothing, shelter, medical care or supervision which includes, but is not limited to, lack of appropriate supervision that results in harm to a consumer;

(B) the failure of staff to provide special care made necessary by the physical or mental condition of the consumer;

(C) the knowing failure of staff to provide protection for a consumer who is unable to protect his or her own interest; or

(D) staff knowingly causing or permitting harm or threatened harm through action or inaction that has resulted or may result in physical or mental injury.

"Oklahoma Administrative Code" or **"OAC"** means the publication authorized by 75 O.S. §256 known as The Oklahoma Administrative Code, or, prior to its publication, the compilation of codified rules authorized by 75 O.S. §256(A)(1)(a) and maintained in the Office of Administrative Rules.

"ODMHSAS" means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Program of Assertive Community Treatment" or **"PACT"** is a clinical program that provides continuous treatment, rehabilitation, and support services to persons with mental illness in settings that are natural to the consumer.

"Privacy Officer" means the employee of ODMHSAS designated to provide guidance on state and federal privacy laws.

"Program" means a structured set of activities designed and structured to achieve specific objectives relative to the needs of the clients.

"Resident" means a person residing in a residential care facility certified by ODMHSAS.

"Resident committee" or **"Resident government"** means any established group within the facility comprised of residents, led by residents and which meets regularly to address resident concerns to support the overall operations of the facility.

"Residential care facility" or "RCF" means any house, home, establishment or institution licensed pursuant to the provisions of the Oklahoma Residential Care Home Act 63 O.S., §§1-819 through 1-840, other than a hotel, fraternity or sorority house, or college or university dormitory, which is certified pursuant to 43 O.S. §3-315 as a Community Residential Mental Health Facility and offers or provides residential accommodations, food service and supportive assistance to its residents or houses any resident requiring supportive assistance that are ambulatory, essentially capable of managing their own affairs and not routinely requiring nursing care or intermediate care.

"Restraint" means manual, mechanical and chemical methods that are intended to restrict the movement or normal functioning of a portion of an individual's body.

"Seclusion" means the placement of an individual or individuals alone in a room or other area from which egress is prevented by a physical barrier, or some other means.

"Sentinel event" means a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a consumer, staff member, or visitor, or risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes a variation in approved processes which could carry a significant chance of a serious adverse outcome. These events signal the need for immediate investigation and response. Sentinel events include, but are not limited to, suicide, homicide, assault and other forms of violence, including domestic violence or sexual assault, and adverse drug events resulting in serious injury or death. Sentinel events include occurrences that take place at the facility and/or during the delivery of services, as well as suicide and unintentional drug overdose deaths that occur at any time while an outpatient consumer is an active consumer and within seventy-two (72) hours of discharge from inpatient and residential settings, including sites certified under Chapter 23 of this Title.

"Sexual abuse" means:

- (A) rape, incest, or lewd and indecent acts or proposals, as defined by state law, by staff;
- (B) oral, anal or vaginal penetration of a consumer by staff;
- (C) the anal or vaginal penetration of a consumer by staff with any other object; or
- (D) for the purpose of sexual gratification, the touch, feeling or observation of the body or private parts of a consumer by staff; or
- (E) indecent exposure by staff providing services to the consumer.

"Sexual exploitation" by staff with regard to a consumer means:

- (A) staff allowing, permitting or encouraging a consumer to engage in sexual acts with others or prostitution, as defined by state law, which results in harm to a consumer; or
- (B) staff allowing, permitting, encouraging, or engaging in the lewd, obscene or pornographic photographing, filming

or depicting of a consumer in those acts as defined by state law.

"Staff" means an agent or employee of a public or private institution or facility responsible for the care of a client or consumer and providing services to the client or consumer.

"Treatment Advocate" means a family member or other concerned individual designated by a consumer to participate in treatment and discharge planning, and acts in the best interest of and serves as an advocate for the consumer.

"Verbal abuse" means the use of words, sounds, or other communication including, but not limited to, gestures, actions or behaviors by staff that are likely to cause a reasonable person to experience humiliation, intimidation, fear, shame or degradation.

[Source: Added at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 15 Ok Reg 2743, eff 7-1-98 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 654, eff 2-27-03 (emergency); Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 21 Ok Reg 1726, eff 7-1-04 ; Amended at 23 Ok Reg 1412, eff 7-1-06 ; Amended at 25 Ok Reg 2518, eff 7-11-08 ; Amended at 26 Ok Reg 2671, eff 7-25-09 ; Amended at 27 Ok Reg 1005, eff 7-1-10 ; Amended at 28 Ok Reg 903, eff 7-1-11 ; Amended at 30 Ok Reg 1404, eff 7-1-13 ; Amended at 40 Ok Reg 1047, eff 9-15-23]

SUBCHAPTER 3. CONSUMER RIGHTS

PART 1. MENTAL HEALTH AND DRUG OR ALCOHOL ABUSE SERVICES CONSUMER BILL OF RIGHTS

450:15-3-1. Applicability

This Part is applicable to all facilities and programs providing mental health and drug or alcohol abuse services either operated by, certified by, or under contract with, ODMHSAS or subcontracting through a facility which is under contract with ODMHSAS. Any violations of the provisions contained in this Chapter may be used for possible action on certification status, in accordance with Chapter 1 of this title.

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 15 Ok Reg 2743, eff 7-1-98 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 21 Ok Reg 1726, eff 7-1-04 ; Amended at 22 Ok Reg 2105, eff 7-1-05 ; Amended at 28 Ok Reg 903, eff 7-1-11]

450:15-3-2. General rights statement

(a) Consumers of mental health or drug or alcohol abuse services shall retain all rights, benefits and privileges guaranteed by the laws and Constitution of the State of Oklahoma and the United States of America, except those specifically lost through due process of law.

(b) Each consumer has the right to be treated with respect and dignity. This shall be construed to protect and promote human dignity and respect.

(c) Each consumer has the right to a safe, sanitary, and humane living environment.

(d) Each consumer has the right to a humane psychological environment protecting them from harm, abuse, and neglect.

(e) Each consumer has the right to services suited to his or her conditions and needs for treatment without regard to his or her race, religion, gender, sexual orientation ethnic origin, age, degree of disability, handicapping condition, legal status.

(f) In addition to the rights described in (a) through (d) of this Section, all persons receiving mental health or drug or alcohol abuse services shall have the rights guaranteed by this Part, referred to as the Mental Health and Drug or Alcohol Abuse Services Bill of Rights, unless an exception is specifically authorized by this Part or an order of a court of competent jurisdiction.

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 21 Ok Reg 1726, eff 7-1-04 ; Amended at 23 Ok Reg 1412, eff 7-1-06]

450:15-3-3. Notification of the Bill of Rights

(a) Each consumer, upon admission to a facility or program, shall be notified of rights guaranteed by this Part.

(1) If the consumer is a minor, his parent or legal guardian shall also be informed.

(2) If the consumer has a court ordered guardian, the guardian shall be informed.

(b) Notification shall be accomplished by:

(1) Providing the consumer with a synopsis, as set forth in OAC 450:15-3-27 and, if requested, the full Mental Health and Drug or Alcohol Abuse Services Bill of Rights, OAC 450:15-3-6 through 450:15-3-25. If the consumer cannot understand the language in the synopsis, an oral explanation of the synopsis shall be given in a language the person can understand; and the provision of the Mental Health and Drug or Alcohol Abuse Services Bill of Rights shall be documented in the consumer's record and signed by the person giving the synopsis or explanation; and

(2) Posting the synopsis of, or the full Mental Health and Drug or Alcohol Abuse Services Bill of Rights, in a conspicuous place in each consumer living area, and in area(s) of the facility receiving consumers, visitors and the public.

(c) Facilities shall not have internal operating procedures more restrictive than the Mental Health and Drug or Alcohol Abuse Services Bill of Rights. Every consumer shall be notified of facility and unit procedures with which he or she is expected to comply, and consequences for non-compliance.

(d) Employees and volunteers shall be oriented regarding consumers' rights and the constraints of this Part.

(e) Adherence or compliance with all rights in this Chapter shall be demonstrated through review of policies, procedures, actions, and day to day operations of a facility.

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 16 Ok Reg 1478, eff 7-1-99 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 21 Ok Reg 1726, eff 7-1-04 ; Amended at 22 Ok Reg 2105, eff 7-1-05 ; Amended at 30 Ok Reg 1404, eff 7-1-13]

450:15-3-4. Right to contact relative or friend or attorney upon admission [REVOKED]

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Revoked at 21 Ok Reg 1726, eff 7-1-04]

450:15-3-5. Right to access to attorneys, personal physician, clergy [REVOKED]

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Revoked at 21 Ok Reg 1726, eff 7-1-04]

450:15-3-6. Communications and social contacts

- (a) Consumers in inpatient settings are encouraged to engage with family and friends. Consumers are entitled to correspondence and visitation when clinically appropriate.
- (b) Consumers admitted voluntarily and consumers admitted under emergency detention status are entitled to unimpeded, private and uncensored communication with persons of their choice unless a consumer's treatment team concludes that such communication is not clinically appropriate and documents reasons for this conclusion in the clinical record.
- (c) Communication and visitation for all consumers, by phone or face-to-face, with legal counsel or clergy shall not be limited except as requested by individual attorneys or clergy members.
- (d) Consumers admitted voluntarily and consumers admitted under emergency detention status shall be allowed to contact one individual immediately upon entry into such place of detention or admission for purposes of notification of the consumer's location (43A O.S. § 5-201).
- (e) Each facility shall provide writing materials and reasonable amounts of postage to ensure correspondence can be written and mailed for those consumers who cannot procure these items. The facility director may establish procedures regarding the mailing, delivery and opening of consumer mail if determined necessary for security or safety. A consumer's correspondence may be restricted as determined by the treatment team. Either occurrence shall be documented in the consumer's clinical record.
- (f) Each facility shall establish in writing reasonable times and places for the use of telephones and for visitation to consumers and treatment advocates. Each facility shall post hours for visitation. Requests for telephone usage or visitation outside the established hours shall be addressed on an individual basis by the consumer's treatment team.
- (g) Telephone usage and visitation may be limited in addition to the provisions in (f) of this Section as determined by the treatment team for therapeutic reasons, which shall be documented in the clinical record. Limitations shall be reviewed at each treatment team meeting and shall not continue longer than clinically necessary. Limitations shall not be implemented for punitive reasons.
- (h) Visitation using a HIPAA-compliant video conferencing platform in addition to in- person visitation shall be used to promote consumer

engagement with family and friends when clinically appropriate.

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 16 Ok Reg 1478, eff 7-1-99 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 21 Ok Reg 1726, eff 7-1-04 ; Amended at 24 Ok Reg 1420, eff 7-1-07 ; Amended at 40 Ok Reg 1047, eff 9-15-23]

450:15-3-7. Service of legal papers [REVOKED]

[Source: Revoked at 10 Ok Reg 4093, eff 7-26-93]

450:15-3-8. Right to freedom from maltreatment

(a) Staff shall not mistreat, maltreat, or otherwise abuse or neglect any consumer. Visitors or other consumers shall not be permitted to mistreat, maltreat or otherwise abuse or neglect any consumer.

(b) The facility director shall ensure a critical incident report is completed for each alleged occurrence of abuse or neglect and a copy is forwarded to the ODMHSAS division that is designated to review or investigate allegations of mistreatment, abuse or neglect.

(c) In cases of sexual or physical abuse, the person in charge of the facility shall promptly inform the County Sheriff or the District Attorney so that a criminal investigation can be initiated.

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 15 Ok Reg 2743, eff 7-1-98 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 21 Ok Reg 1726, eff 7-1-04 ; Amended at 27 Ok Reg 1005, eff 7-1-10 ; Amended at 29 Ok Reg 493, eff 7-1-12 ; Amended at 30 Ok Reg 1404, eff 7-1-13]

450:15-3-9. Right to freedom of movement

(a) Each consumer has the right to be treated in the least restrictive environment based on his or her clinical condition and legal status. The consumer's movement shall not be restricted more than is necessary to provide treatment services, to prevent injury to the consumer or others, or prevent substantial property damage.

(b) The right to treatment in the least restrictive environment shall not be withdrawn to punish or discipline a consumer, or for the convenience of staff or the facility.

(c) Restriction of this right shall be decided by the treatment team, documented in the consumer's record, and shall be reviewed at the request of the consumer.

(d) Seclusion and restraint may be administered to a non-consenting consumer upon the written order of a physician who has personally examined the consumer and who finds seclusion or restraint is necessary to protect the consumer or other persons. The physician shall document an explanation of the decision to administer seclusion and restraint in the consumer's record. This shall not prohibit emergency seclusion and restraint pending notification of a physician

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 21 Ok Reg 1726, eff 7-1-04]

450:15-3-10. Right to use of money

(a) A consumer has the right of access to his or her money that is deposited in the consumer's personal account at the facility. This access includes, but is not limited to funds the facility or employees of a facility manage on behalf of a consumer as a representative payee, but does not include money that is already encumbered on the consumer's behalf in accordance with payee rules and regulations.

(b) The Department, each consumer, or others advocating on behalf of the consumer must be provided upon request, evidence that the facility or facility personnel designated or acting as representative payees comply with this rule, and policies and reporting requirements stipulated by the payer of those funds. Payer requirements include, but are not limited to the stipulations mandated by the Social Security Administration, on behalf of consumers who are beneficiaries of Social Security and related benefits.

(c) The facility may require either all, or part, of the money which is on the person of a consumer, or which comes to a consumer, or which the facility receives on behalf of the consumer under a benefit arrangement, or otherwise, be deposited with the facility for safekeeping in a personal account in the consumer's name. The money, and transactions affecting it, shall be accounted for in the name of the consumer and recorded in the consumer's account records. Account records should be sufficiently detailed to identify each item deposited (e.g., date, source, description), each disbursement (e.g., date, payee, purpose), and include copies of documents reasonably necessary for a complete understanding of the financial transactions. The consumer, his or her attorney, or his or her legal guardian shall be provided a copy of the account and transactions at the consumer's or legal guardian's request.

(d) A consumer's easy access to his or her money and ability to spend money in his or her account may be denied or limited by the facility only after a determination is made by the treatment team, supported by facts, that the limitation is necessary and essential to prevent the consumer from unreasonably and significantly dissipating his or her assets. Any such denial shall be fully documented in the consumer's record. Even where denial is made, the consumer shall continue to be allowed to spend or use the money in ways which would not constitute unreasonable and significant dissipation of his or her assets or engaging in illegal activities including but not limited to exploitation of other consumers.

(e) The facility is prohibited from withdrawing funds from a consumer's personal account to pay for services rendered by the facility, except with the written consent of the consumer, if he or she is legally competent, or his or her legal guardian.

(f) Money in a consumer's personal account at the facility may be deposited with an outside financial institution at the request of the consumer if he or she is legally competent, or so deposited on the request of a legal guardian.

(g) All money, including earnings, in a consumer's personal account shall be delivered to the individual upon his or her release from the facility, or to his or her legal guardian if the individual is under a legal guardianship and the guardian requests the money be delivered to the guardian rather than directly to the individual.

(h) Facilities are required to keep, and the Department may regularly review, records of accounts at facilities to which (a) through (g) apply.

(1) Verification that consumers have been provided on-going access to documentation of the management of their own funds.

(2) Verification of compliance with Generally Acceptable Accounting Principles (GAAP) or with another comprehensive basis of accounting, and with specific requirements of payers of the funds, including but limited to the Social Security Administration.

(A) Account(s) for consumer(s) must be maintained separate from an organization's operating account.

(i) Accounts shall be properly titled to clarify the account is on behalf of the beneficiary (payee) or a group of beneficiaries (payees). Account titles shall not conflict with confidentiality laws.

(ii) If a group account is utilized, records shall clearly show the amount of each beneficiary's share within the account.

(iii) For beneficiaries with more than \$500 aggregate funds, the funds shall be in an interest bearing account and each beneficiary shall be credited with his/her share of the interest.

(B) Accounting records must verify that the representative payee sets aside and makes readily available to the beneficiary, at least the amount stipulated by payer of the funds, including the Social Security Administration, per person per month to assist the beneficiary with personal needs.

(C) Documentation shall validate that funds belonging to a beneficiary have been used only for his/her needs.

(D) Consumers and facility representatives shall sign off on any monies spent on behalf of consumers as proof of agreement with the financial transaction. If approval of the transaction is not required for purchase, signatures shall still be required as an acknowledgement of the transaction.

(3) Any consumer complaints or finding of potential irregularity related to the management of consumer personal funds shall be referred for review or potential investigation to the appropriate authority, including but not limited to the Department, the Social Security Administration, and the Oklahoma State Auditor and Inspector.

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 14 Ok Reg 2664, eff 6-27-97 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 21 Ok Reg 1726, eff 7-1-04 ; Amended at 28 Ok Reg 903, eff 7-1-11]

450:15-3-11. Right to personal property

(a) Every consumer is entitled to receive, possess and use all his or her own personal property, except as limited in this section. The facility director may prohibit certain kinds of personal property. Exclusions shall

be documented in the consumer's record and the consumer and his or her family shall be provided a written list of prohibited personal property upon admission. Access to specific personal property may be limited:

- (1) to prevent theft, loss or destruction of property;
- (2) to prevent the consumer from physically harming him or herself or others;
- (3) if the personal property would interfere with the consumer's treatment plan;
- (4) to eliminate the introduction of functionally unsafe equipment into the premises not already specifically controlled by OAC 450:15-3-11 (a)(1); or
- (5) as otherwise listed in facility policy.

(b) Any personal property removed from a consumer's control as determined by the treatment team, and the reasons therefore, shall be noted in the consumer's record. Any personal property so removed shall be safely and prudently stored until it can be returned to the consumer or turned over to a person designated by the consumer with a receipt for the property being obtained. If the facility has concerns of the safety of property being returned, every effort shall be made to turn the property over to a person of the consumer's choice.

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 21 Ok Reg 1726, eff 7-1-04]

450:15-3-12. Right to practice religion of choice

Each consumer shall have the right to practice his or her religious beliefs and be accorded the opportunity for religious worship. No consumer shall be coerced into engaging in, or refraining from, any religious activity, practice or belief. A consumer who is an adherent to, or a member of, any recognized religious denomination, the principles and tenets of which teach reliance upon prayer or spiritual means alone for healing, shall have the right to choose this method of healing. Also, the parent of a minor person who has been admitted to a mental health facility shall have the right to choose healing by spiritual means through prayer rather than services provided by the facility.

(1) However, should the decision to refuse traditional treatment recommended by the treatment team result in danger to the consumer or others in the facility, the facility shall have the right to seek judicial relief.

(2) If the consumer has been admitted on a voluntary basis, and makes a decision to refuse traditional treatment recommended by the attending physician, the facility may decide not to serve the consumer and discharge him or her.

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 21 Ok Reg 1726, eff 7-1-04]

450:15-3-13. Right to vote

Each consumer who is eligible to vote according to law has the right to vote in all primary and general elections. Each facility shall make reasonable efforts to enable eligible persons to register to vote, to obtain

applications for absentee ballots and comply with other requirements which are prerequisite to voting, and to vote.

[Source: Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03]

450:15-3-14. Right to treatment

- (a) Each consumer shall be provided with prompt, competent and appropriate individualized treatment that offers the consumer a realistic prospect of improvement. Consumers who have problems in multiple domains shall be provided with appropriately integrated attention to all of their needs within the context of the treatment program. Each consumer shall be afforded treatment by sufficient numbers of duly qualified facility personnel that meet applicable licensing or certification or accreditation standards and conform to applicable rules of ODMHSAS.
- (b) Each consumer or his or her legal guardian shall have the opportunity to be involved in the consumer's treatment. An individual of the consumer's choice shall have the opportunity to be involved in the consumer's treatment with the consent of the consumer.
- (c) Each consumer shall be free from unnecessary, inappropriate or excessive medication. Medications shall not be used for convenience of staff, to punish, or as a substitute for a treatment program.
- (d) Each consumer shall have sufficient access during treatment to all prescribed and over-the-counter medications that allows for administration of the consumer's medications as prescribed or instructed by medical personnel and/or drug labels, with the exception that a physician within the treatment facility may provide consultation to the consumer regarding adverse reactions to the medication regimen and revise the medication regimen based on concerns regarding safety to the consumer. The consumer shall be informed of any changes made and such situations shall be documented in the consumer's record, including documentation of how the consumer was informed.
- (e) If the consumer is involuntarily committed, consideration shall also be given to whether the conditions that resulted in the consumer's commitment still exist.
- (f) Each consumer shall be informed of his or her proposed and ongoing treatment, including participation in his or her treatment plan and of the reasonable expectations and consequences of his or her following or not following the plan.
- (g) Each consumer who has a co-occurring disorder shall receive services for those disorders. No program shall deny services to a consumer for any disorder solely because that consumer is displaying symptoms of, or receiving treatment for a co-occurring disorder of another type.
- (h) Each consumer is entitled to receive a thorough treatment plan update to determine the value and appropriateness of the present care and treatment being received, and the necessity of continuing the consumer's care in the facility rather than in a less restrictive environment outside the facility.
- (i) Each consumer shall be informed of said rights including the right of each consumer voluntarily admitted to refuse treatment and the qualified right of an involuntary consumer to refuse treatment, which shall be

noted in the consumer's record.

(j) Each consumer shall be informed of the benefits, risks (including side effects, both long and short term) of medications prescribed.

(k) In the presence of a significant change in the consumer's condition which creates an emergency condition and danger to the consumer or to others, the attending physician may order necessary treatment for the consumer without obtaining informed consent. The circumstances constituting the emergency condition shall be documented in the consumer's record.

(l) Each consumer has the right to know why services are refused and the program shall provide a written explanation concerning the reason he or she was refused certain services.

(m) Each consumer shall not be subject to unnecessary, inappropriate or unsafe termination from treatment. Discharge shall not take place as punishment for displaying symptoms of the consumer's disorder.

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 15 Ok Reg 2743, eff 7-1-98 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 21 Ok Reg 1726, eff 7-1-04 ; Amended at 23 Ok Reg 1412, eff 7-1-06 ; Amended at 40 Ok Reg 1047, eff 9-15-23]

450:15-3-15. Right to periodic review of treatment plan [REVOKED]

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Revoked at 21 Ok Reg 1726, eff 7-1-04]

450:15-3-16. Rights regarding medication and treatment during pre-screening detention

(a) During the detention periods authorized by 43A O.S. § 5-204 or during the time set forth for emergency examination, appropriate treatment and medication including psychotropic medications, may be administered to a consenting individual.

(b) If a consumer refuses medication and constitutes a risk of harming self or others, then it is the physician's responsibility to initiate emergency detention or involuntary commitment pursuant to 43A O.S. §§ 5-206, et seq.

(c) Treatment and medication may be administered to a non-consenting individual under the following conditions pursuant to 43A O.S. § 5-204:

- (1) upon a written order of a physician who has personally examined the consumer; and
- (2) who finds an emergency exists wherein such medication or treatment is necessary to protect the consumer, the facility, or others from serious bodily harm; and
- (3) who so notes the emergency in the individual's medication record, with an explanation of the facts leading up to the decision to administer treatment and medication, including psychotropic medication. Use of involuntary medication shall not continue beyond the emergency unless either the consumer consents or the consumer is declared legally incompetent and the guardian consents.

(d) Seclusion and restraint may be administered to a non-consenting individual under the following conditions pursuant to 43A O.S. § 5-205:

- (1) Upon the written order of a physician who has personally examined the consumer;
- (2) Who finds that seclusion or restraint is necessary to protect the consumer, the facility, or other persons.
- (3) The physician shall note in the patient's chart an explanation of the decision to administer seclusion and restraint. This shall not prohibit emergency seclusion and restraint pending notification of a physician.

(e) If the person is under the influence of psychotropic medication during any court hearing held pursuant to 43A O.S. § 5-400, the court and the jury, if any, shall be advised by the District Attorney at the beginning of such hearing that such consumer is under the influence of psychotropic medication, the purpose and effect of the medication.

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 17 Ok Reg 2122, eff 7-1-00 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 21 Ok Reg 1726, eff 7-1-04 ; Amended at 23 Ok Reg 1412, eff 7-1-06]

450:15-3-17. Right to informed consent regarding treatment [REVOKED]

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Revoked at 21 Ok Reg 1726, eff 7-1-04]

450:15-3-18. Right to consultant opinions

- (a) Every consumer has the right to request the opinion of an outside medical or psychiatric consultant at his or her own expense and the facility shall not impede access between the consultant and the consumer.
- (b) Every consumer shall have a right to an internal consultation upon request, at no expense. The second opinion shall become part of the consumer record.
- (c) The facility's medical director shall review the second opinion as well as the treatment team's opinion and shall document decision.

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 21 Ok Reg 1726, eff 7-1-04]

450:15-3-19. Right to access additional information

Each consumer shall be informed of the following:

- (1) Present and future use and disposition of products of special observation and audiovisual techniques such as tape recorders, television, movies and photographs in which he or she voluntarily participated;
- (2) The right to refuse to participate in any research project;
- (3) The costs, itemized when possible, of services rendered to the consumer, the source of the facility's reimbursement and any limitation placed on duration of services;

(4) Right to access and view all information held by ODMHSAS and which is subject to the Open Records Act .

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 19 Ok Reg 1363, eff 7-1-02]

450:15-3-20. Rights regarding release of consumer related information either contained in the medical record or otherwise held by the facility [REVOKED]

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 15 Ok Reg 2743, eff 7-1-98 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Revoked at 20 Ok Reg 654, eff 2-27-03 (emergency); Revoked at 20 Ok Reg 2110, eff 7-1-03]

450:15-3-20.1. Consumer rights regarding confidentiality of mental health and drug or alcohol abuse treatment information

(a) All mental health and drug or alcohol abuse treatment information, whether recorded or not, and all communications between a physician or psychotherapist and a consumer are both privileged and confidential. In addition, the identity of all consumers who have received or are receiving mental health or drug or alcohol abuse treatment services is both confidential and privileged. Such information shall only be available to persons or agencies actively engaged in the treatment of the consumer unless an exception under state or federal law applies. The information available to persons or agencies actively engaged in the treatment of the consumer shall be limited to the minimum amount of information necessary for the person or agency to carry out its function or the purpose for the release. Nothing in this section shall prohibit disclosure of information as required in 22 O.S. § 1175.

(b) A consumer or his or her legally authorized representative shall have the right to request access to the consumer's own mental health and drug or alcohol abuse treatment information as provided for in 450:15-3-60.

(c) All facilities shall have policy and procedures protecting the confidential and privileged nature of mental health and drug or alcohol abuse treatment information in compliance with state and federal law and which contain at a minimum:

(1) an acknowledgment that all mental health and drug or alcohol abuse treatment information, whether recorded or not, and all communications between a physician or psychotherapist and a consumer are both privileged and confidential and will not be released without the written consent of the consumer or the consumer's legally authorized representative;

(2) an acknowledgment that the identity of a consumer who has received or is receiving mental health or drug or alcohol abuse treatment services is both confidential and privileged and will not be released without the written consent of the consumer or the consumer's legally authorized representative except as otherwise permitted by state and federal law;

(3) a procedure to limit access to mental health and drug or alcohol abuse treatment information to only those persons or agencies actively engaged in the treatment of the patient and to

the minimum amount of information necessary to carry out the purpose for the release;

(4) a procedure by which a consumer, or the consumer's legally authorized representative, may access the consumer's mental health and drug or alcohol abuse treatment information;

(5) an acknowledgement that certain state and federal law exceptions to disclosure of mental health and drug or alcohol abuse treatment information without the written consent of the consumer or the consumer's legally authorized representative exist and the facility will release information as required by those laws; and

(6) a procedure by which to notify a consumer of his or her right to confidentiality at admission.

(d) A facility disclosing information pursuant to a written consent to release information shall ensure the written consent form complies with all applicable state and federal law and contains at a minimum the following:

(1) the name of the person, program or entity permitted to make the disclosure;

(2) the name or title of the person or the name of the organization to which disclosure is to be made;

(3) the name of the consumer whose records are to be released;

(4) a description of the information to be disclosed;

(5) the purpose for the disclosure;

(6) the signature of the consumer or the consumer's legally authorized representative;

(7) the date the consent to release was signed by the consumer or the consumer's legally authorized representative;

(8) a statement indicating that treatment services are not contingent upon or influenced by the consumer's decision to permit the information release;

(9) an expiration date, event or condition which shall ensure the release will last no longer than reasonably necessary to serve the purpose for which it is given;

(10) a statement of the right of the consumer, or the consumer's legally authorized representative, to revoke the consent to release in writing and a description of how the patient may do so;

(11) a confidentiality notice which complies with state and federal law; and

(12) a statement in bold type stating "The information authorized for release may include records which may indicate the presence of a communicable or non-communicable disease."

(e) Unless an exception applies, all facilities operated by ODMHSAS will provide consumers with a copy of the ODMHSAS Notice of Privacy Practices.

(f) Compliance with 450:15-3-20.1 shall be determined by a review of facility policy and procedures; facility forms; consumer record reviews; interviews with staff and consumers; and any other supporting facility documentation.

[Source: Added at 20 Ok Reg 654, eff 2-27-03 (emergency); Added at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 25 Ok Reg 2518, eff 7-11-08 ; Amended at 39 Ok Reg 1936, eff 9-15-22]

450:15-3-20.2. Validity of written consent

(a) A consumer's written consent for the release of information shall be considered valid only if the following conditions have been met and documented in writing:

- (1) The consumer is informed, in a manner that assures his or her understanding, of the specific type(s) of information that has been requested, and the period of time for which the information has been requested;
- (2) The consumer is informed of the purpose or need for the information;
- (3) Services are not contingent upon the consumer's decision concerning authorization for the release of information; and
- (4) The consumer gives his or her consent freely and voluntarily.

(b) Compliance with 450:15-3-20.2 shall be determined by a review of the consent for disclosure; and consumer interviews.

[Source: Added at 25 Ok Reg 2518, eff 7-11-08]

450:15-3-21. Rights regarding labor by consumers

(a) A consumer may perform labor which contributes to the operations and maintenance of the facility for which the facility would otherwise employ an individual under all the following conditions:

- (1) The consumer voluntarily agrees to perform the labor;
- (2) Engaging in the labor would not be inconsistent with the consumer's treatment plan;
- (3) The amount of time or effort necessary to perform the labor would not be excessive as determined by and outlined in the treatment plan;
- (4) The consumer is compensated appropriately and in accordance with the applicable federal and state minimum wage laws; and
- (5) Discharge and privileges are not conditioned upon the performance of such labor.

(b) The provisions of this section shall not apply to bonafide "work therapy" which is part of the consumer's treatment plan. Work therapy shall be:

- (1) in the best interest of the consumer;
- (2) therapeutic in nature and purpose;
- (3) part of the consumer's documented treatment plan;
- (4) documented in the consumer's record with a rationale for the work therapy;
- (5) voluntarily entered into by the consumer;
- (6) compensated by the facility at a rate derived from the value of the work performed; and
- (7) compensated in accordance with federal and state minimum wage laws if the primary benefit is to the facility.

- (c) The consumer is provided training appropriate to the labor to be performed.
- (d) Subsections (a), (b) and (c) of this section shall not apply to matters of personal housekeeping, personal maintenance, communal living or tasks oriented to improving life skills. These activities shall not primarily benefit the facility.
- (e) Payment pursuant to this section shall not be applied by the facility to offset the costs of maintenance of persons receiving treatment in the facility, unless the consumer authorized such payment or offset in writing.

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 15 Ok Reg 2743, eff 7-1-98 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 21 Ok Reg 1726, eff 7-1-04]

450:15-3-22. Rights regarding consumer government

- (a) Consumers are entitled, and should be encouraged to, establish a consumer committee(s), or consumer government(s), by unit or facility.
- (b) The committee(s) established by consumers may establish their own rules regarding frequency of meetings, election of officers, and other rules governing the activities of the consumer government.
- (c) Staff shall not censor, impede or otherwise attempt to coerce or control consumer government committees.
- (d) Staff shall assist consumers in establishing such a government, if they so desire, and allow a consumer representative, chosen by said group, to bring consumer views to staff meetings. The facility shall keep a record of the opinions or concerns expressed by the consumers' government at the facility.

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 19 Ok Reg 1363, eff 7-1-02]

450:15-3-23. Right to assert grievances [REVOKED]

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 15 Ok Reg 2743, eff 7-1-98 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Revoked at 20 Ok Reg 2110, eff 7-1-03]

450:15-3-23.1. Right to assert grievances

- (a) A consumer shall have a right to assert grievances with respect to an alleged infringement of his or her rights and shall have the right to have such grievances considered through a fair, timely and impartial grievance procedure.
- (b) No consumer shall be retaliated against, coerced, or treatment altered either solely or partially because of his or her having asserted, a grievance regarding his or her rights.
- (c) Copies of all grievances shall be forwarded to the Department's Office of Consumer Advocacy within 24 hours of the filing. Copies of all grievance documentation and written resolution of the grievance shall be forwarded to the Department's Office of Consumer Advocacy within 24 hours of the written notice being delivered to the consumer.

[Source: Added at 21 Ok Reg 1726, eff 7-1-04 ; Amended at 28 Ok Reg 903, eff 7-1-11]

450:15-3-24. Right to competence examination and statement [REVOKED]

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 15 Ok Reg 2743, eff 7-1-98 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Revoked at 20 Ok Reg 2110, eff 7-1-03]

450:15-3-25. Right to information and services to be provided consumers being discharged

- (a) Each consumer shall be involved in his or her discharge planning. With the permission of the consumer, an individual of his or her choice shall be encouraged to be involved in the consumer's discharge planning and afforded such involvement.
- (b) No consumer, except when the consumer is discharged to a correctional facility, shall be discharged without:
- (1) Sufficient medications to enable the consumer to continue the course of medication prescribed until an initial outpatient appointment pursuant to 43A O.S. § 7-102 (B);
 - (2) A referral and appointment, in writing, with a community-based facility for aftercare and followup, if consumer accepts such referral;
 - (3) Clothing suitable to the season and weather;
 - (4) Presence, or provision for, transportation to the place to which consumer has been discharged; and
 - (5) All the consumer's funds being returned to the consumer.
- (c) Consumers may refuse any or all of (b) of this Section. For consumers released by the court, at a hearing for commitment it may not be possible to provide all of the requirements specified in this section. Such situations must be documented in the consumer's clinical record.
- (d) As a part of the regular discharge planning procedure, consumers likely to be in need of public assistance after their discharge from the facility, shall be assisted in meeting with the local County Department of Human Services worker and in making application for any benefits for which they may be eligible.

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 15 Ok Reg 2743, eff 7-1-98 ; Amended at 17 Ok Reg 2122, eff 7-1-00 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 21 Ok Reg 1726, eff 7-1-04]

450:15-3-26. Right to freedom from retaliation [REVOKED]

[Source: Added at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 15 Ok Reg 2743, eff 7-1-98 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Revoked at 20 Ok Reg 2110, eff 7-1-03]

450:15-3-27. Synopsis of the bill of rights

- (a) The synopsis in (b) of this Section shall be used when an abbreviated format of OAC 450:15-3-6 through 450:15-3-25 is used to supply a consumer or others with an overview of the bill of rights. The Synopsis of the bill of rights shall not substitute for, or replace a facility's obligation to abide by the full listing of rights cited in this Title. A copy of the synopsis shall be prominently posted in each consumer treatment unit and in consumer admissions, visiting and public areas.

(b) Facilities with physical custody of a consumer or where consumers remain for round-the-clock support or care, or where the facility has immediate control over the setting where a consumer resides, shall support and protect the fundamental human, civil, and constitutional rights of the individual consumer. Each consumer has the right to be treated with respect and dignity and will be provided the synopsis of the Bill of Rights as listed below.

(1) Each consumer shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.

(2) Each consumer has the right to receive services suited to his or her condition in a safe, sanitary and humane treatment environment regardless of race, religion, gender, ethnicity, age, degree of disability, handicapping condition, or sexual orientation.

(3) Each consumer, on admission, shall have the absolute right to private uncensored communication with persons of his/her choice by phone or mail, at the facility's expense if the consumer is indigent, and by personal visit.

(4) Each consumer retains the right of confidential communication with persons of his/her choice. A consumer's right to contact the ODMHSAS Advocate's Office, Inspector General's Office, their attorney, personal physician, or clergy shall not be limited by the facility.

(5) Each consumer is entitled to uncensored private communication (letter, telephone, personal visits); such letters or copies of letters shall not be kept in consumer treatment records.

(6) No consumer shall be subject to maltreatment or otherwise abused by staff, visitors, or other consumers.

(7) Each consumer shall receive treatment in the least restrictive environment and have the maximum freedom of movement consistent with his or her clinical condition and legal status.

(8) Each consumer shall have easy access to his or her personal funds deposited with the finance office, and shall be entitled to an accounting.

(9) Each consumer may have his or her own clothing and other personal possessions.

(10) Each consumer shall have the right to practice his or her religious belief and be accorded the opportunity for religious worship. No consumer shall be coerced into engaging in or refraining from any religious activity, practice, or belief.

(11) Each consumer legally entitled to vote shall be assisted to register and vote when they so request.

(12) Each consumer shall be provided with prompt, competent, and appropriate treatment; and an individualized treatment plan. A consumer shall participate in his or her treatment programs and may consent or refuse to consent to the proposed treatment. The right to consent or refuse to consent may be abridged for those consumers adjudged incompetent by a court of competent jurisdiction and in emergency situations as defined by law.

Additionally, each consumer shall have the right to the following:

(A) Allow the guardian of the consumer and/or another individual of the consumer's choice to participate in the

consumer's treatment and with the consumer's consent;
(B) To be free from unnecessary, inappropriate, or excessive treatment;
(C) To participate in consumer's own treatment planning;
(D) To receive treatment for co-occurring disorders if present;
(E) To not be subject to unnecessary, inappropriate, or unsafe termination from treatment; and
(F) To not be discharged for displaying symptoms of the consumer's disorder.

(13) Every consumer's record shall be treated in a confidential manner.

(14) No consumer shall be required to participate in any research project or medical experiment without his or her informed consent as defined by law. Refusal to participate shall not affect the services available to the consumer.

(15) A consumer may voluntarily participate in work therapy and must be paid fair compensation. However, each consumer is responsible for personal housekeeping tasks without compensation.

(16) A consumer shall have the right to assert grievances with respect to an alleged infringement on his or her rights.

(17) Consumer shall be permitted to establish and participate in a consumer committee or consumer government by unit or facility wide.

(18) A consumer being discharged shall have plans for outpatient treatment, sufficient medication, suitable clothing for the season, housing information and referral, and if consumer permits, family involvement in the plan.

(19) Each consumer has the right to request the opinion of an outside medical or psychiatric consultant at his or her own expense or a right to an internal consultation upon request at no expense.

(20) No consumer shall be retaliated against or subjected to any adverse change of conditions or treatment because the consumer asserted his or her rights.

(21) Most rights may be limited by the treatment team for therapeutic reasons, including safety of the consumer or other consumers and staff in the facility. These limitations must be documented in the clinical record, reviewed frequently, and shall not be limited for purposes of punishment, staff convenience, or in retaliation for a consumer exercising any of his/her rights.

(c) Programs providing treatment or services without the physical custody or where consumers do not remain for round-the-clock support or care, or where the facility does not have immediate control over the setting where a consumer resides, shall support and protect the fundamental human, civil, and constitutional rights of the individual consumer. Each consumer has the right to be treated with respect and dignity and will be provided the synopsis of the Bill of Rights as listed below.

- (1) Each consumer shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.
- (2) Each consumer has the right to receive services suited to his or her condition in a safe, sanitary and humane treatment environment regardless of race, religion, gender, ethnicity, age, degree of disability, handicapping condition or sexual orientation.
- (3) No consumer shall be neglected or sexually, physically, verbally, or otherwise abused.
- (4) Each consumer shall be provided with prompt, competent, and appropriate treatment; and an individualized treatment plan. A consumer shall participate in his or her treatment programs and may consent or refuse to consent to the proposed treatment. The right to consent or refuse to consent may be abridged for those consumers adjudged incompetent by a court of competent jurisdiction and in emergency situations as defined by law. Additionally, each consumer shall have the right to the following:

- (A) Allow other individuals of the consumer's choice participate in the consumer's treatment and with the consumer's consent;
- (B) To be free from unnecessary, inappropriate, or excessive treatment;
- (C) To participate in consumer's own treatment planning;
- (D) To receive treatment for co-occurring disorders if present;
- (E) To not be subject to unnecessary, inappropriate, or unsafe termination from treatment; and
- (F) To not be discharged for displaying symptoms of the consumer's disorder.

- (5) Every consumer's record shall be treated in a confidential manner.
- (6) No consumer shall be required to participate in any research project or medical experiment without his or her informed consent as defined by law. Refusal to participate shall not affect the services available to the consumer.
- (7) A consumer shall have the right to assert grievances with respect to an alleged infringement on his or her rights.
- (8) Each consumer has the right to request the opinion of an outside medical or psychiatric consultant at his or her own expense or a right to an internal consultation upon request at no expense.
- (9) No consumer shall be retaliated against or subjected to any adverse change of conditions or treatment because the consumer asserted his or her rights.
- (d) Each affected facility and program shall have written policy and implementing procedures, and shall provide documented staff training to insure the implementation of each and every consumer right stated in this Chapter.
- (e) Each affected facility and program shall have written policy and implementing procedures to insure each consumer enjoys, and has explained to him or her, these rights, and these rights are visibly posted in both consumer and public areas of the facility.

(f) The ODMHSAS Office of Consumer Advocacy and the ODMHSAS Office of the Inspector General, in any investigation or monitoring shall have access to consumer, facility or program records and staff as set forth in this Chapter.

(g) All facilities that are certified by, operated by, or contracted with the Department shall post the contact information for the ODMHSAS Office of Inspector General and ODMHSAS Office of Consumer Advocacy prominently in each consumer treatment unit and in consumer admissions, visiting and public areas.

[Source: Added at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 21 Ok Reg 1726, eff 7-1-04 ; Amended at 22 Ok Reg 2105, eff 7-1-05 ; Amended at 28 Ok Reg 903, eff 7-1-11 ; Amended at 30 Ok Reg 1404, eff 7-1-13]

450:15-3-28. Right to name a Treatment Advocate

(a) All adult mental health consumers being served by a licensed mental health professional shall be informed by the LMHP or the mental health treatment facility that the consumer has the right to designate a family member or other concerned individual as a treatment advocate. The program shall have written policies and procedures ensuring this provision.

(b) The consumer shall not be coerced, directly or indirectly, into naming or not naming a Treatment Advocate or choice of Treatment Advocate or level of involvement of the Treatment Advocate. Any individual so designated shall at all times act in the best interests of the consumer and comply with all conditions of confidentiality.

(c) No limitation may be imposed on a consumer's right to communicate by phone, mail or visitation with his or her Treatment Advocate, except to the extent that reasonable times and places may be established.

(d) The Treatment Advocate may participate in the treatment planning and discharge planning of the person being served to the extent consented to by the consumer and permitted by law.

(e) The consumer and Treatment Advocate shall be notified of treatment and discharge planning meetings at least 24 hours in advance.

(f) All LMHPs or mental health treatment facilities shall use a Treatment Advocate Designation form which will minimally include:

(1) the consumer's choice to name or not name a Treatment Advocate;

(2) identify any specifically named person;

(3) indicate the level of involvement the identified Treatment Advocate shall have.

(4) a space where the Treatment Advocate will indicate his or her intention of serving according to the consumer's specifications;

(5) an agreement that the Treatment Advocate will comply with all standards of confidentiality; and

(6) both the signature of the consumer and the Treatment Advocate.

(g) Verbal confirmation of the written information proposed in the form shall be permitted until such time as the Treatment Advocate can be present to sign the designated form.

- (h) The consumer may change or revoke the designation of a treatment advocate at any time and for any reason.
- (i) A copy of the completed form shall be given to the consumer and the treatment advocate. The original shall be maintained in the consumer's record.
- (j) The Treatment Advocate form shall be reviewed with the consumer at each point of treatment planning and treatment planning review to afford the consumer an opportunity for review and amendment.

[Source: Added at 21 Ok Reg 1726, eff 7-1-04]

450:15-3-29. Access to services for consumers with disabilities

- (a) Facilities and organizations providing mental health or substance abuse services who are certified by, operated by, or under contract with the Department shall not discriminate against consumers with disabilities and shall provide consumers with disabilities access to services in accordance with state and federal law, including but not limited to the American's with Disabilities Act and amendments thereto.
- (b) Facilities and organizations providing mental health or substance abuse services who are certified by, operated by, or under contract with the Department shall provide information on a consumer's disability in any referral or transfer so that accommodations by the receiving facility or organization can be made prior to a consumer's arrival for the continuation of continuity of care.
- (c) Facilities and organizations providing mental health or substance abuse services who are certified by, operated by, or under contract with the Department shall develop policies and procedures on how consumers with disabilities will have access to the services they provide.

[Source: Added at 28 Ok Reg 903, eff 7-1-11]

PART 3. CONSUMER GRIEVANCE PROCEDURE

450:15-3-35. Applicability

This Part is applicable to those facilities operated by, certified by, or under contract with, or subcontracting through a facility which is under contract with ODMHSAS, the Oklahoma Department of Mental Health and Substance Abuse Services pursuant to 43A O.S. § 2-102, et seq and which provide inpatient or residential services.

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03]

450:15-3-36. Policy, procedures and provisions for grievances, ODMHSAS operated facilities [REVOKED]

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 15 Ok Reg 2743, eff 7-1-98 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Revoked at 20 Ok Reg 2110, eff 7-1-03]

450:15-3-37. Response to documented emergency/treatment decision [REVOKED]

[Source: Revoked at 10 Ok Reg 4093, eff 7-26-93]

450:15-3-38. Treatment team [REVOKED]

[Source: Revoked at 10 Ok Reg 4093, eff 7-26-93]

450:15-3-39. Administrative review [REVOKED]

[Source: Revoked at 10 Ok Reg 4093, eff 7-26-93]

450:15-3-40. Hearing board [REVOKED]

[Source: Revoked at 10 Ok Reg 4093, eff 7-26-93]

450:15-3-41. Appeal [REVOKED]

[Source: Revoked at 10 Ok Reg 4093, eff 7-26-93]

450:15-3-42. Responsibility of Patient Advocate Office [REVOKED]

[Source: Revoked at 10 Ok Reg 4093, eff 7-26-93]

450:15-3-43. Grievance Hearing ODMHSAS operated facilities [REVOKED]

[Source: Added at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 15 Ok Reg 2743, eff 7-1-98 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Revoked at 20 Ok Reg 2110, eff 7-1-03]

450:15-3-44. Appeals [REVOKED]

[Source: Added at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Revoked at 20 Ok Reg 2110, eff 7-1-03]

450:15-3-45. Consumer Grievance Policy and Procedures and local advocacy activities

Facilities shall have a written grievance policy that includes:

- (1) A written notice of the grievance procedure is provided to each consumer or guardian and to an individual of the consumer's choice at admission;
- (2) Time frames for the grievance procedures which allow for an expedient resolution of consumer grievance(s);
 - (A) Inpatient and residential programs shall be a seven (7) day timeframe;
 - (B) Outpatient, intensive outpatient and day treatment programs shall be a fourteen (14) day timeframe;

(C) Crisis stabilization, medical detoxification and social detoxification programs shall have a three (3) day timeframe;

(3) A procedure for advising the consumer he or she has the right to make a complaint to the facility's local advocate or the ODMHSAS Consumer Advocacy Division and the mechanism for contacting the Consumer Advocacy Division. A consumer shall have unimpeded and confidential access to the facility's local advocate and the ODMHSAS Office of Consumer Advocacy. No policy or procedure shall require contact with the facility's local advocate prior to contacting the ODMHSAS Office of Consumer Advocacy;

(4) The procedure by which consumers are notified of the specific name(s) of the individual(s) responsible for coordinating the program's grievance procedure; the individual responsible for or authorized to make decisions for resolution of the grievance; and the specific name(s) of the individual(s) acting as the facility's local advocate. The individual responsible for or authorized to make decisions regarding grievances shall be impartial. In the instance where the decision making is the subject of a grievance, decision making authority shall be delegated. The designated local advocate shall work with facility staff and contractors to ensure the needs of consumers are met at the lowest level possible and that consumer rights are enforced and not violated;

(5) The provision of written notification to the consumer of the grievance outcome and mechanism by which an individual may appeal the outcome;

(6) ODMHSAS operated facility procedures shall include a process by which the consumer may appeal the grievance outcome to the Commissioner or designee;

(7) A mechanism to monitor the grievance process and improve performance based on outcomes;

(8) An annual review of the grievance policy and procedure including providing copies of updated grievance policy and procedure information to the Office of Consumer Advocacy when requested; and

(9) The ongoing monitoring of the grievance process and, based on outcomes, adjust and improve processes;

(10) The individual(s) designated as a facility's local advocate shall be responsible for coordinating and monitoring the facility's advocacy activities and contacts with the ODMHSAS Office of Consumer Advocacy. Duties of the facility's local advocate shall include, but is not limited to:

(A) Serve as the on-sight advocate for consumers being treated or under the care of the program or facility and act as a liaison to the ODMHSAS Office of Consumer Advocacy. Such activities may include

(i) Assist consumers in filing grievances;

(ii) Serve as resource for consumers for questions or information dissemination about the facility, admission and discharge processes, or other basic

- human needs while in treatment; and
 - (iii) Make contact with consumers involved in or who witness Critical Incidents or Sentinel Events while in treatment to ensure needs are being met.
- (B) Serve as facility or program liaison to the Office of Consumer Advocacy in advocacy activities.

[Source: Added at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 15 Ok Reg 2743, eff 7-1-98 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 21 Ok Reg 1726, eff 7-1-04 ; Amended at 24 Ok Reg 1420, eff 7-1-07 ; Amended at 27 Ok Reg 1005, eff 7-1-10 ; Amended at 28 Ok Reg 903, eff 7-1-11 ; Amended at 29 Ok Reg 493, eff 7-1-12 ; Amended at 39 Ok Reg 1936, eff 9-15-22]

PART 5. DEPARTMENT APPROVED SYNOPSIS - DOMESTIC VIOLENCE/SEXUAL ASSAULT SHELTER RESIDENTS' BILL OF RIGHTS [REVOKED]

450:15-3-52. Applicability [REVOKED]

[Source: Revoked at 10 Ok Reg 4093, eff 7-26-93]

450:15-3-53. Domestic violence/sexual assault shelter residents' general rights statement [REVOKED]

[Source: Amended at 10 Ok Reg 4093, eff 7-26-93]

PART 7. CONSUMER ACCESS TO HEALTH INFORMATION, FACILITIES OPERATED BY ODMHSAS

450:15-3-60. Right to access designated record set from facilities operated by ODMHSAS

The process for requesting access to read or request copies of the designated record set from ODMHSAS facilities is as follows:

- (1) The consumer shall obtain a Consent for Release of Confidential Information form from the facility's health information department, complete it and submit it to the facility's health information department director or designee. If the consumer requests a copy from the designated record set, the facility may charge the consumer a fee of twenty-five cents (\$0.25) per page for copying the information and the actual mailing expenses when applicable.
- (2) If the facility does not possess the information the consumer requests but knows where it is maintained, the health information department shall inform the consumer where to direct the request.
- (3) The health information department shall coordinate the request for access to the designated record set with the person in charge of the care and treatment of the consumer.

[Source: Added at 20 Ok Reg 654, eff 2-27-03 (emergency); Added at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 25 Ok Reg 2518, eff 7-11-08]

450:15-3-61. Denial of Access to the Designated Record Set from Facilities Operated by ODMHSAS

(a) ODMHSAS may deny, in whole or in part, the designated record set under certain conditions. Some denials provide the consumer with a right to a review of the denial while others do not.

(b) The consumer does not have a right of review for a denial of access if the denial is made on the following bases:

- (1) If the facility is a correctional institution or acting under the direction of a correctional institution, and access to a copy of the information in the designated record set would jeopardize the health, safety, security, custody or rehabilitation of the consumer or other inmates, or the safety of any officer, employee or other person at the correctional institution or responsible for the transporting of the consumer.
- (2) The information in the designated record set was obtained by the facility in the course of research that includes treatment of the research participants, while such research is in progress, provided the consumer has agreed to the denial of access in conjunction with the consumer's consent to participate in the research and the facility has informed the consumer the right of access will be reinstated upon completion of the research.
- (3) The information in the designated record set was obtained under a promise of confidentiality from someone other than a health care provider and such access would be reasonably likely to reveal the source of the information.

(c) The consumer has a right of review for a denial of access if the denial is made on the following bases:

- (1) A licensed mental health professional has determined, in the exercise of professional judgment, that access to the designated record set by the consumer is reasonably likely to endanger the life or physical safety of the consumer or another person;
 - (2) The requested designated record set makes reference to another person unless such other person is a health care provider and a licensed mental health professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
 - (3) The request for access is made by the consumer's personal representative and a licensed mental health professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the consumer or another person.
- (d) In lieu of providing access to the designated record set, the facility may provide the consumer with a summary of the requested information, if the consumer agrees in advance to such a summary.

[Source: Added at 20 Ok Reg 654, eff 2-27-03 (emergency); Added at 20 Ok Reg 2110, eff 7-1-03]

450:15-3-62. ODMHSAS action on consumer's request for access to the designated record set from facilities operated by ODMHSAS

- (a) ODMHSAS shall act on the request for access to the designated record set within the following time periods:
- (1) If the requested information from the designated record set is readily available, the health information department shall within thirty (30) days of the receipt of the request inform the consumer of the approval or denial of the request and if approved provide the access to the designated record set; or
 - (2) If the requested information is not stored on the facility premises, the health information department shall within sixty (60) days from receipt of request inform the consumer of the approval or denial of the request and if approved provide the access to the designated record set.
- (b) If the health information department is unable to provide response within these timeframes, it shall send a letter to the consumer, which shall inform the consumer of the delay and state the date by which a response to the request will be provided. The deadline can be extended for no more than 30 additional days and the facility may extend the deadline once per request for access.
- (c) If a decision is made to deny the request for access, the health information department of the facility shall send the consumer a letter stating the basis of the denial and, if applicable, providing a statement of the consumer's right for review of the denial and how to exercise such review rights. The letter must also include a description of how the consumer may complain to the ODMHSAS Office of Consumer Advocacy or to the U.S. Secretary of the Department of Health and Human Services. The description must also include the name, or title, and

telephone number of the Office of Consumer Advocacy.

[Source: Added at 20 Ok Reg 654, eff 2-27-03 (emergency); Added at 20 Ok Reg 2110, eff 7-1-03]

450:15-3-63. Consumer's request for review of denial of access to the designated record set from facilities operated by ODMHSAS

(a) If a facility denies a request for access to the designated record set on the basis of one of the grounds for denial for which review is available, the consumer may initiate the review process by making a request for review of the denial in writing and submitting it to the ODMHSAS Privacy Officer at 2000 N. Classen, Suite E600, Oklahoma City, Oklahoma 73106.

(b) The ODMHSAS Privacy Officer or designee shall select a licensed mental health professional, who did not participate in the original decision to deny access, to review the denial. This reviewer will complete the review within a reasonable period of time and forward his or her findings to the ODMHSAS Privacy Officer or designee. The reviewer's decision is final.

(c) The Privacy Officer shall promptly inform the consumer by letter of the outcome of the review.

(1) If a decision is made to grant access, the letter will explain the process to fulfill the request for access.

(2) If a decision is made to uphold the denial of access, the letter shall state the reasons for denial.

[Source: Added at 20 Ok Reg 654, eff 2-27-03 (emergency); Added at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 34 Ok Reg 1776, eff 10-1-17]

450:15-3-64. Right to Request Amendment of Designated Record Set from Facilities Operated by ODMHSAS

Except as provided herein, a consumer has a right to request an amendment of his or her health information in the designated record set from facilities operated by ODMHSAS for as long as the facility maintains the information.

(1) A consumer shall request the amendment in writing to the health information department of the facility and provide a reason to support the requested amendment.

(2) The facility shall have sixty (60) days to act on the request to amend the information, unless the facility sends the consumer a letter within the initial sixty (60) day period stating the time period will be extended up to an additional thirty (30) days, explaining the need and reasons for delay and providing a date by which the consumer can expect a decision.

(3) If the facility agrees to the requested amendment, in whole or in part, it must:

(A) Make the amendment by, at minimum, identifying the affected records and appending or otherwise providing a link to the location of the amendment;

(B) Timely inform the consumer the amendment is accepted;

(C) Obtain the consumer's agreement to have the facility with which the amendment needs to be shared. Relevant persons include:

- (i) Persons identified by the consumer as needing the amendment;
- (ii) Persons the facility identifies as having relied or could foresee ably rely on the unamended information previously provided to them.

(D) Make reasonable efforts to inform and timely provide the amendment to those persons.

(4) The facility may deny a request for amendment if it determines that one of the following reasons exists:

(A) The information that is the subject of the request was not created by the facility, unless the consumer can provide a reasonable basis to believe that the originator of the information is no longer available to act on the requested amendment.

(B) The information that is the subject of the request is not part of the designated record set;

(C) The information that is the subject of the request is accurate and complete.

(5) If the facility denies the amendment, in whole or part, it must:

(A) Provide the consumer with a timely denial, written in plain language and including:

- (i) The basis for denial;
- (ii) Notice of the consumer's right to submit a written statement of disagreement; and instructions on how to file the statement;
- (iii) A statement that if the consumer does not submit a statement of disagreement, the consumer may request the facility provide the consumer's request for amendment and the denial with any future disclosures of the designated record set; and
- (iv) Notice that the consumer may complain about the decision to the ODMHSAS Office of Consumer Advocacy or to the U.S. Secretary of the Department of Health and Human Services;

(B) Permit the consumer to submit a one (1) page statement of disagreement;

(C) Provide a copy of any rebuttal prepared to the consumer;

(D) As appropriate, identify the part of the record subject to the disputed amendment and append or otherwise link the request, the denial, and any statement of disagreement or rebuttal to the record;

(E) For future disclosures of the designated record set, include any statement of disagreement or, in response to the consumer's request, the amendment request and the denial (or an accurate summary of either of the foregoing).

(6) If the facility is informed by a healthcare provider or health plan, such as an insurance company, about an amendment to a

consumer's information in the designated record set, the facility must amend the information in its record by, at a minimum, identifying the affected records and appending or otherwise providing a link to the location of the amendment.

(7) The facility must document the titles of the persons or offices responsible for receiving and processing requests for amendments and maintain the list for a period of six (6) years.

[Source: Added at 20 Ok Reg 654, eff 2-27-03 (emergency); Added at 20 Ok Reg 2110, eff 7-1-03]

450:15-3-65. Right to Request Confidential Communications from Facilities Operated by ODMHSAS

- (a) Facilities operated by ODMHSAS shall accommodate reasonable requests by a consumer to receive confidential communications from the facility by alternative means or at alternative locations.
- (b) Alternative means may include contacting the consumer by telephone.
- (c) Alternative locations may include an alternative address other than the consumer's home address.
- (d) To request alternative communications, the consumer must provide the facility with the request in writing and specify the alternative means or location.

[Source: Added at 20 Ok Reg 654, eff 2-27-03 (emergency); Added at 20 Ok Reg 2110, eff 7-1-03]

450:15-3-66. Right to an accounting of disclosures from facilities operated by ODMHSAS

Facilities operated by ODMHSAS must provide to consumers upon request an accounting of disclosures of health information in the designated record set as provided below:

- (1) The consumer must make a written request to the facility's health information director, ODMHSAS Privacy Officer, or designee.
- (2) The facility must provide an accounting of disclosures made of the consumer's designated record set during a time period specified up to six (6) years prior to the date of the request for an accounting except for disclosures:
 - (A) To carry out treatment, payment or health care operations as permitted under law;
 - (B) To the consumer about his or her own information;
 - (C) Authorized by the consumer;
 - (D) To persons involved in the consumer's care or other notification purposes permitted under law;
 - (E) For national security or intelligence purposes;
 - (F) To corrections officials or law enforcement officials as permitted under law; or
 - (G) That are a part of a limited data set;
 - (H) That are merely incidental to another permissible use or disclosure;
 - (I) Which were made before April 14, 2003;

- (J) In certain circumstances involving health oversight, a facility may temporarily suspend the consumer's right to receive an accounting of disclosures.
- (3) The accounting for disclosure must contain the following information for each disclosure:
- (A) Date of disclosure;
 - (B) Name of entity or person who received the information, and, if known, the address of such entity or person;
 - (C) A brief description of the information from the designated record set disclosed; and
 - (D) The purpose for which the disclosure was made;
- (4) If during the time period for the accounting, multiple disclosures have been made to the same person or entity for a single purpose, or pursuant to a single authorization, the accounting may provide information as set forth above for the first disclosure, and then summarize the frequency, periodicity, or number of disclosures made during the accounting period and the date of the last such disclosure during the accounting period.
- (5) The facility shall have sixty (60) days to act on the request for accounting of disclosures, unless the facility sends the consumer a letter within the initial sixty (60) day period extending the period for no more than an additional thirty (30) days. The letter shall explain the reasons for delay and the date on which the accounting will be provided.
- (6) The first accounting in any twelve (12) month period must be provided to the consumer without charge. A reasonable, cost-based fee may be charged for additional accountings within the twelve (12) month period, provided the consumer is informed in advance of the fee, and is permitted an opportunity to withdraw or amend the request.
- (7) The facility must document the following:
- (A) All information required to be included in an accounting of disclosures of information from the designated record set;
 - (B) All written accountings provided to consumers, and;
 - (C) Titles of persons or offices responsible for receiving and processing requests for an accounting from consumers.

[Source: Added at 20 Ok Reg 654, eff 2-27-03 (emergency); Added at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 29 Ok Reg 493, eff 7-1-12]

PART 9. CLIENT RIGHTS, DOMESTIC VIOLENCE, BATTERER'S INTERVENTION SEXUAL ASSAULT PROGRAMS AND SHELTERS [TRANSFERRED]

Editor's Note: *Effective 7-1-05, the rules in this Part were transferred to the Office of the Attorney General [OAC 75:15-17]. Pursuant to Senate*

Bill 236 (2005), "rules promulgated by the Department of Mental Health and Substance Abuse Services relating to domestic violence and sexual assault programs [were] transferred to and [became] a part of the administrative rules of the Office of the Attorney General. . . . Such rules shall continue in force and effect as rules of the Office of the Attorney General from and after July 1, 2005, and any amendment, repeal, or addition to the transferred rules shall be under the jurisdiction of the Attorney General" [Senate Bill 236 (2005), Section 6(A)]. As directed by SB 236, an Editor's Notice was published in the Oklahoma Register [22 Ok Reg 2667], announcing the transfer of the rules from this Part, as well as from OAC 450:19, to the Attorney General's Title 75, Chapter 15 [OAC 75:15], and identifying the new location of each transferred rule. For additional information relating to this transfer, see Senate Bill 236 (2005).

450:15-3-70. Applicability [TRANSFERRED]

[Source: Added at 21 Ok Reg 1726, eff 7-1-04 ; Transferred to 75:15-17-1 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:15-3-71. Client right to information, refused services [TRANSFERRED]

[Source: Added at 21 Ok Reg 1726, eff 7-1-04 ; Transferred to 75:15-17-2 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:15-3-72. Client rights [TRANSFERRED]

[Source: Added at 21 Ok Reg 1726, eff 7-1-04 ; Transferred to 75:15-17-3 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:15-3-73. Client's grievance policy and procedures [TRANSFERRED]

[Source: Added at 21 Ok Reg 1726, eff 7-1-04 ; Transferred to 75:15-17-4 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

PART 11. RESIDENT RIGHTS, MENTAL HEALTH RESIDENTIAL CARE FACILITIES

450:15-3-80. Applicability

This Part is applicable to those mental health residential care facilities operated by, certified by, or under contract with the Oklahoma Department of Mental Health and Substance Abuse Services pursuant to 43A O.S. § 3-315, et seq.

[Source: Added at 21 Ok Reg 1726, eff 7-1-04]

450:15-3-81. Resident rights

(a) Each resident shall have and enjoy all constitutional and statutory rights of all citizens of the State of Oklahoma and the United States, unless abridged by due process of law by a court of competent jurisdiction. Each facility shall insure each resident has the rights specified as follows.

(1) Each resident has the right to be treated with respect and dignity. This shall be construed to protect and promote human dignity and respect for individual dignity.

(2) Each resident has the right to a safe, sanitary, and humane living environment.

(3) Each resident has the right to a humane psychological environment protecting them from harm, abuse, and neglect.

(4) Each resident has the right to an environment which provides reasonable privacy, promotes personal dignity, and provides opportunity for the client to improve his or her functioning.

(5) Each resident has the right to receive services suited to his or her condition and needs for treatment without regard to his or her race, religion, gender, ethnic origin, age, degree of disability, handicapping condition, legal status, sexual orientation.

(6) Each resident, on admission, has the absolute right to communicate his or her change of address with a relative, friend, clergy, or attorney, by telephone or mail.

(7) Each resident shall have and retain the right to confidential communication with an attorney, personal physician, the ODMHSAS Office of Consumer Advocacy, the ODMHSAS Office of Inspector General, or clergy. This right shall not be restricted by the facility.

(8) Each resident has the right to uncensored, private communications including, but not limited to, letters, telephone calls, and personal visits. Copies of any personal letter, sent or received, by a resident shall not be kept in his or her clinical record.

(9) No resident shall ever be mistreated, maltreated, or otherwise abused by staff, visitors, or other consumers.

(10) Each resident has the right to easy access to his or her personal funds on deposit with the facility, and shall be entitled to an accounting for said funds.

(11) Each resident has the right to have his or her own clothing and personal possessions.

(12) Each resident shall have the right to practice his or her own religious beliefs, and afforded the opportunity for religious worship. No client shall ever be coerced into engaging in, or refraining from, any personal religious activity, practice, or belief.

(13) The records of each resident shall be treated in a confidential manner.

(14) Each resident has the right to refuse to participate in any research project or medical experiment without informed consent of the resident, as defined by law. A refusal to participate shall not affect the services available to the resident.

(15) A resident may voluntarily participate in work therapy, and shall be paid just compensation for such participation. However,

each resident is responsible for personal care and housekeeping tasks without compensation.

(16) The community residential mental health facility shall provide residents who are leaving at the request of the community residential mental health facility all funds and property belonging to him or her at the time of his or her departure.

(17) Each resident shall have the right to establish and to participate in a resident committee or resident government.

(18) Each resident has the right to assert grievances with respect to any alleged infringement of these stated rights of residents, or any other subsequently statutorily granted rights.

(19) No resident shall ever be retaliated against, or subject to, any adverse conditions because of having asserted his or her rights as stated in this Section.

(20) Most rights may be limited by the treatment team for therapeutic reasons, including safety of the consumer or other consumers and staff in the facility. These limitations must be documented in the clinical record, reviewed frequently, and shall not be limited for purposes of punishment, staff convenience, or in retaliation for a consumer exercising any of his/her rights.

(b) Each affected facility shall have written policy and implementing procedures, and shall provide documented staff training to insure the implementation of each and every resident right stated in this section.

(c) Each affected facility shall have written policy and implementing procedures to insure each resident enjoys, and has explained to him or her, these rights; and these rights are visibly posted in both resident and public areas of the facility.

(d) The Department, in any investigation or monitoring shall have access to residents, RCF records and RCF staff as set forth in OAC 450:15-7-3.

[Source: Added at 21 Ok Reg 1726, eff 7-1-04 ; Amended at 23 Ok Reg 1412, eff 7-1-06 ; Amended at 27 Ok Reg 1005, eff 7-1-10 ; Amended at 28 Ok Reg 903, eff 7-1-11]

450:15-3-82. Resident right to fee information

To insure that the residents have access to the information pertaining to RCF's fee schedule, each resident shall have access to written information about the RCF's fee schedule. The RCF shall provide a written description of the services provided by the RCF, the rates charged for these services, and items for which a resident may be separately charged to each resident annually or when changes occur. THE RCF shall obtain and document in writing the resident's consent prior to their accrual. This policy shall also be available to those individuals who are seeking service. This information shall be visibly posted.

[Source: Added at 21 Ok Reg 1726, eff 7-1-04 ; Amended at 23 Ok Reg 1412, eff 7-1-06]

450:15-3-83. Resident right to information, refused services

A resident, or potential resident, has the right to know why services are refused; and can expect an explanation concerning the reason he or

she was refused certain services.

[Source: Added at 21 Ok Reg 1726, eff 7-1-04]

450:15-3-84. Resident rights regarding group visitations

(a) Group RCF visitation shall be planned for limited interruption of routine activities, unless the group visitation is the activity. Residents shall have advance notice of visitations and never be referred to by full name without their consent.

(b) Written policies shall be established concerning the protection of resident's rights and privacy during RCF visitation by groups.

(c) Planning shall provide for limited interruption of routine activities. Individual residents shall have advance knowledge of such visitations and shall never be referred to by full name without their consent.

[Source: Added at 21 Ok Reg 1726, eff 7-1-04]

450:15-3-85. Resident Grievance Policy & Procedures

Each RCF shall have a written grievance policy and procedure providing for, but not limited to, the following:

(1) Written notice of the procedure provided to the resident and, if involved with the resident, to family members or significant others.

(2) Time frames for the grievance policy's procedures which allow for resolution within fourteen (14) days.

(3) Name(s) of the individual(s) who are responsible for coordinating the grievance policy; the individual responsible for or authorized to make decisions for resolution of the grievance and the specific name(s) of the individual(s) acting as the facility's local advocate. In the instance where the decision maker is the subject of a grievance, decision making authority shall be delegated. The designated local advocate shall work with facility staff and contractors to ensure the needs of consumers are met at the lowest level possible and that consumer rights are enforced and not violated.

(4) Procedure by which a notice is provided to the resident advising that he or she has a right to make a complaint to the Local Advocate or the ODMHSAS Office of Consumer Advocacy. A consumer shall have unimpeded and confidential access to the facility's local advocate and the ODMHSAS Office of Consumer Advocacy. No policy or procedure shall require contact with the facility's local advocate prior to contacting the ODMHSAS Office of Consumer Advocacy.

(5) Mechanism to monitor the grievance process and improve performance based on outcomes.

(6) Annual review of the grievance policy and its implementing procedures, with revisions as needed to improve.

(7) The provision of written notification to the consumer of the grievance outcome and the mechanism by which an individual may appeal the outcome.

(8) The individual(s) designated as a facility's local advocate shall be responsible for coordinating and monitoring the facility's advocacy activities and contacts with the ODMHSAS Office of Consumer Advocacy. Duties of the facility's local advocate shall include, but is not limited to:

- (A) Serve as the on-sight advocate for consumers being treated or under the care of the program or facility and act as a liaison to the ODMHSAS Office of Consumer Advocacy. Such activities may include
 - (i) Assist consumers in filing grievances;
 - (ii) Serve as resource for consumers for questions or information dissemination about the facility, admission and discharge processes, or other basic human needs while in treatment; and
 - (iii) Make contact with consumers involved in or who witness Critical Incidents or Sentinel Events while in treatment to ensure needs are being met.
- (B) Serve as facility or program liaison to the Office of Consumer Advocacy in advocacy activities.

[Source: Added at 21 Ok Reg 1726, eff 7-1-04 ; Amended at 29 Ok Reg 493, eff 7-1-12]

SUBCHAPTER 5. EMPLOYEE RESPONSIBILITIES [REVOKED]

PART 1. OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES CONDUCT REVIEW COMMITTEE [REVOKED]

450:15-5-1. Applicability [REVOKED]

[Source: Revoked at 10 Ok Reg 4093, eff 7-26-93]

450:15-5-2. Inappropriate conduct [REVOKED]

[Source: Revoked at 10 Ok Reg 4093, eff 7-26-93]

450:15-5-3. Conduct Review Committee [REVOKED]

[Source: Revoked at 10 Ok Reg 4093, eff 7-26-93]

450:15-5-4. Committee membership [REVOKED]

[Source: Revoked at 10 Ok Reg 4093, eff 7-26-93]

450:15-5-5. Authority and duties [REVOKED]

[Source: Revoked at 10 Ok Reg 4093, eff 7-26-93]

450:15-5-6. Committee procedures [REVOKED]

[Source: Revoked at 10 Ok Reg 4093, eff 7-26-93]

450:15-5-7. Reporting procedures [REVOKED]

[Source: Revoked at 10 Ok Reg 4093, eff 7-26-93]

PART 3. MENTAL HEALTH PROFESSIONAL'S DUTY TO PROTECT [REVOKED]

450:15-5-17. Applicability [REVOKED]

[Source: Revoked at 10 Ok Reg 4093, eff 7-26-93]

450:15-5-18. Responsibility of mental health professionals [REVOKED]

[Source: Revoked at 10 Ok Reg 4093, eff 7-26-93]

SUBCHAPTER 7. OFFICE OF CONSUMER ADVOCACY AND DEPARTMENT INVESTIGATIONS

PART 1. OFFICE OF CONSUMER ADVOCACY

450:15-7-1. Applicability

This Subchapter is applicable to all facilities operated by, certified by, or under contract with ODMHSAS.

[Source: Added at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 15 Ok Reg 2743, eff 7-1-98 ; Amended at 19 Ok Reg 1363, eff 7-1-02]

450:15-7-2. Office of Consumer Advocacy purpose and authority

(a) The Board is authorized by 43A O.S. § 2-109 to to establish the Office of Consumer Advocacy within the Department.

(b) The Office of Consumer Advocacy shall carry out the powers and duties of the Office of Consumer Advocacy as set forth in this Subchapter.

[Source: Added at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 15 Ok Reg 2743, eff 7-1-98 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 27 Ok Reg 1005, eff 7-1-10]

450:15-7-3. Advocate General

The Advocate General is responsible for the Office of Consumer Advocacy and coordinates its system-wide implementation. The Advocate General shall have the following powers and duties:

- (1) To serve as an advocate for consumers.
- (2) To supervise personnel assigned to the Office of Consumer Advocacy.
- (3) To make recommendations to Commissioner and provide regular or special reports regarding unresolved grievances or other issues affecting consumer rights and quality of care to the Commissioner and Board.
- (4) To carry out the powers and duties of the Office of Consumer Advocacy.
- (5) To perform other duties as assigned by the Board or Commissioner.

[Source: Added at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 15 Ok Reg 2743, eff 7-1-98 ; Amended at 18 Ok Reg 2657, eff 7-1-01 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 23 Ok Reg 1412, eff 7-1-06 ; Amended at 27 Ok Reg 1005, eff 7-1-10 ; Amended at 29 Ok Reg 493, eff 7-1-12 ; Amended at 34 Ok Reg 1776, eff 10-1-17]

450:15-7-4. Office of Consumer Advocacy powers and duties

The Advocate General shall assign an Advocate to monitor the care and treatment of individuals receiving services at each facility operated by, certified by or under contract with the ODMHSAS; and to carry out the purpose and duties of the Office of Consumer Advocacy. The Office of Consumer Advocacy shall have the following powers and duties:

- (1) To serve as an advocate for consumers and to ensure the highest quality of care to all consumers at facilities operated by, subject to certification by, or under contract with the Department.
- (2) If a consumer needs legal counsel, the Advocate shall advise the consumer of his or her right to seek counsel and refer the individual to counsel, if necessary.
- (3) To monitor his or her assigned facilities to ensure the facilities have made adequate provisions for the medical care, supervision and safekeeping of all DMHSAS consumers, and to provide a monthly status report, either verbally or in writing, to the facility's executive director regarding these issues.
- (4) To access facilities operated by, subject to certification by or under contract with the Department. Reasonable access shall be granted for the purposes of performing activities as necessary to monitor care and treatment provided by such facilities. These visits may be unannounced and or unscheduled as determined by the Department. Reasonable access shall include, but is not limited to, observations, discussions, and face to face meetings with staff and consumers, copies of policies and procedures related to grievances, complaints, consumer care, access to services and safety; and forms and documentation related to Critical Incidents and Sentinel Events.
- (5) To access and copy necessary records of individuals receiving services from facilities operated by, subject to certification by or under contract with the Department. Records that are

confidential under state and federal law shall be maintained as confidential and not be re-disclosed by the Office of Consumer Advocacy.

(6) To be proactive in the enforcement of the provisions of the Mental Health and Substance Abuse Consumer Bill of Rights,
(7) To timely report any issue(s) of which the Office of Consumer Advocacy becomes aware that may adversely affect consumer care through the proper chain of command, beginning at the lowest level, in order to timely resolve such issue(s).

(8) To assist consumers in filing grievances,

(9) To assist in transitioning consumers who are committed to the Oklahoma Forensic Center pursuant to 22 O.S. §§1175.1 et seq. to appropriate alternative placements in accordance with 22 O.S. §§1175.1 et seq.

(10) To file habeas corpus or writ of mandamus actions on behalf of individuals receiving services from facilities operated by, subject to certification by or under contract with the Department, and appear on their behalf in civil commitment and criminal post-commitment proceedings, and appear on behalf of Department consumers in proceedings for writs of habeas corpus or mandamus.

(11) To monitor and review grievance procedures in facilities operated by, subject to certification by or under contract with the Department.

(12) To assist consumers in filing grievances and to review and take appropriate action to resolve unresolved grievances and allegations of improper treatment of individuals receiving services from facilities operated by the Department.

(13) To be proactive and assist in the overall improvement of behavioral system and service delivery related to consumers.

(14) To coordinate and communicate with local facility advocates on a regular basis regarding consumer rights, advocacy activities, and quality of care issues.

(15) An advocate or designee by the Advocate General shall visit each facility that is operated by, subject to certification by or under contract with the Department at least one (1) time per fiscal year to ensure the facility has made adequate provisions for the medical care, supervision and safekeeping of all ODMHSAS consumers, and to provide a status report, either verbally or in writing, to the facility's executive director regarding the findings of such visit.

(16) To perform other duties as assigned by the Board or Commissioner.

[Source: Added at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 15 Ok Reg 2743, eff 7-1-98 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 27 Ok Reg 1005, eff 7-1-10 ; Amended at 28 Ok Reg 903, eff 7-1-11 ; Amended at 29 Ok Reg 493, eff 7-1-12 ; Amended at 30 Ok Reg 1404, eff 7-1-13]

PART 2. INVESTIGATIONS

450:15-7-5. Advocacy Division investigation protocols [REVOKED]

[Source: Added at 19 Ok Reg 1363, eff 7-1-02 ; Revoked at 20 Ok Reg 2110, eff 7-1-03]

450:15-7-6. Reporting suspected maltreatment

(a) **Reporting Requirements.** ODMHSAS employees, employees of facilities contracted with ODMHSAS or subject to certification by ODMHSAS who directly witness maltreatment or are informed of maltreatment by a consumer shall report such information to the ODMHSAS Inspector General. Persons unsure of what to report are directed call the Inspector General at 1-405-522-4058 or 1-877-426-4058. Questions regarding this reporting requirement may also be made by e-mailing: InspectorGeneral@odmhsas.org.

(b) **Method of Reporting.** Any person obligated to report an allegation of maltreatment of consumers shall contact the Inspector General in Oklahoma City, Oklahoma by telephone (1-405-522-4058 or 1-877-426-4058) twenty-four (24) hours a day, seven (7) days a week. Reports may also be made by e-mailing: InspectorGeneral@odmhsas.org or by submitting a critical incident report to Provider Certification to at (405) 522-0236.

(c) **Posting of Information.** All facilities that are subject to certification by, operated by, or contracted with the Department shall post the contact information for the ODMHSAS Office of Inspector General and ODMHSAS Office of Consumer Advocacy prominently in each consumer treatment unit and in consumers admissions, visiting and public areas.

[Source: Added at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 26 Ok Reg 2671, eff 7-25-09 ; Amended at 27 Ok Reg 1005, eff 7-1-10 ; Amended at 28 Ok Reg 903, eff 7-1-11 ; Amended at 29 Ok Reg 493, eff 7-1-12 ; Amended at 30 Ok Reg 1404, eff 7-1-13]

450:15-7-7. Administrator's responsibilities regarding allegations reportable to the Department

(a) If the Department receives an allegation of maltreatment involving a consumer from anyone other than the executive director of the facility or provider responsible for the consumer, the Department will promptly notify the facility executive director of the allegation. If the facility executive director is a witness or is accused of maltreatment, then the Inspector General shall notify the Commissioner's designee of the allegation.

(b) Upon becoming aware of an allegation of maltreatment involving a consumer, the facility administrator, or designee, shall ensure the safety, protection, and needed medical attention of any consumer named in the allegation and other consumers receiving services from the facility or provider.

(c) When criminal activity is alleged the facility executive director, or designee, shall immediately notify the appropriate law enforcement authority.

[Source: Added at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 27 Ok Reg 1005, eff 7-1-10 ; Amended at 30 Ok Reg 1404, eff 7-1-13]

450:15-7-8. Processing reports of maltreatment received by the Department

The Department shall record and keep all investigations conducted. The findings of each investigation shall be reported to the appropriate division within the Department for review and disposition.

[Source: Added at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 27 Ok Reg 1005, eff 7-1-10]

450:15-7-9. Investigation procedures

(a) The Department shall conduct a prompt investigation of the maltreatment allegation and shall be subject to the ODMHSAS Investigations policy. The investigator shall contact the applicable facility executive director, or designee, to arrange for document production, site visits and interviews.

(b) The Department shall have the authority to access facilities operated by, subject to certification by or under contract with the Department. Reasonable access shall be granted for the purposes of conducting investigations of maltreatment of a consumer , contract enforcement issues, or certification issues. These investigations may be unannounced and or unscheduled as determined by the Department.

(c) The applicable facility executive director, or designee, shall arrange for the investigator to have immediate and direct access to the alleged victim(s) in the report who is still a consumer of the facility. During an investigation, the facility shall provide the investigator access, and copies of all documents requested, related to all employees, consumers or clients, facilities, files and records of any nature that may pertain to the investigation. Denial of access may be grounds for termination of a contract between ODMHSAS and a contractor or revocation, non-renewal or suspension of certification or both.

(d) Interference includes, but is not limited to:

- (1) Intimidating, harassing or threatening a party to the investigation;
- (2) Retaliation against a consumer or employee for reporting an allegations; or
- (3) Denial of investigator access to clients, employees, facilities, witnesses, records or other relevant information as requested by the investigator.

[Source: Added at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 22 Ok Reg 2105, eff 7-1-05 ; Amended at 26 Ok Reg 2671, eff 7-25-09 ; Amended at 27 Ok Reg 1005, eff 7-1-10 ; Amended at 28 Ok Reg 903, eff 7-1-11 ; Amended at 30 Ok Reg 1404, eff 7-1-13]

450:15-7-10. Rights and responsibilities of accused individuals

During the investigation process, an individual accused of maltreatment of a consumer or an individual identified to have information about the allegation(s) has the right to:

- (1) Be advised of the nature of the allegations made against him or her in the allegation;
- (2) Be advised of the investigative process involving maltreatment;

- (3) Be interviewed by an investigator and allowed to give his or her position regarding the allegation;
- (4) Submit or supplement a written statement relating to the allegations;
- (5) Seek advice from other parties concerning his or her rights and responsibilities in Department investigations;

[Source: Added at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 27 Ok Reg 1005, eff 7-1-10]

450:15-7-11. Responsibilities

During the investigative process, an individual accused of maltreatment of a consumer shall:

- (1) Be available for interviews and accommodate the investigator in scheduling of interviews;
- (2) Refrain from any action which interferes with the investigation, including any action which intimidates, threatens, or harasses any person who has or may provide information relating to the allegation; and
- (3) Provide pertinent information and respond fully and truthfully to questions asked.
- (4) Refrain from intentionally misdirecting investigator by falsehoods or omissions.

[Source: Added at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 23 Ok Reg 1412, eff 7-1-06 ; Amended at 27 Ok Reg 1005, eff 7-1-10]

450:15-7-12. Educational employees

This subsection applies to an employee of a school district providing contract educational services on-site at a facility who is either a witness or an individual accused of maltreatment of a consumer in an investigation opened by the Department.

- (1) The executive director of the facility where the incident took place shall notify the principal of the school of the nature of the allegation and the name of the assigned investigator.
- (2) The principal of the school is responsible for notifying the school employee of the reason for the investigative interview, advising the employee of his or her rights and responsibilities relating to the Department investigation, and arranging for the employee's appearance at an investigative interview. This requirement is for purposes of notification and coordination of the investigative process and does not extend to ensuring the protection of the alleged victim(s) or other clients or consumers at the facility where the educational services are provided. The administrator of the facility where the alleged incident took place is responsible for protection of clients or consumers.

[Source: Added at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 27 Ok Reg 1005, eff 7-1-10]

450:15-7-13. Document collection and review

The investigator shall gather and review relevant documents including, but not limited to:

- (1) incident reports and other written reports, accounts, and statements prepared during the preliminary assessment;
- (2) psychiatric and medical records;
- (3) photos; and
- (4) facility or provider logs, activity and tracking documents.

[Source: Added at 19 Ok Reg 1363, eff 7-1-02]

450:15-7-14. Investigative interviews

The investigator shall interview or attempt to interview persons known or identified to have information about the maltreatment allegation. If an injury is alleged, the investigator or other appropriate person shall observe and note apparent injuries, and obtain pertinent medical documentation, including photographs. An attorney or other representative of the person being interviewed may attend an interview only as a silent observer with prior permission of the Department.

(1) The Department shall conduct a separate private interview with each alleged victim when available, available witnesses to the alleged maltreatment, and persons who allegedly were directly or indirectly involved in the allegation, persons with knowledge of relevant information, and each individual accused of the maltreatment. When possible, all other witnesses shall be interviewed prior to interviewing the accused individual(s).

(2) The investigator shall record interviews. Recordings of interviews remain with the Department's investigative file. Investigative files and recordings are not public documents due to the confidential and privileged information contained in the interviews.

(3) The investigator shall inform persons interviewed of the investigative process.

(4) The investigator shall verbally inform each accused individual of the allegation(s). The name of the person making the report of the allegation shall not be disclosed.

(5) During the interview with an individual accused of maltreatment of a consumer, the investigator shall provide the individual an opportunity to respond to the allegation(s). Following the initial interview, if the investigator obtains information to which the accused individual did not have an opportunity to respond, the investigator shall conduct another interview with the individual. The investigator shall advise the accused individual of the substance of the new information and provide an opportunity to present a response.

(6) If there is a need to interview a person who is deaf, hard of hearing, or is non-English speaking, the investigator, with the assistance of the Office of Consumer Advocacy, shall arrange oral or sign language interpreter services by an independent and qualified interpreter.

(7) To schedule an interview with an accused individual, the investigator shall contact the executive director of the facility, or designee, or provider that employs the accused individual. If a reasonable time has passed without being able to schedule an interview, the investigator shall contact the executive director of the facility, or designee, or provider to request the employee be required to participate. If the accused individual refuses to participate in the investigation, the report shall be completed without the accused individual's statement and a finding shall be made based on available information. For other persons needing to be interviewed, the investigator shall follow the same.

(8) If a person fails to appear for a scheduled interview without good cause, the investigator shall complete the investigative report without interviewing that person. The investigative report shall include an explanation of why the interview was not conducted, including documentation of efforts to interview the person.

[Source: Added at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 22 Ok Reg 2105, eff 7-1-05 ; Amended at 27 Ok Reg 1005, eff 7-1-10 ; Amended at 28 Ok Reg 903, eff 7-1-11 ; Amended at 30 Ok Reg 1404, eff 7-1-13]

450:15-7-15. Investigative report and findings

(a) After completing the information-gathering portion of the investigative process, the investigator shall prepare a written investigative report minimally containing:

- (1) The allegation(s) made to the Department, the location of the alleged incident(s), and the assigned case number;
- (2) A statement of any injuries sustained by the alleged victim(s);
- (3) The applicable definition(s) of the type of maltreatment at issue such as abuse, neglect, exploitation, or mistreatment;
- (4) The finding(s) in accordance with subsection (b) of this Section;
- (5) The involved parties, their titles and role in the matter, if they were interviewed and, if so, when and if interviewed face to face or by telephone;
- (6) The name, address, and telephone numbers of any interpreter used during the investigation;
- (7) An explanation of the basis for the finding(s);
- (8) Any areas of concern relating to the referral identified during the investigation regarding that facility, that provider, or practices or procedures which have implications for the safety, health, or welfare of clients;
- (9) A list of relevant documents and records reviewed during the investigation; and
- (10) A list of attachments to the report.

(b) The investigative finding options are:

- (1) **"Supported"** which means the available information establishes that it is more likely than not that the alleged maltreatment occurred;

(2) "**Unsupported**" which means the available information established that it is unlikely that the alleged maltreatment occurred; or

(3) "**Inconclusive**" which means the available information was not sufficient to establish whether or not the alleged maltreatment occurred.

(c) Except as otherwise specifically provided in this section and as otherwise provided by state or federal laws, the information, records, materials and reports related to investigations by the Department are confidential and contain privileged information. Accordingly, such records, materials and reports shall not be open to public inspection nor their contents disclosed nor shall a subpoena or subpoena duces tecum purporting to compel disclosure of such information be valid pursuant to 43A O.S. §1-109(C).

(d) An order of the court authorizing the inspection, release or disclosure of information, records, material and reports related to investigations by the Department shall be entered by a court only after a review of the records and a determination, with due regard for confidentiality of the information and records and the privilege of the persons identified in the records that a compelling reason exists, any applicable privilege has been waived and such inspection, release or disclosure is necessary for the protection of a legitimate public or private interest.

(e) The Department shall provide results of investigations as follows:

(1) A copy of the final investigative report shall be sent to the Commissioner, designated Deputy Commissioner, the Chief Operating Officer, the General Counsel and the executive director of the appropriate ODMHSAS operated facility.

(2) When an executive director of a facility that is operated by the Department is named as an individual accused of maltreatment of a consumer in the allegation, the final report will not be forwarded to that individual.

(3) A summary of the allegation and finding shall be sent to the executive director of a facility that is subject to certification by or under contract with the Department.

(4) When an executive director of a facility that is subject to certification by or under contract with the Department is named as an individual accused of maltreatment of a consumer in the allegation, a summary of the investigative report shall not be forwarded to that individual, and the investigator shall forward a summary of the investigative report to the chair of the board of directors of the facility.

(5) A summary of the allegations and finding shall be provided to the Board and a copy of the report shall be provided upon request of the Board.

(6) The Department shall notify individuals of the Department's findings as laid out in the Department's Investigations Policy.

(7) Upon request, the Department may summarize the outcome of an investigation, stating the allegation and the finding. The summary may be provided to the person suspected of the maltreatment, the person subject to alleged maltreatment, the person who reported an allegation and the executive director of a

facility certified by or under contract with the Department at which the alleged maltreatment occurred.

(f) The Department shall maintain the original report, supporting documents, and pertinent recorded tapes in locked file cabinets in accordance with the applicable ODMHSAS records management and disposition plan.

[Source: Added at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Amended at 22 Ok Reg 2105, eff 7-1-05 ; Amended at 23 Ok Reg 1412, eff 7-1-06 ; Amended at 26 Ok Reg 2671, eff 7-25-09 ; Amended at 27 Ok Reg 1005, eff 7-1-10 ; Amended at 28 Ok Reg 903, eff 7-1-11 ; Amended at 30 Ok Reg 1404, eff 7-1-13]

SUBCHAPTER 9. CONSUMER RIGHTS, NON- INPATIENT SERVICES [REVOKED]

450:15-9-1. Applicability [REVOKED]

[Source: Added at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 13 Ok Reg 2215, eff 7-1-96 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Revoked at 21 Ok Reg 1726, eff 7-1-04]

450:15-9-2. Community mental health centers [REVOKED]

[Source: Added at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 13 Ok Reg 2215, eff 7-1-96 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Revoked at 21 Ok Reg 1726, eff 7-1-04]

450:15-9-3. Substance abuse services [REVOKED]

[Source: Added at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 13 Ok Reg 2215, eff 7-1-96 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Revoked at 21 Ok Reg 1726, eff 7-1-04]

450:15-9-4. Residential care facilities [REVOKED]

[Source: Added at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 13 Ok Reg 2215, eff 7-1-96 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Revoked at 21 Ok Reg 1726, eff 7-1-04]

450:15-9-5. Domestic violence and sexual assault services [REVOKED]

[Source: Added at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 13 Ok Reg 2215, eff 7-1-96 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Revoked at 21 Ok Reg 1726, eff 7-1-04]

450:15-9-6. Advocate general [REVOKED]

[Source: Added at 10 Ok Reg 4093, eff 7-26-93 ; Amended at 13 Ok Reg 2215, eff 7-1-96 ; Amended at 15 Ok Reg 2743, eff 7-1-98 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Revoked at 20 Ok Reg 2110, eff 7-1-03]

450:15-9-7. Community-Based Structured Crisis Centers [REVOKED]

[Source: Added at 18 Ok Reg 2657, eff 7-1-01 ; Amended at 19 Ok Reg 1363, eff 7-1-02 ; Amended at 20 Ok Reg 2110, eff 7-1-03 ; Revoked at 21 Ok Reg 1726, eff 7-1-04]

CHAPTER 16. STANDARDS AND CRITERIA FOR COMMUNITY RESIDENTIAL MENTAL HEALTH FACILITIES

[**Authority:** 43A O.S., § 2-101 and 3-315]

[**Source:** Codified 9-1-96]

SUBCHAPTER 1. GENERAL PROVISIONS

450:16-1-1. Purpose

This chapter sets forth the Standards and Criteria used for determining certification of mental health residential care facilities. (43A O.S. § 3-315) The rules regarding factors relating to the certification processes, including, but not necessarily limited to, applications, fees, requirements for, levels of, required scoring levels, and administrative sanctions, are found in OAC 450:1, Subchapter 9. Rules outlining general certification qualifications applicable to facilities and organizations certified under this Chapter are found in OAC 450:1-9-5 through OAC 450:1-9-5.3.

[**Source:** Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 21 Ok Reg 1061, eff 7-1-04 ; Amended at 38 Ok Reg 1220, eff 9-15-21]

450:16-1-2. Definitions

The following words or terms when used in this chapter shall have the following meaning, unless the context clearly indicates otherwise:

"Abuse" means the causing or permitting of harm or threatened harm to the health, safety, or welfare of a resident by a caretaker responsible for the resident's health, safety, or welfare, including but not limited to: non-accidental physical injury or mental anguish; sexual abuse; sexual exploitation; use of mechanical restraints without proper authority; the intentional use of excessive or unauthorized force aimed at hurting or injuring the resident; or deprivation of food, clothing, shelter, or healthcare by a caretaker responsible for providing these services to a resident.

"ADL" means activities of daily living.

"Administrator" means the person who is in charge of a community residential mental health facility and who devotes at least one-third (1/3) of his or her full working time to on-the-job supervision of the community residential mental health facility.

"Adults who have a serious mental illness" means persons eighteen (18) years of age or older who show evidence of points of (A), (B) and (C) below:

(A) The disability must have persisted for six months and be expected to persist for a year or longer.

(B) A condition or serious mental illness as defined by the most recently published version of the DSM or the International Classification of Disease (ICD) equivalent with the exception of DSM "V" codes, substance abuse,

and developmental disorders which are excluded, unless they co-occur with another diagnosable serious mental illness.

(C) The adult must exhibit either (i) or (ii) below:

(i) Psychotic symptoms of a serious mental illness (e.g. Schizophrenia characterized by defective or lost contact with reality, often hallucinations or delusions); or

(ii) Experience difficulties that substantially interfere with or limit an adult from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. There is functional impairment in at least two of the following capacities (compared with expected developmental level):

(I) Impairment in self-care manifested by a person's consistent inability to take care of personal grooming, hygiene, clothes and meeting of nutritional needs.

(II) Impairment in community function manifested by a consistent lack of appropriate behavioral controls, decision-making, judgment and value systems which result in potential involvement or involvement with the criminal justice system.

(III) Impairment of social relationships manifested by the consistent inability to develop and maintain satisfactory relationships with peers.

(IV) Impairment in family function manifested by a pattern of disruptive behavior exemplified by repeated and/or unprovoked violence, disregard for safety and welfare of self or others (e.g., fire setting, serious and chronic destructiveness, inability to conform to reasonable limitations and expectations.

(V) Impairment in functioning at school or work manifested by the inability to pursue educational or career goals.

"Clubhouse" means a psychiatric rehabilitation program currently certified as a Clubhouse through the International Center for Clubhouse Development (ICCD).

"CMHC" means community mental health center.

"Continuity of care agreements" means an agreement between the community residential mental health facility and providers of critical and comprehensive community based behavioral health services, including but not limited to a provider of inpatient behavioral health care and a local provider of community-based behavioral health services.

Continuity of care agreements shall specify the responsibility of each entity related to assuring continuous and coordinated care on behalf the residents.

"Co-occurring disorder" means any combination of mental health and substance abuse symptoms or diagnosis in a resident.

"Corporal punishment" means any physical punishment including, but not limited to punching, slapping, kicking, spanking, or whipping.

"Crisis stabilization" means emergency, psychiatric, and substance abuse services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment, and, if needed, referral to an ODMHSAS certified facility having nursing and medical support available.

"Direct care staff" means any staff member who, in the performance of his or her routine duties has contact with residents and is required to meet the training requirements for community residential mental health staff as listed in the "Standards and Criteria for Community Mental Health Residential Facilities".

"Enhanced residential care facility" means a community residential mental health facility meeting all statutory and regulatory requirements of the ODMHSAS and OSDH and which specifically serves only "Adults who have a serious mental illness" who cannot be accommodated in a non-enhanced community residential mental health facility.

"General psychiatric rehabilitation program" or "PSR" means a type of psychiatric rehabilitation program which focuses on long term recovery and maximization of self-sufficiency, role function and independence. General psychiatric rehabilitation programs may be organized within a variety of structures which seek to optimize the participants' potential for occupational achievement, goal setting, skill development and increased quality of life.

"Health care services" means services provided by health care professionals and includes, but is not limited to dentists, optometrists, and podiatrists.

"Independent living skills, assistance in development of" means all activities directed at assisting individuals in the development of skills necessary to live and function within the community.

"ODMHSAS" means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Oklahoma Administrative Code" or "OAC" means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code, or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A) (1) (a) and maintained in the Office of Administrative Rules.

"OSDH" means Oklahoma State Department of Health.

"Personal care" means assistance with meals, dressing, movement, bathing, or other personal needs, or general supervision of the physical and mental well-being of a person who is currently unable to maintain a private, independent residence, or who has limited abilities in the managing of his or her person, whether or not a guardian has been

appointed for such person.

"Recovery" means a journey of healing and transformation enabling a person with a mental health and/or substance abuse diagnosis to live a meaningful life in the community of his or her choice while striving to achieve his or her full potential. The process of recovery leads individuals toward the highest level of autonomy of which they are capable. Key characteristics of recovery include:

- (A) Recovery is self directed, personal and individualized (not defined by treatment providers or agencies);
- (B) Recovery is holistic. Recovery is a process through which one gradually achieves greater balance of mind, body and spirit in relation to other aspects of one's life that can include family, work and community;
- (C) Recovery moves beyond symptom reduction and relief (i.e. meaningful connections in the community, overcoming specific skill deficits, establishing a sense of quality and well-being);
- (D) Recovery is both a process of healing (regaining) and a process of discovery (moving beyond);
- (E) Recovery encompasses the possibility for individuals to test, make mistakes and try again; and
- (F) Recovery can occur within or outside the context of professionally directed treatment.

"Registered/licensed dietitian" means a person who is registered as a dietitian by the American Dietetic Association and licensed by the Oklahoma Board of Medical Licensure and Supervision.

"Resident" means a person residing in a residential care facility certified by ODMHSAS.

"Residential care facility" or **"RCF"** means any house, home, establishment or institution licensed pursuant to the provisions of the Oklahoma Residential Care Home Act 63 O.S., §§ 1-819 through 1-840, other than a hotel, fraternity or sorority house, or college or university dormitory, is certified pursuant to 43 O.S. § 3-315 as a Community Residential Mental Health Facility and offers or provides residential accommodations, food service and supportive assistance to its residents or houses any resident requiring supportive assistance that are ambulatory, essentially capable of managing their own affairs and not routinely requiring nursing care or intermediate care.

"Restraint" refers to manual, mechanical, and chemical methods that are intended to restrict the movement or normal functioning of a portion of the individual's body.

"Seclusion" means the placement of an individual or individuals alone in a room or other area from which egress is prevented by a physical barrier.

"Socialization activities" means all activities which encourage interaction and the development of communication, interpersonal, social and recreational skills, and can include client education.

"Special need (persons with)" means any persons with a condition which is considered a disability or impairment under the "American with Disabilities Act of 1990" including, but not limited to the deaf or hard of hearing, visually impaired, physically disabled,

developmentally disabled, persons with disabling illness, persons with mental illness. See "Americans with Disabilities Handbook," published by U.S. Equal Employment Opportunity Commission and U.S. Department of Justice.

"Supportive assistance" means the service rendered to any person which is sufficient to enable the person to meet an adequate level of daily living. Supportive assistance includes but is not limited to housekeeping, assistance in the preparation of meals, assistance in the safe storage, distribution and administration of medications, and assistance in personal care as is necessary for the health and comfort of such person. The term "supportive assistance" shall not be interpreted or applied so as to prohibit the participation of residents in housekeeping or meal preparation tasks as a part of the written treatment plan for the training, habilitation or rehabilitation of the resident prepared with the participation of the resident, the mental health or drug or alcohol services case manager assigned to the resident and the administrator of facility, or his or her designee. Supportive assistance shall not include medical service.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 (emergency); Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 20 Ok Reg 1295, eff 7-1-03 ; Amended at 21 Ok Reg 1061, eff 7-1-04 ; Amended at 23 Ok Reg 1418, eff 7-1-06 ; Amended at 25 Ok Reg 2522, eff 7-11-08 ; Amended at 29 Ok Reg 653, eff 7-1-12 ; Amended at 33 Ok Reg 960, eff 9-1-16 ; Amended at 38 Ok Reg 1220, eff 9-15-21]

450:16-1-3. Meaning of verbs in rules

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

- (1) **"Shall"** is the term used to indicate a mandatory statement, the only acceptable method under the present standards.
- (2) **"Should"** is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.
- (3) **"May"** is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96]

450:16-1-4. Annual review of standards and criteria [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 25 Ok Reg 2522, eff 7-11-08]

450:16-1-5. New standards [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Revoked at 20 Ok Reg 1295, eff 7-1-03]

450:16-1-6. Applicability

These Standards and Criteria are applicable to all RCFs under contract with ODMHSAS as set forth in 43A O.S. § 3-315.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 17 Ok Reg 2124, eff 7-1-00 ; Amended at 19 Ok Reg 1379, eff 7-1-02]

SUBCHAPTER 3. GOVERNING AUTHORITY/OWNERSHIP [REVOKED]

450:16-3-1. Responsibility [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 38 Ok Reg 1220, eff 9-15-21]

SUBCHAPTER 5. SERVICES

450:16-5-1. Continuity of care agreements, other service providers

(a) The RCF shall have negotiated formal written agreements with other behavioral health service providers to assure availability of continuous community based services to residents who will potentially need those services. The agreements must define responsibilities of each service entity. The Agreement(s) shall be renewed on an annual basis. If the Agreement is not obtained, the RCF shall show documentation of efforts to obtain the Agreement(s). At a minimum, there shall be agreements in place to sufficiently meet the emergency mental health needs of clients as well as insure continuous access to and collaboration with an array of outpatient behavioral psychiatric and rehabilitation services, including appropriate access to integrated services for individuals with co-occurring substance disorders.

(b) To ensure continuity of care with all components of services, these Agreements shall address the roles and responsibilities of the RCF, the local providers of community-based behavioral health services and any other pertinent party. One of the roles and responsibilities addressed shall be to provide access to crisis stabilization and inpatient services.

(c) Compliance with 450:16-5-1 shall be determined by a review of documentation, including agreement(s) signed by all necessary parties; or agreement(s) signed by some of the parties with further notes from the RCF stating the date of attempts to have the agreement(s) signed by the other providers.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 17 Ok Reg 2124, eff 7-1-00 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 21 Ok Reg 1061, eff 7-1-04 ; Amended at 22 Ok Reg 958, eff 7-1-05 ; Amended at 24 Ok Reg 1421, eff 7-1-07]

450:16-5-2. Socialization and recreation Services

(a) Onsite socialization and recreation activities shall be provided by the RCF to residents a minimum of three (3) times per week, and shall occur on separate days. These activities shall total a minimum of three (3) hours of activity per week, and shall be provided in addition to exercise and daily living skills.

(b) Additional activities shall be provided by the RCF, away from the facility, two (2) or more times per week for those who do not attend Clubhouse or general psychiatric rehabilitation programs or for those

who choose to attend the activities away from the facility.

(c) To insure variety, a minimum of three (3) of the activities offered per week, exclusive of ADL and exercise, shall be different activities.

(d) Residents shall be involved in the planning of activities.

(e) A monthly calendar of scheduled recreational and social activities shall be developed and posted in each building occupied by residents throughout the RCF.

(f) Calendars of actual recreational and social activities shall be filed at the end of each month and maintained for at least six (6) months following the expiration of the period of certification.

(g) Documentation of the scheduled social and recreation activities shall be made and kept as follows:

(1) There shall be a record of whether, or not, each of the scheduled activities for each month were held.

(2) There shall be a record of the residents' participation in each of the month's scheduled activities.

(3) The records in (1) and (2) shall be retained for at least six (6) months following the expiration of the period of certification.

(h) Compliance with 450:16-5-2 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation such as calendar of events, facility attendance sheets, residents' council minutes or compliance with 450:16-29-8, if an Enhanced Residential Care facility.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 21 Ok Reg 1061, eff 7-1-04 ; Amended at 29 Ok Reg 653, eff 7-1-12]

450:16-5-2.1. Services delivery and documentation [REVOKED]

[Source: Added at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-5-3. Termination of services to residents [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-5-4. Independent Living Skills Development

(a) The RCF shall provide instruction and assistance in utilization of community resources and activities, such as post office, veteran services, Indian Health services, health fair, county fair, church, and independent housing services.

(b) Residents should receive instruction and assistance in utilization of primary health resources, and in substance disorder recovery resources such as twelve-step or similar support resources as is appropriate and desired by the resident.

(c) The RCF shall offer residents assistance with money management, including budgeting for independent housing, working with landlords, and understanding lease agreements. This assistance shall be offered through individual or group instruction or classes.

(d) Residents shall be individually assisted and instructed regarding activities of daily living, including but not limited to personal hygiene and grooming, a minimum of five (5) days per week.

(e) The RCF shall provide or arrange for instruction to residents on at least a quarterly basis regarding early warning signs of diseases to better educate residents in the identification of possible health problems.

Training dates, topic, attendees, and the speaker(s) or trainer(s) shall be documented.

(f) The RCF shall provide or arrange for instruction to residents on at least a quarterly basis regarding psychiatric illnesses and medication, as well as use of and dependence on substances (including nicotine and caffeine) to enable the resident to understand his or her illness and to help residents make better decisions about substance use and psychiatric treatment management in order to help them achieve recovery goals. Training dates, topic, attendees, and the speaker(s) or trainer(s) shall be documented.

(g) Compliance with 450:16-5-4 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; RCF documentation such as calendar of events, residents' council minutes, and other in house documentation.

[Source: Added at 29 Ok Reg 653, eff 7-1-12]

450:16-5-5. Provision of physical exercise

(a) The RCF shall offer residents physical exercise a minimum of twenty (20) minutes, three (3) days per week.

(b) Compliance with 450:16-5-5 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation such as calendar of events.

[Source: Added at 29 Ok Reg 653, eff 7-1-12]

450:16-5-6. Termination of services to residents

(a) In order to protect the resident's rights, and insure involvement of the resident's case manager, the RCF shall be required to contact, consult with and obtain the approval of the resident, prior to terminating services to the resident. Consultation with the resident's family or significant other, when involved with the resident's care, and the local and receiving CMHC or other treatment provider prior to moving or relocating any resident who is a mental health client with ODMHSAS shall be documented. No movement or relocation of any mental health client shall be conducted without such prior consultation and approval. If any relevant parties shall disagree with the movement, there shall be substantial reason(s) documented in the RCF's records.

(b) In the event of the death of a resident, a summary statement shall be placed in the individual resident's file, and notification made to the ODMHSAS Office of Consumer Advocacy in accordance with 450:16-7-1.

(c) Compliance with 450:16-5-6 shall be determined by a review of Office of Consumer Advocacy records; resident files; other RCF documentation as relevant and applicable; or resident, family, or significant other

interviews.

[Source: Added at 29 Ok Reg 653, eff 7-1-12]

SUBCHAPTER 7. CRITICAL INCIDENTS [REVOKED]

450:16-7-1. Critical incidents [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 29 Ok Reg 653, eff 7-1-12 ; Revoked at 38 Ok Reg 1220, eff 9-15-21]

450:16-7-2. Critical incidents, documentation of [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 22 Ok Reg 958, eff 7-1-05 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-7-3. Critical incidents, reporting of [REVOKED]

[Source: Added at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 20 Ok Reg 1295, eff 7-1-03 ; Amended at 22 Ok Reg 958, eff 7-1-05 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

SUBCHAPTER 9. LICENSURE AND COMPLIANCE

450:16-9-1. Licensure and compliance

(a) RCFs shall be licensed by the Oklahoma State Department of Health in accordance with 63 O.S. §§1-820 through 1-840 and OAC 310:680-3-1.

(b) RCFs shall comply with all applicable state and federal regulations, including but not limited to OAC 310:680.

(c) RCFs shall provide evidence of such licensure and compliance to the Department.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 17 Ok Reg 2124, eff 7-1-00 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 29 Ok Reg 653, eff 7-1-12 ; Amended at 38 Ok Reg 1220, eff 9-15-21]

SUBCHAPTER 11. SAFETY [REVOKED]

450:16-11-1. Emergency equipment [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 22 Ok Reg 958, eff 7-1-05 ; Amended at 29 Ok Reg 653, eff 7-1-12 ; Revoked at 38 Ok Reg 1220, eff 9-15-21]

450:16-11-2. Annual fire and life safety inspection [REVOKED]

[Source: Added at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 21 Ok Reg 1061, eff 7-1-04 ; Amended at 22 Ok Reg 958, eff 7-1-05 ; Revoked at 38 Ok Reg 1220, eff 9-15-

SUBCHAPTER 13. QUALITY OF LIFE

450:16-13-1. Meals [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 29 Ok Reg 653, eff 7-1-12 ; Revoked at 38 Ok Reg 1220, eff 9-15-21]

450:16-13-2. Nutrition [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 20 Ok Reg 1295, eff 7-1-03 ; Amended at 21 Ok Reg 1061, eff 7-1-04 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-3. Meal servings [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 21 Ok Reg 1061, eff 7-1-04 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-4. Between-meal snack [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 20 Ok Reg 1295, eff 7-1-03 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-5. Meal environment [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-6. Availability of liquids [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 38 Ok Reg 1220, eff 9-15-21]

450:16-13-7. Clothing

- (a) The RCF shall assure residents have clothing and shoes appropriate to the season.
- (b) Clothing, including shoes, worn by residents shall be clean, in good repair, and be of appropriate size.
- (c) Residents shall have personal possession of their own clothing unless contraindicated according to RCF documentation, corroborated by CMHC staff.
- (d) The RCF shall have a mechanism for provision of clothing for residents who do not have sufficient or appropriate clothing of their own.
- (e) Compliance with 450:16-13-7 shall be determined by on-site observation; and resident, staff, and CMHC staff interviews.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 29 Ok Reg 653, eff 7-1-12]

450:16-13-8. Availability of shoes [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-9. Condition of residents' clothing [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-10. Residents' personal possession of clothing [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-11. Provision of clothing [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-12. Grooming and hygiene supplies

- (a) The RCF shall provide residents with grooming and hygiene supplies, including hair care supplies, as needed. The grooming and hygiene supplies shall take ethnicity and allergies into consideration.
- (b) Compliance with 450:16-13-12 shall be determined by on-site observation; and resident, staff, and CMHC staff interviews.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 29 Ok Reg 653, eff 7-1-12]

450:16-13-12.1. Bathroom tubs and showers

- (a) Bathroom tubs , showers and sinks shall be clean and in good repair.
- (b) Compliance with 450:16-13.1 shall be determined by on-site observation; and, if applicable, a review of OSDH on-site inspection reports.

[Source: Added at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 21 Ok Reg 1061, eff 7-1-04]

450:16-13-12.2. Toilets

- (a) Toilets shall be clean and in good repair, and provide individual privacy for residents.
- (b) Compliance with 450:16-13.1 shall be determined by on-site observation; and, if applicable, a review of OSDH on-site inspection reports.

[Source: Added at 21 Ok Reg 1061, eff 7-1-04 ; Amended at 22 Ok Reg 958, eff 7-1-05]

450:16-13-13. Training in hygiene issues [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 20 Ok Reg 1295, eff 7-1-03 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-14. Hygiene of residents [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-15. Frequency of activities [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 20 Ok Reg 1295, eff 7-1-03 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-16. Frequency of activities held away from residential care facility [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 21 Ok Reg 1061, eff 7-1-04 ; Amended at 22 Ok Reg 958, eff 7-1-05 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-17. Variety of activities [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 20 Ok Reg 1295, eff 7-1-03 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-18. Utilization of community resources [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 23 Ok Reg 1418, eff 7-1-06 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-19. Resident involvement in activities planning [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-20. Provision of physical exercise [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-21. Provision of spending money [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 38 Ok Reg 1220, eff 9-15-21]

450:16-13-22. Assistance with money management [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-23. Management of resident accounts [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 38 Ok Reg 1220, eff 9-15-21]

450:16-13-24. Activities of daily living [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 20 Ok Reg 1295, eff 7-1-03 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-25. Hair care [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-26. Mattress and bed [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 38 Ok Reg 1220, eff 9-15-21]

450:16-13-27. Linens [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 29 Ok Reg 653, eff 7-1-12 ; Revoked at 38 Ok Reg 1220, eff 9-15-21]

450:16-13-27.1. Bed linens [REVOKED]

[Source: Added at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 17 Ok Reg 2124, eff 7-1-00 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 21 Ok Reg 1061, eff 7-1-04 ; Amended at 22 Ok Reg 958, eff 7-1-05 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-27.2. Bed linens, sheets [REVOKED]

[Source: Added at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Revoked at 19 Ok Reg 1379, eff 7-1-02]

450:16-13-28. Towels and washcloths [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-29. Infestations of insects and vermin [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 38 Ok Reg 1220, eff 9-15-21]

450:16-13-30. Laundry hampers [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Revoked at 18 Ok Reg 2172, eff 7-1-01]

450:16-13-31. Toilet tissue

- (a) Toilet tissue shall be easily accessible to all residents.
- (b) Compliance with 450:16-13-31 shall be determined by on-site observation; and a review of OSDH reports.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02]

450:16-13-32. Availability of bed linens, pillows [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Revoked at 19 Ok Reg 1379, eff 7-1-02]

450:16-13-32.1. Availability of bed linens, pillow cases [REVOKED]

[Source: Added at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Revoked at 19 Ok Reg 1379, eff 7-1-02]

450:16-13-32.2. Availability of bed linens, sheets [REVOKED]

[Source: Added at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Revoked at 19 Ok Reg 1379, eff 7-1-02]

450:16-13-33. Cleanliness and condition [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 29 Ok Reg 653, eff 7-1-12 ; Revoked at 38 Ok Reg 1220, eff 9-15-21]

450:16-13-33.1. Cleanliness, facility indoor environment [REVOKED]

[Source: Added at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-33.2. Cleanliness, facility exterior environment [REVOKED]

[Source: Added at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-33.3. Cleanliness and condition, of facility furniture [REVOKED]

[Source: Added at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 17 Ok Reg 2124, eff 7-1-00 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-34. Floors [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-35. Walls [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-35.1. Ceilings [REVOKED]

[Source: Added at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-36. Recreational equipment

(a) The RCF shall make available indoor recreational equipment such as, but not limited to, crafts, checkers, and other board games, to the residents.

(b) The RCF shall make available outdoor recreational equipment such as, but not limited to, horseshoes, badminton, and volleyball, to the residents.

(c) Compliance with 450:16-13-36 shall be determined by on-site observation.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 29 Ok Reg 653, eff 7-1-12]

450:16-13-37. Outdoor recreational equipment [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-38. Smoke detectors [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-39. Battery back-up lights [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-40. Fire extinguishers [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-41. Annual health assessments [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Revoked at 19 Ok Reg 1379, eff 7-1-02]

450:16-13-42. Psychiatric care

- (a) The RCF shall assist the residents in accessing needed psychiatric care.
- (b) Compliance with 450:16-13-42 shall be determined by resident, staff, and appropriate CMHC staff interviews; and a review of in-house documentation.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02]

450:16-13-43. Dental care

- (a) The RCF shall assist the residents in utilizing local resources such as local dentists or donated dental services.
- (b) Compliance with 450:16-13-43 shall be determined by resident, staff, and appropriate CMHC staff interviews; and a review of in-house documentation.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02]

450:16-13-44. Physician consultation

- (a) The RCF staff shall consult with the treating physician(s) of residents to better understand the illness(es) of each resident, to assure that he/she is receiving appropriate care within the RCF.
- (b) Compliance with 450:16-13-44 shall be determined by resident, staff, and appropriate CMHC staff interviews; a review of in-house documentation; and Annual Health Assessments.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02]

450:16-13-45. Health education [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 20 Ok Reg 1295, eff 7-1-03 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-46. Mental health and substance abuse education [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 20 Ok Reg 1295, eff 7-1-03 ; Amended at 23 Ok Reg 1418, eff 7-1-06 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-47. Medical care [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Revoked at 19 Ok Reg 1379, eff 7-1-02]

450:16-13-48. Medication

- (a) The RCF shall comply with all OSDH medication regulations and have a current OSDH report free of medication related deficiencies.
- (b) RCF staff persons who have successfully completed medication administration technician training, or appropriately licensed personnel, shall administer medications.

(c) Compliance with 450:16-13-48 shall be determined by a review of OSDH inspection reports; a review of the RCF's medication administration documentation and personnel records; and staff and resident interviews.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 29 Ok Reg 653, eff 7-1-12]

450:16-13-48.1. Medication, administration [REVOKED]

[Source: Added at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 20 Ok Reg 1295, eff 7-1-03 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-13-49. Quality of life, pre-annual recertification [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

SUBCHAPTER 15. RESIDENT RIGHTS

450:16-15-1. Resident rights

Each facility certified by or under contract with ODMHSAS shall comply with the applicable rules in Title 450, Chapter 15. Consumer Rights, including but not limited to rules for resident grievance policy.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 20 Ok Reg 1295, eff 7-1-03 ; Amended at 21 Ok Reg 1061, eff 7-1-04 ; Amended at 29 Ok Reg 653, eff 7-1-12]

450:16-15-2. Resident right to fee information [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 21 Ok Reg 1061, eff 7-1-04]

450:16-15-3. Resident right to information, refused services [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 21 Ok Reg 1061, eff 7-1-04]

450:16-15-4. Resident rights regarding group visitations [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 21 Ok Reg 1061, eff 7-1-04]

450:16-15-5. Resident's grievance policy [REVOKED]

[Source: Added at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 20 Ok Reg 1295, eff 7-1-03 ; Amended at 21 Ok Reg 1061, eff 7-1-04 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

SUBCHAPTER 17. SECURITY AND DISCLOSURE OF RESIDENT INFORMATION [REVOKED]

450:16-17-1. Disclosure of resident information [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 20 Ok Reg 660, eff 2-27-03 (emergency); Amended at 20 Ok Reg 1295, eff 7-1-03 ; Revoked at 38 Ok Reg 1220, eff 9-15-21]

450:16-17-2. Responsibility for security of resident records [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 38 Ok Reg 1220, eff 9-15-21]

450:16-17-3. Consent for disclosure [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 20 Ok Reg 660, eff 2-27-03 (emergency); Revoked at 20 Ok Reg 1295, eff 7-1-03]

450:16-17-3.1. Confidentiality of mental health and drug or alcohol abuse treatment information [REVOKED]

[Source: Added at 20 Ok Reg 660, eff 2-27-03 (emergency); Added at 20 Ok Reg 1295, eff 7-1-03 ; Amended at 25 Ok Reg 2522, eff 7-11-08 ; Revoked at 38 Ok Reg 1220, eff 9-15-21]

450:16-17-4. Validity of written consent [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 20 Ok Reg 1295, eff 7-1-03 ; Revoked at 25 Ok Reg 2522, eff 7-11-08]

450:16-17-5. Employee and volunteer training in security and confidentiality of residents' information [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 38 Ok Reg 1220, eff 9-15-21]

SUBCHAPTER 19. CLIENT RECORDS [REVOKED]

450:16-19-1. Components of record entry [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 38 Ok Reg 1220, eff 9-15-21]

450:16-19-2. Storage, retention, disposal/destruction of records [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 38 Ok Reg 1220, eff 9-15-21]

SUBCHAPTER 21. PERSONNEL, STAFFING AND TRAINING

450:16-21-1. Staff orientation

(a) The RCF shall provide new direct care staff with an orientation within thirty (30) days of hire which, at least, consists of instructions on:

- (1) Orientation of RCF policies and procedures to include residents' rights, confidentiality, and abuse policy.
- (2) Orientation of ODMHSAS standards and criteria for RCF.
- (3) Techniques and philosophies which addresses appropriate non-violent intervention and potentially aggressive interpersonal conflicts, staff attitudes which promote dignity and enhanced self-esteem, keys to effective communication skills, verbal and non-verbal interaction and non-violent intervention. This training must be one-hour in length, at a minimum.
- (4) Orientation to the RCF policy and services for helping clients with substance use issues, and techniques for facilitating conversations with clients about substance use, as well as assisting them with making better choices and developing skills to implement those choices.

(b) Compliance with 450:16-21-1 shall be determined by a review of staff personnel files; and orientation procedures and materials.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 17 Ok Reg 2124, eff 7-1-00 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 20 Ok Reg 1295, eff 7-1-03 ; Amended at 21 Ok Reg 1061, eff 7-1-04 ; Amended at 23 Ok Reg 1418, eff 7-1-06]

450:16-21-2. Direct care staff, minimum age [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 20 Ok Reg 1295, eff 7-1-03 ; Revoked at 38 Ok Reg 1220, eff 9-15-21]

450:16-21-3. Staff availability to residents

(a) RCF residents are dependent on staff for their physical health, safety and mental well-being. Therefore, a direct care staff member shall be on duty, awake and accessible, at all times when residents are present. The on-duty person shall meet the definition of Direct Care Staff as stated in the Definitions section (450:16-1-2).

(b) Compliance with 450:16-21-3 shall be determined by a review of employees' schedules; resident interviews; and personnel files.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 19 Ok Reg 1379, eff 7-1-02]

450:16-21-4. Residential care staff licensure and training requirements, administrator

(a) The administrator of the RCF shall maintain current licensure as a Residential Care (RC) Administrator, or a Residential Care (RC) / Assisted Living (AL) Administrator, through the Oklahoma State Board of Examiners for Long Term Care Administrators (OSBELTCA).

(b) The administrator of the RCF annually complete eight (8) hours of training on mental health and substance use disorder-related subjects. These eight (8) hours of training can be included in the hours of training required to maintain licensure through OSBELTCA, and must include at least one (1) hour of training regarding substance use disorders and intervention strategies; and three (3) hours of training must be in techniques and philosophies within a curriculum that has been pre-approved by the Director of ODMHSAS Provider Certification which addresses appropriate non-violent intervention and potentially aggressive interpersonal conflicts, staff attitudes which promote dignity and enhanced self-esteem, keys to effective communication skills, verbal and non-verbal interaction and non-violent intervention.

(c) The administrator of the RCF shall receive CPR (cardiopulmonary resuscitation), and first aid provided by certified instructors.

(d) Compliance with 450:16-21-4 shall be determined by a review of the administrator's personnel file.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 21 Ok Reg 1061, eff 7-1-04 ; Amended at 23 Ok Reg 1418, eff 7-1-06 ; Amended at 24 Ok Reg 1421, eff 7-1-07 ; Amended at 25 Ok Reg 2522, eff 7-11-08 ; Amended at 31 Ok Reg 1994, eff 10-1-14 ; Amended at 33 Ok Reg 960, eff 9-1-16]

450:16-21-5. Residential care staff training requirements, direct care staff

(a) All RCF direct care staff shall annually receive, and have documented the dates attended and subject matter taught, for the following:

- (1) Review of RCF policies and procedures to include residents' rights, confidentiality, and abuse policy.
- (2) Review of ODMHSAS standards and criteria for RCFs;
- (3) Techniques and philosophies addressing appropriate non-violent intervention and potentially aggressive interpersonal conflicts, staff attitudes which promote dignity and enhanced self-esteem, keys to effective communication skills, verbal and non-verbal interaction and non-violent intervention. This training must be one-hour in length, at a minimum.

(b) All direct care staff of the RCF shall annually receive twelve (12) hours of in-service or other training.

(c) Compliance with 450:16-21-5 shall be determined by a review of the staff training or personnel files.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 17 Ok Reg 2124, eff 7-1-00 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 20 Ok Reg 1295, eff 7-1-03]

SUBCHAPTER 23. TRANSPORTATION

450:16-23-1. Transportation

(a) The RCF shall provide or arrange transportation for residents for essential community based services as defined in the residents outpatient behavioral health treatment plan, including but not limited to behavioral health rehabilitation services, medical clinic, lab, intake and assessment, and crisis intervention services and transportation for other required local routine medical examinations and care. Such transportation shall be at no cost to the residents.

(b) All staff persons who drive RCF vehicles in the transportation of the residents shall have a valid and appropriate Oklahoma driver's license (i.e., a bus driver must have a commercial chauffeur's license).

(c) RCF staff who transport residents shall be currently certified in first aid and cardiopulmonary resuscitation (CPR).

(d) Compliance with 450:16-23-1 shall be determined by a review of RCF documentation; staff interviews; client interviews; and appropriate CMHC staff interviews.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 29 Ok Reg 653, eff 7-1-12]

SUBCHAPTER 25. RESIDENT MANAGEMENT/GENERAL SERVICES

450:16-25-1. General services

(a) The RCF shall be responsible for assisting all residents in obtaining needed professional or generic services; and, if needed, providing transportation, at no cost to resident, for same. Generic services are those of barbers, hairdressers, etc. or any services required by anyone of the community population for which residents have a general need.

(b) The RCF is not required to bear the cost of these professional or generic services.

(c) Compliance with 450:16-25-1 shall be determined by a review of RCF documentation; resident interviews; staff interviews; and interviews with appropriate CMHC staff.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02]

450:16-25-2. Persons with special needs

(a) The RCF shall have a policy stating awareness of and intent to comply with state and federal regulations regarding persons with special needs.

(b) Compliance with 450:16-25-2 shall be determined by a review of RCF written policy and procedures; and any other supporting documentation.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02]

450:16-25-3. Health care services

- (a) Annually, the RCF shall monitor and document each resident's physical conditions to detect early indications of health or nutritional risks.
- (b) This assessment shall be completed by a Registered Nurse, Nurse Practitioner, Physician's Assistant, Doctor of Medicine, or Doctor of Osteopathy licensed in the State of Oklahoma, and said person shall complete the assessment based on personal examination/observation of the resident in addition to the resident's records.
- (c) Assessments for new residents shall be completed within ninety (90) days of admission to the RCF. If an assessment has been completed at another facility within the preceding twelve (12) months before admission to the current RCF, a copy of that assessment will suffice, with annual assessments thereafter completed on the basis of the previous assessment.
- (d) Compliance with 450:16-25-3 shall be determined by a review of RCF documentation.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 22 Ok Reg 958, eff 7-1-05]

SUBCHAPTER 27. BEHAVIOR**450:16-27-1. Punishment abuse [REVOKED]**

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-27-2. Discipline or supervision by residents [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-27-3. Seclusion and restraints [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 20 Ok Reg 1295, eff 7-1-03 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-27-4. Denial or withholding of food [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-27-5. Resident Behavior

- (a) The RCF shall have written policies and procedures regarding resident behavior, strictly prohibiting certain actions which shall include, but are not limited to:
- (1) Corporal punishment;
 - (2) Abuse;

- (3) Verbal abuse;
 - (4) Seclusion or chemical, mechanical or physical restraint of residents; or
 - (5) Any other action that is, or could be, potentially harmful to the resident.
- (b) RCF policy should clearly state that at no time may an RCF resident supervise or discipline another RCF resident.
- (c) RCF staff shall not deny a resident a nutritionally adequate daily diet, e.g., a resident who is habitually late for meals shall not be denied food as a means of encouraging promptness.
- (d) Compliance with 450:16-27-5 shall be determined by a review of RCF documentation (policies and procedures, rules, other); resident interviews; staff interviews; and appropriate CMHC staff interviews.

[Source: Added at 29 Ok Reg 653, eff 7-1-12]

SUBCHAPTER 29. ENHANCED RESIDENTIAL CARE

450:16-29-1. Maximum number of beds [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Revoked at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 20 Ok Reg 1295, eff 7-1-03]

450:16-29-2. On-duty staff

- (a) The Enhanced RCF shall have no less than two (2) staff persons awake and accessible by residents on duty each shift.
- (b) Compliance with 450:16-29-2 shall be determined by observation during the site visit; and a review of the Enhanced RCF documentation, e.g., staffing schedule; and resident, staff and CMHC staff interviews.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 21 Ok Reg 1061, eff 7-1-04]

450:16-29-2.1. Required staff

- (a) The Enhanced RCF shall employ at least one full-time licensed registered nurse.
- (b) Compliance with 450:16-29-2.1 shall be determined by a review of the RCF's documentation.

[Source: Added at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 21 Ok Reg 1061, eff 7-1-04]

450:16-29-3. Required consultants

- (a) The Enhanced RCF shall have signed written consultation agreements with:
- (1) A registered/licensed dietitian; and
 - (2) A licensed physician.
- (b) These consultation agreements shall be on file and accessible to the ODMHSAS reviewers at the time of on-site visit. If there is reason to

believe that one or both of the agreements are, or may be, not in effect, the reviewers shall contact the listed consultant(s) to verify the status of their agreement.

(c) The Enhanced RCF shall update these consultant agreements annually.

(d) Compliance with 450:16-29-3 shall be determined by a review of RCF consultation agreements.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 20 Ok Reg 1295, eff 7-1-03]

450:16-29-4. Referrals for admission to Enhanced RCF

(a) Individuals to be served by an Enhanced RCF shall be referred only by a ODMHSAS hospital or a community mental health center

(b) Compliance with 450:16-29-4 shall be determined by a review of Enhanced RCF documentation; and interviews with Enhanced RCF and CMHC staff.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 21 Ok Reg 1061, eff 7-1-04]

450:16-29-5. General admission criteria for Enhanced RCFs [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 17 Ok Reg 2124, eff 7-1-00 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

450:16-29-6. Admission criteria, prior failed placements [REVOKED]

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 20 Ok Reg 1295, eff 7-1-03]

450:16-29-7. Admission criteria for Enhanced RCFs

(a) Individuals to be served by the Enhanced RCF shall be adults who have a serious mental illness.

(b) The Enhanced RCF shall have written admission criteria.

(1) This written admission criteria shall be on file and accessible at the Enhanced RCF to ODMHSAS staff.

(2) The criteria shall indicate the Enhanced RCF serves individuals who cannot be accommodated in a RCF, a lesser intensive residential service setting or based on the judgment of the individual's treatment team from the referring CMHC or the ODMHSAS inpatient unit that a RCF or other placement would not provide the structured environment needed by the consumer at this time.

(c) Compliance with 450:16-29-7 shall be determined by a review of, the written admission criteria, resident interviews, client records showing prior failed placements, ODMHSAS client data cores, correspondence or minutes of meetings between the RCF and CMHC, and CMHC staff

interviews.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 17 Ok Reg 2124, eff 7-1-00 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 20 Ok Reg 1295, eff 7-1-03 ; Amended at 21 Ok Reg 1061, eff 7-1-04 ; Amended at 29 Ok Reg 653, eff 7-1-12]

450:16-29-8. Enhanced RCF activities

(a) Enhanced RCF activities shall include a minimum of three (3) on-site activities and two (2) activities away from the RCF per week. These activities shall be scheduled, structured and supervised group activities, and shall total at least twelve (12) hours of activity per week.

(1) Group activities shall be accessible to all residents.

(2) Activities shall be in addition to exercise and daily living skills training.

(3) Activities shall be age appropriate.

(4) Activities should be based on resident's individual and collective preferences.

(b) Compliance with 450:16-29-8 shall be determined by a review of activities calendar, residents' files, and interviews with residents, staff and CMHC staff.

[Source: Added at 13 Ok Reg 3305, eff 9-1-96 ; Amended at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 18 Ok Reg 2172, eff 7-1-01 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Amended at 20 Ok Reg 1295, eff 7-1-03 ; Amended at 21 Ok Reg 1061, eff 7-1-04 ; Amended at 29 Ok Reg 653, eff 7-1-12]

450:16-29-9. Training requirements, enhanced RCF administrators [REVOKED]

[Source: Added at 16 Ok Reg 1479, eff 7-1-99 ; Amended at 19 Ok Reg 1379, eff 7-1-02 ; Revoked at 29 Ok Reg 653, eff 7-1-12]

SUBCHAPTER 30. PRE-ANNUAL RECERTIFICATION

450:16-30-1. Pre-annual recertification

(a) To encourage maintenance of, and foster continued improvement in, quality of resident care, compliance with Subchapters 5 (Services) and 13 (Quality of Life) shall be reviewed and assessed during an unannounced site visit prior to the annual recertification review visit.

(b) A written report of the results of this review may be provided to the facility, the ODMHSAS Board, or other authorities as appropriate.

[Source: Added at 29 Ok Reg 653, eff 7-1-12]

CHAPTER 17. STANDARDS AND CRITERIA FOR COMMUNITY MENTAL HEALTH CENTERS

[**Authority:** 43A O.S., § 2-101, 3-306, 3-306.1, and 3-315; 74 O.S., § 85.9G]

[**Source:** Codified 7-1-96]

SUBCHAPTER 1. GENERAL PROVISIONS

450:17-1-1. Purpose

(a) This chapter sets forth the Standards and Criteria used in the certification of Community Mental Health Centers and implements 43A O.S. § 3-306.1, which authorizes the Board of Mental Health and Substance Abuse Services, or the Commissioner upon delegation by the Board, to certify Community Mental Health Centers.

(b) The rules regarding the certification process including but not necessarily limited to application, fees and administrative sanctions are found in the Oklahoma Administrative Code, Title 450 Chapter 1, Subchapters 5 and 9.

(c) Rules outlining general certification qualifications applicable to facilities and organizations certified under this Chapter are found in OAC 450:1-9-5 through OAC 450:1-9-5.6.

[**Source:** Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 14 Ok Reg 1919, eff 5-27-97 ; Amended at 17 Ok Reg 2126, eff 7-1-00 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 38 Ok Reg 1226, eff 9-15-21 ; Amended at 39 Ok Reg 1938, eff 9-15-22]

450:17-1-2. Definitions

The following words or terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Abuse" means the causing or permitting of harm or threatened harm to the health, safety, or welfare of a consumer by a staff responsible for the consumer's health, safety, or welfare, including but not limited to: non-accidental physical injury or mental anguish; sexual abuse; sexual exploitation; use of mechanical restraints without proper authority; the intentional use of excessive or unauthorized force aimed at hurting or injuring the resident; or deprivation of food, clothing, shelter, or healthcare by a staff responsible for providing these services to a consumer.

"Adults who have a Serious Mental Illness" means persons eighteen (18) years of age or older who show evidence of points of (A), (B) and (C) below:

(A) The disability must have persisted for six months and be expected to persist for a year or longer.

(B) A condition or Serious Mental Illness as defined by the most recently published version of the DSM or the International Classification of Disease (ICD) equivalent with the exception of DSM "V" codes, substance abuse, and developmental disorders which are excluded, unless they co-occur with another diagnosable Serious Mental Illness.

- (C) The adult must exhibit either (i) or (ii) below:
- (i) Psychotic symptoms of a Serious Mental Illness (e.g. Schizophrenia characterized by defective or lost contact with reality, often hallucinations or delusions); or
 - (ii) Experience difficulties that substantially interfere with or limit an adult from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. There is functional impairment in at least two of the following capacities (compared with expected developmental level):
 - (I) Impairment in self-care manifested by a person's consistent inability to take care of personal grooming, hygiene, clothes and meeting of nutritional needs.
 - (II) Impairment in community function manifested by a consistent lack of appropriate behavioral controls, decision-making, judgment and value systems which result in potential involvement or involvement with the criminal justice system.
 - (III) Impairment of social relationships manifested by the consistent inability to develop and maintain satisfactory relationships with peers.
 - (IV) Impairment in family function manifested by a pattern of disruptive behavior exemplified by repeated and/or unprovoked violence, disregard for safety and welfare of self or others (e.g., fire setting, serious and chronic destructiveness, inability to conform to reasonable limitations and expectations.
 - (V) Impairment in functioning at school or work manifested by the inability to pursue educational or career goals.

"Advance Practice Registered Nurse" means a registered nurse in good standing with the Oklahoma Board of Nursing, and has acquired knowledge and clinical skills through the completion of a formal program of study approved by the Oklahoma Board of Nursing Registration and has obtained professional certification through the appropriate National Board recognized by the Oklahoma Board of Nursing. Advance Practice Registered Nurse services are limited to the scope of their practice as defined in 59 Okla. Stat. § 567.3a and corresponding rules and regulations at OAC 485:10-5-1 through 10-16-9.

"AOA" means American Osteopathic Association

"ASAM" means the American Society of Addiction Medicine.

"ASAM criteria" means the most current edition of the American Society of Addiction Medicine's published criteria for admission to treatment, continued services, and discharge.

"Case management services" means planned referral, linkage, monitoring and support, and advocacy provided in partnership with a consumer to assist that consumer with self sufficiency and community tenure and take place in the individual's home, in the community, or in the facility, in accordance with a service plan developed with and approved by the consumer and qualified staff.

"CARF" means Commission on Accreditation of Rehabilitation Facilities

"Child with Serious Emotional Disturbance" or **"SED"** means a child under the age of 18 who shows evidence of points of (A), (B) and (C) below:

(A) The disability must have persisted for six months and be expected to persist for a year or longer.

(B) A condition or Serious Emotional Disturbance as defined by the most recently published version of the DSM or the International Classification of Disease (ICD) equivalent with the exception of DSM "V" codes, substance use disorders, and developmental disorders which are excluded, unless they co-occur with another diagnosable serious emotional disturbance.

(C) The child must exhibit either (i) or (ii) below:

(i) Psychotic symptoms of a Serious Mental Illness (e.g. Schizophrenia characterized by defective or lost contact with reality, often hallucinations or delusions); or

(ii) Experience difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. There is functional impairment in at least two of the following capacities (compared with expected developmental level):

(I) Impairment in self-care manifested by a person's consistent inability to take care of personal grooming, hygiene, clothes and meeting of nutritional needs.

(II) Impairment in community function manifested by a consistent lack of age appropriate behavioral controls, decision-making, judgment and value systems which result in potential involvement or involvement with the juvenile justice system.

(III) Impairment of social relationships manifested by the consistent inability to develop and maintain satisfactory relationships with peers and adults.

(IV) Impairment in family function manifested by a pattern of disruptive behavior exemplified by repeated and/or unprovoked violence to siblings and/or parents, disregard for safety and welfare or self or others (e.g., fire setting, serious and chronic destructiveness, inability to conform to reasonable limitations and expectations which may result in removal from the family or its equivalent).

(V) Impairment in functioning at school manifested by the inability to pursue educational goals in a normal time frame (e.g., consistently failing grades, repeated truancy, expulsion, property damage or violence toward others).

"Chronic Homelessness" means a disabling condition in which an individual has either: (a) been continuously homeless for one (1) year or more, or (b) has had at least four (4) episodes of homelessness in the past three (3) years. For this condition, the individual must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these episodes. Chronic homelessness only includes single individuals, not families. A disabling condition is a diagnosable substance abuse disorder, serious mental illness, or developmental disability, including the co-occurrence of two or more of these conditions.

"Clinical privileging" means an organized method for treatment facilities to authorize an individual permission to provide specific care and treatment services to consumers within well-defined limits, based on the evaluation of the individual's license, education, training, experience, competence, judgment, and other credentials.

"Clubhouse" means a psychiatric rehabilitation program currently certified as a Clubhouse through the International Center for Clubhouse Development (ICCD).

"Community living programs" means either transitional or permanent supported housing for persons not in crisis who need assistance with obtaining and maintaining an independent living situation.

"Community-based Structured Crisis Center" or "CBSCC" means a program of non-hospital emergency services for mental health and substance abuse crisis stabilization as authorized by 43A O.S. §3-317, including, but not limited to, observation, evaluation, emergency treatment and referral, when necessary, for inpatient psychiatric or substance abuse services. This service is limited to CMHC's and Comprehensive Community Addiction Recovery Centers (CCARCs) who are certified by the Department of Mental Health and Substance Abuse Services or facilities operated by the Department of Mental Health and Substance Abuse Services.

"Community mental health center" or "CMHC" means a facility offering a comprehensive array of community-based mental health services, including but not limited to, inpatient treatment, outpatient treatment, partial hospitalization, emergency care, consultation and

education; and, certain services at the option of the center, including, but not limited to, prescreening, rehabilitation services, pre-care and aftercare, training programs, and research and evaluation.

"Consultation" means the act of providing information or technical assistance to a particular group or individual seeking resolution of specific problems. A documented process of interaction between staff members or between facility staff and unrelated individuals, groups, or agencies for the purpose of problem solving or enhancing their capacities to manage consumers or facilities.

"Consumer" means an individual, adult, adolescent, or child, who has applied for, is receiving or has received evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450 as client(s) or patient(s) or resident(s) or a combination thereof.

"Consumer advocacy" means activities on behalf of the consumer to assist with or facilitate resolution of problems in the acquisition of resources or services needed by the consumer.

"Consumer committee" or **"consumer government"** means any established group within the facility comprised of consumers, led by consumers and meets regularly to address consumer concerns to support the overall operations of the facility.

"Contract" means a document adopted by the governing authority of a treatment facility and any other organization, facility, or individual, which specifies services, personnel, or space to be provided by the program, as well as the monies to be expended in exchange.

"Co-occurring disorder" (COD) means any combination of mental health symptoms and substance use disorder symptoms or diagnoses that affect a consumer and are typically determined by the current Diagnostic and Statistical Manual of Mental Disorders.

"Co-occurring disorder capability" means the organized capacity within any type of program to routinely screen, identify, assess, and provide properly matched interventions to consumers with co-occurring disorders.

"Crisis Diversion" means an unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community.

"Crisis Intervention" means actions taken, and services provided to address emergency psychological, physiological, and safety aspects of alcohol, drug-related, and mental health crises.

"Crisis stabilization" means emergency, psychiatric, and substance use disorder treatment services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment, and, if needed, referral to an ODMHSAS certified facility having nursing and medical support available.

"Critical incident" means an occurrence or set of events inconsistent with the routine operation of a facility, service setting, or otherwise routine care of a consumer. Critical incidents specifically include but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths and injuries to consumers, staff

and visitors; medication errors; residential consumers that are absent without leave (AWOL); neglect or abuse of a consumer; fire; unauthorized disclosure of information; damage to or theft of property belonging to consumers or the facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

"Cultural competency" means the ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs and values that reflect an individual's racial, ethnic, religious, sexual orientation, and/or social group.

"Designated Collaborating Organization" or **"DCO"** means a provider with whom a Certified Community Behavioral Health Clinic has a formal relationship to provide certain allowable services on behalf of the Certified Community Behavioral Health Clinic.

"DSM" means the most current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

"Emergency detention" means the detention of a person who appears to be a person requiring treatment in a facility approved by the Commissioner of Mental Health and Substance Abuse Services as appropriate for such detention after the completion of an emergency examination, either in person or via telemedicine, and a determination that emergency detention is warranted for a period not to exceed one hundred twenty (120) hours or five (5) days, excluding weekends and holidays, except upon a court order authorizing detention beyond a one hundred twenty (120) hour period or pending the hearing on a petition requesting involuntary commitment or treatment as provided by 43A of the Oklahoma Statutes.

"Emergency examination" means the examination of a person who appears to be a mentally ill person, an alcohol-dependent person, or drug-dependent person and a person requiring treatment, and whose condition is such that it appears that emergency detention may be warranted by a licensed mental health professional to determine if emergency detention of the person is warranted.

"Emergency services" means a twenty-four (24) hour capability for assessment, intervention, and resolution of a consumer's crisis or emergency provided in response to unanticipated, unscheduled emergencies requiring prompt intervention to resolve immediate, overwhelming problems that severely impair the individual's ability to function or remain in the community and may include placement of the individual in a protective environment, withdrawal management, individual and group consultation, and medical assessment.

"Face-to-face" means, for the purpose of the delivery of behavioral health care, an in-person encounter between the health care provider and the consumer, or a telehealth encounter with two-way video functionality.

"Facility" or **"Facilities"** means entities as described in Title 43A O.S. § 1-103(7), community mental health centers, residential mental health facilities, community based structured crisis centers, certified services for the alcohol and drug dependent, programs of assertive community treatment, eating disorder treatment, gambling addiction

treatment, and narcotic treatment programs.

"Family" means the parents, brothers, sisters, other relatives, foster parents, guardians, and others who perform the roles and functions of family members in the lives of consumers.

"Follow-up" means the organized method of systematically determining the status of consumers after they have been discharged to determine post-treatment outcomes and utilization of post-treatment referrals.

"General psychiatric rehabilitation" or **"PSR"** means a type of psychiatric rehabilitation program which focuses on long term recovery and maximization of self-sufficiency, role function and independence. General psychiatric rehabilitation programs may be organized within a variety of structures which seek to optimize the participants' potential for occupational achievement, goal setting, skill development and increased quality of life.

"Home-based services to children and adolescents" means intensive therapeutic services provided in the home to children for the purpose of reduction of psychiatric impairment and preventing removal of the child to a more restrictive setting for care. Services include a planned combination of procedures developed by a team of qualified mental health professionals, including a physician.

"Homeless" means a state in which a person is sleeping in an emergency shelter; sleeping in places not meant for human habitation, such as cars, parks, sidewalks, or abandoned or condemned buildings; spending a short time (30 consecutive days or less) in a hospital or other institution, but ordinarily sleeping in the types of places mentioned above; living in transitional/supportive housing but having come from streets or emergency shelters; being evicted within a week from a private dwelling unit and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing; being discharged from an institution and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing; or is fleeing a domestic violence situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.

"ICCD" means the International Center for Clubhouse Development.

"Independent living skills, assistance in development of" means all activities directed at assisting individuals in the development of skills necessary to live and function within the community, e.g., cooking, budgeting, meal planning, housecleaning, problem-solving, communication and vocational skills.

"Individual Placement and Support" or **"IPS"** means an evidence-based, specific type of employment and education service to help people with mental illness, substance use disorders, or co-occurring disorders find and keep competitive employment.

"Intensive services" means a comprehensive range of services, supports and coordinated care using a team-based approach that necessitate contact multiple times per week (or at a minimum, weekly) to a defined population. Coordination requires an ongoing relationship between the individual and a designated member of the care team.

"Licensed Behavioral Health Professional" or "LBHP" means:

- (A) An Allopathic or Osteopathic Physician with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry;
- (B) An Advanced Practice Registered Nurse licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided and certified in a psychiatric mental health specialty;
- (C) A Clinical Psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists;
- (D) A Physician Assistant who is licensed in good standing in Oklahoma and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions;
- (E) A practitioner with a license to practice in the state in which services are provided by one of the following licensing boards:
 - (i) Social Work (clinical specialty only);
 - (ii) Professional Counselor;
 - (iii) Marriage and Family Therapist;
 - (iv) Behavioral Practitioner; or
 - (v) Alcohol and Drug Counselor.

"Licensed mental health professional" or "LMHP" means a practitioner who meets qualifications as defined in Title 43A §1-103(11).

"Licensure candidate" means a practitioner actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards:

- (A) Psychology;
- (B) Social Work (clinical specialty only);
- (C) Professional Counselor;
- (D) Marriage and Family Therapist;
- (E) Behavioral Practitioner; or
- (F) Alcohol and Drug Counselor.

"Linkage" means the communication and coordination with other service providers to assure timely appropriate referrals between the CMHC and other providers.

"Medical resident" means an allopathic physician or an osteopathic physician who is a graduate of a school of medicine or college of osteopathic medicine and who is receiving specialized training in a teaching hospital under physicians who are certified in that specialty.

"Medically necessary" means health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

"Medication error" means an error in prescribing, dispensing or administration of medication, regardless if the error reached the consumer, e.g., omission of prescribed drugs, giving drugs not prescribed, prescribing inappropriate drugs, prescribing or

administering incorrect dosages, incorrectly filling or labeling prescriptions, incorrectly transcribing medication orders.

"Mobile crisis" means the provision of crisis intervention services by at least one (1) professional at the location of a consumer who is not at the treatment facility (e.g., services provided at the consumer's home).

"Nurse Care manager" means a Licensed Practical Nurse (LPN) or a Registered Nurse (RN).

"ODMHSAS" means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Oklahoma Administrative Code" or **"OAC"** means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A) (1) (a) and maintained in the Office of Administrative Rules.

"Peer Recovery Support Specialist" or **"PRSS"** means an individual who meets the qualifications and is certified as a PRSS pursuant to OAC 450:53.

"Performance Improvement" or **"PI"** means an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of consumers and others. Synonyms, and near synonyms include continuous quality improvement, continuous improvement, organization-wide quality improvement and total quality management.

"Permanent supported housing" means a type of Community Living Program, either permanent scattered site housing or permanent congregate housing, where consumers are assisted with locating housing of their choice and are offered on-going support services based on need and choice to ensure successful independent living.

"PICIS System" means a management information system based on national standards for mental health and substance abuse databases. Information gathered through PICIS is used for prior authorizations, service utilization management and continuous quality improvement processes. PICIS data is reported throughout the treatment episode to ensure service recipients receive appropriate types and levels of care and are making satisfactory progress. Numerous reports are developed using PICIS data and are provided to clinicians, administrators and the general public.

"Primary Care Practitioner (PCP)" means a licensed allopathic physician, osteopathic physician, Advance Practice Registered Nurse (APRN), or Physician Assistant (PA) licensed in the State of Oklahoma.

"Program of Assertive Community Treatment" or **"PACT"** means a clinical program that provides continuous treatment, rehabilitation, and support services to persons with mental illness in settings that are natural to the consumer.

"Progress notes" mean a chronological written description of services provided to a consumer, resident, client, or patient that documents, utilizing acceptable documentation practices, the consumer's response related to the intervention plan or services provided.

"Psychiatric Residential Treatment Facility" or **"PRTF"** means a non-hospital facility that provides inpatient psychiatric services to individuals under the age of twenty-one (21).

"Psychosocial assessments" means in-person interviews conducted by professionally trained personnel designed to elicit historical and current information regarding the behavior and experiences of an individual, and are designed to provide sufficient information for problem formulation and intervention.

"Psychosocial rehabilitation" or **"PSR"** means curriculum based education and skills training performed to improve an individual's ability to function in the community. PSR provides an array of services that focus on long term recovery and maximization of self-sufficiency, role functioning, and independence, as distinguished from the symptom stabilization function of acute care.

"Psychotherapy" or **"Therapy"** means a goal directed process using generally accepted clinical approaches provided face-to-face by a qualified service provider with consumers in individual, group or family settings to promote positive emotional or behavioral change.

"Rehabilitation Services" means face-to-face individual or group services provided by qualified staff to develop skill necessary to perform activities of daily living and successful integration into community life.

"Resident" means a person residing in a community living program certified by ODMHSAS.

"Restraint" means manual, mechanical, and chemical methods that are intended to restrict the movement or normal functioning of a portion of an individual's body.

"Risk Assessment" means a clinical function that aims to determine the nature and severity of the mental health problem, determine which service response would best meet the needs of the consumer, and how urgently the response is required.

"Screening" means the process to determine whether the person seeking assistance needs further comprehensive assessment.

"Sentinel event" means a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a consumer, staff member, or visitor, or risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes a variation in approved processes which could carry a significant chance of a serious adverse outcome. These events signal the need for immediate investigation and response. Sentinel events include, but are not limited to, suicide, homicide, assault and other forms of violence, including domestic violence or sexual assault, and adverse drug events resulting in serious injury or death. Sentinel events include occurrences that take place at the facility and/or during the delivery of services, as well as suicide and unintentional drug overdose deaths that occur at any time while an outpatient consumer is an active consumer and within seventy-two (72) hours of discharge from inpatient and residential settings, including sites certified under Chapter 23 of this Title.

"Service area" means a geographic area established by the Department of Mental Health and Substance Abuse Services for support of mental health and substance abuse services [43A O.S. §3-302(1)]. Only one certified Community Mental Health Center is allowed per service area.

"Service Intensity" means the frequency and quantity of services needed, the extent to which multiple providers or agencies are involved, and the level of care coordination required.

"Service plan" or "Treatment plan" means the document used during the process by which a qualified service provider and the consumer together and jointly identify and rank problems, establish agreed-upon immediate short-term and long-term goals, and decide on the treatment process and resources to be utilized.

"Socialization" means all activities, which encourage interaction and the development of communication, interpersonal, social and recreational skills and can include consumer education.

"Special population 1" means individuals eighteen (18) years of age and over with serious mental illness and complex needs, including those with co-occurring substance use disorder, who meet Most in Need criteria as identified in the CCBHC Manual.

"Special population 2" means children and youth [ages six (6) through twenty-one (21)] with serious emotional disturbance and complex needs, including those with co-occurring substance use disorder, who meet Most in Need criteria as identified in the CCBHC Manual.

"Supportive services" means assistance with the development of problem-solving and decision-making skills to maintain or achieve optimal functioning within the community and can include consumer education.

"TJC" means The Joint Commission formerly referred to as the Joint Commission on Accreditation of Healthcare Organizations or JCAHO.

"Tobacco" means any nicotine delivery product or device that is not approved by the U.S. Food and Drug Administration (FDA) for the purpose of nicotine dependence treatment, including, but not limited to cigarettes, cigars, snuff, chewing tobacco, electronic cigarettes and vaping devices.

"Transitional housing program" means a type of Community Living Program in which the consumer's stay in the residence is considered temporary and time-limited in nature. The actual program model may include a range of approaches, including but not limited to supervised transitional living programs and supervised transitional housing programs.

"Trauma informed capability" means the capacity for a facility and all its programs to recognize and respond accordingly to the presence of the effects of past and current traumatic experiences in the lives of its consumers.

"Urgent recovery clinic" means a program of non-hospital emergency services for mental health and substance use crisis response including, but not limited to, observation, evaluation, emergency treatment, and referral, when necessary to a higher level of care. This service is limited to CMHCs and Comprehensive Community Addiction Recovery Centers (CCARCs) certified by ODMHSAS or facilities operated by ODMHSAS.

"Vocational assessment services" means a process utilized to determine the individual's functional work-related abilities and vocational preferences for the purpose of the identification of the skills and

environmental supports needed by the individual in order to function more independently in an employment setting, and to determine the nature and intensity of services which may be necessary to obtain and retain employment.

"Vocational placement services" means a process of developing or creating an appropriate employment situation matched to the functional abilities and choices of the individual for the purpose of vocational placement. Services may include, but are not limited to, the identification of employment positions, conducting job analysis, matching individuals to specific jobs, and the provision of advocacy with potential employers based on the choice of the individual served.

"Vocational preparation services" means services that focus on development of general work behavior for the purpose of vocational preparation such as the utilization of individual or group work-related activities to assist individuals in understanding the meaning, value and demands of work; to modify or develop positive work attitudes, personal characteristics and work behaviors; to develop functional capacities; and to obtain optimum levels of vocational development.

"Volunteer" means any person who is not on the program's payroll, but provides services and fulfills a defined role within the program and includes interns and practicum students.

"Wellness" means the condition of good physical, mental and emotional health, especially when maintained by an appropriate diet, exercise, and other lifestyle modifications.

"Wellness Coach" means an individual who is actively working on personal wellness and who is designated to collaborate with others to identify their personal strengths and goals within the eight dimensions of wellness (spiritual, occupational, intellectual, social, physical, environmental, financial, and emotional).

(A) In order to qualify to be a Wellness Coach, individuals shall:

- (i) Have a behavioral health related associates degree or two years of experience in the field and/or have an active certification and/or license within the behavioral health field (e.g. PRSS, Case Management, LBHP, LPN, Recreational Therapist, etc.); and
- (ii) Complete the ODMHSAS Wellness Coach Training Program and pass the examination with a score of 80% or better.

(B) Wellness Coach roles and responsibilities include:

- (i) Role model wellness behaviors and actively work on personal wellness goals;
- (ii) Apply principles and processes of coaching when collaborating with others;
- (iii) Facilitate wellness groups;
- (iv) Conduct motivational interventions;
- (v) Practice motivational interviewing techniques;
- (vi) Provide referrals to community resources for nutrition education, weight management, Oklahoma Tobacco Helpline, and other wellness-

related services and resources;
(vii) Create partnerships within local community to enhance consumer access to resources that support wellness goals;
(viii) Raise awareness of wellness initiatives through educational in-service and community training;
(ix) Elevate the importance of wellness initiatives within the organization;
(x) Promote a culture of wellness within the organization for both consumers and staff;
(xi) Respect the scope of practice and do not practice outside of it, referring people to appropriate professionals and paraprofessionals as needed.

"Young Adults in Transition" means persons between sixteen to twenty-five (16-25) years of age who have a Serious Mental Illness (ages 18 - 25), or Serious Emotional Disturbance (ages 16 - 18).

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 14 Ok Reg 1919, eff 5-27-97 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 18 Ok Reg 527, eff 10-13-00 (emergency); Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 21 Ok Reg 1067, eff 7-1-04 ; Amended at 22 Ok Reg 960, eff 7-1-05 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 25 Ok Reg 2526, eff 7-11-08 ; Amended at 26 Ok Reg 2675, eff 7-25-09 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Amended at 30 Ok Reg 1413, eff 7-1-13 ; Amended at 31 Ok Reg 1995, eff 10-1-14 ; Amended at 32 Ok Reg 456, eff 1-1-15 (emergency); Amended at 32 Ok Reg 2077, eff 9-15-15 ; Amended at 33 Ok Reg 964, eff 9-1-16 ; Amended at 34 Ok Reg 1777, eff 10-1-17 ; Amended at 35 Ok Reg 1809, eff 10-1-18 ; Amended at 38 Ok Reg 1226, eff 9-15-21 ; Amended at 39 Ok Reg 1938, eff 9-15-22 ; Amended at 40 Ok Reg 1051, eff 9-15-23]

450:17-1-3. Meaning of verbs in rules

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

- (1) **"Shall"** is the term used to indicate a mandatory statement, the only acceptable method under the present standards.
- (2) **"Should"** is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.
- (3) **"May"** is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96]

450:17-1-4. Annual review of standards and criteria [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Revoked at 25 Ok Reg 2526, eff 7-11-08]

450:17-1-5. New standards and criteria [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 17 Ok Reg 2126, eff 7-1-00 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 20 Ok Reg 1303, eff 7-1-03]

450:17-1-6. Services and service areas

- (a) All facilities providing services shall have a group of services herein designated as required core services in accordance with 450:17-3-2. Each site certified as a CMHC shall offer all required core services through in-person and/or virtual means. CMHCs may have specific additional services some of which are designated as optional services in accordance with 450:17-5-1. All required core services and all optional services must be co-occurring disorder capable.
- (b) Service areas are established by ODMHSAS to ensure the most efficient statewide availability of treatment services. Only one certified CMHC is allowed per service area. Each CMHC entity may only operate CMHC sites within its designated service area.
- (c) If operated by a CMHC entity, Community-Based Structured Crisis Center (CBSCC) sites must be within the CMHC's designated service area unless special approval by ODMHSAS is obtained.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 527, eff 10-13-00 (emergency); Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 21 Ok Reg 1067, eff 7-1-04 ; Amended at 22 Ok Reg 960, eff 7-1-05 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 26 Ok Reg 2675, eff 7-25-09 ; Amended at 35 Ok Reg 1809, eff 10-1-18 ; Amended at 39 Ok Reg 1938, eff 9-15-22 ; Amended at 40 Ok Reg 1051, eff 9-15-23]

450:17-1-7. Applicability

The standards and criteria for services as subsequently set forth in this chapter are applicable to CMHCs as stated in each subchapter.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96]

SUBCHAPTER 3. REQUIRED SERVICES

PART 1. REQUIRED SERVICES

450:17-3-1. Required core services

The services in this subchapter are core services, are required of each CMHC, and are required to be provided in a co-occurring capable manner.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 23 Ok Reg 1421, eff 7-1-06]

450:17-3-2. Required core community mental health services

- (a) Each CMHC shall provide the following services:
- (1) Screening, assessment and referral services;
 - (2) Emergency services;
 - (3) Outpatient therapy;
 - (4) Case management services;
 - (5) Psychiatric rehabilitation services;
 - (6) Medication clinic services;
 - (7) Service to homeless individuals;
 - (8) Peer Support Services, and
 - (9) Wellness Activities and Support.

(b) Compliance with 450:17-3-2 shall be determined by a review of the following:

- (1) On-site observation;
- (2) Staff interviews;
- (3) Written materials;
- (4) Program policies;
- (5) Program Evaluations;
- (6) Data reporting; and
- (7) Clinical records.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 21 Ok Reg 1067, eff 7-1-04 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 26 Ok Reg 2675, eff 7-25-09 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Amended at 34 Ok Reg 1777, eff 10-1-17 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

450:17-3-3. Availability of services

(a) The core services shall be available to individuals regardless of their work or school schedule.

- (1) All services provided on an outpatient basis shall be routinely available at least forty (40) hours per week, and will include evenings or weekends.
- (2) CMHC policy shall provide for hours in addition to 8:00 AM - 5:00 PM. This applies to the main CMHC location and full time satellite offices with two (2) or more full time employed clinical staff.
- (3) For CMHCs not providing 24 hour on-site services, hours of operation shall be conspicuously posted.

(b) Compliance with 450:17-3-3 shall be determined by a review of the following: schedules; posting of hours; policy and procedures; and consumer needs assessment.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 17 Ok Reg 2126, eff 7-1-00 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 26 Ok Reg 2675, eff 7-25-09]

PART 3. SCREENING, ASSESSMENT AND REFERRAL

450:17-3-21. Integrated screening and assessment services

(a) CMHC policy and procedure shall require that a screening of each consumer's service needs is completed.

(b) Upon determination of appropriate admission, a consumer assessment shall be completed by a LBHP or licensure candidate and shall include, but not be limited to, the following information:

- (1) Behavioral, including mental health and addictive disorders;
- (2) Emotional, including issues related to past or current trauma and domestic violence;
- (3) Physical/medical;
- (4) Social and recreational; and
- (5) Vocational;

(c) Compliance with 450:17-3-21 shall be determined by a review of clinical records, and policy and procedures.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 26 Ok Reg 2675, eff 7-25-09 ; Amended at 34 Ok Reg 1777, eff 10-1-17 ; Amended at 35 Ok Reg 1809, eff 10-1-18 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

450:17-3-22. Screening and assessment services, access or referral to needed services

(a) Written policy and procedures governing the screening and assessment services shall specify the following:

- (1) The information to be obtained on all applicants or referrals for admission;
- (2) The procedures for accepting referrals from outside agencies or organizations;
- (3) The procedure to be followed when an applicant or referral is found to be ineligible for admission;
- (4) Methods of collection of information from family members, significant others or other social service agencies;
- (5) Methods for obtaining a physical examination or continued medical care where indicated;
- (6) Referral to other resources when the consumer has treatment or other service needs the facility cannot meet; and
- (7) No barriers to entry based solely on the presence of current or recent substance use.

(b) Compliance with 450:17-3-22 shall be determined by a review of the facility's written policy and procedures.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 34 Ok Reg 1777, eff 10-1-17 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

PART 5. EMERGENCY SERVICES

450:17-3-41. Emergency services

(a) CMHCs shall provide, on a twenty-four (24) hour basis, accessible co-occurring disorder capable services for substance use disorder and/or psychiatric emergencies.

(b) This service shall include the following:

- (1) 24-hour assessment and evaluation, including emergency examinations;
- (2) Availability of 24-hour inpatient/crisis center referral and crisis diversion/intervention;
 - (A) CMHC staff shall be actively involved in the emergency services and referral process to state-operated psychiatric inpatient units, crisis centers and urgent recovery clinics.
 - (B) Referral to state-operated psychiatric inpatient units by the CMHC shall occur only after all other community resources, including crisis centers and urgent recovery

clinics, are explored with the individual and family if family is available.

(C) Prior notification to and approval from the state-operated psychiatric inpatient unit of all referrals from CMHCs is required.

(3) Availability of assessment and evaluation in external settings unless immediate safety is a concern. This shall include but not be limited to schools, jails, and hospitals;

(4) Referral services, which shall include actively working with local sheriffs and courts regarding the appropriate referral process and appropriate court orders (43A O.S. §§ 5-201 through 5-407);

(5) CMHCs serving multiple counties shall provide or arrange for face-to-face assessment of persons taken into protective custody [43A O.S. § 5-206 et seq.] in each county;

(6) The CMHC's emergency telephone response time shall be less than fifteen (15) minutes from initial contact, unless there are extenuating circumstances;

(7) Face-to-face strength based assessment, unless there are extenuating circumstances, addressing both mental health and substance use disorder issues which, if practicable, include a description of the client's strengths in managing mental health and/or substance use issues and disorders during a recent period of stability prior to the crisis;

(8) Intervention and resolution; and

(9) Access to an evaluation. No barriers to access of an evaluation based on active substance use or designated substance levels shall be implemented unless the facility provides written justification approved by ODMHSAS Provider Certification.

(c) Compliance with 450:17-3-41 shall be determined by a review of policy and procedures, and clinical records.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 26 Ok Reg 2675, eff 7-25-09 ; Amended at 31 Ok Reg 1995, eff 10-1-14 ; Amended at 33 Ok Reg 964, eff 9-1-16 ; Amended at 35 Ok Reg 1809, eff 10-1-18 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

450:17-3-42. Emergency examinations

(a) The CMHC shall provide or otherwise ensure the capacity for performing emergency examinations. This capacity must be available 24 hours per day, seven days a week.

(b) Compliance with 450:17-3-42 shall be determined by a review of the following: policy and procedures; emergency contact records; clinical records; PI documentation; and staff on-call schedules.

(c) Failure to comply with 450:17-3-42 will result in the initiation of procedures to deny, suspend and/or revoke certification.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 31 Ok Reg 1995, eff 10-1-14]

450:17-3-43. Emergency examinations, staffing

(a) Staff providing emergency examinations shall be an LMHP as defined in 43A O.S. § 1-103 and meet the CMHC's privileging requirements for the provision of emergency services, which shall include core competency in emergency evaluation of co-occurring disorders.

(b) Compliance with 450:17-3-43 shall be determined by a review of clinical privileging records and personnel records.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 23 Ok Reg 1421, eff 7-1-06]

PART 7. OUTPATIENT THERAPY SERVICES

450:17-3-61. Outpatient therapy services

(a) Outpatient services shall include a range of co-occurring disorder capable services to consumers based on their needs regarding emotional, social and behavioral problems. These outpatient therapy services shall be provided or arranged for, and shall include, but not be limited to the following:

- (1) Individual therapy;
- (2) Group therapy;
- (3) Family therapy;
- (4) Psychological/psychometric evaluations or testing; and
- (5) Psychiatric assessments.

(b) Compliance with 450:17-3-61 shall be determined by a review of written policy and procedures; clinical records; and PICIS data reported by facilities.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 26 Ok Reg 2675, eff 7-25-09 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Amended at 30 Ok Reg 1413, eff 7-1-13]

450:17-3-62. Outpatient therapy services, substance use disorder, co-occurring

(a) Facilities shall provide co-occurring disorder capable outpatient substance use disorder therapy services.

(b) These services shall include the provision of or referral for Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STD), and Acquired Immunodeficiency Syndrome (AIDS) education, training, and counseling services for drug dependent persons (43A O.S. §3-425.1), and every facility shall:

- (1) Provide or refer for educational sessions regarding HIV/STD/AIDS to consumers and the significant other(s) of the consumer; and
- (2) Provide or refer all drug dependent persons, and their identified significant other (s), for HIV/STD/AIDS testing and counseling;

- (3) Provide documentation of services described in (1) and (2) above, including refusal of these services; and
 - (4) Maintain all test results in the confidential manner prescribed by applicable state or federal statutes or regulations.
- (c) Compliance with 450:17-3-62 shall be determined by a review of the following: written policy and procedures; consumer records; and other supporting facility records and documentation.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 22 Ok Reg 960, eff 7-1-05 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 26 Ok Reg 2675, eff 7-25-09 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Amended at 31 Ok Reg 1995, eff 10-1-14]

PART 9. MEDICATION CLINIC SERVICES

450:17-3-81. Medication clinic services

- (a) Medication clinic services shall include an assessment of each individual's condition and needs; and an assessment of the effectiveness of those services.
- (b) Medication clinic services shall be co-occurring capable and shall utilize accepted practice guidelines for psychopharmacologic management of co-occurring disorders.
- (c) CMHCs shall offer comprehensive medication clinic services to consumers in need of this service, including, but not limited to:
 - (1) Prescribing or administering medication, including evaluation and assessment of the medications provided.
 - (2) Medication orders:
 - (A) Licensed allopathic physicians, osteopathic physicians, medical residents or consultant physicians shall write medication orders and prescriptions. Physician's assistants and nurse practitioners may write medication orders, or prescriptions consistent with state and federal law.
 - (B) A list of those allopathic physicians and osteopathic physicians authorized to prescribe medications shall be maintained and regularly updated.
 - (C) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed.
- (d) CMHCs shall ensure that consumers who have transitioned to the CMHC from a higher level of care have their medication needs met within two (2) weeks of being discharged from the facility providing the higher level of care.
- (e) Compliance with 450:17-3-81 shall be determined by on-site observation and a review of the following: clinical records, written policy and procedures, and roster of licensed, credentialed staff.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 33 Ok Reg 964, eff 9-1-16 ; Amended at 34 Ok Reg 1777, eff 10-1-17 ; Amended at 35 Ok Reg 1809, eff 10-1-18 ; Amended at 39 Ok Reg 1938, eff 9-15-22]

450:17-3-82. Medication clinic, medication monitoring

(a) Medication administration, storage and control, and consumer reactions shall be regularly monitored at all facilities where medications are stored, dispensed, or administered.

(b) Facilities shall assure proper storage and control of medications, immediate response if incorrect or overdoses occur, and have appropriate emergency supplies available if needed.

(1) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.

(2) All medications shall be kept in locked, non-consumer accessible areas. Conditions which shall be considered in medication storage are light, moisture, sanitation, temperature, ventilation, and the segregation and safe storage of poisons, external medications, and internal medications.

(3) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, or administered, or stored.

(4) A qualified allopathic physician or osteopathic physician shall supervise the preparation and stock of an emergency kit which is readily available, but accessible only to physician, nursing and pharmacy staff. Documentation by the qualified allopathic physician or osteopathic physician shall clearly indicate that the supervision has been performed.

(5) Only authorized licensed staff shall administer medications

(6) A list of licensed staff members authorized to administer medications shall be maintained and regularly updated.

(c) Compliance with 450:17-3-82 shall be determined by on-site observation and a review of the following: written policy and procedures, clinical records, and PI records.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 26 Ok Reg 2675, eff 7-25-09 ; Amended at 33 Ok Reg 964, eff 9-1-16 ; Amended at 39 Ok Reg 1938, eff 9-15-22]

450:17-3-83. Medication clinic, error rates

(a) The facility's performance improvement program shall specifically, objectively, and systematically monitor medications administration or dispensing or medication orders and prescriptions to evaluate and improve the quality of consumer care.

(b) Compliance with 450:17-3-83 shall be determined by a review of the following: facility policies; PI logs; data; and reports.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 21 Ok Reg 1067, eff 7-1-04]

450:17-3-84. Availability of medications in a CMHC's community living setting

(a) This standard applies to a CMHC's residential program(s) not having on-site medical staff.

(b) The CMHC shall have policy and procedures governing consumer access to medications and shall include, at least, the following items:

(1) Non-medical staff and volunteers shall not dispense or administer medication; and

(2) Medication shall be not withheld from consumers for whom it is prescribed, for non-medical reasons. There shall be policies governing the provision of medication to clients who are actively using substances at the time of their dosage, which document how to determine which medications should continue to be provided, and which medications should be withheld or postponed.

(c) Compliance with 450:17-3-84 shall be determined by on-site observation; and a review of the following: clinical records, medication logs, and policy and procedures.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 26 Ok Reg 2675, eff 7-25-09]

450:17-3-85. Pharmacy Services

(a) The CMHC shall provide specific arrangements for pharmacy services to meet consumers' psychiatric needs. Provision of services may be made through agreement with another program, through a pharmacy in the community, or through the CMHC's own Oklahoma licensed pharmacy.

(b) Compliance with 450:17-3-85 shall be determined by a review of the following: clinical records; written agreements for pharmacy services; on-site observation of in-house pharmacy; and State of Oklahoma pharmacy license.

(c) Failure to comply with 450:17-3-85 will result in the initiation of procedures to deny, suspend and/or revoke certification.

[Source: Amended and renumbered from 450:17-3-181 at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 31 Ok Reg 1995, eff 10-1-14]

PART 11. CASE MANAGEMENT

450:17-3-101. Case management services

(a) Case management efforts shall empower consumers to access and use needed services and meet self-determined goals. These services include resource skills development and consumer advocacy provided in various settings based on consumer need.

(b) Case management services shall be offered to all adults who have a Serious Mental Illness and, to each Child (or their parent/guardian) with Serious Emotional Disturbance.

(c) Case management shall be co-occurring disorder capable.

(d) Case management services shall be planned referral, linkage, monitoring and support, and advocacy assistance provided in partnership with a client to support that client in self sufficiency and community

tenure. Activities include:

- (1) Completion of strengths based assessment for the purpose of assisting in the development of an individual plan of care;
- (2) Development of case management care plan, which can be integrated into the existing individual plan of care;
- (3) Referral, linkage and advocacy to assist with gaining access to appropriate community resources;
- (4) Contacts with other individuals and organizations that influence the recipient's relationship with the community, i.e., family members, law enforcement personnel, landlords, etc;
- (5) Monitoring and support related to the individual plan of care to reassess goals and objectives and assess progress and or barriers to progress;
- (6) Follow-up contact with the consumer if they miss any scheduled appointments (including physician/medication, therapy, rehabilitation, or other supportive service appointments as delineated on the service plan); and
- (7) Crisis diversion (unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community) to assist consumer(s) from progression to a higher level of care.

(e) Compliance with 450:17-3-101 shall be determined by on-site observation and a review of the following: clinical records, and written policy and procedures.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 26 Ok Reg 2675, eff 7-25-09 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Amended at 35 Ok Reg 1809, eff 10-1-18 ; Amended at 39 Ok Reg 1938, eff 9-15-22]

450:17-3-101.1. Case management services, child, adolescent and family [REVOKED]

[Source: Added at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 21 Ok Reg 1067, eff 7-1-04 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Revoked at 26 Ok Reg 2675, eff 7-25-09]

450:17-3-102. Case management services, locale and frequency

(a) Case management services shall be provided within community settings; the residence of the consumer; or any other appropriate settings, based on the individual needs of the consumer. Contact with consumers shall be made on at least a monthly basis unless otherwise specified in the service plan.

(b) Compliance with 450:17-3-102 shall be determined by a review of the following: Case managers shall contact each consumer at least once a month, unless otherwise specified in the service plan to monitor progress or provide case management services. Inability to make face to face contact shall be documented. Contact was made with consumers as specified in the service plan.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 27 Ok Reg 2216, eff 7-11-10]

450:17-3-103. Case management services for consumers admitted to higher levels of care

(a) Case managers shall maintain contact with existing CMHC consumers, and establish contact with newly referred persons who are receiving services in inpatient psychiatric settings, Community Based Structured Crisis Centers, (CBSCC), or 24-hour settings providing substance use disorder treatment.

(b) Each CMHC shall assign at least one (1) staff member who is responsible for linkage between psychiatric inpatient units, CBSCCs, and/or the substance use disorder treatment facility and the CMHC. Linkage shall include, but not limited to, the following activities, pursuant to appropriately signed releases and adherence to applicable privacy provisions:

(1) Regular visits or communication with the psychiatric inpatient unit, CBSCC, and/or substance use disorder treatment facility to monitor progress of those consumers hospitalized and/or in facility-based substance use disorder treatment from the CMHC's service area.

(2) Provide knowledge and communication to other CMHC staff regarding psychiatric inpatient unit admission, CBSCC and/or substance use disorder treatment facility and discharge procedures.

(c) Case managers from the CMHC to which the consumer will be discharged shall assist the consumer and psychiatric inpatient unit, CBSCC, and/or substance use disorder treatment facility with discharge planning for consumers returning to the community.

(d) Individuals discharging from an inpatient psychiatric unit setting, CBSCC, and/or substance use disorder treatment facility, who have not already been engaged, shall be offered case management and other supportive services. This shall occur as soon as possible, but shall be offered no later than seventy-two (72) hours post-discharge.

(e) Compliance with 450:17-3-103 shall be determined by a review of the following: clinical records; staff interviews; information from ODMHSAS

operated psychiatric inpatient unit; CBSCC facilities, substance use disorder treatment facilities; meetings minutes (CMHC or state-operated psychiatric inpatient unit); and a review of a minimum of ten (10) clinical records of consumers who received services at an inpatient unit, CBSCC, and/or 24-hour setting providing substance use disorder treatment within the past twelve (12) months.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 21 Ok Reg 1067, eff 7-1-04 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 26 Ok Reg 2675, eff 7-25-09 ; Amended at 34 Ok Reg 1777, eff 10-1-17 ; Amended at 35 Ok Reg 1809, eff 10-1-18 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

450:17-3-104. Case management services, client evaluation [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 17 Ok Reg 2126, eff 7-1-00 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

450:17-3-105. Case management services, client outcome [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

450:17-3-106. Case management services, staff credentials

(a) Individuals providing case management services shall be a LBHP, licensure candidate, CADC or certified as a behavioral health case manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50.

(b) Facility supervisors must be a certified behavioral health case manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50 if they directly supervise the equivalent of two (2) or more FTE certified behavioral health case managers who provide case management services as part of their regular duties. A facility supervisor certified as a behavioral health case manager prior to becoming a facility supervisor shall meet this requirement if acceptable documentation of certification is provided to the Department.

(c) Compliance with 450:17-3-106 shall be determined by a review of the facility personnel records and credentialing files.

[Source: Added at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 662, eff 2-27-03 (emergency); Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 31 Ok Reg 1995, eff 10-1-14 ; Amended at 32 Ok Reg 2077, eff 9-15-15 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

PART 13. ODMHSAS OPERATED PSYCHIATRIC HOSPITALS

450:17-3-121. Admissions to ODMHSAS operated psychiatric hospitals [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

450:17-3-122. Persons presenting at a state-operated inpatient psychiatric unit for purpose of admission, pre-screening of [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Revoked at 21 Ok Reg 1067, eff 7-1-04]

PART 15. BEHAVIORAL HEALTH REHABILITATION SERVICES

450:17-3-141. Psychiatric rehabilitation services

(a) This section governs psychiatric rehabilitation services for Adults with Serious Mental Illness, and Children with Serious Emotional Disturbance. These standards reflect two recovery focused programs for adults: General psychiatric rehabilitation program (PSR) and ICCD Clubhouse; along with individual and group rehabilitation services for both adults and children.

(b) The CMHC shall provide one or more of the following for adults: a PSR program, or ICCD Clubhouse program, or individual and group rehabilitation services. In addition, the CMHC shall provide individual and group rehabilitation services for children.

(c) CMHC policy and procedures shall reflect that psychiatric rehabilitation services shall be co-occurring disorder capable and facilitate processes for dual recovery for these individuals.

(d) Compliance with 450:17-3-141 shall be determined by on-site observation; interviews with participants; interviews with staff; a review of policy and procedures; and a review of clinical records; or proof of compliance with 450:17-3-146.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 21 Ok Reg 1067, eff 7-1-04 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 26 Ok Reg 2675, eff 7-25-09 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

450:17-3-142. Day programs - day treatment [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Revoked at 21 Ok Reg 1067, eff 7-1-04]

450:17-3-143. Therapeutic day programs - day treatment, CMHC evaluation of [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

450:17-3-144. General psychosocial rehabilitation (PSR) program

(a) Proof of completion of orientation in the PSR model shall be kept on file for all program staff members. The CMHC policies and procedures shall document a plan by which employees who are staff members in the PSR program are to be oriented to the PSR model.

(b) The program shall incorporate the following functions:

(1) **Recovery Orientation.** The service elements include a Recovery oriented treatment plan, member goal setting, employment and educational support services, and a staff philosophy of recovery that permeates all service elements and activities.

(2) **Empowerment Orientation.** The service elements include peer support, leadership skill development, member participation on agency boards, and participation in consumer advocacy groups. All PSR programs shall establish an advisory committee consisting of members and a staff person, which will address issues such as program development and planning, and program problem solving.

(3) **Competency Orientation.** The service elements include curriculum based life skills training (covering self-management of illness, independent living skills, social skills, and work related skills), a multi-dynamic learning approach, an explicit focus on generalization to contexts beyond the immediate learning task and transfer of skills to real life situations and a community based supports component that provides on-going in home or community based support services, based on consumer need and choice, in the areas of housing, employment, education and the development of natural supports (i.e., family, cultural and social). Curricula shall include attention to building decision making capacity and life skills to implement decisions regarding substance use, including nicotine and caffeine, to promote health choices. Decision making should not be mandated abstinence but should be client-centered within the overall context of recovery goals. Service elements also include a work unit component that adheres to the following standards:

(A) Members and staff work side-by-side.

(B) The work completed is work generated by the PSR program. No work for outside individuals or agencies is acceptable.

(C) All work in the PSR program is designed to help members regain self-worth, purpose and confidence; it is not intended to be job specific training.

(D) The program is organized into one or more work units, each of which has sufficient staff, members and meaningful work.

(c) PSR programs are required to maintain minimum staff ratios to assure participants have choices in activities and staff with whom they work. The following staffing ratios shall be maintained for each location at which a psychiatric rehabilitation program is in operation.

- (1) Fourteen (14) or fewer participants in attendance; at least one staff member present provided arrangements for emergency back-up staff coverage are in place and described in the program's policy and procedures;
 - (2) Fifteen (15) to twenty eight (28) participants in attendance; at least two staff members present; or,
 - (3) Programs with twenty nine (29) or more participants shall maintain a 14:1 participant-to-staff ratio.
- (d) Compliance with 450:17-3-144 shall be determined by on-site observation; interviews with members; interviews with staff; a review of policy and procedures; and a review of clinical records.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 21 Ok Reg 1067, eff 7-1-04 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

450:17-3-144.1. Exception day program, psychosocial rehabilitation program scoring [REVOKED]

[Source: Added at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Revoked at 21 Ok Reg 1067, eff 7-1-04]

450:17-3-145. Therapeutic day programs - psychosocial services, evaluation of [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

450:17-3-146. ICCD Clubhouse program

- (a) The Clubhouse program shall be certified as a Clubhouse through the International Center for Clubhouse Development (ICCD).
- (b) Compliance with 450:17-3-146 shall be determined by receipt of the identified documentation needed to support that a Clubhouse program is ICCD certified.

[Source: Added at 21 Ok Reg 1067, eff 7-1-04 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

450:17-3-147. Individual and Group Rehabilitation Services

- (a) CMHC policy and procedures shall reflect that individual and group rehabilitation services are available to both adults and children.
- (b) Facility policy and procedures shall outline the way these services are provided, including but not limited to the populations served, staff qualifications for providing the service, and general design(s) by which these services are provided.
- (c) Compliance with 450:17-3-146 shall be determined by a review of CMHC policy and procedures and personnel files.

[Source: Added at 27 Ok Reg 2216, eff 7-11-10]

PART 17. SERVICES TO HOMELESS INDIVIDUALS

450:17-3-161. Services to homeless individuals

(a) CMHCs shall provide the following services to individuals within their service area who are homeless, including those individuals experiencing chronic homelessness and who have a serious mental illness, including co-occurring substance use disorders:

- (1) Linkage and contacts with local emergency services, shelters, state-operated psychiatric inpatient unit, Community Based Structured Crisis Centers, Urgent Recovery Clinics and any other organizations which may be in contact with homeless persons;
- (2) Linkage and contacts with local housing authorities;
- (3) Contact, and work with those who are homeless and who have a serious mental illness, to assist with accessing CMHC services, income benefit programs, and housing programs, among other services; and
- (4) These services shall be addressed in CMHC policy and procedures.

(b) Compliance with 450:17-3-161 shall be determined by a review of the following: documentation of linkage activities and agreements; clinical records; PICIS reporting data; and, CMHC policy and procedures.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 17 Ok Reg 2126, eff 7-1-00 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 22 Ok Reg 960, eff 7-1-05 ; Amended at 35 Ok Reg 1809, eff 10-1-18]

PART 19. PHARMACY SERVICES

450:17-3-181. Pharmacy services [AMENDED AND RENUMBERED TO 450:17-3-85]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended and renumbered to 450:17-3-85 at 18 Ok Reg 2658, eff 7-1-01]

PART 21. PEER RECOVERY SUPPORT SERVICES

450:17-3-191. Peer Recovery support services

(a) Peer recovery support services are provided as a program integrated within the overall structure of Community Mental Health Center services and must be offered to children ages 16 and 17 with SED, and adults age 18 and older with (SMI), including co-occurring disorders.

(b) Peer recovery support services may be offered to other consumers of the community mental health center and their families.

(c) These services shall have written policies specific to these services.

(d) Each CMHC shall have in place provisions for direct supervision and other supports for staff providing this service.

(e) Compliance with 450:17-3-191 shall be determined by a review of the following: documentation of linkage activities and agreements; clinical records; PICIS reporting data; and, CMHC policy and procedures.

[Source: Added at 26 Ok Reg 2675, eff 7-25-09 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Amended at 30 Ok Reg 1413, eff 7-1-13 ; Amended at 31 Ok Reg 1995, eff 10-1-14 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

450:17-3-192. Peer Recovery Support Specialists staff requirements

(a) Peer Recovery Support Services shall be provided only by staff who are certified as a Peer Recovery Support Specialist pursuant to Oklahoma Administrative Code, Title 450, Chapter 53.

(b) Each CMHC shall maintain records to verify certification for each provider of this service.

(c) Compliance for 450:17-3-192 shall be determined by a review of the facility personnel records and ODMHSAS files.

[Source: Added at 26 Ok Reg 2675, eff 7-25-09 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Amended at 30 Ok Reg 1413, eff 7-1-13]

450:17-3-193. Peer Recovery Support services: Locale and frequency

(a) Peer Recovery Support services can be provided in any location. The majority of contacts should be face-to-face, however, services may be provided over the telephone as necessary to help the consumer achieve his/her goals.

(b) Compliance for 450:17-3-193 shall be determined by a review of the agency policy and procedures, PICIS consumer records, consumer interviews, and observation.

[Source: Added at 26 Ok Reg 2675, eff 7-25-09 ; Amended at 30 Ok Reg 1413, eff 7-1-13]

PART 23. WELLNESS SERVICES AND RELATED ACTIVITIES

450:17-3-201. Wellness Services and Related Activities

(a) Wellness Services and Related Activities are consumer-driven services and supports that promote healthy lifestyles and behaviors which may include and not be limited to smoking cessation activities, exercise, stress management, and education on nutrition.

(b) These services shall:

(1) Be based on an individualized, recovery-focused service philosophy that allows individuals the opportunity to learn to manage their own wellness;

(2) Be provided by staff credentialed by ODMHSAS as Wellness Coaches; and

(3) Have written policies specific to this services.

(c) Compliance for 450:17-3-201 shall be determined by a review of the following: documentation of activities and agreements; clinical records; PICIS reporting data; and, CMHC policy and procedures.

[Source: Added at 26 Ok Reg 2675, eff 7-25-09 ; Amended at 35 Ok Reg 1809, eff 10-1-18]

SUBCHAPTER 5. OPTIONAL SERVICES

PART 1. APPLICABILITY

450:17-5-1. Applicability

The services in this subchapter are optional services. However, if the services in this subchapter are provided, either on the initiative of the CMHC, or as an ODMHSAS contractual requirement of the CMHC, all rules and requirements of this subchapter shall apply to the affected CMHC's certification.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96]

PART 3. INTENSIVE CASE MANAGEMENT [REVOKED]

450:17-5-11. Intensive case management services [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

450:17-5-12. Intensive case management services, clients' improved functioning [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

PART 5. HOMEBASED SERVICES TO CHILDREN AND ADOLESCENTS [REVOKED]

450:17-5-22. Homebased services to children and adolescents, family preservation [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Revoked at 27 Ok Reg 2216, eff 7-11-10]

450:17-5-23. Homebased services to children and adolescents, family satisfaction [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

450:17-5-24. Homebased services to children and adolescents, out-of-home placements [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

450:17-5-25. Behavioral health aide services to children, adolescents and families [REVOKED]

[Source: Added at 22 Ok Reg 960, eff 7-1-05 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Revoked at 27 Ok Reg 2216, eff 7-11-10]

PART 7. DAY TREATMENT SERVICES, CHILDREN AND ADOLESCENTS

450:17-5-34. Day treatment services for children and adolescents

(a) Day treatment services are designed for non-residential consumers who spend only a part of a twenty-four (24) hour period in the program.

- (1) Hours of operation shall be held during periods which make it possible for consumers to receive a minimum of three (3) hours of treatment and services each day for five (5) days each week in the program, excluding time spent in fulfillment of academic educational activities as required by law; days and hours of operation shall be regularly scheduled and conspicuously displayed so as to communicate the schedule to the public; and
- (2) Services provided shall be co-occurring disorders capable and include, at a minimum, the following:

- (A) Weekly individual therapy, group, and family therapy;
- (B) Social skills development through activities which encourage interaction and the development of communications and interpersonal skills;
- (C) Integrated attention to decision making and healthy skill building regarding substance use, including nicotine and caffeine;
- (D) Recreation and leisure activities;
- (E) Emergency services;
- (F) Habilitation services;
- (G) Referral to other resources when indicated by treatment goals and objectives; and
- (H) Provide, or arrange for, academic education as required by state or federal law.

(b) Compliance with 450:17-5-34 shall be determined by on-site observation; and a review of the following: clinical records, policy and procedures, and program descriptions.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-35. Day treatment services for children and adolescents, evaluation of [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

450:17-5-36. Therapeutic nursery [REVOKED]

[Source: Added at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 17 Ok Reg 2126, eff 7-1-00 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

PART 9. VOCATIONAL EMPLOYMENT SERVICES

450:17-5-45. Vocational employment services

(a) The vocational employment services program is an identified program within the CMHC that assists in the rehabilitation and support of persons with psychiatric disabilities, which may include but is not limited to the following:

- (1) Vocational assessment services;
- (2) Vocational preparation services;
- (3) Vocational placement services; and
- (4) Other on and off-site employment support services.

(b) Compliance with 450:17-5-45 shall be determined by on-site observation and a review of the following: organization chart; interagency agreements; written policy and procedures; and contractual agreements.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-46. Vocational employment services, follow-up evaluation [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

PART 11. COMMUNITY LIVING PROGRAMS

450:17-5-56. Community living programs

(a) Community living programs shall be co-occurring disorder capable and include at least one of the following two types of supportive housing options for persons not in crisis who need assistance with obtaining and maintaining an independent living situation:

- (1) Transitional housing; or
- (2) Permanent Supported housing;

(b) Community living programs shall maintain staffing numbers, composition, training, and expertise to sufficiently supervise, provide, and maintain the services as defined in the program's goals and objectives and to ensure the safety of residents. A community living program shall have written policies and procedures specifying how, and by whom, the following services shall be performed:

- (1) Medical treatment for residents on both emergency and routine bases;
- (2) Mental health and substance use disorder services on both emergency and routine bases;
- (3) Daily living, social and occupational evaluation and progress planning;
- (4) Daily living and social skills training;
- (5) Occupational and vocational training;
- (6) Assistance to residents in locating appropriate alternative living arrangements as clinically indicated or requested by resident or as part of program completion or graduation;
- (7) A mechanism for orientation and education of new residents, which shall include, at least:
 - (A) Emergency procedures including fire, health and safety procedures;
 - (B) Resident rights and responsibilities; and
 - (C) Program expectations and rules; and
- (8) Assistance to residents in accessing community resources including but not limited to rental assistance and other benefits.

(c) There shall be documentation indicating that each resident has received orientation and education on emergency procedures, resident rights and responsibilities, and program expectations and rules.

(d) To ensure a safe and sanitary environment for residents, the following shall apply for all CMHC owned and/or managed housing facilities:

- (1) The apartment or house and furnishings shall be in good repair, and free of unpleasant odors, and insect and rodent infestations.
- (2) The apartment or house shall contain safe heating and air conditioning systems, which are in proper working condition. Each apartment or house shall have an annual fire and safety inspection by the State or local Fire Marshal's office.
- (3) Apartments or houses shall be inspected by CMHC staff on a regular basis as specified in agency Policy and Procedures to ensure that fire, health or safety hazards do not exist.
- (4) The program shall develop and maintain emergency policy and procedures which shall include but are not limited to:
 - (A) Fire response and evaluations;
 - (B) Response to other disasters;
 - (C) Relocation if housing unit(s) become unlivable; and
 - (D) Personal accident or illness.

(e) Compliance with 450:17-5-56 shall be determined by on-site observation; interviews with residents, program staff, and other appropriate CMHC staff; and a review of facility documentation including a review of the CMHC written policy and procedures and resident records.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 21 Ok Reg 1067, eff 7-1-04 ; Amended at 22 Ok Reg 960, eff 7-1-05 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 34 Ok Reg 1777, eff 10-1-17 ; Amended at 39 Ok Reg 1938, eff 9-15-22]

450:17-5-57. Community living programs, client orientation [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

450:17-5-58. Community living programs, evaluation of [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

450:17-5-59. Community living programs, vocational component [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

450:17-5-59.1. Transitional housing programs [REVOKED]

[Source: Added at 21 Ok Reg 1067, eff 7-1-04 ; Amended at 22 Ok Reg 960, eff 7-1-05 ; Revoked at 39 Ok Reg 1938, eff 9-15-22]

450:17-5-60. Supervised transitional living programs [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 21 Ok Reg 1067, eff 7-1-04 ; Amended at 22 Ok Reg 960, eff 7-1-05 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Revoked at 39 Ok Reg 1938, eff 9-15-22]

450:17-5-61. Independent living training program, staffing [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 21 Ok Reg 1067, eff 7-1-04 ; Revoked at 22 Ok Reg 960, eff 7-1-05]

450:17-5-62. Independent living training program, licensure [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 21 Ok Reg 1067, eff 7-1-04 ; Revoked at 22 Ok Reg 960, eff 7-1-05]

450:17-5-63. Independent living facilities and supervised apartments, disaster and accident planning and preparedness [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 21 Ok Reg 1067, eff 7-1-04]

450:17-5-64. Supported transitional housing programs [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 21 Ok Reg 1067, eff 7-1-04 ; Amended at 22 Ok Reg 960, eff 7-1-05 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Revoked at 39 Ok Reg 1938, eff 9-15-22]

450:17-5-65. Community Living environment [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 21 Ok Reg 1067, eff 7-1-04]

450:17-5-66. Permanent supported housing programs [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 21 Ok Reg 1067, eff 7-1-04 ; Amended at 22 Ok Reg 960, eff 7-1-05 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Revoked at 39 Ok Reg 1938, eff 9-15-22]

450:17-5-67. Permanent supported housing programs, monthly contacts and activities [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 21 Ok Reg 1067, eff 7-1-04 ; Revoked at 22 Ok Reg 960, eff 7-1-05]

450:17-5-67.1. Permanent supported apartment or housing programs, monthly contacts and activities [REVOKED]

[Source: Added at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Revoked at 21 Ok Reg 1067, eff 7-1-04]

450:17-5-67.2. Permanent scattered-site housing programs [REVOKED]

[Source: Added at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 17 Ok Reg 2126, eff 7-1-00 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 21 Ok Reg 1067, eff 7-1-04 ; Amended at 22 Ok Reg 960, eff 7-1-05 ; Revoked at 39 Ok Reg 1938, eff 9-15-22]

450:17-5-67.3. Permanent congregate housing programs [REVOKED]

[Source: Added at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 21 Ok Reg 1067, eff 7-1-04 ; Amended at 22 Ok Reg 960, eff 7-1-05 ; Revoked at 39 Ok Reg 1938, eff 9-15-22]

450:17-5-68. Community lodge programs [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

**450:17-5-69. Community lodge programs, client participation
[REVOKED]**

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

**450:17-5-70. Community lodge programs, financial resources of
clients [REVOKED]**

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

**450:17-5-71. Community lodging programs, housing provisions
[REVOKED]**

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

450:17-5-72. Sponsor family program [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

PART 13. CRISIS STABILIZATION

**450:17-5-81. Certification required for provision of crisis
stabilization services**

If a CMHC chooses to provide crisis stabilization services as optional services, the CMHC must become certified as a Community-based Structured Crisis Center and comply with OAC Title 450, Chapter 23, Standards and Criteria for Community-based Structured Crisis Center.

[Source: Added at 18 Ok Reg 527, eff 10-13-00 through 7-14-01 (emergency)¹; Added at 20 Ok Reg 1303, eff 7-1-03]

Editor's Note: ¹*This emergency action expired without being superseded by a permanent action. Upon expiration of an emergency action enacting a new section, the text of the section is no longer effective. Therefore, on 7-15-01, the text of section 450:17-5-81 was no longer effective, and remained as such until added by permanent action on 7-1-03.*

450:17-5-82. Intensive crisis stabilization programs [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

**450:17-5-83. Intensive crisis stabilization programs, triage
response [REVOKED]**

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

450:17-5-84. Intensive crisis stabilization procedures, psychiatric crisis care services [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 494, eff 7-1-99 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

450:17-5-85. Intensive crisis stabilization programs, drug/alcohol crisis care services [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

PART 15. INPATIENT SERVICES

450:17-5-95. Inpatient services within the community mental health setting

(a) Any community mental health center providing inpatient services must demonstrate current compliance with applicable accreditation requirements for inpatient psychiatric or behavioral health services as stipulated by any of the following: the Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), or the Council on Accreditation (COA). Facilities shall also demonstrate current licenses as required by the Oklahoma State Department of Health.

(b) Compliance with 17-5-95(a) will be determined by a review of current documentation related to applicable accreditation and licensure.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 26 Ok Reg 2675, eff 7-25-09 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-96. Inpatient services within the community mental health setting, service issues [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Revoked at 26 Ok Reg 2675, eff 7-25-09]

450:17-5-97. Inpatient services within the community mental health setting, clinical medical health issues [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 26 Ok Reg 2675, eff 7-25-09]

450:17-5-98. Inpatient services within the community mental health setting, activity services [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Revoked at 26 Ok Reg 2675, eff 7-25-09]

450:17-5-99. Inpatient services within the community mental health setting, environment [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 26 Ok Reg 2675, eff 7-25-09]

450:17-5-100. Mechanical restraints [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Revoked at 26 Ok Reg 2675, eff 7-25-09]

**PART 17. PSYCHIATRIC INPATIENT SERVICES IN
GENERAL HOSPITALS**

450:17-5-110. Psychiatric treatment programs/units in general hospitals [REVOKED]

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

**PART 19. PROGRAM FOR ASSERTIVE COMMUNITY
TREATMENT**

450:17-5-111. General program description and target population [REVOKED]

[Source: Added at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 27 Ok Reg 2216, eff 7-11-10]

450:17-5-112. Admission criteria [REVOKED]

[Source: Added at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 27 Ok Reg 2216, eff 7-11-10]

450:17-5-113. Discharge criteria [REVOKED]

[Source: Added at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 27 Ok Reg 2216, eff 7-11-10]

450:17-5-114. Program Management and Capacity [REVOKED]

[Source: Added at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 27 Ok Reg 2216, eff 7-11-10]

450:17-5-115. Staff communication and planning [REVOKED]

[Source: Added at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 27 Ok Reg 2216, eff 7-11-10]

450:17-5-116. Clinical supervision [REVOKED]

[Source: Added at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 27 Ok Reg 2216, eff 7-11-10]

450:17-5-117. Orientation and training [REVOKED]

[Source: Added at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 27 Ok Reg 2216, eff 7-11-10]

450:17-5-118. Services [REVOKED]

[Source: Added at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 27 Ok Reg 2216, eff 7-11-10]

450:17-5-119. Medication prescription, administration, monitoring, and documentation [REVOKED]

[Source: Added at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 27 Ok Reg 2216, eff 7-11-10]

450:17-5-120. Rehabilitation [REVOKED]

[Source: Added at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 27 Ok Reg 2216, eff 7-11-10]

450:17-5-121. Support services [REVOKED]

[Source: Added at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 27 Ok Reg 2216, eff 7-11-10]

450:17-5-122. Staffing requirements [REVOKED]

[Source: Added at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 27 Ok Reg 2216, eff 7-11-10]

450:17-5-123. Assessment and treatment planning [REVOKED]

[Source: Added at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 27 Ok Reg 2216, eff 7-11-10]

450:17-5-124. Treatment planning [REVOKED]

[Source: Added at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 27 Ok Reg 2216, eff 7-11-10]

450:17-5-125. Discharge [REVOKED]

[Source: Added at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 27 Ok Reg 2216, eff 7-11-10]

450:17-5-126. PACT Consumer Clinical Records [REVOKED]

[Source: Added at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 27 Ok Reg 2216, eff 7-11-10]

450:17-5-127. Program of assertive community treatment

If a CMHC chooses to provide a program of assertive community treatment (PACT) as an optional service, the CMHC must become

certified as a PACT and comply with OAC Title 450, Chapter 55, Standards and Criteria for Programs of Assertive Community Treatment.

[Source: Added at 20 Ok Reg 662, eff 2-27-03 (emergency); Added at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 21 Ok Reg 1067, eff 7-1-04]

PART 21. GAMBLING DISORDER TREATMENT SERVICES [REVOKED]

450:17-5-128. Gambling Disorder Treatment Services [REVOKED]

[Source: Added at 31 Ok Reg 1995, eff 10-1-14 ; Revoked at 33 Ok Reg 964, eff 9-1-16]

450:17-5-129. Level of Care [REVOKED]

[Source: Added at 31 Ok Reg 1995, eff 10-1-14 ; Revoked at 33 Ok Reg 964, eff 9-1-16]

450:17-5-130. Admission criteria [REVOKED]

[Source: Added at 31 Ok Reg 1995, eff 10-1-14 ; Revoked at 33 Ok Reg 964, eff 9-1-16]

450:17-5-131. Discharge criteria [REVOKED]

[Source: Added at 31 Ok Reg 1995, eff 10-1-14 ; Revoked at 33 Ok Reg 964, eff 9-1-16]

450:17-5-132. Treatment services [REVOKED]

[Source: Added at 31 Ok Reg 1995, eff 10-1-14 ; Amended at 32 Ok Reg 2077, eff 9-15-15 ; Revoked at 33 Ok Reg 964, eff 9-1-16]

PART 23. BEHAVIORAL HEALTH HOME [REVOKED]

450:17-5-140. Program description and purpose [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Amended at 35 Ok Reg 1809, eff 10-1-18 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-141. Target populations [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-142. Outreach and engagement [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-143. Structure of Behavioral Health Home and administrative staff [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-144. Treatment team; general requirements [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Amended at 33 Ok Reg 964, eff 9-1-16 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-145. Treatment team; adult team [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Amended at 33 Ok Reg 964, eff 9-1-16 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-146. Treatment team; children and adolescent team [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Amended at 33 Ok Reg 964, eff 9-1-16 ; Amended at 35 Ok Reg 1809, eff 10-1-18 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-147. Required services [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-148. Access to specialists [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-149. Admission [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Amended at 35 Ok Reg 1809, eff 10-1-18 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-150. Initial assessment [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Amended at 33 Ok Reg 964, eff 9-1-16 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-151. Comprehensive assessment [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Amended at 35 Ok Reg 1809, eff 10-1-18 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-152. Integrated care plan [REVOKED]

.

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-153. Integrated care plan; content [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-154. Review of plan [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-155. Intensive care coordination for children and adolescents; wraparound approach [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-156. Behavioral Health Home medication monitoring [REVOKED]

.

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Amended at 33 Ok Reg 964, eff 9-1-16 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-157. Behavioral Health Home pharmacy services [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Revoked at 33 Ok Reg 964, eff 9-1-16]

450:17-5-158. Health promotion and wellness; consumer self-management [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-159. Discharge or transfer from Behavioral Health Home [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-160. Linkage and transitional care [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-161. Consumer (Patient Care) Registries and Population Health Management [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-162. Electronic health records and data sharing [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-163. Performance measurement and quality improvement [REVOKED]

[Source: Added at 32 Ok Reg 456, eff 1-1-15 (emergency); Added at 32 Ok Reg 2077, eff 9-15-15 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

PART 25. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

450:17-5-170. Certified Community Behavioral Health Clinic

(a) The purpose of this Part is to set forth, in addition to all other applicable rules, program requirements, activities and services for CMHCs who opt to operate as a Certified Community Behavioral Health Clinic (CCBHC).

(b) The purpose of a CCBHC is to:

- (1) Provide access to integrated services for all individuals regardless of pay source or ability to pay;
- (2) Provide a full array of mental health and substance use disorder services in every certified location, and provide, or coordinate with, primary care services;
- (3) Provide quality-driven and outcome-driven services as demonstrated through data reports and outcomes reports generated by the ODMHSAS or its contractor; and
- (4) Provide enhanced integration and coordination of mental health, primary, and substance use disorder services and supports for persons across the lifespan utilizing an interdisciplinary, team-based approach and in compliance with all requirements in the CCBHC Manual.

(c) In order to be certified as a CCBHC, an entity must have a current contract in good standing for CCBHC services from ODMHSAS.

[Source: Added at 33 Ok Reg 964, eff 9-1-16 ; Amended at 38 Ok Reg 1226, eff 9-15-21 ; Amended at 40 Ok Reg 1051, eff 9-15-23]

450:17-5-171. Organizational authority, governance and accreditation

(a) In addition to the board composition requirements found in 450:17-25-2, facilities certified under this Part will incorporate meaningful participation by adult consumers with mental illness, adults recovering from substance use disorders, and family members of facility consumers, either through 51 percent of the board being families, consumers or people in recovery from behavioral health conditions, or through a substantial portion of the governing board members meeting this criteria and other specifically described methods for consumers, people in recovery and family members to provide meaningful input to the board about the facility's policies, processes and services. Any alternative to the 51 percent standard must be approved by the Director of Provider Certification.

(b) To the extent a facility is comprised of a governmental or tribal entity or a subsidiary or part of a larger corporate organization that cannot meet these requirements for board membership, the facility shall develop an advisory structure and other specifically described methods for consumers, persons in recovery, and family members to provide meaningful input to the board about the facility's policies, processes and services.

(c) An independent financial audit shall be performed annually in accordance with federal audit requirements, and, where indicated, a corrective action plan is submitted addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report.

(d) Compliance with this Section shall be determined by a review of facility policy and procedures regarding governing authority; governing body bylaws, rules and regulations; governing body minutes; membership rolls; and other documentation as needed.

[Source: Added at 33 Ok Reg 964, eff 9-1-16]

450:17-5-172. General Staffing

(a) In order to ensure adequate staffing, the facility must complete an assessment of the needs of the target consumer population and a staffing plan. The needs assessment will include cultural, linguistic, and treatment needs. The needs assessment will include both consumer and family/caregiver input and will be updated regularly, but no less frequently than every three (3) years.

(b) The facility operating the CCBHC will have policies and program descriptions to define how the CCBHC will operate a team dedicated to provide the range of specific services articulated elsewhere in this Subchapter.

(c) The facility shall have a fully staffed management team as appropriate for the size and needs of the clinic as determined by the current needs assessment and staffing plan. The management team will include, at a minimum a CEO or Executive Director and a psychiatrist as Medical Director. The Medical Director need not be a full-time employee. The Medical Director will ensure the medical component of care and the integration of behavioral health and primary care are facilitated.

(d) The facility must maintain liability/malpractice insurance adequate for the staffing and scope of services provided.

(e) Compliance with this Section shall be determined by a review of policies, facility needs assessment, organizational chart, clinic liability and malpractice insurance documentation.

[Source: Added at 33 Ok Reg 964, eff 9-1-16 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-173. Staffing; Treatment team

(a) The treatment team includes the consumer, the family/caregiver of child consumers, the adult consumer's family to the extent the consumer does not object, any other person the consumer chooses, and identified staff as appropriate to the needs of the individual consumer. Each facility shall maintain a core staff comprised of employed and, as needed, contracted staff, which shall, at a minimum, include the following positions:

- (1) Licensed Psychiatrist;
- (2) Licensed Nurse Care Manager (RN or LPN);
- (3) Consulting Primary Care Physician, Advanced Practice Registered Nurse, or Physician Assistant;
- (4) At least one (1) Licensed Behavioral Health Professional (LBHP) and may include additional LBHPs or Licensure Candidates;
- (5) Certified Behavioral Health Case Manager II or Certified Alcohol and Drug Counselor;
- (6) Certified Peer Recovery Support Specialist;
- (7) Family Support Provider for child consumers;
- (8) Qualified Behavioral Health Aide; and
- (9) Wellness Coach.

(b) Optional positions, to be included as necessary based on community needs assessments and the caseload of the CCBHC, may include:

- (1) Certified Behavioral Health Case Manager I;
- (2) Licensed nutritionist;
- (3) Occupational therapist; and/or
- (4) Occupational therapist assistant under the supervision of a licensed occupational therapist.

(c) Compliance with this Section shall be determined by a review of personnel files and privileging documents.

[Source: Added at 33 Ok Reg 964, eff 9-1-16 ; Amended at 34 Ok Reg 1777, eff 10-1-17 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-174. Staff Training

(a) In addition to the requirements found in 450:1-9-5.6(b) in-service presentations shall be conducted upon hire/contracting and each calendar year thereafter for all CCBHC employees on the following topics:

- (1) Person/Family-centered, recovery oriented, evidence-based and trauma-informed care;
- (2) Primary care/behavioral health integration; and

- (3) Best practices in utilization of family support providers and peer recovery support specialists.
- (b) The facility shall assess the skills and competence of each individual furnishing services and, as necessary, provide in-service training and education programs. The facility will have written policies and procedures describing its method(s) of assessing competency and maintains a written accounting of the in-service training provided during the previous 12 months.
- (c) Individuals providing staff training must be qualified as evidenced by their education, training and experience.
- (d) Compliance with this Section shall be determined by a review of policies and procedures and personnel records.

[Source: Added at 33 Ok Reg 964, eff 9-1-16 ; Amended at 34 Ok Reg 1777, eff 10-1-17 ; Amended at 38 Ok Reg 1226, eff 9-15-21 ; Amended at 39 Ok Reg 1938, eff 9-15-22]

450:17-5-175. Linguistic Competence

- (a) If the facility services individuals with Limited English Proficiency (LEP) or with language-based disabilities, the facility will take reasonable steps to provide meaningful access to their services. Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP."
- (b) Interpretation/transitional service(s) are provided that are appropriate and timely for the size/needs of the LEP consumer population (e.g., bilingual providers, onsite interpreters, language telephone line). To the extent interpreters are used, such translation service providers are trained to function in a medical and/or behavioral health setting (e.g., confidentiality and plain language).
- (c) Documents or messages vital to a consumer's ability to access services are available for consumers in languages common in the community served, taking account of literacy levels and the need for alternative formats. The requisite language will be informed by the needs assessment.
- (d) The facility will use culturally and linguistically appropriate screening tools, and tools/approaches that accommodate disabilities (i.e. hearing disability, cognitive limitations), when appropriate.
- (e) Compliance with this Section shall be determined by a review of policies, procedures, personnel files and the facility needs assessment.

[Source: Added at 33 Ok Reg 964, eff 9-1-16]

450:17-5-176. Availability and accessibility of services

- (a) A CCBHC must conduct outreach activities to engage those consumers who are difficult to find and engage, with an emphasis on the special population list also known as the "Most in Need" list that is determined and supplied to the CCBHC by the ODMHSAS. These activities must be services reported through the Medicaid Management Information System (MMIS). The CCBHC must have dedicated staff who do not carry a caseload. The CCBHC must have policies and procedures to describe how outreach and engagement activities will occur to assist

consumers and families to access benefits and formal or informal services to address behavioral health conditions and needs.

(b) Facility records will identify which staff members are responsible for specific elements of outreach and engagement.

(c) To the extent possible, the facility should make reasonable efforts to provide transportation or transportation vouchers for consumers to access services provided or arranged for by the facility.

(d) To the extent allowed by state law, facility will make services available via telemedicine in order to ensure consumers have access to all required services.

(e) The facility will ensure that no individuals are denied services, including but not limited to crisis management services, because of an individual's inability to pay and that any fees or payments required by the clinic for such services will be reduced or waived to enable the facility to fulfill this assurance. The facility will have a published sliding fee discount schedule(s) that includes all services offered.

(f) The facility will ensure no individual is denied behavioral healthcare services because of place of residence or homelessness or lack of a permanent address. Facility will have protocols addressing the needs of consumers who do not live within the facility's service area. At a minimum, facility is responsible for providing crisis response, evaluation, and stabilization services regardless of the consumer's place of residence and shall have policies and procedures for addressing the management of the consumer's ongoing treatment needs. In addition, for those consumers who are homeless, the CCBHC must attempt to obtain at least two contact phone numbers for persons of the consumer's choice who know how to reach the consumer in the consumer's record, and/or a location where the consumer is most likely to be found, and/or a location to find a person of the consumer's choice likely to know where the consumer is located.

(g) Each CCBHC must have the following within three (3) years of initial CCBHC certification or by July 1, 2024, whichever is later:

(1) A minimum of one outpatient clinic with twenty-four (24) hour service availability, urgent recovery clinic (URC), or crisis unit in each of the following:

(A) Every county within the CCBHC catchment area with a population of 20,000 or more; and

(B) A minimum of one (1) adjacent county (if not within the county) for every county within the catchment area with a population of less than 20,000. A URC or crisis unit in another catchment area may be utilized to satisfy this requirement.

(h) Compliance with this Section shall be determined by a review of policies, consumer records and facility fee schedule.

[Source: Added at 33 Ok Reg 964, eff 9-1-16 ; Amended at 34 Ok Reg 1777, eff 10-1-17 ; Amended at 39 Ok Reg 1938, eff 9-15-22]

450:17-5-177. General service provisions

(a) Facility is responsible for the provision of the following services:

(1) Screening, assessment and treatment planning;

- (2) Crisis Services (24/7 walk-in crisis clinic or urgent care);
 - (3) Outpatient behavioral health services;
 - (4) Outpatient primary care screening and monitoring;
 - (5) Case management;
 - (6) Psychiatric rehabilitation;
 - (7) Peer and family supports;
 - (8) Intensive community-based outpatient behavioral health care for members of the US Armed Forces and veterans;
 - (9) Coordination and services for persons discharging from jail and, when possible, persons discharging from prison;
 - (10) Extensive outreach and intensive community-based outpatient behavioral health care for historically disadvantaged populations and older persons to ensure consumers served are representative of the communities served; and
 - (11) Individual Placement and Support (IPS) Services.
- (b) Certain services may be provided either directly by the facility or through formal relationships with other providers. Whether directly supplied by the facility or by a Designated Collaborating Organization (DCO) through a formal arrangement, the facility is ultimately clinically responsible for all care provided. The facility must have policies and procedures that ensure DCO-provided services for facility's consumers must meet the same quality standards as those provided by the facility.
- (c) Compliance with this Section shall be determined by a review of policies, procedures and consumer records.

[Source: Added at 33 Ok Reg 964, eff 9-1-16 ; Amended at 39 Ok Reg 1938, eff 9-15-22 ; Amended at 40 Ok Reg 1051, eff 9-15-23]

450:17-5-178. Preliminary screening

For new consumers requesting or being referred for behavioral health services, an integrated screening approach in accordance with OAC 450:17-3-21 will be used to determine the consumer's acuity of needs. The facility shall use standardized and validated screening and assessment tools, and where appropriate, brief motivational interviewing techniques. The preliminary screening shall be completed upon initial contact with the consumer.

- (1) If the screening identifies an emergency/crisis need, the facility will take appropriate action immediately, including any necessary subsequent outpatient follow-up.
- (2) If the screening identifies an urgent need, clinical services are provided and the initial evaluation completed within one business day of the time the request is made. An urgent need is one that if not addressed immediately could result in the person becoming a danger to self or others, or could cause a health risk.
- (3) If screening identifies unsafe substance use including problematic alcohol or other substance use, the facility will conduct a brief intervention and the consumer is provided or referred for and successfully linked with a full assessment and treatment, if applicable with appropriate follow up to ensure that the consumer made contact with the treatment facility.

(4) If the screening identifies routine needs, services will be provided and the initial assessment completed within 10 business days in accordance with OAC 450:17-5-180.

[Source: Added at 33 Ok Reg 964, eff 9-1-16 ; Amended at 34 Ok Reg 1777, eff 10-1-17 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-179. Primary care screening and monitoring

(a) The facility is responsible for outpatient clinic primary care screening and monitoring of key health indicators and health risk. Facility shall have policies and procedures to ensure that these services are received in a timely fashion, whether provided directly by the facility or through a DCO.

(b) Required primary care screening and monitoring of key health indicators and health risk provided by the facility shall include but not be limited to the following:

(1) For all consumers, as applicable based on age as specified in the CCBHC Manual:

- (A) Adult Body Mass Index (BMI) screening and follow-up for adults or weight assessment and counseling for nutrition and physical activity for children/adolescents (WCC);
- (B) Blood pressure;
- (C) Screening for clinical depression and follow-up plan;
- (D) Tobacco use: Screening and cessation intervention;
- and
- (E) Unhealthy alcohol use.

(2) As applicable:

- (A) Adherence to antipsychotic medications for individuals with Schizophrenia;
- (B) Adherence to mood stabilizers for individuals with Bipolar I Disorder;
- (C) Antidepressant medication management;
- (D) Cardiovascular health screening for people with schizophrenia;
- (E) Diabetes care for people with serious mental illness;
- (F) Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications;
- and
- (G) Metabolic monitoring for children and adolescents on antipsychotics.

(c) The facility will ensure children receive age appropriate screening and preventive interventions including, where appropriate, assessment of learning disabilities, and older adults receive age appropriate screening and preventive interventions.

(d) Compliance with this Section will be determined by a review of facility policies and consumer records.

[Source: Added at 33 Ok Reg 964, eff 9-1-16 ; Amended at 39 Ok Reg 1938, eff 9-15-22]

450:17-5-180. Initial assessment and initial care plan

(a) The initial assessment and the initial care plan must be completed within ten (10) business days after the first contact. The initial care plan must include, at a minimum, the following:

- (1) Preliminary diagnoses;
- (2) Source of referral;
- (3) Reason for seeking care, as stated by the client or other individuals who are significantly involved;
- (4) Identification of the client's immediate clinical care needs related to the diagnosis for mental and substance use disorders;
- (5) A list of current prescriptions and over-the-counter medications, as well as other substances the client may be taking;
- (6) An assessment of whether the client is a risk to self or to others, including suicide risk factors;
- (7) An assessment of whether the client has other concerns for their safety; assessment of need for medical care (with referral and follow-up as required);
- (8) A determination of whether the person presently is or ever has been a member of the U.S. Armed Services; and
- (9) At least one (1) immediate treatment goal.

(b) A Licensed Behavioral Health Professional (LBHP) or Licensure Candidate, acting within his/her scope of practice requirements, must complete the initial assessment and initial care plan in accordance with OAC 450:17-3-21 for consumers who have not been assessed by the facility within the past six (6) months.

[Source: Added at 33 Ok Reg 964, eff 9-1-16 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-181. Comprehensive care plan, content

(a) The CCBHC team must develop a consumer directed, comprehensive care plan for each enrolled consumer that reflects input of the interdisciplinary team, and others the consumer chooses to involve.

(b) The comprehensive care plan shall clearly address physical and behavioral health goals, consumer preferences, and the overall health and wellness needs of the consumer. The plan shall address the services necessary to assist the client in meeting his or her mental health and physical health goals, and include the following:

- (1) Consumer diagnoses, relative to behavioral and physical health conditions assessed by and addressed in terms of direct services provided and/or conditions for which the individual is referred and linked elsewhere for treatment;
- (2) Consumer integrated care service needs, relative to behavioral and physical health conditions assessed by and addressed in terms of direct services provided and/or conditions for which the individual is referred and linked elsewhere for treatment;
- (3) One to three treatment goals for the upcoming six (6) months, including preventive, primary care, and wellness services;
- (4) Interventions, including identification of and follow up with necessary medical providers, and identification of any specific care pathways for chronic conditions; and

- (5) The interdisciplinary treatment team's documentation of the consumer's or representative's and/or primary caregiver's (if any) understanding, involvement, and agreement with the integrated care plan.
- (c) The CCBHC must provide for each consumer and primary caregiver(s), as applicable, education and training consistent with the consumer and caregiver responsibilities as identified in the plan and relative to their participation in implementing the plan.
- (d) The comprehensive care plan must be signed by an LBHP or licensure candidate in accordance with OAC 450:17-7-8, with participation by the interdisciplinary team performing within each team member's scope of practice consistent with each consumer's immediate needs.
- (e) Compliance with this Section will be determined by on-site review of clinical records and supported documentation. The ODMHSAS or its contractor may utilize site observation, staff surveys and/or interviews to assist Provider Certification with determining compliance.

[Source: Added at 33 Ok Reg 964, eff 9-1-16 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-182. Comprehensive care plan, timeframes

- (a) The comprehensive care plan must be documented and completed within sixty (60) calendar days after the first contact.
- (b) The comprehensive care plan must be updated as needed but no less than every six (6) months thereafter. The update shall include an addendum to the plan showing progress toward goals specified in the plan, goals and objectives that have been achieved, and any new goals or objectives.
- (c) Additionally, a review of the comprehensive care plan shall be completed every three (3) months. A review shall consist of a review of the consumer's needs and progress as compared to the content of the comprehensive care plan to determine if an update to the comprehensive care plan is needed more frequently than required in (b) above.
- (d) Compliance with this Section will be determined by on-site review of clinical records and supported documentation. The ODMHSAS or its contractor may utilize site observation, staff surveys and/or interviews to assist Provider Certification with determining compliance.

[Source: Added at 33 Ok Reg 964, eff 9-1-16 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-183. Care coordination

- (a) Based on a person and family-centered care plan and as appropriate, the facility will coordinate care for the consumer across the spectrum of health services, including access to physical health (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person. This care coordination shall include not only referral but follow up after referral to ensure that services were obtained, to gather the outcome of those services, and to identify next steps needed.

(b) The facility must have procedures and agreements in place to facilitate referral for services needed beyond the scope of the facility. At a minimum, the facility will have agreements establishing care coordination expectations with Federally Qualified Health Centers (FQHCs) and, as applicable, Rural Health Centers (RHCs) to provide healthcare services for consumers who are not already served by a primary healthcare provider.

(c) The facility must have procedures and agreements in place establishing care coordination expectations with community or regional services, supports and providers including but not limited to:

- (1) Schools;
- (2) OKDHS child welfare;
- (3) Juvenile and criminal justice agencies;
- (4) Department of Veterans Affairs' medical center, independent clinic, drop-in center, or other facility of the Department; and
- (5) Indian Health Service regional treatment centers.

(d) The facility will develop contracts or memoranda of understandings (MOUs) with regional hospital(s), Emergency Departments, Psychiatric Residential Treatment Facilities (PRTF), ambulatory and medical withdrawal management facilities or other system(s) to ensure a formalized structure for transitional care planning, to include communication of inpatient admissions and discharges.

(1) Transitional care will be provided by the facility for consumers who have been hospitalized or placed in other non-community settings, such as psychiatric residential treatment facilities. The CCBHC will provide care coordination while the consumer is hospitalized as soon as it becomes known. A team member will go to the hospital setting to engage the consumer in person and/or will connect through telehealth as a face to face meeting. Reasonable attempts to fulfill this important contact shall be documented. In addition, the facility will make and document reasonable attempts to contact all consumers who are discharged from these settings within 24 hours of discharge.

(2) The facility will collaborate with all parties involved including the discharging/admitting facility, primary care physician, and community providers to ensure a smooth discharge and transition into the community and prevent subsequent re-admission(s).

(3) Transitional care is not limited to institutional transitions, but applies to all transitions that will occur throughout the development of the enrollee and includes transition from and to school-based services and pediatric services to adult services.

(4) The facility will document transitional care provided in the clinical records.

(e) Care Coordination activities shall include use of population health management tools, such as dashboards, patient registries, and team staffings.

(f) Care coordination activities will be carried out in keeping with the consumer's preferences and needs for care, to the extent possible and in accordance with the consumer's expressed preferences, with the consumer's family/caregiver and other supports identified by the consumer. The facility will work with the consumer in developing a crisis

plan with each consumer, such as a Psychiatric Advanced Directive or Wellness Recovery Action Plan.

(g) Referral documents and releases of information shall comply with applicable privacy and consumer consent requirements.

(h) Compliance with this Section will be determined by on-site observation, review of organizational documents, contracts, MOUs, and clinical records.

[Source: Added at 33 Ok Reg 964, eff 9-1-16 ; Amended at 34 Ok Reg 1777, eff 10-1-17 ; Amended at 38 Ok Reg 1226, eff 9-15-21 ; Amended at 40 Ok Reg 1051, eff 9-15-23]

450:17-5-184. Crisis services

(a) The CCBHC will make available, either directly or through a qualified DCO, the following co-occurring capable crisis services:

(1) Mobile crisis teams that are available for community response twenty-four (24) hours a day, seven (7) days a week, with response times of no more than one (1) hour in urban areas and two (2) hours in rural areas (as designated by the most recent data from the U.S. Census Bureau). Response time is the time from referral to the mobile crisis team to on-site, community-based response;

(2) Emergency crisis intervention services available in-person at the facility twenty-four (24) hours a day, seven (7) days a week; and

(3) Specialized crisis stabilization services, such as a PACT team or dedicated outreach staff/team, that are accessible to all consumers in the catchment area with serious mental illness/serious emotional disturbance that meet criteria as determined by the CCBHC or as designated by ODMHSAS.

(b) Crisis services must include suicide crisis response and services capable of addressing crises related to substance use disorder and intoxication, including ambulatory and medical withdrawal management.

(c) The CCBHC will have an established protocol specifying the role of law enforcement during the provision of crisis services.

(d) Compliance with this Section shall be determined by facility policies and clinical records. The ODMHSAS may also utilize surveys and/or interviews with law enforcement agencies, consumers, families and community partners to determine if these requirements are met.

[Source: Added at 33 Ok Reg 964, eff 9-1-16 ; Amended at 34 Ok Reg 1777, eff 10-1-17 ; Amended at 38 Ok Reg 1226, eff 9-15-21 ; Amended at 40 Ok Reg 1051, eff 9-15-23]

450:17-5-185. Outpatient therapy services

(a) The facility will directly provide outpatient mental health and substance use disorder services in accordance with 450:17-3 Part 7. In the event specialized services outside the expertise of the facility are required to meet the needs of the consumer, the facility will make them available through referral or other formal arrangement with other providers or, where necessary and appropriate, through the use of telemedicine services.

- (b) Evidence-based or best practices shall include, but not be limited to, medication assisted treatment and those referenced in the CCBHC Manual.
- (c) Compliance with this Section shall be determined by facility policies and clinical records.

[Source: Added at 33 Ok Reg 964, eff 9-1-16 ; Amended at 38 Ok Reg 1226, eff 9-15-21 ; Amended at 39 Ok Reg 1938, eff 9-15-22]

450:17-5-186. Case management services

- (a) The facility is responsible for high quality targeted case management (TCM) services that will assist individuals in sustaining recovery, and gaining access to needed medical, social, legal, educational, and other services and supports. TCM should include supports for persons deemed at high risk of suicide, particularly during times of transitions such as from an emergency department or psychiatric hospitalization, as outlined in the provider's suicide care pathway.
- (b) The provision of TCM shall meet the requirements set forth in OAC 450:17-3 Part 11 and will be made available to all consumers as appropriate and identified in the individual service plan.
- (c) Compliance with this Section shall be determined by a review of facility policy and clinical records.

[Source: Added at 33 Ok Reg 964, eff 9-1-16 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-187. Behavioral health rehabilitation services

- (a) The facility is responsible for providing evidence-based and other psychiatric rehabilitation services. Services to be considered include:
- (1) Medication education;
 - (2) Self-management education;
 - (3) Community integration services;
 - (4) Recovery support services including Illness Management & Recovery;
 - (5) Financial management education;
 - (6) Dietary and wellness education; and
 - (7) Other services referenced in the CCBHC Manual.
- (b) Evidence based and best practices shall include but not be limited to:
- (1) Individual Placement and Support (IPS) supported employment;
 - (2) Illness Management & Recovery (IMR) and Enhanced Illness Management & Recovery (EIMR);
 - (3) Housing First Philosophy; and
 - (4) Matrix model components, including contingency management.
- (c) The provision of behavioral health rehabilitation services shall meet the requirements set forth in OAC 450:17-3 Part 15 and will be made available to all consumers, as appropriate and identified in the individual service plan.
- (d) Compliance with this Section shall be determined by a review of facility policy and clinical records.

[Source: Added at 33 Ok Reg 964, eff 9-1-16 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-188. Peer support services

- (a) The facility is responsible for the availability of peer recovery support and family/caregiver support services.
- (b) The provision of Peer Recovery Support services shall meet the requirements set forth in OAC 450:17-3 Part 21 and will be made available to all consumers, as appropriate and identified in the individual service plan.
- (c) Family support and training shall be made available to all child consumers and their families/caretakers, as appropriate and identified in the individual service plan.
- (d) Compliance with this Section shall be determined by a review of facility policy and clinical records.

[Source: Added at 33 Ok Reg 964, eff 9-1-16]

450:17-5-189. Community-based mental health care for members of the Armed Forces and Veterans

- (a) The facility is responsible for screening all individuals inquiring about services for current or past service in the US Armed Forces.
- (b) The facility is responsible for intensive, community-based behavioral health care for certain members of the US Armed Forces and veterans, particularly those Armed Forces members located 50 miles or more from

a Military Treatment Facility (MTF) and veterans living 40 miles or more from a Veterans Affairs (VA) medical facility.

(c) All members of the Armed Forces and veterans will be afforded the complete array of services and supports available through the CCBHC, regardless of pay source or diagnosis. Need will be determined through a thorough assessment that includes any necessary communications with and records from any part of the military or veterans systems.

(d) The CCBHC will maintain Memoranda of Agreement and letters of collaboration necessary to easily receive referrals from the military or a VA medical facility, and to obtain all needed information from them, for successful treatment of all persons currently serving in the military or veterans.

(e) Compliance with this Section shall be determined by a review of facility policies and clinical records. In addition, the ODMHSAS may conduct surveys and/or interviews, or utilize a contracted agent to conduct them.

[Source: Added at 33 Ok Reg 964, eff 9-1-16 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

450:17-5-189.1. Individual Placement and Support services

(a) The facility is responsible for the provision of Individual Placement and Support (IPS) services, which will be made available to all consumers as appropriate and identified in the individual service plan.

(b) IPS services shall be provided by appropriately trained staff who have credentials as an IPS service provider.

(c) Compliance with this Section shall be determined by a review of facility policy and clinical records.

[Source: Added at 39 Ok Reg 1938, eff 9-15-22]

450:17-5-189.3. Intensive services for consumers with serious mental illness/ serious emotional disturbance

(a) Intensive services and care coordination shall be delivered with a single point of accountability for providing treatment, rehabilitation and support services to consumers with serious mental illness/serious emotional disturbance that meet criteria as determined by the CCBHC or as designated by ODMHSAS; and/or who are categorized as Special Population 1 or Special Population 2.

(b) The CCBHC shall use an intensive team-based model that is separate and distinct from other outpatient care teams, such as Programs of Assertive Community Treatment, to merge clinical and rehabilitation staff expertise within one service delivery team for such consumers. This model shall include services with a focus on community tenure, stable housing, and opportunities for employment.

(c) Program policies shall define the intensive team-based approach and criteria as identified in (a) and (b) above and stipulate that these policies must be followed by staff to develop care coordination plans for consumers with serious mental illness/serious emotional disturbance.

(d) Clinical records shall document the implementation of services identified in (a) and (b) above.

[Source: Added at 40 Ok Reg 1051, eff 9-15-23]

450:17-5-190. Electronic health records and data sharing

(a) The facility shall utilize a functioning electronic health record (EHR) system that meets Meaningful Use standards, as defined in the Medicare and Medicaid Incentive Programs, or have a facility approved written plan with timeframes to obtain one.

(b) The facility shall document a plan to work with health information organizations to share referrals, continuity of care documents, lab results, and other health information and develop partnerships that maximize the use of Health Information Technology (HIT) across all treating providers.

(c) It is the facility's responsibility to arrange for access to any consumer data from a participating DCO as legally permissible upon creation of the relationship with the DCO and to ensure adequate consent as appropriate and that releases of information are obtained for each affected consumer.

(d) Compliance with (a) will be determined by review of documentation that certifies the electronic health record meets Meaningful Use standards or documentation of a plan to obtain one with implementation timeline.

(e) Compliance with (b) will be determined by on-site observation, review of policy, MOUs, clinical records, information available through an approved information system documenting that facility's consumers' records have been accessed and shared through a Health Information Exchange (HIE), and consultation with the ODMHSAS Decision Support Services and ODMHSAS Information Services Division.

[Source: Added at 33 Ok Reg 964, eff 9-1-16 ; Amended at 34 Ok Reg 1777, eff 10-1-17]

450:17-5-191. Consumer (Patient Care) Registries and Population Health Management

- (a) The facility must implement clinical decision support mechanisms following nationally published evidence-based guidelines for:
- (1) A mental health or substance use disorder;
 - (2) A chronic medical condition;
 - (3) An acute condition;
 - (4) A condition related to unhealthy behaviors; and
 - (5) Well child or adult care.
- (b) Facility must have descriptions of programs in place to demonstrate how it encourages healthier lifestyles for consumers, including increased physical activity, better nutrition, avoidance of behavioral risks, and wider use of preventive care.
- (c) The facility shall electronically submit data to an information management system, which will act as a consumer registry, care management device and outcomes measurement tool.
- (d) The facility shall utilize information provided through the approved information system for the purpose of enrollment and discharge tracking, compliance, quality assurance, and outcome monitoring.
- (e) Compliance will be determined by on-site observation, review of information available through an approved information system, and consultation with the ODMHSAS Decision Support Services and ODMHSAS Information Services Division.

[Source: Added at 33 Ok Reg 964, eff 9-1-16 ; Amended at 34 Ok Reg 1777, eff 10-1-17 ; Amended at 39 Ok Reg 1938, eff 9-15-22]

450:17-5-192. Data reporting, performance measurement and quality improvement

- (a) Facility shall annually submit a cost report containing data elements as specified by ODMHSAS with supporting data within six months after the end of each calendar year.
- (b) There shall be an ongoing performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of consumer care related to facility operations.
- (c) The performance improvement activities must:
- (1) Focus on high risk, high volume, or problem-prone areas.
 - (2) Consider incidence, prevalence, and severity of problems.
 - (3) Give priority to improvements that affect behavioral outcomes, client safety, and person-centered quality of care.
- (d) Performance improvement activities must also track adverse client events, analyze their causes, and implement preventive actions and mechanisms.
- (e) The program must use quality indicator data, including client care, and other relevant data in the design of its program.
- (f) The facility must use the data collected to monitor the effectiveness and safety of services and quality of care and identify opportunities and priorities for improvement.
- (g) The functions and processes outlined in (a) through (e) shall be evidenced in an annual written plan for performance improvement

activities. The plan shall include but not be limited to:

- (1) Outcomes management processes which include measures required by CMS and the State and may also include measures from the SAMHSA National Outcomes Measures, NCQA, and HEDIS as required to document improvement in population health.
 - (2) Quarterly record review to minimally assess:
 - (A) Quality of services delivered;
 - (B) Appropriateness of services;
 - (C) Patterns of service utilization;
 - (D) Treatment goals and objectives based on assessment findings and consumer input;
 - (E) Services provided which were related to the goals and objectives;
 - (F) Patterns of access to and utilization of specialty care; and
 - (G) The care plan is reviewed and updated as prescribed by policy.
 - (3) Review of critical incident reports and consumer grievances or complaints.
- (h) Compliance with this Section will be determined by a review of the written program evaluation plan, program goals and objectives and other supporting documentation provided as well as policy, cost report and annual written plan.

[Source: Added at 33 Ok Reg 964, eff 9-1-16]

SUBCHAPTER 7. FACILITY CLINICAL RECORDS

450:17-7-1. Clinical record keeping system [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 39 Ok Reg 1938, eff 9-15-22]

450:17-7-2. Applicability

The requirements of this subchapter are applicable to a CMHC's clinical services, core and optional.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02]

450:17-7-3. Basic requirements [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 17 Ok Reg 2126, eff 7-1-00 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Amended at 33 Ok Reg 964, eff 9-1-16 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-7-4. Record access for clinical staff [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Revoked at 39 Ok Reg 1938, eff 9-15-22]

450:17-7-5. Clinical record content, screening and assessment

- (a) All facilities shall complete a face-to face screening with each individual to determine appropriateness of admission.
- (b) The CMHC shall document the face-to-face screening between the potential consumer and the CMHC including how the consumer was assisted to identify goals, how the consumer received integrated screening to identify both immediate and ongoing needs and how the consumer was assisted to determine appropriateness of admission, and/or to access other appropriate services.
- (c) Upon determination of appropriate admission, consumer demographic information shall be collected.
- (d) All programs shall complete a psychosocial assessment which gathers sufficient information to assist the consumer in developing an individualized service plan.
- (e) The CMHC shall have policy and procedures that stipulate content required for items (c) and (d).
- (f) An assessment update, to include date, identifying information, source of information, present needs, present life situation, current level of functioning, and what consumer wants in terms of service, is acceptable only on re-admissions within one (1) year of previous admission.
- (g) Compliance with 450:450:17-7-5 shall be determined by a review of the following: psychosocial assessment instruments; consumer records; case management assessments; interviews with staff and consumers; policies and procedures and other facility documentation.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 22 Ok Reg 960, eff 7-1-05 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Amended at 33 Ok Reg 964, eff 9-1-16 ; Amended at 34 Ok Reg 1777, eff 10-1-17 ; Amended at 38 Ok Reg 1226, eff 9-15-21]

450:17-7-5.1. Clinical record content, on-going assessment

- (a) The CMHC shall have procedures and policies which delineate the process, protocols, and timeframes by which on-going clinical assessments occur.
- (b) Compliance with 450: 17-7-5.1 shall be determined by a review of the clinical records and agency policies and procedures.

[Source: Added at 23 Ok Reg 1421, eff 7-1-06]

450:17-7-6. Health and drug history [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Revoked at 22 Ok Reg 960, eff 7-1-05]

450:17-7-7. Psychosocial evaluation [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Revoked at 22 Ok Reg 960, eff 7-1-05]

450:17-7-8. Behavioral Health Service plan

- (a) The service plan shall be completed by a LBHP or licensure candidate and is performed with the active participation of the consumer and a support person or advocate if requested by the consumer. In the case of children under the age of eighteen (18), it is performed with the participation of the parent or guardian and the child as age and developmentally appropriate. The service plan shall provide the formation of measurable service objectives and reflect ongoing changes in goals and objectives based upon consumer's progress or preference or the identification of new needs, challenges and problems.
- (b) The service plan is developed after and based on information obtained in the assessment and includes the evaluation of the assessment information by the clinician and the consumer.
- (c) The service plan must have an overall general focus on recovery which, for adults, may include goals like employment, independent living, volunteer work, or training, and for children, may include areas like school and educational concerns and assisting the family in caring for the child in the least restrictive level of care.
- (d) Comprehensive service plans must be completed within six (6) treatment sessions and adhere to the format and content requirements described in the facility policy and procedures.
- (e) Service plan updates should occur at a minimum of every 6 months during which services are provided and adhere to the format and content requirements described in the facility policy and procedures.
- (f) Service plans, both comprehensive and update, must include dated signatures of the consumer (if over age 14), the parent/guardian (if the consumer is under age eighteen (18) or otherwise applicable), and the primary service practitioner. Signatures must be obtained after the service plan is completed.
- (g) Compliance with 450:17-7-8 shall be determined by a review of the clinical records, policies and procedures, and interviews with staff and consumers, and other agency documentation.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 21 Ok Reg 1067, eff 7-1-04 ; Amended at 22 Ok Reg 960, eff 7-1-05 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 26 Ok Reg 2675, eff 7-25-09 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Amended at 33 Ok Reg 964, eff 9-1-16 ; Amended at 35 Ok Reg 1809, eff 10-1-18 ; Amended at 39 Ok Reg 1938, eff 9-15-22]

450:17-7-9. Medication record

- (a) A medication record shall be maintained on all consumers who receive medications or prescriptions through the outpatient clinic services and shall be a concise and accurate record of the medications the consumer is receiving or prescribed.
- (b) The consumer record shall contain a medication record with the following information on all medications ordered or prescribed by

physician staff:

- (1) Name of medication,
 - (2) Dosage,
 - (3) Frequency of administration or prescribed change, and
 - (4) Staff member who administered or dispensed each dose, and prescribing physician; and
- (c) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities during screening and assessment, updated when required by virtue of new information, and kept in a highly visible location in or on the record.
- (d) Compliance with 450:17-7-9 shall be determined by a review of medication records and clinical records.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 26 Ok Reg 2675, eff 7-25-09 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Amended at 34 Ok Reg 1777, eff 10-1-17]

450:17-7-10. Progress Notes

- (a) Progress notes shall chronologically describe the services provided by date and, for timed treatment sessions, time of service, and the consumer's progress in treatment and shall adhere to the format and content requirements described in the facility policy and procedures.
- (b) Progress notes must include the consumer's name, be signed by the service provider, and include the service provider's credentials.
- (c) Compliance with 450:17-7-10 shall be determined by a review of clinical records and policies and procedures.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 25 Ok Reg 2526, eff 7-11-08 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Amended at 39 Ok Reg 1938, eff 9-15-22]

450:17-7-11. Other records content

- (a) The consumer record shall contain copies of all consultation reports concerning the consumer.
- (b) When psychometric or psychological testing is done, the consumer record shall contain a copy of a written report describing the test results and implications or recommendations for treatment.
- (c) The consumer record shall contain any additional information relating to the consumer, which has been secured from sources outside the program.
- (d) Compliance with 450:17-7-11 shall be determined by a review of clinical records.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02]

450:17-7-12. Discharge summary [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

SUBCHAPTER 9. CONSUMER RECORDS AND CONFIDENTIALITY [REVOKED]

450:17-9-1. Confidentiality, mental health consumer information and records [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 27 Ok Reg 2216, eff 7-11-10]

450:17-9-1.1. Confidentiality of mental health and drug or alcohol abuse treatment information [REVOKED]

[Source: Added at 20 Ok Reg 668, eff 2-27-03 (emergency); Added at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 25 Ok Reg 2526, eff 7-11-08 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-9-2. Confidentiality, substance abuse consumer information and records [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 17 Ok Reg 2126, eff 7-1-00 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 27 Ok Reg 2216, eff 7-11-10]

SUBCHAPTER 11. CONSUMER RIGHTS

450:17-11-1. Consumer rights, inpatient and residential

The CMHC shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 21 Ok Reg 1067, eff 7-1-04]

450:17-11-2. Consumer rights, outpatient services [REVOKED]

[Source: Added at 13 Ok Reg 2741, eff 7-1-96 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 21 Ok Reg 1067, eff 7-1-04]

450:17-11-3. Consumer's grievance policy

The CMHC shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

[Source: Added at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 21 Ok Reg 1067, eff 7-1-04]

450:17-11-4. ODMHSAS consumer advocacy division

The ODMHSAS Office of Consumer Advocacy, in any investigation or monitoring regarding consumer rights shall have access to consumers, facility records and facility staff as set forth in OAC 450:15-7-3(b).

[Source: Added at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03]

SUBCHAPTER 13. ORGANIZATIONAL AND FACILITY MANAGEMENT [REVOKED]

450:17-13-1. Organizational and facility description [REVOKED]

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-13-2. Information analysis and planning [REVOKED]

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

SUBCHAPTER 15. PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT

450:17-15-1. Quality assurance [REVOKED]

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Revoked at 16 Ok Reg 1494, eff 7-1-99]

450:17-15-1.1. Performance improvement program [REVOKED]

[Source: Added at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 17 Ok Reg 2126, eff 7-1-00 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Amended at 34 Ok Reg 1777, eff 10-1-17 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-15-2. Written plan [REVOKED]

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 17 Ok Reg 2126, eff 7-1-00 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Revoked at 19 Ok Reg 2333, eff 7-1-02]

450:17-15-3. Quality assurance activities [REVOKED]

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Revoked at 16 Ok Reg 1494, eff 7-1-99]

450:17-15-3.1. Quality Improvement activities [REVOKED]

[Source: Added at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Revoked at 19 Ok Reg 2333, eff 7-1-02]

450:17-15-4. Monitoring and evaluation process [REVOKED]

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Revoked at 19 Ok Reg 2333, eff 7-1-02]

450:17-15-5. Critical incident reporting

In addition to the requirements set forth in OAC 450:1-9-5.6(f), sentinel events shall have a root cause analysis completed no later than 30 days after the event occurred with a copy of the completed report sent to ODMHSAS.

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 21 Ok Reg 1067, eff 7-1-04 ; Amended at 22 Ok Reg 960, eff 7-1-05 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Amended at 34 Ok Reg 1777, eff 10-1-17 ; Amended at 38 Ok Reg 1226, eff 9-15-21 ; Amended at 39 Ok Reg 1938, eff 9-15-22]

SUBCHAPTER 17. UTILIZATION REVIEW [REVOKED]

450:17-17-1. Utilization review [REVOKED]

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

450:17-17-2. Written plan [REVOKED]

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

450:17-17-3. Methods for identifying problems [REVOKED]

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Revoked at 18 Ok Reg 2658, eff 7-1-01]

SUBCHAPTER 19. HUMAN RESOURCES [REVOKED]

450:17-19-1. Personnel policies and procedures [REVOKED]

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 22 Ok Reg 960, eff 7-1-05 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-19-2. Job descriptions [REVOKED]

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-19-3. Utilization of volunteers [REVOKED]

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Amended at 17 Ok Reg 2126, eff 7-1-00 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 21 Ok Reg 1067, eff 7-1-04 ; Amended at 35 Ok Reg 1809, eff 10-1-18 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

SUBCHAPTER 21. STAFF DEVELOPMENT AND TRAINING [REVOKED]

450:17-21-1. Staff qualifications [REVOKED]

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 27 Ok Reg 2216, eff 7-11-10 ; Amended at 31 Ok Reg 1995, eff 10-1-14 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-21-2. Staff development [REVOKED]

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-21-3. Annually required in-service training for all employees and volunteers [REVOKED]

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 22 Ok Reg 960, eff 7-1-05 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 25 Ok Reg 2526, eff 7-11-08 ; Amended at 33 Ok Reg 964, eff 9-1-16 ; Amended at 35 Ok Reg 1809, eff 10-1-18 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-21-4. First Aid and CPR training [REVOKED]

[Source: Added at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-21-5. CAPE training [REVOKED]

[Source: Added at 20 Ok Reg 1303, eff 7-1-03 ; Revoked at 25 Ok Reg 2526, eff 7-11-08]

450:17-21-6. Clinical supervision [REVOKED]

[Source: Added at 31 Ok Reg 1995, eff 10-1-14 ; Amended at 32 Ok Reg 2077, eff 9-15-15 ; Amended at 35 Ok Reg 1809, eff 10-1-18 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

SUBCHAPTER 23. FACILITY ENVIRONMENT [REVOKED]

450:17-23-1. Facility environment [REVOKED]

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Amended at 16 Ok Reg 1494, eff 7-1-99 ; Amended at 18 Ok Reg 2658, eff 7-1-01 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Amended at 21 Ok Reg 1067, eff 7-1-04 ; Amended at 22 Ok Reg 960, eff 7-1-05 ; Amended at 34 Ok Reg 1777, eff 10-1-17 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-23-2. Technology [REVOKED]

[Source: Added at 31 Ok Reg 1995, eff 10-1-14 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-23-3. Tobacco-free campus [REVOKED]

[Source: Added at 34 Ok Reg 1777, eff 10-1-17 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

SUBCHAPTER 25. GOVERNING AUTHORITY

450:17-25-1. Documents of authority [REVOKED]

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-25-2. Board composition

- (a) Members of the Board of Directors shall reside, or be employed, or otherwise have a demonstrated interest in the area served.
- (b) The composition of the Board shall reflect an equitable representation of the population distribution in the service area. Each county in a multi-county service area of five or fewer counties must be represented on the Board by at least one resident of the county. CMHCs serving six or more counties may rotate such membership or otherwise ensure representation.
- (c) Composition of the Board shall also reflect a broad representation of the community, including minorities, at least one consumer of Mental Health services and one family member of a child with an emotional disturbance.
- (d) No more than forty percent of the Board's members shall be providers of mental health services.
- (e) The Board shall have no less than seven members.
- (f) System shall be devised to provide for a staggering of terms so that the terms of the Directors do not all expire at the same time.
- (g) The Board shall have a provision for the removal of individuals from the Board for non-attendance of Board meetings.
- (h) The governing body shall meet at least quarterly.
- (i) Employees of an agency shall be prohibited from participation as Board members of their governing authority, except in an ex-official, nonvoting capacity.
- (j) Compliance with 450:17-25-2 shall be determined by a review of facility policy and procedures regarding governing authority; governing body bylaws, rules and regulations; governing body minutes;

membership rolls; and other documentation as needed.

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 23 Ok Reg 1421, eff 7-1-06 ; Amended at 24 Ok Reg 2563, eff 7-12-07 ; Amended at 39 Ok Reg 1938, eff 9-15-22]

SUBCHAPTER 27. SPECIAL POPULATIONS [REVOKED]

450:17-27-1. Americans with Disabilities Act of 1990 [REVOKED]

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Amended at 17 Ok Reg 2126, eff 7-1-00 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Amended at 20 Ok Reg 1303, eff 7-1-03 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

450:17-27-2. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS) [REVOKED]

[Source: Added at 14 Ok Reg 1919, eff 5-27-97 ; Amended at 19 Ok Reg 2333, eff 7-1-02 ; Revoked at 38 Ok Reg 1226, eff 9-15-21]

CHAPTER 18. STANDARDS AND CRITERIA FOR SUBSTANCE RELATED AND ADDICTIVE DISORDER TREATMENT SERVICES

[**Authority:** 43A O.S., § 2-101, 3-306, 3-317, 3-403(1), 3-415, and 3-416]
[**Source:** Codified 7-1-96]

SUBCHAPTER 1. GENERAL PROVISIONS

450:18-1-1. Purpose

This chapter sets forth the standards and criteria used in the certification of facilities and organizations providing treatment services for consumers with substance-related and addictive disorders and implements 43A O.S. §§ 3-403, 3-415, 3-416, 3-417, 3-417.1, 3-601, 3-602 and 3-603. The rules regarding the certification processes, including, but not limited to, the application process, fees, and administrative sanctions are found in OAC 450:1, Subchapters 5 and 9. Rules outlining general certification qualifications applicable to facilities and organizations certified under this Chapter are found in OAC 450:1-9-5 through OAC 450:1-9-5.6.

[**Source:** Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 38 Ok Reg 1256, eff 9-15-21 ; Amended at 39 Ok Reg 1951, eff 9-15-22]

450:18-1-2. Definitions

The following words or terms, when used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Abuse" means the causing or permitting of harm or threatened harm to the health, safety, or welfare of a consumer by a staff responsible for the consumer's health, safety, or welfare, including but not limited to: non-accidental physical injury or mental anguish; sexual abuse; sexual exploitation; use of mechanical restraints without proper authority; the intentional use of excessive or unauthorized force aimed at hurting or injuring the resident; or deprivation of food, clothing, shelter, or healthcare by a staff responsible for providing these services to a consumer.

"Acute intoxication or withdrawal potential" means one dimension to be considered in consumer placement, continued stay, and discharge and is an evaluation of the consumer's withdrawal patterns and current level of intoxication and potential for withdrawal complications as it impacts level of care decision making.

"Admission" means the acceptance of a consumer by a treatment program to receive services at that program.

"Admission criteria" means those criteria which shall be met for admission of a consumer for services.

"Adult" means any individual eighteen (18) years of age or older.

"ASAM" means the American Society of Addiction Medicine.

"ASAM levels of care" means the different options for treatment as described in the current edition of the ASAM criteria that vary according to the intensity of the services offered. Each treatment option is a level of care.

"ASAM criteria" means the most current edition of the American Society of Addiction Medicine's published criteria for admission to treatment, continued services, and discharge.

"ASAM level 1" means Outpatient Services for adolescents and adults. This level of care typically consists of less than nine (9) hours of services per week for adults or less than six (6) hours of services per week for adolescents. Services may be delivered in a wide variety of settings.

"ASAM level 3" means residential and inpatient services and encompasses ASAM levels 3.1, 3.3, 3.5 and 3.7.

"ASAM level 3.1" means Clinically Managed Low-Intensity Residential Services for adolescents and adults. This level of care typically provides at least five (5) hours of clinical services a week and provides a twenty-four (24) hour living support and structure with trained personnel. The corresponding service description for this level of care is Halfway House Services.

"ASAM level 3.3" means Clinically Managed Population-Specific High-Intensity Residential Services. This level of care is for adults only and typically offers twenty-four (24) hour care with trained personnel and is designed to accommodate individuals with cognitive or other impairments, including co-occurring disorders. The corresponding service description for this level of care is Residential Treatment for Adults with Co-Occurring Disorders.

"ASAM level 3.5" means Clinically Managed Medium-Intensity Residential Services for adolescents and Clinically Managed High-Intensity Residential Services for adults. This level of care provides twenty-four (24) hour care and offers a wide range of therapeutic services. The corresponding service descriptions for this level of care are Residential Treatment and Intensive Residential Treatment.

"ASAM level 3.7" means Medically Monitored High-Intensity Inpatient Services for adolescents and Medically Monitored Intensive Inpatient Withdrawal Management for adults. This level of care provides twenty-four (24) hour nursing care with physician supervision and medication availability. This level of care is appropriate for individuals withdrawing from alcohol or other drugs with subacute biomedical and emotional, behavioral, or cognitive problems severe enough to require inpatient treatment but for whom hospitalization is not necessary. The corresponding service description for this level of care is Medically Supervised Withdrawal Management.

"Assessment" means those procedures by which a program provides an on-going evaluation process with the consumer as outlined in applicable rules throughout OAC 450 to collect pertinent information needed as prescribed in applicable rules and statutes to determine courses of actions or services to be provided on behalf of the consumer. Assessment may be synonymous with the term evaluation.

"Behavioral health services" means a wide range of diagnostic, therapeutic, and rehabilitative services used in the treatment of mental

illness, substance use disorders, and co-occurring disorders.

"Biomedical condition and complications" means one dimension to be considered in placement, continued stay, and discharge and is an evaluation of the consumer's current physical condition and history of medical and physical functioning as it impacts level of care decision making.

"Biopsychsocial assessment" means face-to-face interviews conducted by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate designed to elicit historical and current information regarding the behaviors, experiences, and support systems of a consumer, and identify the consumer's strengths, needs, abilities, and preferences for the purpose of guiding the consumer's recovery plan.

"Care management" means a type of case management in residential substance use disorder (ASAM Level 3) treatment settings that includes assessment, development of a care plan, and referral and linkage to community supports and community-based or lower level of care services to promote continued recovery after the individual discharges from the treatment facility.

"Case management" means planned referral, linkage, monitoring, support, and advocacy provided in partnership with a consumer to assist that consumer with self-sufficiency and community tenure and take place in the individual's home, in the community, or in the facility, in accordance with a service plan developed with and approved by the consumer and qualified staff.

"Child" or **"Children"** means any individuals under eighteen (18) years of age.

"Client" See "Consumer."

"Community-based Structured Crisis Center" or **"CBSCC"** means a program of non-hospital emergency services for mental health and substance use disorder crisis stabilization as authorized by 43A O.S. §3-317 including, but not limited to, observation, evaluation, emergency treatment, and referral, when necessary, for inpatient psychiatric or substance use disorder treatment services. This service is limited to CMHCs who are certified by the Department of Mental Health and Substance Abuse Services or facilities operated by the Department of Mental of Substance Abuse Services.

"Community mental health center" or **"CMHC"** means a facility offering a comprehensive array of community-based mental health services including, but not limited to, inpatient treatment, outpatient treatment, partial hospitalization, emergency care, consultation and education, and certain services at the option of the center including, but not limited to, prescreening, rehabilitation services, pre-care and aftercare, training programs, and research and evaluation.

"Consultation" means the act of providing information or technical assistance to a particular group or individual seeking resolution of specific problems. A documented process of interaction between staff members or between facility staff and unrelated individuals, groups, or agencies for the purpose of problem solving or enhancing their capacities to manage consumers or facilities.

"Consumer" means an individual, adult, adolescent, or child, who has applied for, is receiving or has received evaluation or treatment

services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450 as client(s) or patient(s) or resident(s) or a combination thereof.

"Consumer advocacy" means all activities on behalf of the consumer to assist with or facilitate resolution of problems in the acquisition of resources or services needed by the consumer.

"Consumer record" means the collection of written information about a consumer's evaluation or treatment that includes the admission data, evaluation, treatment or service plan, description of treatment or services provided, continuing care plan, and discharge information on an individual consumer.

"Continuing care" means providing a specific period of structured therapeutic involvement designed to enhance, facilitate, and promote transition from a current level of services to support ongoing recovery.

"Contract" means a document adopted by the governing authority of a treatment facility and any other organization, facility, or individual, which specifies services, personnel, or space to be provided by the program, as well as the monies to be expended in exchange.

"Co-occurring disorder" (COD) means any combination of mental health symptoms and substance use disorder symptoms or diagnoses that affect a consumer and are typically determined by the current Diagnostic and Statistical Manual of Mental Disorders.

"Co-occurring disorder capability" means the organized capacity within any type of program to routinely screen, identify, assess, and provide properly matched interventions to consumer's with co-occurring disorders.

"Correctional institution" means any penal or correctional facility, jail, reformatory, detention center, work farm, halfway house, or residential community program operated by, or under contract to, the United States, a state, a territory, a political subdivision of a state or territory, or an Indian tribe, for the confinement or rehabilitation of persons charged with or convicted of a criminal offense, or other persons held in lawful custody. Other persons held in lawful custody include juvenile offenders adjudicated delinquent, aliens detained awaiting deportation, persons committed to mental institutions through the criminal justice system, witnesses, or others awaiting charges or trial. Programs which are providing treatment services within a correctional facility may be exempt from certain services described in this chapter which cannot be provided due to circumstance.

"Crisis Diversion" means an unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community.

"Crisis intervention" means actions taken and services provided to address emergency psychological, physiological, and safety aspects of alcohol, drug-related, and mental health crises.

"Cultural competency" means the ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs, and values that reflect an individual's racial, ethnic, religious, sexual orientation, and/or social group.

"Day school" means the provision of therapeutic and accredited academic services on a regularly scheduled basis.

"Department" or **"ODMHSAS"** means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Detoxification" means the process of eliminating the toxic effects of drugs and alcohol from the body. Supervised detoxification methods include social detoxification and medical monitoring or medical management and are intended to avoid withdrawal complications.

"DHS" or **"OKDHS"** means the Oklahoma Department of Human Services.

"Diagnosis" means the determination of a disorder as defined by current DSM criteria and in accordance with commonly accepted professional practice standards.

"Dietitian" or **"Dietician"** means an individual trained and licensed in the development, monitoring, and maintenance of food and nutrition in accordance with the Oklahoma State Board of Medical Licensure and Supervision.

"Discharge criteria" means individualized measures by which a program and the consumer determine readiness for discharge or transition from services being provided by that facility. These may reference general guidelines as specified in facility policies or procedures and/or in published guidelines including, but not limited to, the current ASAM criteria for individuals with substance use disorders, but should be individualized for each consumer and articulated in terms of consumer behaviors, resolutions of specific problems, and attainment of goals developed in partnership with the participant and the provider.

"Discharge planning" or **"transition planning"** means the process, begun at admission, of determining a consumer's continued need for treatment services and of developing a plan to address ongoing consumer post-treatment and recovery needs. Discharge planning may or may not include a document identified as a discharge plan.

"Discharge summary" means a clinical document in the treatment record summarizing the consumer's progress during treatment, with goals reached, continuing needs, and other pertinent information including documentation of linkage to aftercare.

"DOC" or **"ODOC"** means the Oklahoma Department of Corrections.

"Documentation" means the provision of written, dated, and authenticated evidence to substantiate compliance with standards, e.g., minutes of meetings, memoranda, schedules, notices, logs, records, policies, procedures, and announcements.

"DSM" means the most current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

"Education" means the dissemination of relevant information specifically focused on increasing the awareness of the community and the receptivity and sensitivity of the community concerning mental health, substance-related and addictive disorders, or other related problems and services related to the specific focus of treatment.

"Emergency services" means a twenty-four (24) hour capability for assessment, intervention, and resolution of a consumer's crisis or

emergency provided in response to unanticipated, unscheduled emergencies requiring prompt intervention to resolve immediate, overwhelming problems that severely impair the individual's ability to function or remain in the community and may include placement of the individual in a protective environment, withdrawal management, individual and group consultation, and medical assessment.

"Emotional, behavioral or cognitive conditions and complications" means one dimension to be considered in consumer placement, continued stay, and discharge and is an evaluation of the consumer's historical and current emotional, behavioral, or cognitive status including the presence and severity of any diagnosed mental illnesses, as well as, the level of anxiety, depression, impulsivity, guilt, and behavior that accompanies or follows these emotional states and historical information, as it impacts on level of care decision making.

"Evaluation" See "Assessment."

"Evidence based practice" means programs or practices that are supported by research methodology and have produced consistently positive patterns of results when replicated within the intent of the published guidance.

"Executive director" means the person hired by the governing authority to direct all the activities of the organization; may be used synonymously with administrative director, administrator, chief executive officer, and director.

"Face-To-Face" for the purposes of the delivery of behavioral health care, means a face-to-face physical contact and in-person encounter between the health care provider and the consumer, including the initial visit. The use of telemedicine shall be considered a face-to-face encounter.

"Facilities" or **"facility"** means entities as described in Title 43A O.S. § 1-103(7), community mental health centers, residential mental health facilities, community-based structured crisis centers, certified services for the alcohol and drug dependent, programs of assertive community treatment, eating disorder treatment, gambling disorder treatment, and narcotic treatment programs.

"Family" means the parents, brothers, sisters, other relatives, foster parents, guardians, and others who perform the roles and functions of family members in the lives of consumers.

"Follow-up" means the organized method of systematically determining the status of consumers after they have been discharged to determine post-treatment outcomes and utilization of post-treatment referrals.

"Gambling disorder treatment services" means treatment activities for consumers by a gambling treatment professional that include, but are not limited to, the following:

- (A) Assessment and diagnostic impression, ongoing;
- (B) Treatment planning and revision, as necessary;
- (C) Individual, group and family therapy;
- (D) Case management;
- (E) Psychosocial rehabilitation; and
- (E) Discharge planning.

"Goals" means broad general statements of purpose or intent that indicates the general effect the facility or service is intended to have.

"Guardian" means an individual who has been given the legal authority for managing the affairs of another individual.

"Halfway house" means low intensity substance use disorder treatment in a supportive living environment to facilitate the individual's reintegration into the community, most often following completion of primary treatment. Corresponding ASAM Treatment Level: Level III.1, Clinically managed Low Intensity Residential Services.

"Halfway house for persons with children" means a halfway house that includes services for the recovering person's children who will reside with him or her in the house. Corresponding ASAM Treatment Level: Level III.1, Clinically managed Low Intensity Residential Services.

"Infant" means any child from birth up to 3 years of age.

"Initial contact" means a person's first contact with the facility, e.g., a request for information or service by telephone or in person.

"Inpatient services" means the process of providing care to persons who require twenty-four (24) hour supervision in a hospital or other suitably equipped medical setting as a result of acute or chronic medical or psychiatric illnesses and professional staff providing medical care according to a treatment plan based on documentation of need.

"Intervention" means a process or technique intended to facilitate behavior change.

"Licensed Behavioral Health Professional" or "LBHP" means:

- (A) An Allopathic or Osteopathic Physician with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry;
- (B) An Advanced Practice Registered Nurse licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided and certified in a psychiatric mental health specialty;
- (C) A Clinical Psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists;
- (D) A Physician Assistant who is licensed in good standing in Oklahoma and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions;
- (E) A practitioner with a license to practice in the state in which services are provided by one of the following licensing boards:
 - (i) Social Work (clinical specialty only);
 - (ii) Professional Counselor;
 - (iii) Marriage and Family Therapist;
 - (iv) Behavioral Practitioner; or
 - (v) Alcohol and Drug Counselor.

"Licensed physician" means an individual with an M.D. or D.O. degree who is licensed in the State of Oklahoma to practice medicine.

"Licensed practical nurse" means an individual who is a graduate of an approved school of nursing and is licensed in the State of

Oklahoma to provide practical nursing services.

"Licensure" means the process by which an agency of government grants permission to persons or health facilities meeting qualifications to engage in a given occupation or business or use a particular title.

"Licensure Candidate" means practitioners actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards:

- (A) Psychology;
- (B) Social Work (clinical specialty only);
- (C) Professional Counselor;
- (D) Marriage and Family Therapist;
- (E) Behavioral Practitioner; or
- (F) Alcohol and Drug Counselor.

"Life skills" means abilities and techniques necessary to function independently in society.

"Medical care" means those diagnostic and treatment services which, under the laws of the jurisdiction in which the facility is located, can only be provided or supervised by a licensed physician.

"Medical withdrawal management" means diagnostic and treatment services performed by licensed facilities for acute alcohol or drug intoxication, delirium tremens, and physical and neurological complications resulting from acute intoxication. Medical withdrawal management includes the services of a physician and attendant medical personnel including nurses, interns, and emergency room personnel, the administration of a medical examination and a medical history, the use of an emergency room and emergency medical equipment if warranted, a general diet of three meals each day, the administration of appropriate laboratory tests, and supervision by properly trained personnel until the person is no longer medically incapacitated by the effects of alcohol or drugs. [43 A.O.S. § 3-403(5)] It is an organized service delivered by medical and nursing professionals that provides for twenty-four (24)-hour medically directed evaluation and withdrawal management in an acute care inpatient setting. Services are delivered under a defined set of physician-approved policies and physician-managed procedures or medical protocols. Corresponding ASAM Service Level: Level 4-WM, Medically Managed Intensive Inpatient Withdrawal Management.

"Medical services" means the administration of medical procedures by a physician, registered nurse, nurse practitioner, physician's assistant, or dentist and in accordance with a documented treatment plan and medical supervision available to provide the consumer with the service necessitated by the prevalent problem identified and includes physical examinations, withdrawal management from alcohol or drugs, methadone maintenance, dental services, or pharmacy services, etc.

"Medically supervised withdrawal management" means withdrawal management outside of a medical setting, directed by a physician who has attendant medical personnel including nurses for intoxicated consumers, and consumer's withdrawing from alcohol and other drugs, presenting with no apparent medical or neurological

symptoms as a result of their use of substances that would require hospitalization as determined by an examining physician. Corresponding ASAM Service Level: Level 3.7-WM, Medically Monitored Inpatient Withdrawal Management. Withdrawal management is intended to stabilize and prepare consumers in accessing treatment.

"Medication" means any prescription or over-the-counter drug that is taken orally, injected, inserted, applied topically, or otherwise administered by staff or self-administered by the consumer for the appropriate treatment or prevention of medical or psychiatric issues.

"Medication assisted treatment" means the use of medications, in combination with counseling and behavioral therapies, to provide a whole patient approach to the treatment of substance use disorders.

"Medication-self administration" means the consumers administer their own medication to themselves, or their children, with staff observation.

"Neglect" means:

- (A) the failure of staff to provide adequate food, clothing, shelter, medical care or supervision which includes, but is not limited to, lack of appropriate supervision that results in harm to a consumer;
- (B) the failure of staff to provide special care made necessary by the physical or mental condition of the consumer;
- (C) the knowing failure of staff to provide protection for a consumer who is unable to protect his or her own interest;
- or
- (D) staff knowingly causing or permitting harm or threatened harm through action or inaction that has resulted or may result in physical or mental injury.

"Non-medical withdrawal management" means withdrawal management services for intoxicated consumers and consumers withdrawing from alcohol or other drugs presenting with no apparent medical or neurological symptoms as a result of their use of substances. Corresponding ASAM Service Level: Level 3.2-WM, Clinically managed Residential Withdrawal Management. Withdrawal management is intended to stabilize and prepare consumers in accessing treatment.

"Objectives" means a specific statement of planned accomplishments or results that are specific, measurable, attainable, realistic, and time-limited.

"ODMHSAS" means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Oklahoma Administrative Code" or "OAC" means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A)(1)(a) and maintained in the Office of Administrative Rules.

"OSDH" means the Oklahoma State Department of Health.

"Outpatient services" means an organized, nonresidential treatment service in regularly scheduled sessions intended for individuals not requiring a more intensive level of care or those who require continuing services following more intensive treatment regimens.

For substance use disorder treatment services, the corresponding ASAM Treatment Level is Level I, Outpatient Treatment.

"Peer Recovery Support Specialist" or "PRSS" means an individual who meets the qualifications and is certified as a PRSS pursuant to OAC 450:53.

"Performance Improvement" or "PI" means an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of consumers and others. Synonyms, and near synonyms, include continuous quality improvement, continuous improvement, organization-wide quality improvement, and total quality management.

"Personnel record" means a chart or file containing the employment history and actions relevant to individual employee or volunteer activities within an organization and may contain application, evaluation, salary data, job description, citations, credentials, etc.

"PICIS" is a comprehensive management information system based on national standards for mental health and substance abuse databases. It is a repository of diverse data elements that provide information about organizational concepts, staffing patterns, consumer profiles, program or treatment focus, and many other topics of interest to clinicians, administrators, and consumers. It includes unique identifiers for agencies, staff, and consumers that provide the ability to monitor the course of consumer services throughout the statewide ODMHSAS network. PICIS collects data from hospitals, community mental health centers, substance abuse agencies, community residential mental health facilities, prevention programs, and centers for the homeless which are operated or funded in part by ODMHSAS.

"Play therapy" means a form of action therapy that uses, but is not limited to, sand play, fairy tales, art and puppetry to encourage communication in children who have inadequate or immature verbalization skills or who verbalize excessively due to defensiveness.

"Policy" means statements of facility intent, strategy, principle, or rules in the provision of services; a course of action leading to the effective and ethical provision of services.

"Prevention" means the assessment, development, and implementation of strategies designed to prevent the adverse effects of mental illness, substance use disorders, addiction, and trauma.

"Procedures" means the written methods by which policies are implemented.

"Process" means information about what a program is implementing and the extent to which the program is being implemented as planned.

"Program" means a structured set of activities designed and structured to achieve specific objectives relative to the needs of the consumers or patients.

"Progress notes" means a chronological written description of services provided to a consumer, resident, client, or patient that documents, utilizing acceptable documentation practices, the consumer's response related to the intervention plan or services provided.

"Psychiatrist" means a licensed physician who specializes in the assessment and treatment of individuals having psychiatric disorders and

who is fully licensed to practice medicine in the state in which he or she practices and is certified in psychiatry by the American Board of Psychiatry and Neurology or has equivalent training or experience.

"Psychotherapy" or "Therapy" means a goal directed process using generally accepted clinical approaches provided face-to-face by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate with consumers in individual, group, or family settings to promote positive, emotional, or behavioral change.

"Readiness to change" means one dimension to be considered in consumer placement, continued stay, and transition and is an evaluation of the consumer's current emotional and cognitive awareness of the need to change, coupled with a commitment to change.

"Recovery" means an ongoing process of discovery and/or rediscovery that must be self-defined, individualized, and may contain some, if not all, of the fundamental components of recovery as outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA).

"Recovery/living environment" means one dimension to be considered in consumer placement, continued stay, and discharge and is an evaluation of the consumer's current recovery environment, current relationships, degree of support for recovery, current housing, employment situation, availability of alternatives, and historical information as it impacts on level of care decision making.

"Registered nurse" means an individual who is a graduate of an approved school of nursing and is licensed in the State of Oklahoma to practice as a registered nurse.

"Rehabilitation services" means face-to-face individual or group services provided by qualified staff to develop skills necessary to perform activities of daily living and successful integration into community life. Rehabilitation services for substance use disorders are also referred to as skill development services.

"Relapse" means the process which may result in the return to the use of substances after a period of abstinence.

"Relapse potential, continued use, or continued problem potential" means one dimension to be considered in consumer placement, continued stay, and discharge and is an evaluation of the consumer's attitudes, knowledge, and coping skills, as well as the likelihood that the consumer will relapse from a previously achieved and maintained abstinence and/or stable and healthy mental health function. If an individual has not yet achieved abstinence and/or stable and healthy mental health function, this dimension assesses the likelihood that the individual will continue to use alcohol or other drugs and/or continue to have mental health problems.

"Residential treatment-substance abuse" means treatment for a consumer in a live-in setting which provides a regimen consisting of twenty-four (24) treatment hours per week. This level of care should correspond with the ASAM Service Level: Level 3.5, Clinically managed High-Intensity Residential Services.

"Residential treatment for persons with children-substance abuse" means a residential treatment facility that includes services for the recovering person's children who will reside with him or her in the

residential facility. Corresponding ASAM Service Level (Parent Only): Level 3.5 Clinically Managed High-Intensity Residential Services.

"Screening" means the process to determine whether the person seeking assistance needs further comprehensive assessment.

"Service plan" or **"Treatment plan"** means the document used during the process by which a LBHP or a Licensure Candidate and the consumer together and jointly identify and rank problems, establish agreed-upon immediate short-term and long-term goals, and decide on the treatment process and resources to be utilized.

"Service Provider" means a person who is allowed to provide treatment services within the regulation and scope of their certification level or license.

"Significant others" means those individuals who are, or have been, significantly involved in the life of the consumer.

"Socialization" means all activities, which encourage interaction and the development of communication, interpersonal, social, and recreational skills and can include consumer education.

"Substance-related and addictive disorders" means a substance-related disorder involving problems related to the use of ten distinct classes of drugs: alcohol; caffeine; cannabis; hallucinogens; inhalants; opioids; sedatives, hypnotics and anxiolytics; stimulants; tobacco; and other (unknown) substances. Substance-related disorders fall into one of two categories, substance use disorders and substance induced disorders. A substance use disorder is a cluster of cognitive, behavioral and physiological symptoms indicating the consumer continues using the substance(s) despite significant substance-related problems. A substance-induced disorder is a reversible substance-specific syndrome due to the recent ingestion of a substance. Addictive disorders involve repetitive clusters of behaviors that activate reward systems similar to those activated by drugs and create behavioral symptoms comparable to those produced by substance use disorders such as compulsive gambling.

"Substance use disorder treatment services" means the coordination of treatment activities for consumers by service provider that includes, but is not limited to, the following:

- (A) Screening, diagnostic impression, and assessment.
- (B) Treatment planning and revision, as necessary.
- (C) Continuing care review to assure continuing stay and discharge criteria are met.
- (D) Case management services.
- (E) Reports and record keeping of consumer related data.
- (F) Consultation that facilitates necessary communication in regard to consumers.
- (G) Discharge planning that assists consumers in developing continuing care plans and facilitates transition into post-treatment recovery.
- (H) Individual, group, and family therapy.
- (I) Rehabilitation services.
- (J) Peer recovery support services.
- (K) Crisis intervention services.

"Substance-use disorders" means alcohol or drug dependence or psychoactive substance use disorder as defined by current DSM criteria or by other standardized and widely accepted criteria.

"Substance withdrawal" means a state of being in which a group of symptoms of variable clustering and degree of severity occur on cessation or reduction of use of a psychoactive substance that has been taken repeatedly, usually for a prolonged period and/or in high doses. The syndrome may be accompanied by signs of physiological disturbance. Onset and course of the withdrawal state are time-limited and are related to the type of substance and the dose being used immediately before abstinence.

"Supportive services" refers to assistance with the development of problem-solving and decision making skills to maintain or achieve optimal functioning within the community and can include consumer education.

"Therapeutic hour(s)" means the amount of time in which the consumer is engaged with a service provider identifying, addressing, and/or resolving issues that are related to the consumer's treatment plan.

"Tobacco" means any nicotine delivery product or device that is not approved by the U.S. Food and Drug Administration (FDA) for the purpose of nicotine dependence treatment, including, but not limited to cigarettes, cigars, snuff, chewing tobacco, electronic cigarettes and vaping devices.

"Trauma informed capability" means the capacity for a facility and all its programs to recognize and respond accordingly to the presence of the effects of past and current traumatic experiences in the lives of its consumers.

"Treatment" means the broad range of emergency, inpatient, intermediate and outpatient services and care including diagnostic evaluation, medical, psychiatric, psychological and social service care, vocational rehabilitation, and career counseling. [43A O.S. § 3-403(11)].

"Treatment hours - residential" means the structured hours in which a consumer is involved in receiving professional services to assist in achieving recovery.

"Treatment session-outpatient" means each face-to-face contact with a consumer in a therapeutic setting whether individually or in a group.

"Volunteer" means any person who is not on the program's payroll, but provides services and fulfills a defined role within the program and includes interns and practicum students.

"Wellness" means the condition of good physical, mental, and emotional health, especially when maintained by an appropriate diet, exercise, and other lifestyle modifications.

"Withdrawal Management" means the process of eliminating the toxic effects of substances from the body. Withdrawal management methods include social detoxification and medical monitoring or medical management and are intended to avoid withdrawal complications.

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 17 Ok Reg 2131, eff 7-1-00 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 25 Ok Reg 2532, eff 7-11-08 ; Amended at 27 Ok Reg 2237, eff 7-

11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 32 Ok Reg 2091, eff 9-15-15 ; Amended at 33 Ok Reg 982, eff 9-1-16 ; Amended at 34 Ok Reg 1791, eff 10-1-17 ; Amended at 35 Ok Reg 1821, eff 10-1-18 ; Amended at 38 Ok Reg 238, eff 11-16-20 (emergency); Amended at 38 Ok Reg 1256, eff 9-15-21 ; Amended at 39 Ok Reg 1951, eff 9-15-22]

450:18-1-3. Meaning of verbs in rules

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

- (1) **"Shall"** is the term used to indicate a mandatory statement, the only acceptable method under the present standards.
- (2) **"Should"** is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.
- (3) **"May"** is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

[Source: Added at 13 Ok Reg 2769, eff 7-1-96]

450:18-1-4. Applicability

This chapter is applicable to all substance-related and addictive disorder treatment facilities and organizations providing treatment, therapy, rehabilitation services, and substance-related and addictive disorder treatment services which are statutorily required to be certified by the ODMHSAS.

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14]

450:18-1-5. Alcohol and drug abuse prevention, training, treatment and rehabilitation authority [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Revoked at 19 Ok Reg 2375, eff 7-1-02]

450:18-1-6. Annual review of standards and criteria [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Revoked at 25 Ok Reg 2532, eff 7-11-08]

450:18-1-7. New standards and criteria [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Revoked at 21 Ok Reg 1739, eff 7-1-04]

450:18-1-8. Suspension of rules

A portion of these standards may be suspended during a specific time frame to allow the certified provider the opportunity to engage in performance improvement activities in partnership with ODMHSAS. Suspension may be granted after the provider has submitted a formal written request to the Commissioner, or designee, of the Department of Mental Health and Substance Abuse Services and a letter of approval from the Commissioner, or designee of the Department of Mental Health and Substance Abuse Services, has been received. The Commissioner, or a designee, shall respond within thirty (30) days of receipt of the written request.

[Source: Added at 24 Ok Reg 2580, eff 7-12-07]

450:18-1-9. Staff qualifications [REVOKED]

[Source: Added at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Revoked at 38 Ok Reg 1256, eff 9-15-21]

450:18-1-10. Volunteers [REVOKED]

[Source: Added at 35 Ok Reg 1821, eff 10-1-18 ; Revoked at 38 Ok Reg 1256, eff 9-15-21]

SUBCHAPTER 3. SUBSTANCE ABUSE TREATMENT SERVICES [REVOKED]

PART 1. LEVELS OF CARE [REVOKED]

450:18-3-1. Levels of Care [AMENDED AND RENUMBERED TO 450:18-13-1]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 18 Ok Reg 2183, eff 7-1-01 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended and renumbered to 450:18-13-1 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-2. HIV Education, Testing and Counseling Services [AMENDED AND RENUMBERED TO 450:18-13-2]

[Source: Added at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended and renumbered to 450:18-13-2 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-3. Treatment Professional [AMENDED AND RENUMBERED TO 450:18-13-3]

[Source: Added at 22 Ok Reg 2109, eff 7-1-05 ; Amended and renumbered to 450:18-13-3 at 23 Ok Reg 1953, eff 7-1-06]

PART 3. OUTPATIENT SERVICES [REVOKED]

450:18-3-21. Outpatient services [AMENDED AND RENUMBERED TO 450:18-13-21]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 18 Ok Reg 2183, eff 7-1-01 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended and renumbered to 450:18-13-21 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-22. Outpatient services, admission criteria [AMENDED AND RENUMBERED TO 450:18-13-22]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-22 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-23. Outpatient services, discharge criteria [AMENDED AND RENUMBERED TO 450:18-13-23]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-23 at 23 Ok Reg 1953, eff 7-1-06]

PART 5. INTENSIVE OUTPATIENT SERVICES [REVOKED]

450:18-3-41. Intensive outpatient services [AMENDED AND RENUMBERED TO 450:18-13-41]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended and renumbered to 450:18-13-41 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-42. Service requirements [AMENDED AND RENUMBERED TO 450:18-13-42]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 18 Ok Reg 2183, eff 7-1-01 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended and renumbered to 450:18-13-42 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-43. Intensive outpatient services, admission criteria [AMENDED AND RENUMBERED TO 450:18-13-43]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-43 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-44. Intensive outpatient, discharge criteria [AMENDED AND RENUMBERED TO 450:18-13-44]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-44 at 23 Ok Reg 1953, eff 7-1-06]

PART 7. MEDICALLY SUPERVISED DETOXIFICATION [REVOKED]

450:18-3-61. Medically supervised detoxification [AMENDED AND RENUMBERED TO 450:18-13-61]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 18 Ok Reg 2183, eff 7-1-01 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended and renumbered to 450:18-13-61 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-62. Medically-supervised detoxification, admission criteria [AMENDED AND RENUMBERED TO 450:18-13-62]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-62 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-63. Medically-supervised detoxification, discharge criteria [AMENDED AND RENUMBERED TO 450:18-13-63]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-63 at 23 Ok Reg 1953, eff 7-1-06]

PART 9. NON-MEDICAL DETOXIFICATION [REVOKED]

450:18-3-81. Non-medical detoxification [AMENDED AND RENUMBERED TO 450:18-13-81]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 18 Ok Reg 2183, eff 7-1-01 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended and renumbered to 450:18-13-81 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-82. Non-medical (social) detoxification, admission criteria [AMENDED AND RENUMBERED TO 450:18-13-82]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-81 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-83. Non-medical (social) detoxification, discharge criteria [AMENDED AND RENUMBERED TO 450:18-13-83]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-83 at 23 Ok Reg 1953, eff 7-1-06]

PART 11. RESIDENTIAL TREATMENT [REVOKED]

450:18-3-101. Residential treatment for adults [AMENDED AND RENUMBERED TO 450:18-13-101]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 18 Ok Reg 2183, eff 7-1-01 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended and renumbered to 450:18-13-101 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-102. Adult residential treatment, admission criteria [AMENDED AND RENUMBERED TO 450:18-13-102]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-102 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-103. Adult residential treatment, discharge criteria [AMENDED AND RENUMBERED TO 450:18-13-103]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-103 at 23 Ok Reg 1953, eff 7-1-06]

PART 13. RESIDENTIAL TREATMENT FOR PERSONS WITH DEPENDENT CHILDREN [REVOKED]

450:18-3-121. Residential treatment for persons with dependent children [AMENDED AND RENUMBERED TO 450:18-13-121]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 18 Ok Reg 2183, eff 7-1-01 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended and renumbered to 450:18-13-121 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-122. Residential treatment for persons with dependent children, admission criteria [AMENDED AND RENUMBERED TO 450:18-13-122]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-122 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-123. Residential treatment for persons with dependent children, discharge criteria [AMENDED AND RENUMBERED TO 450:18-13-123]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-123 at 23 Ok Reg 1953, eff 7-1-06]

PART 15. ADULT RESIDENTIAL TREATMENT FOR THE DUALY DIAGNOSED [REVOKED]

450:18-3-141. Adult residential treatment for the dually diagnosed [AMENDED AND RENUMBERED TO 450:18-13-141]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 18 Ok Reg 2183, eff 7-1-01 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended and renumbered to 450:18-13-141 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-142. Adult residential treatment for the dually diagnosed, admission criteria [AMENDED AND RENUMBERED TO 450:18-13-142]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-142 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-143. Residential treatment for the dually, discharge criteria [AMENDED AND RENUMBERED TO 450:18-13-143]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-143 at 23 Ok Reg 1953, eff 7-1-06]

PART 17. RESIDENTIAL TREATMENT FOR ADOLESCENTS [REVOKED]

450:18-3-161. Residential treatment for adolescents [AMENDED AND RENUMBERED TO 450:18-13-161]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 18 Ok Reg 2183, eff 7-1-01 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended and renumbered to 450:18-13-161 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-162. Residential treatment for adolescents, admission criteria [AMENDED AND RENUMBERED TO 450:18-13-162]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-162 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-163. Residential treatment for adolescents, discharge criteria [AMENDED AND RENUMBERED TO 450:18-13-163]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-163 at 23 Ok Reg 1953, eff 7-1-06]

PART 19. HALFWAY HOUSE SERVICES [REVOKED]

450:18-3-181. Halfway house services [AMENDED AND RENUMBERED TO 450:18-13-181]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 18 Ok Reg 2183, eff 7-1-01 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended and renumbered to 450:18-13-181 at 23 Ok Reg 1953, eff 7-1-06]

**450:18-3-182. Halfway house services, admission criteria
[AMENDED AND RENUMBERED TO 450:18-13-182]**

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-182 at 23 Ok Reg 1953, eff 7-1-06]

**450:18-3-183. Halfway house services, discharge criteria
[AMENDED AND RENUMBERED TO 450:18-13-183]**

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-183 at 23 Ok Reg 1953, eff 7-1-06]

**PART 20. ADOLESCENT HALFWAY HOUSE SERVICES
[REVOKED]**

**450:18-3-190. Adolescent halfway house services [AMENDED AND
RENUMBERED TO 450:18-13-190]**

[Source: Added at 17 Ok Reg 2131, eff 7-1-00 ; Amended at 18 Ok Reg 2183, eff 7-1-01 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended and renumbered to 450:18-13-190 at 23 Ok Reg 1953, eff 7-1-06]

**450:18-3-191. Adolescent halfway house services, admission
criteria [AMENDED AND RENUMBERED TO 450:18-13-191]**

[Source: Added at 17 Ok Reg 2131, eff 7-1-00 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-191 at 23 Ok Reg 1953, eff 7-1-06]

**450:18-3-192. Adolescent halfway house services, discharge
criteria [AMENDED AND RENUMBERED TO 450:18-13-192]**

[Source: Added at 17 Ok Reg 2131, eff 7-1-00 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-192 at 23 Ok Reg 1953, eff 7-1-06]

**PART 21. HALFWAY HOUSE SERVICES FOR PERSONS
WITH DEPENDENT CHILDREN [REVOKED]**

**450:18-3-201. Halfway house services for persons with dependent
children [AMENDED AND RENUMBERED TO 450:18-13-201]**

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 17 Ok Reg 2131, eff 7-1-00 ; Amended at 18 Ok Reg 2183, eff 7-1-01 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended and renumbered to 450:18-13-201 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-202. Halfway house services for persons with dependent children, admission criteria [AMENDED AND RENUMBERED TO 450:18-13-202]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-202 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-203. Halfway house services for persons with dependent children, discharge criteria [AMENDED AND RENUMBERED TO 450:18-13-203]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-13-203 at 23 Ok Reg 1953, eff 7-1-06]

**PART 23. THREE QUARTERWAY HOUSE SERVICES
[REVOKED]**

450:18-3-221. Three quarterway house services [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 18 Ok Reg 2183, eff 7-1-01 ; Revoked at 19 Ok Reg 2375, eff 7-1-02]

**PART 25. MEDICATION ASSISTED TREATMENT
[REVOKED]**

450:18-3-241. Opioid treatment program services [AMENDED AND RENUMBERED TO 450:18-13-241]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 17 Ok Reg 2131, eff 7-1-00 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 21 Ok Reg 1739, eff 7-1-04 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended and renumbered to 450:18-13-241 at 23 Ok Reg 1953, eff 7-1-06]

450:18-3-242. Programs using opiate antagonist or long acting opiate agonist [AMENDED AND RENUMBERED TO 450:18-13-242]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended and renumbered to 450:18-13-242 at 23 Ok Reg 1953, eff 7-1-06]

**SUBCHAPTER 5. ORGANIZATIONAL AND FACILITY
MANAGEMENT**

450:18-5-1. Purpose

The purpose of this subchapter is to set forth rules regulating program requirements, activities, and services which are not specific to levels of care.

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 27 Ok Reg 2237, eff 7-11-10]

450:18-5-2. Applicability

The rules set forth in this subchapter are applicable only to those facilities providing substance-related and addictive disorder treatment services.

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 31 Ok Reg 2004, eff 10-1-14]

450:18-5-2.1. Organizational and facility description [REVOKED]

[Source: Amended and renumbered from 450:18-9-20 at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Revoked at 38 Ok Reg 1256, eff 9-15-21]

450:18-5-2.2. Information analysis and planning [REVOKED]

[Source: Amended and renumbered from 450:18-9-21 at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 32 Ok Reg 2091, eff 9-15-15 ; Revoked at 38 Ok Reg 1256, eff 9-15-21]

450:18-5-2.3. Performance improvement program [REVOKED]

[Source: Amended and renumbered from 450:18-9-22 at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Revoked at 38 Ok Reg 1256, eff 9-15-21]

450:18-5-3. Physical facility environment and safety [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Revoked at 38 Ok Reg 1256, eff 9-15-21]

450:18-5-3.1. Hygiene and sanitation [REVOKED]

[Source: Added at 22 Ok Reg 2109, eff 7-1-05 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Revoked at 38 Ok Reg 1256, eff 9-15-21]

450:18-5-3.2. Standards for food service

The following shall be applicable to all residential facilities and to any outpatient facilities which provide an on-premise meal service.

- (1) Storage, preparation, dishwashing, and serving of food and ice shall be in compliance with the requirements of the OSDH regulations governing public feeding establishments.
- (2) Each facility shall have an annual inspection completed by the OSDH free from any pending violations.

[Source: Added at 22 Ok Reg 2109, eff 7-1-05 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 25 Ok Reg 2532, eff 7-11-08 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 39 Ok Reg 1951, eff 9-15-22]

450:18-5-3.3. Tobacco-free campus [REVOKED]

[Source: Added at 34 Ok Reg 1791, eff 10-1-17 ; Revoked at 38 Ok Reg 1256, eff 9-15-21]

450:18-5-4. Dietetic services

(a) Any facility which provides twenty-four (24) hour per day care shall have a written plan describing the organization and delivery of dietetic services (either directly or through contract) to meet the dietary needs of consumers.

(b) Menus for meals provided by the facility shall be reviewed annually and as needed for consumer's with special dietary needs (diabetes, pregnancy, religious requirements, etc.). This review shall be made by an Oklahoma Registered Dietician. Approval of the review shall be documented by the dietician's signature, American Dietetic Association (AA) Registration Number (RD#), Oklahoma License Number (DL#), and date of the review.

(c) Dietetic services, including health policy and procedures for food service staff, other staff, and consumers performing food service duties as a part of their treatment plan, shall be in compliance with all applicable federal, state, and local statutes and regulations, and shall be so noted in facility policy and procedure. All programs preparing meals provided to consumers shall document, on an annual basis, compliance with OSDH rules and regulations pertaining to kitchen facilities.

(d) Food shall be served in an appetizing and attractive manner, at realistically planned mealtimes, and in a congenial and relaxed atmosphere.

(e) Information pertinent to special dietetic needs of consumers shall be entered into the consumers' treatment records, and when medically indicated, forwarded to parties having permission to receive information regarding consumers' treatment.

(f) Compliance with 450:18-5-4 may be determined by a review of the following:

- (1) Facility policy and procedures;
- (2) Written plan for dietetic services;
- (3) Menus;
- (4) Menu approvals;
- (5) OSDH reports; and
- (6) Any other supporting facility documentation.

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 18 Ok Reg 2183, eff 7-1-01 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10]

450:18-5-5. Pharmacy services and medications

(a) Facilities providing pharmacy services either as a part of their regular business operation, through a sub-corporation, or other related business

entity shall comply with all federal and state statutes and regulations regarding drugs and pharmacies including, but not limited to, OAC, Title 535. Facility policy and procedure shall indicate such compliance.

(b) For services neither provided in a licensed hospital nor as a part of a licensed hospital's services, the facility shall have written policies and procedures including, but not limited to, the following:

- (1) Staff not licensed to dispense or administer medication shall not dispense or administer medication;
- (2) Medication shall not be withheld from a consumer for whom the medication was prescribed for non-medical reasons;
- (3) Prescription medications shall be stored in a non-residential area under lock, with the exception of those medications which may be needed by a consumer on a medical emergency basis; and
- (4) Staff shall keep a log of all self-administered medications (prescribed or over-the-counter).

(c) Compliance with 450:18-5-5 may be determined by a review of policy and procedure, consumer records, interviews with staff and consumers, and any other supporting facility documentation.

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10]

450:18-5-5.1. Medication assisted treatment

Providers of residential treatment, medically supervised withdrawal management, or halfway house services shall provide access to medication assisted treatment (MAT) medications to all consumers for whom MAT is determined to be appropriate. Access to MAT medications shall be provided either directly from the residential treatment, medically supervised withdrawal management, or halfway house provider; or provided through a formal agreement with a separate MAT provider.

[Source: Added at 38 Ok Reg 238, eff 11-16-20 (emergency); Added at 38 Ok Reg 1256, eff 9-15-21]

450:18-5-6. Day school

(a) Facilities providing a day school (i.e., an academic formal educational program) either as a primary focus of their services or as an ancillary service, shall be in compliance with all applicable rules and regulations of the Oklahoma State Department of Education (OSDE) and of the local school district in which the day school is located.

(b) In addition, the facility shall provide the following documentation:

- (1) Academic services provided are accredited by the local school district or the OSDE;
- (2) All teachers shall have a valid license or certificate from the OSDE for the teaching position they are employed to fill;
- (3) Therapeutic units are provided by staff trained in the issues of substance use disorders;
- (4) Each student shall have a home school; and
- (5) Each student shall have a daily activity schedule and individualized treatment plan based on assessment of need and formulated for both educational and therapy needs.

(c) Compliance with 450:18-5-6 may be determined by a review of facility policy and procedures, relevant personnel records, other facility supporting documentation, and interviews with staff and consumers .

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14]

450:18-5-7. Performance improvement program [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Revoked at 19 Ok Reg 2375, eff 7-1-02]

450:18-5-8. Critical incident reporting [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Revoked at 38 Ok Reg 1256, eff 9-15-21]

450:18-5-9. Mechanical restraints [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Revoked at 22 Ok Reg 2109, eff 7-1-05]

450:18-5-10. Community information, consultation, outreach, and street outreach [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

450:18-5-11. Technology [REVOKED]

[Source: Added at 31 Ok Reg 2004, eff 10-1-14 ; Revoked at 38 Ok Reg 1256, eff 9-15-21]

450:18-5-12. Americans with Disabilities Act of 1990 [REVOKED]

[Source: Added at 35 Ok Reg 1821, eff 10-1-18 ; Revoked at 38 Ok Reg 1256, eff 9-15-21]

450:18-5-13. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS) [REVOKED]

[Source: Added at 35 Ok Reg 1821, eff 10-1-18 ; Revoked at 38 Ok Reg 1256, eff 9-15-21]

450:18-5-14. Non-medical withdrawal management

(a) Providers of residential treatment services (ASAM Level 3.3 and ASAM Level 3.5) shall provide non-medical withdrawal management as part of their regular service delivery program and facility environment.

(b) Non-medical withdrawal management shall be provided for intoxicated consumers and consumers withdrawing from alcohol and

other drugs who present with no apparent medical or neurological symptoms as a result of their substance use disorder.

(c) The facility shall maintain written programmatic descriptions and policy and procedures addressing the following:

(1) Environment: The facility shall monitor and document vital signs, and food and liquids intake.

(2) Staff:

(A) Staff providing non-medical withdrawal management shall be knowledgeable about the physical signs of withdrawal, the taking of vital signs, the implication of those vital signs, and emergency procedures. Service providers shall be trained and competent to implement physician-approved protocols for consumer observation and supervision, determination of appropriate level of care, and facilitation of the consumer's transition to continuing care.

(B) The facility shall document in personnel records all education, training, and experience stated in (A) above prior to staff providing direct care services.

(3) Treatment services: Daily (twenty-four [24] hours a day, seven [7] days a week) substance use disorder withdrawal management treatment services shall be provided, to include oral intake of fluids, three (3) meals a day, and the taking of vital signs (temperature, pulse, respiration rate, blood pressure), and fluid and food intake a minimum of one (1) time every six (6) hours or more often as indicated by the consumer's condition.

[Source: Added at 38 Ok Reg 1256, eff 9-15-20]

SUBCHAPTER 7. FACILITY CLINICAL RECORDS

PART 1. RECORD SYSTEM [REVOKED]

450:18-7-1. Purpose. [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

450:18-7-1.1. Consumer record system [REVOKED]

[Source: Added at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Revoked at 38 Ok Reg 1256, eff 9-15-21]

450:18-7-2. Consumer records, basic requirements [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 34 Ok Reg 1791, eff 10-1-17 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

450:18-7-3. Confidentiality, substance abuse records [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Revoked at 20 Ok Reg 670, eff 2-27-03 (emergency); Revoked at 21 Ok Reg 1739, eff 7-1-04]

450:18-7-3.1. Confidentiality of substance-related and addictive disorder treatment information [REVOKED]

[Source: Added at 20 Ok Reg 670, eff 2-27-03 (emergency); Added at 21 Ok Reg 1739, eff 7-1-04 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 25 Ok Reg 2532, eff 7-11-08 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Revoked at 38 Ok Reg 1256, eff 9-15-21]

450:18-7-4. Consumer record storage, retention, and disposition [REVOKED]

[Source: Added at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

PART 3. SCREENING AND ASSESSMENT

450:18-7-21. Clinical record content, screening and assessment

- (a) All facilities shall complete a face-to-face screening with each individual to determine appropriateness of further assessment.
- (b) The facility shall maintain written screening policies and procedures that, at a minimum include: (1) how the screening is to be conducted; (2) that the screening conducted is an integrated screening to identify both immediate and ongoing needs, which includes screening for whether the consumer is a risk to self or others, including suicide risk factors; and (3) how the consumer is assisted with admission for services, and/or with accessing other appropriate services.
- (c) All facilities shall assess each consumer for appropriateness of admission to the treatment program. Each presenting consumer for substance use disorder treatment shall be assessed to determine a clinically appropriate placement in the least restrictive level of care. Facilities must ensure that a consumer's refusal of a particular service does not preclude the consumer from accessing other needed mental health or substance-related or addictive disorder treatment services. Should the service provider determine the consumer's needs cannot be met within the facility, clinical assessments and referrals for the consumer shall be documented.
- (d) Any consumer seeking admission to inpatient or residential services, including medically-supervised withdrawal management, while under the influence or undergoing withdrawal of alcohol or drugs, shall be assessed prior to admission for medical needs. The written criteria to be used for medical needs assessment of persons under the influence or undergoing withdrawal of alcohol or drugs, and the protocols for determining when physician review of the assessment is needed, shall be approved by the

facility's consulting physician.

(e) Compliance with 450:18-7-21 may be determined by a review of the following:

- (1) Policies and procedures;
- (2) Intake protocols;
- (3) assessment instruments;
- (4) Treatment records;
- (5) Interviews with staff and consumers; and
- (6) Other facility documentation.

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 33 Ok Reg 982, eff 9-1-16 ; Amended at 34 Ok Reg 1791, eff 10-1-17 ; Added at 35 Ok Reg 1821, eff 10-1-18 ; Amended at 38 Ok Reg 238, eff 11-16-20 (emergency); Amended at 38 Ok Reg 1256, eff 9-15-21 ; Amended at 39 Ok Reg 1951, eff 9-15-22]

450:18-7-22. Screening and assessment, process requirements

(a) Written policies and procedures governing the screening and assessment process shall specify the following:

- (1) The information to be obtained on all applicants or referrals for admission;
- (2) The procedures for accepting referrals from outside agencies or organizations;
- (3) The records to be kept on all applicants;
- (4) Any prospective consumer data to be recorded during the admission process; and
- (5) The procedures to be followed when an applicant or a referral is found ineligible for admission.

(b) Facilities shall have written policies and procedures for the purpose of admitting and assessing persons with special needs.

(c) Compliance with 450:18-7-22 may be determined by a review of the following:

- (1) Policies and procedures;
- (2) Admission protocols;
- (3) Screening and assessment instruments;
- (4) Treatment records;
- (5) Interviews with staff and consumers; and
- (6) Other facility documentation.

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 34 Ok Reg 1791, eff 10-1-17]

450:18-7-23. Biopsychsocial assessment

(a) All programs shall complete a biopsychsocial assessment that gathers sufficient information to assist the consumer in developing an individualized service plan and utilizes standardized tools such as the Addiction Severity Index (ASI) for adults or the Teen Addiction Severity Index (T-ASI) for adolescents. The assessment must also list the client's past and current psychiatric medications, if applicable. The assessment must be completed by a Licensed Behavioral Health Professional (LBHP)

or Licensure Candidate. Licensure candidate signatures must be co-signed by a fully-licensed LBHP in good standing.

(b) Compliance with 450:18-7-23 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Biopsychsocial assessment instruments;
- (3) Consumer records;
- (4) Case management assessments;
- (5) Interviews with staff and consumers; and
- (6) Other facility documentation.

[Source: Amended and renumbered from 450:18-7-41 at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 32 Ok Reg 2091, eff 9-15-15 ; Added at 35 Ok Reg 1821, eff 10-1-18 ; Amended at 38 Ok Reg 1256, eff 9-15-21 ; Amended at 39 Ok Reg 1951, eff 9-15-22]

450:18-7-24. Biopsychsocial assessment, time frame [REVOKED]

[Source: Amended and renumbered from 450:18-7-42 at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 38 Ok Reg 1256, eff 9-18-21 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

450:18-7-25. Biopsychsocial assessments of children accompanying a parent into treatment [REVOKED]

[Source: Amended and renumbered from 450:18-7-43 at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 32 Ok Reg 2091, eff 9-15-15 ; Amended at 38 Ok Reg 1256, eff 9-18-21 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

450:18-7-26. Biopsychsocial assessments of children accompanying a parent into treatment, time frame [REVOKED]

[Source: Amended and renumbered from 450:18-7-26 at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 38 Ok Reg 1256, eff 9-18-21 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

450:18-7-27. Clinical record content, on-going assessment

(a) The facility shall have policies and procedures which delineate the process, protocols, and timeframes by which on-going clinical assessments occur.

(b) Compliance with 450:18-7-27 shall be determined by a review of the clinical records and agency policies and procedures.

[Source: Added at 27 Ok Reg 2237, eff 7-11-10]

PART 5. BIOPSYCHSOCIAL ASSESSMENT [REVOKED]

450:18-7-41. Biopsychsocial assessment [AMENDED AND RENUMBERED TO 450:18-7-23]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended and renumbered to 450:18-7-23 at 27 Ok Reg 2237,

eff 7-11-10]

450:18-7-42. Biopsychsocial assessment, time frame [AMENDED AND RENUMBERED TO 450:18-7-24]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended and renumbered to 450:18-7-24 at 27 Ok Reg 2237, eff 7-11-10]

450:18-7-43. Biopsychsocial assessments of children accompanying a parent into treatment [AMENDED AND RENUMBERED TO 450:18-7-25]

[Source: Added at 18 Ok Reg 2183, eff 7-1-01 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended and renumbered to 450:18-7-25 at 27 Ok Reg 2237, eff 7-11-10]

450:18-7-44. Biopsychsocial assessments of children accompanying a parent into treatment, time frame [AMENDED AND RENUMBERED TO 450:18-7-26]

[Source: Added at 18 Ok Reg 2183, eff 7-1-01 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended and renumbered to 450:18-7-26 at 27 Ok Reg 2237, eff 7-11-10]

PART 7. CASE MANAGEMENT

450:18-7-61. Case management services

(a) Case management efforts shall empower consumers to access and use needed services and meet self-determined goals. These services include resource skills development and consumer advocacy provided in various settings based on consumer need.

(b) As allowed per Title 43A O.S. Section 3-318, case management services shall be offered to all adults and children who have substance-related disorders, and to their family members, if applicable, to ensure access to needed services.

(c) Case management shall be co-occurring disorder capable.

(d) Case management services shall be planned referral, linkage, monitoring and support, and advocacy assistance provided in partnership with a consumer to support that consumer in self sufficiency and community tenure. Activities include:

- (1) Completion of strengths based assessment for the purpose of individual plan of care development;
- (2) Development of case management care plan which can be reflected as a part of the comprehensive service plan;
- (3) Referral, linkage and advocacy to assist with gaining access to appropriate community resources;
- (4) Contacts with other individuals and organizations that influence the recipient's relationship with the community, i.e., family members, law enforcement personnel, landlords, etc.;
- (5) Monitoring and support related to the individual plan of care to reassess goals and objectives and assess progress and or

barriers to progress;

(6) Follow-up contact with the consumer if they miss any scheduled appointments (including physician/medication, therapy, rehabilitation, or other supportive service appointments as delineated on the service plan); and

(7) Crisis diversion (unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community) to assist consumer(s) from progression to a higher level of care.

(e) Compliance with 450:18-7-61 shall be determined by on-site observation and a review of the clinical records and written policies and procedures.

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 39 Ok Reg 1951, eff 9-15-22]

450:18-7-62. Case management services, locale, and frequency

(a) Case management services shall be provided within community settings; the residence of the consumer; or any other appropriate settings, based on the individual needs of the consumer. Contact with consumers shall be made on at least a monthly basis unless otherwise specified in the service plan.

(b) Compliance with 450:18-7-62 shall be determined by a review of the following: Case managers shall contact each consumer at least once a month, unless otherwise specified in the service plan, to monitor progress or provide case management services. Inability to make face-to-face contact shall be documented. Contact was made with consumers as specified in the service plan.

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 18 Ok Reg 2183, eff 7-1-01 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10]

450:18-7-63. Case management services for consumers admitted to higher levels of care

(a) Case managers from the outpatient facilities to which the consumer will be discharged shall assist the consumer and withdrawal management/residential/halfway house facility, psychiatric inpatient unit, and/or CBSCC, with discharge planning for consumer returning to the community.

(b) Consumers discharging from a withdrawal management/residential/halfway house facility shall be offered case management and other supportive services. This shall occur as soon as possible, but shall be offered no later than one (1) week post-discharge.

(c) Compliance with 450:18-7-63 shall be determined by a review of the clinical records; staff interviews; and information from ODMHSAS withdrawal management/residential/halfway house facilities, operated psychiatric inpatient unit, and CBSCC facilities.

[Source: Added at 21 Ok Reg 1739, eff 7-1-04 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 34 Ok Reg 1791, eff 10-1-17 ; Amended at 39 Ok Reg 1951, eff 9-15-22]

450:18-7-64. Case management services for consumers in detoxification, residential and halfway house setting [REVOKED]

[Source: Added at 23 Ok Reg 1953, eff 7-1-06 ; Revoked at 24 Ok Reg 2580, eff 7-12-07]

450:18-7-65. Case management services, staff credentials

(a) Individuals providing case management services shall be an LBHP, Licensure Candidate, CADC or certified as a behavioral health case manager pursuant to OAC, Title 450, Chapter 50.

(b) Compliance with 450:18-7-65 shall be determined by a review of the facility personnel records and credentialing files.

[Source: Added at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 32 Ok Reg 2091, eff 9-15-15]

PART 9. SERVICE PLANNING

450:18-7-81. Service Plan

(a) A service plan shall be completed for each adult and child consumer, including dependent children receiving services from a residential or halfway house facility. The service plan is performed with the active participation of the consumer and a support person or advocate, if requested by the consumer. In the case of children under the age of sixteen (16), it is performed with the participation of the parent or guardian, if allowed by law, and the child as age and developmentally appropriate. The service plan shall provide the formation of measurable service objectives and reflect ongoing changes in goals and objectives based upon consumer's progress or preference or the identification of

new needs, challenges, and problems. The service plan shall be completed by a LBHP or Licensure Candidate.

(b) The service plan is developed after and based on information obtained in the assessment and includes the evaluation of the assessment information by the clinician and the consumer.

(c) The service plan must have an overall general focus on recovery which, for adults, may include goals like employment, independent living, volunteer work, or training, and for children, may include areas like school and educational concerns and assisting the family in caring for the child in the least restrictive level of care.

(d) Service plan updates should occur at a minimum of every six (6) months while outpatient services are provided. Service plan updates shall occur at a minimum of once every thirty (30) days while halfway house, residential, or medically supervised withdrawal management services are provided.

(e) Service plans, both comprehensive and update, must include dated signatures of the consumer (if age fourteen [14] or older), the parent/guardian (if required by law), and the LBHP or Licensure Candidate. If a minor is eligible to self-consent to treatment pursuant to state law, a parent/guardian signature is not required. Licensure candidate signatures must be co-signed by a fully-licensed LBHP in good standing. Signatures must be obtained after the service plan is completed.

(f) Compliance with 450:18-7-81 shall be determined by a review of the clinical records, interviews with staff and consumers, and other facility documentation.

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Added at 35 Ok Reg 1821, eff 10-1-18 ; Amended at 38 Ok Reg 238, eff 11-16-20 (emergency); Amended at 36 Ok Reg 1256, eff 9-15-21 ; Amended at 39 Ok Reg 1951, eff 9-15-22 ; Amended at 40 Ok Reg 1060, eff 9-15-23]

450:18-7-82. Comprehensive Service plans, time frames [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 36 Ok Reg 1256, eff 9-15-21 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

450:18-7-83. Treatment plans, review and update [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Revoked at 27 Ok Reg 2237, eff 7-11-10]

450:18-7-84. Service plans, medically supervised withdrawal management

(a) Medically supervised withdrawal management facilities shall complete medical service plans to address the medical stabilization treatment and service needs of each consumer within three (3) hours of admission. When necessary, medically supervised withdrawal

management service plans may be initiated by a licensed physician or licensed registered nursing staff.

(b) Compliance with 450:18-7-84 may be determined by a review of the following:

- (1) Policies and procedures;
- (2) Treatment protocols;
- (3) Clinical services manuals;
- (4) Service plan forms;
- (5) Consumer records;
- (6) Interviews with staff and consumers; and
- (7) Other facility documentation.

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 34 Ok Reg 1791, eff 10-1-17]

PART 11. PROGRESS NOTES

450:18-7-101. Progress notes

(a) Progress notes shall chronologically describe the services provided by date and, for timed treatment sessions, time of service, and the consumer's progress in treatment.

(b) Progress notes must include the consumer's name, be signed by the service provider, and include the service provider's credentials.

(c) Outpatient staff must document each visit or transaction, except for assessment completion or service plan development, including missed appointments.

(d) Compliance with 450:18-7-101 may be determined by a review of the following:

- (1) Policies and procedures;
- (2) Consumer records;
- (3) Progress notes;
- (4) Interviews with staff; and
- (5) Other facility documentation.

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 39 Ok Reg 1951, eff 9-15-22]

PART 13. DISCHARGE PLANNING

450:18-7-121. Discharge assessment

(a) All facilities shall assess each consumer for appropriateness of discharge from a treatment program.

(b) Compliance with 450:18-7-121 may be determined by a review of the following:

- (1) Policies and procedures;
- (2) Continuing care plans;
- (3) Discharge assessments;

- (4) Discharge summaries;
- (5) Progress notes;
- (6) Consumer records;
- (7) Interviews with staff and consumers; and
- (8) Other facility documentation.

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 39 Ok Reg 1951, eff 9-15-22]

450:18-7-122. Transition/discharge plan

(a) The facility shall assist the consumer to obtain services that are needed, but not available within the facility, and/or in transitioning from one level of care to another, and/or discharging from a facility. Transition/discharge plans shall be developed with the knowledge and cooperation of the consumer.

(b) A written plan of recommendations and specific referrals for implementation of continuing care services, including medications, shall be prepared for each consumer. Development of the transition/discharge plan shall begin no later than two (2) weeks after admission into residential/inpatient level of care (ASAM Level 3) service settings.

(c) The transition/discharge plan shall be included in the discharge summary.

(d) Compliance with 450:18-7-122 may be determined by a review of the following:

- (1) Policies and procedures;
- (2) Continuing care plans;
- (3) Discharge assessments;
- (4) Discharge summaries;
- (5) Progress notes;
- (6) Consumer records;
- (7) Interviews with staff and consumers; and
- (8) Other facility information.

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 (emergency); Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 36 Ok Reg 1256, eff 9-15-21 ; Amended at 39 Ok Reg 1951, eff 9-15-22]

450:18-7-123. Discharge summary [REVOKED]

[Source: Amended and renumbered from 450:18-7-145 at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 33 Ok Reg 982, eff 9-1-16 ; Amended at 34 Ok Reg 1791, eff 10-1-17 ; Added at 35 Ok Reg 1821, eff 10-1-18 ; Revoked at 36 Ok Reg 1256, eff 9-15-21]

450:18-7-124. Unplanned discharges [REVOKED]

[Source: Added at 24 Ok Reg 2580, eff 7-12-07 ; Revoked at 27 Ok Reg 2237, eff 7-11-10]

PART 15. OTHER CASE RECORD MATERIALS

450:18-7-141. Consultation reports

- (a) The consumer record shall contain copies of all consultation reports concerning the consumer.
- (b) Compliance with 450:18-7-141 may be determined by a review of policies and procedures, consumer records, progress notes, interviews with staff, and other facility documentation.

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10]

450:18-7-142. Psychological or psychometric testing

- (a) When psychometric or psychological testing is done, the consumer record shall contain a copy of a written report describing the test results and implications or recommendations for treatment.
- (b) Compliance with 450:18-7-142 may be determined by a review of policies and procedures; consumer records; progress notes; interviews with staff; and other facility documentation.

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 27 Ok Reg 2237, eff 7-11-10]

450:18-7-143. Records and reports from other entities

- (a) The consumer record shall contain any additional information relating to the consumer, which has been secured from sources outside the treatment facility. The information obtained shall be confidential and privileged and may not be released except as allowed by applicable state and federal laws.
- (b) Compliance with 450:18-7-143 may be determined by a review of policies and procedures, consumer records, progress notes, interviews with staff, and other facility documentation.

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 20 Ok Reg 670, eff 2-27-03 (emergency); Amended at 21 Ok Reg 1739, eff 7-1-04 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10]

450:18-7-144. Medication record

- (a) A medication record shall be maintained on all consumers who receive medications or prescriptions through facility services and shall be a concise and accurate record of the medications the consumer is receiving or prescribed.
- (b) The consumer record shall contain a medication record with the following information on all medications that are self-administered, administered, dispensed, or prescribed by licensed medical staff:
- (1) Type of medication;
 - (2) Dosage;
 - (3) Frequency of administration or prescribed change;
 - (4) Route of administration; and
 - (5) Staff member who administered, dispensed, or monitored self-administration of each dose, prescribing licensed medical staff when applicable, and consumer's signature when self-administered.

(c) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities during admission, updated when required by virtue of new information, and kept in a highly visible location in or on the record.

(d) Compliance with 450:18-7-144 may be determined by a review of policies and procedures, consumer records, progress notes, interviews with staff, and other facility documentation.

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 34 Ok Reg 1791, eff 10-1-17]

450:18-7-145. Discharge summary [AMENDED AND RENUMBERED TO 450:18-7-123]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended and renumbered to 450:18-7-123 at 24 Ok Reg 2580, eff 7-12-07]

PART 17. METHADONE RECORDS [REVOKED]

450:18-7-161. Case review team [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Revoked at 19 Ok Reg 2375, eff 7-1-02]

SUBCHAPTER 9. SERVICES SUPPORT AND ENHANCEMENT

PART 1. STAFF SUPPORT [REVOKED]

450:18-9-1. Purpose [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

450:18-9-2. Clinical supervision [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 18 Ok Reg 2183, eff 7-1-01 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 32 Ok Reg 2091, eff 9-15-15 ; Added at 35 Ok Reg 1821, eff 10-1-18 ; Revoked at 36 Ok Reg 1256, eff 9-15-21]

450:18-9-3. Staff privileging [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Added at 35 Ok Reg 1821, eff 10-1-18 ; Revoked at 36 Ok Reg 1256, eff 9-15-21]

450:18-9-4. Consumer-based planning [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Revoked at 19 Ok Reg 2375, eff 7-1-02]

450:18-9-5. Client outcome [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 18 Ok Reg 2183, eff 7-1-01 ; Revoked at 19 Ok Reg 2375, eff 7-1-02]

450:18-9-6. Client satisfaction with services received [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Amended at 18 Ok Reg 2183, eff 7-1-01 ; Revoked at 19 Ok Reg 2375, eff 7-1-02]

450:18-9-7. Concurrent utilization review [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 18 Ok Reg 2183, eff 7-1-01 ; Revoked at 19 Ok Reg 2375, eff 7-1-02]

450:18-9-8. Peer review [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Revoked at 19 Ok Reg 2375, eff 7-1-02]

450:18-9-9. Treatment outcome follow-up [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 14 Ok Reg 676, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1934, eff 5-27-97 ; Revoked at 19 Ok Reg 2375, eff 7-1-02]

450:18-9-10. Referrals [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Revoked at 27 Ok Reg 2237, eff 7-11-10]

PART 2. ORGANIZATIONAL AND FACILITY MANAGEMENT

450:18-9-20. Organizational and facility description [AMENDED AND RENUMBERED TO 450:18-5-2.1]

[Source: Added at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended and renumbered to 450:18-5-2.1 at 24 Ok Reg 2580, eff 7-12-07]

450:18-9-21. Information analysis and planning [AMENDED AND RENUMBERED TO 450:18-5-2.2]

[Source: Added at 19 Ok Reg 2375, eff 7-1-02 ; Amended and renumbered to 450:18-5-2.2 at 24 Ok Reg 2580, eff 7-12-07]

450:18-9-22. Performance improvement program [AMENDED AND RENUMBERED TO 450:18-5-2.3]

[Source: Added at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended and renumbered to 450:18-5-2.3 at 24 Ok Reg 2580, eff 7-12-07]

SUBCHAPTER 11. CONSUMER RIGHTS

450:18-11-1. Consumer rights

All treatment facilities shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights. Those programs which are providing services within a correctional facility should detail the following due to circumstance:

- (1) The provider shall document provisions of 450:15-3-2 (a), (b), and (d).
- (2) The provider shall provide written grievance policy and procedure including time frames for the grievance process.
- (3) The provider shall describe the procedure used when the grievance is against a staff. This policy may refer to DOC mandated policy and procedure.
- (4) The provider shall describe the facility's responsibility for evaluation, review, and resolution should the allegation be substantiated.

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 21 Ok Reg 1739, eff 7-1-04 ; Amended at 22 Ok Reg 2109, eff 7-1-05 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07]

450:18-11-2. Consumer rights, outpatient services [REVOKED]

[Source: Added at 13 Ok Reg 2769, eff 7-1-96 ; Amended at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 21 Ok Reg 1739, eff 7-1-04 ; Revoked at 22 Ok Reg 2109, eff 7-1-05]

450:18-11-3. Consumer's grievance policy

Each treatment facility shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

[Source: Added at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 21 Ok Reg 1739, eff 7-1-04 ; Amended at 24 Ok Reg 2580, eff 7-12-07]

450:18-11-4. ODMHSAS Advocate General

The ODMHSAS Advocate General and Inspector General, in any investigation regarding consumer rights shall have access to consumers' facility records, and facility staff as set forth in Title 450, Chapter 15.

[Source: Added at 16 Ok Reg 1523, eff 7-1-99 ; Amended at 19 Ok Reg 2375, eff 7-1-02 ; Amended at 27 Ok Reg 2237, eff 7-11-10]

SUBCHAPTER 13. SUBSTANCE USE DISORDER TREATMENT SERVICES

PART 1. LEVELS OF CARE

450:18-13-1. Levels of Care and optional programs

Facilities shall document the provision of one or more of the following levels of care and/or optional programs in policies and procedures. All facilities shall include the requirements found in Subchapter 7, Facility Clinical Records.

- (1) Outpatient services, ASAM Level 1
- (2) Residential services, ASAM Level 3
 - (A) Halfway house services, ASAM Level 3.1, which includes:
 - (i) Adult halfway house services;
 - (ii) Halfway house services for persons with dependent children and pregnant women; and
 - (iii) Adolescent halfway house services.
 - (B) Residential treatment services for adults with co-occurring disorders, ASAM Level 3.3
 - (C) Residential treatment services, ASAM Level 3.5, which includes:
 - (i) Residential treatment for adults;
 - (ii) Intensive residential treatment for adults;
 - (iii) Residential treatment for persons with dependent children and pregnant women;
 - (iv) Intensive residential treatment for persons with dependent children and pregnant women;
 - (v) Residential treatment for adolescents; and
 - (vi) Intensive residential treatment for adolescents.
 - (D) Medically supervised withdrawal management, ASAM Level 3.7

[Source: Amended and renumbered from 405:18-3-1 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 33 Ok Reg 982, eff 9-1-16 ; Amended at 34 Ok Reg 1791, eff 10-1-17 ; Amended at 36 Ok Reg 1256, eff 9-15-21]

450:18-13-2. HIV/STD/AIDS education, testing and counseling services

(a) Every facility shall provide or refer for Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STD), and Acquired Immunodeficiency Syndrome (AIDS) education, testing, and counseling services for drug dependent persons, and every facility shall:

- (1) Provide or refer for educational sessions regarding HIV/STD/AIDS) to consumers and the significant other(s) of the

consumer;

(2) Provide or refer all drug dependent persons, and their identified significant others for HIV/STD/AIDS testing and counseling;

(3) Provide documentation of services described in (1) and (2) above, including refusal of these services; and

(4) Maintain all test results in the confidential manner prescribed by applicable state or federal statutes or regulations.

(b) Compliance with 450:18-13-2 shall be determined by a review of the following: written policies and procedures; consumer records; and other supporting facility records and documentation.

[Source: Amended and renumbered from 405:18-3-2 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 39 Ok Reg 1951, eff 9-15-22]

450:18-13-3. Treatment Professional [REVOKED]

[Source: Amended and renumbered from 450:18-3-3 at 23 Ok Reg 1953, eff 7-1-06 ; Revoked at 27 Ok Reg 2237, eff 7-11-10]

450:18-13-4. Co-occurring Disorder Capability [REVOKED]

[Source: Added at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Revoked at 27 Ok Reg 2237, eff 7-11-10]

PART 3. OUTPATIENT SERVICES, ASAM LEVEL 1

450:18-13-21. Outpatient services

(a) Outpatient services shall be organized non-residential services with scheduled treatment sessions that accommodate employed and parenting consumers' schedules and offer treatment services during the day, evening, or weekends. Services shall be designed to provide a variety of professional diagnostic and primary substance-related and/or addictive disorder treatment services for consumers their families, and significant others, whose emotional and physical statuses allows them to function in their usual environments.

(b) The program shall maintain written programmatic descriptions and operational methods that address the following:

(1) Environment:

(A) The facility shall be publicly accessible and accommodate office space, individual and group space, secure record storage, protect consumer confidentiality, and provide a safe, welcoming, culturally, and age appropriate environment.

(B) Hours of operation shall be during regularly scheduled times in which services are accessible to consumers and the general public, including those employed between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.

(C) For facilities that do not provide twenty-four (24) hour services, the facilities' hours of operation shall be conspicuously displayed on the outside of the building. For facilities in multi-office buildings, the hours shall be posted either on the building directory or the facility's office door.

(2) Support system:

(A) The facility shall maintain written policies and procedures for handling medical emergencies and an emergency medical number shall be posted for use by staff; and

(B) The facility shall have available specialized professional consultation or professional supervision.

(3) Staff:

(A) The facility shall maintain documentation that service providers are knowledgeable regarding biopsychosocial dimensions of substance-related and addictive disorders, evidenced based practices, cultural, age, and gender specific issues, and co-occurring disorder issues.

(B) The facility shall document in personnel records all education, training, and experience stated above prior to service providers providing direct care services.

(4) Treatment services:

(A) Substance-related and addictive disorders treatment services shall be provided to assess and address the individual needs of each consumer. These services shall include, but not be limited to, therapy, rehabilitation services, case management services, and crisis intervention:

(i) **Therapy.** Therapy, including individual, family, and group therapy, must be provided by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate who must use and document a generally accepted clinical approach to treatment such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment. The therapy must be goal directed utilizing techniques appropriate to the individual consumer's service plan and the consumer's developmental and cognitive abilities.

(ii) **Rehabilitation services.** Rehabilitation services must be provided by a LBHP, Licensure Candidate, or Certified Alcohol and Drug Counselor (CADC) or Certified Behavioral Health Case Manager II (CM II). These services include educational and supportive services regarding independent living, self-care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the

form of curriculum based education and skills practice, and should be goal specific in accordance with an individualized service plan.

(iii) **Peer Recovery Support Services.** Peer recovery support services must be provided by Peer Recovery Support Specialists. Services shall be provided in accordance with OAC 450:18-13-221.

(iv) **Case Management.** Case management must be provided by a LBHP, Licensure Candidate, CADC, CM II or CM I as clinically indicated. These services include planned referral, linkage, monitoring, support, and advocacy provided in partnership with a consumer to assist that consumer with self-sufficiency and community tenure.

(v) **Crisis Intervention.** Crisis intervention services must be provided by a LBHP or Licensure Candidate. Crisis intervention services are provided as needed for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, homicidal severe psychiatric distress, and/or imminent danger of substance relapse. The crisis situation including the symptoms exhibited and the resulting intervention or recommendations must be clearly documented in the consumer's record.

(B) Frequency of services shall be determined by mutual agreement between the service provider and the consumer;

(C) When appropriate, and with the consumer's consent in accordance with state and federal laws, guidelines, and standards, the treatment program coordinates with other treatment providers that the consumer is currently utilizing; and

(D) Documentation shall reflect each consumer received and/or was offered, at minimum, individual, group, and/or family therapy, rehabilitation services, case management services and, if appropriate, crisis intervention services.

(c) Compliance with 450:18-13-21 may be determined by a review of the following:

- (1) Policies and procedures;
- (2) Licenses;
- (3) Treatment protocols;
- (4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service trainings;
- (5) Treatment records;
- (6) Interviews with staff and consumers; and
- (7) Other supporting facility records.

[Source: Amended and renumbered from 450:18-3-21 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 25 Ok Reg 2532, eff 7-11-08 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 39 Ok Reg 1951, eff 9-15-22]

450:18-13-22. Outpatient services, admission criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-22 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 33 Ok Reg 982, eff 9-1-16 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

450:18-13-23. Outpatient services, discharge criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-23 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 33 Ok Reg 982, eff 9-1-16 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

PART 5. INTENSIVE OUTPATIENT SERVICES [REVOKED]

450:18-13-41. Intensive outpatient services [REVOKED]

[Source: Amended and renumbered from 450:18-3-41 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Revoked at 27 Ok Reg 2237, eff 7-11-10]

450:18-13-42. Service requirements [REVOKED]

[Source: Amended and renumbered from 450:18-3-42 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 25 Ok Reg 2532, eff 7-11-08 ; Revoked at 27 Ok Reg 2237, eff 7-11-10]

450:18-13-43. Intensive outpatient services, admission criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-43 at 23 Ok Reg 1953, eff 7-1-06 ; Revoked at 27 Ok Reg 2237, eff 7-11-10]

450:18-13-44. Intensive outpatient, discharge criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-44 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Revoked at 27 Ok Reg 2237, eff 7-11-10]

PART 7. MEDICALLY SUPERVISED WITHDRAWAL MANAGEMENT, ASAM LEVEL 3.7

450:18-13-61. Medically-supervised withdrawal management

(a) Medically supervised withdrawal management shall be provided outside a medical facility, but under the direction of a licensed physician and a licensed registered nurse supervisor, for consumers who are withdrawing or are intoxicated from alcohol or other drugs. Presenting

consumers shall be assessed as currently experiencing no apparent medical or neurological symptoms as a result of their substance use that would require hospitalization.

(b) The facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment: The facility shall provide for beds, food service, monitoring/documenting vital signs, food, and liquids. The facility shall provide a safe, welcoming, and culturally/age appropriate environment. If the facility provides services to consumers under the age of eighteen (18), it shall be licensed by the Oklahoma State Department of Human Services (OKDHS) as a "Residential Child Care Facility".

(2) Support system:

(A) A licensed physician providing supervision of withdrawal management shall be on site or on call twenty-four (24) hours per day, seven (7) days per week;

(B) The facility shall maintain a written plan for emergency procedures which shall be approved by a licensed physician; and

(C) The facility shall have supplies, as designated in the written emergency procedures, which shall be accessible to the staff.

(3) Staff:

(A) Staff members shall be knowledgeable about the physical signs of withdrawal, the taking of vital signs, the implication of those vital signs, and emergency procedures.

(B) Oklahoma licensed nurses shall provide twenty-four (24) hour monitoring, and statutorily approved personnel shall administer medications in accordance with physician's orders;

(C) Staff shall be knowledgeable regarding facility-required education, evidenced based practices, training, and policies; and

(D) The facility shall document in personnel records all education, training, and experience stated in (A), (B), and (C) above prior to staff providing direct care services.

(E) The facility shall have a minimum of two (2) staff members on site twenty-four (24) hours per day, seven (7) days per week. If consumers under eighteen (18) are on site, staffing ratios shall not exceed those specified in OAC 340:110-3-153.2.

(4) Treatment services:

(A) Daily (twenty-four [24] hours a day, seven [7] days a week) substance use disorder withdrawal management treatment services shall be provided which shall include, but are not limited to, oral intake of fluids, three (3) meals a day, taking of vital signs (temperature, pulse, respiration rate, blood pressure), documentation of fluid and food intake a minimum of one (1) time every six (6) hours or more often as indicated by the consumer's condition.

(B) Medications are to be prescribed if needed during withdrawal management. The medications are to include those needed for physical health issues and mental impairment if acquired during the withdrawal process.

(5) Assessment:

(A) An individualized case management plan shall be developed for each consumer prior to discharge;

(B) A medical assessment for appropriateness of placement shall be completed and documented by a licensed physician during the admission process to the program.

(c) Compliance with 450:18-13-61 may be determined by review and/or observation of facility documentation and operations, including but not limited to the following:

(1) Licenses;

(2) Policies and procedures;

(3) Treatment protocols;

(4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, and ongoing in-service trainings;

(5) Treatment records;

(6) Interviews with staff; and

(7) Other supporting facility documentation

[Source: Amended and renumbered from 450:18-3-61 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 34 Ok Reg 1791, eff 10-1-17 ; Amended at 36 Ok Reg 1256, eff 9-15-21]

450:18-13-62. Medically-supervised withdrawal management, admission criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-62 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 34 Ok Reg 1791, eff 10-1-17 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

450:18-13-63. Medically-supervised withdrawal management, discharge criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-63 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 34 Ok Reg 1791, eff 10-1-17 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

PART 9. NON-MEDICAL WITHDRAWAL MANAGEMENT [REVOKED]

450:18-13-81. Non-medical withdrawal management [REVOKED]

[Source: Amended and renumbered from 450:18-3-81 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 34 Ok Reg 1791, eff 10-1-17 ; Revoked at 36 Ok Reg 1256, eff 9-15-21]

450:18-13-82. Non-medical withdrawal management, admission criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-82 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 34 Ok Reg 1791, eff 10-1-17 ; Revoked at 36 Ok Reg 1256, eff 9-15-21]

450:18-13-83. Non-medical withdrawal management, discharge criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-83 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 34 Ok Reg 1791, eff 10-1-17 ; Revoked at 36 Ok Reg 1256, eff 9-15-21]

PART 11. RESIDENTIAL TREATMENT, ASAM LEVEL 3.5

450:18-13-101. Residential treatment for adults

(a) Substance use disorder treatment in a residential setting shall provide a planned regimen of twenty-four (24) hours a day, seven (7) days a week of professionally directed evaluation, care, and treatment in a permanent program location. The facility shall provide beds, food service, and a safe, welcoming, and culturally/age appropriate environment.

(b) The facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Support system:

(A) A licensed physician shall be available, at least by telephone, twenty-four (24) hours per day, seven (7) days per week;

(B) The facility shall maintain written policy and procedures for handling medical emergencies which are approved by the licensed physician; and an emergency medical number shall be conspicuously posted for staff use; and

(C) The facility shall maintain written policies and procedures for the handling of clinical issues during times in which clinical staff are not at the facility.

(2) Staff:

(A) The facility shall maintain documentation that service providers are knowledgeable regarding the biopsychosocial dimensions of substance use disorders, evidenced-based practices, culture, age, and gender related issues, and co-occurring disorder issues.

(B) The facility shall document in personnel records all education, training, and experience stated above prior to the provision of direct care services.

(C) The facility shall have staff members on site twenty-four (24) hours per day, seven (7) days per week.

(3) Treatment services. Daily (twenty-four [24] hours a day, seven [7] days a week) substance use disorder treatment services shall

be provided to assess and address individual needs of each consumer. Services shall include, but are not limited to:

(A) **Therapy.** Therapy, including individual, family, and group therapy, must be provided by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate who must use and document a generally accepted clinical approach to treatment such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment. The therapy must be goal directed utilizing techniques appropriate to the individual consumer's service plan and the consumer's developmental and cognitive abilities. This service does not include social skill development or daily living skill activities.

(B) **Rehabilitation services.** Rehabilitation services must be provided by a LBHP, Licensure Candidate, or Certified Alcohol and Drug Counselor (CADC) or Certified Behavioral Health Case Manager II (CM II). These services include educational and supportive services regarding independent living, self-care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the form of curriculum based education and skills practice, and should be goal specific in accordance with an individualized service plan.

(C) **Peer Recovery Support Services.** Peer recovery support services must be provided by Peer Recovery Support Specialists. Services shall be provided in accordance with OAC 450:18-13-221.

(D) **Care Management.** Care management must be provided by a LBHP, Licensure Candidate, CADC, CM II or CM I as clinically indicated. Care management is case management provided in residential settings that includes assessment, development of a care plan, and referral and linkage to community supports and community-based or lower level of care services to promote continued recovery after the individual discharges from the treatment facility.

(E) **Crisis Intervention.** Crisis intervention services must be provided by a LBHP or Licensure Candidate. Crisis intervention services are provided as needed for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, homicidal severe psychiatric distress, and/or imminent danger of substance relapse. The crisis situation including the symptoms exhibited and the resulting intervention or recommendations must be clearly documented in the consumer's record.

(F) Documentation shall reflect each consumer received and/or was offered, at minimum, individual, group, and/or family therapy, rehabilitation services, care management services and, if appropriate, peer recovery support

services and crisis intervention services.

(4) The program provides documentation of the following community living components:

- (A) A written daily schedule of activities.
- (B) Quarterly meetings between consumers and the program personnel.
- (C) Recreational activities to be utilized on personal time.
- (D) Personal space for privacy.
- (E) Security of consumer's property.
- (F) A clean, inviting, and comfortable setting.
- (G) Evidence of individual possessions and decorations.
- (H) Daily access to nutritious meals and snacks.
- (I) Policy addressing separate sleeping areas for the consumers based on:
 - (i) Gender;
 - (ii) Age; and
 - (iii) Needs.

(c) Compliance with 450:18-13-101 may be determined by review and/or observation of facility documentation and operations, including but not limited to the following:

- (1) Licenses;
- (2) Policies and procedures;
- (3) Treatment protocols;
- (4) Personnel record, documentation of professional licensure or certification, documentation of professional work experience, and ongoing in-service trainings;
- (5) Treatment records; and
- (6) Interviews with staff and consumers.

[Source: Amended and renumbered from 450:18-3-101 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 32 Ok Reg 2091, eff 9-15-15 ; Added at 35 Ok Reg 1821, eff 10-1-18 ; Amended at 36 Ok Reg 1256, eff 9-15-21 ; Amended at 39 Ok Reg 1951, eff 9-15-22]

450:18-13-101.1. Intensive residential treatment for adults [REVOKED]

[Source: Added at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 32 Ok Reg 2091, eff 9-15-15 ; Added at 35 Ok Reg 1821, eff 10-1-18 ; Amended at 36 Ok Reg 1256, eff 9-15-21 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

450:18-13-102. Adult residential treatment, admission criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-102 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

450:18-13-103. Adult residential treatment, discharge criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-103 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

**PART 13. RESIDENTIAL TREATMENT FOR PERSONS
WITH DEPENDENT CHILDREN AND PREGNANT
WOMEN, ASAM LEVEL 3.5**

450:18-13-121. Residential treatment for persons with dependent children and pregnant women

(a) Substance use disorder treatment shall be provided in a residential setting offering a planned regimen of twenty-four (24) hours a day, seven (7) days a week of professionally directed evaluation, care, and treatment in a permanent setting and under a defined set of policies and procedures.

(b) Each facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment: The facility shall provide family-style living arrangements, indoor recreational space for children and families, and safe, protected outdoor recreational and leisure space. The facility shall provide for materials and space appropriate for ages and development of children receiving services. (43A O.S. §3-417). The facility shall provide beds, food service, and a safe, welcoming, and culturally/age appropriate environment.

(2) Support system:

(A) A licensed physician shall be available, at least by telephone, twenty-four (24) hours per day, seven (7) days per week.

(B) The facility shall promote and facilitate children's access to the fullest possible range of medical services available such as health screening, well-child health care, screening in speech, language, hearing, and vision, and verify immunization records.

(C) Access to emergency health care shall be provided as necessary. The facility shall maintain written policy and procedures for handling medical emergencies which are approved by the licensed physician, and an emergency medical number shall be conspicuously posted for staff use.

(D) The facility shall have access to public schools for school age children, and facilitation of the child's receiving the benefits of Public Laws 99-142; and

(E) The facility staff shall document a liaison with the local Oklahoma Department of Human Service (OKDHS) offices to:

(i) Promote preservation of families;

(ii) In cases of investigation of abuse, provide instruction in positive parenting behavior, if requested by the Oklahoma Department of Human Services (OKDHS) and with parental consent, provide daily observations of parent-child

interaction;

(iii) Expedite investigations in a timely manner; and

(iv) Ensure prompt facility response to situations which require immediate intervention.

(3) Staff:

(A) The facility shall maintain documentation that service providers are knowledgeable regarding biopsychosocial dimensions of substance use disorder, evidenced based practices, culture, age and gender related issues, co-occurring disorder issues and treatment of infants, toddlers, preschool children, and school-age children.

(B) The facility shall document that service providers have training in the following:

(i) trauma issues, identification of domestic violence, spousal or partner abuse, and child abuse and neglect, with special emphasis on failure to thrive, and sexual abuse of children;

(ii) child development and age appropriate behaviors;

(iii) parenting skills appropriate to infants, toddlers, preschool, and school age children; and

(iv) the impact of substances and substance use disorders on parenting and family units.

(C) The facility shall document that staff working with children shall have ongoing training in the following and demonstrate job appropriate functional comprehension of:

(i) the impact of prenatal drug and alcohol exposure on child development;

(ii) the effect of substance use disorders on parenting children and families;

(iii) parenting skills appropriate to infants, toddlers, preschool, and school age children;

(iv) common children's behavioral and developmental problems;

(v) appropriate play activities according to developmental stage;

(vi) recognition of sexual acting-out behavior; and

(vii) the substance use disorder recovery process, especially as related to family units.

(D) The facility shall document that staff are knowledgeable regarding facility-required education, and training requirements and policies;

(E) The facility shall have staff on site twenty-four (24) hours a day; and

(F) The facility shall document in personnel records, all education, training, and experience stated above prior to the provision of services.

(4) Treatment services:

(A) The facility shall provide (twenty-four [24] hours a day, seven [7] days a week) substance use disorder treatment services to assess and address individual needs of each

consumer. Treatment services, shall include, but are not limited to those specified in 450:18-13-101(b)(3).

Documentation shall reflect each consumer received and/or was offered, at minimum, individual, group, and/or family therapy, rehabilitation services, care management services and, if appropriate, peer recovery support services and crisis intervention services.

(B) Services may be provided to dependent children by providers certified under this Chapter when provided to address the impacts related to the parent's addiction; however, compliance with separate provider qualifications may be required for treatment services provided to dependent children, in accordance with OAC 450 and Title 43A of the Oklahoma Statutes. The facility shall provide treatment services for children ages four (4) to twelve (12) years in accordance with the child's service plan, including, but not limited to, assessment and age appropriate individual, family and group therapy (topics can include, but are not limited to, poor impulse control, anger management, peer interaction, understanding feelings, problem/conflict resolution), according to the development of the child. Special attention shall be given to the high risk of sexual abuse, sexual acting-out by children, suicide risk, and the treatment of toddlers and preschool children; and

(C) Children's services, excluding infants, shall address the significant issues and needs documented in the child's and/or parent's assessment utilizing both structured and unstructured therapeutic activity. Services shall create and enhance positive self-image and feelings of self-worth, promote family unity, teach personal body safety, and positive school interactions, and to prevent alcohol, tobacco, and other drug use; and

(D) Services for infants (ages birth to three [3] years of age) shall include, at a minimum, developmentally appropriate parent-child interactive bonding activities and developmentally appropriate structured activities that promote and nurture the growth and well being of the infant; and

(E) Case management services for each adult and each child that include assessment of and planning and arranging for recovery needs.

(5) The program provides documentation of the following community living components:

(A) A written daily schedule of activities.

(B) Quarterly meetings between consumer and the program personnel.

(C) Recreational activities to be utilized on personal time.

(D) Personal space for privacy.

(E) Security of consumer's property.

(F) A clean, inviting, and comfortable setting.

- (G) Evidence of individual possessions and decorations.
- (H) Daily access to nutritious meals and snacks.
- (I) Policy addressing separate sleeping areas for the consumers based on:

- (i) Gender;
- (ii) Age; and
- (iii) Needs.

(c) Compliance with 450:18-13-121 may be determined by review and/or observation of facility documentation and operations, including but not limited to the following:

- (1) Licenses;
- (2) Policies and procedures;
- (3) Treatment protocols;
- (4) Personnel record, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service trainings;
- (5) Records;
- (6) Interviews with staff; and
- (7) Other facility documentation.

[Source: Amended and renumbered from 450:18-3-121 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Added at 35 Ok Reg 1821, eff 10-1-18 ; Amended at 38 Ok Reg 238, eff 11-16-20 (emergency); Amended at 36 Ok Reg 1256, eff 9-15-21 ; Amended at 39 Ok Reg 1951, eff 9-15-22]

450:18-13-122. Residential treatment for persons with dependent children and pregnant women, admission criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-122 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 36 Ok Reg 1256, eff 9-15-21 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

450:18-13-123. Residential treatment for persons with dependent children and pregnant women, discharge criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-123 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 36 Ok Reg 1256, eff 9-15-21 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

450:18-13-124. Intensive residential treatment for persons with dependent children and pregnant women, ASAM Level 3.5 [REVOKED]

[Source: Added at 38 Ok Reg 238, eff 11-16-20 (emergency); Added at 36 Ok Reg 1256, eff 9-15-21 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

PART 15. RESIDENTIAL TREATMENT FOR ADULTS WITH CO-OCCURRING DISORDERS, ASAM LEVEL 3.3

450:18-13-141. Adult residential treatment for consumers with co-occurring disorders

(a) Substance use disorder and mental health treatment shall be provided in a residential setting offering a planned regimen of twenty-four (24) hour structured evaluation, care, and treatment, under a defined set of policy and procedures, and shall have a permanent setting. The facility shall provide beds, food service, and a safe, welcoming, and culturally/age appropriate environment.

(b) The facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Support system:

- (A) The facility shall maintain availability of a licensed physician, who is knowledgeable in substance use disorders and mental health issues to provide evaluation, treatment and follow-up; and a licensed psychiatrist will be available by telephone twenty-four (24) hours per day, seven (7) days per week;
- (B) The facility shall make available medication evaluation, administration, or monitoring, and staff shall be available to monitor medications as needed; and
- (C) The facility shall provide case management services.
- (D) The facility shall maintain written policy and procedures for handling medical emergencies which are approved by the licensed psychiatrist, and an emergency medical number shall be conspicuously posted for staff use.

(2) Staff:

- (A) Service providers shall be knowledgeable regarding substance use disorders, mental health, evidenced based practices, co-occurring issues, culture, age, and gender related issues.
- (B) All staff shall be knowledgeable regarding facility-required education, training, and policies; and
- (C) The facility shall document in personnel records, prior to the provision of treatment services, all education, training, and experience stated above.

(3) Treatment services:

- (A) Daily treatment service shall be provided to assess and address individual needs of each consumer. These services shall include those specified at 450:18-13-101(b)(3).
- (B) Psychiatric and/or psychological and/or mental health evaluations shall be completed on all consumers.
- (C) Medication monitoring shall be provided.

(4) Treatment documentation:

- (A) The service plan shall address the consumer's mental health needs and related medications. The consumer's medications shall be re-assessed a minimum of once every thirty (30) days.
- (B) Documentation shall reflect each consumer received and/or was offered, at minimum, individual, group, and/or

family therapy, rehabilitation services, care management services and, if appropriate, peer recovery support services and crisis intervention services.

(5) The program provides documentation of the following community living components:

- (A) A written daily schedule of activities.
- (B) Quarterly meetings between consumers and the program personnel.
- (C) Recreational activities to be utilized on personal time.
- (D) Personal space for privacy.
- (E) Security of consumer's property.
- (F) A clean, inviting, and comfortable setting.
- (G) Evidence of individual possessions and decorations.
- (H) Daily access to nutritious meals and snacks.
- (I) Policy addressing separate sleeping areas for the consumers based on:
 - (i) Gender;
 - (ii) Age; and
 - (iii) Needs.

(c) Compliance with 450:18-13-141 may be determined by review and/or observation of facility documentation and operations, including but not limited to the following:

- (1) Licenses;
- (2) Policies and procedures;
- (3) Treatment protocols;
- (4) Personnel record, documentation of professional licensure or certification, documentation of professional work experience and ongoing in-service trainings;
- (5) Treatment records;
- (6) Interviews with staff; and
- (7) Other facility documentation.

[Source: Amended and renumbered from 450:18-3-141 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 25 Ok Reg 2532, eff 7-11-08 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Added at 35 Ok Reg 1821, eff 10-1-18 ; Amended at 36 Ok Reg 1256, eff 9-15-21 ; Amended at 39 Ok Reg 1951, eff 9-15-22]

450:18-13-142. Adult residential treatment for consumers with co-occurring disorders, admission criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-142 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

450:18-13-143. Residential treatment for consumers with co-occurring disorders, discharge criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-143 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

PART 17. RESIDENTIAL TREATMENT FOR ADOLESCENTS, ASAM LEVEL 3.5

450:18-13-161. Residential treatment for adolescents

(a) Residential treatment for adolescents ages thirteen (13) to seventeen (17) shall provide a planned regimen of twenty-four (24) hour, seven (7) days a week, professionally directed evaluation, care, and treatment for chemically dependent adolescents, under written policies and procedures in a permanent facility. Adolescents not attending academic training shall participate in at least twenty-four (24) substance use disorder treatment related hours per week. The facility shall provide beds, food service, and a safe, welcoming, and culturally/age appropriate environment.

(b) The residential treatment program shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment:

(A) The facility shall maintain an environment which is supportive of physical and emotional growth and development which is appropriate to the needs of adolescents;

(B) The facility shall provide space, both indoor and outdoor, for the recreational and social needs of adolescents;

(C) The facility shall group consumers appropriately by age, developmental level, gender, and treatment needs;

(D) The program may provide transportation to activities in the community as appropriate. Vehicles used for transportation should not be labeled in any way that calls attention to the facility or the vehicle's occupants;

(E) The program shall provide study areas within the facility and shall provide ancillary study materials such as encyclopedias, dictionaries, and educational resource texts and materials; and

(F) The facility shall be licensed by the Oklahoma State Department of Human Services (OKDHS) as a "Residential Child Care Facility".

(2) Support systems:

(A) The facility shall make available a licensed physician by telephone twenty-four (24) hours per day, seven (7) days per week;

(B) The facility shall have specialized professional consultation or supervision available;

(C) The facility shall provide clinically appropriate public educational services in compliance with applicable Oklahoma laws; and

(D) The facility shall provide emergency services and crisis interventions.

(E) The facility shall maintain written policy and procedures for handling medical emergencies which are approved by the licensed physician, and an emergency medical number shall be conspicuously posted for staff use.

(3) Staff:

(A) The facility shall document that service providers are knowledgeable regarding the biopsychsocial aspects of substance use disorder, cultural, gender, and age specific issues, co-occurring disorder issues, child and adolescent development and, evidenced based practices.

(B) Maintain documentation that service providers are knowledgeable regarding the identification of violence and domestic violence, spousal or partner abuse, child abuse and neglect, parent and sibling abuse, normal and abnormal adolescent development, and family dynamics;

(C) Ensure at least two (2) staff members are awake and on duty twenty-four (24) hours a day, seven (7) days a week. Staffing ratios shall not exceed those specified in OAC 340:110-3-153.2.

(D) If educational services are provided, the facility shall maintain documentation to verify that providing staff meets all state requirements for education or special education;

(E) Staff shall be knowledgeable regarding the facility required education, and training requirements and policies; and

(F) The facility shall document in personnel records all education training and experience stated in above prior to the provision of direct care service.

(4) Treatment services:

(A) A multidisciplinary team approach shall be utilized in providing daily substance use disorder treatment services to assess and address the individual needs of each adolescent;

(B) Services shall include, but not be limited to, those specified at 450:18-13-101(b)(3).

(C) Services shall be provided in appropriate groups according to age, gender, developmental level, treatment status, and individual needs;

(D) The facility shall provide clinically appropriate public educational services in compliance with applicable Oklahoma law;

(E) Consumers shall participate in educational programs within the community, when clinically indicated, including extracurricular activities; and

(F) Service providers shall confer on a regular basis with school personnel, including the provision of necessary information, when appropriate, on the educational progress of the consumer, and shall assess and respond to the needs for changes in the educational plans.

(G) Documentation shall reflect each consumer received and/or was offered, at minimum, individual, group, and/or family therapy, rehabilitation services, care management services and, if appropriate, peer recovery support services and crisis intervention services.

(5) Assessments:

- (A) A physical examination shall be conducted by a licensed physician, to include physical assessment, health history, immunization status, and evaluation of motor development and function, speech, hearing, visual, and language functioning; and
- (B) The facility shall facilitate and document the involvement and participation of family members or significant others in the assessment, treatment, rehabilitation, and continuing treatment needs of each consumer;
- (6) Documentation of the following community living components:
 - (A) A written daily schedule of activities.
 - (B) Quarterly meetings between consumers and the program personnel.
 - (C) Recreational activities to be utilized on personal time.
 - (D) Personal space for privacy.
 - (E) Security of consumer's property.
 - (F) A clean, inviting, and comfortable setting.
 - (G) Evidence of individual possessions and decorations.
 - (H) Daily access to nutritious meals and snacks.
 - (I) Policy addressing separate sleeping areas for the consumers based on:
 - (i) Gender;
 - (ii) Age; and
 - (iii) Needs.
- (c) Compliance with 450:18-13-161 may be determined by review and/or observation of facility documentation and operations, including but not limited to the following:
 - (1) Licenses;
 - (2) Policies and procedures;
 - (3) Treatment and service protocols;
 - (4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service training(s);
 - (5) Treatment records;
 - (6) Interviews with staff and consumers; and
 - (7) Other facility documentation.

[Source: Amended and renumbered from 450:18-3-161 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 32 Ok Reg 2091, eff 9-15-15 ; Added at 35 Ok Reg 1821, eff 10-1-18 ; Amended at 36 Ok Reg 1256, eff 9-15-21 ; Amended at 39 Ok Reg 1951, eff 9-15-22]

450:18-13-161.1. Intensive residential treatment for adolescents [REVOKED]

[Source: Added at 38 Ok Reg 1256, eff 9-15-21 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

450:18-13-162. Residential treatment for adolescents, admission criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-162 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

450:18-13-163. Residential treatment for adolescents, discharge criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-163 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

**PART 19. HALFWAY HOUSE SERVICES, ASAM LEVEL
3.1**

450:18-13-181. Adult halfway house services

(a) Halfway house services shall provide low intensity treatment in a supportive living environment to facilitate reintegration into the community. Major emphasis shall be on continuing substance use disorder care and follow-up, and community ancillary services in an environment supporting continued abstinence. The facility shall provide beds, food service, and a safe, welcoming, and culturally/age appropriate environment.

(b) Each facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment: The facility shall be a freestanding facility or portion of a related healthcare facility having at least one (1) each of toilet, lavatory, and bathing facilities for each eight (8) residents. The facility shall provide a safe, welcoming, and culturally/age appropriate environment.

(2) Support system:

(A) A licensed physician shall be available, by telephone twenty-four (24) hours a day, seven (7) days a week;

(B) The facility shall have a written plan for emergency procedures, approved by a licensed physician;

(C) The facility shall have supplies, as designated by the written emergency procedures plan, which shall be accessible to staff at all times; and

(D) Specialized professional consultation or professional supervision shall be available.

(3) Staff:

(A) Service providers shall be knowledgeable regarding biopsychosocial dimensions of substance use disorders, evidenced based practices, culture, age, and gender related issues, and co-occurring disorder issues;

(B) Staff shall be knowledgeable regarding facility-required education, training, and policies;

(C) Staff shall be knowledgeable about emergency procedures as specified in the emergency procedures plan;

(D) The facility shall have staff members on site twenty-four (24) hours per day, seven (7) days per week; and
(D) The facility shall document in personnel records all education, training, and experience stated above prior to the provision of direct care services.

(4) Treatment services. The facility shall have scheduled rehabilitation services to assess and address the individual needs of each consumer. Such services shall include, but not be limited to those specified at 450:18-13-101(b)(3). Documentation shall reflect each consumer received and/or was offered, at minimum, individual, group, and/or family therapy, rehabilitation services, care management services and, if appropriate, peer recovery support services and crisis intervention services.

(c) Compliance with 450:18-13-181 may be determined by review and/or observation of facility documentation and operations, including but not limited to the following:

- (1) Licenses;
- (2) Policies and procedures;
- (3) Treatment protocols;
- (4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service trainings;
- (5) Treatment records;
- (6) Interviews with staff and consumers; and
- (7) Other facility records.

[Source: Amended and renumbered from 450:18-3-181 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 32 Ok Reg 2091, eff 9-15-15 ; Added at 35 Ok Reg 1821, eff 10-1-18 ; Amended at 36 Ok Reg 1256, eff 9-15-21 ; Amended at 39 Ok Reg 1951, eff 9-15-22]

450:18-13-182. Adult halfway house services, admission criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-182 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 36 Ok Reg 1256, eff 9-15-21 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

450:18-13-183. Adult halfway house services, discharge criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-183 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 36 Ok Reg 1256, eff 9-15-21 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

PART 20. ADOLESCENT HALFWAY HOUSE SERVICES, ASAM LEVEL 3.1

450:18-13-190. Adolescent halfway house services

(a) Halfway house treatment for adolescents ages thirteen (13) to seventeen (17) shall provide low intensity substance use disorder treatment in a supportive living environment to facilitate reintegration into the home or community. Emphasis shall be on applying recovery skills, relapse prevention, independent living skills, and educational and vocational skills. The facility shall provide beds, food service, and a safe, welcoming, and culturally/age appropriate environment.

(b) Each facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment:

(A) The facility shall maintain an environment which is supportive of physical and emotional growth and development which is appropriate to the needs of adolescents;

(B) The facility shall provide space, both indoor and outdoor, for the recreational and social needs of adolescents;

(C) The facility shall group consumers appropriately by age, developmental level, gender, and treatment needs;

(D) The program may provide transportation to activities in the community as appropriate. Vehicles used for transportation should not be labeled in any way that calls attention to the facility or the vehicle's occupants;

(E) The program shall provide study areas within the facility and shall provide ancillary study materials such as encyclopedias, dictionaries, and educational resource texts and materials; and

(F) The facility shall be licensed by the Oklahoma State Department of Human Services (OKDHS) as a "Residential Child Care Facility".

(2) Support systems:

(A) A licensed physician shall be available by telephone twenty-four (24) hours per day, seven (7) days a week;

(B) The facility shall have specialized professional consultation or supervision available;

(C) The facility shall provide clinically appropriate public educational services in compliance with applicable Oklahoma laws; and

(D) The facility shall provide emergency services and crisis interventions.

(E) The facility shall maintain written policy and procedures for handling medical emergencies which are approved by the licensed physician, and an emergency medical number shall be conspicuously posted for staff use.

(3) Staff:

(A) Service providers shall be knowledgeable regarding the biopsychosocial aspects of substance use disorders, evidenced based practices, co-occurring disorder issues, child and adolescent development issues, and culture, age, and gender related issues.

(B) Service providers shall be knowledgeable regarding the identification of violence and domestic violence, spousal or partner abuse, child abuse and neglect, parent and sibling abuse, normal and abnormal adolescent development, and family dynamics;

(C) The facility shall have a minimum of two (2) staff members on duty twenty-four (24) hours per day, seven (7) days a week. Staffing ratios shall not exceed those specified in OAC 340:110-3-153.2.

(D) Staff shall be knowledgeable about emergency procedures as specified in the emergency procedures plan;

(E) If educational services are provided, documentation shall be maintained to verify providing staff meet all state requirements for education or special education;

(F) Staff shall be knowledgeable regarding the facility-required education, training requirements, and policies; and

(G) The facility shall document in personnel records all education, training, and experience stated above prior to the provision of direct care services.

(4) Treatment services:

(A) The facility shall provide substance use disorder treatment services to assess and address the individual needs of each adolescent, to include, but not be limited to those specified at 450:18-13-101(b)(3). Documentation shall reflect each consumer received and/or was offered, at minimum, individual, group, and/or family therapy, rehabilitation services, care management services and, if appropriate, peer recovery support services and crisis intervention services.

(B) The facility shall provide services in appropriate groups according to age, gender, developmental level, and individual needs;

(C) The facility shall provide for clinically appropriate public educational services in compliance with applicable Oklahoma law;

(D) Consumers may participate in educational programs in the community, when clinically indicated, including extracurricular activities; and

(E) Service providers shall confer on a regular basis with school personnel, including the provision of necessary information when appropriate, on the educational progress of the consumer and shall assess and respond to the needs for changes in the educational plans.

(5) Assessment;

(A) A physical examination shall be conducted by a licensed physician to include physical assessment, health history, immunization status, and evaluation of motor development and functioning, speech, hearing, visual and language functioning; and

(B) The facility shall facilitate involvement and participation of family members or significant others in the assessment, treatment, rehabilitation, and continuing treatment needs of each consumer.

(c) Compliance with the above may be determined by review and/or observation of facility documentation and operations, including but not limited to the following:

- (1) Licenses;
- (2) Policies and procedures;
- (3) Treatment protocols;
- (4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service trainings;
- (5) Treatment records;
- (6) Interviews with staff and consumers; and
- (7) Other facility records.

[Source: Amended and renumbered from 450:18-3-190 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 32 Ok Reg 2091, eff 9-15-15 ; Added at 35 Ok Reg 1821, eff 10-1-18 ; Amended at 36 Ok Reg 1256, eff 9-15-21 ; Amended at 39 Ok Reg 1951, eff 9-15-22]

450:18-13-191. Adolescent halfway house services, admission criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-191 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

450:18-13-192. Adolescent halfway house services, discharge criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-192 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

PART 21. HALFWAY HOUSE SERVICES FOR PERSONS WITH DEPENDENT CHILDREN AND PREGNANT WOMEN, ASAM LEVEL 3.1

450:18-13-201. Halfway house services for persons with dependent children and pregnant women

(a) Halfway house services for persons with dependent children and pregnant women shall provide substance use disorder treatment services in a residential setting and shall include a planned regimen of twenty-four (24) hour, seven (7) days a week, supervised living arrangements, to include professionally directed evaluation, care, and treatment, under a defined set of policy and procedures, in a permanent setting.

(b) Each facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment: The facility shall be a freestanding facility providing family-style living arrangements, indoor recreational space for children and families, and safe, protected outdoor recreational space. The facility shall provide materials and space appropriate for ages of children receiving services. The facility shall provide a safe, welcoming, and culturally/age appropriate environment.

(2) Support system:

(A) A licensed physician shall be available by telephone twenty-four (24) hours per day, seven (7) days a week;

(B) The facility shall ensure children's access to the fullest possible range of medical services available, such as health screening, well-child health care, screening in speech, language, hearing, and vision, and verification of immunization records;

(C) The facility shall have access to emergency health care provided as necessary. The facility shall maintain written policy and procedures for handling medical emergencies which are approved by the licensed physician, and an emergency medical number shall be conspicuously posted for staff use;

(D) The facility shall have access to public schools for school age children, and facilitation of the child's receiving the benefits of Public Laws 99-142; and

(E) The facility staff shall document a liaison with the local Oklahoma Department of Human Service (OKDHS) offices to:

(i) Promote preservation of families;

(ii) In cases of investigation of abuse, provide instruction in positive parenting behavior, if requested by the Oklahoma Department of Human Services (OKDHS) and with parental consent, provide daily observations of parent-child interaction;

(iii) Expedite investigations in a timely manner; and

(iv) Ensure prompt facility response to situations which require immediate intervention.

(3) Staff:

(A) Service providers shall be knowledgeable regarding Biopsychosocial dimensions of substance use disorder, evidenced-based practices, culture, age, and gender related issues, co-occurring disorder issues, and services for infants, toddlers, preschool, and school-age children.

(B) Service providers are minimally trained in:

(i) Trauma issues, identification of domestic violence, spousal or partner abuse, and child abuse and neglect, with special emphasis on failure to thrive and sexual abuse of children.

(ii) Child development and age appropriate behaviors.

(iii) Parenting skills appropriate to infants, toddlers, pre-school, and school age children.

(iv) The impact of substances and substance use disorders on parenting and family units.

(C) Service providers working with children shall be knowledgeable and demonstrate job appropriate functional comprehension of:

(i) The impact of prenatal drug and alcohol exposure on child development.

(ii) The effect of substance use disorders on parenting, children, and families.

(iii) Parenting skills appropriate to infants, toddlers, pre-school, and school age children.

(iv) Common child behavioral and developmental problems.

(v) Appropriate play activities according to developmental stage.

(vi) Recognition of sexual acting out behavior.

(vii) The substance use disorder recovery process, especially as related to family units.

(D) The facility shall have staff members on site and awake twenty-four (24) hours per day, seven (7) days per week;

(E) Staff shall be knowledgeable regarding facility-required education and training requirements and policies; and

(F) The facility shall document in personnel records all education, training, and experience stated above prior to the provision of direct care services.

(4) Treatment services:

(A) Daily (twenty-four [24] hours a day, seven [7] days a week) substance use disorder services shall be provided to assess and address individual needs of each consumer. Services shall include, but are not limited to, those specified at 450:18-13-101(b)(3). Documentation shall reflect each consumer received and/or was offered, at minimum, individual, group, and/or family therapy, rehabilitation services, care management services and, if appropriate, peer recovery support services and crisis intervention services.

(B) Services may be provided to dependent children by providers certified under this Chapter when provided to address the impacts related to the parent's addiction; however, compliance with separate provider qualifications may be required for treatment services provided to dependent children, in accordance with OAC 450 and Title 43A of the Oklahoma Statutes. Services for children shall be provided in accordance with the child's service plan consisting of, but not limited to, assessment and therapy, according to the development of the child. Documentation of all needs identified for each child shall be identified on that child's case management service plan and/or service

plan.

(C) Children's services, excluding infants, shall be provided which address the significant issues and needs documented in either or both the child's and the parent's assessment and shall utilize both structured and unstructured therapeutic activity. Services shall address the significant issues and needs documented in the parent's or child's assessment and create and enhance positive self image and feelings of self-worth, promote family unity, teach personal body safety and positive school interactions, and to prevent alcohol, tobacco, and other drug use;

(D) Infant services, ages birth to three (3) years of age, shall be provided and shall consist, at a minimum, of developmentally appropriate parent-child bonding (interactive) activities and play therapy as determined by mother's service plan; and

(E) Case management services for each adult and each child shall be provided, which include the assessment of and planning and arranging for recovery needs.

(c) Compliance with 450:18-13-201 may be determined by review and/or observation of facility documentation and operations, including but not limited to the following:

- (1) Licenses;
- (2) Policies and procedures;
- (3) Treatment protocols;
- (4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, and ongoing in-service trainings;
- (5) Treatment records;
- (6) Interviews with staff and consumers; and
- (7) Other facility documentation.

[Source: Amended and renumbered from 450:18-3-201 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 24 Ok Reg 2580, eff 7-12-07 ; Amended at 25 Ok Reg 2532, eff 7-11-08 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 32 Ok Reg 2091, eff 9-15-15 ; Added at 35 Ok Reg 1821, eff 10-1-18 ; Amended at 36 Ok Reg 1256, eff 9-15-21 ; Amended at 39 Ok Reg 1951, eff 9-15-22]

450:18-13-202. Halfway house services for persons with dependent children, admission criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-202 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

450:18-13-203. Halfway house services for persons with dependent children, discharge criteria [REVOKED]

[Source: Amended and renumbered from 450:18-3-203 at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 27 Ok Reg 2237, eff 7-11-10 ; Revoked at 39 Ok Reg 1951, eff 9-15-22]

PART 23. PEER RECOVERY SUPPORT SERVICES

450:18-13-221. Peer recovery support services

(a) Peer recovery support services are provided as a program integrated within the overall structure of substance-related and addictive disorders agency services and may be offered to consumers age sixteen (16) and older with substance use disorders, including co-occurring disorders.

(b) Peer recovery support services may be offered to other consumers of the agency and their families.

(c) These services shall:

(1) Be based on an individualized, recovery-focused service philosophy that allows individuals the opportunity to learn to manage their own recovery and advocacy process;

(2) Recognize the unique value of services being provided by persons with lived experience who are able to demonstrate their own hopefulness and recovery;

(3) Enhance the development of natural supports, coping skills, and other skills necessary to function as independently as possible in the community, including, but not limited to, assisting re-entry into the community after a hospitalization or other residential setting;

(4) Have written policies specific to these services; and,

(5) Be provided by Recovery Support Specialists as defined by OAC 450:18-13-222.

(d) Each agency shall have in place provisions for direct supervision and other supports for staff providing this service.

(e) Compliance with 450:18-13-221 shall be determined by a review of documentation of linkage activities and agreements, clinical records, PICIS reporting data, and policies and procedures.

[Source: Added at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14]

450:18-13-222. Peer Recovery Support Specialists staff requirements

(a) Peer Recovery Support Services shall be provided only by Peer Recovery Support Specialists meeting the requirements and certified pursuant to OAC 450:53.

(b) Each agency shall document and maintain records to verify current credentialing of each provider of this service.

(c) Compliance for 450:17-3-192 shall be determined by a review of the facility personnel records and ODMHSAS credentialing files.

[Source: Added at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14]

450:18-13-223. Peer Recovery Support services: Locale and frequency

(a) Peer Recovery Support services can be provided in any location. The majority of contacts should be face-to-face, however, services may be

provided over the telephone as necessary to help the consumer achieve his or her goals.

(b) Compliance for 450:18-13-223 shall be determined by a review of the agency policies and procedures, PICIS, consumer records, consumer interviews, and observation.

[Source: Added at 27 Ok Reg 2237, eff 7-11-10 ; Amended at 31 Ok Reg 2004, eff 10-1-14]

PART 25. MEDICATION ASSISTED TREATMENT [REVOKED]

450:18-13-241. Opioid treatment program services [REVOKED]

[Source: Amended and renumbered from 450:18-3-241 at 23 Ok Reg 1953, eff 7-1-06 ; Revoked at 24 Ok Reg 2580, eff 7-12-07]

450:18-13-242. Programs using opiate antagonist or long acting opiate agonist [REVOKED]

[Source: Amended and renumbered from 450:18-3-242 at 23 Ok Reg 1953, eff 7-1-06 ; Revoked at 24 Ok Reg 2580, eff 7-12-07]

SUBCHAPTER 15. GAMBLING DISORDER TREATMENT SERVICES [REVOKED]

450:18-15-1. Purpose [REVOKED]

[Source: Added at 31 Ok Reg 2004, eff 10-1-14 ; Revoked at 33 Ok Reg 982, eff 9-1-16]

450:18-15-2. Level of care [REVOKED]

[Source: Added at 31 Ok Reg 2004, eff 10-1-14 ; Revoked at 33 Ok Reg 982, eff 9-1-16]

450:18-15-3. Admission criteria [REVOKED]

[Source: Added at 31 Ok Reg 2004, eff 10-1-14 ; Revoked at 33 Ok Reg 982, eff 9-1-16]

450:18-15-4. Discharge criteria [REVOKED]

[Source: Added at 31 Ok Reg 2004, eff 10-1-14 ; Revoked at 33 Ok Reg 982, eff 9-1-16]

450:18-15-5. Treatment services [REVOKED]

[Source: Added at 31 Ok Reg 2004, eff 10-1-14 ; Amended at 32 Ok Reg 2091, eff 9-15-15 ; Revoked at 33 Ok Reg 982, eff 9-1-16]

SUBCHAPTER 17. CERTIFICATE OF NEED

450:18-17-1. Purpose

The purpose of this Subchapter is to set forth rules regulating Certificate of Need requirements for applicable facilities.

[Source: Added at 38 Ok Reg 1256, eff 9-15-21]

450:18-17-2. Applicability

The rules set forth in this Subchapter are applicable only to facilities that seek to obtain initial certification under this Chapter for residential substance use disorder services, medically supervised withdrawal management services, or halfway house services and that intend to enroll with the Oklahoma Health Care Authority as a Medicaid provider.

[Source: Added at 38 Ok Reg 1256, eff 9-15-21]

450:18-17-3. Certificate of Need requirements

(a) Facilities seeking initial certification for residential substance use disorder services, medically supervised withdrawal management services, or halfway house services that intend to enroll with the Oklahoma Health Care Authority shall be subject to a Certificate of Need evaluation completed by the Department. Such facilities will be required to provide a Certificate of Need from the Department to the Oklahoma Health Care Authority upon enrollment as a Medicaid provider, in accordance with OAC 317:30-5-95.44(a)(3). In addition to the standard certification application, entities shall provide information requested by the Department on the Department-prescribed form. Such information shall include, but not be limited to, the following:

- (1) Number of beds that are/will be in the facility;
- (2) Number of beds that will be added, if any;
- (3) Timeframe for the addition of new beds;
- (4) Population(s) that will be served; and
- (5) Type(s) of services that will be provided.

(b) The following factors shall be considered in determining whether a Certificate of Need shall be granted:

- (1) Residential substance use disorder, medically supervised withdrawal management, and/or halfway house bed occupancy rates for the applicable population and geographic area;
- (2) Residential substance use disorder, medically supervised withdrawal management, and/or halfway house bed occupancy rates for Medicaid beneficiaries within the geographic area;
- (3) The estimated need that the population to be served has for the services proposed by the entity based on the following:
 - (A) Current population estimates and demographics;
 - (B) Population trends or projections; and
 - (C) Substance use disorder service utilization trends

- (4) The type and number of residential substance use disorder, medically supervised withdrawal management, and/or halfway house providers in the same geographic area; and
 - (5) Any extenuating circumstances or factors the Department considers substantial, such as anticipated increases in the need or demand for residential substance use disorder, medically supervised withdrawal management, or halfway house services.
- (c) If the Department determines that, based upon these factors, a need for an additional residential substance use disorder, medically supervised withdrawal management, or halfway house facility and associated number of beds cannot be demonstrated, a Certificate of Need shall not be issued to the facility.
- (d) Failure of a facility to obtain a Certificate of Need shall not prohibit the facility from obtaining certification from the Department.

[Source: Added at 38 Ok Reg 1256, eff 9-15-21]

CHAPTER 19. STANDARDS AND CRITERIA FOR DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAMS [TRANSFERRED]

Editor's Note: *Effective 7-1-05, the rules in this Chapter were transferred to the Office of the Attorney General [OAC 75:15]. Pursuant to Senate Bill 236 (2005), "rules promulgated by the Department of Mental Health and Substance Abuse Services relating to domestic violence and sexual assault programs [were] transferred to and [became] a part of the administrative rules of the Office of the Attorney General. . . . Such rules shall continue in force and effect as rules of the Office of the Attorney General from and after July 1, 2005, and any amendment, repeal, or addition to the transferred rules shall be under the jurisdiction of the Attorney General" [Senate Bill 236 (2005), Section 6(A)]. As directed by SB 236, an Editor's Notice was published in the Oklahoma Register [see 22 Ok Reg 2667], announcing the transfer of the rules from this Chapter, as well as from OAC 450:15, Subchapter 3, Part 9, to the Attorney General's Title 75, Chapter 15 [OAC 75:15], and identifying the new location of each transferred rule. For additional information relating to this transfer, see Senate Bill 236 (2005).*

[**Authority:** 43A O.S., § 3-314.1]
[**Source:** Codified 7-1-96]

SUBCHAPTER 1. GENERAL PROVISIONS [TRANSFERRED]

450:19-1-1. Purpose [TRANSFERRED]

[**Source:** Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Transferred to 75:15-1-1 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-1-2. Definitions [TRANSFERRED]

[**Source:** Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 17 Ok Reg 2146, eff 7-1-00 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Amended at 22 Ok Reg 2141, eff 7-1-05 ; Transferred to 75:15-1-2 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-1-3. Meaning of verbs in rules [TRANSFERRED]

[**Source:** Added at 13 Ok Reg 2771, eff 7-1-96 ; Transferred to 75:15-1-3 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-1-4. Annual review of standards and criteria [TRANSFERRED]

[**Source:** Added at 13 Ok Reg 2771, eff 7-1-96 ; Transferred to 75:15-1-4 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-1-5. New standards and criteria [REVOKED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Revoked at 20 Ok Reg 2129, eff 7-1-03]

450:19-1-6. Service programs [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Amended at 22 Ok Reg 2141, eff 7-1-05 ; Transferred to 75:15-1-6 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

SUBCHAPTER 3. DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAMS [TRANSFERRED]

PART 1. REQUIRED DV/SA SHELTER PROGRAM COMPONENTS [TRANSFERRED]

450:19-3-1. Shelter services program [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Amended at 22 Ok Reg 2141, eff 7-1-05 ; Transferred to 75:15-3-1 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-3-2. Crisis intervention services program [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Amended at 22 Ok Reg 2141, eff 7-1-05 ; Transferred to 75:15-3-2 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-3-3. Counseling, support, and advocacy services [REVOKED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Revoked at 22 Ok Reg 2141, eff 7-1-05]

450:19-3-4. Children's services [REVOKED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Revoked at 22 Ok Reg 2141, eff 7-1-05]

450:19-3-5. Sexual assault services [REVOKED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Revoked at 20 Ok Reg 2129, eff 7-1-03]

450:19-3-6. Public education services [REVOKED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Revoked at 22 Ok Reg 2141, eff 7-1-05]

PART 2. OTHER SERVICE COMPONENTS [TRANSFERRED]

450:19-3-7. Transitional living services program [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Amended at 22 Ok Reg 2141, eff 7-1-05 ; Transferred to 75:15-3-7 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-3-8. Safe home services program [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Amended at 22 Ok Reg 2141, eff 7-1-05 ; Transferred to 75:15-3-8 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-3-9. Batterer's intervention services program [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 17 Ok Reg 2146, eff 7-1-00 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Amended at 22 Ok Reg 2141, eff 7-1-05 ; Transferred to 75:15-3-9 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-3-10. Sexual assault services program [TRANSFERRED]

[Source: Added at 20 Ok Reg 2129, eff 7-1-03 ; Amended at 22 Ok Reg 2141, eff 7-1-05 ; Transferred to 75:15-3-10 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

SUBCHAPTER 5. CLIENT RECORDS AND CONFIDENTIALITY [TRANSFERRED]

450:19-5-1. Purpose [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Transferred to 75:15-5-1 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-5-2. Client records [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 673, eff 2-27-03 (emergency); Amended at 20 Ok Reg 2129, eff 7-1-03 ; Transferred to 75:15-5-2 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-5-3. Record content - general [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Transferred to 75:15-5-3 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-5-3.1. Record content - service specific [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 17 Ok Reg 2146, eff 7-1-00 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Amended at 22 Ok Reg 2141, eff 7-1-05 ; Transferred to 75:15-5-3.1 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-5-4. Client confidentiality [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 673, eff 2-27-03 (emergency); Amended at 20 Ok Reg 2129, eff 7-1-03 ; Transferred to 75:15-5-4 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-5-5. Physical safety and integrity of client records [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-5-5 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-5-6. Client record, handling, retention, and disposal [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-5-6 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-5-7. Disclosure of client information [REVOKED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Revoked at 20 Ok Reg 673, eff 2-27-03 (emergency); Revoked at 20 Ok Reg 2129, eff 7-1-03]

450:19-5-8. Consent for disclosure of client information [REVOKED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Revoked at 20 Ok Reg 673, eff 2-27-03 (emergency); Revoked at 20 Ok Reg 2129, eff 7-1-03]

450:19-5-9. Conditions for disclosure of client information [REVOKED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Revoked at 20 Ok Reg 673, eff 2-27-03 (emergency); Revoked at 20 Ok Reg 2129, eff 7-1-03]

450:19-5-10. Confidentiality of mental health and drug or alcohol abuse treatment information [TRANSFERRED]

[Source: Added at 20 Ok Reg 673, eff 2-27-03 (emergency); Added at 20 Ok Reg 2129, eff 7-1-03 ; Transferred to 75:15-5-10 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

SUBCHAPTER 7. DV/SA SHELTER PROGRAM PHYSICAL ENVIRONMENTS [TRANSFERRED]

450:19-7-1. Physical plant, primary role [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 14 Ok Reg 126, eff 10-2-96 (emergency); Amended at 14 Ok Reg 1966, eff 5-27-97 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 22 Ok Reg 2141, eff 7-1-05 ; Transferred to 75:15-7-1 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-7-2. Fire and safety codes and inspections [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 14 Ok Reg 126, eff 10-2-96 (emergency); Amended at 14 Ok Reg 1966, eff 5-27-97 ; Amended at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-7-2 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-7-3. Fire fighting and first aid equipment [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 14 Ok Reg 126, eff 10-2-96 (emergency); Amended at 14 Ok Reg 1966, eff 5-27-97 ; Amended at 17 Ok Reg 2146, eff 7-1-00 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 22 Ok Reg 2141, eff 7-1-05 ; Transferred to 75:15-7-3 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-7-4. Disaster procedures [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 14 Ok Reg 126, eff 10-2-96 (emergency); Amended at 14 Ok Reg 1966, eff 5-27-97 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-7-4 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-7-5. Persons with special needs [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 14 Ok Reg 126, eff 10-2-96 (emergency); Amended at 14 Ok Reg 1966, eff 5-27-97 ; Amended at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-7-5 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-7-6. Program environment, all DV/SA service programs [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Amended at 22 Ok Reg 2141, eff 7-1-05 ; Transferred to 75:15-7-6 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-7-7. Program environment, shelter services programs [TRANSFERRED]

[Source: Added at 22 Ok Reg 2141, eff 7-1-05 ; Transferred to 75:15-7-7 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

SUBCHAPTER 9. PROGRAM MANAGEMENT AND PERFORMANCE IMPROVEMENT [TRANSFERRED]

450:19-9-1. Admission criteria [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-9-1 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-9-2. Program management, policy and procedures [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-9-2 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-9-3. Job qualifications [REVOKED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Revoked at 16 Ok Reg 1572, eff 7-1-99]

450:19-9-4. Staff orientation [REVOKED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Revoked at 16 Ok Reg 1572, eff 7-1-99]

450:19-9-5. Client confidentiality [REVOKED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Revoked at 16 Ok Reg 1572, eff 7-1-99]

450:19-9-6. Utilization of volunteers [REVOKED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Revoked at 19 Ok Reg 1403, eff 7-1-02]

450:19-9-7. Program mission and goals [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-9-7 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-9-8. Annual program evaluation [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 17 Ok Reg 2146, eff 7-1-00 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-9-8 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-9-9. Critical incidents [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 17 Ok Reg 2146, eff 7-1-00 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-9-9 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-9-10. Performance improvement plan [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 17 Ok Reg 2146, eff 7-1-00 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Amended at 22 Ok Reg 2141, eff 7-1-05 ; Transferred to 75:15-9-10 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-9-11. Employee and volunteer supervision [REVOKED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Revoked at 19 Ok Reg 1403, eff 7-1-02]

SUBCHAPTER 11. CLIENT RIGHTS [TRANSFERRED]

450:19-11-1. Client rights, shelter and residential services [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Amended at 21 Ok Reg 1746, eff 7-1-04 ; Transferred to 75:15-11-1 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-11-2. Client rights, non-shelter residential services [TRANSFERRED]

[Source: Added at 13 Ok Reg 2771, eff 7-1-96 ; Amended at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Amended at 21 Ok Reg 1746, eff 7-1-04 ; Transferred to 75:15-11-2 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-11-3. Client's grievance policy [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Amended at 21 Ok Reg 1746, eff 7-1-04 ; Transferred to 75:15-11-3 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

SUBCHAPTER 13. PERSONNEL AND VOLUNTEERS [TRANSFERRED]

PART 1. GENERAL [TRANSFERRED]

450:19-13-1. Personnel policies and procedures [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-13-1 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-13-2. Policy and procedures, staff and volunteer knowledge and access [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-13-2 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-13-3. Non-discrimination [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-13-3 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-13-4. Selection of personnel and volunteers [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-13-4 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-13-5. Job descriptions, employees and volunteers [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-13-5 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-13-6. Orientation - general, employees and volunteers [REVOKED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Revoked at 19 Ok Reg 1403, eff 7-1-02]

450:19-13-7. Orientation and training - client confidentiality [REVOKED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Revoked at 19 Ok Reg 1403, eff 7-1-02]

450:19-13-8. Volunteer and personnel records [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 17 Ok Reg 2146, eff 7-1-00 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-13-8 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-13-9. Supervision of employees and volunteers [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Transferred to 75:15-13-9 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-13-10. Performance evaluation of employees and volunteers [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-13-10 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

PART 3. TRAINING [TRANSFERRED]

450:19-13-20. Employee, paraprofessional and volunteer inservice training and development plan [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-13-20 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-13-20.1. Orientation - general, employees and volunteers [TRANSFERRED]

[Source: Added at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Amended at 22 Ok Reg 2141, eff 7-1-05 ; Transferred to 75:15-13-20.1 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-13-20.2. Inservice and ongoing training for employees and volunteers [TRANSFERRED]

[Source: Added at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Amended at 22 Ok Reg 2141, eff 7-1-05 ; Transferred to 75:15-13-20.2 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-13-21. Staff training, shelter services [REVOKED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Revoked at 19 Ok Reg 1403, eff 7-1-02]

450:19-13-22. Staff training, crisis intervention services [REVOKED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Revoked at 19 Ok Reg 1403, eff 7-1-02]

450:19-13-23. Staff training, counseling, support and advocacy services [REVOKED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Revoked at 19 Ok Reg 1403, eff 7-1-02]

450:19-13-24. Staff training, children's services [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-13-24 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-13-25. Staff training, sexual assault services [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Transferred to 75:15-13-25 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-13-26. Staff training, transitional living services [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-13-26 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-13-27. Staff training, safe home services [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 22 Ok Reg 2141, eff 7-1-05 ; Transferred to 75:15-13-27 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-13-28. Staff training, public education services [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-13-28 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-13-29. Staff training, Court Advocates [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Amended at 22 Ok Reg 2141, eff 7-1-05 ; Transferred to 75:15-13-29 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-13-30. Staff training, batterer's intervention services [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 17 Ok Reg 2146, eff 7-1-00 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Amended at 20 Ok Reg 2129, eff 7-1-03 ; Transferred to 75:15-13-30 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

SUBCHAPTER 15. GOVERNING AUTHORITY [TRANSFERRED]

450:19-15-1. Governing authority [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-15-1 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-15-2. Governing authority, documentation of source of authority [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-15-2 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-15-3. Duties of the governing authority [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-15-3 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

450:19-15-4. Governing authority, meeting minutes [TRANSFERRED]

[Source: Added at 16 Ok Reg 1572, eff 7-1-99 ; Amended at 19 Ok Reg 1403, eff 7-1-02 ; Transferred to 75:15-15-4 by SB 236 (2005), eff 7-1-05 (Editor's Notice published at 22 Ok Reg 2667)]

CHAPTER 20. SUPPORT SERVICES [REVOKED]

[Authority: 43A O.S., § 2-202]
[Source: Codified 12-31-91]

SUBCHAPTER 1. GENERAL PROVISIONS [REVOKED]

450:20-1-1. Purpose [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

SUBCHAPTER 3. PATHOLOGY/LABORATORY SERVICES [REVOKED]

450:20-3-1. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-3-2. Provision of pathology and laboratory services [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-3-3. Charges for pathology and laboratory services [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

SUBCHAPTER 5. PHARMACY SERVICES [REVOKED]

450:20-5-1. Definitions [REVOKED]

[Source: Amended at 10 Ok Reg 3153, eff 7-1-93 ; Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-5-2. Applicability [REVOKED]

[Source: Amended at 10 Ok Reg 3153, eff 7-1-93 ; Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-5-3. Responsibility [REVOKED]

[Source: Amended at 10 Ok Reg 3153, eff 7-1-93 ; Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-5-4. License [REVOKED]

[Source: Amended at 10 Ok Reg 3153, eff 7-1-93 ; Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-5-5. Authority to prescribe medications [REVOKED]

[Source: Amended at 10 Ok Reg 3153, eff 7-1-93 ; Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-5-6. Authority to dispense or deliver drugs [REVOKED]

[Source: Amended at 10 Ok Reg 3153, eff 7-1-93 ; Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-5-7. Stop orders [REVOKED]

[Source: Amended at 10 Ok Reg 3153, eff 7-1-93 ; Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-5-8. Prescriptions [REVOKED]

[Source: Amended at 10 Ok Reg 3153, eff 7-1-93 ; Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-5-9. Security and storage [REVOKED]

[Source: Amended at 10 Ok Reg 3153, eff 7-1-93 ; Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-5-10. Drugs brought to the hospital by patients [REVOKED]

[Source: Amended at 10 Ok Reg 3153, eff 7-1-93 ; Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-5-11. Availability and stockage of drugs [REVOKED]

[Source: Amended at 10 Ok Reg 3153, eff 7-1-93 ; Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-5-12. Sample drugs [REVOKED]

[Source: Revoked at 10 Ok Reg 3153, eff 7-1-93]

450:20-5-13. Registration and education [REVOKED]

[Source: Amended at 10 Ok Reg 3153, eff 7-1-93 ; Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-5-14. Library and physical facilities [REVOKED]

[Source: Revoked at 10 Ok Reg 3153, eff 7-1-93]

450:20-5-15. Flammable materials [REVOKED]

[Source: Revoked at 10 Ok Reg 3153, eff 7-1-93]

450:20-5-16. Records [REVOKED]

[Source: Amended at 10 Ok Reg 3153, eff 7-1-93 ; Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-5-17. Antidotes [REVOKED]

[Source: Amended at 10 Ok Reg 3153, eff 7-1-93 ; Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-5-18. Accountability [REVOKED]

[Source: Amended at 10 Ok Reg 3153, eff 7-1-93 ; Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-5-19. Drug orders [REVOKED]

[Source: Revoked at 10 Ok Reg 3153, eff 7-1-93]

450:20-5-20. Discharge planning [REVOKED]

[Source: Amended at 10 Ok Reg 3153, eff 7-1-93 ; Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-5-21. Restrictions on writing prescriptions [REVOKED]

[Source: Amended at 10 Ok Reg 3153, eff 7-1-93 ; Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-5-22. Multiple dose vials [REVOKED]

[Source: Revoked at 10 Ok Reg 3153, eff 7-1-93]

SUBCHAPTER 7. RADIOLOGY SERVICES [REVOKED]

450:20-7-1. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-7-2. Provision of radiology services [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-7-3. Responsibility of radiology services [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

SUBCHAPTER 9. PASTORAL SERVICES [REVOKED]

450:20-9-1. Definition [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-9-2. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-9-3. Policy and procedures regarding pastoral services [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-9-4. Staff composition and supervision [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

SUBCHAPTER 11. DENTAL SERVICES [REVOKED]

450:20-11-1. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-11-2. Provisions for dental care and treatment of patients/clients [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

SUBCHAPTER 13. DIETETIC SERVICES [REVOKED]

450:20-13-1. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-13-2. Written plan for provision of dietetic services [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-13-3. Nutritional responsibility [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-13-4. Policies and procedures regarding dietetic services [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-13-5. Menus [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-13-6. Services [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-13-7. Compliance of dietetic services [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-13-8. Role in disaster plan [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

SUBCHAPTER 15. RESEARCH [REVOKED]

450:20-15-1. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-15-2. Overview [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-15-3. Defining the research project [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-15-4. Review committee; review by Superintendent/Director [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-15-5. Disclosure of risk [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-15-6. Consent [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-15-7. Protection of participants/staff [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-15-8. Sharing results of research [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-15-9. Funding of research projects [REVOKED]

[Source: Revoked at 11 Ok Reg 3861, eff 7-11-94]

SUBCHAPTER 17. VOLUNTEER SERVICE [REVOKED]

450:20-17-1. Applicability [REVOKED]

[Source: Amended at 10 Ok Reg 1855, eff 6-1-93 ; Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-17-2. Public involvement in Department of Mental Health and Substance Abuse Services treatment facilities and programs [REVOKED]

[Source: Amended at 10 Ok Reg 1855, eff 6-1-93 ; Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-17-3. Orientation program for volunteers [REVOKED]

[Source: Amended at 10 Ok Reg 1855, eff 6-1-93 ; Revoked at 11 Ok Reg 3861, eff 7-11-94]

450:20-17-4. Utilization of volunteers [REVOKED]

[Source: Amended at 10 Ok Reg 1855, eff 6-1-93 ; Revoked at 11 Ok Reg 3861, eff 7-11-94]

CHAPTER 21. ALCOHOL AND DRUG SUBSTANCE ABUSE COURSES (ADSAC) AND ASSESSMENTS

[**Authority:** 22 O.S. §§ 991a and 991c.; 43A O.S. §§ 2-101, 3-451 through 3-453.1, and 3-460; 47 O.S. §§ 6-212.2, 11-902 and 761(D)]

[**Source:** Codified 7-1-96]

SUBCHAPTER 1. GENERAL PROVISIONS

450:21-1-1. Purpose and applicability

This chapter implements 43A O.S. §§ 3-451 through 3-461 and sets forth the standards and criteria used in the certification of institutions, organizations and facilitators offering Alcohol and Drug Substance Abuse courses (ADSAC) and individuals conducting alcohol and drug assessments related to driver's license revocations.

[**Source:** Added at 13 Ok Reg 2791, eff 7-1-96 ; Amended at 20 Ok Reg 988, eff 7-1-03 ; Amended at 21 Ok Reg 1748, eff 7-1-04 ; Amended at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 38 Ok Reg 1294, eff 9-15-21]

450:21-1-2. Statutory authority

(a) Under 43A O.S. § 3-453(E), ODMHSAS has authority to certify Alcohol and Drug Substance Abuse Courses.

(b) Pursuant to 43A O. S. §§ 3-453, ODMHSAS is authorized to adopt rules governing:

- (1) Applications and certification of individuals, institutions and organizations to conduct an Alcohol or Drug Substance Abuse Course (ADSAC);
- (2) Denial, suspension or revocation of certification of individuals, institutions and organizations;
- (3) Minimum requirements for all ADSAC content and curricula;
- (4) Minimum qualifications for all ADSAC facilitators;
- (5) Enrollment fees for those attending an ADSAC course;
- (6) Facilities, equipment and instructional materials for ADSAC;
- (7) Minimum qualifications for facilitators of ADSAC facilitator training;
- (8) ADSAC participant attendance requirements;
- (9) Requirements for certifying to the Oklahoma Department of Mental Health and Substance Abuse Services and the Oklahoma Department of Public Safety successful course completion of ADSAC by a participant;
- (10) Operational and physical site requirements for all institutions and organizations offering ADSAC courses; and
- (11) Training requirements for ADSAC facilitators.

(c) Pursuant to 43A O. S. §§ 3-461, ODMHSAS is authorized to adopt rules governing:

- (1) Certification of individuals approved to provide assessment services;
- (2) Assessment standards;

- (3) Assessment responsibilities and activities of certified assessors; and
- (4) Requirements for reporting completed assessments to ODMHSAS.

[Source: Added at 13 Ok Reg 2791, eff 7-1-96 ; Amended at 14 Ok Reg 688, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1967, eff 5-27-97 ; Amended at 15 Ok Reg 2750, eff 7-1-98 ; Amended at 19 Ok Reg 1432, eff 7-1-02 ; Amended at 20 Ok Reg 988, eff 7-1-03 ; Amended at 21 Ok Reg 1748, eff 7-1-04 ; Amended at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 38 Ok Reg 1294, eff 9-15-21 ; Amended at 40 Ok Reg 1061, eff 9-15-23]

450:21-1-3. Definitions

The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise.

"Abuse" means the causing or permitting of harm or threatened harm to the health, safety, or welfare of a participant by staff responsible for the participant's health, safety, or welfare, including, but not limited to:

- (A) non-accidental physical injury or mental anguish;
- (B) sexual abuse;
- (C) sexual exploitation;
- (D) use of mechanical restraints without proper authority;
- (E) the intentional use of excessive or unauthorized force aimed at hurting or injuring the participant; or
- (F) deprivation of food, clothing, shelter, or healthcare by staff responsible for providing these services to a participant.

"Action Code" means a numerical designation applied to ADSAC by the Oklahoma Department of Public Safety, and which will be provided by ODMHSAS to organizations and institutions conducting ADSAC, for use in completing the written verification of an individual's completion of an ADSAC.

"Administrator" means the person responsible for administering ADSAC courses within a certified institution or organization.

"ADSAC" means Alcohol and Drug Substance Abuse Course.

"ADSAC Facilitator" means an individual certified to teach both the ten (10) or the twenty-four (24) hour ADSAC courses.

"ASAM" means the American Society of Addiction Medicine.

"ASAM levels of care" means the different options for treatment as described in the current edition of the ASAM criteria that vary according to the intensity of the services offered. Each treatment option is a level of care.

"Assessment" means a face-to-face clinical interview evaluating an individual's need and receptivity to substance abuse treatment and his or her prognosis.

"Assessor" means an individual certified to conduct alcohol and other drug assessments related to driver's license revocations.

"Audit" means a systematic inspection of accounting records involving analyses, tests, and confirmations or the hearing or investigation by an auditor.

"Biopsychosocial Assessment" means a face-to-face clinical interview conducted by an ADSAC assessor designed to elicit historical

and current information regarding the behavior and experiences of a participant, and is designed to provide sufficient information for problem formulation, intervention planning, and formulation of appropriate substance abuse-related clinical and/or educational interventions to reduce or eliminate recidivism.

"Certification" means an institution, organization, or individual approved by ODMHSAS to conduct ADSAC courses.

"Certified Alcohol and Drug Counselor" or **"CADC"** means any person who is certified through the State of Oklahoma pursuant to the provisions of the Licensed Alcohol and Drug Counselors Act.

"Commissioner" means the Commissioner of the Oklahoma Department of Mental Health and Substance Abuse Services.

"Conflict of interest" means a conflict between the private interests and public obligations of a certified organization, institution, or certified ADSAC Facilitator.

"Consumer" means an individual who has applied for, is receiving or has received evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450 as client(s) or patient(s) or resident(s) or a combination thereof.

"Course" means multiple classes offering an approved ADSAC curriculum.

"Critical incident" means an occurrence or set of events inconsistent with the routine operation of an approved institution or organization approved to do ADSAC, or the routine work with a participant in an ADSAC course. Critical incidents specifically include, but are not limited to: self-destructive behavior; deaths and injuries to the participant, participant's family, staff or visitors; abuse of a participant, fire, unauthorized disclosure of information; damage to or theft of property belonging to a participant or an approved institution or organization; other unexpected occurrences; or events subject to litigation. A critical incident may involve multiple individuals or results.

"Curricula" (plural of Curriculum) See Curriculum.

"Curriculum" means a specific course of study in alcohol and drug substance abuse designed for ADSAC.

"Defendant Questionnaire" or **"DQ"** means an automated assessment or screening instrument used in assessing an offender with alcohol or other drug involvement. This instrument contains scales to measure truthfulness, stress coping ability, and severity of the alcohol or other drug use disorder diagnosis using the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria.

"Denial" means a refusal to certify to conduct ADSAC courses.

"DOC" means the Oklahoma Department of Corrections.

"Documentation" means the provision of written, dated and authenticated evidence to substantiate compliance with standards.

"DPS" means Department of Public Safety.

"Driver Risk Inventory" or **"DRI"** means an assessment or screening instrument, which contains six scales measuring truthfulness, alcohol, drug, driver risk, stress management, and severity of alcohol or other drug abuse and classifies a participant as being either a substance abuser or substance dependent in compliance with current Diagnostic

and Statistical Manual criteria.

"Equipment" means hardware, such as audio visual equipment, used as a tool to present material in an ADSAC course.

"Evidence based practice" means programs or practices that are proven to be successful through research methodology and have produced consistently positive patterns of results.

"Facilitator candidate" means an individual who has applied for and is in the process of being certified to conduct an ADSAC course as an ADSAC facilitator.

"Facility" means any ODMHSAS approved building in which ADSAC is conducted.

"Group counseling" means a method of using various commonly accepted treatment approaches provided face-to-face by a treatment professional with two (2) or more participants that does not consist of solely related individuals, to promote positive emotional or behavioral change. Services rendered in this setting should be guided by the participant's treatment goals and objectives, and does not include social or daily living skill development as described in educational group counseling.

"Independent practitioner" means any professional, appropriately licensed or certified as an alcohol and drug counselor through the State of Oklahoma, pursuant to state law, and certified by ODMHSAS to conduct ADSAC assessments who does so through the format of a private practice.

"Individual counseling" means a method of using various commonly accepted treatment approaches provided face-to-face by a treatment professional with one participant to promote positive emotional or behavioral change.

"Instructional material" means written or printed data distributed to the participant during an ADSAC course for informational or educational purposes.

"Intensive outpatient services" or **"IOP"** means an organized, non-residential outpatient treatment service with scheduled sessions that provide a range of nine (9) to fifteen (15) treatment hours per week. Intensive outpatient services may offer evening outpatient services several nights per week or be incorporated into an inpatient or residential treatment program in which the individual participates in daytime treatment services but goes home at night. Intensive Outpatient shall correspond to ASAM Patient Placement Criteria Treatment Level: Level II.1, Intensive outpatient.

"Intern facilitator" means a facilitator who has initial approval to conduct ADSAC courses under supervision, both ten (10) and twenty-four (24) hour, but who has not completed internship or training requirements, and is not certified.

"Lapse" means the expiration of an otherwise valid ADSAC certification due to the failure to timely complete and submit the required application for recertification.

"Licensed Alcohol and Drug Counselor" or **"LADC"** means any person who is licensed through the State of Oklahoma pursuant to the provisions of the Licensed Alcohol and Drug Counselors Act.

"Licensed Behavioral Health Professional" or **"LBHP"** means:

- (A) An Allopathic or Osteopathic Physician with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry;
- (B) An Advanced Practice Registered Nurse licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided and certified in a psychiatric mental health specialty;
- (C) A Clinical Psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists;
- (D) A Physician Assistant who is licensed in good standing in Oklahoma and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions;
- (E) A practitioner with a license to practice in the state in which services are provided issued by one of the following licensing boards:
 - (i) Social Work (clinical specialty only);
 - (ii) Professional Counselor;
 - (iii) Marriage and Family Therapist;
 - (iv) Behavioral Practitioner; or
 - (v) Alcohol and Drug Counselor.

"Licensure Candidate" means a practitioner actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinical if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards:

- (A) Psychology;
- (B) Social Work (clinical specialty only);
- (C) Professional Counselor;
- (D) Marriage and Family Therapist;
- (E) Behavioral Practitioner;
- (F) Alcohol and Drug Counselor.

"Mutual support group" means a non-professional, widely available, peer directed, system of support meetings, available at little or no charge to the participant, in a group format, dedicated to the support and teaching of the skills related to an alcohol and other drug free lifestyle.

"Needs assessment" or **"NEEDS"** means a one hundred and thirty (130) item comprehensive adult assessment instrument addressing attitude, emotional stability, employment, health, education, substance abuse, relationships, support systems, criminal history and supervision needs.

"Notes" means a complete, chronological written description of any intervention(s) provided to a participant requiring documentation. Notes may include the participant's response and are written by the ADSAC staff delivering the service.

"ODMHSAS" means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Oklahoma Administrative Code" or "OAC" means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code, or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A)(1)(a) and maintained in the Office of Administrative Rules.

"OSBI" means the Oklahoma State Bureau of Investigation.

"Participant" means a person convicted of driving under the influence of alcohol or other intoxicating substances or who has received an alcohol or drug-related revocation or suspension of driving privileges in Oklahoma and who is involved in the ADSAC process.

"Professional setting" means a facility that is adequate and suitable for the purpose of providing adult education or assessment services, meeting all confidentiality requirements of 42 CFR, Part 2 and HIPAA, and without distraction or interruption from adjacent business or activities.

"Program" means a structured set of treatment activities designed to achieve specific objectives relative to the needs of individuals served by the facility and certified or recognized by ODMHSAS.

"Recertification" means the renewal of certification for an institution, or organization, or instructor to provide ADSAC courses.

"Residential treatment" means treatment for a participant in a live-in setting which provides a twenty-four (24) hour therapeutic regimen. Corresponding ASAM Patient Placement Criteria Treatment Level: Level III. 5, Clinically managed High-Intensity Residential Services.

"Revocation" means cancellation of an existing certification to conduct or instruct ADSAC courses.

"Sentinel event" is a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a participant, staff member, or visitor, or risk thereof. Serious injury specifically includes loss of limb or limb function. The phrase "or risk thereof" includes a variation in approved processes which could carry a significant chance of a serious adverse outcome. These events signal the need for immediate investigation and response. Sentinel events include, but are not limited to: suicide, homicide, criminal activity, assault and other forms of violence, including domestic violence or sexual assault, and adverse drug events resulting in serious injury or death. Sentinel events include occurrences that take place at the facility and/or during the delivery of services, as well as suicide and unintentional drug overdose deaths that occur at any time while an outpatient consumer is an active consumer and within seventy-two (72) hours of discharge from inpatient and residential settings, including sites certified under Chapter 23 of this Title.

"Suspend" means to temporarily cancel certified ADSAC services or certification for a designated period of time.

"TAAD" or "Triage Assessment for Addictive Disorders" means a very brief, structured interview covering current alcohol and drug problems related to DSM-IV criteria for substance abuse and dependency. The TAAD is intended to be presented as an interview and not as a paper and pencil instrument.

"Transtheoretical Model of Change" or "TMC" means a model which identifies distinct stages of change existing for each individual involved in any educational or therapeutic process and enhances the ability to accurately assess the individual's readiness for clinical or educational engagement at the time of an assessment. This is also referred to as the "Stages of Change" model.

"Victims Impact Panel" or "VIP" means the two (2) hour presentation, identified statutorily, intended to enhance awareness of the participant regarding possible impact on others by the individual driving while impaired.

[Source: Added at 13 Ok Reg 2791, eff 7-1-96 ; Amended at 14 Ok Reg 688, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1967, eff 5-27-97 ; Amended at 15 Ok Reg 2750, eff 7-1-98 ; Amended at 16 Ok Reg 1599, eff 7-1-99 ; Amended at 18 Ok Reg 2203, eff 7-1-01 ; Amended at 19 Ok Reg 1432, eff 7-1-02 ; Amended at 20 Ok Reg 988, eff 7-1-03 ; Amended at 21 Ok Reg 1748, eff 7-1-04 ; Amended at 22 Ok Reg 2155, eff 7-1-05 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 33 Ok Reg 992, eff 9-1-16 ; Amended at 38 Ok Reg 1294, eff 9-15-21 ; Amended at 39 Ok Reg 1986, eff 9-15-22 ; Amended at 40 Ok Reg 1061, eff 9-15-23]

450:21-1-4. Meaning of verbs in rules

The attention of the facility and assessor is drawn to the distinction between the use of the words "shall," "should," and "may" in this Chapter:

- (1) **"Shall"** is the term used to indicate a mandatory statement, the only acceptable method under the present standards.
- (2) **"Should"** is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.
- (3) **"May"** is the term used to reflect an acceptable method that is recognized, but not necessarily preferred.

[Source: Added at 13 Ok Reg 2791, eff 7-1-96 ; Amended at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 38 Ok Reg 1294, eff 9-15-21]

450:21-1-5. Compliance with laws, rules [REVOKED]

[Source: Added at 13 Ok Reg 2791, eff 7-1-96 ; Amended at 14 Ok Reg 688, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1967, eff 5-27-97 ; Amended at 18 Ok Reg 2203, eff 7-1-01 ; Amended at 19 Ok Reg 1432, eff 7-1-02 ; Amended at 20 Ok Reg 988, eff 7-1-03 ; Amended at 20 Ok Reg 2859, eff 8-4-03 (emergency); Amended at 21 Ok Reg 1748, eff 7-1-04 ; Amended at 22 Ok Reg 2155, eff 7-1-05 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 33 Ok Reg 992, eff 9-1-16 ; Amended at 36 Ok Reg 1147, eff 11-1-19 ; Revoked at 38 Ok Reg 1294, eff 9-15-21]

450:21-1-6. Applications [REVOKED]

[Source: Added at 13 Ok Reg 2791, eff 7-1-96 ; Amended at 14 Ok Reg 688, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1967, eff 5-27-97 ; Amended at 15 Ok Reg 2750, eff 7-1-98 ; Amended at 16 Ok Reg 1599, eff 7-1-99 ; Amended at 17 Ok Reg 2155, eff 7-1-00 ; Amended at 18 Ok Reg 2203, eff 7-1-01 ; Amended at 19 Ok Reg 1432, eff 7-1-02 ; Amended at 20 Ok Reg 988, eff 7-1-03 ; Amended at 20 Ok Reg 2859, eff 8-4-03 (emergency); Amended at 21 Ok Reg 1748, eff 7-1-04 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 33 Ok Reg 992, eff 9-1-16 ; Amended at 34 Ok Reg 1803, eff 10-1-17 ; Amended at 36 Ok Reg 1147, eff 11-1-19 ; Revoked at 38 Ok Reg 1294, eff 9-15-21]

450:21-1-7. Minimum curriculum requirements, ten (10) hour courses [REVOKED]

[Source: Added at 13 Ok Reg 2791, eff 7-1-96 ; Amended at 14 Ok Reg 688, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1967, eff 5-27-97 ; Amended at 16 Ok Reg 1599, eff 7-1-99 ; Amended at 18 Ok Reg 2203, eff 7-1-01 ; Amended at 19 Ok Reg 1432, eff 7-1-02 ; Amended at 20 Ok Reg 988, eff 7-1-03 ; Amended at 20 Ok Reg 2859, eff 8-4-03 (emergency); Amended at 21 Ok Reg 1748, eff 7-1-04 ; Amended at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 36 Ok Reg 1147, eff 11-1-19 ; Revoked at 38 Ok Reg 1294, eff 9-15-21]

450:21-1-7.1. Minimum curriculum requirements, ten (10) hour courses, persons under twenty-one (21) years of age [REVOKED]

[Source: Added at 14 Ok Reg 688, eff 12-24-96 (emergency); Added at 14 Ok Reg 1967, eff 5-27-97 ; Amended at 15 Ok Reg 2750, eff 7-1-98 ; Amended at 16 Ok Reg 1599, eff 7-1-99 ; Revoked at 18 Ok Reg 2203, eff 7-1-01]

450:21-1-7.2. Minimum curriculum requirements, twenty-four (24) hour courses [REVOKED]

[Source: Added at 14 Ok Reg 688, eff 12-24-96 (emergency); Added at 14 Ok Reg 1967, eff 5-27-97 ; Amended at 16 Ok Reg 1599, eff 7-1-99 ; Amended at 18 Ok Reg 2203, eff 7-1-01 ; Amended at 19 Ok Reg 1432, eff 7-1-02 ; Amended at 20 Ok Reg 988, eff 7-1-03 ; Amended at 20 Ok Reg 2859, eff 8-4-03 (emergency); Amended at 21 Ok Reg 1748, eff 7-1-04 ; Amended at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 36 Ok Reg 1147, eff 11-1-19 ; Revoked at 38 Ok Reg 1294, eff 9-15-21]

450:21-1-7.3. Minimum curriculum requirements, twenty-four (24) hour courses, persons under twenty-one (21) years of age [REVOKED]

[Source: Added at 14 Ok Reg 688, eff 12-24-96 (emergency); Added at 14 Ok Reg 1967, eff 5-27-97 ; Amended at 15 Ok Reg 2750, eff 7-1-98 ; Amended at 16 Ok Reg 1599, eff 7-1-99 ; Revoked at 18 Ok Reg 2203, eff 7-1-01]

450:21-1-7.4. Critical incidents

(a) All facilities and programs shall have written policies and procedures requiring documentation and reporting of critical incidents and analysis of the contributors to the incident to ODMHSAS in accordance with this Section.

(b) The institution, organization, facilitator or assessor shall report critical incidents. Documentation of critical incidents shall minimally include:

- (1) The facility name and the name and signature of the person(s) reporting the incident;
- (2) The name(s) of the participant(s), staff member(s) or property involved;
- (3) The time, date and physical location of the incident;
- (4) The time and date the incident was reported and the name of the staff person within the facility to whom it was reported;
- (5) A description of the incident;
- (6) Resolution or action taken and date resolution or action was taken; and

(7) Severity of each injury, if applicable. Severity shall be indicated as follows:

(A) No off-site medical care required or first aid care administered on-site;

(B) Medical care by a physician or nurse or follow-up attention required; or

(C) Hospitalization or immediate off-site medical attention was required.

(c) Critical incidents shall be reported to ODMHSAS as follows:

(1) Critical incidents requiring referral to medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered to ODMHSAS via fax or ODMHSAS designated electronic system within seventy-two (72) hours of the incident;

(2) Critical incidents involving allegations constituting a sentinel event or consumer abuse shall be reported to ODMHSAS immediately via telephone or fax, but within not more than twenty-four (24) hours of the incident. If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours of the incident.

[Source: Added at 25 Ok Reg 1376, eff 7-1-08 ; Revoked at 38 Ok Reg 1294, eff 9-15-21 ; Amended at 40 Ok Reg 1061, eff 9-15-23]

450:21-1-7.5. Participant record system

(a) Each institution, organization or assessor shall maintain an organized system for the content, confidentiality, storage retention and disposition of participant records adhering to the following guidelines.

(b) Participant records shall be contained within equipment which shall be maintained under locked and secure measures.

(c) The institution, organization or assessor shall maintain identification and filing systems which enable prompt record location and accessibility by facilitators and staff.

(d) Participant records shall be maintained at the site where the participant is being served. In the case of temporary office space and satellite offices, records may be maintained in the main (permanent) office and transported in secured locked boxes in vehicle trunks to and from satellite offices, when necessary. Participant records may be maintained at the administrative offices of the institution or organization; however, in such cases a working copy of the participant record for the purposes of documentation and review of services provided must be maintained at the site in which the participant is receiving services.

(e) Compliance may be determined by a review of records; interviews with facilitators, other staff; and other documentation.

(f) The institution or organization shall store, retain, and dispose of participant records in a manner compatible with the protection of participant's rights against confidential information disclosure at a later date. ODMHSAS-operated facilities shall comply with Records Disposition Schedule 82-17 as approved by the Oklahoma Archives and Records Commission.

(g) Records of ADSAC course attendance shall be retained for six (6) years.

[Source: Added at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 38 Ok Reg 1294, eff 9-15-21]

450:21-1-7.6. Participant records, basic requirements

(a) Participant records shall be developed and maintained to ensure that all appropriate individuals have access to relevant course and other information regarding the participant. The record shall communicate information in a manner that is organized, clear, complete, current and legible.

(b) Entries in participant records shall be legible, signed with first name or initial, last name, and dated by the person making the entry.

(c) The participant shall be identified by name or unique identifier on each sheet in participant records not in electronic format.

(d) A signed consent for treatment shall be part of the case record for any person admitted to an ADSAC course or administered an ADSAC assessment.

(e) A signed consent for release of information in accordance with federal and state laws, guidelines, and standards, including OAC 450:15-3-20.1 and OAC 450:15-3-20.2 shall be a part of the participant's case record. For disclosure of information related to substance use disorder referral, payment, and follow up, a signed consent is required.

[Source: Added at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 33 Ok Reg 992, eff 9-1-16 ; Amended at 38 Ok Reg 1294, eff 9-15-21 ; Amended at 40 Ok Reg 1061, eff 9-15-23]

450:21-1-7.7. Participant record storage, retention and disposition

Each institution, organization, facilitator or assessor shall:

(1) Limit access to participant records to persons on a need to know basis;

(2) Require participant records be stored under lock and key;

(3) With regard to closed participant records, require:

(A) Confidential storage under lock and key;

(B) Record disposition and destruction under confidential conditions; and

(C) Maintain written documentation to be available for participants for a minimum of six (6) years after completion of all course requirements. Written documentation shall include, but not be limited to:

(i) Completed pre- and post-tests;

(ii) Notes, if existing;

(iii) Proof of completion of course; and

(iv) Enrollment form.

[Source: Added at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 38 Ok Reg 1294, eff 9-15-21 ; Amended at 40 Ok Reg 1061, eff 9-15-23]

450:21-1-7.8. Confidentiality of participant information

(a) The confidentiality of all ADSAC information and records (including all ADSAC participant and course records), and drug or alcohol abuse

treatment information shall be kept, recorded, released, maintained, and provided to requesting parties in accordance with all applicable state and federal laws.

(b) For the purposes of certification, all institutions, organizations, facilitators and assessors will abide by 42 CFR, Part 2 as required for covered entities protecting the confidential and privileged nature of information in compliance with state and federal law and which requires at a minimum:

- (1) All ADSAC course and substance abuse treatment information, whether recorded or not, and all communications between institution and organization staff, facilitators, assessors and participant are both privileged and confidential and will not be released without the signed consent of the participant or the participant's legally authorized representative;
- (2) The identity of a participant who has received or is receiving ADSAC services is both confidential and privileged and will not be released without the signed consent of the participant or the participant's legally authorized representative;
- (3) Limiting access to ADSAC course, substance abuse treatment and participant information to only those persons or agencies actively engaged in the treatment of the participant and to the minimum amount of information necessary to carry out the purpose for the release;
- (4) A participant, or the participant's legally authorized representative, may access the participant's ADSAC course or substance abuse treatment information;
- (5) Certain state and federal law exceptions to disclosure of ADSAC course or substance abuse treatment information without the signed consent of the participant or the participant's legally authorized representative exist and the facility will release information as required by those laws; and
- (6) Notifying a participant of his or her right to confidentiality in writing.

[Source: Added at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 38 Ok Reg 1294, eff 9-15-21]

450:21-1-7.9. Notes

When addressing issues related to the ADSAC course or assessment process that must be reflected by written documentation in the participant's record, the following must be included:

- (1) date;
- (2) start and stop time for each session referenced;
- (3) signature of the staff person providing the service;
- (4) credentials of the staff person providing the service;
- (5) participant response if present;
- (6) any problems identified; and
- (7) any interventions.

[Source: Added at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 38 Ok Reg 1294, eff 9-15-21]

450:21-1-8. Administrative responsibilities, institutions or organizations conducting ADSAC [REVOKED]

[Source: Added at 13 Ok Reg 2791, eff 7-1-96 ; Amended at 14 Ok Reg 688, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1967, eff 5-27-97 ; Amended at 15 Ok Reg 2750, eff 7-1-98 ; Amended at 16 Ok Reg 1599, eff 7-1-99 ; Amended at 18 Ok Reg 2203, eff 7-1-01 ; Amended at 19 Ok Reg 1432, eff 7-1-02 ; Amended at 20 Ok Reg 988, eff 7-1-03 ; Amended at 20 Ok Reg 2859, eff 8-4-03 (emergency); Amended at 21 Ok Reg 1748, eff 7-1-04 ; Amended at 22 Ok Reg 2155, eff 7-1-05 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 25 Ok Reg 1376, eff 7-1-08 ; Revoked at 38 Ok Reg 1294, eff 9-15-21]

450:21-1-9. Facilities, equipment and instructional material [REVOKED]

[Source: Added at 13 Ok Reg 2791, eff 7-1-96 ; Amended at 20 Ok Reg 988, eff 7-1-03 ; Amended at 22 Ok Reg 2155, eff 7-1-05 ; Amended at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 33 Ok Reg 992, eff 9-1-16 ; Revoked at 38 Ok Reg 1294, eff 9-15-21]

450:21-1-9.1. Physical facility environment and safety

(a) All sites providing ADSAC courses or alcohol and drug assessments shall ensure the safety and protection of all persons within the institution's or organization's physical environment (property and buildings, leased or owned).

(b) This shall be accomplished by:

- (1) Meeting all fire, health and safety regulations, code and statutory requirements of federal, state, or local government;
- (2) All sites shall have an annual fire, health and safety inspection, as required from the State Fire Marshal or local authorities, and shall maintain a copy of said inspection and attendant correspondence regarding any deficiency;
- (3) If there is no authority available to provide such inspection, then the institution, organization or assessor shall show evidence to ODMHSAS of:

- (A) An emergency preparedness plan to provide effective utilization of resources to best meet the physical needs of participants, visitors, and staff during any disaster (including, but not limited to, fire, flood, tornado, explosion, prolonged loss of heat, light, water, and/or air conditioning). This plan shall be evaluated annually, and revised as needed;
- (B) Training and orientation regarding the location and use of all fire extinguishers and first aid supplies and equipment;
- (C) Emergency evacuation routes and shelter areas shall be prominently posted in all areas;
- (D) Fire alarm systems shall have visual signals suitable for the deaf and hearing-impaired;
- (E) An emergency power to supply lighting to pre-selected areas of the institution or organization; and
- (F) Maintenance of institution and organization grounds to provide a safe environment for participants, staff and visitors.

(4) There shall be a written plan for the protection and preservation of participant records in the event of a disaster.

[Source: Added at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 36 Ok Reg 1147, eff 11-1-19 ; Amended at 38 Ok Reg 1294, eff 9-15-21]

450:21-1-9.2. Hygiene and sanitation

Regarding lavatory facilities, sewage, solid waste disposal, water and pest inspection, sites offering ADSAC courses or alcohol and drug assessments shall comply with all local and state rules, regulations, codes and building codes, providing proof to ODMHSAS of such compliance upon audit or request.

[Source: Added at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 38 Ok Reg 1294, eff 9-15-21]

450:21-1-10. ADSAC facilitator certification, qualification and disqualification [REVOKED]

[Source: Added at 13 Ok Reg 2791, eff 7-1-96 ; Amended at 14 Ok Reg 688, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1967, eff 5-27-97 ; Amended at 15 Ok Reg 2750, eff 7-1-98 ; Amended at 16 Ok Reg 1599, eff 7-1-99 ; Amended at 18 Ok Reg 2203, eff 7-1-01 ; Amended at 18 Ok Reg 3369, eff 7-2-01 (emergency); Amended at 19 Ok Reg 1432, eff 7-1-02 ; Amended at 20 Ok Reg 988, eff 7-1-03 ; Amended at 20 Ok Reg 2859, eff 8-4-03 (emergency); Amended at 21 Ok Reg 1748, eff 7-1-04 ; Amended at 22 Ok Reg 2155, eff 7-1-05 ; Amended at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 33 Ok Reg 992, eff 9-1-16 ; Amended at 36 Ok Reg 1147, eff 11-1-19 ; Revoked at 38 Ok Reg 1294, eff 9-15-21]

450:21-1-10.1. Inactive status/closure [REVOKED]

[Source: Added at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 33 Ok Reg 992, eff 9-1-16 ; Revoked at 38 Ok Reg 1294, eff 9-15-21]

450:21-1-11. Facilitator training [REVOKED]

[Source: Added at 13 Ok Reg 2791, eff 7-1-96 ; Amended at 14 Ok Reg 688, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1967, eff 5-27-97 ; Amended at 15 Ok Reg 2750, eff 7-1-98 ; Amended at 16 Ok Reg 1599, eff 7-1-99 ; Amended at 19 Ok Reg 1432, eff 7-1-02 ; Amended at 20 Ok Reg 988, eff 7-1-03 ; Amended at 21 Ok Reg 1748, eff 7-1-04 ; Amended at 25 Ok Reg 1376, eff 7-1-08 ; Revoked at 38 Ok Reg 1294, eff 9-15-21]

450:21-1-12. Revocation of certification [REVOKED]

[Source: Added at 13 Ok Reg 2791, eff 7-1-96 ; Revoked at 14 Ok Reg 688, eff 12-24-96 (emergency); Revoked at 14 Ok Reg 1967, eff 5-27-97]

450:21-1-13. Consumers with disabilities

Each site providing ADSAC or alcohol and drug assessments shall have a written policy addressing its awareness of, and intent to comply with, the (U.S.) Americans with Disabilities Act of 1990.

[Source: Added at 13 Ok Reg 2791, eff 7-1-96 ; Amended at 19 Ok Reg 1432, eff 7-1-02 ; Amended at 21 Ok Reg 1748, eff 7-1-04 ; Amended at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 38 Ok Reg 1294, eff 9-15-21]

450:21-1-14. State and federal statutes and regulations

All institutions, organizations, facilitators and assessors shall comply with all applicable federal and state statutes and regulations.

[Source: Added at 13 Ok Reg 2791, eff 7-1-96 ; Amended at 21 Ok Reg 1748, eff 7-1-04 ; Amended at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 38 Ok Reg 1294, eff 9-15-21]

450:21-1-15. Participant rights and grievance policy

- (a) All certified ADSAC institutions, organizations and assessors shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.
- (b) Those programs and individuals which are providing services within a correctional facility should detail the following due to circumstance:
- (1) The provider shall document provisions of 450:15-3-2 (a), (b) and (d);
 - (2) The provider shall provide written grievance policy and procedure including time frames for the grievance process;
 - (3) The provider shall describe the procedure used when the grievance is against a staff. This policy may refer to Department of Corrections mandated policy and procedure; and
 - (4) The provider shall describe the facility's responsibility for evaluation, review, and resolution should the allegation be substantiated. All certified ADSAC institutions, organizations and individuals shall comply with applicable rules in Title 450, Chapter 15, Consumer Rights. Those programs and individuals which are providing services within a correctional facility should detail the following due to circumstance:
 - (A) Provide written grievance policy and procedure including time frames for the grievance process;
 - (B) Describe the procedure used when the grievance is against a staff. This policy may refer to Department of Corrections mandated policy and procedure; and
 - (C) Describe the facility's responsibility for evaluation, review, and resolution should the allegation be substantiated.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21]

450:21-1-16. ODMHSAS Advocate General

The ODMHSAS Advocate General, in any investigation regarding consumer rights, shall have access to participant, institution, organization and assessor records and staff as set forth in Title 450, Chapter 15.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21]

SUBCHAPTER 3. CERTIFICATION DENIAL OR SANCTIONS AND PARTICIPANT GRIEVANCE [REVOKED]

450:21-3-1. Administrative denial, suspension, or revocation of certification [REVOKED]

[Source: Added at 13 Ok Reg 2791, eff 7-1-96 ; Amended at 14 Ok Reg 688, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1967, eff 5-27-97 ; Amended at 15 Ok Reg 2750, eff 7-1-98 ; Amended at 18 Ok Reg 2203, eff 7-1-01 ; Amended at 19 Ok Reg 1432, eff 7-1-02 ; Amended at 20 Ok Reg 988, eff 7-1-03 ; Amended at 21 Ok Reg 1748, eff 7-1-04 ; Amended at 25 Ok Reg 1376, eff 7-1-08 ; Revoked at 38 Ok Reg 1294, eff 9-15-21]

450:21-3-1.1. Fitness of applicants [REVOKED]

[Source: Added at 23 Ok Reg 1953, eff 7-1-06 ; Amended at 25 Ok Reg 1376, eff 7-1-08 ; Revoked at 38 Ok Reg 1294, eff 9-15-21]

450:21-3-2. Grounds for reprimand, suspension or revocation of certification, organizations and institutions and facilitators [REVOKED]

[Source: Added at 14 Ok Reg 688, eff 12-24-96 (emergency); Added at 14 Ok Reg 1967, eff 5-27-97 ; Amended at 15 Ok Reg 2750, eff 7-1-98 ; Amended at 16 Ok Reg 1599, eff 7-1-99 ; Amended at 18 Ok Reg 2203, eff 7-1-01 ; Amended at 19 Ok Reg 1432, eff 7-1-02 ; Amended at 20 Ok Reg 988, eff 7-1-03 ; Amended at 20 Ok Reg 2859, eff 8-4-03 (emergency); Amended at 21 Ok Reg 1748, eff 7-1-04 ; Amended at 25 Ok Reg 1376, eff 7-1-08 ; Revoked at 38 Ok Reg 1294, eff 9-15-21]

450:21-3-3. Sanctions and hearings [REVOKED]

[Source: Added at 14 Ok Reg 688, eff 12-24-96 (emergency); Added at 14 Ok Reg 1967, eff 5-27-97 ; Amended at 15 Ok Reg 2750, eff 7-1-98 ; Amended at 19 Ok Reg 1432, eff 7-1-02 ; Amended at 20 Ok Reg 988, eff 7-1-03 ; Amended at 21 Ok Reg 1748, eff 7-1-04 ; Amended at 25 Ok Reg 1376, eff 7-1-08 ; Revoked at 38 Ok Reg 1294, eff 9-15-21]

450:21-3-4. Participant rights and grievance policy [REVOKED]

[Source: Added at 25 Ok Reg 1376, eff 7-1-08 ; Revoked at 38 Ok Reg 1294, eff 9-15-21]

450:21-3-5. ODMHSAS Advocate General [REVOKED]

[Source: Added at 25 Ok Reg 1376, eff 7-1-08 ; Revoked at 38 Ok Reg 1294, eff 9-15-21]

SUBCHAPTER 4. CERTIFICATION OF ALCOHOL AND DRUG SUBSTANCE ABUSE COURSES (ADSAC), ORGANIZATIONS AND INSTRUCTORS

450:21-4-1. Compliance with laws, rules

(a) All institutions, organizations and facilitators certified by ODMHSAS to conduct ADSAC courses shall do so in accordance with all applicable laws of the State of Oklahoma and all applicable rules of Title 450 OAC.

(b) Each applicant for ADSAC facilitator shall declare in writing, in a format and manner prescribed by the Commissioner of ODMHSAS, or designee, that he or she has read and understands §§ 3-451 through 3-461 of Title 43A of the Oklahoma Statutes and this Chapter and agrees to

abide by the terms thereof, along with future amendments thereto, as a condition for obtaining and retaining such approval or certification.

(c) ODMHSAS shall process all applications for certification and recertification and enforce these standards and criteria (rules) in this Chapter, and related laws.

(d) Approved institutions, organizations and facilitators shall not make reference to ODMHSAS or DPS in any advertisement regarding ADSAC. Advertising shall be truthful in all communication with prospective participants. Implication of exclusive services by any one organization is prohibited.

(e) All institutions, organizations and facilitators certified to conduct ADSAC courses must promptly notify ODMHSAS of a change of email, mailing or physical address within fourteen (14) days of said change.

(f) The fees for those attending a ten (10) hour ADSAC course shall be one hundred and fifty dollars (\$150.00) per participant; and for persons attending the twenty-four (24) hour courses the fee shall be three hundred and sixty dollars (\$360.00).

(g) The ADSAC institution or organization shall pay ODMHSAS ten percent (10%) of each ADSAC fee collected, which ODMHSAS shall remit to the Oklahoma State Treasurer to be credited to the ODMHSAS Revolving Fund.

(h) The payment from the fee collected for each ADSAC course participant shall be made to ODMHSAS within thirty (30) days of course completion.

(i) A check for the appropriate fee shall accompany the completion roster, unless otherwise stipulated in writing by ODMHSAS.

(j) Compliance with this Chapter may be determined by a review of all ADSAC-related records; documents and reports; facilitator, staff and participant interviews; and any other relevant documentation of the institution, organization or facilitator.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21]

450:21-4-2. Applications for institutions and organizations

(a) Applications for certification of institutions and organizations to conduct ADSAC courses shall be made to ODMHSAS in writing on a form and in a manner prescribed by the Commissioner of ODMHSAS or designee.

(b) ODMHSAS shall give each institution and organization requesting certification to conduct ADSAC courses the following:

- (1) A copy of §§ 3-451 through 3-453 of Title 43A of the Oklahoma Statutes;
- (2) A copy of these standards and criteria; and
- (3) The appropriate application(s).

(c) An institution or organization applying for certification to conduct ADSAC shall provide to ODMHSAS for consideration:

- (1) Completed application;
- (2) Film approval form(s) for the ten (10) and twenty-four (24) hour ADSAC;

- (3) Instructional materials for the ten (10) and twenty-four (24) hour ADSAC;
- (4) Written verification the applicant is a nonprofit educational institution of higher learning appropriately accredited pursuant to state law, a governmental entity or a nonprofit corporation. If a non-profit corporation, verification shall be a copy of the U.S. Internal Revenue Service Documents granting the corporation 501(c)(3) status;
- (5) Completed certification applications and resumes of proposed facilitators;
- (6) The physical address (street, building name and suite [if applicable], city and zip code) and description of all sites at which the ADSAC course(s) will be conducted; and
- (7) Letters of support from at least two (2) of the following individuals who serve in the community in which each proposed site, including satellites, is located:
 - (A) District or Associate District Judge;
 - (B) County Sheriff;
 - (C) Municipal Judge;
 - (D) District or Assistant District Attorney; or
 - (E) Chief of Police.

(d) If the applicant is a non-profit corporation, the applicant shall submit evidence it was constituted, and is operated, to provide substance abuse, mental health or educational services as its primary services and that the corporation is operated from a professional administrative office, which is open and operated during normal business hours.

(e) Requests from a certified ADSAC provider for additional or replacement course sites shall be submitted to the ODMHSAS and shall meet all requirements for initial applications, except the institution or organization need not submit items previously submitted that are currently applicable to the new site(s) and expressly stated as such in the application for new course site(s).

(f) Renewal of certification of ADSAC institutions or organizations shall be contingent upon submission of renewal application and programmatic history of compliance with Oklahoma Administrative Code, Title 450. The application for renewal shall include all items required for initial certification as well as any unpaid fees required by 450:21-4-1(g). Applications with outstanding unpaid fees will not be processed until a resolution is reached regarding payment of outstanding fees.

(g) In addition to submitting an application and fulfilling the renewal standards for certification per 21-4-2(f), a review of consumer and organizational documentation shall be performed for institutions and organizations. The process will follow that of agency certifications found in 450:1-9-7.2. Institutions and organizations must achieve the following:

- (1) Demonstrate compliance with a minimum of ninety percent (90%) of all Critical Standards as identified in the ODMHSAS Provider Certification Manual on the initial site review, file an acceptable plan of correction in the required timeframe addressing standards for which compliance was not achieved on the initial site review, and demonstrate compliance with one hundred percent (100%) of all Critical Standards after the initial

site review.

(2) Demonstrate compliance with a minimum of seventy-five percent (75%) of all Necessary Standards as identified in the ODMHSAS Provider Certification Manual on the initial site review and file an acceptable plan of correction in the required timeframe addressing standards for which compliance was not achieved on the initial site review. ODMHSAS may verify compliance with standards identified in the plan of correction at its discretion

(h) ODMHSAS shall consider each applicant for certification in accordance with these rules. The Commissioner of ODMHSAS or designee shall notify each applicant in writing of an approval or denial of certification. Certification shall be effective for three (3) years commencing with the date of issue.

(i) Applications are good for one (1) year from approval. All requirements must be completed within the initial twelve (12) month period or a new application must be submitted.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21 ; Amended at 39 Ok Reg 1986, eff 9-15-22 ; Amended at 40 Ok Reg 1061, eff 9-15-23]

450:21-4-2.1. Applications for facilitators

(a) Applications for certification of facilitators to conduct ADSAC courses shall be made to ODMHSAS in writing on a form and in a manner prescribed by the Commissioner of ODMHSAS or designee.

(b) ODMHSAS shall give each facilitator candidate requesting certification to conduct ADSAC courses the following:

- (1) A copy of §§ 3-451 through 3-453 of Title 43A of the Oklahoma Statutes;
- (2) A copy of these standards and criteria; and
- (3) The appropriate application(s).

(c) An applicant for initial certification as a facilitator to conduct ADSAC courses shall provide to ODMHSAS for consideration:

- (1) A letter of recommendation from an administrator of a certified institution or organization;
- (2) A current resume, which shall include:
 - (A) Educational background including an official college transcript from an accredited college or university; and
 - (B) Employment history covering the previous ten (10) years to include name, complete address and telephone number of employer(s).
- (3) A completed application.
- (4) A one hundred dollar (\$100.00) application fee for initial certification; and
- (5) Upon initial application, a completed Oklahoma State Bureau of Investigation background check or a similar background check from any other state(s) of residence for the past five (5) years;
- (6) A current, recognizable, color, photographic image, in good condition, in digital format or no smaller than two (2) inch by two (2) inches if printed, of the applicant every three (3) years with the certification renewal; and

(7) A new OSBI background check every three (3) years with the certification renewal application. The results of the OSBI background check must be submitted with the recertification application and any conviction may result in denial of certification.

(d) ODMHSAS shall consider each applicant for certification in accordance with these rules. The Commissioner of ODMHSAS or designee shall notify each applicant in writing of an approval or denial of certification. Certification shall be effective for three (3) years commencing with the date of issue.

(e) Applications are good for one (1) year from approval. All requirements must be completed within the initial twelve (12) month period or a new application must be submitted.

(f) Completed applications must be received by ODMHSAS twenty (20) days prior to the new facilitator training event.

(g) A facilitator whose certification has been expired for less than twelve (12) months must make application for an initial certification as set forth in 450:21-4-7. If approved by the Department, such a facilitator will not be required to attend the initial ADSAC facilitator training or successfully complete the training exam.

(h) A facilitator whose certification has been expired for more than twelve (12) months must make application for an initial certification as set forth in 450:21-4-7, including attending the initial ADSAC facilitator training, and successful completion of the training exam.

(i) Each facilitator shall notify ODMHSAS of any change of application information related to his or her email address, phone number, work or home address at least fifteen (15) days in advance of the change. In case of an emergency, the facilitator may notify ODMHSAS of any change up to thirty (30) days after a change has occurred.

[Source: Added at 40 Ok Reg 1061, eff 9-15-23]

450:21-4-3. Minimum curriculum requirements, ten (10) hour courses

(a) The standardized ADSAC curriculum approved by ODMHSAS shall be utilized by all ADSAC institutions, organizations and facilitators for the ten (10) hour ADSAC course. Any additional materials must be consistent with the format of the main curricula, follow the Transtheoretical Model of Change and prior to implementation receive written approval from ODMHSAS.

(b) The ten (10) hour ADSAC Course shall at a minimum include instruction on:

- (1) Legal aspects of drinking or using other drugs and driving;
- (2) Physiological aspects of using alcohol and other drugs;
- (3) Sociological aspects of using alcohol and other drugs;
- (4) Effects and possible outcomes of drinking or using other drugs and driving;
- (5) Scope of the problem of drinking or using other drugs and driving;
- (6) The history/origins of alcohol and other drugs;

- (7) The effects of substance abuse on family and friends; and
- (8) Alternative plans/strategies to using alcohol or other drugs and driving.
- (c) Each curriculum shall provide for a full ten (10) hours of block-teaching classroom instruction, and shall be conducted in no fewer than three (3) sessions with each session no more than three and one half (3.5) hours in duration, and conducted on no fewer than three (3) separate days. These hours shall not be inclusive of:
 - (1) Meal or break times; or
 - (2) ADSAC administrative functions except for enrollment form completion and fee payment.
- (d) Participants may be admitted for fifteen (15) minutes after the official starting time of the class without having to make up this time.
- (e) Each curriculum shall provide for a discussion period following each audio-visual presentation. Audio-visual materials shall not comprise more than ten (10) percent of the class and must have been submitted and approved at the time of application for certification and at each six (6) year anniversary thereafter.
- (f) Each ten (10) hour curriculum shall provide for a scored pre- and post-test. The pre-test shall be given during the first two (2) hours of the beginning of each course, and the post-test at the end of each course. The purpose is to determine participant gain in knowledge of the material based upon the scores of the pre- and post-tests.
- (g) The ADSAC institution, organization or facilitator shall provide each participant a list of community referrals and resources approved by ODMHSAS.
- (h) Class size shall not exceed twenty-four (24) participants.
- (i) No ten (10) hour ADSAC course shall be combined with, or presented in conjunction with any other educational or clinical class, track, program or assessment process.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21]

450:21-4-4. Minimum curriculum requirements, twenty-four (24) hour courses

- (a) The standardized ADSAC curriculum approved by ODMHSAS shall be utilized by all ADSAC institutions, organizations and facilitators for the twenty-four (24) hour ADSAC. Any additional materials must be consistent with the format of the main curricula, follow the Transtheoretical Model of Change and prior to implementation receive written approval from ODMHSAS.
- (b) The minimum curriculum requirements for the twenty-four (24) hour ADSAC course includes, but is not limited to, appropriate instruction on:
 - (1) Legal aspects of drinking or using other drugs and driving;
 - (2) Physiological aspects of using alcohol and other drugs;
 - (3) Sociological aspects of using alcohol and other drugs;
 - (4) Effects and possible outcomes of drinking or using other drugs and driving;
 - (5) Scope of the problem of drinking or using other drugs and driving;

- (6) The history/origins of alcohol and other drug abuse;
- (7) Alternatives to using alcohol or other drugs and driving; and
- (8) The effects of substance abuse on family and friends.
- (c) The curriculum shall be covered within the following time-frames:
 - (1) Not more than two (2) hours of education on a single day;
 - (2) Not more than four (4) hours of education in a single week;
 - (3) The time-frames shall not be inclusive of:
 - (A) Meal or break times; or
 - (B) ADSAC administrative functions except for enrollment form completion and fee payment.
 - (4) Participants may be admitted up to fifteen (15) minutes after the official time of the class without having to make up the time.
- (d) The curriculum shall provide for a discussion period following each audiovisual presentation. Audiovisual presentation shall not comprise more than ten (10) percent of the class and must have been submitted and approved at the time of application for certification and at each recertification anniversary thereafter.
- (e) The curriculum shall provide for a scored pre- and post-test, as prescribed by ODMHSAS. The pre-test shall be given in the first two (2) hour block of classroom facilitation, and the post-test shall be given at the end of the final block of course facilitation. These tests are to determine the participant gain in knowledge of the material based upon the scores of the pre- and post-tests.
- (f) The ADSAC institution, organization and facilitator shall provide each participant a list of community referrals and resources approved by ODMHSAS.
- (g) Class size shall not exceed twenty-four (24) participants.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21]

450:21-4-5. Administrative responsibilities, institutions or organizations conducting ADSAC

- (a) Each institution or organization certified to conduct ADSAC courses shall provide ODMHSAS, in a manner prescribed by the Commissioner of ODMHSAS or designee, a monthly schedule of courses to be conducted. The course shall be provided per the submitted course schedule and the course may only be canceled if zero (0) participants show up for the course within fifteen (15) minutes after the scheduled course starting time. Any institution or organization requiring pre-enrollment may cancel a course prior to the scheduled first session and after the expiration of the pre-enrollment time period, if no participants have pre-enrolled. The course schedule shall be submitted no later than thirty (30) days in advance of any course start and shall include:
 - (1) The complete address, street, building name and suite where applicable, city and zip code, where each course will be conducted;
 - (2) The name of the course facilitator;
 - (3) The beginning and ending times of each session of the course;and

- (4) Enrollment in ten (10) or twenty-four (24) hour courses shall be limited to twenty-four (24) participants.
- (b) Each institution or organization certified to conduct ADSAC shall advise ODMHSAS seven (7) days in advance of:
- (1) A ten (10) hour or twenty-four (24) hour course cancellation; or
 - (2) A scheduled facilitator change (unless change is due to illness or other facilitator emergency); or
 - (3) Any change of the date or hour of the scheduled ten (10) hour or twenty-four (24) hour course.
- (c) Failure to offer either a ten (10) hour or twenty-four (24) hour course at an approved site for three (3) consecutive months shall constitute a withdrawal from that site and require another application for certification.
- (d) If no participants attend the first session of a ten (10) or twenty-four (24) hour course, a second or subsequent session is not required.
- (e) Failure to either provide a scheduled course to one (1) or more attending participants, or staff a scheduled course site for fifteen (15) minutes after the scheduled course starting time may result in administrative reprimand, suspension or revocation. A course may be canceled when zero (0) participants show up for the course within fifteen (15) minutes of the scheduled course starting time.
- (f) ODMHSAS personnel shall be admitted to any course without charge, upon request and display of proper credentials for the purpose of audit and review.
- (g) Certified institutions, organizations and facilitators must provide, for each telephone number published specific to ADSAC, continuous availability, either in person, by phone, answering machine, electronic voice mail, or engage a professional answering service. Numbers published for the purpose of ADSAC advertisement must be answered by individuals with proper inservice training in all relevant aspects of 42 CFR, Part 2 and HIPAA.
- (h) Institutions and organizations certified to conduct ADSAC courses shall be responsible for the conduct of the facilitators they employ, and shall have written policies outlining the institution's or organization's oversight procedures.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21]

450:21-4-6. Facilities, equipment and instructional material

- (a) Each site where an ADSAC course is held must meet local and state fire, health and safety standards. ODMHSAS may request state or local fire inspectors or other state health or safety officials to conduct an inspection of any facility suspected of being hazardous.
- (b) Each institution or organization must provide a safe, confidential, professional and comfortable environment for participants and facilitators, appropriate for conducting an ADSAC course with minimum distractions.
- (c) All equipment must be in good working condition.

- (d) Instructional material issued to participants such as handouts, pamphlets, workbooks, etc., must have been submitted to ODMHSAS upon application by the organization or institution for certification or recertification. Each participant shall be given a new, unused journal of the Level I or Level II ADSAC journal as his or her property.
- (e) Sites shall not be designed or used for the primary purpose of eating or sleeping (hotel/motel sleeping rooms, restaurant dining rooms, etc.).

[Source: Added at 38 Ok Reg 1294, eff 9-15-21]

450:21-4-7. ADSAC facilitator certification, qualification and disqualification

(a) Minimum qualifications for certification of ADSAC facilitators are as follows:

- (1) Possess a bachelor's degree in behavioral or healthcare sciences education, psychology, social work or chemical dependency with at least two (2) years verifiable full-time equivalent experience in the substance abuse treatment field. This work experience can be in the areas of clinical, prevention or direct care. Proof of current licensure as LADC or certification as CADC will fulfill the experience requirement;
- (2) A valid driver's license or state identification card;
- (3) Completion of the following in the order listed below:
 - (A) Observe one (1) complete twenty-four (24) hour ADSAC course in sequential order, conducted by a certified facilitator. This observation must be completed and verified to ODMHSAS prior to attending facilitator training;
 - (B) Attend the new facilitator training and pass the ODMHSAS Certification Examination for ADSAC Facilitator:
 - (i) A minimal score to pass the exam shall be eighty (80) percent;
 - (ii) The exam shall require the participant to correctly identify the major components of the transtheoretical model of change;
 - (iii) The exam shall require the participant to correctly identify the major components of the interactive journaling process; and
 - (iv) The exam shall require the participant to correctly identify rules from this Chapter.
 - (C) Conduct one complete twenty-four (24) hour ADSAC under the supervision of a certified ADSAC facilitator or an ODMHSAS representative.
- (4) The facilitator candidate shall be allowed nine (9) months to complete training requirements and one (1) year from application to complete all other requirements. Failure to meet all requirements within the specified timeframes will result in denial of certification. To be reconsidered, the candidate will be required to re-apply to ODMHSAS.

(5) Renewal of certification as an ADSAC facilitator shall be dependent upon acceptance of a completed renewal application submitted to ODMHSAS, remission of a fifty dollar (\$50.00) application fee for renewal of certification, and the accomplishment of minimum standards. These standards are:

(A) Each facilitator shall conduct at least six (6) complete ten (10) or twenty-four (24) hour courses during each certification period beginning with the date of initial certification:

- (i) To be eligible for recertification as an ADSAC facilitator capable of conducting both ten (10) and twenty-four (24) hour ADSAC courses, verification of having conducted at least two (2) twenty-four hour (24) ADSAC courses in the last three years prior to the request for recertification; and
- (ii) Submission of proof of having conducted less than two (2) twenty-four (24) hour ADSAC courses in the three (3) years prior to the request for recertification, shall result in the facilitator being required to attend a one (1) day training event addressing skills consistent with twenty-four (24) hour course facilitation.

(B) In order for the certification to remain active, documentation must be submitted annually throughout the certification period, in a form and manner prescribed by ODMHSAS, demonstrating completion of twelve (12) continuing education hours each twelve (12) month period beginning with the date of initial certification. These hours shall be from each of the following areas, with four (4) hours coming from area (i), four (4) hours coming from area (ii) and four (4) hours coming from area (iii):

- (i) Adult education;
- (ii) Facilitation skills; and
- (iii) Substance use disorder prevention or treatment, suicide prevention, and/or crisis intervention.

(6) All renewals of certification are due on the third anniversary of certification. After July 1, 2008 all certification renewals may come due on January 1 of the renewal year. If a universal certification date is adopted, then, requirements for certification renewals will be accepted on a prorated basis during the transition period.

(b) An applicant may not be certified nor certification as an ADSAC facilitator renewed under any of the following conditions:

- (1) A non-pardoned felony conviction within the last five (5) years;
- (2) Conviction of driving under the influence of alcohol or other intoxicating substances or receiving an alcohol or drug related revocation or suspension of driving privileges for five (5) years prior to the application for certification; or,
- (3) Having involvement in any business or endeavor which is a conflict of interest. ODMHSAS may on its own initiative, or upon

complaint, investigate potential or alleged conflict of interest, or any other alleged, or suspected violation of these standards.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21 ; Amended at 40 Ok Reg 1061, eff 9-15-23]

450:21-4-8. Inactive status/closure

(a) An active ADSAC course, institution or organization certification may be placed on inactive status by written request:

- (1) An inactive certification forfeits all rights and privileges granted by the certification;
- (2) When certification is placed on inactive status, the certificate shall be returned to ODMHSAS;
- (3) When certification is placed on inactive status, it remains inactive for at least one (1) year from the date of inactivation;
- (4) Active status may be re-established upon written request;
- (5) When an ADSAC institution or organization satellite must cease operation for less than twelve (12) months, all participant records shall be transported to the main site unless they can be secured on site under rules defined in 450:21-1-7.5;
- (6) During such a temporary closure due to being placed on inactive status of the main ADSAC site or location, effort should be made to ensure participant records remain accessible as defined in 450:21-1-7.5;
- (7) Participants attending an ADSAC course shall be given written notification of a temporary closure with contact information in the event all course sessions have not been completed;
- (8) ODMHSAS shall be notified in writing of the temporary closure of any ADSAC site (DUI school). The written notification shall contain:
 - (A) The reason for closing;
 - (B) Contact information for participant course records; and
 - (C) A projected date for resumption of business.
- (9) Upon receipt of written notification of closure, ODMHSAS shall remove the institution or organization(s) telephone number from the monthly State Certified DUI Schools referral list; and
- (10) Upon written notification of intent to resume business, ODMHSAS shall add the institution or organization(s) telephone number to the monthly State Certified DUI Schools referral list.

(b) Institutions and organizations operating for the purpose of conducting ADSAC having to close permanently shall comply with the following:

- (1) When a satellite closes permanently, all participant records shall be transported to the main location under rules defined in 450:21-1-7.5;
- (2) When the main location of an institution or organization closes permanently, all participant records shall be secured as defined in 450:21-1-7.5;
- (3) Participant records shall remain accessible as defined in 450:21-1-7.5;

- (4) Participants shall be given written notification of the closure with contact information, including ODMHSAS, in the event all coursework is not completed;
 - (5) ODMHSAS shall be notified in writing of any closure of an institution or organization operating for the purpose of conducting ADSAC courses. The written notification shall contain:
 - (A) The reason for closing; and
 - (B) Contact information for participant records.
 - (6) Upon receipt of written notification of closure, ODMHSAS shall remove the site(s) telephone number from the monthly State Certified DUI Schools referral list.
- (c) An active ADSAC facilitator certification may be placed on inactive status by written request:
- (1) An inactive certification forfeits all rights and privileges granted by the certification;
 - (2) When certification is placed on inactive status, the certificate shall be returned to ODMHSAS;
 - (3) When certification is placed on inactive status, the certification remains inactive for at least twelve (12) months from the date of inactivation or until the end of the certification period, whichever is first;
 - (4) Inactive status shall not be allowed to continue longer than the certification period; and
 - (5) Active status may be re-established upon written request.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21]

450:21-4-9. Facilitator training

- (a) Minimum qualifications for institutions or organizations conducting ADSAC facilitator training, and the minimum qualifications for individuals conducting facilitator training are as follows:
- (1) All ADSAC facilitator training shall only be conducted by non-profit organizations, educational institutions or governmental agencies.
 - (2) The curricula for the training shall be as follows:
 - (A) A minimum of twenty-four (24) hours of instruction, and
 - (B) These hours shall be offered in no less than four (4) days and for no more than eight (8) hours per day.
 - (3) Instructors for facilitator training must have:
 - (A) A minimum of two (2) years experience as an ADSAC facilitator; or
 - (B) A master's degree from an accredited college or university; or
 - (C) Four (4) years related experience in the subject matter to be taught.
 - (4) Each facility where facilitator training courses are conducted shall:
 - (A) Meet all applicable local and state fire, health and safety standards; and

- (B) Provide a safe and comfortable environment for facilitators and facilitator candidates conducive to the learning experience.
- (5) Instructional equipment must be in good working order.
- (6) Institutions or organizations providing facilitator training prior to receiving written approval from ODMHSAS may not be accepted for facilitator certification requirements.
- (b) Each institution or organization shall advise ODMHSAS in writing the names of candidates who did not complete training and the names of persons who have successfully completed the facilitator training.
- (c) All facilitator trainings shall be consistent with the requirements of this Chapter and the training curricula shall consist of recognized evidence based, best practices.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21]

450:21-4-10. Administrative denial, suspension, or revocation of certification

- (a) ODMHSAS may deny the certification of any institution, organization, or facilitator to conduct ADSAC who fails to qualify for, or comply with, the provisions of this Chapter.
- (b) ODMHSAS may reprimand, suspend, revoke or deny renewal of the certification of any institution, organization or facilitator who fails to qualify for or comply with the provisions of this Chapter.
- (c) In the event ODMHSAS determines action should be taken against any institution, organization or facilitator certified under this Chapter, the proceeding shall be initiated pursuant to the rules of ODMHSAS as set forth in Oklahoma Administrative Code, Title 450, Chapter 1, Subchapter 5 and the Administrative Procedures Act.
- (d) Institutions, organizations or facilitators who have had certification denied or revoked, shall be ineligible for reapplication for a period of one (1) year.
- (e) Institutions, organizations or individuals whose certification has expired may apply for initial certification.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21]

450:21-4-11. Fitness of applicants

- (a) The purpose of this section is to establish the fitness of the applicant as one of the criteria for approval of certification as a certified ADSAC facilitator and to set forth the criteria by which the Commissioner or designee may determine the fitness of applicants.
- (b) The substantiation of the items below related to the applicant may result in the initiation of suspension or revocation of certification, or denial of, or delay of certification of the applicant. These items include, but are not limited to:
 - (1) Evidence of the lack of necessary skill and abilities to provide adequate services;
 - (2) Misrepresentation on the application or any other materials submitted to the ODMHSAS;

- (3) A violation of the rules of professional conduct set forth in this Chapter.
 - (4) Evaluations of supervisors, employers or instructors;
 - (5) Allegations from other governmental entities;
 - (6) Findings resulting from investigations prompted by allegations of participants, peers or the public;
 - (7) Transcripts or other findings from official court, hearing or investigative procedures;
 - (8) Any convictions for alcohol and other drug related offenses, violent offenses, or moral turpitude within the last ten (10) years;
 - (9) Any unpardoned felony convictions within five (5) years;
 - (10) The revocation, suspension, reprimand or any other administrative action ordered by another certifying or licensing body may result in the denial, revocation or suspension of facilitator certification by ODMHSAS.
- (c) ODMHSAS may require explanation of negative references prior to issuance of certification.
- (d) Those certified to conduct ADSAC courses by ODMHSAS shall not perform such courses when the ability to perform such services are impaired for any reason. Facilitators shall seek assistance for any problems that impair the ability to perform required services, and, if necessary, limit, suspend or terminate the delivery of ADSAC courses.
- (e) A field examination submitted through questionnaires answered by persons competent to evaluate a facilitator;s professional competence which may include the submission of such documentary evidence relating to a facilitator;s experience and competence as required by ODMHSAS may be required.
- (f) If in the course of an investigation, ODMHSAS determines that a facilitator has engaged in conduct of a nature that is detrimental to the health, safety, or welfare of the public, and which conduct necessitates immediate action to prevent further harm, the Commissioner, or designee may order a summary suspension of the facilitator's certification to conduct ADSAC courses.
- (g) ODMHSAS may require remedial interventions to address any problems or deficiencies identified from this section as a requirement for retaining active certification.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21]

450:21-4-12. Grounds for reprimand, suspension or revocation of certification, organizations and institutions and facilitators

- (a) Administrative sanctions may be taken against an institution or organization certified to conduct ADSAC for any of the following reasons:
- (1) Refusal to allow a facilitator candidate to observe an ADSAC course;
 - (2) Allowing more than twenty-four (24) participants in any course;
 - (3) Tardiness or failure to make reports or to transmit funds required by this Chapter;

- (4) Erroneous or falsified information relating to any documents submitted to ODMHSAS including the application for certification;
- (5) Conflict of interest by the institution or organization or its personnel;
- (6) Allowing a non-certified, non-approved, or intern facilitator to conduct an ADSAC without a certified ADSAC facilitator (ten (10) hour or twenty-four (24) hour, as required by the ADSAC course being given) present;
- (7) Failure to maintain all records required by ODMHSAS;
- (8) Using facilities not approved by ODMHSAS;
- (9) Knowingly permitting any facilitator to violate any rule of this Chapter, or any other relevant Chapter of these Administrative Rules;
- (10) Use of unapproved curriculum or instructional material not pre-approved by ODMHSAS;
- (11) Use of inappropriate materials/equipment or materials/equipment in poor repair;
- (12) Failure to provide at least two (2) complete ADSAC courses within twelve (12) months;
- (13) Failure to provide appropriately certified facilitators for courses;
- (14) Beginning a course prior to the scheduled time;
- (15) Failure to wait at least a full fifteen (15) minutes when zero (0) participants are present at the scheduled beginning time for a course;
- (16) Failure to provide the complete course for any participants arriving within fifteen (15) minutes of the scheduled start time;
- (17) Failure to provide ODMHSAS with a course schedule at least thirty (30) days in advance of presentation;
- (18) Failure to provide ODMHSAS course schedule changes at least seven (7) days in advance of presentation except when facilitator changes are due to illness or other emergency;
- (19) Failure to complete ODMHSAS requirements for adding course sites;
- (20) Failure to notify ODMHSAS of any facilitator violations of this Chapter, or of facilitator terminations due to violations of this Chapter;
- (21) Establishing the legal business residence of the institution or organization outside the State of Oklahoma;
- (22) Issuance of completion certificates to participants who fail to complete the full ten (10) hours of instruction or the full twenty-four (24) hours of instruction or who fail to meet any other course requirement;
- (23) Violation of, or failure to meet, any other applicable standard contained in this chapter;
- (24) Knowingly allowing an ADSAC facilitator to collect fees, issue receipts, issue completion certificates, conduct an assessment during a course, or solicit participants for assessments at a later date, during the course of an ADSAC; or

- (25) Any other just and verifiable cause including, but not limited to, unethical or illegal activities.
- (b) Administrative sanctions may be taken against a certified facilitator for any of the following reasons:
- (1) Erroneous or false information contained in the individual's application for certification;
 - (2) A conviction of driving under the influence of alcohol or other intoxicating substances or receiving an alcohol or drug related revocation or suspension of driving privileges;
 - (3) Conviction of any alcohol or other drug related misdemeanor or any felony conviction;
 - (4) Any unlawful conduct on duty or in the presence of participants;
 - (5) Any activity which is a conflict of interest;
 - (6) Use or abuse of intoxicating beverages or other drugs while facilitating an ADSAC course;
 - (7) Permitting a participant to attend a course while using or under the influence of any mood-altering substances, including alcohol;
 - (8) Dismissal by a certified institution or organization for violation of state statutes, or of the standards and criteria in this Chapter;
 - (9) Use of curriculum or instructional material not approved by ODMHSAS;
 - (10) Willful failure, or refusal, to cooperate with an investigation by ODMHSAS, or employing ADSAC agency, into a potential or alleged violation of applicable rules in this Chapter;
 - (11) Refusal to allow a facilitator candidate to observe an ADSAC course;
 - (12) Issuance of completion certificate(s) to participant(s) who have not completed a full ten (10) hours of instruction, or who fail to complete the full twenty-four (24) hours of instruction, or failure to meet any other ADSAC requirement;
 - (13) Violation of any applicable rule in this Chapter, or any other applicable chapter;
 - (14) Falsification of any report, or document submitted, or prepared for submission, to ODMHSAS;
 - (15) Collecting fees for; or issuing receipts for; or issuing completion certificates for; or conducting an assessment during; or soliciting participants for assessments at a later date during the process of an ADSAC course;
 - (16) Any sexual language or actions with or toward a participant, presenting for enrollment or enrolled in an ADSAC course;
 - (17) Failure to provide at least two (2) complete ADSAC courses within twelve (12) months; or
 - (18) Any other just and verifiable cause including, but not limited to, unethical or illegal activities.
- (c) ADSAC facilitators shall report all violations and suspected violations of this Chapter by any individual to ODMHSAS staff assigned to the ADSAC division.

450:21-4-13. Sanctions and hearings

All sanctions regarding ADSAC institutions, organizations, and facilitators and all administrative hearings and appeals related to such sanctions shall be made and carried out in accordance with Oklahoma Administrative Code, Title 450, Chapter 1, Subchapter 5 and the Administrative Procedures Act.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21]

SUBCHAPTER 5. COURSE ATTENDANCE AND COMPLETION**450:21-5-1. Participant attendance and completion of ADSAC**

- (a) The ADSAC institution or organization shall require participants to complete all portions of an approved curriculum schedule.
- (b) The ADSAC course shall allow a participant unable to attend one (1) or more portions to make up portion or portions missed at another regularly scheduled course at the certified institution or organization at which the course was originally scheduled.
- (c) All ten (10) hour course work shall be completed, including payment in full within sixty (60) days of the participant attending the first ADSAC course session. Failure to complete all course work within sixty (60) days shall result in the loss of all course credit and any funds remitted. Re-enrollment in either the same or a different ADSAC course following failure to complete an ADSAC within the stated time limit shall require full course attendance prior to the issuance of a Certificate of Completion. All participants enrolling in a ten (10) hour ADSAC course shall be notified of this fact in writing.
- (d) All twenty-four (24) hour course work shall be completed, including payment in full within one hundred eighty (180) days of the first course session. Failure to complete all course work, including payment in full within the one hundred eighty (180) days shall result in the loss of all course credit and any funds remitted. Re-enrollment in either the same, or a different ADSAC following failure to complete an ADSAC course within the state time limit shall require full course attendance prior to the issuance of a Certificate of Completion. All participants enrolling in a twenty-four (24) hour ADSAC course shall be notified of this fact in writing.
- (e) All ADSAC institutions, organizations and facilitators shall make required course work available to enrolled participants within the times frames set forth in this standard. ADSAC institutions, organizations and facilitators failing to make required course work available within the stipulated time frames, for any reason, shall refund to participant any fees paid for said course.
- (f) Each institution or organization shall issue a receipt to each participant upon receipt of all or part of the required enrollment fee. Each organization or institution shall have receipts to be used specifically for ADSAC.

(g) Each institution or organization shall maintain receipts and a record on both course and participant for five (5) years after completion of said course. Such records shall also consist of:

(1) Course information:

- (A) Completion roster; and
- (B) Attendance records; and

(2) Participant information:

- (A) Enrollment form;
- (B) Written referral documenting an assessment, when appropriate pursuant to 450:21-7-9;
- (C) Pre- and Post-Test;
- (D) Evaluation Form completed by the participant; and
- (E) Copy of the Completion Certificate.

(h) For participants who have a primary language other than English:

- (1) The participant shall be referred to an ADSAC course offered in that language if one is available in the area. If no such course is available then an interpreter shall be present for all sessions;
- (2) If an interpreter is required, the interpreter shall not be younger than eighteen (18) years of age and should not be related to the participant; and
- (3) An interpreter shall be identified to all ADSAC course participants as an interpreter.

[Source: Added at 13 Ok Reg 2791, eff 7-1-96 ; Amended at 15 Ok Reg 2750, eff 7-1-98 ; Amended at 20 Ok Reg 988, eff 7-1-03 ; Amended at 21 Ok Reg 1748, eff 7-1-04 ; Amended at 22 Ok Reg 2155, eff 7-1-05 ; Amended at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 38 Ok Reg 1294, eff 9-15-21]

450:21-5-2. ADSAC reporting of completions

(a) Each certified ADSAC institution or organization shall report successful course completions to ODMHSAS through the online data entry system known as ADSAC Online, or in manner prescribed by the Commissioner or designee, no later than seventy-two (72) hours after successful completion of the ADSAC course. Certified institutions or organizations shall not report a completion until all course requirements have been met, to include the participant's payment of the full required ADSAC fee.

(b) Each participant who successfully completes the course, 10 Hour or 24 Hour, shall be issued an ODMHSAS Certificate of Completion by the ADSAC that shall include the appropriate Action Code as listed below:

- (1) 224-10 for persons having completed a 10 Hour course;
- (2) 224-24 for persons having completed a 24 Hour course.

(c) The name, driver's license number, date of birth and address of those completing a ten (10) or twenty-four (24) hour ADSAC classes for the purposes of license reinstatement shall be submitted to ODMHSAS.

[Source: Added at 13 Ok Reg 2791, eff 7-1-96 ; Amended at 14 Ok Reg 688, eff 12-24-96 (emergency); Amended at 14 Ok Reg 1967, eff 5-27-97 ; Amended at 15 Ok Reg 2750, eff 7-1-98 ; Amended at 19 Ok Reg 1432, eff 7-1-02 ; Amended at 20 Ok Reg 988, eff 7-1-03 ; Amended at 21 Ok Reg 1748, eff 7-1-04 ; Amended at 22 Ok Reg 2155, eff 7-1-05 ; Amended at 25 Ok Reg 1376, eff 7-1-08 ; Amended at 26 Ok Reg 1300, eff 7-1-09]

SUBCHAPTER 7. CERTIFICATION OF ALCOHOL AND DRUG ASSESORS RELATED TO DRIVER'S LICENSE REVOCATION

450:21-7-1. ADSAC assessors

(a) Alcohol and other drug assessments shall be provided by individuals or agencies certified by ODMHSAS to provide alcohol and drug assessment and evaluation programs related to driver's license revocation. ODMHSAS certified community mental health centers, ODMHSAS certified alcohol and drug treatment programs, and probation offices shall be considered for such certification.

(b) Certified assessors shall:

- (1) Recommend and monitor certified assessors for compliance to applicable rules within Title 450; and
- (2) Provide assessment services only at sites approved by ODMHSAS.

(c) Certified assessors are responsible for:

- (1) Reporting assessment data to ODMHSAS in the time frames set forth in this Chapter;
- (2) Make recommendations based upon ODMHSAS-required assessment instruments;
- (3) Ensure exception findings meet current American Society of Addiction Medicine's (ASAM) over-ride criteria; and
- (4) Providing liaison with ODMHSAS, the courts and other agencies.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21]

450:21-7-2. ODMHSAS responsibilities

ODMHSAS shall have the authority and duty to:

- (1) Monitor assessors for compliance with applicable State and Federal laws and the rules of this Chapter;
- (2) Establish, monitor and enforce reporting requirements and report forms;
- (3) Certify assessors;
- (4) Approve sites for assessment services;
- (5) Upon receipt of a valid written consent for release of information, certify to DPS that a person has participated in and successfully completed an ADSAC evaluation and assessment program;
- (6) Ensure compliance with the rules in this Chapter as determined by a review of ADSAC-related records, documents and reports, staff and participant interviews and any other relevant documentation;
- (7) Conduct compliance review of all assessors; and
- (8) Establish training requirements for all assessors.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21]

450:21-7-3. Assessor applicants

(a) An applicant for certification as an assessor shall submit proof of the following:

- (1) Proof of current licensure as an LBHP or certification as an alcohol and drug counselor acting within scope of licensure/certification or proof of current status as a Licensure Candidate under the onsite supervision of a certified ADSAC assessor; and
- (2) Proof of having at least two (2) years documented full-time clinical experience in drug/alcohol treatment counseling; and
- (3) Proof of successful completion of a one (1) day ASAM training within two (2) years of the submission of the application; and
- (4) A recognizable, current, color photographic image of the applicant no smaller than two (2) inch by two (2) inch;
- (5) A current OSBI background check or a similar background check from another state of residence for the past five (5) years; and
- (6) A copy of the applicant's resume documenting all education and employment for the previous ten (10) years to include names, addresses and phone numbers for all employers; and
- (7) Fees.

(b) Applications for certification as an assessor shall be made in writing to ODMHSAS on a form in a manner prescribed by the Commissioner or designee.

(c) Completed applications must be received by ODMHSAS twenty (20) days prior to the training event. Before being certified, the applicant shall:

- (1) Observe one (1) assessment with written permission of the participant prior to completing new assessor training;
- (2) Complete the ODMHSAS new assessor training; and
- (3) Complete and pass the ODMHSAS assessment skills competency examination. A minimum score to pass the exam shall be eighty (80) percent:
 - (A) The exam shall require the applicant to correctly identify the major aspects of the Driver Risk Inventory-revised (DRI-II), and the Defendant Questionnaire (DQ);
 - (B) The exam shall require the applicant to correctly identify the major components of motivational interviewing; and
 - (C) The exam shall require the applicant to correctly identify rules from this chapter.
- (4) Conduct two (2) assessments, after completing the new assessor training under the supervision of a certified ADSAC assessor, with written permission of the participant; and
 - (A) Submit a copy of one written court report completed by the applicant on each assessment;
 - (B) The observing assessor shall submit an evaluation of the applicant's skill level on a form and in a manner prescribed by the ODMHSAS Commissioner or designee.

- (d) ODMHSAS may require explanation of negative references prior to issuance of certification.
- (e) Faxes will not be accepted as part of a permanent record.
- (f) Applications are good for one (1) year from approval. All requirements must be completed within the initial twelve (12) month period or a new application must be submitted.
- (g) Any prior sanctions by ODMHSAS of an individual may be cause for denial of an assessor application.
- (h) An assessor applying for renewal shall submit the following for ODMHSAS review:
 - (1) Completed ODMHSAS renewal application form;
 - (2) A current, recognizable, color, photographic image, in good condition, in digital format or no smaller than two (2) inch by two (2) inches if printed, of the applicant every three (3) years with the certification renewal application;
 - (3) A new OSBI background check every three (3) years with the certification renewal application;
 - (4) The fifty dollar (\$50) application renewal fee for certification; and
 - (5) Any unpaid fees required by 450:21-7-5(c)(7)(A). Renewal applications with outstanding unpaid fees will not be processed until a resolution is reached regarding payment of outstanding fees.
- (i) In addition to submitting an application and fulfilling the renewal standards for certification per 450:21-7-3(h) and 450:21-7-5(c)(14), the assessor shall submit the following to ODMHSAS annually throughout the certification period, in a form and manner prescribed by ODMHSAS, in order for the assessor certification to remain active:
 - (1) Documentation of completing ten (10) continuing education hours in each twelve (12) month period beginning with the date of original certification. Training hours shall not include ADSAC course facilitation training. Acceptable continuing education hours shall include the following subject areas, with four (4) hours coming from area (A), four (4) hours coming from area (B), and two (2) hours coming from area (C):
 - (A) The application and use of the following:
 - (i) ASAM;
 - (ii) DRI;
 - (iii) DQ;
 - (iv) NEEDS; and
 - (v) TAAD;
 - (B) Evidence-based interview techniques; and
 - (C) Substance use disorder prevention or treatment, suicide prevention, and/or crisis intervention.
 - (2) Documentation of current, valid professional licensure/certification or licensure candidate status from the appropriate licensing entity.
- (j) Failure to timely renew the certification shall result in expiration of certification and forfeiture of the rights and privileges granted by the certification.

(1) A person whose certification has expired for less than twelve (12) months must make application for an initial certification as set forth in 450:21-7-3 with the exception of attending the initial ADSAC assessor training or having to pass the training exam.

(2) A person whose certification has expired for twelve (12) months or more must make application for an initial certification as set forth in 450:21-7-3.

(k) Each assessor shall notify ODMHSAS of any change of application information related to his or her licensure status, email address, phone number, work or home address at least fifteen (15) days in advance of the change. In case of an emergency, the assessor may notify ODMHSAS of any change up to thirty (30) days after a change has occurred.

(l) All renewals of certification are due on the third anniversary of certification.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21 ; Amended at 39 Ok Reg 1986, eff 9-15-22 ; Amended at 40 Ok Reg 1061, eff 9-15-23]

450:21-7-4. Certification duration

Certification shall be valid for three (3) years for qualifying applicants.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21 ; Amended at 40 Ok Reg 1061, eff 9-15-23]

450:21-7-5. Assessor responsibilities

(a) ADSAC assessments shall be provided by individuals certified by ODMHSAS to provide such assessments.

(b) All fees due ODMHSAS shall be remitted within thirty (30) days. Any fees identified as being delinquent shall be paid within thirty (30) days of discovery of the omission.

(c) Certified assessors shall:

(1) Conduct assessments and based on assessment findings, recommend education or treatment or both;

(2) Report to the court within seventy-two (72) hours of completing an assessment if the court is anticipating such a report;

(3) Provide information in writing regarding state and local area education and treatment resources specific to the area in which the participant resides, to each individual assessed appropriate to the referral recommendations and, in a format prescribed by the Commissioner of ODMHSAS or designee;

(4) Manage and distribute all reports according to confidentiality laws under 42 CFR, Part 2, as well as all 45 C.F.R. Parts 160 & 164 (HIPAA) regulations and inform all participants that all contacts, evaluation results and reports are protected through federal confidentiality regulations under 42 CFR, Part 2;

(5) Assure there is no conflict of interest by:

(A) Referring participants to only those services in which the assessor has no vested interest;

(B) Providing three (3) outside referral options in writing for each recommended service, or as many options as

available within a 70-mile radius; and

(C) Maintaining written assessment documentation pursuant to 450:21-1-7.7(a)(3)(C).

(6) Provide liaison with court officials and related other agencies;

(7) The fee for those undergoing an assessment and evaluation as a result of their driving privilege being suspended or revoked pursuant to an arrest on or after November 1, 2008 is one hundred sixty dollars (\$160.00). The fee for those undergoing an assessment and evaluation as a result of their driving privilege being suspended or revoked pursuant to an arrest prior to November 1, 2008 is one hundred seventy five dollars (\$175.00);

(A) Remit 10% of each fee collected for any assessment and evaluation completed as a result of a person's driving privilege being suspended or revoked pursuant to an arrest prior to November 1, 2008 to the State Treasurer to be credited to the Department of Mental Health and Substance Abuse Services Revolving Fund within thirty (30) days. No such 10% fee shall be remitted for any assessment and evaluation completed as a result of a person's driving privilege being suspended or revoked pursuant to an arrest on or after November 1, 2008.

Completion of assessment includes payment in full by the participant for the assessment service; and

(B) No additional charges, extra fees or interest shall be attached to the assessment process.

(8) Explain possible liability and ability to pay for ODMHSAS affiliated, private and other education and treatment facilities;

(9) For those participants whose license was withdrawn due to an alcohol and drug related offense on or before June 30, 2003, and needing to participate in the ADSAC assessment process for license reinstatement, as verified by DPS, the assessor shall:

(A) Verify the participant has completed the assessment to include payment in full;

(B) Affix the official red stamp;

(C) Provide the participant with a certificate of completion; and

(D) Report completion to the Department of Public Safety through ODMHSAS.

(10) For those participants whose license was withdrawn due to receiving an alcohol and drug related offense on or after July 1, 2003, and needing to participate in the ADSAC assessment process for license reinstatement, the assessor shall:

(A) Verify the participant has completed the ADSAC assessment to include payment in full.

(B) Verify the participant has completed all recommendations identified through the assessment and required for license reinstatement prior to affixing the official stamp;

(C) Affix the official stamp, with the stamp in red ink;

(D) Provide the participant with a certificate of completion; and

- (E) Report completion to the Department of Public Safety through ODMHSAS;
- (11) Those participants whose most recent offense was before September 1, 1993 should be referred to DPS to verify an assessment is not required.
- (12) Provide ODMHSAS notification of those participants:
- (A) Completing the initial portion of the ADSAC assessment through the online data entry system known as ADSAC online, or in a manner prescribed by the Commissioner or designee. This notification shall be submitted to ODMHSAS within seventy-two (72) hours upon providing the participant with their intervention recommendations; and
 - (B) Successfully completing required education and treatment, including the participant's name, address, date of birth and driver's license number through the online data entry system known as ADSAC online, or in a manner prescribed by the Commissioner or designee. This notification shall be submitted to ODMHSAS within seventy-two (72) hours upon verification of successful completion of all requirements.
- (13) Certified ADSAC assessors must provide to a caller adequate information regarding the ADSAC assessment process and scheduling requirements. The phone number published specific for each assessor must be continuously available, either answered in person, answering machine, electronic voice mail, or a professional answering service. Numbers published for the purpose of ADSAC assessment and evaluation advertisement must be answered by individuals appropriately trained in all relevant aspects of 42 CFR, Part 2 and HIPAA regulations;
- (14) All assessors will complete a minimum of six (6) ADSAC assessments during each twelve (12) month period in order for assessor certification to remain active;
- (15) Each assessor shall maintain an inventory of required and approved instruments sufficient to meet ODMHSAS requirements;
- (16) Provide each individual assessed with information regarding all assessor certifications and licensures to include; name, phone number and address of the certifying or licensing body. If certified rather than licensed, the name of the licensed individual serving as supervisor with all licensures including; name, phone number and addresses of the licensing bodies pursuant to Oklahoma state statutes. Contact information for ODMHSAS, ADSAC personnel at ODMHSAS shall be included. All information shall be in a form prescribed by the Commissioner of ODMHSAS or designee;
- (17) Each certified assessor shall notify ODMHSAS of any change of application information related to his or her email address, phone number, work or home address at least fifteen (15) days in advance of the change. In case of an emergency, the assessor may notify ODMHSAS of any change up to thirty (30) days after a change has occurred;
- (18) For participants who have a language other than English:

(A) The participant shall be referred to an ADSAC assessor fluent in that language, if such as assessor is available. If no assessor fluent in the language is available then an interpreter shall be present for the entire assessment process; and

(B) If an interpreter is required, the interpreter shall not be younger than eighteen (18) years of age and should not be related to the participant.

(19) Provide assessment services only at sites approved by ODMHSAS;

(20) Report all data to ODMHSAS within thirty (30) days or as otherwise directed in this Chapter;

(21) Make recommendations based on ODMHSAS required assessment instruments;

(22) Make all recommendations based on current accepted placement criteria; and

(23) Preference in clinical referrals shall be given to institutions and organizations possessing a substance abuse certification from ODMHSAS, if such service is available.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21 ; Amended at 39 Ok Reg 1986, eff 9-15-22]

450:21-7-6. Fitness of applicants

(a) The purpose of this section is to establish the fitness of the applicant as one of the criteria for approval of certification as an assessor for evaluations related to driver's license revocation, and to set forth criteria by which the Commissioner or designee may determine the fitness of applicants.

(b) The substantiation of the items below related to the applicant may result in the initiation of suspension or revocation of certification, or denial of, or delay of certification of the applicant. These items include, but are not limited to:

(1) Evidence of the lack of necessary skill and abilities to provide adequate services;

(2) Misrepresentation on the application or any other materials submitted to the ODMHSAS;

(3) A violation of the rules of professional conduct set forth in this Chapter.

(4) Evaluations of supervisors, employers or instructors;

(5) Allegations from other governmental entities;

(6) Findings resulting from investigations prompted by allegations of participants, peers or the public;

(7) Transcripts or other findings from official court, hearing or investigative procedures;

(8) Any convictions for alcohol and other drug related offenses, violent offenses, or moral turpitude within the last five (5) years; or

(9) Any unpardoned felony convictions within five (5) years; or

(10) The revocation, suspension, reprimand or any other administrative action ordered by another certifying or licensing

body may result in the denial, revocation or suspension of assessor certification by ODMHSAS.

(c) ODMHSAS may require explanation of negative references prior to issuance of certification.

(d) Those certified to conduct ADSAC assessments by ODMHSAS shall not perform such assessments when, for any reason, such services are impaired by an inability to perform such services. Assessors shall seek assistance for any problems creating an inability to perform as an assessor, and, if necessary, limit, suspend or terminate the delivery of ADSAC assessment services.

(e) A field examination submitted through questionnaires answered by persons competent to evaluate an assessor's professional competence which may include the submission of such documentary evidence relating to an assessor's experience and competence as required by ODMHSAS may be required.

(f) If in the course of an investigation, ODMHSAS determines that an assessor has engaged in conduct of a nature that is detrimental to the health, safety, or welfare of the public, and which conduct necessitates immediate action to prevent further harm, the Commissioner may order a summary suspension of the assessor's certification to conduct ADSAC assessments.

(g) ODMHSAS may require remedial interventions to address any problems or deficiencies identified from this section as a requirement for retaining active certification.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21]

450:21-7-7. Certified approved sites

Alcohol and other drug assessment and evaluation shall be provided at sites approved by ODMHSAS. Sites shall meet the following standards for consideration of approval:

- (1) Sites shall be in professional settings appropriate for the assessment and for safeguarding the confidentiality of the participant;
- (2) Hours and days of operation shall be during regularly scheduled periods which make assessment services accessible to participants, including those employed between 8:00 a.m. and 5:00 p.m., and to the general public;
- (3) The site's days and hours of operation shall be professionally and conspicuously displayed on the outside of the building along with a business phone number used for scheduling of appointments;
- (4) For sites in multi-office buildings, the days and hours of operation shall be posted in the building directory or on the door of the site office;
- (5) Sites for the primary purpose of eating or sleeping, i.e., hotel/motel sleeping rooms, restaurant dining areas, etc., will not be considered for approval; and
- (6) Sites shall be handicapped-accessible and meet all other requirements of the Americans with Disabilities Act of 1990.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21]

450:21-7-8. Participant evaluation

(a) The assessment and evaluation of the participant shall be as comprehensive as possible. ADSAC assessors shall not conduct any portion of the assessment process or provide any evaluation services on more than one participant at a time. The assessment shall include, but not be limited to:

- (1) A face-to-face biopsychosocial assessment that gathers sufficient information to assist the consumer in developing an individualized service plan. The biopsychosocial assessment includes historical and current information regarding the behavior and experiences of the consumer and is conducted in a standardized manner.
- (2) The assessor shall obtain and document the participant's driving history information from public record(s), when made available. This information shall, at a minimum, include the following:
 - (A) Arrest date;
 - (B) All charges relating to alcohol and drug offenses; and
 - (C) Driving record.
- (3) Alcohol and other drug information as supplied by the participant or referring party:
 - (A) Blood alcohol concentration at time of arrest;
 - (B) Prior alcohol/drug treatment;
 - (C) Polydrug use;

- (D) Prior alcohol-related arrest(s); and
 - (E) Prior drug related arrest(s).
- (4) Pursuant to 450:21-7-9, the use of completed and scored standardized evaluation instruments; and
- (5) All information shall be in a format prescribed by the Commissioner of ODMHSAS or designee.
- (b) Recommendations, known as Intervention Categories, shall be based on scores derived from and verified by, a battery of required and appropriate assessment/evaluation instruments, and adhered to by all assessors unless otherwise indicated by ODMHSAS:
 - (1) All those identified as being at low risk to recidivate as indicated by scores derived from the assessment process shall be referred to educational interventions only:
 - (A) Intervention Category One shall be identified by alcohol or drug scale scores from the DRI or DQ of zero (0) to thirty-nine (39) and recommendations shall consist of:
 - (i) Ten (10) hour ADSAC course; and
 - (ii) Victims Impact Panel.
 - (iii) The ten (10) hour ADSAC course and Victims Impact Panel may be attended concurrently.
 - (B) Intervention Category Two shall be identified by alcohol or drug scale scores from the DRI or DQ of zero (0) to thirty-nine (39) and a previous alcohol or drug related offense resulting in license revocation pursuant to Title 47, § 6-212.2, A and recommendations shall consist of:
 - (i) Twenty-four (24) hour ADSAC course; and
 - (ii) Victims Impact Panel.
 - (iii) The twenty-four (24) hour ADSAC course and the Victims Impact Panel may be attended concurrently.
 - (2) All those identified as being at moderate risk to recidivate shall be referred to a combination of educational and clinical interventions:
 - Intervention Category Three, shall be identified by alcohol or drug scale scores from the DRI or DQ of forty (40) to sixty-nine (69) and recommendations shall consist of:
 - (A) Twenty-four (24) hour ADSAC course;
 - (B) Victims Impact Panel; and
 - (C) Substance abuse related group involvement for six (6) weeks, meeting one (1) time per week.
 - (D) The twenty-four (24) hour ADSAC should be attended prior to the initiation of the six (6) week substance abuse group.
 - (3) All those identified as being at problem risk to recidivate shall be referred to clinical interventions only: Intervention Category Four shall be identified by alcohol or drug scale scores from the DRI or DQ of seventy (70) to eight-nine (89) and recommendations shall consist of:
 - (A) Intensive outpatient treatment;
 - (B) Aftercare; and
 - (C) Twelve (12) weeks of mutual support meetings.

(D) Interventions recommended for this intervention category, with the exception of aftercare, should be completed concurrently.

(E) The combination of interventions recommended must be able to be completed within ninety (90) days.

(4) All those identified as being at severe risk to recidivate shall be referred to clinical interventions only: Intervention Category Five will be identified by alcohol or drug scale scores from the DRI/DQ of ninety (90) to one hundred (100) and recommendations shall consist of:

(A) Residential or inpatient treatment;

(B) Aftercare; and

(C) Mutual support meetings.

(D) Interventions recommended for this intervention category, with the exception of aftercare, should be completed concurrently.

(E) The combination of interventions recommended must be able to be completed within ninety (90) days.

(5) If no groups are available or if the participant has a significant, appropriately diagnosed co-occurring disorder, then individual counseling can be substituted for group counseling. This must be addressed with an override and cleared through ODMHSAS.

(6) Interventions completed prior to the assessment may be accepted if:

(A) The intervention is completed after the offense resulting in license revocation;

(B) The intervention meets or exceeds all the requirements listed in the recommendation; and

(C) The provider of the intervention is appropriately accredited.

(7) Assessments will remain valid for six (6) months from the date of completion:

(A) If after six (6) months, action toward completing assessment recommendations has not been initiated, then the assessment shall be considered invalid and a new assessment will be required.

(B) The participant must be notified of this fact in writing upon assessment.

(8) A recommendation can be lowered one intervention category through the appropriate use of one of the available overrides. However, an intervention level for clinical services only or combination of educational and clinical services cannot be lowered to an intervention level for educational services only. ODMHSAS approval must be granted for overrides of more than one intervention category.

(9) Any significant discrepancy between the scores obtained on either the DRI or the DQ and an appropriately chosen additional supportive instrument should be cause for reevaluation of participant's answers to the assessment instruments. If the discrepancy cannot be resolved, then an override should be

considered.

(10) Any recommendation can be lowered with the appropriate use of one of the following overrides;

- (A) "Geographic accessibility";
- (B) "On waiting list for appropriate level of care";
- (C) "Language barriers"; or
- (D) "ASAM override".

(11) In each instance, the most appropriate and applicable override category shall be used.

(12) All overrides must be supported in writing and with information or evidence that clearly justifies the decision made. Verifying and/or validating documentation must be included in the record.

(13) "Geographic accessibility" should be used when one or more of the services required for a specific intervention category does not exist within seventy (70) miles from the town the participant identifies as the home town, as no one shall be required to travel more than seventy (70) miles to complete any of the recommendations listed here:

- (A) The recommendation should be reduced to the first intervention category with all services available, and
- (B) Before using this override, the participant's address shall be verified;

(14) "On waiting list for appropriate level of care" should be used when one or more of the services required for a specific intervention category is not available within seventy (70) miles from the town the participant identifies as a home town as no one shall be required to travel more than seventy (70) miles to complete any of the recommendations listed here:

- (A) The service recommended must also not be available within thirty (30) days of the initial date of assessment,
- (B) The recommendation should be reduced to the first intervention category with all services available, and
- (C) Before using this override, the participant's address shall be verified.

(15) "Language barriers" should be used when one or more of the services required for a specific intervention category is not offered in the language of a non-English speaking participant within seventy (70) miles from the town the participant identifies as the home town:

- (A) The recommendation should be altered to include the most appropriate combination of interventions available in the participant's language,
- (B) Due to problems with service availability caused by language barriers, this is the only override in which interventions from multiple categories can be commingled, and
- (C) Before using this override, the participant's address shall be verified.

(16) "ASAM override" should be used when:

(A) The participant has been assessed by a receiving provider as not meeting the ASAM level of care recommended by the ADSAC assessment. This override must be substantiated by including the receiving provider's ASAM in the participant's ADSAC file; or
(B) The DRI or DQ recommend either Intervention Category Four or Five level of service, but the TAAD or NEEDS and biopsychsocial assessment show clinical evidence of continuous abstinence of at least six (6) months. In these circumstances, the participant shall be required to attend:

- (i) Twelve (12) weeks of substance abuse related group meeting a minimum of one (1) time per week and a maximum of two (2) times per week; and
- (ii) Twelve (12) weeks of mutual support group attendance, once per week.
- (iii) It must be possible to complete the combination of interventions within ninety (90) days.

(c) The assessor shall have policies and procedures in place to ensure participate evaluation is conducted in accordance with the requirements in 450:21-7-8.

(d) The Department may review participant records and documentation to verify compliance with the requirements in 450:21-7-8 at its discretion.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21 ; Amended at 39 Ok Reg 1986, eff 9-15-22 ; Amended at 40 Ok Reg 1061, eff 9-15-23]

450:21-7-9. Standardized evaluation instruments

(a) Standardized evaluation instruments shall be administered in the manner intended and findings shall be a component of the overall assessment and recommendations.

(b) The approved standardized evaluation instruments shall be limited to:

(1) For all offenses related to driving under the influence or while impaired that result in license revocation, a completed and scored, current computerized version of the Driver Risk Inventory (DRI) in a face-to-face structured interview. For all offenses not related to driving under the influence or while in impaired that result in license revocation, a completed and scored, current computerized version of the Defendant Questionnaire (DQ) shall be used and;

(2) A completed biopsychsocial;

(3) A completed and scored additional, supportive clinical instrument to support initial findings shall be chosen by the assessor from the menu of approved supportive instruments listed below:

(A) Needs Assessment (NEEDS); or

(B) Triage Assessment for Addictive Disorders (TAAD); and

(4) A thorough face-to-face interview.

- (5) All additional, supportive clinical assessment instruments shall be used only in a manner consistent with the instrument design, intended purpose and to support the identified level of severity of the participant;
 - (6) All assessment instruments approved for use in the ADSAC process shall be used according to directions from the manual of each instrument; and
 - (7) Assessment instruments appropriate for use with those with a primary language other than English shall be identified as the instruments are approved for use by ODMHSAS.
- (c) The assessor shall have policies and procedures in place to ensure participant evaluation is conducted in accordance with the requirements in 450:21-7-9.
- (d) The Department may review participant records and documentation to verify compliance with the requirements in 450:21-7-9 at its discretion.

[Source: Amended at 39 Ok Reg 1986, eff 9-15-22 ; Amended at 40 Ok Reg 1061, eff 9-15-23]

450:21-7-10. Denial or revocation of assessment certification

- (a) ODMHSAS may reprimand, suspend, revoke or deny certification or renewal of the certification of any assessor failing to qualify for, or comply with the provisions of this Chapter.
- (b) In the event that ODMHSAS determines action should be taken against any person certified under this Chapter, the proceeding shall be initiated pursuant to the rules of ODMHSAS as set forth in Oklahoma Administrative Code, Title 450, Chapter 1, Subchapter 5 and the Administrative Procedures Act.
- (c) Assessors that have had certification renewal denied or certification revoked shall not be eligible for re-application for a period of one (1) year.
- (d) Assessors whose certification has expired may apply for certification in accordance with 450:21-7-3.
- (e) All those certified by ODMHSAS shall report all violations and suspected violations of this chapter to ODMHSAS staff assigned to the ADSAC division immediately.
- (f) ODMHSAS may also impose the following administrative sanctions against any certified assessor for any of the following reasons, including, but not limited to:
 - (1) Erroneous or false information contained in the individual's application for certification;
 - (2) A conviction of driving under the influence of alcohol or other intoxicating substances or receiving an alcohol or drug related revocation or suspension of driving privileges while certified as an assessor;
 - (3) Any alcohol or other drug related misdemeanor or felony conviction while certified as an assessor;
 - (4) Unlawful conduct in the presence of a participant;
 - (5) Conducting an assessment on more than one (1) participant at a time;

- (6) Tardiness or failure to make reports, or to transmit funds as required by this Chapter;
- (7) Erroneous or falsified information relating to any documents submitted to ODMHSAS;
- (8) Allowing a non-certified individual to conduct an assessment without a certified ADSAC assessor present at all times unless otherwise permitted by this Chapter;
- (9) Failure to maintain all records required by ODMHSAS;
- (10) Use of facilities not approved by ODMHSAS;
- (11) Any activity which is a conflict of interest;
- (12) Use of any intoxicating substance or illegal drugs while conducting an assessment;
- (13) Conducting an assessment while the participant is using or under the influence of any intoxicating substance causing impairment, including alcohol;
- (14) Dismissal by an ODMHSAS certified organization or institution for violation of state statutes, or of the standards and criteria in this Chapter;
- (15) Knowingly permitting any assessor to violate any rule of this Chapter, or any other relevant Chapter of these Administrative Rules;
- (16) Use of assessment instruments not pre-approved by ODMHSAS for use in ADSAC assessments as one of the standardized instruments;
- (17) Willful failure, or refusal, to cooperate with an investigation by ODMHSAS, or employing agency, into a potential or alleged violation of applicable rules in this Chapter;
- (18) Refusal to allow an ADSAC assessor candidate to observe an ADSAC assessment as required for training;
- (19) Issuance of completion certificate(s) to participant(s) who have not completed, or who fail to complete any ADSAC assessment recommendation requirement;
- (20) Violation of any applicable rule in this Chapter, or any other applicable Chapter;
- (21) Falsification of any report, or document submitted, or prepared for submission, to ODMHSAS and DPS;
- (22) Collecting fees for; or issuing receipts for; or issuing completion certificates for; or conducting an assessment during; or soliciting students for assessments at a later date during any ADSAC course;
- (23) Any sexual language or actions with or toward a participant;
- (24) Any other just and verifiable cause including, but not limited to, moral turpitude, unethical or illegal activities;
- (25) Failure to wait at least a full fifteen (15) minutes when a participant is late for an assessment prior to canceling the session;
- (26) Failure to provide ODMHSAS with the physical address for conducting assessments;
- (27) Failure to complete ODMHSAS requirements for adding assessment sites;

- (28) Failure to notify ODMHSAS of knowledge of any ADSAC assessor violations of this chapter, or of assessor terminations due to violations of this chapter;
- (29) Establishing the legal business residence for the purpose of conducting assessments outside the state of Oklahoma;
- (30) Violation of or failure to meet any applicable rule contained in this chapter;
- (31) Knowingly allowing an assessor to conduct an assessment or solicit students for an assessment during an ADSAC; or
- (32) Any other just and verifiable cause including but not limited to verbal or physical abuse of participants.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21]

450:21-7-11. Inactive status and closure

An active ADSAC assessor certification may be placed on inactive status by written request:

- (1) An inactive certification forfeits all rights and privileges granted by the certification;
- (2) When certification is placed on inactive status, the certificate shall be returned to ODMHSAS along with the official stamp;
- (3) When certification is placed on inactive status, it shall remain inactive for at least twelve (12) months from the date of inactivation, or until the end of the certification period, whichever is first;
- (4) Active status may be re-established upon written request;
- (5) When an ADSAC assessor must cease operation for less than twelve (12) months all ADSAC assessment records must be secured as defined in 450:21-1-7.5;
- (6) During such a temporary closure ADSAC assessment records shall remain accessible as defined in 450:21-1-16;
- (7) Participants having received assessments shall be given written notification of the temporary closure with contact information for completing the ADSAC assessment process, in the event all recommendations are completed during the temporary closure; and
- (8) ODMHSAS shall be notified in writing within thirty (30) days of any temporary closure of any office providing ADSAC assessments. The written notification shall contain:
 - (A) The reason for closing;
 - (B) Contact information for participant assessment records; and
 - (C) A projected date for resumption of business.

[Source: Added at 38 Ok Reg 1294, eff 9-15-21]

CHAPTER 22. CERTIFICATION OF ALCOHOL AND DRUG ASSESSMENT AND EVALUATIONS RELATED TO DRIVER'S LICENSE REVOCATION [REVOKED]

[**Authority:** 22 O.S., §§ 991a and 991c; 43 O.S., § 2-101, 3-453, and 3-460; 47 O.S., §§ 6-212.2 and 11-902]

[**Source:** Codified 7-1-96]

450:22-1-1. Purpose and applicability [REVOKED]

[**Source:** Added at 13 Ok Reg 2799, eff 7-1-96 ; Amended at 18 Ok Reg 2210, eff 7-1-01 ; Amended at 20 Ok Reg 997, eff 7-1-03 ; Amended at 25 Ok Reg 1390, eff 7-1-08 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-1.1. Certification duration [REVOKED]

[**Source:** Added at 17 Ok Reg 2156, eff 7-1-00 ; Amended at 18 Ok Reg 2210, eff 7-1-01 ; Amended at 19 Ok Reg 1439, eff 7-1-02 ; Amended at 20 Ok Reg 997, eff 7-1-03 ; Amended at 20 Ok Reg 2864, eff 8-4-03 (emergency); Amended at 21 Ok Reg 1756, eff 7-1-04 ; Amended at 22 Ok Reg 2159, eff 7-1-05 ; Amended at 25 Ok Reg 1390, eff 7-1-08 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-2. Statutory authority [REVOKED]

[**Source:** Added at 13 Ok Reg 2799, eff 7-1-96 ; Amended at 17 Ok Reg 2156, eff 7-1-00 ; Amended at 18 Ok Reg 2210, eff 7-1-01 ; Amended at 20 Ok Reg 997, eff 7-1-03]

450:22-1-3. Definitions [REVOKED]

[**Source:** Added at 13 Ok Reg 2799, eff 7-1-96 ; Amended at 15 Ok Reg 2759, eff 7-1-98 ; Amended at 19 Ok Reg 1439, eff 7-1-02 ; Amended at 20 Ok Reg 997, eff 7-1-03 ; Amended at 20 Ok Reg 2864, eff 8-4-03 (emergency); Amended at 21 Ok Reg 1756, eff 7-1-04 ; Amended at 22 Ok Reg 2159, eff 7-1-05 ; Amended at 23 Ok Reg 1958, eff 7-1-06 ; Amended at 25 Ok Reg 1390, eff 7-1-08 ; Amended at 33 Ok Reg 997, eff 9-1-16 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-4. Meaning of verbs in rules [REVOKED]

[**Source:** Added at 13 Ok Reg 2799, eff 7-1-96 ; Amended at 20 Ok Reg 997, eff 7-1-03 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-5. General statement [REVOKED]

[**Source:** Added at 13 Ok Reg 2799, eff 7-1-96 ; Amended at 20 Ok Reg 997, eff 7-1-03 ; Amended at 20 Ok Reg 2864, eff 8-4-03 through 7-14-04 (emergency)¹; Amended at 22 Ok Reg 2159, eff 7-1-05 ; Amended at 25 Ok Reg 1390, eff 7-1-08 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

Editor's Note: ¹*This emergency action expired without being superseded by a permanent action. Upon expiration of an emergency amendatory action, the last prior permanent text is reinstated. Therefore, on 7-15-04 (after the 7-14-04 expiration of the emergency action), the text of 450:22-1-5 reverted back to the permanent text that became effective 7-1-03, as was last published in the 2003 OAC Supplement, and remained as such until amended again by permanent action on 7-1-05.*

450:22-1-6. ADSAC assessors and assessment agencies [REVOKED]

[Source: Added at 13 Ok Reg 2799, eff 7-1-96 ; Amended at 17 Ok Reg 2156, eff 7-1-00 ; Amended at 18 Ok Reg 2210, eff 7-1-01 ; Amended at 19 Ok Reg 1439, eff 7-1-02 ; Amended at 20 Ok Reg 997, eff 7-1-03 ; Amended at 21 Ok Reg 1756, eff 7-1-04 ; Amended at 23 Ok Reg 1958, eff 7-1-06 ; Amended at 25 Ok Reg 1390, eff 7-1-08 ; Amended at 33 Ok Reg 997, eff 9-1-16 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-6.1. Institutional and organizational description, assessment agencies [REVOKED]

[Source: Added at 25 Ok Reg 1390, eff 7-1-08 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-7. ODMHSAS responsibilities [REVOKED]

[Source: Added at 13 Ok Reg 2799, eff 7-1-96 ; Amended at 20 Ok Reg 997, eff 7-1-03 ; Amended at 20 Ok Reg 2864, eff 8-4-03 through 7-14-04 (emergency)¹; Amended at 22 Ok Reg 2159, eff 7-1-05 ; Amended at 25 Ok Reg 1390, eff 7-1-08 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

Editor's Note: ¹*This emergency action expired without being superseded by a permanent action. Upon expiration of an emergency amendatory action, the last prior permanent text is reinstated. Therefore, on 7-15-04 (after the 7-14-04 expiration of the emergency action), the text of 450:22-1-7 reverted back to the permanent text that became effective 7-1-03, as was last published in the 2003 OAC Supplement, and remained as such until amended again by permanent action on 7-1-05.*

450:22-1-8. Consumers with disabilities [REVOKED]

[Source: Added at 13 Ok Reg 2799, eff 7-1-96 ; Amended at 19 Ok Reg 1439, eff 7-1-02 ; Amended at 20 Ok Reg 997, eff 7-1-03 ; Amended at 21 Ok Reg 1756, eff 7-1-04 ; Amended at 22 Ok Reg 2159, eff 7-1-05 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-9. Certified approved sites [REVOKED]

[Source: Added at 13 Ok Reg 2799, eff 7-1-96 ; Amended at 18 Ok Reg 2210, eff 7-1-01 ; Amended at 19 Ok Reg 1439, eff 7-1-02 ; Amended at 20 Ok Reg 997, eff 7-1-03 ; Amended at 22 Ok Reg 2159, eff 7-1-05 ; Amended at 25 Ok Reg 1390, eff 7-1-08 ; Amended at 33 Ok Reg 997, eff 9-1-16 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-10. Participant evaluation [REVOKED]

[Source: Added at 13 Ok Reg 2799, eff 7-1-96 ; Amended at 18 Ok Reg 2210, eff 7-1-01 ; Amended at 20 Ok Reg 997, eff 7-1-03 ; Amended at 21 Ok Reg 1756, eff 7-1-04 ; Amended at 22 Ok Reg 2159, eff 7-1-05 ; Amended at 25 Ok Reg 1390, eff 7-1-08 ; Amended at 33 Ok Reg 997, eff 9-1-16 ; Amended at 36 Ok Reg 1150, eff 11-1-19 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-11. Standardized evaluation instruments [REVOKED]

[Source: Added at 13 Ok Reg 2799, eff 7-1-96 ; Amended at 18 Ok Reg 2210, eff 7-1-01 ; Amended at 19 Ok Reg 1439, eff 7-1-02 ; Amended at 20 Ok Reg 997, eff 7-1-03 ; Amended at 21 Ok Reg 1756, eff 7-1-04 ; Amended at 22 Ok Reg 2159, eff 7-1-05 ; Amended at 23 Ok Reg 1958, eff 7-1-06 ; Amended at 25

Ok Reg 1390, eff 7-1-08 ; Amended at 33 Ok Reg 997, eff 9-1-16 ; Amended at 36 Ok Reg 1150, eff 11-1-19 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-11.1. Critical incidents, assessors and assessment agencies [REVOKED]

[Source: Added at 25 Ok Reg 1390, eff 7-1-08 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-11.2. Participant record system [REVOKED]

[Source: Added at 25 Ok Reg 1390, eff 7-1-08 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-11.3. Participant records, basic requirement assessors, assessment agencies [REVOKED]

[Source: Added at 25 Ok Reg 1390, eff 7-1-08 ; Amended at 33 Ok Reg 997, eff 9-1-16 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-11.4. Participant record storage, retention and disposition [REVOKED]

[Source: Added at 25 Ok Reg 1390, eff 7-1-08 ; Amended at 33 Ok Reg 997, eff 9-1-16 ; Amended at 36 Ok Reg 1150, eff 11-1-19 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-11.5. Confidentiality of drug or alcohol abuse treatment information [REVOKED]

[Source: Added at 25 Ok Reg 1390, eff 7-1-08 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-11.6. Note [REVOKED]

[Source: Added at 25 Ok Reg 1390, eff 7-1-08 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-11.7. Biopsychsocial assessment [REVOKED]

[Source: Added at 25 Ok Reg 1390, eff 7-1-08 ; Amended at 33 Ok Reg 997, eff 9-1-16 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-12. Assessor applicants [REVOKED]

[Source: Added at 13 Ok Reg 2799, eff 7-1-96 ; Amended at 15 Ok Reg 2759, eff 7-1-98 ; Amended at 17 Ok Reg 2156, eff 7-1-00 ; Amended at 18 Ok Reg 2210, eff 7-1-01 ; Amended at 19 Ok Reg 1439, eff 7-1-02 ; Amended at 20 Ok Reg 997, eff 7-1-03 ; Amended at 20 Ok Reg 2864, eff 8-4-03 through 7-14-04 (emergency)¹; Amended at 22 Ok Reg 2159, eff 7-1-05 ; Amended at 23 Ok Reg 1958, eff 7-1-06 ; Amended at 25 Ok Reg 1390, eff 7-1-08 ; Amended at 33 Ok Reg 997, eff 9-1-16 ; Amended at 34 Ok Reg 1804, eff 10-1-17 ; Amended at 36 Ok Reg 1150, eff 11-1-19 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

Editor's Note: ¹*This emergency action expired without being superseded by a permanent action. Upon expiration of an emergency amendatory action, the last prior permanent text is reinstated. Therefore, on 7-15-04 (after the 7-14-04 expiration of the emergency action), the*

text of 450:22-1-12 reverted back to the permanent text that became effective 7-1-03, as was last published in the 2003 OAC Supplement and republished in the 2004 OAC Supplement, and remained as such until amended again by permanent action on 7-1-05.

450:22-1-13. Qualified practitioner [REVOKED]

[Source: Added at 13 Ok Reg 2799, eff 7-1-96 ; Amended at 15 Ok Reg 2759, eff 7-1-98 ; Amended at 17 Ok Reg 2156, eff 7-1-00 ; Amended at 19 Ok Reg 1439, eff 7-1-02 ; Amended at 20 Ok Reg 997, eff 7-1-03 ; Revoked at 20 Ok Reg 2864, eff 8-4-03 through 7-14-04 (emergency)¹; Revoked at 22 Ok Reg 2159, eff 7-1-05]

Editor's Note: ¹*This emergency action expired without being superseded by a permanent action. Upon expiration of an emergency action revoking a Section, the last effective permanent text of the Section is reinstated. Therefore, on 7-15-04 (after the 7-14-04 expiration of the emergency action), the text of 450:22-1-13 reverted back to the permanent text that became effective 7-1-03, as was last published in the 2003 OAC Supplement, and remained as such until revoked by permanent action on 7-1-05.*

450:22-1-14. Qualified Practitioner responsibilities [REVOKED]

[Source: Added at 13 Ok Reg 2799, eff 7-1-96 ; Amended at 18 Ok Reg 2210, eff 7-1-01 ; Amended at 20 Ok Reg 997, eff 7-1-03 ; Revoked at 20 Ok Reg 2864, eff 8-4-03 through 7-14-04 (emergency)¹; Revoked at 22 Ok Reg 2159, eff 7-1-05]

Editor's Note: ¹*This emergency action expired without being superseded by a permanent action. Upon expiration of an emergency action revoking a Section, the last effective permanent text of the Section is reinstated. Therefore, on 7-15-04 (after the 7-14-04 expiration of the emergency action), the text of 450:22-1-14 reverted back to the permanent text that became effective 7-1-03, as was last published in the 2003 OAC Supplement, and remained as such until revoked by permanent action on 7-1-05.*

450:22-1-15. Assessor responsibilities [REVOKED]

[Source: Added at 13 Ok Reg 2799, eff 7-1-96 ; Amended at 15 Ok Reg 2759, eff 7-1-98 ; Amended at 17 Ok Reg 2156, eff 7-1-00 ; Amended at 18 Ok Reg 2210, eff 7-1-01 ; Amended at 19 Ok Reg 1439, eff 7-1-02 ; Amended at 20 Ok Reg 997, eff 7-1-03 ; Amended at 20 Ok Reg 2864, eff 8-4-03 (emergency); Amended at 21 Ok Reg 1756, eff 7-1-04 ; Amended at 22 Ok Reg 2159, eff 7-1-05 ; Amended at 23 Ok Reg 1958, eff 7-1-06 ; Amended at 25 Ok Reg 1390, eff 7-1-08 ; Amended at 26 Ok Reg 1301, eff 7-1-09 ; Amended at 33 Ok Reg 997, eff 9-1-16 ; Amended at 36 Ok Reg 1150, eff 11-1-19 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-15.1. Fitness of applicants [REVOKED]

[Source: Added at 23 Ok Reg 1958, eff 7-1-06 ; Amended at 25 Ok Reg 1390, eff 7-1-08 ; Amended at 33 Ok Reg 997, eff 9-1-16 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-16. Denial or revocation of assessment certification [REVOKED]

[Source: Added at 13 Ok Reg 2799, eff 7-1-96 ; Amended at 19 Ok Reg 1439, eff 7-1-02 ; Amended at 20 Ok Reg 997, eff 7-1-03 ; Amended at 20 Ok Reg 2864, eff 8-4-03 through 7-14-04 (emergency)¹; Amended at 22 Ok Reg 2159, eff 7-1-05 ; Amended at 25 Ok Reg 1390, eff 7-1-08 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

Editor's Note: ¹*This emergency action expired without being superseded by a permanent action. Upon expiration of an emergency amendatory action, the last prior permanent text is reinstated. Therefore, on 7-15-04 (after the 7-14-04 expiration of the emergency action), the text of 450:22-1-16 reverted back to the permanent text that became effective 7-1-03, as was last published in the 2003 OAC Supplement, and remained as such until amended again by permanent action on 7-1-05.*

450:22-1-17. Physical facility environment and safety, assessors and assessment agencies [REVOKED]

[Source: Added at 25 Ok Reg 1390, eff 7-1-08 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-18. Hygiene and sanitation, assessors and assessment agencies [REVOKED]

[Source: Added at 25 Ok Reg 1390, eff 7-1-08 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-19. State and federal statutes and regulations [REVOKED]

[Source: Added at 25 Ok Reg 1390, eff 7-1-08 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-20. Inactive status and closure [REVOKED]

[Source: Added at 25 Ok Reg 1390, eff 7-1-08 ; Amended at 33 Ok Reg 997, eff 9-1-16 ; Amended at 36 Ok Reg 1150, eff 11-1-19 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-21. Participant rights and grievance policy [REVOKED]

[Source: Added at 25 Ok Reg 1390, eff 7-1-08 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

450:22-1-22. ODMHSAS advocate general [REVOKED]

[Source: Added at 25 Ok Reg 1390, eff 7-1-08 ; Revoked at 38 Ok Reg 1323, eff 9-15-21]

CHAPTER 23. STANDARDS AND CRITERIA FOR COMMUNITY-BASED STRUCTURED CRISIS CENTERS

[Authority: 43A O.S., § 3-317]

[Source: Codified 7-1-01]

SUBCHAPTER 1. GENERAL PROVISIONS

450:23-1-1. Purpose

This chapter sets forth the Standards and Criteria used in the certification of CBSCC's (43A O.S. § 3-317). The rules regarding the certification processes including, but not necessarily limited to, applications, fees, requirements for, levels of, and administrative sanctions are found at OAC 450:1, Subchapters 5 and 9. Rules outlining general certification qualifications applicable to facilities and organizations certified under this Chapter are found in OAC 450:1-9-5 through OAC 450:1-9-5.6.

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 38 Ok Reg 1336, eff 9-15-21 ; Amended at 39 Ok Reg 1995, eff 9-15-22]

450:23-1-2. Definitions

The following words or terms, when used in this Chapter, shall have the defined meaning, unless the context clearly indicates otherwise:

"Abuse" means the causing or permitting of harm or threatened harm to the health, safety, or welfare of a resident by a staff responsible for the resident's health, safety, or welfare, including but not limited to: non-accidental physical injury or mental anguish; sexual abuse; sexual exploitation; use of mechanical restraints without proper authority; the intentional use of excessive or unauthorized force aimed at hurting or injuring the resident; or deprivation of food, clothing, shelter, or healthcare by a staff responsible for providing these services to a resident.

"Clinical privileging" means an organized method for treatment facilities to authorize an individual permission to provide specific care and treatment services to consumers within well-defined limits, based on the evaluation of the individual's license, education, training, experience, competence, judgment, and other credentials.

"Community-based Structured Crisis Center" or "CBSCC" means a program of non-hospital emergency services for mental health and substance use disorder crisis stabilization as authorized by O.S. 43A 3-317, including, but not limited to, observation, evaluation, emergency treatment and referral, when necessary, for inpatient psychiatric or substance use disorder treatment services. This service is limited to CMHC's and Comprehensive Community Addiction Recovery Centers (CCARCs) who are certified by the Department of Mental Health and Substance Abuse Services or facilities operated by the Department of Mental Health and Substance Abuse Services.

"Consumer" means an individual, who has applied for, is receiving or has received evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons.

"Co-occurring disorder" means any combination of mental health and substance use disorder symptoms or diagnoses in a client.

"Co-occurring disorder capability" means the organized capacity within any type of program to routinely screen, identify, assess, and provide properly matched interventions to individuals with co-occurring disorders.

"Crisis intervention" means an immediately available service to meet the psychological, physiological and environmental needs of individuals who are experiencing a mental health and/or substance abuse crisis.

"Crisis stabilization" means emergency psychiatric and substance abuse services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment and referral.

"Critical incident" means an occurrence or set of events inconsistent with the routine operation of the facility, or the routine care of a consumer. Critical incidents specifically include but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths and injuries to consumers, staff and visitors; medication errors; consumers that are absent without leave (AWOL); neglect or abuse of a consumer; fire; unauthorized disclosure of information; damage to or theft of property belonging to a consumers or the facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

"Emergency detention" as defined by 43A § 5-206 means the detention of a person who appears to be a person requirement treatment in a facility approved by the Commissioner of Mental Health and Substance Abuse Services as appropriate for such detention after the completion of an emergency examination, either in person or via telemedicine, and a determination that emergency detention is warranted for a period not to exceed one hundred twenty (120) hours or five (5) days, excluding weekends and holidays, except upon a court order authorizing detention beyond a one hundred twenty (120) hour period or pending the hearing on a petition requesting involuntary commitment or treatments provided by 43A of the Oklahoma Statutes.

"Emergency examination" For adults: means the examination of a person who appears to be a mentally ill person, an alcohol-dependent person, or drug-dependent person and a person requiring treatment, and whose condition is such that it appears that emergency detention may be warranted, by a licensed mental health professional to determine if emergency detention of the person is warranted. The examination must occur within twelve (12) hours of being taken into protective custody.

"Facility-based crisis stabilization" means emergency psychiatric and substance abuse services for the resolution of crisis situations that takes place in a crisis unit where the individual is admitted for treatment.

"Homeless" means a state in which a person a) lacks a fixed, regular and adequate night time residence AND b) has a primary nighttime residence that is a supervised publicly or privately operated shelter designated to provide temporary living accommodations including welfare hotels, congregate shelters, half way houses, and transitional housing for the mentally ill; or an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, not limited to people living on the streets. Individuals are considered homeless if they have lost their permanent residence, and are temporarily living in a shelter to avoid being on the street.

"Initial Assessment" means examination of current and recent behaviors and symptoms of a person or minor who appears to be mentally ill or substance dependent.

"Intervention plan" means a description of services to be provided in response to the presenting crisis situation that incorporates the identified problem(s), strengths, abilities, needs and preferences of the individual served.

"Licensed mental health professional" or **"LMHP"** means a practitioner who meets qualifications as defined in Title 43A § 1-103(11).

"Linkage services" means the communication and coordination with other service providers that assure timely appropriate referrals between the CBSCC and other providers.

"Minor" means any person under eighteen (18) years of age.

"Oklahoma Administrative Code" or **"OAC"** means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code, or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A)(1)(a) and maintained in the Office of Administrative Rules.

"ODMHSAS" means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Performance Improvement" or **"PI"** means an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of consumers and others. Synonyms, and near synonyms include continuous performance improvement, continuous improvement, organization-wide performance improvement and total quality management.

"Persons with special needs" means any persons with a condition which is considered a disability or impairment under the "American with Disabilities Act of 1990" including, but not limited to the deaf/hearing impaired, visually impaired, physically disabled, developmentally disabled, persons with disabling illness, persons with mental illness and/or substance abuse disorders. See "Americans with Disabilities Handbook," published by U.S. Equal Employment Opportunity Commission and U.S. Department of Justice.

"PICIS" means a comprehensive management information system based on national standards for mental health and substance abuse databases. It is a repository of diverse data elements that provide information about organizational concepts, staffing patterns, consumer profiles, program or treatment focus, and many other topics of interest to

clinicians, administrators and consumers. It includes unique identifiers for agencies, staff and consumers that provide the ability to monitor the course of consumer services throughout the statewide DMHSAS network. PICIS collects data from hospitals, community mental health centers, substance abuse agencies, domestic violence service providers, residential care facilities, prevention programs, and centers for the homeless which are operated or funded in part by DMHSAS.

"Progress notes" mean a chronological description of services provided to a consumer, the consumer's progress, or lack of, and documentation of the consumer's response related to the intervention plan.

"Psychosocial evaluations" means in-person interviews conducted by professionally trained personnel designed to elicit historical and current information regarding the behavior and experiences of an individual, and are designed to provide sufficient information for problem formulation and intervention.

"Restraint" means manual, mechanical, and chemical methods that are intended to restrict the movement or normal functioning of a portion of the individual's body. For minors: mechanical restraints shall not be used.

"Triage" means a dynamic process of evaluating and prioritizing the urgency of crisis intervention needed based on the nature and severity of consumers' presenting situations.

"Trauma Informed" means the recognition and responsiveness to the presence of the effects of past and current traumatic experiences in the lives of all consumers.

"Urgent recovery clinic" means a program of non-hospital emergency services provided in a clinic setting for mental health and substance use crisis response including, but not limited to, observation, evaluation, emergency treatment, and referral, when necessary, to a higher level of care.

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03 ; Amended at 21 Ok Reg 1082, eff 7-1-04 ; Amended at 23 Ok Reg 1436, eff 7-1-06 ; Amended at 25 Ok Reg 1404, eff 7-1-08 ; Amended at 31 Ok Reg 2034, eff 10-1-14 ; Amended at 32 Ok Reg 2110, eff 9-15-15 ; Amended at 38 Ok Reg 1336, eff 9-15-21 ; Amended at 40 Ok Reg 1072, eff 9-15-23]

450:23-1-3. Meaning of verbs in rules

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

- (1) "Shall" is the term used to indicate a mandatory statement, the only acceptable method under the present standards.
- (2) "Should" is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.
- (3) "May" is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01]

450:23-1-4. Applicability

The standards and criteria for services as subsequently set forth in this chapter are applicable to CBSCCs as stated in each subchapter.

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01]

SUBCHAPTER 3. CBSCC SERVICES

PART 1. FACILITY-BASED CRISIS STABILIZATION

450:23-3-1. Required services

Each CBSCC shall provide facility based co-occurring disorder capable crisis intervention and stabilization services.

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 23 Ok Reg 1436, eff 7-1-06 ; Amended at 31 Ok Reg 2034, eff 10-1-14]

450:23-3-2. Facility based crisis stabilization

(a) The CBSCC shall provide crisis stabilization to individuals who are in crisis as a result of a mental health and/or substance use disorder related problem. Each crisis stabilization program must be specifically accessible to individuals who present with co-occurring disorders. The CBSCC must have the capability of providing services to individuals who are in emergency detention status. The CBSCC may provide services in excess of 24 hours during one episode of care.

(b) Crisis stabilization services shall be provided in the least restrictive setting possible. Services should be provided within, or as close to the community in which they reside as possible.

(c) A physician shall be available at all times for the crisis unit, either on-duty or on call. If the physician is on call, he or she shall respond by telephone or in person to the licensed staff on duty at the crisis unit within 20 minutes.

(d) Crisis stabilization services shall include, but not be limited to, the following service components and each shall have written policy and procedures and each shall be co-occurring disorder capable and trauma informed, with policies and procedures that support this capability:

(1) Triage services;

(2) Co-occurring capable Psychiatric crisis stabilization; and

(3) Co-occurring capable Drug/alcohol crisis stabilization.

(e) The CBSCC shall have written policy and procedures addressing mechanical restraints for adults only, and these shall be in compliance with 450:23-9-4.

(f) Compliance with 450:23-3-2 shall be determined by on-site observation, and a review of the following: clinical records; ICIS information; and the CBSCC policy and procedures.

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03 ; Amended at 23 Ok Reg 1436, eff 7-1-06 ; Amended at 25 Ok Reg 1404, eff 7-1-08 ; Amended at 31 Ok Reg 2034, eff 10-1-14 ; Amended at 32 Ok Reg 2110, eff 9-15-15]

450:23-3-3. Crisis stabilization, triage

(a) Crisis stabilization services shall include twenty-four (24) hour triage services and emergency examination.

(b) Qualified staff providing triage services shall be:

- (1) Clinically privileged pursuant to the CBSCC's privileging requirements for crisis stabilization services; and
- (2) Knowledgeable about applicable laws, ODMHSAS rules, facility policy and procedures, and referral sources.

(c) Components of this service shall minimally include the capacity to provide:

- (1) Immediate response, on-site and by telephone;
- (2) Screening for the presence of co-occurring disorders;
- (3) integrated Emergency mental health and/or substance use disorder examination on site or via telemedicine; and
- (4) Referral, linkage, or a combination of the two services.

(d) The CBSCC shall have written policy and procedures minimally:

- (1) Providing twenty-four (24) hour, seven (7) days per week, triage crisis services; and
- (2) Defining methods and required content for documentation of each triage service provided.
- (3) Ensuring that individuals who present in crisis with co-occurring disorders are identified, and that there are no barriers to access triage crisis services based on arbitrary alcohol or drug levels, types of diagnosis or medications while remaining in compliance with facility certification, licensure, and medical standards. Nothing in this Section shall require a facility to treat a consumer is not medically stable pursuant to Title 43A.

(e) Compliance with 450:23-3-3 shall be determined by a review of the following: clinical privileging records; personnel files and job descriptions; policy and procedures, program description; on-site observation; and clinical documentation of services provided.

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03 ; Amended at 23 Ok Reg 1436, eff 7-1-06 ; Amended at 25 Ok Reg 1404, eff 7-1-08 ; Amended at 31 Ok Reg 2034, eff 10-1-14 ; Amended at 32 Ok Reg 2110, eff 9-15-15]

450:23-3-4. Crisis stabilization services, psychiatric services

[REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 23 Ok Reg 1436, eff 7-1-06 ; Revoked at 25 Ok Reg 1404, eff 7-1-08]

450:23-3-5. Crisis stabilization, psychiatric, substance use disorder and co-occurring services

(a) Crisis stabilization services shall provide continuous twenty-four (24) hour evaluation, observation, crisis stabilization, and social services intervention seven (7) days per week for consumers experiencing mental health or substance use disorder related crises; or those who present with co-occurring disorders.

(b) Licensed nurses and other support staff shall be adequate in number to provide care needed by consumers twenty-four (24) hours a day seven (7) days per week.

(c) Crisis stabilization services shall be provided by a co-occurring disorder capable multidisciplinary team of medical, nursing, social services, clinical, administrative, and other staff adequate to meet the clinical needs of the individuals served.

(d) Every staff member providing services within a medical supervised detoxification component shall be knowledgeable about the physical signs of withdrawal, the taking of vital signs and the implication of those vital signs, and emergency procedures as well as demonstrating core competencies in addressing the needs of individuals receiving detoxification services who may have co-occurring mental health disorders and be on psychotropic medication.

(e) Services shall minimally include:

(1) Medically-supervised substance use disorder and mental health screening, observation and evaluation;

(2) Initiation and medical supervision of rapid stabilization regimen as prescribed by a physician, including medically monitored detoxification where indicated;

(3) Medically-supervised and co-occurring disorder capable detoxification, in compliance with procedures outlined in OAC Title 450, Subchapter 18;

(4) Intensive care and intervention during acute periods of crisis stabilization;

(5) Motivational strategies to facilitate further treatment participation for mental health and/or substance abuse needs; and,

(6) Providing referral, linkage or placement, as indicated by consumer needs.

(f) Crisis stabilization services, whether psychiatric, substance use disorder, or co-occurring, shall be utilized only after less restrictive community resources have been determined to be inadequate to meet the current needs of the consumer.

(g) Compliance with 450:23-3-5 shall be determined by a review of the following: personnel files and clinical privileges records; clinical records; ICIS information; policy and procedures; critical incident reports; staffing; census; and by on-site observation.

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03 ; Amended at 23 Ok Reg 1436, eff 7-1-06 ; Amended at 25 Ok Reg 1404, eff 7-1-08 ; Amended at 31 Ok Reg 2034, eff 10-1-14 ; Amended at 32 Ok Reg 2110, eff 9-15-15 ; Amended at 39 Ok Reg 1995, eff 9-15-22]

450:23-3-6. Mechanical restraints for adult consumers only [AMENDED AND RENUMBERED TO 450:23-9-4]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03 ; Amended at 25 Ok Reg 1404, eff 7-1-08 ; Amended and renumbered to 450:23-9-4 at 31 Ok Reg 2034, eff 10-1-14]

450:23-3-6.1. Mechanical restraints will not be used for minors in treatment [AMENDED AND RENUMBERED TO 450:23-9-5]

[Source: Added at 25 Ok Reg 1404, eff 7-1-08 ; Amended and renumbered to 450:23-9-5 at 31 Ok Reg 2034, eff 10-1-14]

450:23-3-7. Linkage Services to higher or lower levels of care, or longer term placement

(a) Persons needing mental health services shall be treated with the least restrictive clinically appropriate methods.

(b) In cases where consumers are not able to stabilize in or are not appropriate for the CBSCC unit, linkage services shall be provided, including the following steps:

(1) Qualified CBSCC staff shall perform the crisis intervention and referral process to the appropriate treatment facility.

(2) The referral process shall require referral to the least restrictive service to meet the needs of the consumer. The referral shall be discussed with the consumer, the consumer's legal guardian, or both the consumer and legal guardian as applicable, and shall include a discussion of why a less restrictive community resource was not utilized if applicable. This discussion shall be documented in the consumer's record. If an adult consumer wishes to include family members in the decision making process, appropriate releases should be obtained.

(3) Staff shall make referral to an appropriate treatment facility to include demographic and clinical information and documentation. Appropriate releases should be obtained as indicated.

(c) If the CBSCC is referring an adult to a state-operated inpatient facility, the consumer must meet the criteria in OAC 450:30-9-3 and the CBSCC must comply with OAC 450:30-9-4.

(d) Compliance with 450:23-3-7 shall be determined by a review of the following: clinical records; psychiatric hospital information and admission records as applicable; consumer data required for submission to ODMHSAS; and PI monitoring information as available from both the CBSCC and the psychiatric inpatient hospital.

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03 ; Amended at 25 Ok Reg 1404, eff 7-1-08 ; Amended at 32 Ok Reg 2110, eff 9-15-15]

450:23-3-8. Services to homeless individuals

(a) The CBSCC shall provide linkage services to individuals and families who meet the ODMHSAS definition of homeless.

(b) The CBSCC shall provide the following services to such homeless individuals:

(1) Linkage and contacts for housing placement,

(2) If housing placement can not be obtained, then linkage and contacts with local emergency services including shelters and homeless project coordinators at designated community mental health centers.

- (3) Referrals to income benefit programs, local housing authorities, community food banks, among other services;
- (4) For Unaccompanied minors, ensure appropriate guardianship prior to discharge.
- (c) The CBSCC shall have policy and procedures for guidelines to these services.
- (d) Compliance with 450:23-3-8 shall be determined by on-site observation and review of the following: documentation of linkage activities and agreements; clinical records; ICIS reporting data; and, CBSCC policy and procedures.

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03 ; Amended at 25 Ok Reg 1404, eff 7-1-08]

450:23-3-9. Pharmacy services

- (a) The CBSCC shall provide specific arrangements for pharmacy services to meet consumers' needs. Provision of services may be made through agreement with another program, through a pharmacy in the community, or through the CBSCC's own Oklahoma licensed pharmacy.
- (b) Compliance with 450:23-3-9 shall be determined by a review of the following: clinical records; written agreements for pharmacy services; and State of Oklahoma pharmacy license.
- (c) Failure to comply with 450:23-3-9 will result in immediate denial, suspension and/or revocation of certification.

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 31 Ok Reg 2034, eff 10-1-14]

PART 2. URGENT RECOVERY CLINIC SERVICES

450:23-3-20. Applicability

The services in this Part are optional services. However, if the services in this Part are provided, either on the initiative of the facility, or as an ODMHSAS contractual requirement of the facility, all rules and requirements of this Part shall apply to the facility's certification. Urgent Recovery Clinics can operate in conjunction with a facility-based crisis stabilization unit or as a stand-alone facility.

[Source: Added at 31 Ok Reg 2034, eff 10-1-14 ; Amended at 32 Ok Reg 2110, eff 9-15-15]

450:23-3-21. Urgent Recovery Clinic services

- (a) Urgent Recovery Clinics (URC) offer services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress. Each facility must be specifically accessible to individuals who present with co-occurring disorders.
- (b) URC services shall include, but not be limited to, the following service components and each shall have written policy and procedures and each shall be co-occurring disorder capable and trauma informed, with

policies and procedures that support this capability:

- (1) Triage crisis response;
- (2) Crisis intervention;
- (3) Crisis assessment;
- (4) Crisis intervention plan development; and
- (5) Linkage and referral to other services as applicable.

[Source: Added at 31 Ok Reg 2034, eff 10-1-14 ; Amended at 32 Ok Reg 2110, eff 9-15-15 ; Amended at 38 Ok Reg 1336, eff 9-15-21]

450:23-3-22. Urgent Recovery crisis response

(a) URC services shall include twenty-four (24) hour crisis response services and emergency examination.

(b) Qualified staff providing crisis response services shall be:

- (1) Clinically privileged pursuant to the facility's privileging requirements for crisis stabilization services; and
- (2) Knowledgeable about applicable laws, ODMHSAS rules, facility policy and procedures, and referral sources.

(c) Components of this service shall minimally include the capacity to provide:

- (1) Immediate response, face to face, by telephone and by the provision of mobile services;
- (2) Screening for the presence of co-occurring disorders;
- (3) Emergency mental health and/or substance use disorder examination on site or via telemedicine;
- (4) Referral, linkage, or a combination of the two services.

(d) The URC shall have written policy and procedures minimally:

- (1) providing twenty-four (24) hour, seven (7) days per week, crisis response services;
- (2) Defining methods and required content for documentation of each crisis response service provided; and
- (3) Ensuring that individuals who present in crisis with co-occurring disorders are identified, and that there are no barriers to access crisisintervention services based on arbitrary alcohol or drug levels, types of diagnosis or medications.

(e) Compliance with this Section shall be determined by a review of the following: Clinical privileging records, personnel files and job descriptions; policy and procedures, program description; on-site observation; and clinical documentation of services provided.

[Source: Added at 31 Ok Reg 2034, eff 10-1-14 ; Amended at 32 Ok Reg 2110, eff 9-15-15]

450:23-3-23. URC Crisis intervention services

(a) URCs shall provide evaluation, crisis stabilization, and social services intervention and must be available seven (7) days per week for consumers experiencing substance abuse related crisis; consumers in need of assistance for emotional or mental distress; or those with co-occurring disorders.

(b) Licensed behavioral health professionals and other support staff shall be adequate in number to provide care needed by consumers twenty-four (24) hours a day seven (7) days per week.

(c) A minimum of one (1) Licensed Practical Nurse or Registered Nurse shall be at the URC in-person twenty-four (24) hours a day seven (7) days per week.

(d) The URC shall provide or otherwise ensure the capacity for a practitioner with prescriptive authority at all times for consumers in need of emergency medication services.

(e) Crisis intervention services shall be provided by a co-occurring disorder capable team of social services, clinical, administrative, and other staff adequate to meet the clinical needs of the individuals served and make appropriate clinical decisions to:

- (1) Determine an appropriate course of action;
- (2) Stabilize the situation as quickly as possible; and
- (3) Guide access to inpatient services or less restrictive alternatives, as necessary.

(f) Compliance with this Section shall be determined by a review of the following: personnel files and clinical privileges records; clinical records; PICIS information; policy and procedures; critical incident reports; staffing; census; and by on-site observation.

[Source: Added at 31 Ok Reg 2034, eff 10-1-14 ; Amended at 32 Ok Reg 2110, eff 9-15-15 ; Amended at 38 Ok Reg 1336, eff 9-15-21 ; Amended at 40 Ok Reg 1072, eff 9-15-23]

450:23-3-24. Linkage Services to higher or lower levels of care, or longer term placement and services to homeless individuals.

(a) URCs services shall provide Linkage as set forth in 450:23-3-7.

(b) URCs shall provide services to homeless individuals as set forth in 450:23-3-8.

[Source: Added at 31 Ok Reg 2034, eff 10-1-14]

450:23-3-25. Pharmacy services

(a) The URC shall provide specific arrangements for pharmacy services to meet consumers' needs. Provision of services may be made through an agreement with another program, through a pharmacy in the community, or through the CBSCC's own Oklahoma licensed pharmacy.

(b) Compliance with 450:23-3-25 shall be determined by a review of the following: clinical records; written agreements for pharmacy services; and/or State of Oklahoma pharmacy license.

(c) Failure to comply with 450:23-3-25 will result in immediate denial, suspension and/or revocation of certification.

[Source: Added at 40 Ok Reg 1072, eff 9-15-23]

SUBCHAPTER 5. CBSCC CLINICAL RECORDS

450:23-5-1. Clinical record keeping system [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Revoked at 40 Ok Reg 1072, eff 9-15-23]

450:23-5-2. Basic requirements [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03 ; Amended at 39 Ok Reg 1995, eff 9-15-22 ; Revoked at 40 Ok Reg 1072, eff 9-15-23]

450:23-5-3. Record access for clinical staff [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03 ; Revoked at 39 Ok Reg 1995, eff 9-15-22]

450:23-5-4. Intake and assessment

(a) The CBSCC shall assess each individual to determine appropriateness of admission. For minors admitted on a voluntary or involuntary basis, an LMHP must complete an initial assessment prior to admission.

(b) Consumer intake information shall contain, but not be limited to the following identification data:

- (1) Consumer name;
- (2) Name and identifying information of the legal guardian(s)
- (3) Home address;
- (4) Telephone number;
- (5) Referral source;
- (6) Reason for referral;
- (7) Significant other to be notified in case of emergency;
- (8) Presenting problem and disposition;
- (9) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities shall be obtained during intake and kept in a highly visible location in or on the record; and
- (10) Screening for co-occurring disorders, trauma, and homelessness, medical and legal issues.

(c) Consumer assessment information for consumers admitted to facility-based crisis stabilization shall be completed within 72 hours of admission.

(1) Integrated mental health and substance abuse psychosocial evaluation that minimally addresses:

- (A) The consumer's strengths and abilities to be considered during community re-entry;
- (B) Economic, vocational, educational, social, family and spiritual issues as indicated; and
- (C) An initial discharge plan.

(2) Interpretive summary of relevant assessment findings that results in the development of an intervention plan addressing mental health, substance use disorder, and other related issues contributing to the crisis;

(3) An integrated intervention plan that minimally addresses the consumer's:

- (A) Presenting crisis situation that incorporates the identified problem(s);
- (B) Strengths and abilities;

- (C) Needs and preferences; and
- (D) Goals and objectives.
- (d) Assessment information for consumers admitted to a URC shall be completed within twelve (12) to twenty-four (24) hours of arrival.
- (e) Compliance with 450:23-5-4 shall be determined by a review of the following: intake assessment instruments and other intake documents of the CBSCC; clinical records; and, other agency documentation of intake materials or requirements.

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03 ; Amended at 23 Ok Reg 1436, eff 7-1-06 ; Amended at 25 Ok Reg 1404, eff 7-1-08 ; Amended at 31 Ok Reg 2034, eff 10-1-14 ; Amended at 39 Ok Reg 1995, eff 9-15-22]

450:23-5-5. Health, mental health, substance abuse, and drug history

- (a) A health and drug history shall be completed for each consumer at the time of admission in facility-based crisis stabilization and as soon as practical in the URC. The medical history shall include obtainable information regarding:
 - (1) Name of medication;
 - (2) Strength and dosage of current medication;
 - (3) Length of time patient was on the medication if known;
 - (4) Benefit(s) of medication;
 - (5) Side effects;
 - (6) The prescribing medical professional if known; and
 - (7) Relevant drug history of family members.
- (b) A mental health history, including symptoms and safety screening, shall be completed for each consumer at the time of admission in facility-based crisis stabilization and as soon as practical in the URC.
- (c) A substance abuse history, including use, abuse, and dependence for common substances (including nicotine) and screening for withdrawal risk and IV use shall be completed for each consumer at the time of admission
- (d) Compliance with 450:23-5-5 shall be determined by a review of clinical records.

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 23 Ok Reg 1436, eff 7-1-06 ; Amended at 25 Ok Reg 1404, eff 7-1-08 ; Amended at 31 Ok Reg 2034, eff 10-1-14 ; Amended at 39 Ok Reg 1995, eff 9-15-22]

450:23-5-6. Progress notes

- (a) Progress notes shall chronologically describe the services provided by date and, for timed treatment sessions, time of service, and the consumer's progress in treatment for consumers admitted to facility-based crisis stabilization.
- (b) Progress notes must include the consumer's name, be signed by the service provider, and include the service provider's credentials.
- (c) Progress notes shall be documented according to the following time frames:
 - (1) Intervention team shall document progress notes daily; and

- (2) Nursing service shall document progress notes on each shift.
- (d) Compliance with 450:23-5-6 shall be determined by a review of clinical records.

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 31 Ok Reg 2034, eff 10-1-14 ; Amended at 39 Ok Reg 1995, eff 9-15-22]

450:23-5-7. Medication record

- (a) The CBSCC shall maintain a medication record on all consumers who receive medications or prescriptions in order to provide a concise and accurate record of the medications the consumer is receiving or has been prescribed for the consumer.
- (b) The consumer record shall contain a medication record with information on all medications ordered or prescribed by physician staff which shall include, but not be limited to:
- (1) The record of medication administered, dispensed or prescribed shall include all of the following:
 - (A) Name of medication,
 - (B) Dosage,
 - (C) Frequency of administration or prescribed change,
 - (D) Route of administration, and
 - (E) Staff member who administered or dispensed each dose, or prescribing physician; and
 - (2) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities shall be updated when required by virtue of new information, and kept in a highly visible location in or on the record.
- (c) Compliance with 450:23-5-7 shall be determined by a review of medication records in clinical records; and a review of clinical records.

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03]

450:23-5-7.1. Aftercare and discharge planning [REVOKED]

[Source: Added at 20 Ok Reg 1324, eff 7-1-03 ; Amended at 23 Ok Reg 1436, eff 7-1-06 ; Revoked at 40 Ok Reg 1072, eff 9-15-23]

450:23-5-8. Aftercare and discharge planning, facility-based crisis stabilization

- (a) CBSCCs offering facility-based crisis stabilization services shall initiate aftercare and discharge planning for the consumer at the earliest possible point in the crisis stabilization service delivery process. Discharge planning must be matched to the consumer's needs and address the presenting problem and any identified co-occurring disorders or issues.
- (b) An aftercare plan shall be entered into each consumer's record upon discharge from the CBSCC. A copy of the plan shall be given to the consumer, the consumer's legal guardian, or both the consumer and legal guardian as applicable, as well as to any facility designated to provide

follow-up with a valid written authorization by the consumer, the consumer's legal guardian, or both the consumer and legal guardian as applicable.

(c) An aftercare plan shall include a summary of progress made toward meeting the goals and objectives of the intervention plan, as well as an overview of psychosocial considerations at discharge, and recommendations for continued follow-up after release from the CBSCC.

(d) The aftercare plan shall minimally include:

- (1) Presenting problem at intake;
- (2) Any co-occurring disorders or issues, and recommended interventions for each;
- (3) Physical status and ongoing physical problems;
- (4) Medications prescribed at discharge;
- (5) Medication and lab summary, when applicable;
- (6) Names of family and significant other contacts;
- (7) Any other considerations pertinent to the consumer's successful functioning in the community;
- (8) The Consumer's, the consumer's legal guardian, or as indicated both the consumer's and legal guardian's comments on participation in his or her crisis resolution efforts; and
- (9) The signature of the staff member completing the aftercare plan and the date of completion.

(e) Compliance with 450:23-5-8 shall be determined by a review of closed consumer records.

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03 ; Amended at 23 Ok Reg 1436, eff 7-1-06 ; Amended at 25 Ok Reg 1404, eff 7-1-08 ; Amended at 40 Ok Reg 1072, eff 9-15-23]

450:23-5-9. Other records content

(a) The consumer record shall contain copies of all consultation reports concerning the consumer.

(b) When psychometric or psychological testing is done, the consumer record shall contain a copy of a written report describing the test results and implications and recommendations for treatment.

(c) The consumer record shall contain any additional information relating to the consumer, which has been secured from sources outside the CBSCC.

(d) Compliance with 450:23-5-9 shall be determined by a review of clinical records.

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02]

SUBCHAPTER 7. CONFIDENTIALITY [REVOKED]

450:23-7-1. Confidentiality, mental health consumer information and records [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Revoked at 20 Ok Reg 675, eff 2-27-03 (emergency); Revoked at 20 Ok Reg 1324, eff 7-1-03]

450:23-7-1.1. Confidentiality of mental health and drug or alcohol abuse treatment information [REVOKED]

[Source: Added at 20 Ok Reg 675, eff 2-27-03 (emergency); Added at 20 Ok Reg 1324, eff 7-1-03 ; Amended at 25 Ok Reg 1404, eff 7-1-08 ; Revoked at 38 Ok Reg 1336, eff 9-15-21]

450:23-7-2. Confidentiality, substance abuse consumer information and records [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Revoked at 20 Ok Reg 675, eff 2-27-03 (emergency); Revoked at 20 Ok Reg 1324, eff 7-1-03]

SUBCHAPTER 9. CONSUMER RIGHTS

450:23-9-1. Consumer rights, Community-based Structured Crisis Center

Each CBSCC either operated by, certified by, or under contract with ODMHSAS providing CBSCC services shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03 ; Amended at 21 Ok Reg 1082, eff 7-1-04]

450:23-9-2. Consumers' grievance policy

Each CBSCC shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03 ; Amended at 21 Ok Reg 1082, eff 7-1-04]

450:23-9-3. ODMHSAS advocate general

The ODMHSAS Office of Consumer Advocacy, in any investigation or program monitoring regarding consumer rights shall have access to clients, CBSCC records and CBSCC staff as set forth in OAC Title 450, subchapter 15.

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03]

450:23-9-4. Mechanical restraints for adult consumers only

(a) Mechanical restraints shall not be used on a non-consenting individual unless a licensed CBSCC physician personally examines the individual and determines their use to be required for the safety and

protection of the consumer or other persons. This shall not prohibit the emergency use of restraint pending notification of the physician.

(b) The CBSCC shall have a written protocol for the use of mechanical restraints which includes, but is not limited to:

- (1) Criteria to be met prior to authorizing the use of mechanical restraints;
- (2) Signature of the licensed physician authorizing use is required;
- (3) Time limit of said authorizations;
- (4) Circumstances which automatically terminate an authorization;
- (5) Setting a time period, not to exceed every fifteen (15) minutes, an individual in mechanical restraints shall be observed and checked by a designated staff under the on-site supervision of a registered nurse;
- (6) Requiring in every use of mechanical restraints documentation the specific reason for such use, the actual start and stop times of use, authorizing licensed CBSCC physician signature, and record of times the consumer was observed and checked and by whom;
- (7) A chronological log including the name of every consumer placed in mechanical restraints, and the occurrence date. In accordance with 43 A.O.S. § 4-106, the CBSCC director, or designee shall be responsible for insuring compliance with record keeping mandates;
- (8) A process of peer review to evaluate use of mechanical restraints; and
- (9) The items listed in (1) through (6) of this rule shall be made a part of the consumer record.

(c) Compliance with 450:23-3-6 shall be determined by on-site observation and a review of the following: CBSCC policy and procedures; the mechanical restraint log; seclusion and restraint logs; clinical record; critical incident reports; and any other supporting CBSCC documentation.

(d) Failure to comply with 450:23-3-6 will result in the initiation of procedures to deny, suspend and/or revoke certification.

[Source: Added at 31 Ok Reg 2034, eff 10-1-14]

450:23-9-5. Mechanical restraints will not be used for minors in treatment

(a) Mechanical restraints will not be used on minors

(b) Seclusion and restraint policy and procedures for minors should at the minimum meet federal, state, and accrediting guidelines and standards

(c) Failure to comply with 450:23-3-6.1 will result in the initiation of procedures to deny, suspend and/or revoke certification.

[Source: Added at 31 Ok Reg 2034, eff 10-1-14]

SUBCHAPTER 11. ORGANIZATIONAL MANAGEMENT [REVOKED]

450:23-11-1. Organizational description [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03 ; Amended at 23 Ok Reg 1436, eff 7-1-06 ; Amended at 31 Ok Reg 2034, eff 10-1-14 ; Revoked at 38 Ok Reg 1336, eff 9-15-21]

450:23-11-2. Information Analysis and Planning [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03 ; Revoked at 38 Ok Reg 1336, eff 9-15-21]

SUBCHAPTER 13. PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT [REVOKED]

450:23-13-1. Performance improvement program [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03 ; Revoked at 38 Ok Reg 1336, eff 9-15-21]

450:23-13-2. Written plan [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Revoked at 19 Ok Reg 1443, eff 7-1-02]

450:23-13-3. Performance improvement activities [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Revoked at 19 Ok Reg 1443, eff 7-1-02]

450:23-13-4. Monitoring and evaluation process [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Revoked at 19 Ok Reg 1443, eff 7-1-02]

450:23-13-5. Incident reporting [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03 ; Amended at 22 Ok Reg 972, eff 7-1-05 ; Revoked at 38 Ok Reg 1336, eff 9-15-21]

SUBCHAPTER 15. UTILIZATION REVIEW [REVOKED]

450:23-15-1. Utilization review [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Revoked at 19 Ok Reg 1443, eff 7-1-02]

450:23-15-2. Written plan [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Revoked at 19 Ok Reg 1443, eff 7-1-02]

450:23-15-3. Methods for identifying problems [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Revoked at 19 Ok Reg 1443, eff 7-1-02]

SUBCHAPTER 17. PERSONNEL [REVOKED]

450:23-17-1. Personnel policies and procedures [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Revoked at 38 Ok Reg 1336, eff 9-15-21]

450:23-17-2. Job descriptions [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 23 Ok Reg 1436, eff 7-1-06 ; Revoked at 38 Ok Reg 1336, eff 9-15-21]

SUBCHAPTER 19. STAFF DEVELOPMENT AND TRAINING [REVOKED]

450:23-19-1. Staff qualifications [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 31 Ok Reg 2034, eff 10-1-14 ; Revoked at 38 Ok Reg 1336, eff 9-15-21]

450:23-19-2. Staff development [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03 ; Amended at 23 Ok Reg 1436, eff 7-1-06 ; Amended at 31 Ok Reg 2034, eff 10-1-14 ; Revoked at 38 Ok Reg 1336, eff 9-15-21]

450:23-19-3. In-service [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03 ; Amended at 23 Ok Reg 1436, eff 7-1-06 ; Amended at 25 Ok Reg 1404, eff 7-1-08 ; Amended at 31 Ok Reg 2034, eff 10-1-14 ; Revoked at 38 Ok Reg 1336, eff 9-15-21]

SUBCHAPTER 21. FACILITY ENVIRONMENT

450:23-21-1. Facility environment

In addition to the requirements set forth in OAC 450:9-1-5.5(a), the CBSCC shall:

- (1) Have a written Infection Control Program and staff shall be knowledgeable of Center for Disease Control (CDC) Guidelines for Tuberculosis and of the Blood Borne Pathogens Standard, location of spill kits, masks, and other personal protective equipment; and
- (2) Have a written Hazardous Communication Program and staff shall be knowledgeable of chemicals in the workplace, location of Material Safety Data Sheets, personal protective equipment; and toxic or flammable substances shall be stored in approved locked storage cabinets.

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 21 Ok Reg 1082, eff 7-1-04 ; Amended at 22 Ok Reg 972, eff 7-1-05 ; Amended at 38 Ok Reg 1336, eff 9-15-21 ; Amended at 39 Ok Reg 1995, eff 9-15-22]

450:23-21-2. Medication clinic, medication monitoring

(a) Medication administration; storage and control; and consumer reactions shall be continuously monitored.

(b) CBSCCs shall assure proper storage and control of medications, immediate response if incorrect or overdoses occur, and have appropriate emergency supplies available if needed.

(1) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.

(2) All medications shall be kept in locked, non-consumer accessible areas. Factors which shall be considered in medication storage are light, moisture, sanitation, temperature, ventilation, and the segregation and safe storage of poisons, external medications, and internal medications.

(3) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, or administered, or stored.

(4) A CBSCC physician shall supervise the preparation and stock of an emergency kit which shall be readily available, but accessible only to CBSCC staff.

(c) Compliance with 450:23-21-2 shall be determined by on-site observation, and a review of the following: written policy and procedures; clinical records; and PI records.

[Source: Added at 19 Ok Reg 1443, eff 7-1-02 ; Amended at 20 Ok Reg 1324, eff 7-1-03]

450:23-21-3. Medication, error rates

(a) The facility shall have an ongoing performance improvement program that specifically, objectively, and systematically monitors medications administration or dispensing or medication orders and prescriptions to

evaluate and improve the quality of consumer care.

(b) Compliance with 450:23-21-3 shall be determined by a review of the facility policies, PI logs, data and reports.

[Source: Added at 21 Ok Reg 1082, eff 7-1-04]

450:23-21-4. Technology [REVOKED]

[Source: Added at 31 Ok Reg 2034, eff 10-1-14 ; Revoked at 38 Ok Reg 1336, eff 9-15-21]

SUBCHAPTER 23. GOVERNING AUTHORITY [REVOKED]

450:23-23-1. Documents of authority [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Revoked at 38 Ok Reg 1336, eff 9-15-21]

SUBCHAPTER 25. SPECIAL POPULATIONS [REVOKED]

450:23-25-1. Americans with Disabilities Act of 1990 [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Revoked at 38 Ok Reg 1336, eff 9-15-21]

450:23-25-2. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS) [REVOKED]

[Source: Added at 18 Ok Reg 531, eff 10-13-00 (emergency); Added at 18 Ok Reg 2690, eff 7-1-01 ; Amended at 19 Ok Reg 1443, eff 7-1-02 ; Revoked at 38 Ok Reg 1336, eff 9-15-21]

CHAPTER 24. STANDARDS AND CRITERIA FOR COMPREHENSIVE COMMUNITY ADDICTION RECOVERY CENTERS

[**Authority:** 43A O.S., §§ 2-101 and 3-415]

[**Source:** Codified 10-1-11]

SUBCHAPTER 1. GENERAL PROVISIONS

450:24-1-1. Purpose

(a) This chapter sets forth the Standards and Criteria used in the certification of Comprehensive Community Addiction Recovery Centers (CCARC) and implements 43A O.S. § 3-415. A.1., which authorizes the Board of Mental Health and Substance Abuse Services to certify private facilities and organizations which provide treatment, counseling and rehabilitation services directed toward alcohol and drug dependent persons. A CCARC is considered distinct and separate from facilities that may be certified under OAC 450:18 in that 450:24 requires the provision of all services stipulated in Subchapter 450: 24-3 et seq.

(b) The rules regarding the certification process including but not necessarily limited to application, fees and administrative sanctions are found in the Oklahoma Administrative Code, Title 450 Chapter 1, Subchapters 5 and 9.

(c) Rules outlining general certification qualifications applicable to facilities and organizations certified under this Chapter are found in OAC 450:1-9-5 through OAC 450:1-9-5.6.

[**Source:** Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 38 Ok Reg 1343, eff 9-15-21 ; Amended at 39 Ok Reg 1998, eff 9-15-22]

450:24-1-2. Definitions

The following words or terms, when used in this Chapter, shall have the following meaning unless the context clearly indicates otherwise:

"Ambulatory Withdrawal Management without extended on-site monitoring" means withdrawal management within an outpatient setting, directed by a physician and has attendant medical personnel including nurses for intoxicated consumers, and consumers withdrawing from alcohol and other drugs, presenting with no apparent medical or neurological symptoms as a result of their use of substances require ambulatory withdrawal management as determined by an examining physician. This corresponds to ASAM Service Level: Level 1-WM Ambulatory withdrawal management without extended on-site monitoring.

"ASAM" means the American Society of Addiction Medicine.

"ASAM criteria" means the most current edition of the American Society of Addiction Medicine's published criteria for admission to treatment, continued services, and discharge.

"ASAM level 1" means Outpatient Services for adolescents and adults. This level of care typically consists of less than nine (9) hours of

services per week for adults or less than six (6) hours of services per week for adolescents. Services may be delivered in a wide variety of settings.

"ASAM level 2.1" means Intensive Outpatient Services for adolescents and adults. This level of care typically consists of nine (9) or more hours of service a week for adults or six (6) or more hours of service a week for adolescents. Services are delivered as organized outpatient services during the day, before or after work or school, in the evening, and/or on weekends.

"ASAM level 3" means residential and inpatient services and encompasses ASAM levels 3.1, 3.3, 3.5 and 3.7.

"ASAM level 3.1" means Clinically Managed Low-Intensity Residential Services for adolescents and adults. This level of care typically provides at least five (5) hours of clinical services a week and provides a twenty-four (24) hour living support and structure with trained personnel. The corresponding service description for this level of care is Halfway House Services.

"ASAM level 3.3" means Clinically Managed Population-Specific High-Intensity Residential Services. This level of care is for adults only and typically offers twenty-four (24) hour care with trained personnel and is designed to accommodate individuals with cognitive or other impairments. The corresponding service description for this level of care is Residential Treatment for Adults with Co-Occurring Disorders.

"ASAM level 3.5" means Clinically Managed Medium-Intensity Residential Services for adolescents and Clinically Managed High-Intensity Residential Services for adults. This level of care provides twenty-four (24) hour care and offers a wide range of therapeutic services. The corresponding service descriptions for this level of care are Residential Treatment and Intensive Residential Treatment.

"ASAM level 3.7" means Medically Monitored High-Intensity Inpatient Services for adolescents and Medically Monitored Intensive Inpatient Withdrawal Management for adults. This level of care provides twenty-four (24) hour nursing care with physician supervision and medication availability. This level of care is appropriate for individuals withdrawing from alcohol or other drugs with subacute biomedical and emotional, behavioral, or cognitive problems severe enough to require inpatient treatment but for whom hospitalization is not necessary. The corresponding service description for this level of care is Medically Supervised Withdrawal Management.

"Case management services" means planned referral, linkage, monitoring and support, and advocacy provided in partnership with a consumer to assist that consumer with self sufficiency and community tenure and take place in the individual's home, in the community, or in the facility, in accordance with a service plan developed with and approved by the consumer and qualified staff.

"Clinical privileging" means an organized method for treatment facilities to authorize an individual permission to provide specific care and treatment services to consumers within well-defined limits, based on the evaluation of the individual's license, education, training, experience, competence, judgment, and other credentials.

"Comprehensive Community Addiction Recovery Center" or **"CCARC"** means a facility offering a comprehensive array of community-based substance use disorder treatment services, including but not limited to, outpatient services, Intensive outpatient services, ambulatory withdrawal management services, emergency care, consultation and education; and , certain services at the option of the center, including but not limited to, prescreening, rehabilitative services, aftercare, training programs, research and evaluation.

"Community-based Structured Crisis Center" or **"CBSCC"** means a program of non-hospital emergency services for mental health and substance use disorder crisis stabilization as authorized by 43A O.S. §3-317, including, but not limited to, observation, evaluation, emergency treatment and referral, when necessary, for inpatient psychiatric or substance use disorder treatment services. This service is limited to CCARC's who are certified by the Department of Mental Health and Substance Abuse Services or facilities operated by the Department of Mental Health and Substance Abuse Services.

"Consumer" means an individual, adult, adolescent, or child, who has applied for, is receiving or has received evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450 as client(s) or patient(s) or resident(s) or a combination thereof.

"Consumer advocacy" includes all activities on behalf of the consumer to assist with or facilitate resolution of problems in the acquisition of resources or services needed by the consumer

"Co-occurring disorder" (COD) means any combination of mental health symptoms and substance use disorder symptoms or diagnoses that affect a consumer and are typically determined by the current Diagnostic and Statistical Manual of Mental Disorders.

"Co-occurring disorder capability" means the organized capacity within any type of program to routinely screen, identify, assess, and provide properly matched interventions to consumers with co-occurring disorders.

"Crisis Diversion" means an unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community.

"Crisis Intervention" means actions taken, and services provided to address emergency psychological, physiological, and safety aspects of alcohol, drug-related, and mental health crises.

"Crisis stabilization" means emergency, psychiatric, and substance use disorder treatment services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment, and, if needed, referral to an ODMHSAS certified facility having nursing and medical support available.

"Cultural competency" means the ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs and values that reflect an individual's racial, ethnic, religious, sexual orientation, and/or social group.

"Emergency examination" means the examination of a person who appears to be a mentally ill person, an alcohol-dependent person, or drug-dependent person and a person requiring treatment, and whose condition is such that it appears that emergency detention may be warranted by a licensed mental health professional to determine if emergency detention of the person is warranted.

"Face-To-Face" for the purposes of the delivery of behavioral health care, means a face-to-face physical contact and in-person encounter between the health care provider and the consumer, including the initial visit. The use of telemedicine shall be considered a face-to-face encounter.

"Gambling disorder treatment services" means treatment activities for consumers by a gambling treatment professional that include, but are not limited to, the following:

- (A) Assessment and diagnostic impression, ongoing;
- (B) Treatment planning and revision, as necessary;
- (C) Individual, group and family therapy;
- (D) Case management;
- (E) Psychosocial rehabilitation; and
- (F) Discharge planning.

"Independent living skills, assistance in development of" means all activities directed at assisting individuals in the development of skills necessary to live and function within the community, e.g., cooking, budgeting, meal planning, housecleaning, problem-solving, communication and vocational skills.

"Intensive outpatient services" means an organized, non-residential outpatient treatment services with scheduled sessions that provide a range of nine (9) to fifteen (15) treatment hours per week for adults or six (6) to twelve (12) treatment hours per week for children. Intensive outpatient services may offer evening outpatient services several nights per week or be incorporated into an inpatient or residential treatment program in which the consumer participates in daytime treatment services but goes home at night. This corresponds to ASAM patient Placement Criteria Treatment Level: Level II.1 Intensive outpatient.

"Levels of care" means the different options for treatment as described in the current edition of the ASAM criteria that vary according to the services offered. Each treatment option is a level of care.

"Licensed Behavioral Health Professional" or "LBHP" means:

- (A) An Allopathic or Osteopathic Physician with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry;
- (B) An Advanced Practice Registered Nurse licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided and certified in a psychiatric mental health specialty;
- (C) A Clinical Psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists;

(D) A Physician Assistant who is licensed in good standing in Oklahoma and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions;

(E) A practitioner with a license to practice in the state in which services are provided by one of the following licensing boards:

- (i) Social Work (clinical specialty only);
- (ii) Professional Counselor;
- (iii) Marriage and Family Therapist;
- (iv) Behavioral Practitioner; or
- (v) Alcohol and Drug Counselor.

"Licensed mental health professional" or **"LMHP"** as defined in Title 43A §1-103(11).

"Licensure Candidate" means practitioners actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards:

- (A) Psychology;
- (B) Social Work (clinical specialty only);
- (C) Professional Counselor;
- (D) Marriage and Family Therapist;
- (E) Behavioral Practitioner; or
- (F) Alcohol and Drug Counselor.

"Linkage" refers to the communication and coordination with other service providers to assure timely appropriate referrals between the CCARC and other providers.

"ODMHSAS" means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Oklahoma Administrative Code" or **"OAC"** means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A) (1) (a) and maintained in the Office of Administrative Rules.

"On-premise meal service" means meals that are prepared and cooked in a commercial kitchen located on the facility premises.

"Outpatient services" means an organized, non-residential treatment service in regularly scheduled session intended for individuals not requiring a more intensive level of care or those who require continuing services following more intensive treatment regimens. This corresponds to ASAM criteria Treatment Level I, Outpatient Treatment. Services can address early intervention needs and increase in frequency and intensity up to 9 treatment hours per week.

"Peer Recovery Support Specialist" or **"PRSS"** means an individual who meets the qualifications and is certified as a PRSS pursuant to OAC 450:53.

"Performance Improvement" or **"PI"** means an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of consumers and others. Synonyms, and near synonyms include continuous quality improvement, continuous

improvement, organization-wide quality improvement and total quality management.

"Progress notes" means a chronological written description of services provided to a consumer, resident, client, or patient that documents, utilizing acceptable documentation practices, the consumer's response related to the intervention plan or services provided.

"Psychotherapy" or **"Therapy"** means a goal directed process using generally accepted clinical approaches provided face-to-face by a LBHP or Licensure Candidate with consumers in individual, group or family settings to promote positive emotional or behavioral change.

"Rehabilitation Services" means face-to-face individual or group services provided by qualified staff to develop skill necessary to perform activities of daily living and successful integration into community life.

"Screening" means the process to determine whether the person seeking assistance needs further comprehensive assessment.

"Service area" means a geographic area established by the Department of Mental Health and Substance Abuse Services for support of mental health and substance use disorder treatment services [43A O.S.§3-302(1)].

"Service plan" or **"Treatment plan"** means the document used during the process by which a LBHP or Licensure Candidate and the consumer together and jointly identify and rank problems, establish agreed-upon immediate short-term and long-term goals, and decide on the treatment process and resources to be utilized.

"Substance withdrawal" means a state of being in which a group of symptoms of variable clustering and degree of severity occur on cessation or reduction of use of a psychoactive substance that has been taken repeatedly, usually for a prolonged period and/or in high doses. The syndrome may be accompanied by signs of physiological disturbance. Onset and course of the withdrawal state are time-limited and are related to the type of substance and the dose being used immediately before abstinence.

"Supportive services" refers to assistance with the development of problem-solving and decision-making skills to maintain or achieve optimal functioning within the community and can include consumer education.

"Trauma informed capability" means the capacity for a facility and all its programs to recognize and respond accordingly to the presence of the effects of past and current traumatic experiences in the lives of its consumers.

"Urgent Recovery Clinic" means a program of non-hospital emergency services for mental health and substance use crisis response including, but not limited to, observation, evaluation, emergency treatment, and referral, when necessary to a higher level of care. This service is limited to CMHCs and Comprehensive Community Addiction Recovery Centers (CCARCs) certified by ODMHSAS or facilities operated by ODMHSAS.

"Vocational assessment services" means a process utilized to determine the individual's functional work-related abilities and vocational preferences for the purpose of the identification of the skills and environmental supports needed by the individual in order to function

more independently in an employment setting, and to determine the nature and intensity of services which may be necessary to obtain and retain employment.

"Vocational placement services" means a process of developing or creating an appropriate employment situation matched to the functional abilities and choices of the individual for the purpose of vocational placement. Services may include, but are not limited to, the identification of employment positions, conducting job analysis, matching individuals to specific jobs, and the provision of advocacy with potential employers based on the choice of the individual served.

"Vocational preparation services" means services that focus on development of general work behavior for the purpose of vocational preparation such as the utilization of individual or group work-related activities to assist individuals in understanding the meaning, value and demands of work; to modify or develop positive work attitudes, personal characteristics and work behaviors; to develop functional capacities; and to obtain optimum levels of vocational development.

"Wellness" means the condition of good physical, mental and emotional health, especially when maintained by an appropriate diet, exercise, and other lifestyle

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 32 Ok Reg 2115, eff 9-15-15 ; Amended at 33 Ok Reg 1007, eff 9-1-16 ; Amended at 34 Ok Reg 1806, eff 10-1-17 ; Amended at 35 Ok Reg 1845, eff 10-1-18 ; Amended at 38 Ok Reg 1343, eff 9-15-21]

450:24-1-3. Meaning of verbs in rules

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

- (1) "Shall" is the term used to indicate a mandatory statement, the only acceptable method under the present standards.
- (2) "Should" is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.
- (3) "May" is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11]

450:24-1-4. Services

All facilities providing services shall have a group of services herein designated as required core services in accordance with 450:24-3 et seq. CCARC's may have specific additional services some of which are designated as optional services in accordance with 450:24-5 et seq.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11]

450:24-1-5. Applicability

The standards and criteria for services as subsequently set forth in this chapter are applicable to CCARC's as stated in each subchapter.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11]

SUBCHAPTER 3. REQUIRED SERVICES

PART 1. CCARC REQUIRED CORE SERVICES

450:24-3-1. Required core services

The services in this subchapter are core services, are required of each CCARC, and are required to be provided in a co-occurring capable manner.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11]

450:24-3-2. Core community addiction recovery services

(a) All services required pursuant to the rule in OAC 450:24 shall provide in accordance with criteria established by the most current edition of the ASAM criteria as applicable to that specific service.

(b) Each CCARC shall provide the following services:

- (1) Screening and referral services;
- (2) Emergency services;
- (3) Outpatient services based on ASAM criteria;
- (4) Intensive Outpatient services based on the ASAM criteria
- (5) Case management services;
- (6) Rehabilitation services;
- (7) Medication clinic services;
- (8) Facilitation to medical withdrawal management services based on the ASAM criteria;
- (9) Facilitation to residential substance use disorder treatment based on the ASAM criteria;
- (10) Service to homeless individuals;
- (11) Peer Recovery Support Services, and
- (12) Wellness Activities and Support.
- (13) Ambulatory withdrawal management (Adults only) based on ASAM criteria.

(c) Compliance with 450:24-3-2 shall be determined by a review of the following:

- (1) On-site observation;
- (2) Staff interviews;
- (3) Written materials;
- (4) Program policies;
- (5) Program Evaluations;
- (6) Data reporting; and
- (7) Clinical records.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 34 Ok Reg 1806, eff 10-1-17]

450:24-3-3. Availability of services

(a) The core services shall be available to individuals regardless of their work or school schedule.

- (1) All services provided on an outpatient basis shall be routinely available at least forty (40) hours per week, and will include evenings or weekends.
 - (2) CCARC policy shall provide for hours in addition to 8:00 AM - 5:00 PM. This applies to the main CCARC location and full time satellite offices with two (2) or more full time employed clinical staff.
 - (3) For CCARC's not providing 24 hour on-site services, hours of operation shall be conspicuously posted.
- (b) Compliance with 450:24-3-3 shall be determined by a review of the following: schedules; posting of hours; policy and procedures; and consumer needs assessment.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11]

450:24-3-5. HIV/STD/AIDS education, testing and counseling services

- (a) Every facility shall provide or refer for Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STD), and Acquired Immunodeficiency Syndrome (AIDS) education, testing, and counseling services for drug dependent persons in accordance with 43A O.S. §3-425.1. Every facility shall:
- (1) Provide or refer for educational sessions regarding HIV/STD/AIDS to consumers and the significant other(s) of the consumer;
 - (2) Provide or refer all drug dependent persons, and their identified significant others for HIV/STD/AIDS testing and counseling;
 - (3) Provide documentation of services described in (1) and (2) above, including refusal of these services; and
 - (4) Maintain all test results in the confidential manner prescribed by applicable state or federal statutes or regulations.
- (b) Compliance with 450:24-3-5 shall be determined by a review of written policies and procedures, consumer records, and other supporting facility records and documentation.

[Source: Added at 40 Ok Reg 1076, eff 9-15-23]

PART 3. SCREENING, ASSESSMENT AND REFERRAL

450:24-3-21. Integrated screening and assessment services

- (a) CCARC policy and procedure shall require that a screening of each consumer's service needs is completed in a timely manner. An integrated screening should be welcoming, trauma-informed, and culturally appropriate, include screening of whether the consumer is a risk to self or others, including suicide risk factors, as well as maximize recognition of the prevalence of co-occurring disorders among those who present for services at a Community Comprehensive Addiction Recovery Center.

- (b) Upon determination of appropriate admission, a biopsychosocial assessment must be completed using standardized tools such as the Addiction Severity Index (ASI) for adults or the Teen Addiction Severity Index (T-ASI) for adolescents, which gathers sufficient information to assist the consumer in developing an individualized service plan. The assessment must also list the client's past and current psychiatric medications. The assessment must be completed by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate. Licensure candidate signatures must be co-signed by a fully-licensed LBHP in good standing.
- (c) The consumer and family as appropriate shall be an active participant(s) in the screening and assessment process.
- (d) The CCARC shall have policy and procedures specific to each program service which dictate timeframes by when assessments must be completed and documented. In the event the consumer is not admitted and as a result the assessment is not included in the clinical record, the policy shall specify how screening and assessment information is maintained and stored.
- (e) Compliance with 450:24-3-21 shall be determined by a review of clinical records, and policy and procedures.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 34 Ok Reg 1806, eff 10-1-17 ; Amended at 35 Ok Reg 1845, eff 10-1-18 ; Amended at 38 Ok Reg 1343, eff 9-15-21 ; Amended at 39 Ok Reg 1998, eff 9-15-22]

450:24-3-22. Screening and assessment services, access or referral to needed services

- (a) Written policy and procedures governing the screening and assessment services shall specify the following:
- (1) The information to be obtained on all applicants or referrals for admission;
 - (2) The procedures for accepting referrals from outside agencies or organizations;
 - (3) The procedure to be followed when an applicant or referral is found to be ineligible for admission;
 - (4) Methods of collection of information from family members, significant others or other social service agencies;
 - (5) Methods for obtaining a physical examination or continued medical care where indicated;
 - (6) Referral to other resources when the consumer has treatment or other service needs the facility cannot meet; and
 - (7) No barriers to entry based solely on the presence of historic, current or recent mental health symptoms.
- (b) Compliance with 450:24-3-22 shall be determined by a review of the facility's written policy and procedures.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 34 Ok Reg 1806, eff 10-1-17 ; Amended at 39 Ok Reg 1998, eff 9-15-22]

PART 5. EMERGENCY SERVICES

450:24-3-41. Emergency services

(a) CCARCs shall provide, on a twenty-four (24) hour basis, accessible co-occurring disorder capable services for substance use disorder related emergencies.

(b) This service shall include the following:

- (1) 24-hour assessment and evaluation, including crisis intervention, characterized by welcoming engagement of all individuals and families;
- (2) Availability of referral to 24-hour medical withdrawal management, residential treatment, and half-way house services;
- (3) Availability of assessment and evaluation in external settings unless immediate safety is a concern. This shall include but not be limited to schools, jails, and hospitals;
- (4) Referral services, which shall include actively working with local sheriffs and courts regarding the appropriate referral process and appropriate court orders (43A O.S. §§ 5-201 through 5-407);
- (5) CCARC's serving multiple counties shall provide or arrange for on-site assessment of persons taken into protective custody [43A O.S. § 5-206 et seq.] for substance use disorder related emergencies in each county;
- (6) The CCARC's emergency telephone response time shall be less than fifteen (15) minutes from initial contact, unless there are extenuating circumstances;
- (7) Face-to-face strength based assessment, unless there are extenuating circumstances, addressing substance use disorder and/or co-occurring issues which include a description of the client's strengths in managing substance use disorder issues and disorders during a recent period of stability prior to the crisis;
- (8) Intervention and resolution; and
- (9) No arbitrary barriers to access an evaluation based on active mental health symptoms or designated substance levels.

(c) Compliance with 450:24-3-41 shall be determined by a review of policy and procedures, and clinical records.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 34 Ok Reg 1806, eff 10-1-17]

450:24-3-42. Emergency Crisis Intervention

(a) The CCARC shall provide or otherwise ensure the capacity for performing emergency assessment of substance use disorder related crisis. This capacity must be available 24 hours per day, seven days a week.

(b) Compliance with 450:24-3-42 shall be determined by a review of the following: policy and procedures; emergency contact records; clinical records; PI documentation; and staff on-call schedules.

(c) Failure to comply with 450:24-3-42 will result in the initiation of procedures to deny, suspend and/or revoke certification.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14]

450:24-3-43. Crisis Intervention, staffing

(a) Staff providing crisis intervention shall be an LBHP or Licensure Candidate which shall include core competency in emergency evaluation of co-occurring disorders and meet the CCARC's privileging requirements for the provision of emergency services, with the availability of an LMHP as defined in 43A O.S. § 1-103 for emergency examinations when warranted.

(b) Compliance with 450:24-3-43 shall be determined by a review of clinical privileging records and personnel records.

(c) Failure to comply with 450:24-3-43 will result in the initiation of procedures to deny, suspend and/or revoke certification.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 32 Ok Reg 2115, eff 9-15-15]

PART 7. AMBULATORY WITHDRAWAL MANAGEMENT SERVICES

450:24-3-61. Ambulatory withdrawal management services without extended on-site monitoring services

Ambulatory withdrawal management shall be provided outside a medical facility in an outpatient setting, but under the direction of a licensed physician for consumers who are withdrawing or are intoxicated from alcohol or other drugs.

(1) Presenting consumers shall be assessed as currently experiencing no apparent medical or neurological symptoms as a result of their substance use that would require a higher level of care using the ASAM criteria.

(2) Treatment services: Services shall occur daily (seven [7] days a week during hours of operation). Substance use disorder ambulatory withdrawal management treatment services shall be provided which shall include, but are not limited to, taking of vital signs (temperature, pulse, respiration rate, blood pressure), documentation of fluid and food intake a minimum of one (1) time per visit or more often as indicated by the consumer's condition.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 34 Ok Reg 1806, eff 10-1-17 ; Amended at 35 Ok Reg 1845, eff 10-1-18]

450:24-3-62. Ambulatory withdrawal management services without extended on-site monitoring staffing

(a) A licensed physician providing supervision of withdrawal management shall be on site or on call during hours of operation;

(b) Staff members shall be knowledgeable about the physical signs of withdrawal, the taking of vital signs, the implication of those vital signs, and emergency procedures.

(c) Oklahoma licensed nurses (RN's and LPN's as appropriate) shall provide on-site monitoring, and statutorily approved personnel shall administer medications in accordance with physician's orders;

- (d) Staff shall be knowledgeable regarding facility-required education, evidenced based practices, training and policies; and
- (e) The facility shall document in personnel records all education, training and experience stated in (b), (c) and (d) above prior to staff providing direct care services.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 34 Ok Reg 1806, eff 10-1-17]

450:24-3-63. Ambulatory withdrawal management services without extended on-site monitoring assessment/placement

- (a) A medical assessment for appropriateness of placement shall be completed and documented by a licensed physician during the admission process to the program.
- (b) An individualized case management plan shall be developed for each consumer prior to discharge;
- (c) Compliance with 450:24-6-0 may be determined by a review of the following:
 - (1) Licenses;
 - (2) Policy and procedures;
 - (3) Treatment protocols;
 - (4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service training(s);
 - (5) Treatment records;
 - (6) Interviews with staff; and
 - (7) Other supporting facility documentation.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 34 Ok Reg 1806, eff 10-1-17]

450:24-3-64. Ambulatory withdrawal management without extended on-site monitoring environment

(a) Facilities shall provide co-occurring disorder capable intensive ambulatory withdrawal management without extended on-site monitoring treatment services.

(b) The facility shall provide for monitoring/documenting vital signs, food, and liquids.

(c) The facility shall maintain a written plan for emergency medical procedures, which shall be approved by a licensed physician; and

(d) The facility shall have supplies, as designated in the written emergency procedures, which shall be accessible to the staff.

(e) The facility shall maintain written programmatic descriptions and operational methods for (a), (c) and (d).

(f) Compliance with 450:24-6-0 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Treatment protocols;
- (3) Treatment records;
- (4) Interviews with staff; and
- (5) Other supporting facility documentation.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 34 Ok Reg 1806, eff 10-1-17 ; Amended at 40 Ok Reg 1076, eff 9-15-23]

450:24-3-65. Ambulatory withdrawal management without extended on-site monitoring, substance use disorder, co-occurring [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 34 Ok Reg 1806, eff 10-1-17 ; Revoked at 40 Ok Reg 1076, eff 9-15-23]

**PART 9. OUTPATIENT TREATMENT SERVICES, ASAM
LEVEL 1**

450:24-3-81. Outpatient treatment services

(a) Facilities shall provide co-occurring disorder capable outpatient substance use disorder treatment services. Outpatient services shall be determined as necessary using the ASAM criteria and shall include a range of services to consumers based on their needs regarding emotional, social and behavioral problems. These outpatient services shall be provided or arranged for, and shall include, but not be limited to the following:

- (1) Individual therapy;
- (2) Group therapy;
- (3) Family therapy;
- (4) Rehabilitation services;
- (5) Case management services;
- (6) Peer recovery support services; and
- (7) Wellness services and related activities.

(b) Compliance with 450:24-3-81 shall be determined by a review of written policy and procedures; clinical records; and data reported by facilities.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 40 Ok Reg 1076, eff 9-15-23]

450:24-3-82. Outpatient treatment services, substance use disorder, co-occurring [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14 ; Revoked at 40 Ok Reg 1076, eff 9-15-23]

PART 11. INTENSIVE OUTPATIENT SERVICES, ASAM LEVEL 2.1

450:24-3-101. Intensive outpatient treatment services

(a) Facilities shall provide co-occurring disorder capable intensive outpatient substance use disorder treatment services. Intensive outpatient services shall be determined as necessary using the ASAM criteria and shall include a range of nine (9) to fifteen (15) treatment services per week for adults or six (6) to twelve (12) treatment hours per week for children based on their needs regarding emotional, social and behavioral problems. These intensive outpatient services shall be provided or arranged for, and should include, but not be limited to the following:

- (1) Individual therapy;
- (2) Group therapy;
- (3) Family therapy;
- (4) Rehabilitation services;
- (5) Case management services;
- (6) Peer recovery support services; and
- (7) Wellness services and related activities.

(b) Compliance with 450:24-3-101 shall be determined by a review of written policy and procedures; clinical records; and data reported by facilities.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 40 Ok Reg 1076, eff 9-15-23]

450:24-3-102. Intensive outpatient treatment services, substance use disorder, co-occurring [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14 ; Revoked at 40 Ok Reg 1076, eff 9-15-23]

PART 13. MEDICATION CLINIC SERVICES

450:24-3-121. Medication clinic services

- (a) CCARCs shall offer comprehensive medication clinic services to consumers in need of this service.
- (b) Medication clinic services shall include an assessment of each individual's condition and needs; and an assessment of the effectiveness of those services.
- (c) Medication clinic services shall be co-occurring capable and shall utilize accepted practice guidelines for psychopharmacologic management of co-occurring and/or substance use disorders.
- (d) Medication clinic services shall include but not be limited to:
 - (1) Prescribing or administering medication, including evaluation and assessment of the medications provided.
 - (2) Medication orders:
 - (A) Licensed allopathic physicians, osteopathic physicians, medical residents or consultant physicians shall write medication orders and prescriptions. Physician's assistants and nurse practitioners may write medication orders, or prescriptions consistent with state and federal law.
 - (B) A list of those physicians authorized to prescribe medications shall be maintained and regularly updated.
 - (C) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed.
- (e) Compliance with 450:24-3-121 shall be determined by on-site observation and a review of the following: clinical records, written policy and procedures, and roster of licensed, credentialed staff.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 34 Ok Reg 1806, eff 10-1-17 ; Amended at 35 Ok Reg 1845, eff 10-1-18 ; Amended at 40 Ok Reg 1076, eff 9-15-23]

450:24-3-122. Medication clinic, medication monitoring

- (a) Medication administration, storage and control, and consumer reactions shall be regularly monitored at all facilities where medications are stored, dispensed, or administered.
- (b) Facilities shall assure proper storage and control of medications, immediate response if incorrect or overdoses occur, and have appropriate emergency supplies available if needed.
 - (1) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.
 - (2) All medications shall be kept in locked, non-consumer accessible areas. Conditions which shall be considered in medication storage are light, moisture, sanitation, temperature, ventilation, and the segregation and safe storage of poisons, external medications, and internal medications.
 - (3) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, or administered, or stored.
 - (4) A qualified physician shall supervise the preparation and stock of an emergency kit which is readily available, but accessible only

to physician, nursing and pharmacy staff. Documentation by the qualified physician shall clearly indicate that the supervision has been performed.

(5) Only authorized licensed staff shall administer medications.

(6) A list of licensed staff members authorized to administer medications shall be maintained and regularly updated.

(c) Compliance with 450:24-3-122 shall be determined by on-site observation and a review of the following: written policy and procedures, clinical records, and PI records.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 40 Ok Reg 1076, eff 9-15-23]

450:24-3-123. Medication clinic, error rates

(a) The facility's performance improvement program shall specifically, objectively, and systematically monitor medications administration or dispensing or medication orders and prescriptions to evaluate and improve the quality of consumer care.

(b) Compliance with 450:24-3-123 shall be determined by a review of the following: facility policies; PI logs; data; and reports.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11]

PART 15. CASE MANAGEMENT

450:24-3-141. Case management services

(a) Case management efforts shall empower consumers to access and use needed services and meet self-determined goals. These services include resource skills development and consumer advocacy provided in various settings based on consumer need.

(b) Case management services shall be offered to all adults who are receiving services and, to each child (or their parent/guardian).

(c) Case management shall be co-occurring disorder capable.

(d) Case management services shall be planned referral, linkage, monitoring and support, and advocacy assistance provided in partnership with a client to support that client in self sufficiency and community tenure. Activities include:

(1) Completion of strengths based assessment for the purpose of individual plan of care development;

(2) Development of case management care plan;

(3) Referral, linkage and advocacy to assist with gaining access to appropriate community resources;

(4) Contacts with other individuals and organizations that influence the recipient's relationship with the community, i.e., family members, law enforcement personnel, landlords, etc;

(5) Monitoring and support related to the individual plan of care to reassess goals and objectives and assess progress and or barriers to progress;

(6) Follow-up contact with the consumer if they miss any scheduled appointments (including physician/medication, therapy,

rehabilitation, or other supportive service appointments as delineated on the service plan); and

(7) Crisis diversion (unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community) to assist consumer(s) from progression to a higher level of care.

(e) Compliance with 450:24-3-141 shall be determined by on-site observation and a review of the following: clinical records, and written policy and procedures.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 39 Ok Reg 1998, eff 9-15-22]

450:24-3-142. Case management services, locale and frequency

(a) Case management services shall be provided within community settings; the residence of the consumer; or any other appropriate settings, based on the individual needs of the consumer. Contact with consumers shall be made on at least a monthly basis unless otherwise specified in the service plan.

(b) Compliance with 450:24-3-142 shall be determined by a review of the following: Case managers shall contact each consumer at least once a month, unless otherwise specified in the service plan to monitor progress or provide case management services. Inability to make face to face contact shall be documented. Contact was made with consumers as specified in the service plan.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11]

450:24-3-143. Case management services for consumers admitted to higher levels of care

(a) Case managers shall maintain contact with existing CCARC consumers, and establish contact with newly referred persons who are receiving services in residential treatment settings, Community Based Structured Crisis Centers (CBSCC), or 24-hour settings providing substance use disorder withdrawal management treatment.

(b) Each CCARC shall assign at least one (1) staff member who is responsible for linkage between CBSCCs, withdrawal management center and/or the residential substance use disorder treatment facility and the CCARC. Linkage shall include, but not limited to, the following activities, pursuant to appropriately signed releases and applicable privacy provisions:

(1) Regular visits or communication with the CBSCC, withdrawal management setting, and/or residential substance use disorder treatment facility to monitor progress of those consumers in a CBSCC, withdrawal management setting and/or in facility-based substance use disorder treatment from the CCARC's service area.

(2) Provide knowledge and communication to other CCARC staff regarding CBSCC, withdrawal management setting, and/or residential substance use disorder treatment facility and

discharge procedures.

(c) Case managers from the CCARC to which the consumer will be discharged shall assist the consumer and unit, CBSCC, and/or substance use disorder treatment facility with discharge planning for consumers returning to the community.

(d) Individuals discharging from an inpatient setting, CBSCC, and/or substance use disorder treatment facility, who have not already been engaged, shall be offered case management and other supportive services. This shall occur as soon as possible, but shall be offered no later than one (1) week post-discharge.

(e) Compliance with 450:24-3-143 shall be determined by a review of the following: clinical records; staff interviews; information from ODMHSAS operated psychiatric inpatient unit; CBSCC facilities, substance use disorder treatment facilities; meetings minutes (CCARC or state-operated psychiatric inpatient unit); and a review of a minimum of ten (10) clinical records of consumers who received services at an inpatient unit, CBSS, and/or 450-hour setting providing substance use disorder treatment within the past twelve (12) months.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 34 Ok Reg 1806, eff 10-1-17 ; Amended at 35 Ok Reg 1845, eff 10-1-18 ; Amended at 39 Ok Reg 1998, eff 9-15-22]

450:24-3-144. Case management services, staff credentials

(a) Individuals providing case management services shall be an LBHP, Licensure Candidate, CADC, or certified as a behavioral health case manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50.

(b) Facility supervisors must be a certified behavioral health case manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50 if they directly supervise the equivalent of two (2) or more FTE certified behavioral health case managers who provide case management services as part of their regular duties.

(c) Compliance with 450:24-3-144 shall be determined by a review of the facility personnel records and credentialing files.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 32 Ok Reg 2115, eff 9-15-15]

PART 17. BEHAVIORAL HEALTH REHABILITATION SERVICES

450:24-3-161. Rehabilitation services

(a) This section governs individual and group rehabilitation services for both adults and children.

(b) Policy and procedures shall reflect that all rehabilitation programs and services incorporate the following core principles:

(1) Recovery is the ultimate goal of rehabilitation. Interventions must facilitate the process of recovery and wellness.

- (2) Addiction rehabilitation practices help people re-establish normal roles in the community and their integration into community life.
 - (3) Rehabilitation practices facilitate the development of personal support networks.
 - (4) Rehabilitation practices facilitate an enhanced quality of life for each person receiving services.
 - (5) People have the capacity to learn and grow.
 - (6) People receiving services have the right to direct their own affairs, including those that are related to their behavioral health.
 - (7) People are to be treated with respect and dignity.
 - (8) Rehabilitation practitioners make conscious and consistent efforts to eliminate labeling and discrimination, particularly discrimination based upon a disabling condition.
 - (9) Culture and ethnicity play an important role in recovery. They are sources of strength and enrichment for the person and the services.
 - (10) Rehabilitation interventions build on the strength of each person.
 - (11) Rehabilitation services are to be coordinated, accessible, and available as long as needed.
 - (12) Services are to be designed to address the unique needs of each individual, consistent with the individual's cultural values and norms.
 - (13) Rehabilitation practices actively encourage and support the involvement of persons in normal community activities, such as school and work, throughout the rehabilitation process.
 - (14) The involvement and partnership of persons receiving services and family members is an essential ingredient of the process of rehabilitation and recovery.
 - (15) Rehabilitation practitioners should constantly strive to improve the services they provide.
- (c) CCARC policy and procedures shall reflect that rehabilitation services shall be co-occurring disorder capable and facilitate processes for dual recovery for these individuals.
- (d) Compliance with 450:24-3-161 shall be determined by on-site observation; interviews with participants; interviews with staff; a review of policy and procedures; and a review of clinical records.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11]

450:24-3-162. Individual and Group Rehabilitation Services

- (a) CCARC policy and procedures shall reflect that individual and group rehabilitation services are available to both adults and children.
- (b) Facility policy and procedures shall outline the way these services are provided, including but not limited to the populations served, staff qualifications for providing the service, and general design(s) by which these services are provided.
- (c) Compliance with 450:24-3-146 shall be determined by a review of CCARC policy and procedures and personnel files.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11]

PART 19. SERVICES TO HOMELESS INDIVIDUALS

450:24-3-181. Services to homeless individuals

- (a) CCARCs shall provide the following services to individuals within their service area who are homeless, including those individuals experiencing chronic homelessness and who have a serious addictive disorder, including co-occurring disorders:
 - (1) Linkage and contacts with local emergency services, shelters, state-operated psychiatric inpatient unit, Community Based Structured Crisis Centers, Urgent Recovery Clinics and any other organizations which may be in contact with homeless persons;
 - (2) Linkage and contacts with local housing authorities;
 - (3) Contact, and work with those who are homeless and who have a serious addiction disorders, to assist with accessing CCARC services, income benefit programs, and housing programs, among other services; and
 - (4) These services shall be addressed in CCARC policy and procedures.
- (b) Compliance with 450:24-3-181 shall be determined by a review of the following: documentation of linkage activities and agreements; clinical records; reporting data; and, CCARC policy and procedures.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 35 Ok Reg 1845, eff 10-1-18]

PART 21. PEER RECOVERY SUPPORT SERVICES

450:24-3-201. Peer recovery support services

- (a) Peer recovery support services are provided as a program integrated within the overall structure of Comprehensive Community Addiction Center services and must be offered to children ages 16 and 17, and adults age 18 and older with addiction disorders, including co-occurring disorders.
- (b) Peer recovery support services may be offered to other consumers of the CCARC and their families.
- (c) These services shall

- (1) Be based on an individualized, recovery-focused service philosophy that allows individuals the opportunity to learn to manage their own recovery and advocacy process;
 - (2) Recognize the unique value of services being provided by persons with lived experience who are able to demonstrate their own hopefulness and recovery;
 - (3) Enhance the development of natural supports, coping skills, and other skills necessary to function as independently as possible in the community, including, but not limited to assisting re-entry into the community after residential treatment or other institutional settings;
 - (4) Have written policies specific to these services; and,
 - (5) Be provided by certified Peer Recovery Support Specialist(s) as defined by 450:24-3-202.
- (d) Each CCARC shall have in place provisions for direct supervision and other supports for staff providing this service.
- (e) Compliance with 450:24-3-201 shall be determined by a review of the following: documentation of linkage activities and agreements; clinical records; reporting data; and, CCARC policy and procedures.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14]

450:24-3-202. Peer Recovery Support Specialists staff requirements

- (a) Peer Recovery Support Services shall be provided only by Peer Recovery Support Specialists meeting the requirements and certified pursuant to OAC 450:53.
- (b) Each CCARC shall document and maintain records to verify compliance with training and testing requirements of each provider of this service.
- (c) Compliance for 450:24-3-202 shall be determined by a review of the facility personnel records and ODMHSAS files.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14]

450:24-3-203. Peer Recovery Support services: Locale and frequency

- (a) Peer Recovery Support services can be provided in any location. The majority of contacts should be face-to-face; however, services may be provided over the telephone as necessary to help the consumer achieve his/her goals.
- (b) Compliance for 450:24-3-203 shall be determined by a review of the agency policy and procedures, data reporting system, consumer records, consumer interviews, and observation.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14]

PART 23. WELLNESS SERVICES AND RELATED ACTIVITIES

450:24-3-221. Wellness Services and Related Activities

(a) Wellness Services and Related Activities are consumer-driven services and supports that promote healthy lifestyles and behaviors which may include and not be limited to smoking cessation activities, exercise, stress management, spirituality, and education on nutrition and healthy eating.

(b) These services shall:

(1) Be based on an individualized, recovery-focused service philosophy that allows individuals the opportunity to learn to manage their own wellness; and

(2) Be provided by staff credentialed by ODMHSAS as Wellness Coaches; and

(3) Have written policies specific to this services.

(c) Compliance for 450:24-3-221 shall be determined by a review of the following: documentation of activities and agreements; clinical records; reporting data; and, CCARC policy and procedures.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 35 Ok Reg 1845, eff 10-1-18]

SUBCHAPTER 5. OPTIONAL SERVICES**PART 1. APPLICABILITY****450:24-5-1. Applicability**

The services in this subchapter are optional services. However, if the services in this subchapter are provided, either on the initiative of the CCARC, or as an ODMHSAS contractual requirement of the CCARC, all rules and requirements of this subchapter shall apply, as applicable, to the affected CCARC's certification.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11]

PART 2. MEDICALLY-SUPERVISED WITHDRAWAL MANAGEMENT, ASAM LEVEL 3.7**450:24-5-11. Medically-supervised withdrawal management**

If provided, Medically-supervised withdrawal management shall be provided pursuant to 450:18-5-5.1 and 450:18-13-61 through 18-13-63.

[Source: Added at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 34 Ok Reg 1806, eff 10-1-17 ; Amended at 38 Ok Reg 1343, eff 9-15-21]

450:24-5-13. Non-medical withdrawal management [REVOKED]

[Source: Added at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 34 Ok Reg 1806, eff 10-1-17 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

PART 3. RESIDENTIAL TREATMENT, ASAM LEVEL 3.5

450:24-5-21. Residential treatment for adults

Facilities providing substance use disorder treatment services for adults in the residential setting must meet the requirements found in 450:18-5-5.1, 450:18-5-14 and 450:18-13-101 through 18-13-103.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 38 Ok Reg 1343, eff 9-15-21]

PART 5. RESIDENTIAL TREATMENT FOR PERSONS WITH DEPENDENT CHILDREN AND PREGNANT WOMEN, ASAM LEVEL 3.5

450:24-5-41. Residential treatment for persons with dependent children and pregnant women

Facilities providing substance use disorder treatment services for persons with dependent children or pregnant women in the residential setting must meet the requirements found in 450:18-5-5.1, 450:18-5-14 and 450:18-13-121 through 18-13-124.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 38 Ok Reg 1343, eff 9-15-21]

PART 7. RESIDENTIAL TREATMENT FOR ADULTS WITH CO-OCCURRING DISORDERS, ASAM LEVEL 3.3

450:24-5-61. Adult residential treatment for consumers with co-occurring disorders

Facilities providing treatment services for adults with co-occurring disorders in the residential setting must meet the requirements found in 450:18-5-5.1, 450:18-5-14 and 450:18-13-141 through 18-13-143.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 38 Ok Reg 1343, eff 9-15-21]

PART 9. RESIDENTIAL TREATMENT FOR ADOLESCENTS, ASAM LEVEL 3.5

450:24-5-81. Residential treatment for adolescents

Facilities providing substance use disorder treatment services for adolescents in the residential setting must meet the requirements found in 450:18-5-5.1, 450:18-5-14 and 450:18-13-161 through 18-13-163.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 38 Ok Reg 1343, eff 9-15-21]

PART 11. HALFWAY HOUSE SERVICES, ASAM LEVEL 3.1

450:24-5-101. Halfway house services

Facilities providing halfway house services must meet the requirements found in 450:18-5-5.1 and 450:18-13-181 through 18-13-183.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 38 Ok Reg 1343, eff 9-15-21]

PART 13. ADOLESCENT HALFWAY HOUSE SERVICES, ASAM LEVEL 3.1

450:24-5-121. Adolescent halfway house services

Facilities providing adolescent halfway house services must meet the requirements found in 450:18-5-5.1 and 450:18-13-190 through 18-13-192.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 38 Ok Reg 1343, eff 9-15-21]

PART 15. HALFWAY HOUSE SERVICES FOR PERSONS WITH DEPENDENT CHILDREN AND PREGNANT WOMEN, ASAM LEVEL 3.1

450:24-5-141. Halfway house services for persons with dependent children and pregnant women

Facilities providing halfway house services for persons with dependent children and pregnant women must meet the requirements found in 450:18-5-5.1 and 450:18-13-201 through 18-13-203.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 38 Ok Reg 1343, eff 9-15-21]

PART 17. VOCATIONAL EMPLOYMENT SERVICES

450:24-5-161. Vocational employment services

(a) The vocational employment services program is an identified program within the CCARC that assists in the rehabilitation and support of persons with addiction disorders, which may include but is not limited to

the following:

- (1) Vocational assessment services;
 - (2) Vocational preparation services;
 - (3) Vocational placement services; and
 - (4) Other on and off-site employment support services.
- (b) If offered by a CCARC, vocational employment services should be co-occurring disorder capable and be available to individuals with co-occurring disorders who are interested in work as a goal, even if they are not yet abstinent.
- (c) Compliance with 450:24-5-161 shall be determined by on-site observation and a review of the following: organization chart; interagency agreements; written policy and procedures; and contractual agreements.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11]

PART 19. GAMBLING DISORDER TREATMENT SERVICES [REVOKED]

450:24-5-162. Gambling Disorder Treatment Services [REVOKED]

[Source: Added at 31 Ok Reg 2042, eff 10-1-14 ; Revoked at 33 Ok Reg 1007, eff 9-1-16]

450:24-5-163. Level of Care [REVOKED]

[Source: Added at 31 Ok Reg 2042, eff 10-1-14 ; Revoked at 33 Ok Reg 1007, eff 9-1-16]

450:24-5-164. Admission criteria [REVOKED]

[Source: Added at 31 Ok Reg 2042, eff 10-1-14 ; Revoked at 33 Ok Reg 1007, eff 9-1-16]

450:24-5-165. Discharge criteria [REVOKED]

[Source: Added at 31 Ok Reg 2042, eff 10-1-14 ; Revoked at 33 Ok Reg 1007, eff 9-1-16]

450:24-5-166. Treatment services [REVOKED]

[Source: Added at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 32 Ok Reg 2115, eff 9-15-15 ; Revoked at 33 Ok Reg 1007, eff 9-1-16]

SUBCHAPTER 7. FACILITY CLINICAL RECORDS

450:24-7-1. Clinical record keeping system [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Revoked at 40 Ok Reg 1076, eff 9-15-23]

450:24-7-2. Applicability

The requirements of this subchapter are applicable to a CCARC's clinical services, core and optional.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11]

450:24-7-3. Basic requirements [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

450:24-7-4. Record access for clinical staff [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Revoked at 40 Ok Reg 1076, eff 9-15-23]

450:24-7-5. Clinical record content, screening and assessment

- (a) All facilities shall complete a face-to face screening with each individual to determine appropriateness of admission.
- (b) The CCARC shall document the face-to-face screening between the potential consumer and the CCARC including how the consumer was welcomed and engaged, how the consumer was assisted to identify goals and experience hope, how the consumer received integrated screening to identify both immediate and ongoing needs and how the consumer was assisted to determine appropriateness of admission, and/or to access other appropriate services.
- (c) All facilities shall assess each consumer for appropriateness of admission to the treatment program. Facilities must ensure that a consumer's refusal of a particular service does not preclude the consumer from accessing other needed mental health or substance-related or addictive disorder treatment services. Should the service provider determine the consumer's needs cannot be met within the facility, clinical assessments and referrals for the consumer shall be documented.
- (d) Any consumer seeking admission to inpatient or residential services, including medically-supervised withdrawal management and non-medical withdrawal management while under the influence or undergoing withdrawal of alcohol or drugs, shall be assessed prior to admission for medical needs. The written criteria to be used for medical needs assessment of persons under the influence or undergoing withdrawal of alcohol or drugs, and the protocols for determining when physician review of the assessment is needed, shall be approved by the facility's consulting physician.
- (e) Compliance with 450:18-7-21 may be determined by a review of the following:
 - (1) Policies and procedures;
 - (2) Intake protocols;
 - (3) assessment instruments;
 - (4) Treatment records;
 - (5) Interviews with staff and consumers; and
 - (6) Other facility documentation.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 34 Ok Reg 1806, eff 10-1-17 ; Amended at 35 Ok Reg 1845, eff 10-1-18 ; Amended at 38 Ok Reg 1343, eff 9-15-21 ; Amended at 39 Ok Reg 1998, eff 9-15-22]

450:24-7-6. Clinical record content, on-going assessment

- (a) The CCARC shall have procedures and policies which delineate the process, protocols, and timeframes by which on-going clinical assessments occur.
- (b) Compliance with 450: 24-7-6 shall be determined by a review of the clinical records and agency policies and procedures.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11]

450:24-7-7. Behavioral Health Service Plan

- (a) The service plan is performed by a LBHP or Licensure Candidate with the active participation of the consumer and a support person or advocate if requested by the consumer. In the case of children under the age of sixteen (16), it is performed with the participation of the parent or guardian, if allowed by law, and the child as age and developmentally appropriate. The service plan shall provide the formation of measurable service objectives and reflect ongoing changes in goals and objectives based upon consumer's progress or preference or the identification of new needs, challenges and problems.
- (b) The service plan is developed after and based on information obtained in the mental health assessment and includes the evaluation of the assessment information by the clinician and the consumer.
- (c) For adults, the service plan must be focused on recovery and achieving maximum community interaction and involvement including goals for employment, independent living, volunteer work, or training. For children, the service plan must address school and educational concerns and assisting the family in caring for the child in the least restrictive level of care.
- (d) Comprehensive service plans must be completed within six (6) treatment sessions and adhere to the format and content requirements described in the facility policy and procedures.
- (e) Service plan updates should occur at a minimum of every six (6) months during which services are provided and adhere to the format and content requirements described in the facility policy and procedures. Service plan updates shall occur at a minimum of once every thirty (30) days during which services are provided for levels of care with ASAM Level 3 (residential and inpatient services).
- (f) Service plans, both comprehensive and update, must include dated signatures for the consumer customer (if age fourteen [14] or older), the parent/guardian (if required by law), and the LBHP or Licensure Candidate. If a minor is eligible to self-consent to treatment pursuant to state law, a parent/guardian signature is not required. Licensure candidate signatures must be co-signed by a fully-licensed LBHP in good standing. Signatures must be obtained after the service plan is completed.

- (g) Service plans for residential and halfway house services shall be completed in accordance with the time frames specified in 450:18-7-82.
- (h) Service plans for medically supervised withdrawal management services shall be completed in accordance with 450:18-7-84.
- (i) Compliance with 450:24-7-7 shall be determined by a review of the clinical records, policies and procedures, and interviews with staff and consumers, and other agency documentation.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 35 Ok Reg 1845, eff 10-1-18 ; Amended at 38 Ok Reg 1343, eff 9-15-21 ; Amended at 40 Ok Reg 1076, eff 9-15-23]

450:24-7-8. Medication record

- (a) A medication record shall be maintained on all consumers who receive medications or prescriptions through facility services and shall be a concise and accurate record of the medications the consumer is receiving or prescribed.
- (b) The consumer record shall contain a medication record with the following information on all medications ordered or prescribed by licensed medical staff:
 - (1) Name of medication,
 - (2) Dosage,
 - (3) Frequency of administration or prescribed change, and
 - (4) Staff member who administered or dispensed each dose, and prescribing physician; and
- (c) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities during the admission process, updated when required by virtue of new information, and kept in a highly visible location in or on the record.
- (d) Compliance with 450:24-7-8 shall be determined by a review of medication records and clinical records.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 34 Ok Reg 1806, eff 10-1-17]

450:24-7-9. Progress Notes

- (a) Progress notes shall chronologically describe the services provided by date and, for timed treatment sessions, time of service, and the consumer's progress in treatment.
- (b) Progress notes must include the consumer's name, be signed by the service provider, and include the service provider's credentials.
- (c) Outpatient staff must document each visit or transaction, except for assessment completion or service plan development, including missed appointments.
- (d) Compliance with 450:24-7-9 shall be determined by a review of clinical records and policies and procedures.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 39 Ok Reg 1998, eff 9-15-22]

450:24-7-10. Other records content

- (a) The consumer record shall contain copies of all consultation reports concerning the consumer.

- (b) When psychometric or psychological testing is done, the consumer record shall contain a copy of a written report describing the test results and implications or recommendations for treatment.
- (c) The consumer record shall contain any additional information relating to the consumer, which has been secured from sources outside the program.
- (d) Compliance with 450:24-7-10 shall be determined by a review of clinical records.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11]

450:24-7-11. Discharge assessment

- (a) All facilities shall assess each consumer for appropriateness of discharge from a substance use disorder treatment program.
- (b) Compliance with 450:24-7-11 may be determined by a review of the following:
 - (1) Policies and procedures;
 - (2) Continuing care plans;
 - (3) Discharge assessments;
 - (4) Discharge summaries;
 - (5) Progress notes;
 - (6) Consumer records;
 - (7) Interviews with staff and consumers; and
 - (8) Other facility documentation.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 31 Ok Reg 2042, eff 10-1-14 ; Amended at 39 Ok Reg 1998, eff 9-15-22]

450:24-7-12. Transition/discharge plan

- (a) The facility shall assist the consumer to obtain services that are needed, but not available within the facility, and/or in transitioning from one level of care to another, and/or discharging from a facility. Transition/discharge plans shall be developed with the knowledge and cooperation of the consumer.
- (b) A written plan of recommendations and specific referrals for implementation of continuing care services, including medications, shall be prepared for each consumer
- (c) The transition/discharge plan shall be included in the discharge summary.
- (d) Compliance with 450:24-7-12 may be determined by a review of closed clinical records.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 38 Ok Reg 1343, eff 9-15-21 ; Amended at 39 Ok Reg 1998, eff 9-15-22]

450:24-7-13. Discharge Summary [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 35 Ok Reg 1845, eff 10-1-18 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

SUBCHAPTER 9. CONSUMER RECORDS AND CONFIDENTIALITY [REVOKED]

450:24-9-1. Confidentiality of mental health and drug or alcohol abuse treatment information [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

SUBCHAPTER 11. CONSUMER RIGHTS

450:24-11-1. Consumer rights, inpatient and residential

The CCARC shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11]

SUBCHAPTER 13. ORGANIZATIONAL AND FACILITY MANAGEMENT [REVOKED]

450:24-13-1. Organizational and facility description [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

450:24-13-2. Information analysis and planning [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 32 Ok Reg 2115, eff 9-15-15 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

SUBCHAPTER 15. PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT [REVOKED]

450:24-15-1. Performance improvement program [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

450:24-15-2. Critical incident reporting [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

SUBCHAPTER 17. HUMAN RESOURCES [REVOKED]

450:24-17-1. Personnel policies and procedures [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

450:24-17-2. Job descriptions [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

450:24-17-3. Utilization of volunteers [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 35 Ok Reg 1845, eff 10-1-18 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

SUBCHAPTER 19. STAFF DEVELOPMENT [REVOKED]

450:24-19-1. Staff qualifications [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

450:24-19-2. Staff development [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

450:24-19-3. Annually required in-service training for all employees and volunteers [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 33 Ok Reg 1007, eff 9-1-16 ; Amended at 35 Ok Reg 1845, eff 10-1-18 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

450:24-19-4. First Aid and CPR training [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

SUBCHAPTER 21. FACILITY ENVIRONMENT

450:24-21-1. Facility environment [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

450:24-21-1.1. Tobacco-free campus [REVOKED]

[Source: Added at 34 Ok Reg 1806, eff 10-1-17 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

450:24-21-1.2. Hygiene and sanitation [REVOKED]

[Source: Added at 35 Ok Reg 1845, eff 10-1-18 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

450:24-21-1.3. Standards for food service

The following shall be applicable to all residential facilities and to any outpatient facilities which provide an on-premise meal service or food services provided by an outside vendor.

- (1) Storage, preparation, transportation, and serving of food shall be in compliance with the requirements of the OSDH regulations governing public feeding establishments.
- (2) Dishwashing may be accomplished by either mechanical dishwashers or by approved manual methods. If mechanical dishwashers are used, the final rinse shall be in clear water of 180 degrees Fahrenheit, or in compliance with the OSDH regulations. Manual procedures, if used, shall follow a written procedure which outlines the steps followed, temperature of cleaning and rinsing solutions, detergents and chemicals used, etc., and shall be specifically approved by the local or OSDH.
- (3) Equipment used in the preparation and handling of food shall bear the seal of or document compliance with the National Sanitation Foundation (NSF) or equivalent, or with OSDH standards or other appropriate regulatory body.
- (4) Ice used in contact with food or drink shall come from a source approved by the OSDH. Transportation, storage, handling, and dispensing shall be in a sanitary manner approved by the OSDH.

[Source: Added at 35 Ok Reg 1845, eff 10-1-18]

450:24-21-1.4. Dietetic services

- (a) Any facility which provides twenty-four (24) hour per day care shall have a written plan describing the organization and delivery of dietetic services (either directly or through contract) to meet the dietary needs of consumers.
- (b) Menus for meals provided by the facility shall be reviewed annually and as needed for consumer's with special dietary needs (diabetes, pregnancy, religious requirements, etc.). This review shall be made by an Oklahoma Registered Dietician. Approval of the review shall be documented by the dietician's signature, American Dietetic Association (AA) Registration Number (RD#), Oklahoma License Number (DL#), and date of the review.
- (c) Dietetic services, including health policy and procedures for food service staff, other staff, and consumers performing food service duties as a part of their treatment plan, shall be in compliance with all applicable federal, state, and local statutes and regulations, and shall be so noted in facility policy and procedure. All programs preparing meals provided to consumers shall document, on an annual basis, compliance with OSDH rules and regulations pertaining to kitchen facilities.
- (d) Food shall be served in an appetizing and attractive manner, at realistically planned mealtimes, and in a congenial and relaxed atmosphere.
- (e) Information pertinent to special dietetic needs of consumers shall be entered into the consumers' treatment records, and when medically

indicated, forwarded to parties having permission to receive information regarding consumers' treatment.

(f) Compliance with 450:18-5-4 may be determined by a review of the following:

- (1) Facility policy and procedures;
- (2) Written plan for dietetic services;
- (3) Menus;
- (4) Menu approvals;
- (5) OSHD reports; and
- (6) Any other supporting facility documentation.

[Source: Added at 35 Ok Reg 1845, eff 10-1-18]

450:24-21-2. Technology [REVOKED]

[Source: Added at 31 Ok Reg 2042, eff 10-1-14 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

SUBCHAPTER 23. GOVERNING AUTHORITY

450:24-23-1. Documents of authority [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

450:24-23-2. Board composition

- (a) Members of the Board of Directors shall reside, or be employed, or otherwise have a demonstrated interest in the area served.
- (b) The composition of the Board shall reflect an equitable representation of the population distribution in the service area. Each county in a multi-county service area of five or fewer counties must be represented on the Board by at least one resident of the county. CCARC's serving six or more counties may rotate such membership or otherwise ensure representation.
- (c) Composition of the Board shall also reflect a broad representation of the community, including minorities, at least one consumer of addiction recovery services and one family member of an adolescent who has received addiction recovery services.
- (d) No more than forty percent of the Board's members shall be providers of mental health and/or addiction recovery services.
- (e) The Board shall have no less than seven members.
- (f) System shall be devised to provide for a staggering of terms so that the terms of the Directors do not all expire at the same time.
- (g) The Board shall have a provision for the removal of individuals from the Board for non-attendance of Board meetings.
- (h) The governing body shall meet at least quarterly.
- (i) Employees of an agency shall be prohibited from participation as Board members of their governing authority, except in an ex-official, nonvoting capacity.
- (j) Compliance with 450:24-23-2 shall be determined by a review of facility policy and procedures regarding governing authority; governing

body bylaws, rules and regulations; governing body minutes; membership rolls; and other documentation as needed.

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Amended at 39 Ok Reg 1998, eff 9-15-22]

SUBCHAPTER 25. SPECIAL POPULATIONS [REVOKED]

450:24-25-1. Americans with Disabilities Act of 1990 [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

450:24-25-2. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS) [REVOKED]

[Source: Added at 28 Ok Reg 2025, eff 10-1-11 ; Revoked at 38 Ok Reg 1343, eff 9-15-21]

SUBCHAPTER 27. CERTIFICATE OF NEED

450:24-27-1. Purpose

The purpose of this Subchapter is to set forth rules regulating Certificate of Need requirements for applicable facilities.

[Source: Added at 38 Ok Reg 1343, eff 9-15-21]

450:24-27-2. Applicability

The rules set forth in this Subchapter are applicable only to facilities that seek to obtain initial certification under this Chapter for residential substance use disorder services, medically supervised withdrawal management services, or halfway house services and that intend to enroll with the Oklahoma Health Care Authority as a Medicaid provider. Such facilities will be required to provide a Certificate of Need from the Department to the Oklahoma Health Care Authority upon enrollment as a Medicaid provider, in accordance with OAC 317:30-5-95.44(a)(3).

[Source: Added at 38 Ok Reg 1343, eff 9-15-21]

450:24-27-3. Certificate of Need requirements

(a) Applicable providers must provide required documentation and meet criteria as specified in 450:18-17-3 to obtain a Certificate of Need.

(b) Failure of a facility to obtain a Certificate of Need shall not prohibit the facility from obtaining certification from the Department.

[Source: Added at 38 Ok Reg 1343, eff 9-15-21]

CHAPTER 25. FACILITY MANAGEMENT [REVOKED]

[Authority: 43A O.S., §§ 2-202]

[Source: Codified 12-13-91]

SUBCHAPTER 1. GENERAL PROVISIONS [REVOKED]

450:25-1-1. General Provisions [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

SUBCHAPTER 3. PHYSICAL PLANT AND EQUIPMENT MANAGEMENT [REVOKED]

PART 1. BUILDINGS AND GROUNDS [REVOKED]

450:25-3-1. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-2. Policy [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-3. Objective [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-4. Maintenance responsibility [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-5. New construction [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

PART 3. FUNCTIONAL SAFETY AND SANITATION [REVOKED]

450:25-3-15. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-16. Safety officer and committee [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-17. Electrical safety [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-18. Anesthetic policy [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-19. Fire warning and safety system [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-20. Fire extinguishers/exhaust hoods/water heaters [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-21. Compressed gas cylinders [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-22. Handling and storage of nonflammable gases [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-23. Handling and storage of flammable gases and liquids [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-24. Emergency power [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-25. Patient and personal safety devices and measures [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-26. Smoking policy [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-27. Facility security policies and procedures [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-28. Facility disaster plan [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-29. Internal disaster plan [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-30. Facility maintenance [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-31. General storage areas [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-32. Waste disposal [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

**PART 5. USE OF STATE-OWNED VEHICLES FOR
PRIVATE PURPOSES [REVOKED]**

450:25-3-42. Definition [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-3-43. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

**450:25-3-44. Conditions under which state-owned vehicles may be
used [REVOKED]**

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

**SUBCHAPTER 5. MAINTENANCE OF PATIENT/CLIENT
PROPERTY AND RECORDS [REVOKED]**

PART 1. PATIENT PROPERTY [REVOKED]

450:25-5-1. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-5-2. Policy regarding patients' personal property [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-5-3. Medications brought in by patients [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-5-4. Compensation for lost or stolen items [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

PART 3. CONFIDENTIALITY OF PATIENT RECORDS [REVOKED]

450:25-5-14. Definitions [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-5-15. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-5-16. Preservation of confidentiality [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-5-17. Disclosure with consent of the patient [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-5-18. Disclosure without the patient's consent [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

SUBCHAPTER 7. FISCAL AND PROGRAMMATIC MANAGEMENT PROCEDURES [REVOKED]

PART 1. PROCEDURES FOR COST OF CARE RATE CHANGES IN ODMHSAS FACILITY [REVOKED]

450:25-7-1. Applicability [REVOKED]

[Source: Revoked at 10 Ok Reg 3779, eff 7-12-93]

450:25-7-2. Policy regarding cost of care rate changes [REVOKED]

[Source: Revoked at 10 Ok Reg 3779, eff 7-12-93]

450:25-7-3. Procedure regarding cost of care rate changes [REVOKED]

[Source: Revoked at 10 Ok Reg 3779, eff 7-12-93]

PART 3. WORKER'S COMPENSATION [REVOKED]

450:25-7-13. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-7-14. Responsibilities of providers [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-7-15. Responsibilities of the Workers' Compensation Court [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-7-16. Responsibility of State Insurance Fund or other carriers [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-7-17. Responsibility of the Department [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

PART 5. ACCREDITATION [REVOKED]

450:25-7-27. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

450:25-7-28. Standards [REVOKED]

[Source: Revoked at 11 Ok Reg 3873, eff 7-11-94]

PART 7. APPEALS AND WAIVERS FROM RULES AND REGULATIONS [REVOKED]

450:25-7-38. Applicability [REVOKED]

[Source: Revoked at 10 Ok Reg 3147, eff 7-1-93]

450:25-7-39. Purpose of appeal or waiver [REVOKED]

[Source: Revoked at 10 Ok Reg 3147, eff 7-1-93]

450:25-7-40. Requests for appeal or waiver [REVOKED]

[Source: Revoked at 10 Ok Reg 3147, eff 7-1-93]

450:25-7-41. Applicability dependent on scope of services [REVOKED]

[Source: Revoked at 10 Ok Reg 3147, eff 7-1-93]

450:25-7-42. Letters of clarification [REVOKED]

[Source: Revoked at 10 Ok Reg 3147, eff 7-1-93]

450:25-7-43. Appeals considered by Commissioner of OSDMHSAS [REVOKED]

[Source: Revoked at 10 Ok Reg 3147, eff 7-1-93]

450:25-7-44. Waivers [REVOKED]

[Source: Revoked at 10 Ok Reg 3147, eff 7-1-93]

CHAPTER 27. STANDARDS AND CRITERIA FOR MENTAL ILLNESS SERVICE PROGRAMS

[Authority: 43A O. S., §§ 2-101 and 3-323A]

[Source: Codified 7-1-12]

SUBCHAPTER 1. GENERAL PROVISIONS

450:27-1-1. Purpose

(a) This chapter sets forth the Standards and Criteria used in the certification of certain facilities or organizations providing mental health treatment services and implements 43A O.S. § 3-323A which authorizes the Board of Mental Health and Substance Abuse Services, or the Commissioner upon delegation by the Board, to certify facilities as a Mental Illness Service Program.

(b) The rules regarding the certification process including but not necessarily limited to application, fees and administrative sanctions are found in the Oklahoma Administrative Code, Title 450 Chapter 1, Subchapters 5 and 9.

(c) Rules outlining general certification qualifications applicable to facilities and organizations certified under this Chapter are found in OAC 450:1-9-5 through OAC 450:1-9-5.6.

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 38 Ok Reg 1356, eff 9-15-21 ; Amended at 39 Ok Reg 2001, eff 9-15-22]

450:27-1-2. Definitions

The following words or terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Abuse" means the causing or permitting of harm or threatened harm to the health, safety, or welfare of a consumer by a staff responsible for the consumer's health, safety, or welfare, including but not limited to: non-accidental physical injury or mental anguish; sexual abuse; sexual exploitation; use of mechanical restraints without proper authority; the intentional use of excessive or unauthorized force aimed at hurting or injuring the resident; or deprivation of food, clothing, shelter, or healthcare by a staff responsible for providing these services to a consumer.

"Advanced Practice Registered Nurse or (APRN)" means a registered nurse in good standing with the Oklahoma Board of Nursing, and has acquired knowledge and clinical skills through the completion of a formal program of study approved by the Oklahoma Board of Nursing Registration and has obtained professional certification through the appropriate National Board recognized by the Oklahoma Board of Nursing. Advanced Practice Registered Nurse services are limited to the scope of their practice as defined in 59 Okla. Stat. § 567.3a and corresponding rules and regulations at OAC 485:10-5-1 through 10-16-9.

"Case management services" means planned referral, linkage, monitoring and support, and advocacy provided in partnership with a consumer to assist that consumer with self sufficiency and community

tenure and take place in the individual's home, in the community, or in the facility, in accordance with a service plan developed with and approved by the consumer and qualified staff.

"Community-based Structured Crisis Center" or "CBSCC" means a program of non-hospital emergency services for mental health and substance abuse crisis stabilization as authorized by 43A O.S. §3-317, including, but not limited to, observation, evaluation, emergency treatment and referral, when necessary, for inpatient psychiatric or substance abuse services. This service is limited to CMHC's and Comprehensive Community Addiction Recovery Centers (CCARCs) who are certified by the Department of Mental Health and Substance Abuse Services or facilities operated by the Department of Mental Health and Substance Abuse Services.

"Community mental health center" or "CMHC" means a facility offering a comprehensive array of community-based mental health services, including but not limited to, inpatient treatment, outpatient treatment, partial hospitalization, emergency care, consultation and education; and, certain services at the option of the center, including, but not limited to, prescreening, rehabilitation services, pre-care and aftercare, training programs, and research and evaluation.

"Consumer" means an individual, adult, adolescent, or child, who has applied for, is receiving or has received evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450 as client(s) or patient(s) or resident(s) or a combination thereof.

"Consumer advocacy" includes all activities on behalf of the consumer to assist with or facilitate resolution of problems in the acquisition of resources or services needed by the consumer.

"Contract" means a document adopted by the governing authority of a treatment facility and any other organization, facility, or individual, which specifies services, personnel, or space to be provided by the program, as well as the monies to be expended in exchange.

"Co-occurring disorder" (COD) means any combination of mental health symptoms and substance abuse symptoms or diagnoses that affect a consumer and are typically determined by the current Diagnostic and Statistical Manual of Mental Disorders.

"Co-occurring disorder capability" means the organized capacity within any type of program to routinely screen, identify, assess, and provide properly matched interventions to consumers with co-occurring disorders.

"Crisis Intervention" means actions taken, and services provided to address emergency psychological, physiological, and safety aspects of alcohol, drug-related, and mental health crises.

"Crisis stabilization" means emergency, psychiatric, and substance abuse services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment, and, if needed, referral to an ODMHSAS certified facility having nursing and medical support available.

"Cultural competency" means the ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions,

customs, beliefs and values that reflect an individual's racial, ethnic, religious, sexual orientation, and/or social group.

"Discharge criteria" means individualized measures by which a program and the consumer determine readiness for discharge or transition from services being provided by that facility. These may reference general guidelines as specified in facility policies or procedures and/or in published guidelines including, but not limited to, the current ASAM criteria for individuals with substance use disorders, but should be individualized for each consumer and articulated in terms of consumer behaviors, resolutions of specific problems, and attainment of goals developed in partnership with the participant and the provider.

"DSM" means the most current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

"Emergency detention" means the detention of a person who appears to be a person requiring treatment in a facility approved by the Commissioner of Mental Health and Substance Abuse Services as appropriate for such detention after the completion of an emergency examination, either in person or via telemedicine, and a determination that emergency detention is warranted as defined in Title 43A O.S. Section 5-206.

"Emergency examination" means the examination of a person who appears to be a mentally ill person, an alcohol-dependent person, or drug-dependent person and a person requiring treatment, and whose condition is such that it appears that emergency detention may be warranted by a licensed mental health professional to determine if emergency detention of the person is warranted.

"Emergency services" means a twenty-four (24) hour capability for assessment, intervention, and resolution of a consumer's crisis or emergency provided in response to unanticipated, unscheduled emergencies requiring prompt intervention to resolve immediate, overwhelming problems that severely impair the individual's ability to function or remain in the community and may include placement of the individual in a protective environment, withdrawal management, individual and group consultation, and medical assessment.

"Evidence based practice" means programs or practices that are supported by research methodology and have produced consistently positive patterns of results when replicated within the intent of the published guidance.

"Face-To-Face" for the purposes of the delivery of behavioral health care, means a face-to-face physical contact and in-person encounter between the health care provider and the consumer, including the initial visit. The use of telemedicine shall be considered a face-to-face encounter.

"Facilities or Facility" means entities as described in Title 43A O.S. § 1-103(7), community mental health centers, residential mental health facilities, community based structured crisis centers, certified services for the alcohol and drug dependent, programs of assertive community treatment, eating disorder treatment, gambling addiction treatment, and narcotic treatment programs.

"Family" means the parents, brothers, sisters, other relatives, foster parents, guardians, and others who perform the roles and functions of family members in the lives of consumers.

"Licensed Behavioral Health Professional" or "LBHP" means:

- (A) An Allopathic or Osteopathic Physician with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry;
- (B) An Advanced Practice Registered Nurse licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided and certified in a psychiatric mental health specialty;
- (C) A Clinical Psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists;
- (D) A Physician Assistant who is licensed in good standing in Oklahoma and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions;
- (E) A practitioner with a license to practice in the state in which services are provided by one of the following licensing boards:
 - (i) Social Work (clinical specialty only);
 - (ii) Professional Counselor;
 - (iii) Marriage and Family Therapist;
 - (iv) Behavioral Practitioner; or
 - (v) Alcohol and Drug Counselor.

"Licensed mental health professional" or "LMHP" as defined in Title 43A §1-103(11).

"Licensure candidate" means practitioners actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards:

- (A) Psychology;
- (B) Social Work (clinical specialty only);
- (C) Professional Counselor;
- (D) Marriage and Family Therapist;
- (E) Behavioral Practitioner; or
- (F) Alcohol and Drug Counselor.

"Linkage" refers to the communication and coordination with other service providers to assure timely appropriate referrals between the CMHC and other providers.

"Medically necessary" means health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

"Nurse Care manager" means a Licensed Practical Nurse (LPN) or a Registered Nurse (RN).

"ODMHSAS" means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Oklahoma Administrative Code" or "OAC" means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A) (1) (a) and maintained in the Office of Administrative Rules.

"Peer Recovery Support Specialist" or "PRSS" means an individual who meets the qualifications and is certified as a PRSS pursuant to OAC 450:53.

"Performance Improvement" or "PI" means an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of consumers and others. Synonyms, and near synonyms include continuous quality improvement, continuous improvement, organization-wide quality improvement and total quality management.

"Primary Care Practitioner (PCP)" means a licensed physician, Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA) licensed in the State of Oklahoma.

"Program of Assertive Community Treatment" or "PACT" is a clinical program that provides continuous treatment, rehabilitation, and support services to persons with mental illness in settings that are natural to the consumer.

"Progress notes" mean a chronological written description of services provided to a consumer, resident, client, or patient that documents, utilizing acceptable documentation practices, the consumer's response related to the intervention plan or services provided.

"Psychiatric Residential Treatment Facility" or "PRTF" means a non-hospital facility that provides inpatient psychiatric services to individuals under the age of twenty-one (21).

"Psychosocial assessments" are in-person interviews conducted by professionally trained personnel designed to elicit historical and current information regarding the behavior and experiences of an individual, and are designed to provide sufficient information for problem formulation and intervention.

"Psychotherapy" or "Therapy" means a goal directed process using generally accepted clinical approaches provided face-to-face by a qualified service provider with consumers in individual, group or family settings to promote positive emotional or behavioral change.

"Recovery Support Specialist" or "RSS" means an individual who has completed the ODMHSAS RSS training and has passed the ODMHSAS RSS exam.

"Rehabilitation Services" means face-to-face individual or group services provided by qualified staff to develop skill necessary to perform activities of daily living and successful integration into community life.

"Resident" means a person residing in a community living program certified by ODMHSAS.

"Restraint" refers to manual, mechanical, and chemical methods that are intended to restrict the movement or normal functioning of a portion of an individual's body.

"Screening" means the process to determine whether the person seeking assistance needs further comprehensive assessment.

"Service Intensity" means the frequency and quantity of services needed, the extent to which multiple providers or agencies are involved, and the level of care coordination required.

"Service plan" or **"Treatment plan"** means the document used during the process by which a qualified service provider and the consumer together and jointly identify and rank problems, establish agreed-upon immediate short-term and long-term goals, and decide on the treatment process and resources to be utilized.

"Trauma informed capability" means the capacity for a facility and all its programs to recognize and respond accordingly to the presence of the effects of past and current traumatic experiences in the lives of its consumers.

"Wellness" means the condition of good physical, mental and emotional health, especially when maintained by an appropriate diet, exercise, and other lifestyle modifications.

"Wellness Coach" means an individual who is actively working on personal wellness and who is designated to collaborate with others to identify their personal strengths and goals within the eight dimensions of wellness (spiritual, occupational, intellectual, social, physical, environmental, financial, and emotional).

(A) In order to qualify to be a Wellness Coach, individuals shall:

- (i) Have a behavioral health related associates degree or two years of experience in the field and/or have an active certification and/or license within the behavioral health field (e.g. PRSS, Case Management, LBHP, LPN, etc.); and
- (ii) Complete the ODMHSAS Wellness Coach Training Program and pass the examination with a score of 80% or better.

(B) Wellness Coach roles and responsibilities include:

- (i) Role model wellness behaviors and actively work on personal wellness goals;
- (ii) Apply principles and processes of coaching when collaborating with others;
- (iii) Facilitate wellness groups;
- (iv) Conduct motivational interventions;
- (v) Practice motivational interviewing techniques;
- (vi) Provide referrals to community resources for nutrition education, weight management, Oklahoma Tobacco Helpline, and other wellness-related services and resources;
- (vii) Create partnerships within local community to enhance consumer access to resources that support wellness goals;
- (viii) Raise awareness of wellness initiatives through educational in-service and community training;
- (ix) Elevate the importance of wellness initiatives within the organization;

- (x) Promote a culture of wellness within the organization for both consumers and staff;
- (xi) Respect the scope of practice and do not practice outside of it, referring people to appropriate professionals and paraprofessionals as needed.

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 31 Ok Reg 2060, eff 10-1-14 ; Amended at 32 Ok Reg 468, eff 1-1-15 (emergency); Amended at 32 Ok Reg 2120, eff 9-15-15 ; Amended at 33 Ok Reg 1012, eff 9-1-16 ; Amended at 34 Ok Reg 1814, eff 10-1-17 ; Amended at 38 Ok Reg 1356, eff 9-15-21]

450:27-1-3. Meaning of verbs in rules

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

- (1) "Shall" is the term used to indicate a mandatory statement, the only acceptable method under the present standards.
- (2) "Should" is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.
- (3) "May" is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

[Source: Added at 29 Ok Reg 663, eff 7-1-12]

450:27-1-4. Meaning of other terms

- (a) Program(s) and facility(ies) are interchangeable terms and refer to the Mental Illness Service Program as stipulated in 43A O.S. § 3-323A.
- (b) Program components refer to the specific services offered as portions of the overall facility program.

[Source: Added at 29 Ok Reg 663, eff 7-1-12]

450:27-1-5. Services

All facilities providing services pursuant to standards and criteria established in OAC 450:27 shall have a group of services herein designated as core mental illness treatment services in accordance with 450:27-3-1.

[Source: Added at 29 Ok Reg 663, eff 7-1-12]

450:27-1-6. Applicability

The standards and criteria for services as subsequently set forth in this chapter are applicable to Mental Illness Service Programs stated in each subchapter.

[Source: Added at 29 Ok Reg 663, eff 7-1-12]

SUBCHAPTER 3. ORGANIZATION STRUCTURE AND ADMINISTRATIVE OPERATIONS

PART 1. SERVICES AND FACILITY ORGANIZATION

450:27-3-1. Required Core Services

(a) Facilities providing mental illness treatment services shall document how the program is organized to provide a group of services herein designated as core services. Required services include:

- (1) Screening, assessment and referral services;
- (2) Emergency services; and,
- (3) Outpatient therapy services.

(b) Other services may be offered and, if offered, will be in compliance with OAC 450, as applicable, including but not limited to those services referenced in 450:27-721 Additional Mental Health Treatment Services.

(c) Compliance with 450:27-3-1 (a) and (b) shall be determined by a review of written service descriptions; facility policies; and, other materials as applicable.

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 34 Ok Reg 1814, eff 10-1-17]

450:27-3-2. Availability of services

(a) Program descriptions must be available that describe how required core services are available to individuals on a daily basis or as publicly posted. Posted information must also identify how individuals can access emergency care at times other than the scheduled operating hours for non-emergency services.

(b) Compliance with 450:27-3-2 shall be determined by a review of written materials; facility policies; and, other documents as applicable.

[Source: Added at 29 Ok Reg 663, eff 7-1-12]

450:27-3-3. Organizational and facility description [REVOKED]

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-3-3.1. Organizational and facility description; program components [REVOKED]

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-3-4. Technology [REVOKED]

[Source: Added at 31 Ok Reg 2060, eff 10-1-14 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-3-5. Tobacco-free campus [REVOKED]

[Source: Added at 34 Ok Reg 1814, eff 10-1-17 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

PART 3. HUMAN RESOURCES ORGANIZATION [REVOKED]

450:27-3-21. Personnel policies and procedures [REVOKED]

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-3-22. Job descriptions [REVOKED]

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-3-23. Volunteers [REVOKED]

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 35 Ok Reg 1854, eff 10-1-18 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-3-24. Staff qualifications [REVOKED]

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 31 Ok Reg 2060, eff 10-1-14 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-3-25. Staff development [REVOKED]

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-3-26. Annually required in-service training for all employees and volunteers [REVOKED]

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 33 Ok Reg 1012, eff 9-1-16 ; Amended at 35 Ok Reg 1854, eff 10-1-18 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-3-27. Clinical supervision [REVOKED]

[Source: Added at 33 Ok Reg 1012, eff 9-1-16 ; Amended at 35 Ok Reg 1854, eff 10-1-18 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

PART 5. SAFETY AND RISK MANAGEMENT

450:27-3-41. Health and Safety; facility environment [REVOKED]

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 36 Ok Reg 1157, eff 11-1-19 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-3-42. Health and Safety; emergency procedures [REVOKED]

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-3-43. Incident Reporting; procedures

- (a) The facility shall have written policies and procedures requiring documentation and reporting of unusual incidents and analysis of the contributors to the incident, with attention to issues that may reflect opportunities for system level or program level improvement.
- (b) Policies shall be in accordance with documentation and submission requirements as stipulated in OAC 450:1-9-5.6(f).
- (c) Compliance for 450:27-3-43 will be determined by review of policies and procedures, review of incidents reported, as applicable, to ODMSHAS, and staff interviews.

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 39 Ok Reg 2001, eff 9-15-22]

450:27-3-44. Hygiene and sanitation [REVOKED]

[Source: Added at 36 Ok Reg 1157, eff 11-1-19 ; Revoked at 39 Ok Reg 2001, eff 9-15-22]

PART 7. SPECIAL POPULATIONS [REVOKED]**450:27-3-61. Americans with Disabilities Act of 1990 [REVOKED]**

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-3-62. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS) [REVOKED]

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

SUBCHAPTER 5. QUALITY MANAGEMENT OF OPERATIONS**PART 1. OPERATIONS TO SUPPORT CONTINUOUS PROGRAM MANAGEMENT [REVOKED]****450:27-5-1. Information analysis and planning [REVOKED]**

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-5-2. Performance improvement program [REVOKED]

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

PART 3. OPERATIONS FOR SERVICE DOCUMENTATION [REVOKED]

450:27-5-21. Clinical record keeping system [REVOKED]

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Revoked at 39 Ok Reg 2001, eff 9-15-22]

450:27-5-22. Clinical record system; basic requirements [REVOKED]

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Revoked at 39 Ok Reg 2001, eff 9-15-22]

450:27-5-23. Record access for clinical staff [REVOKED]

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Revoked at 39 Ok Reg 2001, eff 9-15-22]

PART 5. OPERATIONS FOR PROTECTION OF CONSUMER RIGHTS

450:27-5-41. Confidentiality of mental health and drug or alcohol abuse treatment information [REVOKED]

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-5-42. Consent for release of information

(a) Facility consent for releases of information must comply with federal and state law, guidelines, and standards, and with OAC 450:15-3-20.2. Validity of written consent and releases of information.

(b) Compliance with 450:27-5-42 shall be determined by a review of facility policies, clinical record forms, on-site observation, and by review of clinical documentation.

[Source: Added at 29 Ok Reg 663, eff 7-1-12]

450:27-5-43. Consumer Rights

(a) Facility policies, procedures, and practices related to consumer rights must comply with federal and state law, guidelines, 450:15-3-3.

Notification of the Bill of Rights, and 450:15-3-27. Synopsis of the bill of rights, and other related provisions within OAC 450:15.

(b) Compliance with 450:27-5-43 shall be determined by a review of facility policies, clinical record forms, on-site observation, and review of clinical documentation.

[Source: Added at 29 Ok Reg 663, eff 7-1-12]

450:27-5-44. Right to name a treatment advocate

(a) As applicable and provided for within state and federal law, policies, procedures, and practices the facility shall establish provisions by which consumers shall be informed of and be provided the right to name a treatment advocate as stipulated in 450:15-3-28. Right to name a

Treatment Advocate.

(b) Compliance with 450:27-5-44 shall be determined by a review of facility policies, clinical record forms, on-site observation, and review of clinical documentation.

[Source: Added at 29 Ok Reg 663, eff 7-1-12]

450:27-5-45. Consumer's grievance policy

(a) The facility shall have a written grievance policy and provisions to inform consumers of their rights to file a grievance in accordance with 450:15-3-45.

(b) Compliance with 450:27-5-45 shall be determined by a review of facility policies, clinical record forms, on-site observation, and review of clinical documentation.

[Source: Added at 29 Ok Reg 663, eff 7-1-12]

SUBCHAPTER 7. CLINICAL SERVICES

PART 1. REQUIRED SERVICES

450:27-7-1. Core behavioral health services [REVOKED]

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 34 Ok Reg 1814, eff 10-1-17 ; Revoked at 39 Ok Reg 2001, eff 9-15-22]

450:27-7-2. Screening services

(a) Facility policy and procedure shall require that a screening of each potential consumer's service needs be completed in a timely manner and specify timeframes within which screenings will be initiated and completed.

(b) Policy should ensure the availability of a basic screening for those who present regardless of funding source.

(c) Policy should describe practices to be followed to ensure screenings are culturally appropriate, include screening of whether the consumer is a risk to self or others, including suicide risk factors, as well as maximize recognition of the prevalence of co-occurring mental health and substance use disorders.

(d) Policies should also indicate how referrals and linkages are facilitated on behalf of those determined ineligible for facility services as identified in the screening process in accordance with OAC 450:27-7-4.

(e) Procedures should reference how crises are managed as those emerge in the screening process.

(f) Facility policy should specify the minimal information to be collected and methods by which that is obtained for clinically appropriate and responsive screenings.

(g) The consumer, family as appropriate, and others as appropriate and approved by the consumer shall be an active participant(s) in the screening process.

(h) Compliance with 450:27-7-2 shall be determined by a review of clinical records, and policy and procedures.

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 34 Ok Reg 1814, eff 10-1-17]

450:27-7-3. Assessment services

(a) Facility policies shall describe, upon determination of appropriate admission to the facility service(s), the procedures by which assessment and admission occur.

(b) The consumer assessment shall be completed by an LBHP or licensure candidate and shall include, but not be limited to, the following information:

- (1) Behavioral, including mental health and addictive disorders;
- (2) Emotional, including issues related to past or current trauma and domestic violence;
- (3) Physical/medical;
- (4) Social and recreational; and;
- (5) Vocational.

(c) The facility shall have policy and procedures specific to each program service which dictate timeframes by when assessments must be completed and documented.

(d) The policy shall specify how screening and assessment information is maintained and stored in the event the consumer is not admitted for program services,

(e) The consumer, family as appropriate, and others as appropriate and approved by the consumer shall be an active participant(s) admission and assessment process.

(f) Compliance with 450:27-7-3 shall be determined by a review of clinical records, and policy and procedures.

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 34 Ok Reg 1814, eff 10-1-17 ; Amended at 35 Ok Reg 1854, eff 10-1-18 ; Amended at 39 Ok Reg 2001, eff 9-15-22]

450:27-7-4. Screening and assessment services, access or referral to needed services

(a) Facility policies and procedures governing the screening and assessment services shall specify the following:

- (1) The information to be obtained on all applicants for referrals, in lieu of admissions;
- (2) The procedure to be followed when an applicant or referral is found to be ineligible for admission;
- (3) The procedures for accepting referrals from outside agencies or organizations;
- (4) Methods of collection of information from family members, significant others or other social service agencies;
- (5) Methods for obtaining a physical examination or continued medical care where indicated; and,
- (6) Referral to other resources when the consumer has treatment or other service needs the facility cannot meet.

(b) Compliance with 450:27-7-4 shall be determined by a review of clinical records, and policy and procedures.

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 34 Ok Reg 1814, eff 10-1-17]

450:27-7-5. Ongoing assessment

- (a) The facility's policies and procedures shall delineate the process, protocols, and timeframes by which on-going clinical assessments occur.
- (b) Compliance with 450:27-7-5 shall be determined by a review of the clinical records and agency policies and procedures.

[Source: Added at 29 Ok Reg 663, eff 7-1-12]

450:27-7-6. Outpatient therapy services

- (a) Outpatient services shall be provided and shall include a range of services to consumers based on their needs regarding emotional, social and behavioral problems.
- (b) Outpatient therapy services shall include one or more of the following:
- (1) Individual therapy;
 - (2) Group therapy;
 - (3) Family therapy;
- (c) Compliance with 450:27-7-6 shall be determined by a review of written policy and procedures; program descriptions, and clinical records.

[Source: Added at 29 Ok Reg 663, eff 7-1-12]

450:27-7-7. Emergency services

The facility shall provide accessible co-occurring disorder capable response services for psychiatric and/or substance abuse emergencies. Facility policies and procedures shall include no arbitrary barriers to access emergency services based on active substance use or designated substance levels.

- (1) Assessment and response to psychiatric and/or substance abuse emergencies shall be available and provided directly by qualified facility staff between the hours of 8:00am to 5:00pm, Monday through Friday or during the facility's hours of operations, whichever is greater.
- (2) Methods by which consumers and others can access emergency services outside of the facility's scheduled hours/days of operation shall be posted and visible to the public. This does not include messages solely instructing clients to dial 9-1-1.
- (3) Best practice diversion and crisis intervention procedures should be utilized and stipulated in facility treatment protocols.
- (4) The facility shall also provide arrangements for emergency services beyond the facility's scheduled hours/days of operation for consumers admitted to their program. This does not include solely instructing clients to dial 9-1-1.

(5) This service shall also include availability of 24-hour referral to higher levels of care than those offered by the facility, including but not limited to inpatient treatment. This does not include solely instructing clients to dial 9-1-1.

(6) Referral services for additional emergency services shall include actively working with local sheriffs and courts regarding the appropriate referral process and appropriate court orders (43A O.S. §§ 5-201 through 5-407).

(7) Compliance with 450:27-7-7 shall be determined by a review of policy and procedures, referral agreements, emergency contract records, staff schedules, and clinical records.

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 36 Ok Reg 1157, eff 11-1-19]

PART 3. ADDITIONAL OR OPTIONAL SERVICES

450:27-7-21. Additional treatment services

(a) If the facility provides the following additional services those shall be provided in accordance with related standards described within OAC 450:27 and other portions of OAC:450, as applicable.

- (1) Case Management Services;
- (2) Medication Services;
- (3) Pharmacy Services;
- (4) Wellness Activities and Supports;
- (5) Behavioral Health Rehabilitation Services;
- (6) Day treatment services for children and adolescents; and
- (7) Peer Recovery Support Services.

(b) If the facility provides the following services, in addition to those stipulated in 450:27-7-1. and 450:27-7-21, separate ODMHSAS certification will be required in accordance with OAC 450, including but not limited to the following:

- (1) Community Residential Mental Health Facilities, per OAC 450:16;
- (2) Alcohol and Drug Treatment Programs, per OAC 450:18;
- (3) Community Based Structured Crisis Services, per OAC 450:23;
- (4) Comprehensive Community Addiction Recovery Centers, per OAC 450:24;
- (5) Programs of Assertive Community Treatment, per OAC 450:55;
- (6) Eating Disorder Treatment Programs, per OAC 450:60;
- (7) Gambling Treatment Programs, per OAC 450:65; and/or,
- (8) Opioid Substitution Treatment Programs, per OAC 450:70

(c) Compliance with 450:27-7-21 is determined by review of program descriptions, clinical documentation, and review of ODMHSAS Certification findings additional applicable portions of OAC 450.

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 32 Ok Reg 468, eff 1-1-15 (emergency); Amended at 32 Ok Reg 2120, eff 9-15-15 ; Amended at 39 Ok Reg 2001, eff 9-15-22]

450:27-7-22. Case management services

- (a) If provided, case management services shall empower consumers to access and use needed services and meet self-determined goals. These services include resource skills development and consumer advocacy provided in various settings based on consumer need. These services include referral, linkage, monitoring and support, and advocacy assistance provided in partnership with a client to support that client in self sufficiency and community tenure. Needs should be determined, at least in part, by completion of a strengths based assessment in partnership with the consumer and family members, as applicable, and utilized in the development of a a case management plan. The case management plan can be incorporated in the overall services plan.
- (b) If case management services are provided, policies and procedures should articulate that a strengths based assessment for the purpose of assisting in the development of an individual plan of care must be completed.
- (c) Compliance with 450:27-7-22 shall be determined by a review of policy and procedures and clinical documentation.

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 39 Ok Reg 2001, eff 9-15-22]

450:27-7-23. Case management services, staff credentials

- (a) If provided, case management services will be delivered by qualified staff that are certified as a behavioral health case manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50, as permitted by OAC and state statute.
- (b) Compliance with 450:27-7-23 shall be determined by a review of the facility personnel records and credentialing files.

[Source: Added at 29 Ok Reg 663, eff 7-1-12]

450:27-7-24. Medication clinic services

- (a) If provided, medication clinic services shall include an assessment of each individual's condition and needs; and an assessment of the effectiveness of those services.
- (b) Medication clinic services shall be co-occurring capable and shall utilize accepted practice guidelines for psychopharmacologic management of co-occurring disorders.
- (c) The facility may offer comprehensive medication clinic services to consumers in need of this service, including, but not limited to:
- (1) Prescribing or administering medication, including evaluation and assessment of the medication services provided.
 - (2) Medication orders and administration:
 - (A) Licensed physicians, medical residents or consultant physicians shall write medication orders and prescriptions. Physician's assistants and nurse practitioners may write medication orders, or prescriptions consistent with state and federal law.
 - (B) A list of those physicians authorized to prescribe medications shall be maintained and regularly updated.

- (C) Only authorized licensed staff shall administer medications.
- (D) A list of licensed staff members authorized to administer medications shall be maintained and regularly updated.
- (E) If physician's assistants and/or nurse practitioners write medication orders, or prescriptions those functions are performed consistent with state and federal law.
- (d) The facility shall assure proper storage and control of medications, immediate response if incorrect or overdoses occur, and have appropriate emergency supplies available if needed.
- (1) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.
- (2) All medications shall be kept in locked, non-consumer accessible areas. Conditions which shall be considered in medication storage are light, moisture, sanitation, temperature, ventilation, and the segregation and safe storage of poisons, external medications, and internal medications.
- (3) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, administered, and stored.
- (4) A qualified physician shall supervise the preparation and stock of an emergency kit which is readily available, but accessible only to physician, nursing and pharmacy staff. Documentation by the qualified physician shall clearly indicate that the supervision has been performed.
- (e) The facility shall make available access to pharmacy services to meet consumers' psychiatric needs. Provision of services may be made through agreement with another program, through a pharmacy in the community, or through their own Oklahoma licensed pharmacy.
- (f) Compliance with 450:27-7-24 shall be determined by on-site observation and a review of the following: clinical records, written policy and procedures, written agreements for pharmacy services, on-site observation of in-house pharmacy, State of Oklahoma pharmacy license, and roster of licensed, credentialed staff.
- (g) Failure to comply with 450:27-7-24(e) will result in the initiation of procedures to deny, suspend and/or revoke certification.

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 33 Ok Reg 1012, eff 9-1-16 ; Amended at 35 Ok Reg 1854, eff 10-1-18]

450:27-7-25. Medication clinic, medication monitoring [REVOKED]

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Revoked at 33 Ok Reg 1012, eff 9-1-16]

450:27-7-26. Pharmacy services [REVOKED]

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 31 Ok Reg 2060, eff 10-1-14 ; Revoked at 33 Ok Reg 1012, eff 9-1-16]

450:27-7-27. Peer recovery support services

- (a) If provided, the facility shall have written policies specific to peer recovery support services.
- (b) Peer recovery support services shall be provided in accordance with OAC 450:53 and other provisions stipulated in OAC 450 and state statute.
- (c) These services shall
 - (1) Be based on an individualized, recovery-focused service philosophy that allows individuals the opportunity to learn to manage their own recovery and advocacy process;
 - (2) Recognize the unique value of services being provided by persons with lived experience who are able to demonstrate their own hopefulness and recovery;
 - (3) Enhance the development of natural supports, coping skills, and other skills necessary to function as independently as possible in the community, including, but not limited to assisting re-entry into the community after a hospitalization or other institutional settings;
- (d) Behavioral health providers offering these services shall have provisions in place for direct supervision and other supports for staff providing this service.
- (e) Compliance with 450:27-7-27 shall be determined by a review of the following: documentation of linkage activities and agreements; clinical records; policy and procedures.

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 31 Ok Reg 2060, eff 10-1-14]

450:27-7-28. Peer Recovery Support Specialists, staff credentials

- (a) Peer Recovery Support Services shall be provided only by staff certified as a Peer Recovery Support Specialist (PRSS) in accordance with OAC 450:53.
- (b) The facility shall retain records to verify compliance with training and certification requirements of each provider of this service.
- (c) Compliance for 450:27-7-28 shall be determined by a review of the facility personnel records.

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 31 Ok Reg 2060, eff 10-1-14]

450:27-7-29. Wellness services and supports

- (a) If provided, the facility shall have written policies specific to wellness services and supports.
- (b) Wellness services and supports shall be consumer-driven services to promote healthy lifestyles and behaviors which may include and not be limited to smoking cessation activities, exercise, stress management, and education on nutrition.
- (c) These services shall be based on an individualized, recovery-focused service philosophy that allows individuals the opportunity to learn to manage their own wellness.

(d) These services shall be provided by staff credentialed by ODMHSAS as Wellness Coaches.

(e) Compliance for 450:27-7-29 shall be determined by a review of the following: documentation of activities and agreements; clinical records and policy and procedures.

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 35 Ok Reg 1854, eff 10-1-18]

450:27-7-30. Behavioral health rehabilitation services; general requirements

(a) Behavioral health rehabilitation services, if provided, shall be organized as a separate programmatic unit operated by the facility with extended hours offered two or more times per week and/or as specifically arranged sessions on behalf of consumers in need of this service.

(b) Facility policies and procedures shall stipulate how rehabilitation services are organized and provided.

(1) The facility shall describe the behavioral health rehabilitation service components that optimize participants' potential for occupational and/or educational achievement, goal setting, skill development, and increased quality of life, therefore maximizing the individual's independence and increased reliance on community and peer support.

(2) The facility shall design rehabilitation services specific the age and cultural needs of participants, which can be children and/or adults.

(3) The facility shall establish in policy and procedure and program descriptions, minimum staff ratios to assure participants have choices in activities and staff with whom they work.

(c) Compliance with 450:27-7-30 shall be determined by on-site observation; interviews with participants; interviews with staff; a review of policy and procedures; and a review of clinical records.

[Source: Added at 29 Ok Reg 663, eff 7-1-12]

450:27-7-31. Behavioral health rehabilitation services; rehabilitation unit programs

(a) Behavioral health rehabilitation services offered as separate programmatic unit shall provide sessions three or more hours in length two or more times per week.

(b) The rehabilitation program(s) with extended hours shall be designed to provide an array of services that focus on long term recovery and maximize self-sufficiency, role functioning, and independence as distinguished from the symptom stabilization function of acute or other levels of care.

(c) Individualized goals and personal preferences for consumers receiving this service shall be specifically addressed on service plans.

(d) The service shall incorporate the following functions and characteristics:

(1) Recovery Orientation. The service elements include a recovery oriented service plan, participant goal setting, employment and

educational support services, and a staff philosophy of recovery reinforced in service elements and activities.

(2) Empowerment Orientation. The service elements include peer support and, leadership skill development.

(3) Competency Orientation. The service elements include curriculum based life skills training (covering self-management of illness, independent living skills, social skills, and work related skills), a multi-dynamic learning approach, an explicit focus on generalization to contexts beyond the immediate learning task and transfer of skills to real life situations and a community based supports component that provides on-going in home or community based support services, based on consumer need and choice, in the areas of housing, employment, education and the development of natural supports (i.e., family, cultural and social).

(e) The program shall be designed and operated in such a manner that participants and staff work alongside one another to embody the functions referenced in 450:27-7-31(d).

(1) The work completed is work generated by the program component. No work for outside individuals or agencies is acceptable within this service.

(2) All work or training is designed for participants to develop or regain self-worth, purpose and confidence. It is not intended to be job-specific training.

(f) Compliance with 450:27-7-31 shall be determined by on-site observation; interviews with participants; interviews with staff; a review of policy and procedures; and a review of clinical records.

[Source: Added at 29 Ok Reg 663, eff 7-1-12]

450:27-7-32. Behavioral health rehabilitation services; Individual and Group Services

(a) The facility may offer behavioral health rehabilitation services in individual or group settings, other than or in addition to those defined 450:27-7-31.

(b) Facility policy and procedures shall outline the way these services are provided, including but not limited to the populations served, staff qualifications for providing the service, and general design(s) by which these services are provided.

(c) Individualized goals and personal preferences for consumers receiving this service shall be specifically addressed on service plans.

(d) Compliance with 450:27-7-32 shall be determined by on-site observation; interviews with participants; interviews with staff; a review of policy and procedures; and a review of clinical records.

[Source: Added at 29 Ok Reg 663, eff 7-1-12]

450:27-7-33. Behavioral health rehabilitation services, staff credentials

(a) Staff providing this service shall be a LBHP, Licensure Candidate, CADC or certified by ODMHSAS as a Behavioral Health Case Manager

(CM) II pursuant to OAC 450:50.

(b) Compliance with 450:27-7-33 will be determined by a review of facility personal files, individual staff records, and verification with organizations providing required training.

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 31 Ok Reg 2060, eff 10-1-14 ; Amended at 32 Ok Reg 2120, eff 9-15-15]

450:27-7-34. Day treatment services for children and adolescents

(a) Day treatment services are designed for non-residential consumers who spend only a part of a twenty-four (24) hour period in the program.

(1) Hours of operation shall be held during periods which make it possible for consumers to receive a minimum of three (3) hours of treatment and services each day for five (5) days each week in the program, excluding time spent in fulfillment of academic educational activities as required by law; and,

(2) Services provided shall be co-occurring disorders capable and include, at a minimum, the following:

(A) Weekly individual therapy, group, and family therapy;

(B) Social skills development through activities which encourage interaction and the development of communications and interpersonal skills;

(C) Integrated attention to decision making and healthy skill building regarding substance use, including nicotine and caffeine;

(D) Recreation and leisure activities;

(E) Emergency services;

(F) Habilitation services;

(G) Referral to other resources when indicated by treatment goals and objectives; and,

(H) Provide, or arrange for, academic education as required by state or federal law.

(b) Compliance with 450:27-7-34 shall be determined by on-site observation; and a review of the following: clinical records, policy and procedures, and program descriptions.

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 38 Ok Reg 1356, eff 9-15-21]

PART 5. CLINICAL DOCUMENTATION

450:27-7-41. Clinical record content, screening, intake and assessment, documentation

(a) The facility shall complete a face-to face screening with each individual to determine appropriateness of admission in accordance with 450:27-7-2. Screening services.

(b) The facility shall document the face-to-face screening conducted how the consumer was assisted to identify goals, how the consumer received integrated screening to identify both immediate and ongoing needs and how the consumer was assisted to determine appropriateness of

admission, and/or to access other appropriate services.

(c) Each consumer admitted for treatment for co-occurring services shall be assessed by a qualified professional to determine a clinically appropriate placement in the least restrictive level of care. Facilities must ensure that a consumer's refusal of a particular service does not preclude the consumer from accessing other needed co-occurring treatment services. Should the service provider determine the consumer's needs cannot be met within the facility, clinical assessments and referrals for the consumer shall be documented.

(d) Upon determination of appropriate admission, consumer demographic information shall be collected, as defined by facility policies and procedures.

(e) For persons admitted to service, the facility shall complete a psychosocial assessment which gathers sufficient information to assist the consumer develop an individualized service plan.

(f) An intake assessment update, to include date, identifying information, source of information, present needs, present life situation, current level of functioning, and what consumer wants in terms of service, is acceptable as meeting requirements of 450:27-7-41 only on re-admissions within one (1) year of previous admission at the facility.

(g) Compliance with 450:450:27-7-41 shall be determined by a review of the following: psychosocial assessment instruments; consumer records; case management assessments; interviews with staff and consumers; policies and procedures and other facility documentation.

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 36 Ok Reg 1157, eff 11-1-19 ; Amended at 38 Ok Reg 1356, eff 9-15-21 ; Amended at 39 Ok Reg 2001, eff 9-15-22]

450:27-7-42. Behavioral health service plan; documentation

(a) The service plan is developed and finalized with the active participation of the consumer and a support person or advocate if requested by the consumer. In the case of children under the age of eighteen (18), it is performed with the participation of the parent or guardian and the child as age and developmentally appropriate. The service plan shall provide the formation of measurable service objectives and reflect ongoing changes in goals and objectives based upon consumer's progress or preference or the identification of new needs, challenges and problems.

(b) The service plan shall be completed by a LBHP or licensure candidate and be based on information obtained in the mental health assessment, other information provided on behalf of the consumer, and includes the evaluation of the assessment information by the clinician and the consumer.

(c) For adults, the service plan must be focused on recovery. For children the plan should address school and education concerns and assisting the family in caring for the child in the least restrictive level of care.

(d) Service plans must be completed within six (6) treatment sessions and adhere to the format and content requirements described in the facility policy and procedures.

(e) Service plan updates should occur at a minimum of every 6 months during which services are provided and adhere to the format and content

requirements described in the facility policy and procedures.

(f) Service plans, both comprehensive and update, must include dated signatures of the consumer (if over age 14), the parent/guardian (if the consumer is under age 18 or otherwise applicable), and the primary service practitioner. Signatures must be obtained after the service plan is completed.

(g) Compliance with 450:27-7-42 shall be determined by a review of the clinical records, policies and procedures, and interviews with staff and consumers, and other agency documentation.

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 35 Ok Reg 1854, eff 10-1-18 ; Amended at 36 Ok Reg 1157, eff 11-1-19 ; Amended at 39 Ok Reg 2001, eff 9-15-22]

450:27-7-43. Clinical record content, on-going assessment; documentation

(a) On-going reassessments shall be documented in the clinical record in accordance with 450:27-7-5 and within the timeframes stipulated by facility policy.

(b) Information gained in the on-going assessment process should be reflected in updated service plans.

(c) Compliance with 450:27-7-43 shall be determined by a review of the clinical records and agency policies and procedures.

[Source: Added at 29 Ok Reg 663, eff 7-1-12]

450:27-7-44. Progress notes

(a) Progress notes shall chronologically describe the services provided by date and, for timed treatment sessions, time of service, and the consumer's progress in treatment.

(b) Progress notes must include the consumer's name, be signed by the service provider, and include the service provider's credentials.

(c) Compliance with 450:27-7-44 shall be determined by a review of clinical records and policies and procedures.

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Amended at 36 Ok Reg 1157, eff 11-1-19 ; Amended at 39 Ok Reg 2001, eff 9-15-22]

450:27-7-45. Other records content

(a) The consumer record shall contain copies of all consultation reports concerning the consumer.

(b) When psychometric or psychological testing is done, the consumer record shall contain a copy of a written report describing the test results and implications or recommendations for treatment.

(c) The consumer record shall contain any additional information relating to the consumer, which has been secured from sources outside the program.

(d) Compliance with 450:27-7-45 shall be determined by a review of clinical records.

[Source: Added at 29 Ok Reg 663, eff 7-1-12]

450:27-7-46. Discharge summary [REVOKED]

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-7-47. Incident reporting; documentation and notification [REVOKED]

[Source: Added at 29 Ok Reg 663, eff 7-1-12 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

SUBCHAPTER 9. BEHAVIORAL HEALTH HOME [REVOKED]

450:27-9-1. Program description and purpose [REVOKED]

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ; Amended at 35 Ok Reg 1854, eff 10-1-18 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-9-2. Target populations [REVOKED]

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-9-3. Outreach and engagement [REVOKED]

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-9-4. Structure of Behavioral Health Home and administrative staff [REVOKED]

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-9-5. Treatment team; general requirements [REVOKED]

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ; Amended at 33 Ok Reg 1012, eff 9-1-16 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-9-6. Treatment team; adult team [REVOKED]

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ; Amended at 33 Ok Reg 1012, eff 9-1-16 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-9-7. Treatment team; children and adolescent team [REVOKED]

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ; Amended at 33 Ok Reg 1012, eff 9-1-16 ; Amended at 35 Ok Reg 1854, eff 10-1-18 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-9-8. Required services [REVOKED]

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-9-9. Access to specialists [REVOKED]

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-9-10. Admission [REVOKED]

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ; Amended at 35 Ok Reg 1854, eff 10-1-18 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-9-11. Initial assessment [REVOKED]

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ; Amended at 33 Ok Reg 1012, eff 9-1-16 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-9-12. Comprehensive assessments [REVOKED]

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ; Amended at 35 Ok Reg 1854, eff 10-1-18 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-9-13. Integrated care plan [REVOKED]

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-9-14. Integrated care plan; content [REVOKED]

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-9-15. Review of plan [REVOKED]

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-9-16. Intensive care coordination for children and adolescents; wraparound approach [REVOKED]

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-9-17. Behavioral Health Home medication monitoring [REVOKED]

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ; Amended at 33 Ok Reg 1012, eff 9-1-16 ; Revoked at 38 Ok Reg 1356, eff 9-15-21]

**450:27-9-18. Behavioral Health Home pharmacy services
[REVOKED]**

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ;
Revoked at 33 Ok Reg 1012, eff 9-1-16]

**450:27-9-19. Health promotion and wellness; consumer self-
management [REVOKED]**

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ;
Revoked at 38 Ok Reg 1356, eff 9-15-21]

**450:27-9-20. Discharge or transfer from Behavioral Health Home
[REVOKED]**

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ;
Revoked at 38 Ok Reg 1356, eff 9-15-21]

450:27-9-21. Linkage and transitional care [REVOKED]

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ;
Revoked at 38 Ok Reg 1356, eff 9-15-21]

**450:27-9-22. Consumer (patient care) registries and population
health management [REVOKED]**

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ;
Revoked at 38 Ok Reg 1356, eff 9-15-21]

**450:27-9-23. Electronic health records and data sharing
[REVOKED]**

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ;
Revoked at 38 Ok Reg 1356, eff 9-15-21]

**450:27-9-24. Performance measurement and quality improvement
[REVOKED]**

[Source: Added at 32 Ok Reg 468, eff 1-1-15 (emergency); Added at 32 Ok Reg 2120, eff 9-15-15 ;
Revoked at 38 Ok Reg 1356, eff 9-15-21]

CHAPTER 30. STANDARDS AND CRITERIA FOR STATE-OPERATED INPATIENT SERVICES

[Authority: 43 O.S. §§ 2-201, 3-306, 3-317, 3-403(1), 3-415, and 3-416]

[Source: Codified 12-31-91]

SUBCHAPTER 1. GENERAL PROVISIONS [REVOKED]

450:30-1-1. Purpose [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

SUBCHAPTER 3. PATIENT/CLIENT RELOCATION [REVOKED]

PART 1. PATIENT TRANSFERS [REVOKED]

450:30-3-1. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-3-2. Intra-departmental transfers [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-3-3. Interagency transfers [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-3-4. Patients eligible for care in federal institutions [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-3-5. Interstate transfer; Interstate Compact on Mental Health [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-3-6. Transfer of female patients [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-3-7. Inmates of the Oklahoma Department of Corrections [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-3-8. Intra-facility transfer of patients to more restrictive settings [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

PART 3. CONVALESCENT LEAVE [REVOKED]

450:30-3-18. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-3-19. Granting of convalescent leave [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-3-20. Policy; court committed patients on convalescent leave [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-3-21. Discharge procedures [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

PART 4. PATIENT RECORDS [REVOKED]

450:30-3-22. Medical records for transferred patients (non-medical emergency); review [REVOKED]

[Source: Added at 10 Ok Reg 117, eff 10-7-92 (emergency); Added at 10 Ok Reg 1853, eff 5-14-93 ; Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-3-23. Medical emergency transfers [REVOKED]

[Source: Added at 10 Ok Reg 117, eff 10-7-92 (emergency); Added at 10 Ok Reg 1853, eff 5-14-93 ; Revoked at 11 Ok Reg 3885, eff 7-11-94]

PART 5. PATIENTS ABSENT WITHOUT LEAVE (AWOL) AND REPORTING [REVOKED]

450:30-3-31. Definition [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-3-32. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-3-33. Responsibilities; plan development which addresses AWOL questions [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-3-34. Reporting AWOL incidents [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-3-35. Prevention of AWOL incidents [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

PART 7. REFERRALS [REVOKED]

450:30-3-45. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-3-46. Referral policy and procedures [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

PART 9. CRITICAL INCIDENTS [REVOKED]

450:30-3-55. Definitions [REVOKED]

[Source: Added at 9 Ok Reg 2699, eff 6-1-92 (emergency); Added at 10 Ok Reg 2085, eff 6-15-93 ; Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-3-56. Applicability [REVOKED]

[Source: Added at 9 Ok Reg 2699, eff 6-1-92 (emergency); Added at 10 Ok Reg 2085, eff 6-15-93 ; Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-3-57. Reporting of critical incidents [REVOKED]

[Source: Added at 9 Ok Reg 2699, eff 6-1-92 (emergency); Added at 10 Ok Reg 2085, eff 6-15-93 ; Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-3-58. Responsibility for reporting of critical incidents
[REVOKED]**

[Source: Added at 9 Ok Reg 2699, eff 6-1-92 (emergency); Added at 10 Ok Reg 2085, eff 6-15-93 ;
Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-3-59. Critical incident report form and format [REVOKED]

[Source: Added at 9 Ok Reg 2699, eff 6-1-92 (emergency); Added at 10 Ok Reg 2085, eff 6-15-93 ;
Revoked at 11 Ok Reg 3885, eff 7-11-94]

**SUBCHAPTER 5. PATIENT/CLIENT TREATMENT
REVIEW [REVOKED]**

PART 1. UTILIZATION REVIEW [REVOKED]

450:30-5-1. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-2. Allocation of resources [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-3. Written plan; utilization review program [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-4. Methods for identifying utilization problems;
concurrent review [REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-5. Discharge planning [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-6. Review and revision of utilization review program
[REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-7. Requests for rule revisions; recommendations
[REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

PART 3. PATIENT CARE MONITORING [REVOKED]

450:30-5-17. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-18. Written plan; patient care monitoring [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-19. Scope of patient care monitoring [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-20. Requests for rule revisions regarding patient care monitoring; recommendations [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

PART 5. REQUIREMENTS FOR PRESCRIBING AND MONITORING ANTIPSYCHOTIC (NEUROLEPTIC) MEDICATIONS [REVOKED]

450:30-5-30. Applicability [REVOKED]

[Source: Amended at 10 Ok Reg 3159, eff 7-1-93 ; Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-31. Policy regarding patients who are to receive neuroleptic medications [REVOKED]

[Source: Amended at 10 Ok Reg 3159, eff 7-1-93 ; Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-32. Prescribing and monitoring neuroleptic antipsychotic medications [REVOKED]

[Source: Amended at 10 Ok Reg 3159, eff 7-1-93 ; Revoked at 11 Ok Reg 3885, eff 7-11-94]

PART 7. PROCEDURES AND FORMS FOR CLINICAL RECORDS [REVOKED]

450:30-5-42. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-43. Clinical record; number assignment; function
[REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-44. Contents of clinical record [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-45. Special procedures; clinical record [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-46. Discharge summary; clinical record [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-47. Notification of Medical Examiner [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-48. Management of records [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-49. Record filing and disposition [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-50. Access and release of patient related data
[REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-51. Policies and procedures regarding model clinical
records forms [REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-52. Implementation guidelines for the state model
clinical record for community mental health centers [REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-53. Required clinical records forms [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-54. Policy and procedure; request for service form
[REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-55. Policy and procedure; consent for treatment form
[REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-56. Policy and procedure; consent for follow-up form
[REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-57. Policy and procedure; client data core (face sheet for
centers) [REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-58. Policy and procedure; health and drug history form
[REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-59. Policy and procedure; psycho-social evaluation form
[REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-60. Policy and procedure; readmission documentation
form [REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-61. Policy and procedure; treatment plan [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-62. Policy and procedure; treatment plan review and
update [REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-63. Policy and procedure; progress notes [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-64. Policy and procedure; discharge summary
[REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-65. Policy and procedure; orders [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-66. Policy and procedure; laboratory reports form
[REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-67. Policy and procedure; physical therapy record form
[REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-68. Policy and procedure; client referral for
rehabilitation form [REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-69. Policy and procedure; release of confidential
information form [REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-70. Policy and procedure; nursing admission note
[REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-71. Policy and procedure; protective care sheet
[REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-72. Policy and procedure; medication administration
record (inpatient) [REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-73. Policy and procedure; medication administration
record (outpatient) [REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-74. Policy and procedure; physical information form
[REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-75. Policy and procedure; nursing transfer/release
summary form [REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-76. Policy and procedure; release of responsibility for
client's property form [REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-77. Policy and procedure; professional
examination/consultation record (request and report) [REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-78. Policy and procedure; physical examination form
[REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-79. Policy and procedure; systems review form
[REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-80. Policy and procedure; patient's rights form
[REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-81. Policy and procedure; family treatment
documentation form [REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-82. Policy and procedure; master problem list
[REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

**450:30-5-83. Policy and procedure; role performance profile
[REVOKED]**

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-84. Policy and procedure; mini-record form [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-85. Policy and procedure; referral form [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

PART 9. QUALITY ASSURANCE [REVOKED]

450:30-5-95. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-96. Development of quality assurance plan [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-97. Components of the quality assurance program [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-98. Review and revisions; quality assurance rules/regulations [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

PART 11. RESTRAINT OR SECLUSION [REVOKED]

450:30-5-108. Definition [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-109. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-110. General statement regarding restraint and seclusion [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-111. Use of soft restraints [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-112. Non-emergency procedures; restraint or seclusion [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-113. Emergency procedures; restraint or seclusion [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-114. Time lines; restraint or seclusion [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

PART 13. TREATMENT PLANS [REVOKED]

450:30-5-124. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-125. Development of individualized treatment plan [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-126. Treatment plan policy and procedures [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-127. Evaluation; case conference; progress notes [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-128. Review of treatment plan [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-129. Release procedures; aftercare plan [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

PART 15. ASSESSMENT [REVOKED]

450:30-5-139. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-140. Patient assessment [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-141. Responsibility for assessment of the patient's physical health [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-142. Physical examinations [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-143. Children and adolescents health assessment [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-144. Psychological assessment [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-145. Social assessment [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-146. Vocational assessment [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-147. Nutritional assessment [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-148. Activities assessment [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-5-149. Legal assessment [REVOKED]

[Source: Revoked at 11 Ok Reg 3885, eff 7-11-94]

SUBCHAPTER 7. PATIENT/CLIENT PROGRAM SERVICES [REVOKED]

PART 1. RESIDENTIAL CARE PROGRAMS FOR THE MENTALLY ILL [REVOKED]

450:30-7-1. Definitions [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

450:30-7-2. Applicability [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

450:30-7-3. Identification and description of residential care programs [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

450:30-7-4. Mental health program base criteria for residential care programs [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

450:30-7-5. Individual habilitation plan (IHP) [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

450:30-7-6. Training of the Residents [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

450:30-7-7. Access to needed professional and/or generic services [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

450:30-7-8. Policy and procedures regarding behavior management [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

450:30-7-9. Medication storage and administration [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

450:30-7-10. Resident's funds [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

450:30-7-11. Involuntary transfer or discharge of resident [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

450:30-7-12. Resident's rights and responsibilities [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

PART 3. REHABILITATION SERVICES [REVOKED]

450:30-7-20. Applicability [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

450:30-7-21. Scope of rehabilitation counseling [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

450:30-7-22. Delegation of rehabilitation services [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

450:30-7-23. Rules governing provision of rehabilitation services [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

PART 5. ACTIVITY SERVICES [REVOKED]

450:30-7-33. Applicability [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

450:30-7-34. Activity services; scope and use [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

450:30-7-35. Activity services staff [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

450:30-7-36. Policies and procedures; activity services [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

450:30-7-37. Activity services as part of total treatment plan [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

450:30-7-38. Space, equipment, and facilities [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

450:30-7-39. Use of community services and vehicles [REVOKED]

[Source: Revoked at 10 Ok Reg 3781, eff 7-12-93]

SUBCHAPTER 9. ROLE OF STATE-OPERATED INPATIENT PSYCHIATRIC UNITS

450:30-9-1. Purpose

The purpose of this subchapter is to define the role of state-operated facilities with inpatient psychiatric units serving adults under civil admissions in providing mental health treatment services to individuals within the State of Oklahoma.

[Source: Added at 10 Ok Reg 1857, eff 6-1-93 ; Amended at 20 Ok Reg 2146, eff 7-1-03]

450:30-9-2. Applicability

This subchapter is applicable to state-operated facilities with inpatient psychiatric units

[Source: Added at 10 Ok Reg 1857, eff 6-1-93 ; Amended at 20 Ok Reg 2146, eff 7-1-03]

450:30-9-3. Admission criteria for state-operated inpatient psychiatric units

Individuals appropriate for involuntary admission to a state-operated inpatient psychiatric unit are persons age eighteen or older who have received maximum benefit of the community based treatment available ("Maximum benefit" is defined as the extent available resources can no longer accommodate or assist in the reduction of psychiatric symptoms in a level of care less restrictive than inpatient services.); and who:

- (1) Are determined to have any of the following psychiatric diagnoses based on nomenclature established in the most current edition of the Diagnostic and Statistical Manual, published by the American Psychiatric Association:

- (A) Schizophrenia;
 - (B) Schizoaffective Disorder;
 - (C) Other Psychotic Disorders;
 - (D) Bipolar Disorder;
 - (E) Depressive Disorders;
 - (F) Other Mood Disorders;
 - (G) Anxiety Disorders;
 - (H) Dissociative Disorders;
 - (I) Adjustment Disorders; or,
 - (J) Substance Related Psychiatric Disorders; and
- (2) Demonstrate they are a risk of harm to self or others as defined in 43A O.S. § 1-103.

[Source: Added at 10 Ok Reg 1857, eff 6-1-93 ; Amended at 20 Ok Reg 2146, eff 7-1-03]

450:30-9-3.1. Voluntary formal and informal admissions to a state-operated inpatient psychiatric unit

The executive director of the state-operated inpatient unit may receive and retain as a consumer, when there are available accommodations, any person eighteen (18) years of age or over, who voluntarily makes a written application for inpatient treatment.

(1) Any person presenting to a state-operated inpatient psychiatric unit for voluntary admission shall be evaluated by a licensed mental health professional, as defined by 43A O.S. §1-103 (11), who is employed by the state-operated inpatient psychiatric unit to determine that the requested admission is appropriate in accordance with the facility's admission criteria. If the licensed mental health professional determines that admission is necessary and an appropriate referral by a community mental health center has not been made, the licensed mental health professional will seek consent from the person making application for admission to contact the local community mental health center to discuss the admission of the consumer and review options for consideration in lieu of admission to the facility.

(2) A person being admitted to the state-operated inpatient psychiatric unit on a voluntary status must be able to grant consent for the admission. The licensed mental health professional shall ensure that the person signing the request for voluntary admission is competent to grant consent. If the person is unable or not competent to give consent, then the individual may be admitted through the civil involuntary commitment process.

(3) The written application for voluntary admission shall include:

- (A) the name of facility to which the request is made;
- (B) the current date and time;
- (C) the name and address of the person making the request;
- (D) the signatures of the person making the request;
- (E) the licensed mental health professional conducting the evaluation; and

- (F) the signature of a witness or notary.
- (4) An individual presenting for voluntary admission with pending criminal charges against him or her shall not be admitted if he or she is confined in a jail or adult lock-up facility.
- (5) An individual voluntarily admitted to the state-operated inpatient psychiatric unit shall not be detained for a period exceeding seventy-two (72) hours, excluding weekends and holidays, from receipt of notice of the consumer's desire to leave such inpatient treatment facility.
- (6) The state-operated inpatient psychiatric unit shall refer, with appropriate signed consent by the individual, persons who do not meet the criteria for admission and are refused admission to an appropriate agency or service. Appropriate documentation of the referral and reason for the non-admission shall be made.

[Source: Added at 20 Ok Reg 2146, eff 7-1-03 ; Amended at 21 Ok Reg 1086, eff 7-1-04 ; Amended at 27 Ok Reg 1014, eff 7-1-10]

450:30-9-4. Community Mental Health Center referrals

The state-operated inpatient psychiatric unit shall develop procedures by which referrals for admission to the unit are accepted from community mental health centers, provided a signed consent for release of information is secured from the consumer. Conditions under which a state-operated inpatient psychiatric unit may accept a referral from a community mental health center are as follows:

- (1) The consumer shall meet admission criteria as defined in 450:30-9-3 and 450:30-9-3.1; and
- (2) The CMHC shall have no local inpatient psychiatric unit capacity either of its own or a contracted for inpatient service; or
- (3) When the environment at the local inpatient psychiatric unit is deemed unsafe.

[Source: Added at 10 Ok Reg 1857, eff 6-1-93 ; Amended at 20 Ok Reg 2146, eff 7-1-03]

450:30-9-5. Detoxification referrals

The state-operated inpatient psychiatric unit may develop procedures by which referrals for admission to the unit for detoxification are accepted from an alcohol and drug program provided an adequate signed consent for release of information is secured from the consumer. Conditions under which a state-operated inpatient psychiatric unit may accept a referral from an alcohol and drug program are as follows:

- (1) The individual shall meet admission criteria as defined in 450:30-9-3 and 450:30-9-3.1;
- (2) Detoxification services are not provided or currently available locally; and
- (3) The specific alcohol and drug program referring the individual to the state-operated inpatient psychiatric unit for detoxification services agrees to participate in discharge planning, with properly signed consent by the consumer, to assure continuity from state-operated inpatient psychiatric unit services to community based services.

[Source: Added at 10 Ok Reg 1857, eff 6-1-93 ; Amended at 20 Ok Reg 2146, eff 7-1-03 ; Amended at 21 Ok Reg 1086, eff 7-1-04]

450:30-9-6. Criteria for exclusion from state-operated inpatient psychiatric units admission

Individuals inappropriate for admission to state-operated psychiatric inpatient units are considered to be the following:

- (1) Individuals who have a problem with substance abuse except those in acute withdrawal and for whom no local inpatient services for such treatment are immediately available.
- (2) Individuals with a post-traumatic head injury or other organically based disorders with behavioral manifestations not attributable to a specific mental illness as listed in 450:30-9-3(1), and do not meet the admission criteria stated in 450:30-9-3(2).
- (3) Individuals who are mentally retarded or developmentally disabled with behavioral manifestations not attributable to a specific mental illness as listed in 450:30-9-3(1) and do not meet the admission criteria stated in 450:30-9-3(2).
- (4) Individuals who are homicidal or aggressive, and do not meet the admission criteria stated in 450:30-9-3.
- (5) Individuals who are medically unstable. "Medically unstable" is defined as an-immediate life threatening medical disorder or illness that requires emergency care, and severe medical illnesses or disorders for which the state-operated psychiatric inpatient unit does not have the ability to treat.
- (6) Individuals with personality disorders as defined in the current Diagnostic and Statistical Manual published by the American Psychiatric Association and who do not meet the admission criteria stated in 450:30-9-3.

[Source: Added at 10 Ok Reg 1857, eff 6-1-93 ; Amended at 20 Ok Reg 2146, eff 7-1-03]

450:30-9-7. Referral assistance to be provided by the state-operated psychiatric inpatient unit

The state-operated psychiatric inpatient unit shall assure that procedures are published and followed related to activities which may be initiated at the local level to assist with admissions to the state-operated psychiatric inpatient unit on a consumer's behalf with signed consumer consent. These shall involve the following:

- (1) Evaluation and assessment for consideration of admission to the state-operated psychiatric inpatient unit if performed by a community mental health center or alcohol or drug program and,
- (2) Communication with local law enforcement and courts regarding the appropriate referral process and appropriate court orders.

[Source: Added at 10 Ok Reg 1857, eff 6-1-93 ; Amended at 20 Ok Reg 2146, eff 7-1-03]

450:30-9-8. State-operated psychiatric inpatient unit treatment functions

(a) The state-operated psychiatric inpatient unit admission function is as follows:

- (1) Comprehensive evaluation prior to admission; and
- (2) Crisis intervention and stabilization regardless of legal status in consideration of relevant legal restrictions on providing treatment including but not limited to medications to individuals admitted on emergency detention status.

(b) The state-operated psychiatric inpatient unit acute care treatment function is as follows:

- (1) Treatment to provide quick reduction and stabilization of psychiatric or acute withdrawal symptoms with ongoing treatment provided in the community; and
- (2) Discharge planning which shall begin at time of admission.

(c) The state-operated psychiatric inpatient unit continued treatment function is as follows:

- (1) Continued treatment planning which shall begin with the consumer and, pursuant to releases signed by the consumer, the family and the local community mental health center or alcohol or drug program as soon as the consumer is admitted to the state-operated psychiatric inpatient unit.
- (2) Planning, pursuant to appropriately signed releases by the consumer, which shall include a written discharge plan to address the basic needs of the consumer including but not limited to housing, income maintenance and social support as well as specific provisions for ongoing community based mental health or substance abuse treatment needs. When treatment for co-occurring substance abuse and mental health disorders is indicated, discharge planning shall include arrangements to continue treatment for the co-occurring disorders.
- (3) Regular communication including meetings with all community mental health centers and alcohol or drug programs within the state-operated psychiatric inpatient unit service area

pursuant to appropriately signed releases by the consumer to support the continuation of care on behalf of the consumer in post-inpatient settings.

(d) Any person involuntarily committed for inpatient treatment shall receive a review of his or her involuntary status at least once every three (3) months. The executive director of the state-operated facility with the psychiatric inpatient unit shall take appropriate action based upon this review.

(1) If continued care in the involuntary commitment status is indicated, the treatment team shall determine reasons the individual does not meet criteria for discharge and summarize these in a written evaluation. The team's report shall indicate the exploration of alternatives for continuing care in a less restrictive setting and reasons these alternatives are not clinically indicated.

(2) A second, independent evaluation shall be made by the state-operated psychiatric unit clinical director. In cases where the clinical director is also the treating physician, a non-treating physician shall conduct and document the independent evaluation.

(3) All evaluations for purposes of such reviews shall be documented in the medical record.

(4) Summaries and recommendations of the team and the independent evaluation shall be forwarded to the executive director who shall document, in the medical record, actions authorized by him or her based on the review. Such actions may include but not be limited to discharge from the state-operated psychiatric inpatient unit, motion to modify commitment orders, or development of revised treatment plans for services offered for the consumer in the state-operated psychiatric inpatient unit

(5) Copies of all evaluations including recommendations, pursuant to this subsection shall be provided to the ODMHSAS Office of Consumer Advocacy.

[Source: Added at 10 Ok Reg 1857, eff 6-1-93 ; Amended at 20 Ok Reg 2146, eff 7-1-03]

450:30-9-9. Mechanical Restraints

(a) Mechanical restraints shall not be used on a non-consenting individual unless an inpatient psychiatric facility licensed physician personally examines the individual and determines their use to be required for the safety and protection of the consumer or other persons. This shall not prohibit the emergency use of restraint pending notification of the physician.

(b) The inpatient psychiatric facility shall have a written protocol for the use of mechanical restraints which includes, but is not limited to:

(1) Criteria to be met prior to authorizing the use of mechanical restraints;

(2) Signature of the licensed physician authorizing use;

(3) Time limit of said authorizations;

(4) Circumstances which automatically terminate an authorization;

- (5) Setting a time period, not to exceed every fifteen (15) minutes, an individual in mechanical restraints shall be observed and checked by a designated staff under the on-site supervision of a registered nurse;
- (6) Requiring in every use of mechanical restraints documentation the specific reason for such use, the actual start and stop times of use, authorizing inpatient psychiatric facility licensed physician signature, and record of times the consumer was observed and checked and by whom;
- (7) A chronological log including the name of every consumer placed in mechanical restraints, and the occurrence date. In accordance with 43 A.O.S. § 4-106, the inpatient psychiatric facility director, or designee shall be responsible for insuring compliance with record keeping mandates;
- (8) A process of peer review to evaluate use of mechanical restraints; and
- (9) The items listed in (1) through (6) of this rule shall be made a part of the consumer record.

[Source: Added at 21 Ok Reg 1086, eff 7-1-04]

450:30-9-10. Consumer rights

The state-operated inpatient psychiatric unit shall comply with the applicable rules in Title 450, Chapter 15. Consumer Rights.

[Source: Added at 21 Ok Reg 1086, eff 7-1-04]

450:30-9-11. Consumer grievance policy

The state-operated inpatient psychiatric unit shall comply with the applicable rules in Title 450, Chapter 15. Consumer Rights.

[Source: Added at 21 Ok Reg 1086, eff 7-1-04]

SUBCHAPTER 11. EMERGENCY MEDICAL CARE [REVOKED]

450:30-11-1. Applicability [REVOKED]

[Source: Added at 10 Ok Reg 117, eff 10-7-92 (emergency); Added at 10 Ok Reg 1853, eff 5-14-93 ; Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-11-2. Emergency medical care [REVOKED]

[Source: Added at 10 Ok Reg 117, eff 10-7-92 (emergency); Added at 10 Ok Reg 1853, eff 5-14-93 ; Revoked at 11 Ok Reg 3885, eff 7-11-94]

SUBCHAPTER 13. PREGNANT PATIENTS [REVOKED]

450:30-13-1. Applicability [REVOKED]

[Source: Added at 10 Ok Reg 117, eff 10-7-92 (emergency); Added at 10 Ok Reg 1853, eff 5-14-93 ; Revoked at 11 Ok Reg 3885, eff 7-11-94]

450:30-13-2. Obstetrical Care [REVOKED]

[Source: Added at 10 Ok Reg 117, eff 10-7-92 (emergency); Added at 10 Ok Reg 1853, eff 5-14-93 ; Revoked at 11 Ok Reg 3885, eff 7-11-94]

SUBCHAPTER 15. FORENSIC REVIEW BOARD [REVOKED]

450:30-15-1. Applicability [REVOKED]

[Source: Added at 22 Ok Reg 2164, eff 7-1-05 ; Revoked at 26 Ok Reg 2688, eff 7-25-09]

450:30-15-2. Definitions [REVOKED]

[Source: Added at 22 Ok Reg 2164, eff 7-1-05 ; Amended at 23 Ok Reg 1962, eff 7-1-06 ; Amended at 25 Ok Reg 2544, eff 7-11-08 ; Revoked at 26 Ok Reg 2688, eff 7-25-09]

450:30-15-3. Composition, powers and duties [REVOKED]

[Source: Added at 22 Ok Reg 2164, eff 7-1-05 ; Amended at 23 Ok Reg 1962, eff 7-1-06 ; Amended at 25 Ok Reg 2544, eff 7-11-08 ; Revoked at 26 Ok Reg 2688, eff 7-25-09]

CHAPTER 35. AIDS POLICY SERIES [REVOKED]

[Authority: 43A O.S., § 2-202]

[Source: Codified 12-31-91]

SUBCHAPTER 1. GENERAL PROVISIONS [REVOKED]

450:35-1-1. Purpose [REVOKED]

[Source: Revoked at 11 Ok Reg 3917, eff 7-11-94]

SUBCHAPTER 3. GUIDELINES FOR THE PREVENTION OF TRANSMISSION OF INFECTION WITH HIV [REVOKED]

450:35-3-1. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3917, eff 7-11-94]

450:35-3-2. Policy [REVOKED]

[Source: Revoked at 11 Ok Reg 3917, eff 7-11-94]

450:35-3-3. Procedures for HIV inpatients [REVOKED]

[Source: Revoked at 11 Ok Reg 3917, eff 7-11-94]

450:35-3-4. General guidelines for prevention of transmission of infection with the Human Immunodeficiency Virus (HIV) [REVOKED]

[Source: Revoked at 11 Ok Reg 3917, eff 7-11-94]

450:35-3-5. Guidelines for prevention of transmission of HIV in health care settings [REVOKED]

[Source: Revoked at 11 Ok Reg 3917, eff 7-11-94]

450:35-3-6. Sample guidelines for source evaluation of needlestick injury [REVOKED]

[Source: Revoked at 11 Ok Reg 3917, eff 7-11-94]

450:35-3-7. Guidelines for institutions in dealing with AIDS and HIV infections [REVOKED]

[Source: Revoked at 11 Ok Reg 3917, eff 7-11-94]

450:35-3-8. Indications for HIV serological testing (Oklahoma AIDS Task Force) [REVOKED]

[Source: Revoked at 11 Ok Reg 3917, eff 7-11-94]

450:35-3-9. Guidelines for immunization of individuals infected with HIV (Oklahoma AIDS Task Force) [REVOKED]

[Source: Revoked at 11 Ok Reg 3917, eff 7-11-94]

450:35-3-10. Recommendations for AIDS education for health care workers statement of need [REVOKED]

[Source: Revoked at 11 Ok Reg 3917, eff 7-11-94]

450:35-3-11. Recommendations of AIDS Task Force [REVOKED]

[Source: Revoked at 11 Ok Reg 3917, eff 7-11-94]

**SUBCHAPTER 5. NON-DISCRIMINATION POLICY
TOWARD VICTIMS OF ACQUIRED
IMMUNODEFICIENCY SYNDROME (AIDS) [REVOKED]**

450:35-5-1. Nondiscrimination policy toward victims of acquired immunodeficiency syndrome [REVOKED]

[Source: Revoked at 11 Ok Reg 3917, eff 7-11-94]

450:35-5-2. Required facility policies [REVOKED]

[Source: Revoked at 11 Ok Reg 3917, eff 7-11-94]

450:35-5-3. Confidentiality of clients HIV positivity [REVOKED]

[Source: Revoked at 11 Ok Reg 3917, eff 7-11-94]

450:35-5-4. Written consent policy [REVOKED]

[Source: Revoked at 11 Ok Reg 3917, eff 7-11-94]

450:35-5-5. Human Immunodeficiency Syndrome (HIV) and Hepatitis exposure protocol - employees [REVOKED]

[Source: Revoked at 11 Ok Reg 3917, eff 7-11-94]

450:35-5-6. Application of handicap fair employment practices to persons with AIDS, AIDS-related, or HIV+condition [REVOKED]

[Source: Revoked at 11 Ok Reg 3917, eff 7-11-94]

CHAPTER 40. REGIONAL/SERVICE AREA PLANNING [REVOKED]

[Authority: 43A O.S., § 2-202]

[Source: Codified 12-31-91]

450:40-1-1. Purpose [REVOKED]

[Source: Revoked at 14 Ok Reg 698, eff 12-24-96 (emergency); Revoked at 14 Ok Reg 1977, eff 5-27-97]

450:40-1-2. Applicability [REVOKED]

[Source: Revoked at 14 Ok Reg 698, eff 12-24-96 (emergency); Revoked at 14 Ok Reg 1977, eff 5-27-97]

450:40-1-3. Definitions [REVOKED]

[Source: Revoked at 14 Ok Reg 698, eff 12-24-96 (emergency); Revoked at 14 Ok Reg 1977, eff 5-27-97]

450:40-1-4. Alcohol, Drug Abuse and Community Mental Health Planning and Coordination Boards [REVOKED]

[Source: Revoked at 14 Ok Reg 698, eff 12-24-96 (emergency); Revoked at 14 Ok Reg 1977, eff 5-27-97]

450:40-1-5. Board membership [REVOKED]

[Source: Revoked at 14 Ok Reg 698, eff 12-24-96 (emergency); Revoked at 14 Ok Reg 1977, eff 5-27-97]

450:40-1-6. Board responsibilities and authority [REVOKED]

[Source: Revoked at 14 Ok Reg 698, eff 12-24-96 (emergency); Revoked at 14 Ok Reg 1977, eff 5-27-97]

450:40-1-7. Board support [REVOKED]

[Source: Revoked at 14 Ok Reg 698, eff 12-24-96 (emergency); Revoked at 14 Ok Reg 1977, eff 5-27-97]

CHAPTER 45. PROGRAM REQUIREMENT FOR "CHILDREN IN NEED OF TREATMENT" [REVOKED]

[Authority: 43A O.S., § 2-202]

[Source: Codified 12-31-91]

SUBCHAPTER 1. GENERAL PROVISIONS [REVOKED]

450:45-1-1. Purpose [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-1-2. Applicability [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-1-3. Regulation of facility by DMHSAS [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

SUBCHAPTER 3. REQUIREMENTS FOR LICENSURE OF FACILITIES FOR TREATMENT OF INT CHILDREN [REVOKED]

PART 1. RESIDENTIAL FACILITY REQUIREMENTS [REVOKED]

450:45-3-1. Governing authority/regulatory body for residential facilities [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-2. Duties of governing authority [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-3. Source of authority [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-4. Availability of facility information [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-5. Waivers [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

PART 3. PROGRAM MANAGEMENT [REVOKED]

450:45-3-16. Program planning [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-17. Specifications of persons eligible [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-18. Policies and procedures [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-19. Program evaluation [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

PART 5. PROGRAM FINANCIAL MANAGEMENT [REVOKED]

450:45-3-29. Coding distinction of facilities for financial functions [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

PART 7. PROGRAM PERSONNEL [REVOKED]

450:45-3-39. Written personnel policies [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-40. Personnel records [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-41. Volunteer personnel [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

PART 9. CLIENTS'/PATIENTS' RIGHTS [REVOKED]

450:45-3-51. Clients'/patients' rights [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

**PART 11. CONFIDENTIALITY/MAINTENANCE AND
SECURITY OF RECORDS [REVOKED]**

450:45-3-61. Written procedures [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

PART 13. WRITTEN RECORDS [REVOKED]

450:45-3-71. Children's case records [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-72. General administrative matters [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

**PART 15. PHYSICAL ENVIRONMENT AND SAFETY
[REVOKED]**

450:45-3-82. Location of facility [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-83. Building exterior and grounds [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-84. Interior space [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-85. General safety practices [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-86. Emergency planning and preparedness [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-87. Transportation [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

PART 17. QUALITY OF LIFE [REVOKED]

450:45-3-96. Rights of juveniles placed in residential mental health facilities [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-97. Staff-child ratios [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-98. Staff communications [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-99. Student placements/internships [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-100. Family involvement [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-101. Daily routine [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-102. Communication with others [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-103. Children's money [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-104. Work and employment [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-105. Recreation and leisure activities [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-106. Religion and culture [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-107. Sleep [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-108. Clothing [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-109. Personal belongings [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-110. Personal care and hygiene [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-112. Food services [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-113. Health care [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

**PART 19. MEDICAL CARE AND MEDICATION
[REVOKED]**

450:45-3-123. Medical care [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-124. Dental care [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-125. Corrective devices [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-126. Immunizations [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-127. Medical and dental records [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-128. Administration of medication [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-129. Medication orders and administration [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-130. Medication storage and preparation [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-131. Psychotropic medications [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-132. Emergency medical/psychiatric services [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-133. Illness, accident, death [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

**PART 21. FACILITY GRIEVANCE PROCEDURES FOR
CHILDREN AND ADOLESCENTS [REVOKED]**

450:45-3-143. Written procedures [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-144. Institutional abuse and neglect [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

**PART 23. RESIDENT ADMITTING, MANAGEMENT AND
DISCHARGE [REVOKED]**

450:45-3-154. Written policy/procedures [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-155. Admission procedures [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-156. Emergency admissions [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-157. Procedures upon entry into the program [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-158. Behavioral management [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-159. Intermediate and group planning and management [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

PART 25. CASE RECORDKEEPING [REVOKED]

450:45-3-169. Organized record system/documentation [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-170. Records content [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-171. Assessments [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-172. Treatment plans [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-173. Requirements and/or timeframes [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-174. Other records contents [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-3-175. Discharge [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

PART 27. PROBLEM MANAGEMENT [REVOKED]

450:45-3-185. Discipline and control [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

**SUBCHAPTER 5. EDUCATIONAL PROGRAMS
[REVOKED]**

450:45-5-1. Appropriate education program [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

**450:45-5-2. Administration and organization of on-site
educational programs [REVOKED]**

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-5-3. Physical environment and safety [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-5-4. Human resources [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-5-5. Quality of life [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

450:45-5-6. Direct service management [REVOKED]

[Source: Revoked at 11 Ok Reg 3393, eff 7-5-94]

CHAPTER 50. STANDARDS AND CRITERIA FOR CERTIFIED BEHAVIORAL HEALTH CASE MANAGERS

[**Authority:** 43A O.S., § 3-306, 2-101, and 3-318]

[**Source:** Codified 7-1-04]

SUBCHAPTER 1. GENERAL PROVISIONS

450:50-1-1. Purpose

This Chapter implements 43A O.S. § 3-318, which authorizes the Board of Mental Health and Substance Abuse Services, or the Commissioner upon delegation by the Board, to certify behavioral health case managers. Section 3-318 requires the Board to promulgate rules and standards for certification of behavioral health case managers addressing criteria for certification and renewal, including minimum education requirements, examination and supervision requirement, continuing education requirements and rules of professional conduct.

[**Source:** Added at 20 Ok Reg 678, eff 2-27-03 (emergency); Added at 21 Ok Reg 1088, eff 7-1-04]

450:50-1-2. Definitions

The following words or terms, when used in this Chapter, shall have the following meaning unless the context clearly indicates otherwise.

"Behavioral health related field" means a field of study that is listed on the Department's Approved Degree List or includes a minimum of thirty-six (36) hours of behavioral health related coursework, as determined by the Department.

"Board" means the State Board of Mental Health and Substance Abuse Services.

"Case management services" means planned referral, linkage, monitoring and support, and advocacy provided in partnership with a consumer to support the consumer in self-sufficiency and community tenure. Services take place in the individual's home, in the community, or in a facility, in accordance with the service plan developed with and approved by the consumer and qualified staff.

"Certified Behavioral Health Case Manager I (CM I)" means any person who is certified by the Department of Mental Health and Substance Abuse Services (ODMHSAS) to offer behavioral health case management services as an employee of a mental health facility or drug or alcohol treatment facility that is operated by the Department or contracts with the State to provide behavioral health services.

"Certified Behavioral Health Case Manager II (CM II)" means any person who is certified by ODMHSAS to offer behavioral health case management services and psychosocial rehabilitation (PSR) services as an employee of a mental health facility or drug or alcohol treatment facility that is operated by the Department or contracts with the State to provide behavioral health services.

"Commissioner" means the Commissioner of Mental Health and Substance Abuse Services.

"Consumer" means an individual, adult, adolescent, or child, who has applied for, is receiving or has received evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450 as client(s) or patient(s) or resident(s) or a combination thereof.

"Department" or **"ODMHSAS"** means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Documented experience" means volunteer or work experience that can be verified in writing by either a current or past supervisor or human resources department.

"Exam approval letter" means an official letter issued by ODMHSAS that authorizes applicants to take the relevant exam once the necessary training has been completed by the applicant.

"Experience" means twenty (20) or more hours work or volunteer experience per week, over the course of time indicated, with persons living with mental illness and/or substance use disorder.

"Licensed mental health professional" or **"LMHP"** as defined in Title 43A §1-103 (11).

"Psychosocial rehabilitation" or **"PSR"** means curriculum based education and skills training performed to improve an individual's ability to function in the community. PSR provides an array of services that focus on long term recovery and maximization of self-sufficiency, role functioning, and independence, as distinguished from the symptom stabilization function of acute care.

"Web-Based Competency Exam" as prescribed by the Department is a competency exam certain individuals must pass to become certified as a Behavioral Health Case Manager.

[Source: Added at 20 Ok Reg 678, eff 2-27-03 (emergency); Added at 21 Ok Reg 1088, eff 7-1-04 ; Amended at 23 Ok Reg 1441, eff 7-1-06 ; Amended at 24 Ok Reg 2618, eff 7-12-07 ; Amended at 27 Ok Reg 2238, eff 7-11-10 ; Amended at 28 Ok Reg 912, eff 7-1-11 ; Amended at 30 Ok Reg 1420, eff 7-1-13 ; Amended at 32 Ok Reg 2130, eff 9-15-15 ; Amended at 33 Ok Reg 1019, eff 9-1-16 ; Amended at 38 Ok Reg 1373, eff 9-15-21]

450:50-1-3. Authority of the Commissioner and Department

(a) The Commissioner shall have the authority and duty to issue, renew, revoke, deny, suspend and place on probation certifications to offer behavioral health case management and shall have authority to reprimand Certified Behavioral Health Case Managers.

(b) The Department shall have authority to:

- (1) Receive and deposit fees as required by 43A O.S. § 3-318(C);
- (2) Examine all qualified applicants for Certified Behavioral Health Case Management;
- (3) Investigate complaints and possible violation of the rules and standards of Certified Behavioral Health Case Managers;
- (4) Make recommendations regarding the outcome of formal complaints; and
- (5) Enforce the recommendations of the formal complaint process.

[Source: Added at 20 Ok Reg 678, eff 2-27-03 (emergency); Added at 21 Ok Reg 1088, eff 7-1-04 ; Amended at 27 Ok Reg 2238, eff 7-11-10]

**SUBCHAPTER 3. BEHAVIORAL HEALTH CASE
MANAGER CERTIFICATION APPLICATION**

450:50-3-1. Qualifications for certification

(a) Each applicant for certification as a behavioral health case manager shall:

- (1) Be employed within six (6) months from the date the application was submitted at a mental health facility, or a drug or alcohol treatment facility that is operated by the Department or contracts with the State to provide behavioral health services, employed by a tribe or tribal facility that provides behavioral health services or employed by an Oklahoma Department of Veterans Affairs or a United States Department of Veterans Affairs facility;
- (2) Possess good moral turpitude;
- (3) Be at least 21 years of age; and
- (4) Otherwise comply with rules promulgated by the Board implementing 43A O. S. § 3-318.

(b) In addition to the qualifications specified by subsection (a), an applicant for a certification as a Certified Behavioral Health Case Manager must meet either (1) or (2) below:

- (1) Certified Behavioral Case Manager II (CM II):
 - (A) A Bachelor's or Master's degree in Education or a behavioral health related field earned from a regionally accredited college or university recognized by the United States Department of Education (USDE); or
 - (B) A current license as a registered nurse in the State of Oklahoma with experience in behavioral health care; or
 - (C) A Bachelor's or Master's degree in any field earned from a regionally accredited college or university recognized by the USDE accompanied by a current certification for Certified Psychiatric Rehabilitation Practitioner or Certified Child and Family Resiliency Practitioner from the United States Psychiatric Rehabilitation Association (USPRA); or
 - (D) A Bachelor's or Master's degree in any field that shows proof of active progression toward obtaining a clinical licensure at the master's or doctoral degree level. The degree must be granted from a regionally accredited college or university recognized by the USDE.
- (2) Certified Behavioral Health Case Manager I (CM I) must meet the requirements in (A) or (B) below:
 - (A) 60 college credit hours; or
 - (B) a high school diploma, or equivalent, from a regionally accredited institution recognized by the United States Department of Education with a total of 36 months of direct, documented experience working with persons who live with mental illness and/or substance abuse issues.

[Source: Added at 20 Ok Reg 678, eff 2-27-03 (emergency); Added at 21 Ok Reg 1088, eff 7-1-04 ; Amended at 23 Ok Reg 1441, eff 7-1-06 ; Amended at 24 Ok Reg 2618, eff 7-12-07 ; Amended at 27 Ok Reg 2238, eff 7-11-10 ; Amended at 28 Ok Reg 912, eff 7-1-11 ; Amended at 30 Ok Reg 1420, eff 7-1-13 ; Amended at 31 Ok Reg 2064, eff 10-1-14 ; Amended at 35 Ok Reg 1858, eff 10-1-18 ; Amended at 38 Ok Reg 1373, eff 9-15-21]

450:50-3-2. Applications for certification

(a) Applications for certification as a Certified Behavioral Health Case Manager shall be submitted electronically to the Department on a form and in a manner prescribed by the Commissioner or designee.

(b) Depending on the type of CM certification that the applicant is applying for; the application shall include the following items:

(1) CM II must include:

(A) Application form completed in full according to its instructions;

(B) Official college or university transcript(s) or an electronic copy submitted to the Department by the college or university. An unofficial transcript may be accepted if the document can be substantiated by the Department;

(C) Oklahoma State Bureau of Investigation (OSBI) name-based criminal history report. The report must be an official OSBI. If there is an incident of stolen identity, a Criminal History Record Theft number and letter must be submitted with the application;

(D) Documentation of current licensure as a registered nurse in the State of Oklahoma, if applicable;

(E) A current certificate from the United States Psychiatric Rehabilitation Association (USPRA) as a Certified Psychiatric Rehabilitation Practitioner (CPRP) or Certified Child and Family Resiliency Practitioner (CFRP), if applicable; and

(F) Fees.

(2) CM I must include (A), (B), (E) and either (C) or (D):

(A) Application form completed in full according to its instructions.

(B) Oklahoma State Bureau of Investigation criminal history report.

(C) Official College or university transcript(s) or an electronic copy submitted to the Department by the college or university. An unofficial transcript may be accepted if the document can be substantiated by the Department.

(D) Official high school transcript(s) or an electronic copy submitted to the Department by the high school and verification of work experience or volunteer experience. An unofficial transcript may be accepted if the document can be substantiated by the Department.

(i) Verification of work and/or volunteer experience shall be submitted using the agency's letterhead and must be completed by the supervisor or the Human Resources Department where the work or volunteer experience was obtained.

(ii) Verification form(s) must be sent to the Department directly from the employer or volunteer agency.

(iii) Volunteer work must be time spent directly with persons who have a mental illness, co-occurring or substance use disorder.

(E) Fees.

(c) Each CM II applicant is required to submit his or her transcript with the initial application. If the transcript does not list a degree on the Approved Degree List and the applicant does meet any of the qualifications of 450:50-3-1(b)(1)(B) through 450:50-3-1(b)(1)(D), a review of the transcript is required. The Department will review the transcript to determine if a minimum of thirty-six (36) hours of behavioral health related course work was completed. If, after Department review, it is determined the minimum requirement is not met, the applicant will not be eligible to continue application for CM II but will be eligible to continue application for CM I if all other requirements are met.

(d) An application must be submitted and approved by the Department prior to attending any web-based or face-to-face Certified Behavioral Health Case Manager certification training.

(e) Applications shall only be valid for a period up to six (6) months from the date of application.

(f) The applicant is not considered certified until verification of employment, exam approval results, and proof of the applicable Behavioral Health Case Management training has been submitted.

(g) Applicants shall have no violations of moral turpitude or misconduct as set forth in these rules during time of application process.

(h) An applicant, who meets the requirements for certification and otherwise complied with this Chapter, shall be eligible for certification.

[Source: Added at 20 Ok Reg 678, eff 2-27-03 (emergency); Added at 21 Ok Reg 1088, eff 7-1-04 ; Amended at 23 Ok Reg 1441, eff 7-1-06 ; Amended at 24 Ok Reg 2618, eff 7-12-07 ; Amended at 27 Ok Reg 2238, eff 7-11-10 ; Amended at 28 Ok Reg 912, eff 7-1-11 ; Amended at 30 Ok Reg 1420, eff 7-1-13 ; Amended at 31 Ok Reg 2064, eff 10-1-14 ; Amended at 33 Ok Reg 1019, eff 9-1-16 ; Amended at 38 Ok Reg 1373, eff 9-15-21]

450:50-3-3. Duration of certification

(a) **Issuance.** ODMHSAS will issue an appropriate certification to all applicants who successfully complete the requirements for certification as specified in this Chapter.

(b) **Renewal.** Unless revoked, certification issued pursuant to this Chapter must be renewed by June 30 of the calendar year following twelve (12) months of continuous certification and annually thereafter. Renewal is accomplished by submitting:

- (1) The renewal application;
- (2) Annual report of continuing education units with accompanying documentation;
- (3) Proof of certification as a Certified Psychiatric Rehabilitation Practitioner (CPRP) or Child and Family Resiliency Practitioner (CFRP) or licensure as a registered nurse, if applicable; and
- (4) The renewal fee.

(c) **Suspension and Reinstatement.** Certifications not renewed by the renewal deadline will be suspended. A suspended certification may be renewed by submitting required fees and documentation of continuing education within six (6) months of the date of suspension. Suspended

certifications not renewed within this six (6) month timeframe will be terminated. The individual must then wait a period of sixty (60) days and submit a new application for certification and successfully complete the requirements for initial certification as specified in this Chapter.

[Source: Added at 20 Ok Reg 678, eff 2-27-03 (emergency); Added at 21 Ok Reg 1088, eff 7-1-04 ; Amended at 24 Ok Reg 2618, eff 7-12-07 ; Amended at 27 Ok Reg 2238, eff 7-11-10 ; Amended at 30 Ok Reg 1420, eff 7-1-13 ; Amended at 38 Ok Reg 1373, eff 9-15-21]

450:50-3-4. Fees

- (a) **Application Fee.** Twenty-five dollars (\$25.00) shall be submitted with the application form.
- (b) **Renewal Fee.** Fifteen dollars (\$15.00) shall be submitted with the renewal application and required continuing education documentation.
- (c) **Late Renewal Fee.** An additional twenty-five dollars (\$25.00) shall be included with the Renewal Fee (\$15.00), renewal application, and required continuing education documentation if the certification is renewed after the June 30 deadline.

[Source: Added at 20 Ok Reg 678, eff 2-27-03 (emergency); Added at 21 Ok Reg 1088, eff 7-1-04 ; Amended at 27 Ok Reg 2238, eff 7-11-10 ; Amended at 33 Ok Reg 1019, eff 9-1-16]

450:50-3-5. Fitness of applicants

- (a) The purpose of this section is to establish the fitness of the applicant as one of the criteria for approval of certification as a Certified Behavioral Health Case Manager and to set forth the criteria by which the Commissioner will determine the fitness of the applicants.
- (b) The substantiation of any of the following items related to the applicant may be, as the Commissioner or designee determines the basis for the denial of or delay of certification of the applicant:
 - (1) Lack of necessary skills and abilities to provide adequate services;
 - (2) Misrepresentation on the application or other materials submitted to the Department;
 - (3) Any conviction of a crime involving a child or vulnerable adult;
 - (4) Any conviction of a sex offense not identified in (b)(5)(D) of this Section;
 - (5) Any other felony conviction, unless the applicant can demonstrate to the Department's satisfaction the successful completion of a minimum of one (1) year of probation related to one or more of the offenses below:
 - (A) Forgery, fraud, or perjury;
 - (B) Burglary, arson, embezzlement, knowingly concealing stolen property, leaving the scene of an accident, or larceny;
 - (C) Possession, manufacturing, distribution, maintaining a dwelling, driving under the influence, contributing to the delinquency of a minor, or parent causing delinquency; or
 - (D) Prostitution or nonconsensual dissemination of private sexual images.

- (6) A violation of the rules of professional conduct set forth in this Chapter.
- (c) The Department shall obtain document(s) necessary to determine the fitness of an applicant.
- (d) The Department may require explanation of negative references prior to issuance of certification.

[Source: Added at 20 Ok Reg 678, eff 2-27-03 (emergency); Added at 21 Ok Reg 1088, eff 7-1-04 ; Amended at 24 Ok Reg 2618, eff 7-12-07 ; Amended at 27 Ok Reg 2238, eff 7-11-10 ; Amended at 34 Ok Reg 1819, eff 10-1-17 ; Amended at 38 Ok Reg 1373, eff 9-15-21]

450:50-3-6. Grandfathering [REVOKED]

[Source: Added at 20 Ok Reg 678, eff 2-27-03 (emergency); Added at 21 Ok Reg 1088, eff 7-1-04 ; Revoked at 22 Ok Reg 973, eff 7-1-05]

450:50-3-7. Scope of Behavioral Health Case Manager Certifications

- (a) Certified Behavioral Health Case Manager II are authorized to provide behavioral health case management and behavioral health rehabilitation services.
- (b) Certified Behavioral Health Case Manager I are authorized to provide behavioral health case management services.

[Source: Added at 27 Ok Reg 2238, eff 7-11-10 ; Amended at 28 Ok Reg 912, eff 7-1-11 ; Amended at 30 Ok Reg 1420, eff 7-1-13]

SUBCHAPTER 5. BEHAVIORAL HEALTH CASE MANAGER CERTIFICATION TRAINING AND WEB-BASED COMPETENCY EXAMS

450:50-5-1. Training requirements

- (a) The purpose of this section is to delineate the training requirements for each of the classifications of Certified Behavioral Health Case Managers (CMs).
- (b) The Department shall have the authority and responsibility for providing case management and behavioral health rehabilitation services training classes on a regular basis but no less than six times during the year.
- (c) Certified Behavioral Health Case Managers I (CM I) must complete two days of case management training as specified by the Department.
- (d) Certified Behavioral Health Case Manager II (CM II) Training requirements:
- (1) Complete the behavioral health case management training as specified by the Department;
 - (2) Complete the behavioral health rehabilitation web-based training as specified by the Department. This requirement does not apply to applicants who are Certified Psychiatric Rehabilitation Practitioner (CPRPs) or Child and Family Resiliency

Practitioner (CFRPs); and

(3) Complete behavioral health rehabilitation training as specified by the Department. This requirement does not apply to applicants who are Certified Psychiatric Rehabilitation Practitioner (CPRPs) or Child and Family Resiliency Practitioner (CFRPs).

(e) Required training must be completed within six (6) months from the date the application was submitted. Once the six (6) month period has ended, an applicant that has not completed the training must submit a new application.

(f) Approval to take the web-based competency exam is not permitted without completion of all training requirements.

[Source: Added at 20 Ok Reg 678, eff 2-27-03 (emergency); Added at 21 Ok Reg 1088, eff 7-1-04 ; Amended at 23 Ok Reg 1441, eff 7-1-06 ; Amended at 24 Ok Reg 2618, eff 7-12-07 ; Amended at 27 Ok Reg 2238, eff 7-11-10 ; Amended at 28 Ok Reg 912, eff 7-1-11 ; Amended at 30 Ok Reg 1420, eff 7-1-13 ; Amended at 31 Ok Reg 2064, eff 10-1-14 ; Amended at 38 Ok Reg 1373, eff 9-15-21]

450:50-5-2. Case Management Project Supervision [REVOKED]

[Source: Added at 20 Ok Reg 678, eff 2-27-03 (emergency); Added at 21 Ok Reg 1088, eff 7-1-04 ; Amended at 23 Ok Reg 1441, eff 7-1-06 ; Revoked at 24 Ok Reg 2618, eff 7-12-07]

450:50-5-3. Case management certification competency-based project [REVOKED]

[Source: Added at 20 Ok Reg 678, eff 2-27-03 (emergency); Added at 21 Ok Reg 1088, eff 7-1-04 ; Amended at 23 Ok Reg 1441, eff 7-1-06 ; Revoked at 24 Ok Reg 2618, eff 7-12-07]

450:50-5-4. Continuing education requirements

(a) Certified Behavioral Health Case Managers must complete twelve (12) hours continuing education per year and submit documentation of the continuing education to ODMHSAS annually for consideration.

(b) Continuing education is acceptable when it provides information to enhance delivery of behavioral health case management and behavioral health rehabilitation services and;

(1) Meets the requirements for LPC, LMFT, LBP, LCSW, LMSW, CADC, LADC, or CME continuing education; or

(2) Is an undergraduate or graduate course in a behavioral health related field and pertains to direct interaction with consumers (three hours of course work is equal to twelve (12) hours of CEUs).

(3) The ODMHSAS Director of Community Based Services or designee shall approve all in-house/agency trainings that are provided for the intent of submitting towards case management CEUs (unless they meet the requirement in 450:50-5-4(b)(2). Certified case managers shall not submit more than three (3) hours of these approved CEUs annually towards their required minimum.

(c) Certified Behavioral Health Case Managers must complete, as part of their required twelve (12) hours annually, three (3) hours of ethics training every year. Ethics training must meet the requirements for LPC, LMFT, LBP, LCSW, CADC, LADC or CME ethics training; and annually,

three (3) hours of training related to Strengths-Based/Recovery Principles.

(d) Certified Behavioral Health Case Managers shall retain documents verifying attendance for all continuing education hours claimed for the reporting period. Documentation shall be submitted upon the request of the Department. Acceptable verification documents include:

- (1) An official continuing education validation form furnished by the presenter; or
- (2) A letter or certificate from the organization sponsoring the training verifying name of program, presenter, number of hours attended, participant's name, and approval by licensure board; or
- (3) An official grade transcript verifying completion of the undergraduate or graduate course. Ethics or Strengths based curriculum training must be verified with a course syllabus or other information submitted with official transcript.

(e) Failure to complete the continuing education requirements and submit the required documentation by the renewal date renders the certification in suspension, and results in the loss of all rights and privileges of a Certified Behavioral Health Case Manager. The Certified Behavioral Health Case Manager certification may be reinstated during a period of no longer than six (6) months following the suspension date. The Certified Behavioral Health Case Manager has the right to renew the certificate by payment of renewal fees (\$15.00) and late renewal fees (\$25.00) and documentation of obtaining twelve (12) hours of continuing education.

[Source: Added at 20 Ok Reg 678, eff 2-27-03 (emergency); Added at 21 Ok Reg 1088, eff 7-1-04 ; Amended at 22 Ok Reg 973, eff 7-1-05 ; Amended at 23 Ok Reg 1441, eff 7-1-06 ; Amended at 24 Ok Reg 2618, eff 7-12-07 ; Amended at 27 Ok Reg 2238, eff 7-11-10 ; Amended at 30 Ok Reg 1420, eff 7-1-13 ; Amended at 38 Ok Reg 1373, eff 9-15-21]

450:50-5.5. Web-based competency exams

(a) Successful completion of web-based competency exams for behavioral health rehabilitation and behavioral health case management is required prior to certification as CM II. Applicants certified through USpra and applicants to be a CM I need only successfully complete the web-based competency exam for behavioral health case management.

(b) The web-based competency exam shall not be administered until all application and training requirements are met and approval from ODMHSAS has been received.

(c) Applicants shall comply with the rules of the examination process as outlined by the contracted testing site.

(d) Applicants who fail to complete and pass the web-based competency exam within six (6) months of the date the application was submitted must reapply and re-complete the required training.

[Source: Added at 27 Ok Reg 2238, eff 7-11-10 ; Amended at 28 Ok Reg 912, eff 7-1-11 ; Amended at 30 Ok Reg 1420, eff 7-1-13 ; Amended at 31 Ok Reg 2064, eff 10-1-14 ; Amended at 38 Ok Reg 1373, eff 9-15-21]

SUBCHAPTER 7. RULES OF PROFESSIONAL CONDUCT

450:50-7-1. Responsibility and scope of practice

(a) Certified Behavioral Health Case Managers shall be dedicated to advancing the welfare of individuals, and children and their families.

Certified Behavioral Health Case Managers shall not participate in, condone, or be associated with dishonesty, fraud, deceit or misrepresentation, and shall not exploit their relationships with the consumers for personal advantage, profit, satisfaction, or interest.

(b) Certified Behavioral Health Case Managers shall practice only within the boundaries of their individual certifications and competence based on their education, training, supervised experience, state and national accreditations and licenses.

(c) Certified Behavioral Health Case Managers shall only use the title if employed by the state or a private or nonprofit behavioral health services provider contracting with the state to provide behavioral health services. As an employee of a state or a private or nonprofit behavioral health provider, reimbursement for services rendered will not be collected outside of the agency's system of service reimbursement.

(d) Certified Behavioral Health Case Managers shall not directly or indirectly suggest that they are allowed to provide "therapy" or "counseling" services unless licensed or accredited by the appropriate authority to provide therapy and/or counseling services.

(e) Certified Behavior Case Managers shall adhere to the following code of ethics that are set within the rules of this chapter and set forth by the Department.

(1) Certified Behavioral Health Case Managers shall be committed to respect the dignity and autonomy of all persons that is to include, but is not limited to professional relationships with clients (or former clients), supervisees, students, employees, or research participants in efforts to maintain the highest standards of their practice.

(2) Certified Behavioral Health Case Managers shall terminate service to clients, and professional relationships with them, when such service and relationships are no longer required or in which a conflict of interest arises.

(3) Certified Behavioral Health Case Managers shall be aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. They shall also eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices or influence.

(4) Certified Behavioral Health Case Managers shall be obligated to report witnessed, involved, or reported ethical violations without violation of any confidentiality rights that may be involved. Certified Behavioral Health Case Managers shall be obligated to follow steps of reporting professional misconduct as set forth by the Department and in this chapter.

- (5) Certified Behavioral Health Case Managers shall give precedence to his or her professional responsibility over personal interests.
- (f) Certified Behavioral Health Case Managers shall not exploit their relationships with current or former clients, supervisees, students, employees, or others, sexually or otherwise, for personal advantage, profit, satisfaction, or interest.
- (1) Certified Behavioral Health Case Managers shall be committed to each individual's rights of their own life choices and recovery journey by letting them direct their own healing process.
- (2) Certified Behavioral Health Case Managers shall keep confidential all information entrusted except when to do so puts the consumer at grave risk. Case Managers will be obligated to explain the limits of confidentiality initially in the professional working relationship.
- (3) If the demands of an affiliated organization for whom the Certified Behavioral Health Case Manager is working, is in conflict with these ethics, the issues must be clarified and resolved to allow adherence to the Rules of professional Conduct code set forth in this chapter.
- (g) Certified Behavioral Health Case Managers shall provide services with populations and in areas only within the boundaries of their competence, based on education, training, supervised experience, consultation, study or professional experience.
- (1) Certified Behavioral Health Case Managers that delegate or assign work to employees, supervisee, or assistants must take reasonable steps to see that such person performs the services competently.
- (2) Certified Behavioral Health Case Managers are eligible to provide services within the scope of their certifications that would not lead to conflict of interest, exploitation of relationship, loss of objectivity and based on education, training or experience.
- (3) Certified Behavioral Health Case Managers shall provide clients at the beginning of service written, accurate and complete information regarding the extent and nature of the services available to them, to include fees and manner of payment.
- (4) Certified Behavioral Health Case Managers shall not solicit the clients of one's agency for private practice or to change service locations.
- (5) Certified Behavioral Health Case Managers shall not commit fraud and shall not represent that she or he performed services which they did not perform.

[Source: Added at 20 Ok Reg 678, eff 2-27-03 (emergency); Added at 21 Ok Reg 1088, eff 7-1-04 ; Amended at 27 Ok Reg 2238, eff 7-11-10 ; Amended at 30 Ok Reg 1420, eff 7-1-13 ; Amended at 38 Ok Reg 1373, eff 9-15-21]

450:50-7-2. Consumer welfare

- (a) Certified Behavioral Health Case Managers shall not, in the rendering of their professional services, participate in, condone, or promote discrimination on the basis of race, color, age, gender, sexual orientation,

religion, disability, behavioral health condition or national origin.

(b) Certified Behavioral Health Case Managers must be aware of their influential positions with respect to consumers and not exploit the trust and dependency of consumers. Certified Behavioral Health Case Managers shall refrain from dual relationships with consumers because of the potential to impair professional judgment and to increase the risk of harm to consumers. Examples of such relationships include, but are not limited to familial, social, financial, business, and professional or close personal relationships with consumers.

(1) Certified Behavioral Health Case Managers shall not have any type of sexual contact with consumers and shall not provide case management services to persons with whom they have had a sexual relationship.

(2) Certified Behavioral Health Case Managers shall not engage in sexual contact with former consumers

(3) Certified Behavioral Health Case Managers shall not knowingly enter into a close personal relationship, or engage in any business or financial dealings with a former client for five (5) years after the termination of the case management relationship.

(c) If a Certified Behavioral Health Case Manager determines that he or she is unable to be of professional assistance to a consumer, the Certified Behavioral Health Case Manager shall refer the consumer to appropriate sources when indicated. If the consumer declines the referral the Certified Behavioral Health Case Manager shall terminate the relationship and document the consumer's decision.

(d) Certified Behavioral Health Case Managers shall report any violation of professional conduct by a Certified Behavioral Health Case Manager as outlined in this chapter.

(e) The Department shall conduct itself in a manner to intervene in an immediate action to protect a consumer(s) according to the guidelines and rules provided, to prevent further detriment to any consumer.

[Source: Added at 20 Ok Reg 678, eff 2-27-03 (emergency); Added at 21 Ok Reg 1088, eff 7-1-04 ; Amended at 27 Ok Reg 2238, eff 7-11-10 ; Amended at 35 Ok Reg 1858, eff 10-1-18 ; Amended at 38 Ok Reg 1373, eff 9-15-21]

450:50-7-3. Reimbursement for services rendered [REVOKED]

[Source: Added at 20 Ok Reg 678, eff 2-27-03 (emergency); Added at 21 Ok Reg 1088, eff 7-1-04 ; Amended at 27 Ok Reg 2238, eff 7-11-10 ; Amended at 30 Ok Reg 1420, eff 7-1-13 ; Revoked at 38 Ok Reg 1373, eff 9-15-21]

450:50-7-4. Professional standards

(a) It shall be unprofessional conduct for a Certified Behavioral Health Case Manager or applicant to violate a state or federal statute if the violation is directly related to the duties and responsibilities of the counselor or if the violation involves moral turpitude.

(b) Certified Behavioral Health Case Managers shall not render professional services while under the influence of alcohol or other mind or mood altering drugs.

(c) Certified Behavioral Health Case Managers shall notify the Department of any change in name, address, telephone number and employment if the case manager will continue to provide case management services as defined by 450:50-1-2 in the new employment setting.

[Source: Added at 20 Ok Reg 678, eff 2-27-03 (emergency); Added at 21 Ok Reg 1088, eff 7-1-04 ; Amended at 23 Ok Reg 1441, eff 7-1-06 ; Amended at 27 Ok Reg 2238, eff 7-11-10]

450:50-7-5. Failure to comply

An approved case management applicant or Certified Behavioral Health Case Manager who does not comply with the Rules of Professional Conduct (450:50-7-1) or consumer welfare (450:50-7-2) shall be guilty of unprofessional conduct and subject to disciplinary action.

[Source: Added at 20 Ok Reg 678, eff 2-27-03 (emergency); Added at 21 Ok Reg 1088, eff 7-1-04 ; Amended at 27 Ok Reg 2238, eff 7-11-10 ; Amended at 28 Ok Reg 912, eff 7-1-11]

SUBCHAPTER 9. ENFORCEMENT

450:50-9-1. Enforcement

(a) ODMHSAS may impose administrative sanctions, including revocation, suspension, non-renewal of certification and reprimand, against Certified Behavioral Health Case Managers.

(b) All proceedings, hearing and appeals shall be conducted in accordance with Chapter 1 of the Rules of ODMHSAS, Title 450 Oklahoma Administrative Code and the Administrative Procedures Act.

[Source: Added at 20 Ok Reg 678, eff 2-27-03 (emergency); Added at 21 Ok Reg 1088, eff 7-1-04 ; Amended at 27 Ok Reg 2238, eff 7-11-10]

SUBCHAPTER 11. COMPLAINT PROCESS AND INVESTIGATION/RESOLUTION OF COMPLAINTS

450:50-11-1. Complaints of Professional Conduct

If ODMHSAS determines that a possible violation of any rules set forth in this Chapter has occurred, ODMHSAS may commence an investigation of the complaint pursuant to this Chapter and Title 450 OAC Chapter 1.

[Source: Added at 27 Ok Reg 2238, eff 7-11-10]

CHAPTER 53. STANDARDS AND CRITERIA FOR CERTIFIED PEER RECOVERY SUPPORT SPECIALISTS

[Authority: 43A O.S., §§ 2-101 and 3-326]

[Source: Codified 7-1-11]

SUBCHAPTER 1. GENERAL PROVISIONS

450:53-1-1. Purpose

This Chapter implements 43A O.S. § 3-326, which authorizes the Board of Mental Health and Substance Abuse Services, or the Commissioner upon delegation by the Board, to certify Peer Recovery Support Specialists. Section 3-326 requires the Board to promulgate rules and standards for certification of Peer Recovery Support Specialists addressing criteria and fees for certification and renewal, including minimum education requirements, examination and supervision requirement, continuing education requirements, professional standards, and rules of professional conduct.

[Source: Added at 28 Ok Reg 912, eff 7-1-11]

450:53-1-2. Definitions

The following words or terms, when used in this Chapter, shall have the following meaning unless the context clearly indicates otherwise.

"Board" means the State Board of Mental Health and Substance Abuse Services.

"Certified Peer Recovery Support Specialists or C-PRSS" means any person who is certified by the Department of Mental Health and Substance Abuse Services to offer behavioral health services as provided in this Chapter.

"Commissioner" means the Commissioner of Mental Health and Substance Abuse Services.

"Employed" means, for purposes of this chapter only, employed by or volunteer with the State, a behavioral health service provider or an advocacy agency contracting with the State to provide behavioral health services, or a behavioral health services provider certified by ODMHSAS, employed by a tribe or tribal facility that provides behavioral health services, or employed by an Oklahoma Department of Veterans Affairs or a United States Department of Veterans Affairs facility.

"Exam" as prescribed by the Department, is an exam individuals must pass to become certified.

"Consumer" means an individual, adult or child, who has applied for, is receiving or has received mental health or substance abuse evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts.

"Department" or "ODMHSAS" means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Dual relationship" means a familial, financial, business, professional, close personal, sexual or other non-therapeutic relationship

with a consumer, or engaging in any activity with another person that interferes or conflicts with the Certified Peer Recovery Support Specialists' professional obligation to a consumer.

"Peer Support" means using lived experience to navigate treatment, foster relationships with community resources and supports, and develop a plan for overall well-being. These services and supports are valued as a component of treatment and integrated into the continuum of care to promote individual growth and enhance social connection.

"Recovery" for purposes of this chapter only refers to a journey of healing and transformation enabling people with mental health and/or substance use challenges to live a meaningful life in the community of their choice while striving to achieve their full potential. The process of recovery leads individuals toward the highest level of autonomy of which they are capable. Key characteristics of recovery include:

- (A) Recovery is self-directed, personal and individualized (not defined by treatment providers or agencies);
- (B) Recovery is holistic. Recovery is a process through which one gradually achieves greater balance of mind, body and spirit in relation to other aspects of one's life that can include family, work and community;
- (C) Recovery moves beyond symptom reduction and relief (i.e. meaningful connections in the community, developing specific skill sets, establishing a sense of quality and well-being);
- (D) Recovery is both a process of healing (regaining) and a process of discovery (moving beyond);
- (E) Recovery encompasses the possibility for individuals to explore, make mistakes and try again; and
- (F) Recovery can occur within or outside the context of professionally directed treatment.

"Wellness" means an active process of becoming aware of and making choices toward a healthy and fulfilling life. Wellness is more than being free from illness, it is a dynamic process of change and growth.

[Source: Added at 28 Ok Reg 912, eff 7-1-11 ; Amended at 36 Ok Reg 1160, eff 11-1-19]

450:53-1-3. Authority of the Commissioner and Department

(a) The Commissioner or designee shall have the authority and duty to issue, renew, revoke, deny, suspend and/or place on probation certifications to offer peer recovery support services.

(b) The Department shall have authority to:

- (1) Receive and deposit fees as required by 43A O.S. § 3-326(C);
- (2) Examine all qualified applicants for Certified Peer Recovery Support Specialists training and certification;
- (3) Investigate complaints and possible violation of the rules and standards of Peer Recovery Support Specialists;
- (4) Make recommendations regarding the outcome of formal complaints;
- (5) Enforce the recommendations of the formal complaint process.

[Source: Added at 28 Ok Reg 912, eff 7-1-11]

SUBCHAPTER 3. PEER RECOVERY SUPPORT SPECIALISTS CERTIFICATION APPLICATION**450:53-3-1. Qualifications for certification**

Each applicant for certification as a Peer Recovery Support Specialists shall:

- (1) Possess a High School Diploma, General Equivalency Diploma (GED), High School Equivalency (HSE) Credential, or college or university degree;
- (2) Have demonstrated self-driven recovery from a mental illness, substance abuse disorder or both;
- (3) Be at least 18 years of age;
- (4) Be willing to self-disclose about their own recovery;
- (5) Be employed by or intern with, within six (6) months from the date the application was submitted, the state, a behavioral service provider or an advocacy agency contracting with the state to provide behavioral health services, or a behavioral health services provider certified by ODMHSAS, employed by a tribe or tribal facility that provides behavioral health services, or employed by an Oklahoma Department of Veterans Affairs or a United States Department of Veterans Affairs facility.
- (6) Possess good moral character;
- (7) Be actively working on recovery and/or overall wellness;
- (8) Pass an examination based on standards promulgated by ODMHSAS pursuant to 43A O.S. § 3-326;
- (9) Not be engaged in any practice or conduct which would be grounds for denying, revoking or suspending a certification pursuant to this title; and
- (10) Otherwise comply with rules promulgated by the Board implementing 43A O. S. § 3-326.

[Source: Added at 28 Ok Reg 912, eff 7-1-11 ; Amended at 31 Ok Reg 2006, eff 10-1-14 ; Amended at 35 Ok Reg 1859, eff 10-1-18 ; Amended at 36 Ok Reg 1160, eff 11-1-19 ; Amended at 39 Ok Reg 2006, eff 9-

450:53-3-2. Applications for certification

- (a) Applications for certification as a Peer Recovery Support Specialist shall be submitted to the Department on a form and in a manner prescribed by the Commissioner or designee.
- (b) An application shall include the following items:
- (1) Application form completed in full according to its instructions;
 - (2) Application fee in an amount up to \$50.00;
 - (3) Employment status verification form(s) showing current status as an employee of the state of Oklahoma, a behavioral service provider, advocacy agency contracting with the state to provide behavioral health services, a behavioral health services provider certified by ODMHSAS, a tribe or tribal facility that provides behavioral health services, or an Oklahoma Department of Veterans Affairs or United States Department of Veterans Affairs facility. The employment status verification form(s) must be sent to ODMHSAS by the employer but may be provided up to six (6) months after submission of the application form and other required materials;
 - (4) Oklahoma State Bureau of Investigation (OSBI) name-based criminal history report. The report must be an official OSBI document. If there is an incident of stolen identity, a Criminal History Record Theft number and letter must be submitted with the application. The report may be supplied by the applicant or the applicant's employer;
 - (5) Official high school transcript, General Equivalency Diploma (GED), High School Equivalency (HSE) Credential, or college or university transcript. An unofficial transcript may be accepted if the document can be substantiated by the Department;
 - (6) Documentation of age; and
 - (7) Detailed information, as requested on the application, demonstrating recovery from a mental illness, substance abuse disorder or both.
- (c) An applicant, who meets the requirements for certification and otherwise complied with the Chapter, shall be eligible for certification.
- (d) An application must be submitted at least fourteen (14) days prior to attending Peer Recovery Support Specialists training.
- (e) Applications shall be submitted and approved by the Department prior to eligibility of taking the C-PRSS training.
- (f) The applicant is not considered certified until verification of employment, exam approval results, and proof of the required training has been submitted.
- (g) Applications shall only be valid for a period up to six (6) months.

[Source: Added at 28 Ok Reg 912, eff 7-1-11 ; Amended at 31 Ok Reg 2066, eff 10-1-14 ; Amended at 36 Ok Reg 1160, eff 11-1-19 ; Amended at 39 Ok Reg 2006, eff 9-15-22]

450:53-3-3. Duration of certification

- (a) Certification issued pursuant to this Chapter shall require renewal annually unless revoked. Certified Peer Recovery Support Specialists must renew their certification prior to December 31st of the renewal year.
- (b) Renewal shall be accomplished by submitting the annual report of continuing education units (CEU's) with accompanying documentation and the renewal fee.
- (c) A certification not renewed by the December 31st deadline will be suspended. Submitting required documentation of continuing education units along with required fees within six (6) months of the expiration date shall renew a suspended certification. Certificates not renewed within six (6) months will not be reinstated and shall result in forfeiture of the rights and privileges granted by the certification.
- (d) A certification that was not renewed within the period provided and was not reinstated must wait a period of sixty (60) days before reapplying and shall submit a new application.

[Source: Added at 28 Ok Reg 912, eff 7-1-11]

450:53-3-4. Fees

- (a) **Application Fee.** The application fee shall be submitted with the application form. The application fee shall not exceed fifty dollars (\$50.00).
- (b) **Renewal Fee.** The renewal fee shall be submitted with the renewal form and required continuing education documentation. The renewal fee shall not exceed twenty-five dollars (\$25.00).

[Source: Added at 28 Ok Reg 912, eff 7-1-11]

450:53-3-5. Fitness of applicants

- (a) The purpose of this section is to establish the fitness of the applicant as one of the criteria for approval of certification as a Certified Peer Recovery Support Specialists and to set forth the criteria by which the Commissioner or designee shall determine the fitness of the applicants.
- (b) The substantiation of any of the following items related to the applicant shall be, as the Commissioner or designee determines, the basis for the denial of or delay of certification of the applicant:
 - (1) Lack of necessary skills and abilities to provide adequate services;
 - (2) Misrepresentation on the application or other materials submitted to the Department;
 - (3) Any action that would otherwise be considered a violation of the rules of professional conduct set forth in this Chapter; or
 - (4) Certain felony conviction(s), as determined by the Department.
- (c) The Department shall obtain document(s) necessary to determine the fitness of an applicant.
- (d) The Department may require explanation of negative references prior to issuance of certification.

[Source: Added at 28 Ok Reg 912, eff 7-1-11 ; Amended at 39 Ok Reg 2006, eff 9-15-22]

SUBCHAPTER 5. PEER RECOVERY SUPPORT SPECIALISTS CERTIFICATION, TRAINING, EXAM AND CEU'S

450:53-5-1. Peer Recovery Support Specialists minimum education requirements

The purpose of this section is to delineate the training requirements for the Certified Peer Recovery Support Specialists.

(1) The Department shall have the authority and responsibility for providing Peer Recovery Support Specialists training classes a minimum of three times during the year.

(2) Request for attending the certification training must be made to the Department fourteen (14) days prior to the beginning of scheduled classes.

(3) In order to fulfill the certification training requirements, an applicant must attend and complete a forty (40) hour PRSS training block covering various aspects of recovery, ethics and/or boundaries, mental health and substance abuse as specified by the Department.

(4) Applicants must attend the entire forty (40) hour training block. Absences are excused only for emergencies. An absence lasting over one day shall cause the trainee to be subject to retaking the entire forty (40) hour training block at the next scheduled training course.

(5) Applicants are responsible for completing homework during the forty (40) hour training block.

(6) Applicants must be able to demonstrate their ability to verbally share their recovery journey with others in a safe, concise, and trauma-informed manner.

[Source: Added at 28 Ok Reg 912, eff 7-1-11 ; Amended at 36 Ok Reg 1160, eff 11-1-19]

450:53-5-2. Peer Recovery Support Specialists certification examination

Examinations shall be held at such times, at such places and in such manner as the Commissioner or designee directs. The examination shall cover such technical, professional and practical subjects as relate to the practice of a Certified Peer Recovery Support Specialist.

(1) Certification exams consist of a written exam covering all aspects of the training block.

(2) An applicant must score at least a seventy-five percent (75%) to pass the exam and be certified. A score of seventy-four percent (74%) or less will result in an applicant being required to test again at the next scheduled test date, or at a time and manner approved by the Commissioner or designee.

(3) Applicants who fail to complete and pass the certification exam within six (6) months of application must reapply.

[Source: Added at 28 Ok Reg 912, eff 7-1-11 ; Amended at 31 Ok Reg 2066, eff 10-1-14 ; Amended at 36 Ok Reg 1160, eff 11-1-19]

450:53-5-3. Continuing education requirements

(a) Certified Peer Recovery Support Specialists must complete twelve (12) hours of continuing education per year and submit documentation of attendance for the continuing education to the Department annually.

(b) The Department will use the following criteria to determine approval of acceptable CEU courses:

(1) Provides information to enhance delivery of Peer Support Services and has been approved by Commissioner or designee; or

(2) Is a required undergraduate or graduate course in a behavioral health related field and pertains to direct interaction with consumers (three (3) hours of course work is equal to twelve (12) hours of CEUs); and

(3) At least three (3) of the continuing education hours must be in ethics.

(4) Continuing education accrual from teaching continuing education or sharing recovery stories may also be accrued when the C-PRSS teaches in programs such as seminars, workshops and conferences, or shares lived experience in settings such as community events, public forums, and news articles, when the content conforms to Peer Support and is not a required part of the C-PRSS regular employment. No more than three (3) hours of continuing education may be accrued per year through teaching and sharing activities.

(c) Certified Peer Recovery Support Specialists shall retain documents verifying attendance for all continuing education units claimed for the reporting period. Acceptable verification documents include:

(1) An official continuing education validation form or certificate furnished by the presenter indicating number of CEUs given for the course; and/or

(2) A copy of the agenda showing the content and presenter for the course; and

(3) A signed copy of C-PRSS Attestation Form.

(d) Failure to complete the continuing education requirements and submit the required documentation by the renewal date renders the certification in suspension, and results in the loss of all rights and privileges of a Certified Peer Recovery Support Specialists. The Certified Peer Recovery Support Specialists certification may be reinstated during a period of no longer than six (6) months following the suspension date. If not reinstated the certification shall become null and void.

[Source: Added at 28 Ok Reg 912, eff 7-1-11 ; Amended at 36 Ok Reg 1160, eff 11-1-19]

SUBCHAPTER 7. RULES OF PROFESSIONAL CONDUCT

450:53-7-1. Responsibility

It shall be the responsibility of Certified Peer Recovery Support Specialists, in their commitment to assist consumers in regaining control of their lives and recovery processes, to value objectivity and integrity, and in providing services, to strive to maintain the highest standards of their profession. Certified Peer Recovery Support Specialists shall accept responsibility for the consequences of their work and make every effort to ensure that their services are used appropriately. Certified Peer Recovery Support Specialists shall not participate in, condone, or be associated with dishonesty, fraud, deceit or misrepresentation. Certified Peer Recovery Support Specialists shall not exploit their relationships with consumers for personal advantage, profit, satisfaction, or interests.

[Source: Added at 28 Ok Reg 912, eff 7-1-11]

450:53-7-2. Competence and scope of practice

(a) Peer Recovery Support services are an EBP model of care which consists of a qualified peer recovery support provider (PRSS) who assists individuals with their recovery from mental illness and/or substance use disorders.

(b) A C-PRSS must possess knowledge about various mental health settings and ancillary services (i.e., Social Security, housing services, and advocacy organizations). Certified Peer Recovery Support Specialist (C-PRSS) provides peer support services; serves as an advocate; provides information and peer support. The C-PRSS performs a wide range of tasks to assist consumers in regaining control of their lives and recovery processes. The C-PRSS will possess the skills to maintain a high level of professionalism and ethics in all professional interactions. Examples of a PRSS' scope of practice would including the following:

- (1) Utilizing their knowledge, skills and abilities the PRSS will:
 - (A) Teach and mentor the value of every individual's recovery experience;
 - (B) Model effective coping techniques and self-help strategies;
 - (C) Prioritize self-care and role model that recovery is possible for all people.
 - (D) Assist service recipients in articulating personal goals for recovery;
 - (E) Assist service recipients in determining the objectives needed to reach his/her recovery goals;
- (2) Utilizing ongoing training the PRSS may:
 - (A) Proactively engage consumers using communication skills introducing new concepts, ideas, and insight to others;
 - (B) Facilitate peer support groups;
 - (C) Assist in setting up and sustaining self-help (mutual support) groups;
 - (D) Support consumers in using a wellness plan;
 - (E) Assist in creating a crisis plan/ Psychiatric Advanced Directive as instructed in the PRSS Training;

- (F) Utilize and teach problem solving techniques with consumers.
- (G) Teach consumers how to identify and combat negative self-talk and fears;
- (H) Support the vocational choices of consumers and assist him/her in overcoming job-related anxiety;
- (I) Assist in building social skills in the community that will enhance quality of life. Support the development of natural support systems;
- (J) Assist other staff in identifying program and service environments that are conducive to recovery;
- (K) Attend treatment team and program development meetings to ensure the presence of the consumer voice and to promote the use of self-directed recovery tools.
- (3) Possess knowledge about various behavioral health settings and ancillary services (i.e. Social Security, housing services, advocacy organizations);
- (4) Maintain a working knowledge of current trends and developments in the behavioral health field;
 - (A) Attend continuing education assemblies when offered by/approved by the Commissioner or designee;
 - (B) Develop and share recovery-oriented material with other PRSS's at peer-specific continuing education trainings.
- (5) Serve as a PRSS by:
 - (A) Providing and advocating for effective recovery oriented services;
 - (B) Assist consumers in obtaining services that suit that individual's recovery needs;
 - (C) Inform consumers about community and natural supports and how to utilize these in the recovery process; and
 - (D) Assist consumers in developing empowerment skills through self-advocacy.

[Source: Added at 28 Ok Reg 912, eff 7-1-11 ; Amended at 31 Ok Reg 2066, eff 10-1-14 ; Amended at 36 Ok Reg 1160, eff 11-1-19]

450:53-7-3. Proficiency

- (a) Peer Support: C-PRSS shall practice only within the boundaries of their competence, based on their education, training, supervised experience, state credentials, and appropriate professional and personal experience.
- (b) Specialty: C-PRSS shall not represent themselves as specialists in any aspect unless so designated.
- (c) Impairment: C-PRSS shall not offer or render professional services when such services may be impaired by a personal physical, mental or emotional condition(s). C-PRSS should seek assistance for any such personal problem(s) with their physical, mental or emotional condition, and, if necessary, limit, suspend, or terminate their professional activities. If any C-PRSS possesses a bias, disposition, attitude, moral

persuasion or other similar condition that limits their ability to provide peer recovery support services in that event they shall not undertake to provide services and will terminate the relationship in accordance with these rules.

[Source: Added at 28 Ok Reg 912, eff 7-1-11 ; Amended at 36 Ok Reg 1160, eff 11-1-19]

450:53-7-4. Wellbeing of the people served

(a) **Discrimination.** C-PRSS shall not, in the rendering of their professional services, participate in, condone, or promote discrimination on the basis of race, color, age, sexual orientation, gender, religion, diagnosis, behavioral health condition or national origin.

(b) **Confidentiality.** C-PRSS shall maintain the confidentiality of any information received from any person or source about a consumer, unless authorized in writing by the consumer or otherwise authorized or required by law or court order. C-PRSS shall be responsible for complying with the applicable state and federal regulations in regard to the security, safety and confidentiality of any counseling record they create, maintain, transfer, or destroy whether the record is written, taped, computerized, or stored in any other medium.

(c) **Dual relationships.** C-PRSS shall not knowingly enter into a dual relationship(s) and shall take any necessary precautions to prevent a dual relationship from occurring. When the C-PRSS reasonably suspects that he or she has inadvertently entered into a dual relationship the C-PRSS shall record that fact in the records of the affected person(s) and take reasonable steps to eliminate the source or agent creating or causing the dual relationship. If the dual relationship cannot be prevented or eliminated and the C-PRSS cannot readily refer the person to another C-PRSS, the C-PRSS shall complete the following measures as necessary to prevent the exploitation of the person and/or the impairment of the C-PRSS's professional judgment:

- (1) Consult with the C-PRSS supervisor to understand the potential impairment to the C-PRSS's professional judgment and the risk of harm to the person of continuing the dual relationship.
- (2) Fully disclose the circumstances of the dual relationship to the consumer and secure the consumer's written consent to continue providing services.

(d) **Providing services to persons of prior association.** C-PRSS' shall not undertake to provide services to any person with whom the C-PRSS' has had any prior sexual contact or close personal relationship.

(e) **Interaction with former people with whom a C-PRSS has provided services.** C-PRSS shall not knowingly enter into a close personal relationship, or engage in any business or financial dealings with a former recipient of service. C-PRSS shall not engage in any activity that is or may be sexual in nature with a former recipient of service after the termination of the professional relationship. C-PRSS shall not exploit or obtain an advantage over a former recipient of services by the use of information or trust gained during the peer recovery support professional relationship.

(f) **Invasion of privacy.** C-PRSS shall not make inquiry into persons or matters that are not reasonably calculated to assist or benefit the peer recovery support process.

(g) **Referral.**

(1) If C-PRSS determine that they are unable to be of professional assistance to a client, the C-PRSS shall not enter a professional relationship. C-PRSS shall refer people to appropriate sources when indicated. If the person declines the suggested referral, the C-PRSS shall terminate the relationship.

(2) C-PRSS shall not abandon or neglect current recipients of service in treatment without making reasonable arrangements for the continuation of such treatment.

(3) When an C-PRSS becomes cognizant of a disability or other condition that may impede, undermine or otherwise interfere with the C-PRSS's duty of responsibility to the current client, including a suspension of the C-PRSS's certification or any other situation or condition described in these rules, the C-PRSS shall promptly notify the recipient of service and the facility in writing of the presence or existence of the disability or condition and take reasonable steps to timely terminate the relationship.

[Source: Added at 28 Ok Reg 912, eff 7-1-11 ; Amended at 36 Ok Reg 1160, eff 11-1-19]

450:53-7-5. Professional standards

(a) It shall be the responsibility of Certified Peer Recovery Support Specialists (C-PRSS), in their commitment to peer support, to value self-determination, and in providing peer services, and to strive to maintain the highest standards of their profession.

(b) C-PRSS shall accept responsibility for the consequences of their work and make every effort to ensure that their services are used appropriately.

(c) It shall be unprofessional conduct for a C-PRSS to violate a state or federal statute, if the violation directly relates to the duties and responsibilities of the C-PRSS or if the violation involves moral turpitude.

(d) C-PRSS shall not render peer recovery support services while under the influence of alcohol or illegal drugs or misused substances or disruptive symptoms.

[Source: Added at 28 Ok Reg 912, eff 7-1-11 ; Amended at 36 Ok Reg 1160, eff 11-1-19]

450:53-7-6. Reimbursement for services rendered

Certified Peer Recovery Support Specialists shall be reimbursed for Recovery Support Services only if employed by the State, by behavioral health services providers or an advocacy agency contracting with the state to provide behavioral health services. Reimbursement for services rendered will not be collected outside of the agency's system of service reimbursement.

[Source: Added at 28 Ok Reg 912, eff 7-1-11 ; Amended at 31 Ok Reg 2066, eff 10-1-14]

450:53-7-7. Failure to comply

A Certified Peer Recovery Support Specialists who does not comply with the Rules of Professional Conduct shall be guilty of unprofessional conduct and subject to disciplinary action.

[Source: Added at 28 Ok Reg 912, eff 7-1-11]

450:53-7-8. Personal Problems and Conflicts

(a) Certified Peer Recovery Support Specialists shall refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When Certified Peer Recovery Support Specialists become aware of personal problems that may interfere with their performing work-related duties adequately, they should take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties.

[Source: Added at 28 Ok Reg 912, eff 7-1-11]

450:53-7-9. C-PRSS Supervision

All C-PRSS shall report to a supervisor that has successfully completed an ODMHSAS approved Supervising PRSS Training.

[Source: Added at 36 Ok Reg 1160, eff 11-1-19]

SUBCHAPTER 9. ENFORCEMENT

450:53-9-1. Enforcement

(a) ODMHSAS may deny the certification of any person to be a Certified Peer Recovery Support Specialists who fails to qualify for, or comply with, the provisions of this Chapter.

(b) ODMHSAS may reprimand, suspend, revoke or deny renewal of the certification of a person who fails to qualify for or comply with the provisions of this Chapter.

(c) In the event ODMHSAS determines action should be taken against any person certified under this Chapter, the proceeding shall be initiated pursuant to the rules of ODMHSAS as set forth in Oklahoma Administrative Code, Title 450, Chapter 1, Subchapter 5 and the Administrative Procedures Act.

[Source: Added at 28 Ok Reg 912, eff 7-1-11]

450:53-9-2. Reasons to deny, revoke or suspend certification

(a) The Department may deny, revoke, suspend or place on probation any certification issued pursuant to the provisions of 43A O.S. § 3-326 to a Peer Recovery Support Specialist, if the person has:

- (1) Engaged in fraud or deceit in connection with services rendered or in establishing needed qualifications to the provisions of the law;
 - (2) Engaged in unprofessional conduct as defined by the rules established by ODMHSAS;
 - (3) Engaging in negligence or wrongful actions in the performance of his/her duties; or
 - (4) Misrepresented any information required in obtaining a certification.
- (b) No certification shall be suspended or revoked, nor a Peer Recovery Support Specialist placed on probation until notice is served upon the Peer Recovery Support Specialist and a hearing is held in conformity with 450:1-1-1, et. seq.

[Source: Added at 28 Ok Reg 912, eff 7-1-11]

SUBCHAPTER 11. GRANDFATHERING

450:53-11-1. Grandfathering

- (a) Upon request, individuals Credentialed as Peer Recovery Support Specialists by the Oklahoma Department of Mental Health and Substance Abuse Services as of June 1, 2009 through the effective date of this Chapter shall be issued Certification as a Certified Peer Recovery Support Specialist as provided in this Chapter.
- (b) Upon request, individuals Credentialed as Peer Recovery Support Specialists by the Oklahoma Department of Mental Health and Substance Abuse Services from December 1, 2004 through May 31, 2009 that have demonstrated providing peer support in their employment, volunteerism or advocacy to others as peers shall be issued Certification as a Certified Peer Recovery Support Specialist as provided in this Chapter.

[Source: Added at 28 Ok Reg 912, eff 7-1-11]

CHAPTER 55. STANDARDS AND CRITERIA FOR PROGRAMS OF ASSERTIVE COMMUNITY TREATMENT

[**Authority:** 43A O.S., § 2-101, 3-306 and 3-319]
[**Source:** Codified 7-1-04]

SUBCHAPTER 1. GENERAL PROVISIONS

450:55-1-1. Purpose

- (a) This Chapter implements 43A O.S. § 3-319, which authorizes the Board of Mental Health and Substance Abuse Services, or the Commissioner upon delegation by the Board, to certify programs of assertive community treatment. Section 3-319 requires the Board to promulgate rules and standards for certification of facilities or organizations that desire to be certified.
- (b) The rules regarding the certification procedures including applications, fees and administrative sanctions are found in the Oklahoma Administrative Code, Title 450, Chapter 1, Subchapters 5 and 9.
- (c) Rules outlining general certification qualifications applicable to facilities and organizations certified under this Chapter are found in OAC 450:1-9-5 through OAC 450:1-9-5.6.

[**Source:** Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 38 Ok Reg 1378, eff 9-15-21 ; Amended at 39 Ok Reg 2007, eff 9-15-22]

450:55-1-2. Definitions

The following words or terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Advance Practice Registered Nurse" means a registered nurse in good standing with the Oklahoma Board of Nursing, and has acquired knowledge and clinical skills through the completion of a formal program of study approved by the Oklahoma Board of Nursing Registration and has obtained professional certification through the appropriate National Board recognized by the Oklahoma Board of Nursing. Advance Practice Registered Nurse services are limited to the scope of their practice as defined in 59 Okla. Stat. § 567.3a and corresponding rules and regulations at OAC 485:10-5-1 through 10-16-9.

"Certified behavioral health case manager" means any person who is certified by the Department of Mental Health and Substance Abuse Services to offer behavioral health case management services within the confines of a mental health facility or drug or alcohol treatment facility that is operated by the Department or contracts with the State to provide behavioral health services.

"Certified Peer Recovery Support Specialists" or "C-PRSS" means any person who is certified by the Department of Mental Health and Substance Abuse Services to offer behavioral health services as provided in this Chapter.

"Community-based Structured Crisis Center" or "CBSCC" means a program of non-hospital emergency services for mental health

and substance abuse crisis stabilization including, but not limited to, observation, evaluation, emergency treatment and referral, when necessary, for inpatient psychiatric or substance abuse services. This service is limited to CMHC's who are certified by the Department of Mental Health and Substance Abuse Services or facilities operated by the Department of Mental Health and Substance Abuse Services.

"Consumer" means an individual who has applied for, is receiving, or has received evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450 as client(s) or patient(s) or resident(s) or a combination thereof.

"Co-occurring disorder" means any combination of mental health and substance abuse symptoms or diagnoses in a client.

"Co-occurring disorder capability" means the organized capacity within any type of program to routinely screen, identify, assess, and provide properly matched interventions to individuals with co-occurring disorders.

"Credentialed Recovery Support Specialist" is a member of the PACT team who is working as a Recovery Support Specialist and is certified by the Department of Mental Health and Substance Abuse Services to offer behavioral health services in accordance with Chapter 53 of Title 450.

"Crisis intervention" means an immediately available service to meet the psychological, physiological and environmental needs of individuals who are experiencing a mental health or substance abuse crisis.

"Crisis stabilization" means emergency psychiatric and substance abuse services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment and, if needed, referral to an ODMHSAS certified facility having nursing and medical support available.

"Cultural competency" means the ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs and values that reflect an individual's racial, ethnic, religious, sexual orientation, and/or social group.

"DSM" means the current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

"FTE" means an employee, or more than one, who work(s) the time equivalent to the number of hours per week, month or year of one (1) employee working full-time.

"Governing Agency" means the facility or specific community based behavioral health provider under which the PACT program is operated.

"Historical time line" means a method by which a specialized form is used to gather, organize and evaluate historical information about significant events in a consumer's life, experience with mental illness, and treatment history.

"Individual Treatment Team" or **"ITT"** means the primary case manager and a minimum of two other clinical staff on the PACT team who are responsible to keep the consumer's treatment coordinated, monitor

their services, coordinate staff activities and provide information and feedback to the whole team.

"Licensed Behavioral Health Professional" or "LBHP" means:

- (A) An Allopathic or Osteopathic Physician with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry;
- (B) An Advanced Practice Registered Nurse licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided and certified in a psychiatric mental health specialty;
- (C) A Clinical Psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists;
- (D) A Physician Assistant who is licensed in good standing in Oklahoma and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions;
- (E) A practitioner with a license to practice in the state in which services are provided by one of the following licensing boards:
 - (i) Social Work (clinical specialty only);
 - (ii) Professional Counselor;
 - (iii) Marriage and Family Therapist;
 - (iv) Behavioral Practitioner; or
 - (v) Alcohol and Drug Counselor.

"Licensed mental health professional" or "LMHP" as defined in Title 43A §1-103 (11).

"Licensure candidate" means practitioners actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards:

- (A) Psychology;
- (B) Social Work (clinical specialty only);
- (C) Professional Counselor;
- (D) Marriage and Family Therapist;
- (E) Behavioral Practitioner; or
- (F) Alcohol and Drug Counselor.

"Linkage services" means the communication and coordination with other service providers pursuant to a valid release that assure timely appropriate referrals between the PACT program and other providers.

"Licensed Practical Nurse" or "LPN" means an individual who is currently licensed by the Oklahoma Board of Nursing to provide a directed scope of nursing practice.

"Medically necessary" means health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

"Nurse Care manager" means a Licensed Practical Nurse (LPN) or a Registered Nurse (RN).

"ODMHSAS" means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Oklahoma Administrative Code" or **"OAC"** means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code, or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A) (1) (a) and maintained in the Office of Administrative Rules.

"Performance Improvement" or **"PI"** means an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of consumers and others. Synonyms, and near synonyms include continuous performance improvement, continuous improvement, organization-wide performance improvement and total quality management.

"Persons with special needs" means any person with a condition which is considered a disability or impairment under the "American with Disabilities Act of 1990" including, but not limited to the deaf and hearing impaired, visually impaired, physically disabled, developmentally disabled, persons with disabling illness, persons with mental illness. See "Americans with Disabilities Handbook," published by U.S. Equal Employment Opportunity Commission and U.S. Department of Justice.

"PICIS" is a comprehensive management information system based on national standards for mental health and substance abuse databases. It is a repository of diverse data elements that provide information about organizational concepts, staffing patterns, consumer profiles, program or treatment focus, and many other topics of interest to clinicians, administrators and consumers. It includes unique identifiers for agencies, staff and consumers that provide the ability to monitor the course of consumer services throughout the statewide DMHSAS network. PICIS collects data from hospitals, community mental health centers, substance abuse agencies, domestic violence service providers, residential care facilities, prevention programs, and centers for the homeless which are operated or funded in part by DMHSAS.

"Primary Care Practitioner (PCP)" means a licensed physician, Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA) licensed in the State of Oklahoma.

"Primary Case Manager" is a certified behavioral health case manager assigned by the team leader to coordinate and monitor activities of the ITT, has primary responsibility to write the treatment plan and make revisions to the treatment plan and weekly schedules.

"Program Assistant" is a member of the PACT team providing duties supportive of the Team and may include organizing, coordinating, and monitoring non-clinical operations of the PACT, providing receptionist activities and coordinating communication between the team and consumers.

"Program of Assertive Community Treatment" or **"PACT"** means a clinical program that provides continuous treatment, rehabilitation and support services to persons with mental illness in settings that are natural to the consumer.

"Progress notes" mean a chronological description of services provided to a consumer, the consumer's progress, or lack of, and documentation of the consumer's response related to the intervention

plan.

"Recovery Support Specialist" is a member of the PACT team who is or has been a recipient of mental health services for a serious mental illness and is willing to use and share his or her personal, practical experience, knowledge, and first-hand insight to benefit the team and consumers.

"Service Intensity" means the frequency and quantity of services needed, the extent to which multiple providers or agencies are involved, and the level of care coordination required.

"Team Leader" is the clinical and administrative supervisor of the PACT team who also functions as a practicing clinician. The team leader is responsible for monitoring each consumer's clinical status and response to treatment as well as supervising all staff and their duties as specified by their job descriptions.

"Trauma informed" means the capacity for a facility and all its programs to recognize and respond accordingly to the presence of the effects of past and current traumatic experiences in the lives of its consumers.

"Urgent Recovery Clinic" means a facility certified by ODMHSAS pursuant to OAC 450:23 that offers services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and drug abuse, and emotional distress. URCs offer triage crisis response, crisis intervention, crisis assessment, crisis intervention plan development, and linkage and referral to other services.

"Wellness Coach" means an individual who is actively working on personal wellness and who is designated to collaborate with others to identify their personal strengths and goals within the eight dimensions of wellness (spiritual, occupational, intellectual, social, physical, environmental, financial, and emotional).

(A) In order to qualify to be a Wellness Coach, individuals shall:

- (i) Have a behavioral health related associates degree or two years of experience in the field and/or have an active certification and/or license within the behavioral health field (e.g. PRSS, Case Management, LBHP, LPN, etc.); and
- (ii) Complete the ODMHSAS Wellness Coach Training Program and pass the examination with a score of 80% or better.

(B) Wellness Coach roles and responsibilities include:

- (i) Role model wellness behaviors and actively work on personal wellness goals;
- (ii) Apply principles and processes of coaching when collaborating with others;
- (iii) Facilitate wellness groups;
- (iv) Conduct motivational interventions;
- (v) Practice motivational interviewing techniques;
- (vi) Provide referrals to community resources for nutrition education, weight management, Oklahoma Tobacco Helpline, and other wellness-related services and resources;

- (vii) Create partnerships within local community to enhance consumer access to resources that support wellness goals;
- (viii) Raise awareness of wellness initiatives through educational in-service and community training;
- (ix) Elevate the importance of wellness initiatives within the organization;
- (x) Promote a culture of wellness within the organization for both consumers and staff;
- (xi) Respect the scope of practice and do not practice outside of it, referring people to appropriate professionals and paraprofessionals as needed.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 23 Ok Reg 1445, eff 7-1-06 ; Amended at 24 Ok Reg 1422, eff 7-1-07 ; Amended at 25 Ok Reg 2546, eff 7-11-08 ; Amended at 27 Ok Reg 1015, eff 7-1-10 ; Amended at 31 Ok Reg 2068, eff 10-1-14 ; Amended at 32 Ok Reg 478, eff 1-1-15 (emergency); Amended at 32 Ok Reg 2131, eff 9-15-15 ; Amended at 34 Ok Reg 1820, eff 10-1-17 ; Amended at 38 Ok Reg 1378, eff 9-15-21]

450:55-1-3. Applicability

The standards and criteria for services as subsequently set forth in this chapter are applicable to PACT programs as stated in each subchapter.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04]

SUBCHAPTER 3. PROGRAM DESCRIPTION AND PACT SERVICES

450:55-3-1. General program description and target population

A PACT must be a self-contained clinical program that assures the fixed point of responsibility for providing treatment, rehabilitation and support services to consumers with serious mental illnesses. The PACT team shall use an integrated service approach to merge clinical and rehabilitation staff expertise, such as psychiatric, substance abuse, employment, within one service delivery team, supervised by a qualified program director. Accordingly, there shall be a minimal referral of consumers to other program entities for treatment, rehabilitation, and support services. The PACT staff is responsible to ensure services are continuously available in natural settings for the consumer in a manner that is courteous, helpful and respectful.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04]

450:55-3-2. Admission criteria

(a) The PACT program shall maintain written admission policies and procedures that, at a minimum include the following:

(1) First priority shall be given to people designated by the ODMHSAS as needing PACT services. The remaining priority shall be given to people with a primary diagnosis of schizophrenia or other psychotic disorders, such as schizoaffective disorder or bipolar disorder with psychotic features as defined by the current DSM. Individuals without a psychotic disorder shall be evaluated and admitted based on the consumer's need. Admission determination and admission shall occur within five (5) days of receipt of the referral unless the individual is admitted or engaged in Health Home High services with the agency, in which case the admission determination and admission shall occur no later than fifteen days of receipt of the referral.

(2) At least four psychiatric hospitalizations in the past 24 months or cumulative lengths of stays totaling over 30 days in the past 24 months which can include admissions to Community-Based Structured Crisis Care; or frequent psychiatric ER, Urgent Recovery Clinic (URC) and/or CBSCC encounters, or incarcerated and receiving mental health care, or are under an Assisted Outpatient Treatment order for PACT services and with at least three (3) of the following:

- (A) Persistent or recurrent severe affective, psychotic or suicidal symptoms;
- (B) Coexisting substance abuse disorder greater than six (6) months;
- (C) High risk of or criminal justice involvement in the past 12 months which may include frequent contact with law enforcement personnel, incarcerations, parole or probation;
- (D) Homeless, imminent risk of being homeless or residing in substandard or unsafe housing;
- (E) Residing in supported housing but clinically assessed to be able to live in a more independent living situation if intensive services are provided; or requiring supported housing if more intensive services are not available;
- (F) Inability to participate in traditional office-based services or evidence that they require a more assertive and frequent non-office based services to meet their clinical needs;
- (G) Inability to consistently perform the range of practical daily living tasks required for basic adult functioning in the community.

(3) Individuals with a sole primary diagnosis of substance abuse, brain injury, or Axis II disorders are not appropriate for PACT.

(4) Individuals with a history of violent behaviors may or may not be considered for admission.

(b) Compliance with 450:55-3-2 shall be determined by on-site observation and a review of the following: clinical records, PICIS information and the PACT policy and procedures.

450:55-3-3. Total case load and admission rate

(a) The PACT program shall maintain written policies and procedures that at a minimum assure compliance with the following:

- (1) A staff-to-consumer ratio of no more than ten (10) consumers for each staff person. The psychiatrist and program assistant are not included in determining the staff-to-consumer ratio; and
- (2) A limit of no more than 120 consumers on a PACT team case load at one time.

(b) Compliance with 450:55-3-3 shall be determined by on-site observation and a review of the following: clinical records, PICIS information and the PACT policy and procedures.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 22 Ok Reg 974, eff 7-1-05 ; Amended at 24 Ok Reg 1422, eff 7-1-07 ; Amended at 34 Ok Reg 1820, eff 10-1-17 ; Amended at 35 Ok Reg 1860, eff 10-1-18]

450:55-3-4. Discharge criteria

(a) The PACT shall maintain written discharge policies and procedures that at a minimum include the following discharge criteria:

- (1) The consumer and program staff mutually agree to the termination of services after all attempts to engage the consumer in the program fail; or
- (2) The consumer moves outside the geographic area covered by the team. In such cases, the PACT team shall arrange for transfer of mental health service responsibility to a provider where the consumer is moving. The PACT team shall maintain contact with the consumer until the service transfer is arranged; or
- (3) The consumer demonstrates an ability to function in all major role areas, i.e., work, social, self-care, without requiring assistance from the program. Such a determination shall be made by both the consumer and the PACT team; or
- (4) The consumer becomes physically unable to benefit from the services.

(b) Compliance with 450:55-3-4 shall be determined by on-site observation and a review of the following: clinical records and the PACT policy and procedures.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04]

450:55-3-5. Hours of operation and staff coverage

(a) The PACT program shall assure adequate coverage to meet consumers' needs including but not limited to:

- (1) The PACT team shall be available to provide treatment, rehabilitative and support services seven days per week, including holidays and evenings, according to the following:
 - (A) For weekdays, Monday through Friday, the PACT team hours of operation for a team size greater than 8 FTEs, excluding the psychiatrist, the APN and program assistant,

shall be two overlapping eight-hour-shifts for a total of 10 hours of coverage per day and for a team size of 8 FTE or less, excluding the psychiatrist, the APN and program assistant, shall be a single eight-hour shift; with consumer needs as specified in the treatment plans driving any extended hours of operation.

(B) For weekends and holidays, regardless of the number of FTE's, for all teams, there shall be eight (8) hours of coverage per day with a minimum of one (1) clinical staff. Staff will be available on weekends and holidays as needed OR staff who are regularly scheduled to provide the necessary services on a client-by-client basis on weekends and holidays and evenings.

(2) The PACT team shall operate an after-hours on-call system. PACT shall regularly schedule PACT staff for on-call duty to provide crisis and other services during the assigned on-call hours when staff is not working to personally respond to consumers by telephone or in person on a 24 hour per day, 7 day a week basis.

(3) Psychiatric or APN backup shall also be available and on-call during all after-hours periods. If availability of the PACT team's psychiatrist during all hours is not feasible, alternative psychiatric backup shall be arranged.

(b) Compliance with 450:55-3-5 shall be determined by on-site observation and a review of the following: clinical records, PICIS information and the PACT policy and procedures.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 22 Ok Reg 974, eff 7-1-05 ; Amended at 23 Ok Reg 1445, eff 7-1-06 ; Amended at 24 Ok Reg 1422, eff 7-1-07 ; Amended at 27 Ok Reg 1015, eff 7-1-10 ; Amended at 31 Ok Reg 2068, eff 10-1-14]

450:55-3-6. Service intensity

(a) The PACT team is the primary provider of services and has the responsibility to meet the consumer's multiple treatment, rehabilitation and supportive needs with minimal referrals to external agencies or programs within the governing agency for services.

(b) The PACT team shall have the capacity to provide multiple contacts per week to consumers experiencing severe symptoms or significant problems in daily living.

(c) The PACT team shall minimally provide an average of three contacts per week for consumers.

(d) Each team shall provide at least 75 percent of service contacts in the community, in non-office or non-facility based settings.

(e) For consumers whose service needs fall below an average of three contacts per week, a review to determine the need for transition out of PACT and continue in the Health Home or other outpatient services should be conducted no less than every six (6) months.

(f) The PACT team shall provide ongoing contact when permitted by consumers who are hospitalized for drug and alcohol, physical, or psychiatric reasons. To ensure continuity of care the PACT team shall:

(1) Assist in the admission process if at all possible;

- (2) Have contact with the consumer and inpatient treatment providers within 48 hours of knowing of the inpatient admission to provide information, assessment, assist with the consumer's needs and begin discharge planning;
 - (3) Maintain a minimum of weekly face-to-face contact with the consumer and treatment team staff. If face-to-face contact is not possible, telephone contact is acceptable;
 - (4) Transition the consumer from the inpatient setting into the community; and
 - (5) Maintain at least three (3) face-to-face contacts per week for two weeks, or as often as clinically indicated, for consumers who are discharged from an inpatient facility. The team shall document any failed attempts.
- (g) Telephone answering devices will not be used as a primary method to receive phone calls. PACT clients shall have phone access to the PACT office Monday through Friday, 8:00 a.m. to 5:00 p.m. The program assistant or other PACT staff shall be available to personally answer all incoming phone calls.
- (h) Compliance with 450:55-3-6 shall be determined by on-site observation; and a review of the following: clinical records; PICIS information; and the PACT policy and procedures.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 22 Ok Reg 974, eff 7-1-05 ; Amended at 23 Ok Reg 1445, eff 7-1-06 ; Amended at 24 Ok Reg 1422, eff 7-1-07 ; Amended at 27 Ok Reg 1015, eff 7-1-10 ; Amended at 31 Ok Reg 2068, eff 10-1-14 ; Amended at 34 Ok Reg 1820, eff 10-1-17]

450:55-3-7. Staffing requirements

- (a) The PACT team shall include individuals qualified to provide the required services while closely adhering to job descriptions as defined in the "PACT Start-up Manual, most recent edition as published by the National Alliance for the Mentally Ill."
- (b) Each PACT team shall have the following minimum staffing configuration:
- (1) One (1) full-time team leader who is the clinical and administrative supervisor of the team and also functions as a practicing clinician in the PACT team. The team leader shall be a Licensed Behavioral Health Professional or licensure candidate.
 - (2) A Board Certified or Board Eligible psychiatrist providing a minimum of 16 hours per week of direct care to minimally include: initial and psychiatric assessments, daily organizational staff meetings, treatment planning, home visits, pharmacological management, collaboration with nurses, crisis intervention, and liaison with inpatient facilities. In the initial build-up phase, a minimum of 8 hours per week shall be provided until the team is serving ten or more clients. For teams serving over 50 consumers, the Psychiatrist shall provide an additional three (3) hours per week for every fifteen (15) additional consumers admitted to the program. On-call time is not included; or An Advanced Practice Nurse (APN) currently certified in a psychiatric mental health specialty with current certification of recognition of prescriptive

authority issued by the Oklahoma Board of Nursing, and who practices under the supervision of a licensed psychiatrist may perform the duties of the psychiatrist as allowed by State Law. The APN must provide a minimum of 16 hours per week of direct care to minimally include: initial and psychiatric assessments, daily organizational staff meetings, treatment planning, home visits, pharmacological management, collaboration with nurses, crisis intervention, and liaison with inpatient facilities. In the initial build-up phase, a minimum of 8 hours per week shall be provided until the team is serving ten or more clients. For teams serving over 50 consumers, the APN shall provide an additional three (3) hours per week for every fifteen (15) additional consumers admitted to the program. On-call time is not included.

(3) At least two (2) full-time licensed practical nurses or registered nurses. Each nurse shall have at least one (1) year of mental health experience or work a total of forty (40) hours at a psychiatric medication clinic within the first three (3) months of employment.

(4) At least one (1) full-time Licensed Behavioral Health Professional or licensure candidate.

(5) At least two (2) full-time certified behavioral health case managers.

(6) At least one (1) staff member on the team, excluding the psychiatrist or APN, team leader and program assistant shall be qualified as a substance abuse treatment specialist, and at least one (1) staff member on the team, excluding the psychiatrist or APN, team leader and program assistant, shall be qualified as an employment specialist.

(7) A minimum of one (1) full-time or two (2) half-time (0.5 FTE) Recovery Support Specialist(s) or Credentialed Recovery Support Specialist(s). The Recovery Support Specialist(s) is/are to complete all qualifications to become a Credentialed Recovery Support Specialist within one (1) year of employment to the PACT team.

(8) A minimum of one (1) program assistant.

(c) Teams serving greater than 65 consumers shall include the following additional staff:

(1) A full-time assistant team leader who is the back-up clinical and administrative supervisor of the team and also functions as a practicing clinician in the PACT team.

(2) One (1) additional full-time nurse.

(3) One (1) additional full-time Licensed Behavioral Health Professional, licensure candidate or Case Manager II.

(4) One (1) additional full-time certified behavioral health case manager, when serving greater than 85 consumers on the team.

(d) The PACT program shall have policies and procedures addressing the use of students, medical residents, osteopathic residents, psychiatric residents and volunteers on the team.

(1) Psychiatric residents shall not replace the clinical work of the PACT psychiatrist or APN such as on-call coverage, pharmacological management, treatment planning or crisis

intervention.

(2) The hours a psychiatric resident works on a PACT team shall not be counted towards the standard hours of the PACT psychiatrist or APN.

(e) Compliance with 450:55-3-6 shall be determined by on-site observation; and a review of the following: clinical records; PICIS information; and the PACT policy and procedures.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 22 Ok Reg 974, eff 7-1-05 ; Amended at 23 Ok Reg 1445, eff 7-1-06 ; Amended at 24 Ok Reg 1422, eff 7-1-07 ; Amended at 25 Ok Reg 2546, eff 7-11-08 ; Amended at 27 Ok Reg 1015, eff 7-1-10 ; Amended at 31 Ok Reg 2068, eff 10-1-14 ; Amended at 32 Ok Reg 2131, eff 9-15-15]

450:55-3-8. Staff communication and planning

(a) The PACT team shall have daily organizational staff meetings at regularly scheduled times as prescribed by the team leader. Daily organizational staff meetings shall be conducted in accordance with the following procedures:

- (1) A review of the daily log, to update staff on the treatment contacts which occurred the day before and to provide a systematic means for the team to assess the day-to-day progress and status of all consumers;
- (2) A review by the shift manager of all the work to be done that day as recorded on the daily staff assignment schedule. During the meeting, the shift manager shall assign and supervise staff to carry out the treatment and service activities scheduled to occur that day, and the shift manager shall be responsible for assuring that all tasks are completed; and
- (3) Revise treatment plans as needed, plan for emergency and crisis situations, and add service contacts to the daily staff assignment schedule per the revised treatment plans.

(b) The PACT team shall maintain a written daily log, using a computer, notebook or cardex. The daily log shall document:

- (1) A roster of the consumers served in the program; and,
- (2) For each consumer, brief documentation of their status and any treatment or service contacts which have occurred since the last daily organizational staff meeting.

(c) The PACT team, under the direction of the team leader, shall maintain a weekly schedule for each consumer. The weekly consumer schedule is a written schedule of all treatment and service contacts which staff must carry out to fulfill the goals and objectives in the consumer's treatment plan. The team shall maintain a central file of all weekly consumer schedules.

(d) The PACT team, under the direction of the team leader, shall develop a daily staff assignment schedule from the central file of all weekly consumer schedules. The daily staff assignment schedule is a written timetable for all consumer treatment and service contacts, to be divided and shared by the staff working on that day.

(e) Compliance with 450:55-3-8 shall be determined by on-site observation and a review of the following: clinical records, PICIS information and the PACT policy and procedures.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 24 Ok Reg 1422, eff 7-1-07 ; Amended at 31 Ok Reg 2068, eff 10-1-14]

450:55-3-9. Clinical supervision

(a) Each PACT team shall have a written policy for clinical supervision of all staff providing treatment, rehabilitation, and support services. A component of the supervision shall include assisting all staff to have basic core competency in working with clients who have co-occurring substance abuse disorders. The team leader or a clinical staff designee shall assume responsibility for supervising and directing all PACT team staff activities. This supervision and direction shall minimally consist of:

- (1) Periodic observation, in which the supervisor accompanies an individual staff member to meet with consumers in regularly scheduled or crisis meetings to assess the staff member's performance, give feedback, and model alternative treatment approaches; and
 - (2) Participation with team members in daily organizational staff meetings and regularly scheduled treatment planning meetings to review and assess staff performance and provide staff direction regarding individual cases.
- (b) Compliance with 450:55-3-9 shall be determined by on-site observation and a review of the following: clinical records, PICIS information and the PACT policy and procedures.
- (c) Failure to comply with 450:55-3-9 will result in the initiation of procedures to deny, suspend and/or revoke certification.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 22 Ok Reg 974, eff 7-1-05 ; Amended at 23 Ok Reg 1445, eff 7-1-06 ; Amended at 31 Ok Reg 2068, eff 10-1-14]

450:55-3-10. Required services

(a) The PACT program shall minimally provide the following comprehensive treatment, rehabilitation, and support services as a self-contained service unit on a continuous basis. The PACT program shall provide or make arrangements for treatment services, which shall minimally include:

(1) **Crisis intervention.** Crisis intervention shall be provided to individuals who are in crisis as a result of a mental health and/or substance abuse related problem.

(A) Crisis intervention services shall be provided in the least restrictive setting possible, and be accessible to individuals within the community in which they reside.

(B) Crisis assessment and intervention shall be provided 24 hours per day, seven days per week by the PACT team. These services will include telephone and face-to-face contact and will include mechanisms by which the PACT crisis services can be coordinated with the local mental health system's emergency services program as appropriate.

(C) Crisis intervention services shall include, but not be limited to, the following service components and each shall have written policy and procedures:

(i) Psychiatric crisis intervention; and

(ii) Drug and alcohol crisis intervention.

(2) **Symptom assessment, management and individual supportive therapy.** The PACT shall provide ongoing symptom assessment, management, and individual supportive therapy to help consumers cope with and gain mastery over symptoms and impairments in the context of adult role functioning. This therapy shall include but not necessarily be limited to the following:

(A) Ongoing assessment of the consumer's mental illness symptoms and the consumer's response to treatment;

(B) Education of the consumer regarding his or her illness and the effects and side effects of prescribed medications, where appropriate;

(C) Symptom-management efforts directed to help each consumer identify the symptoms and occurrence patterns of his or her mental illness and develop methods (internal, behavioral, or adaptive) to help lessen their effects; and

(D) Psychological support to consumers, both on a planned and as-needed basis, to help them accomplish their personal goals and to cope with the stresses of day-to-day living.

(3) **Medication prescription, administration, monitoring and documentation.** The PACT shall have medication policies and procedures that are specific to the PACT program and meet the unique needs of the consumers served. All policies and procedures shall comply with local, state and federal pharmacy and nursing laws.

(A) Medication related policies and procedures shall identify processes to:

(i) Record physician orders;

(ii) Order medication;

(iii) Arrange for all consumer medications to be organized by the team and integrated into consumers' weekly schedules and daily staff assignment schedules;

(iv) Provide security for medications and set aside a private designated area for set up of medications by the team's nursing staff; and

(v) Administer delivery of and provide assistance with medications to program consumers.

(B) The PACT team psychiatrist shall minimally:

(i) Assess each consumer's mental illness symptoms and behavior and prescribe appropriate medication;

(ii) Regularly review and document the consumer's symptoms of mental illness as well as his or her response to prescribed medication treatment;

(iii) Educate the consumer regarding his or her mental illness and the effects and side effects of medication prescribed to regulate it; and

(iv) Monitor, treat, and document any medication side effects.

(C) All qualified PACT team members shall assess and document the consumer's mental illness symptoms and behavior in response to medication and shall monitor for medication side effects.

(4) **Rehabilitation.** The PACT shall provide or make arrangements for rehabilitation services. The PACT shall provide work-related services as needed to help consumers find and maintain employment in community-based job sites. These services shall include but not be limited to:

- (A) Assessment of job-related interests and abilities, through a complete education and work history assessment as well as on-the-job assessments in community-based jobs;
- (B) Assessment of the effect of the consumer's mental illness on employment, with identification of specific behaviors that interfere with the consumer's work performance and development of interventions to reduce or eliminate those behaviors;
- (C) Development of an ongoing employment rehabilitation plan to help each consumer establish the skills necessary to find and maintain a job;
- (D) Individual supportive therapy to assist consumers to identify and cope with the symptoms of mental illness that may interfere with their work performance;
- (E) On-the-job or work-related crisis intervention; and
- (F) Work-related supportive services, such as assistance with grooming and personal hygiene, securing of appropriate clothing, wake-up calls, and transportation.

(5) **Substance abuse services.** The PACT shall provide substance abuse services as clinically indicated by consumers. These shall include but not be limited to individual and group interventions to assist consumers to:

- (A) Identify substance use, effects and patterns;
- (B) Recognize the relationship between substance use and mental illness and psychotropic medications;
- (C) Develop motivation for decreasing substance use; and
- (D) Develop coping skills and alternatives to minimize substance use and achieve periods of abstinence and stability.

(6) **Services to support activities of daily living.** The PACT shall provide as needed services to support activities of daily living in community-based settings. These shall include individualized assessment, problem solving, side-by-side assistance and support, skill training, ongoing supervision, e.g. prompts, assignments, monitoring, encouragement, and environmental adaptations to assist consumers to gain or use the skills required to:

- (A) Carry out personal hygiene and grooming tasks;
- (B) Perform household activities, including house cleaning, cooking, grocery shopping, and laundry;
- (C) Find housing that is safe and affordable (e.g., apartment hunting, finding a roommate, landlord negotiations, cleaning, furnishing and decorating, procuring necessities, such as telephone, furnishings, linens, etc.);
- (D) Develop or improve money-management skills;
- (E) Use available transportation; and
- (F) Have and effectively use a personal physician and dentist.

(7) Social, interpersonal relationship and leisure-time skill training. The PACT shall provide as needed services to support social, interpersonal relationship, and leisure-time skill training to include supportive individual therapy, e.g., problem solving, role-playing, modeling, and support, etc.; social-skill teaching and assertiveness training; planning, structuring, and prompting of social and leisure-time activities; side-by-side support and coaching; and organizing individual and group social and recreational activities to structure consumers' time, increase their social experiences, and provide them with opportunities to practice social skills and receive feedback and support required to:

- (A) Improve communication skills, develop assertiveness and increase self-esteem as necessary;
- (B) Develop social skills, increase social experiences, and where appropriate, develop meaningful personal relationships;
- (C) Plan appropriate and productive use of leisure time;
- (D) Relate to landlords, neighbors, and others effectively; and
- (E) Familiarize themselves with available social and recreational opportunities and increase their use of such opportunities.

(8) The PACT will assign each consumer a primary case manager who coordinates and monitors the activities of the individual treatment team and has primary responsibility to write the treatment plan, to provide individual supportive therapy, to ensure immediate changes are made in treatment plans as consumer's needs change and to advocate for consumer rights and preferences.

(9) The PACT shall provide support and direct assistance to ensure that consumers obtain the basic necessities of daily life that includes but is not necessarily limited to:

- (A) Medical and dental services;
- (B) Safe, clean, affordable housing;
- (C) Financial support;
- (D) Social services;
- (E) Transportation; and
- (F) Legal advocacy and representation.

(10) The PACT shall provide services as needed on behalf of identified consumers to their families and other major supports, with consumer's written consent, which includes the following:

- (A) Education about the consumer's illness and the role of the family in the therapeutic process;
- (B) Intervention to resolve conflict; or
- (C) Ongoing communication and collaboration, face-to-face and by telephone, between the PACT team and the family.

(b) Compliance with 450:55-3-10 shall be determined by on-site observation, a review of the clinical records, ICIS information and the PACT policy and procedures.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 23 Ok Reg 1445, eff 7-1-06]

SUBCHAPTER 5. PACT CLINICAL DOCUMENTATION

450:55-5-1. Clinical record keeping system

(a) Each PACT shall maintain an organized clinical record keeping system to collect and document information appropriate to the treatment processes. This system shall be organized with easily retrievable, usable clinical records stored under confidential conditions and with planned retention and disposition. For each consumer, the PACT team shall maintain a treatment record that is confidential, complete, accurate, and contains up-to-date information relevant to the consumer's care and treatment.

(b) The team leader and the program assistant shall be responsible for the maintenance and security of the consumer clinical records.

(c) The consumer's clinical records shall be located at the PACT team's main office and, for confidentiality and security, are to be kept in a locked file.

(d) Compliance with 450:55-5-1 shall be determined by on-site observation, a review of PACT policy, procedures or operational methods, clinical records and other PACT provided documentation.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04]

450:55-5-2. Basic requirements [REVOKED]

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Revoked at 39 Ok Reg 2007, eff 9-15-22]

450:55-5-3. Documentation of individual treatment team members

(a) The clinical record shall document the team leader has assigned the consumer a psychiatrist or APN, primary case manager, and individual treatment team (ITT) members within one (1) week of admission.

(b) Compliance with 450:55-5-3 shall be determined by on-site observation and a review of the following: clinical records and the PACT policy and procedures.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 27 Ok Reg 1015, eff 7-1-10]

450:55-5-4. Initial assessment and treatment plan

(a) The initial assessment data shall be collected and evaluated by PACT team leader or appropriate staff designated by the team leader. Such assessments shall be based upon all available information, including self-reports, reports of family members and other significant parties, and written summaries from other agencies, including police, courts, and outpatient and inpatient facilities, where applicable, culminating in a

comprehensive initial assessment. Consumer assessment information for admitted consumers shall be completed on the day of admission to the PACT.

(b) The initial treatment plan is completed on the day of admission and guides team services until the comprehensive assessment and comprehensive treatment plan is completed. Interventions from the initial treatment plan should be reported on the consumer weekly schedule card. The initial treatment plan shall include individualized goals and objectives and actively involve the consumer.

(c) Compliance with 450:55-5-4 shall be determined by a review of the following: intake assessment instruments and other intake documents of the PACT program, clinical records and other agency documentation of admission materials or requirements.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 22 Ok Reg 974, eff 7-1-05 ; Amended at 23 Ok Reg 1445, eff 7-1-06 ; Amended at 34 Ok Reg 1820, eff 10-1-17 ; Amended at 35 Ok Reg 1860, eff 10-1-18 ; Amended at 39 Ok Reg 2007, eff 9-15-22]

450:55-5-5. Comprehensive assessment

(a) The consumer's psychiatrist or APN, primary PACT case manager, and individual treatment team members shall prepare the written comprehensive assessment(s) within six (6) weeks of admission.

(b) The comprehensive assessment shall be based on information gathered and obtained from the ASI and CAR and include a written narrative report on the ODMHSAS approved comprehensive assessment form. The comprehensive assessment must also include a historical timeline by all team members under the supervision of the team leader.

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(c) The historical timeline shall contain, but not be limited to psychiatric inpatient/outpatient services history:

- (1) Timeline dates;
- (2) Admission/Discharge dates;
- (3) Institution/provider;
- (4) Presenting problem/legal status;
- (5) Diagnosis, symptoms, and significant events;
- (6) Medications
- (7) Services received; and
- (8) Reasons for discharge.

(d) Compliance with 450:55-5-5 shall be determined by on-site observation and a review of the clinical records, PICIS information and the PACT policy and procedures.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 23 Ok Reg 1445, eff 7-1-06 ; Amended at 27 Ok Reg 1015, eff 7-1-10 ; Amended at 31 Ok Reg 2068, eff 10-1-14 ; Amended at 35 Ok Reg 1860, eff 10-1-18]

450:55-5-6. Treatment team meeting

(a) The PACT team shall conduct treatment planning meetings under the supervision of the team leader, or designee. These treatment planning meetings shall minimally:

- (1) Convene at regularly scheduled times per a written schedule maintained by the team leader; and
 - (2) Occur with sufficient frequency and duration to develop written individual consumer treatment plans and to review the individual treatment plan to discuss the consumer's progress and make any recommended changes or updates every six months and rewrite the treatment plans every 12 months.
- (b) Prior to writing the treatment plan, the team shall meet to develop the treatment plan by discussing and documenting:
- (1) The specifics of all information learned from the comprehensive assessments or course of treatment; and
 - (2) Recommendations made to the treatment plan from the consumer, family members and PACT staff.
- (c) Treatment planning meetings shall be scheduled in advance of the meeting and the schedule shall be posted. The team shall assure that consumers and others designated by the consumers may have the opportunity to attend treatment planning meetings, if desired by the consumer. At each treatment planning meeting to rewrite the treatment plan, the following staff should attend: team leader, psychiatrist or APN, primary case manager, individual treatment team members, and all other PACT team members involved in regular tasks with the consumer. For the treatment plan review, the following staff should attend: team leader, primary case manager and individual treatment team members.
- (d) Compliance with 450:55-5-6 shall be determined by on-site observation and a review of the following: clinical records, PICIS information and the PACT policy and procedures.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 24 Ok Reg 1422, eff 7-1-07 ; Amended at 27 Ok Reg 1015, eff 7-1-10 ; Amended at 31 Ok Reg 2068, eff 10-1-14]

450:55-5-7. Treatment planning

- (a) The PACT team shall evaluate each consumer and develop an individualized comprehensive treatment plan within eight (8) weeks of admission, which shall identify individual needs and problems and specific measurable goals along with the specific services and activities necessary for the consumer to meet those goals and improve his or her capacity to function in the community. The treatment plan shall be developed in collaboration with the consumer or guardian when feasible. The consumer's participation in the development of the treatment plan shall be documented.
- (b) Individual treatment team members shall ensure the consumer is actively involved in the development of treatment and service goals.
- (c) The treatment plan shall clearly specify the services and activities necessary to meet the consumer's needs and who will be providing those services and activities.
- (d) The following key areas shall be addressed in every consumer's treatment plan: symptom management, physical health issues, substance abuse, education and employment, social development and functioning, activities of daily living, and family structure and relationships.

(e) The primary case manager and the individual treatment team shall be responsible for reviewing and revising the treatment goals and plan whenever there are major decision points in the consumer's course of treatment, e.g., significant change in consumer's condition, etc., at least every twelve (12) months a new comprehensive treatment plan will be developed. The revised treatment plan shall be based on the results of a treatment planning meeting. The plan and review will be signed by the consumer, the primary case manager, individual treatment team members, the team leader, the psychiatrist, and all other PACT team members.

(f) The PACT team shall maintain written assessment and treatment planning policies and procedures to assure that appropriate, comprehensive, and on-going assessment and treatment planning occur.

(g) Compliance with 450:55-5-7 shall be determined by review of the clinical records.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 24 Ok Reg 1422, eff 7-1-07 ; Amended at 27 Ok Reg 1015, eff 7-1-10 ; Amended at 31 Ok Reg 2068, eff 10-1-14]

450:55-5-8. Discharge

(a) Documentation of consumer discharge shall be completed within 15 days of discharge and shall include all of the following elements:

- (1) The reasons for discharge;
- (2) The consumer's status and condition at discharge;
- (3) A written final evaluation summary of the consumer's progress toward each of the treatment plan goals;
- (4) If applicable, a plan developed in conjunction with the consumer for step-down/transition services within the facility's Health Home or referral to a different Health Home after discharge;
- (5) Referral and transfer, preferably to another PACT team if available or to other mental health services; and
- (6) The signature of the PACT consumer, if available or an explanation regarding the absence of the consumer's signature, and the team leader.

(b) Compliance with 450:55-5-8 shall be determined by review of the clinical records.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 34 Ok Reg 1820, eff 10-1-17]

450:55-5-9. PACT progress note

(a) The PACT shall have a policy and procedure mandating the chronological documentation of progress notes. Every service that relates to the consumer's treatment shall be documented.

(b) Progress notes shall chronologically describe the services provided by date and, for timed treatment sessions, time of service, and the consumer's progress in treatment.

(c) Progress notes must include the consumer's name, be signed by the service provider, and include the service provider's credentials.

(d) Compliance with 450:55-5-9 shall be determined by a review of clinical records.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 22 Ok Reg 974, eff 7-1-05 ; Amended at 24 Ok Reg 1422, eff 7-1-07 ; Amended at 27 Ok Reg 1015, eff 7-1-10 ; Amended at 39 Ok Reg 2007, eff 9-15-22]

450:55-5-10. Medication record

(a) The PACT shall maintain a medication record on all consumers who receive medications or prescriptions in order to provide a concise and accurate record of the medications the consumer is receiving or having prescribed.

(b) The consumer record shall contain a medication record with information on all medications ordered or prescribed by physician staff which shall include, but not be limited to:

- (1) Name of medication;
- (2) Dosage;
- (3) Frequency of administration or prescribed change;
- (4) Route of administration;
- (5) Staff member who administered or dispensed each dose, or prescribing physician; and
- (6) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities shall be updated when required by virtue of new information, and kept in a highly visible location in and on the outside of the chart.

(c) Compliance with 450:55-5-10 shall be determined by a review of medication records in clinical records and a review of clinical records.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04]

450:55-5-11. Other records content

(a) The consumer record shall contain copies of all consultation reports concerning the consumer.

(b) When psychometric or psychological testing is done, the consumer record shall contain a copy of a written report describing the test results and implications and recommendations for treatment.

(c) The consumer record shall contain any additional information relating to the consumer that has been secured from sources outside the PACT program.

(d) Before any person can be admitted for treatment on a voluntary basis, a signed consent for treatment shall be obtained.

(e) In the case where a PACT consumer is re-admitted back into the same PACT program, the PACT team will adhere to all PACT standards for admission except comprehensive assessments shall only be updated for the time-frame the consumer did not participate in PACT.

(f) In the case where a consumer transfers from one PACT program to another, the receiving PACT program shall adhere to all PACT standards for admission except comprehensive assessments shall only be updated for the time-frame the consumer did not participate in PACT unless the receiving PACT program is not able to access prior PACT records. Prior PACT records may be accessed with the consent of the consumer.

(g) Compliance with 450:55-5-11 shall be determined by a review of clinical records.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 22 Ok Reg 974, eff 7-1-05 ; Amended at 31 Ok Reg 2068, eff 10-1-14]

SUBCHAPTER 7. CONFIDENTIALITY [REVOKED]

450:55-7-1. Confidentiality, mental health consumer information and records [REVOKED]

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 25 Ok Reg 2546, eff 7-11-08 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

SUBCHAPTER 9. CONSUMER RIGHTS

450:55-9-1. Consumer rights

The PACT Program shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04]

450:55-9-2. Consumers' grievance policy

The PACT Program shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04]

450:55-9-3. ODMHSAS Office of Consumer Advocacy

The ODMHSAS Office of Consumer Advocacy, in any investigation regarding consumer rights shall have access to consumers, PACT Program records and PACT staff as set forth in Oklahoma Administrative Code Title 450, Chapter 15.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04]

SUBCHAPTER 11. ORGANIZATIONAL MANAGEMENT

450:55-11-1. Organizational description [REVOKED]

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 22 Ok Reg 974, eff 7-1-05 ; Amended at 23 Ok Reg 1445, eff 7-1-06 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-11-2. Program organization [REVOKED]

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 22 Ok Reg 974, eff 7-1-05 ; Amended at 23 Ok Reg 1445, eff 7-1-06 ; Amended at 24 Ok Reg 1422, eff 7-1-07 ; Amended at 27 Ok Reg 1015, eff 7-1-10 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-11-3. Information analysis and planning

(a) The PACT or parent organization shall have a plan for conducting an organizational needs assessment related to PACT which specifies the methods and data to be collected, including but not limited to information from:

- (1) Consumers;
- (2) Governing Authority;
- (3) Staff;
- (4) Stakeholders;
- (5) Outcomes management processes; and
- (6) Quality record review.

(b) The PACT or parent organization shall have a defined system to collect data and information on a quarterly basis to manage the organization.

(c) Information collected shall be analyzed to improve consumer services and organizational performance.

(d) The PACT or parent organization shall prepare an end of year management report to include information on PACT and the following:

- (1) An analysis of the needs assessment process; and
- (2) Performance improvement program findings.

(e) The management report shall be communicated and made available to, among others:

- (1) The governing authority,
- (2) PACT staff, and
- (3) ODMHSAS, as requested.

(f) The PACT shall assure that a local advisory committee is established, with input of local advocates and other stakeholders.

- (1) The committee shall be constituted of representative stakeholders including at least 51% consumers and family members. The remaining members shall be advocates, other professionals and community leaders.
- (2) The team leader shall convene the advisory committee and work with the committee to establish a structure for meetings and committee procedures.
- (3) The primary role of the advisory committee is to assist with implementation, policy development, advocate for program needs, and monitor outcomes of the program.
- (4) The Advisory Committee shall meet at least once each quarter.
- (5) Written minutes of committee meetings shall be maintained.

(g) Compliance with 450:55-11-3 shall be determined by a review of the written program evaluation plan(s), written annual program evaluation(s), special or interim program evaluations, program goals and objectives and other supporting documentation provided.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04]

SUBCHAPTER 13. PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT [REVOKED]

450:55-13-1. Performance improvement program [REVOKED]

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-13-2. Incident reporting [REVOKED]

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 22 Ok Reg 974, eff 7-1-05 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

SUBCHAPTER 15. PERSONNEL [REVOKED]

450:55-15-1. Personnel policies and procedures [REVOKED]

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-15-2. Job descriptions [REVOKED]

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 23 Ok Reg 1445, eff 7-1-06 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

SUBCHAPTER 17. STAFF DEVELOPMENT AND TRAINING [REVOKED]

450:55-17-1. Orientation and training [REVOKED]

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-17-2. Staff development [REVOKED]

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 22 Ok Reg 974, eff 7-1-05 ; Amended at 23 Ok Reg 1445, eff 7-1-06 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-17-3. In-service [REVOKED]

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 23 Ok Reg 1445, eff 7-1-06 ; Amended at 25 Ok Reg 2546, eff 7-11-08 ; Amended at 33 Ok Reg 1021, eff 9-1-16 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

SUBCHAPTER 19. FACILITY ENVIRONMENT

450:55-19-1. Facility environment

In addition to the requirements set forth in OAC 450:1-9-5.5(a), the PACT program shall:

- (1) Have a written Infection Control Program and staff shall be knowledgeable of Center for Disease Control (CDC) Guidelines for Tuberculosis and of the Blood Borne Pathogens Standard, location of spill kits, masks, and other personal protective equipment; and
- (2) Have a written Hazardous Communication Program and staff shall be knowledgeable of chemicals in the workplace, location of Material Safety Data Sheets, personal protective equipment; and toxic or flammable substances shall be stored in approved locked storage cabinets.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Amended at 22 Ok Reg 974, eff 7-1-05 ; Amended at 38 Ok Reg 1378, eff 9-15-21 ; Amended at 39 Ok Reg 2007, eff 9-15-22]

450:55-19-2. Medication storage

(a) Medication administration, storage and control, and consumer reactions shall be continually monitored.

(b) PACT Programs shall have written policy and procedures to address the following:

- (1) proper storage and control of medications;
- (2) facility response to medication administration emergency;
- (3) facility response to medical emergency; and
- (4) emergency supply's for medication administration as directed by PACT physician.

(c) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.

(d) All medications shall be kept in locked, non-consumer accessible areas. Conditions which shall be considered in medication storage are light, moisture, sanitation, temperature, ventilation, and the segregation and safe storage of poisons, external medications, and internal medications.

(e) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, or administered, or stored.

(f) Compliance with 450:55-19-2 shall be determined by on-site observation and a review of written policy and procedures, clinical records and PI records.

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04]

SUBCHAPTER 21. GOVERNING AUTHORITY [REVOKED]

450:55-21-1. Documents of authority [REVOKED]

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

SUBCHAPTER 23. SPECIAL POPULATIONS [REVOKED]

450:55-23-1. Americans with Disabilities Act of 1990 [REVOKED]

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-23-2. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS) [REVOKED]

[Source: Added at 20 Ok Reg 683, eff 2-27-03 (emergency); Added at 21 Ok Reg 1093, eff 7-1-04 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

SUBCHAPTER 25. BEHAVIORAL HEALTH HOME [REVOKED]

450:55-25-1. Program description and purpose [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Amended at 35 Ok Reg 1860, eff 10-1-18 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-25-2. Target population [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-25-3. Outreach and engagement [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-25-4. Structure of Behavioral Health Home and administrative staff [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-25-5. Treatment team; general requirements [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Amended at 33 Ok Reg 1021, eff 9-1-16 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-25-6. Treatment team composition [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Amended at 33 Ok Reg 1021, eff 9-1-16 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-25-7. Required services [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-25-8. Access to specialists [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-25-9. Admission [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Amended at 35 Ok Reg 1860, eff 10-1-18 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-25-10. Integrated screening, intake, and assessment services [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-25-11. Initial assessment [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Amended at 33 Ok Reg 1021, eff 9-1-16 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-25-12. Comprehensive assessment [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-25-13. Integrated care plan [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-25-14. Integrated care plan; content [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-25-15. Review of plan [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-25-16. Behavioral Health Home medication monitoring [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Amended at 33 Ok Reg 1021, eff 9-1-16 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-25-17. Behavioral Health Home pharmacy services [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Revoked at 33 Ok Reg 1021, eff 9-1-16]

450:55-25-18. Health promotion and wellness; consumer self-management [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-25-19. Discharge or transfer from Behavioral Health Home [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-25-20. Linkage and transitional care [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-25-21. Consumer (patient care) registries and population health management [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-25-22. Electronic health records and data sharing [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

450:55-25-23. Performance measurement and quality improvement [REVOKED]

[Source: Added at 32 Ok Reg 478, eff 1-1-15 (emergency); Added at 32 Ok Reg 2131, eff 9-15-15 ; Revoked at 38 Ok Reg 1378, eff 9-15-21]

CHAPTER 60. STANDARDS AND CRITERIA FOR CERTIFIED EATING DISORDER TREATMENT PROGRAMS

[Authority: 43A O.S., § 3-320]

[Source: Codified 7-1-07]

SUBCHAPTER 1. GENERAL PROVISIONS

450:60-1-1. Purpose

(a) This chapter sets forth standards for certification of eating disorders treatment programs and implements 43A O.S. § 3-320, which authorizes the Board of Mental Health and Substance Abuse Services, or the Commissioner upon delegation by the Board, to certify eating disorder treatment programs.

(b) The rules regarding the certification process including but not necessarily limited to application, fees and administrative sanctions are found in the Oklahoma Administrative Code, Title 450 Chapter 1, Subchapters 5 and 9.

(c) Rules outlining general certification qualifications applicable to facilities and organizations certified under this Chapter are found in OAC 450:1-9-5 through OAC 450:1-9-5.6.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ; Amended at 38 Ok Reg 1392, eff 9-15-21 ; Amended at 39 Ok Reg 2009, eff 9-15-22]

450:60-1-2. Definitions

The following words or terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise.

"Abuse" means the causing or permitting of harm or threatened harm to the health, safety, or welfare of a consumer by a staff responsible for the consumer's health, safety, or welfare, including but not limited to: non-accidental physical injury or mental anguish; sexual abuse; sexual exploitation; use of mechanical restraints without proper authority; the intentional use of excessive or unauthorized force aimed at hurting or injuring the consumer; or deprivation of food, clothing, shelter, or healthcare by a staff responsible for providing these services to a consumer.

"Certified Eating Disorder Treatment" or "CEDT" means programs certified by ODMHSAS to provide treatment to individuals diagnosed with an eating disorder.

"Consumer" means an individual, adult or child, who has applied for, is receiving or has received evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450 as client(s) or patient(s) or resident(s) or a combination thereof.

"Consumer advocacy" includes all activities on behalf of the consumer to assist with or facilitate resolution of problems in the acquisition of resources or services needed by the consumer.

"Dietitian" means an individual trained and licensed in the development, monitoring, and maintenance of food and nutrition.

"Eating disorder" means anorexia nervosa, bulimia nervosa, or any other severe disturbances in eating behavior specified in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders.

"Emergency examination" means the examination by a licensed mental health practitioner of a person in treatment at the CEDT program to determine whether or not an emergency mental health condition (including, but not limited to, suicidality, homicidality, self-harm, delusions, hallucinations, or acute intoxication) exists requiring immediate treatment; further, the licensed behavioral health practitioner provides or arranges services up to and including hospitalization.

"Emergency medical services" means assessment and diagnosis of a person receiving services at the CEDT program by a qualified medical professional to determine the presence of an emergent medical condition that threatens life, limb, or functioning, or causes uncontrolled pain; further, the qualified medical professional provides or arranges care to stabilize the emergency medical condition.

"Emergency psychiatric services" means services provided by a licensed behavioral health practitioner of a person in treatment at the CEDT program to assess, diagnose, and treat mental health conditions that threaten the life or basic functioning of that person.

"Licensed Behavioral Health Professional" or "LBHP" means:

- (A) Allopathic or Osteopathic Physicians with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry;
- (B) Practitioners with a license to practice in the state in which services are provided by one of the following licensing boards:
 - (i) Psychology;
 - (ii) Social Work (clinical specialty only);
 - (iii) Professional Counselor;
 - (iv) Marriage and Family Therapist;
 - (v) Behavioral Practitioner; or
 - (vi) Alcohol and Drug Counselor.
- (C) Advanced Practice Nurse (certified in a psychiatric mental health specialty), licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided.
- (D) A Physician Assistant who is licensed in good standing in the state and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions.

"Licensure candidate" means practitioners actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards:

- (A) Psychology;

- (B) Social Work (clinical specialty only);
- (C) Professional Counselor;
- (D) Marriage and Family Therapist;
- (E) Behavioral Practitioner; or
- (F) Alcohol and Drug Counselor.

"ODMHSAS" means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Oklahoma Administrative Code" or **"OAC"** means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code, or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A)(1)(a) and maintained in the Office of Administrative Rules.

"Progress notes" means a chronological description of services provided to a consumer, the consumer's progress, or lack thereof, and documentation of the consumer's response related to the intervention plan.

"Psychotherapist" means an individual trained in assessing, evaluating, and treating psychological or social problems which the consumer experiences. A psychotherapist uses a variety of treatment modalities, including individual, group, and family therapies.

"Psychotherapy services" means the professional activity of a psychotherapist to assess, diagnose, and treat the mental disorder(s) and psychological, social, and environmental problems of individuals and families.

"Resident" means an eating disorder consumer admitted to a residential facility for eating disorder treatment.

"Residential facility" means the facility that houses CEDT program consumers during their course of treatment which provides 24 hour on-site nursing supervision and care.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ; Amended at 35 Ok Reg 1863, eff 10-1-18 ; Amended at 38 Ok Reg 1392, eff 9-15-21]

450:60-1-3. Meaning of verbs in rules

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

- (1) "Shall" is the term used to indicate a mandatory statement, the only acceptable method under the present standards.
- (2) "Should" is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.
- (3) "May" is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

450:60-1-4. Annual review of standards and criteria [REVOKED]

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ; Amended at 25 Ok Reg 2550, eff 7-11-08]

450:60-1-5. Applicability

The standards for services as subsequently set forth in this chapter are applicable to Certified Eating Disorder Treatment programs as stated in each subchapter.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

SUBCHAPTER 3. REQUIRED SERVICES

450:60-3-1. Required core services

(a) The services in this subchapter are core services, and are required of each CEDT.

(b) Each CEDT shall provide the following services:

- (1) Screening, intake, and assessment services;
- (2) Referral services;
- (3) Emergency psychiatric services;
- (4) Emergency and routine medical services;
- (5) Physician services;
- (6) Nursing services;
- (7) Psychotherapy services; and
- (8) Dietary services.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

450:60-3-2. Availability of services

The core services shall be available to individuals on a daily basis, either as part of routine or emergency care.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

450:60-3-3. Screening, intake, and assessment services

(a) CEDT policy and procedure shall require a comprehensive assessment of each consumer's service needs be completed in a timely manner.

(b) Screening and intake services shall include a complete assessment of each consumer to determine clinical needs. The assessment shall be completed by a LBHP or licensure candidate and shall include but not be limited to an assessment of the following areas and needs:

- (1) Behavioral, including mental health and addictive disorders;
- (2) Emotional, including issues related to past or current trauma and domestic violence;
- (3) Physical, including food and nutrition status;
- (4) Social and recreational; and
- (5) Vocational.

(c) The consumer and family as appropriate shall be an active participant(s) in the intake and assessment process.

(d) The CEDT shall have policy and procedures specific to each program service that dictate timeframes by when assessments must be completed and documented. In the event the consumer is not admitted and the assessment is not included in the clinical record, the policy shall specify how screening and assessment information is maintained and stored.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ; Amended at 35 Ok Reg 1863, eff 10-1-18 ; Amended at 39 Ok Reg 2009, eff 9-15-22]

450:60-3-4. Referral services

Written policy and procedures governing the referral process shall specify the following:

- (1) The information to be obtained on all applicants or referrals for admission;
- (2) The procedures for accepting referrals from outside agencies or organizations;
- (3) The procedure to be followed when an applicant or referral is found to be ineligible for admission;
- (4) Methods of collection of information from family members, significant others or other providers of clinical care or social services;
- (5) Methods for providing or obtaining a physical examination or continued medical care where indicated; and
- (6) Referral to other resources when the consumer has treatment or other service needs the facility cannot meet.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

450:60-3-5. Emergency services

(a) CEDT's shall provide, on a twenty-four (24) hour basis, for psychiatric emergencies.

(b) This service shall include the following:

- (1) Assessment and evaluation, including emergency examinations;

- (2) Availability of and arrangement of transportation to acute-care psychiatric referral;
- (3) Face-to-face assessment; and
- (4) Intervention and resolution.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

450:60-3-6. Emergency examinations

The CEDT shall provide psychiatric emergency examinations 24 hours per day, seven days a week.

- (1) Referral to an acute-care hospital by the CEDT shall occur only after all other less restrictive options have been discussed with the resident and resident's family (when possible) and upon written authorization from the resident.
- (2) The CEDT shall notify referral hospital(s) prior to referring non-emergent residents.
- (3) If the CEDT is referring the consumer to a state-operated inpatient facility, the resident must meet the criteria in OAC 450:30-9-3 and the CEDT must comply with OAC 450:30-9-4.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

450:60-3-7. Emergency examinations, staffing

Staff providing emergency examinations shall be an LMHP as defined in 43A O.S. § 1-103 and meet the CEDT's privileging requirements for the provision of emergency services.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

450:60-3-8. Emergency medical services

- (a) CEDT's shall provide, on a twenty-four (24) hour basis, for medical emergencies.
- (b) This service shall include the following:
 - (1) Arrangements for availability of transportation appropriate to the resident's medical condition to a licensed hospital's emergency room;
 - (2) Arrangements for availability of evaluation and treatment by a licensed physician at a licensed hospital's emergency room.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

450:60-3-9. Routine medical services

The CEDT shall arrange to make available to consumers at a minimum the following general and specialty care services:

- (1) General/internal medicine;
- (2) Cardiology;
- (3) Gastroenterology;
- (4) Laboratory services.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

450:60-3-10. Physician services

(a) Because of the medical and psychiatric complexity and fragility of eating-disorder consumers, CEDT's shall provide routine, ongoing physician services.

(b) A physician will be assigned to each consumer's care and be responsible as the attending physician.

(c) At a minimum, the physician will conduct rounds on each resident once per week. Rounds will include:

- (1) Evaluation of the resident's medical and psychiatric condition;
- (2) Review of response to medications and other interventions;
- (3) Prescription or discontinuation of medication;
- (4) Ordering of any other needed medical or psychiatric care.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

450:60-3-11. Physician requirements

(a) Physicians shall be licensed to practice medicine in the State of Oklahoma.

(b) Physicians shall be privileged by the CEDT to perform as attending physician.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

450:60-3-12. Nurse practitioners

Nurses licensed as nurse practitioners with prescriptive authority and who practice under the supervision of a licensed physician may perform the duties of the physician as allowed by State Law and CEDT policy.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

450:60-3-13. Nursing services

(a) CEDT's shall provide 24-hour on-site nursing supervision and care of consumers.

(b) At a minimum, one (1) licensed registered nurse shall be present at all times per 15 occupied beds. For 16 to 30 occupied beds, a licensed practical nurse shall be on-site, working under the supervision of the licensed registered nurse.

(c) In addition to the requirements above, CEDT shall provide nursing staff, including mental health technicians or nursing aides, sufficient to meet the needs of residents in a safe, consistent, quality manner.

(d) Nursing staff shall, consistent with the scope of their licenses and CEDT policy, provide:

- (1) Supervision of residents.
- (2) Administration of medication according to the physician's orders.
- (3) Medical treatments according to the resident's immediate needs and/or the physician's orders.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

450:60-3-14. Psychotherapist credentialing

All psychotherapists shall be LBHPs or Licensure Candidates and be credentialed to provide psychotherapy according to the CEDT's policies.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ; Amended at 35 Ok Reg 1863, eff 10-1-18]

450:60-3-15. Psychotherapy service provision

At a minimum, psychotherapy services shall be provided as follows:

- (1) Individual psychotherapy - 1 hour per week.
- (2) Process group psychotherapy - 5 hours per week.
- (3) Other psychotherapy groups (examples include body image, cognitive-behavioral strategies, anger management, gender issues, family dynamics, grief issues, sexuality, spirituality, etc.) - 12 hours per week.
- (4) Family contact/therapy - depending on the resident's clinical needs and family availability, at least 2 hours of family therapy/contact should be provided on a monthly basis, either face-to-face or by phone.
- (5) Therapeutic meal (eating with the consumers and processing issues as they arise) - 5 meals per week.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

450:60-3-16. Dietitian credentialing and service provision

A dietitian must be credentialed as a Registered Dietitian/Licensed Dietitian, and shall provide, at a minimum:

- (1) Individual meetings with each resident - 30 minutes per week per resident, with additional time for consultation as needed.
- (2) Food and nutrition educational groups - 2 hours per week.
- (3) Direct observation of therapeutic meals - 3 meals per week.
- (4) Development of individualized meal plans (including snacks and nutritional supplements) for each resident.
- (5) Ensuring the accurate execution of meal plans by either 1) direct supervision of the dietary staff or 2) consultation with the dietary staff supervisor.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

SUBCHAPTER 5. OPTIONAL SERVICES

450:60-5-1. Applicability

The services in this subchapter are optional services. However, if the services in this subchapter are provided, all rules and requirements of this subchapter shall apply to the affected CEDT's certification.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

450:60-5-2. Independent living services

(a) Programs that elect to provide independent living services for consumers clinically ready for outpatient care shall provide housing for such persons.

(b) At a minimum, the facility shall provide or arrange at least monthly contact for each consumer with a physician, psychotherapist, and dietitian.

(c) The facility shall provide at least one therapeutic meal per week that is supervised by a psychotherapist.

(d) A community living program shall have written policies and procedures specifying how, and by whom, the following services shall be performed:

- (1) Medical treatment for residents on both emergency and routine bases;
- (2) Mental health and substance abuse services on both emergency and routine bases;
- (3) Daily living, social and occupational evaluation and progress planning;
- (4) Daily living and social skills training;
- (5) Occupational and vocational training;
- (6) Assistance to residents in locating appropriate alternative living arrangements as clinically indicated or requested by resident or as part of program completion or graduation;
- (7) A mechanism for orientation and education of new residents, which shall include, at least:
 - (A) Emergency procedures including fire, health and safety procedures;
 - (B) Resident rights and responsibilities; and
 - (C) Program expectations and rules.

(8) Assistance to residents in accessing community resources.

(e) There shall be documentation indicating that each resident has received orientation and education on emergency procedures, resident rights and responsibilities, and program expectations and rules.

(f) To ensure a safe and sanitary environment for residents, the following shall apply for all CEDT owned and/or managed housing facilities:

- (1) The apartment or house and furnishings shall be in good repair, and free of unpleasant odors, and insect and rodent infestations.
- (2) The apartment or house shall contain safe heating and air conditioning systems, which are in proper working conditions. Each apartment or house shall have an annual fire and safety inspection by the State or local Fire Marshal's office.

- (3) Apartments or houses shall be inspected by CEDT staff on a regular basis as specified in agency Policy and Procedures to ensure that fire, health or safety hazards do not exist.
- (4) The program shall develop and maintain emergency policy and procedures which shall include but are not limited to:
- (A) Fire response and evaluations;
 - (B) Response to other disasters;
 - (C) Relocation if housing unit(s) become unlivable; and
 - (D) Personal accident or illness.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

450:60-5-3. Outpatient services

(a) Programs that provide outpatient services shall offer a range of services to consumers based on their needs regarding emotional, social and behavioral problems. These outpatient services shall be provided or arranged for, and shall include, but not be limited to the following:

- (1) Individual psychotherapy;
- (2) Group psychotherapy/support groups;
- (3) Marital or family therapy;
- (4) Psychological/psychometric evaluations or testing;
- (5) Psychiatric assessments;
- (6) Food and nutrition consultation.

(b) Outpatient psychotherapy services shall be provided by a licensed practitioner in the appropriate discipline.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ; Amended at 35 Ok Reg 1863, eff 10-1-18]

SUBCHAPTER 7. FACILITY CLINICAL RECORDS

450:60-7-1. Clinical record keeping system [REVOKED]

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ; Revoked at 39 Ok Reg 2009, eff 9-15-22]

450:60-7-2. Applicability

The requirements of this subchapter are applicable to a CEDT's clinical services, core and optional.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

450:60-7-3. Basic requirements [REVOKED]

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ; Revoked at 39 Ok Reg 2009, eff 9-15-22]

450:60-7-4. Record access for clinical staff [REVOKED]

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ; Revoked at 39 Ok Reg 2009, eff 9-15-22]

450:60-7-5. Clinical record content, intake assessment [REVOKED]

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ; Revoked at 39 Ok Reg 2009, eff 9-15-22]

450:60-7-6. Service Plan

- (a) The service plan shall provide evaluation, formation of measurable service objectives and reflect ongoing changes in goals and objectives based upon consumer's progress or identification of needs, challenges and new problems.
- (b) An initial treatment plan shall be completed after completion of intake assessment or after the first treatment session on all consumers.
- (c) The CEDT shall have policy and procedures that dictate timeframes by when comprehensive service plans must be completed for each program service to which a consumer is admitted.
- (d) Consumers shall be actively involved in the development of the service plan.
- (e) Service plans shall be dated and signed by all members of the treatment team who participate in the planning or in providing the services.
- (f) The CEDT shall have policy and procedures that dictate timeframes by when service plan updates must be completed for each program service to which a consumer is admitted.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ; Amended at 39 Ok Reg 2009, eff 9-15-22]

450:60-7-7. Medication record

- (a) A medication record shall be maintained on all consumers who receive medications or prescriptions through the outpatient clinic services and shall be a concise and accurate record of the medications the consumer is receiving or prescribed.
- (b) The consumer record shall contain a medication record with the following information on all medications ordered or prescribed by physician staff:
 - (1) The record of medication administered and prescribed shall include all of the following:
 - (A) Name of medication,
 - (B) Dosage,
 - (C) Frequency of administration or prescribed change,
 - (D) Route of administration, and
 - (E) Staff member who administered each dose, or prescribing physician; and
 - (2) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities during intake, updated when required by virtue of new information, and kept in a highly

visible location in or on the record.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

450:60-7-8. Progress notes

(a) Progress notes shall chronologically describe the services provided by date and, for timed treatment sessions, time of service, and the consumer's progress in treatment.

(b) Progress notes must include the consumer's name, be signed by the service provider, and include the service provider's credentials.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ; Amended at 39 Ok Reg 2009, eff 9-15-22]

450:60-7-9. Other records content

(a) The consumer record shall contain copies of all consultation reports concerning the consumer.

(b) When psychometric or psychological testing is done, the consumer record shall contain a copy of a written report describing the test results and implications or recommendations for treatment.

(c) The consumer record shall contain any additional information relating to the consumer, which has been secured from sources outside the program.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

450:60-7-10. Discharge summary [REVOKED]

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ; Revoked at 38 Ok Reg 1392, eff 9-15-21]

SUBCHAPTER 9. CONSUMER RECORDS AND CONFIDENTIALITY [REVOKED]

450:60-9-1. Confidentiality of mental health and drug or alcohol abuse treatment information [REVOKED]

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ; Amended at 25 Ok Reg 2550, eff 7-11-08 ; Revoked at 38 Ok Reg 1392, eff 9-15-21]

SUBCHAPTER 11. CONSUMER RIGHTS

450:60-11-1. Consumer rights

The CEDT shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

450:60-11-2. Consumer's grievance policy

The CEDT shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

450:60-11-3. ODMHSAS Consumer Advocacy Division

The ODMHSAS Office of Consumer Advocacy, in any investigation or monitoring regarding consumer rights shall have access to consumers, facility records and facility staff as set forth in OAC 450:15-7-3.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

SUBCHAPTER 13. ORGANIZATIONAL MANAGEMENT [REVOKED]

450:60-13-1. Organizational and facility description [REVOKED]

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ;
Revoked at 38 Ok Reg 1392, eff 9-15-21]

450:60-13-2. Information analysis and planning [REVOKED]

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ;
Revoked at 38 Ok Reg 1392, eff 9-15-21]

SUBCHAPTER 15. PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT [REVOKED]

450:60-15-1. Performance improvement program [REVOKED]

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ;
Revoked at 38 Ok Reg 1392, eff 9-15-21]

450:60-15-2. Incident reporting [REVOKED]

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ;
Revoked at 38 Ok Reg 1392, eff 9-15-21]

SUBCHAPTER 17. HUMAN RESOURCES [REVOKED]

450:60-17-1. Personnel policies and procedures [REVOKED]

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ;
Revoked at 38 Ok Reg 1392, eff 9-15-21]

450:60-17-2. Job descriptions [REVOKED]

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ; Revoked at 38 Ok Reg 1392, eff 9-15-21]

450:60-17-3. Utilization of volunteers [REVOKED]

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ; Amended at 35 Ok Reg 1863, eff 10-1-18 ; Revoked at 38 Ok Reg 1392, eff 9-15-21]

SUBCHAPTER 19. STAFF DEVELOPMENT AND TRAINING [REVOKED]

450:60-19-1. Staff qualifications [REVOKED]

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ; Amended at 31 Ok Reg 2074, eff 10-1-14 ; Revoked at 38 Ok Reg 1392, eff 9-15-21]

450:60-19-2. Staff development [REVOKED]

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ; Revoked at 38 Ok Reg 1392, eff 9-15-21]

450:60-19-3. Annually required inservice training for all employees [REVOKED]

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ; Amended at 35 Ok Reg 1863, eff 10-1-18 ; Revoked at 38 Ok Reg 1392, eff 9-15-21]

450:60-19-4. First Aid and CPR training [REVOKED]

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ; Revoked at 38 Ok Reg 1392, eff 9-15-21]

SUBCHAPTER 21. GOVERNING AUTHORITY [REVOKED]

450:60-21-1. Documents of authority [REVOKED]

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ; Revoked at 38 Ok Reg 1392, eff 9-15-21]

SUBCHAPTER 23. FACILITY ENVIRONMENT

450:60-23-1. Facility environment

- (a) The CEDT shall obtain an annual fire and safety inspection from the State Fire Marshall or local authorities which documents approval for continued occupancy.
- (b) CEDT staff shall know the exact location, contents and use of first aid supply kits and fire fighting equipment. First aid supplies and fire fighting equipment shall be maintained in appropriately designated areas within the facility.
- (c) There shall be posted written plans and diagrams noting emergency evacuation routes in case of fire, and shelter locations in case of severe weather.
- (d) Facility grounds shall be maintained in a manner to provide a safe environment for consumers, personnel, and visitors.
- (e) The director of the CEDT or designee shall appoint a safety officer.
- (f) The facility shall have an emergency preparedness program designed to provide for the effective utilization of available resources so that consumer care can be continued during a disaster. The emergency preparedness program is evaluated annually and is updated as needed.
- (g) Policies for the use and control of personal electrical equipment shall be developed and implemented.
- (h) There shall be an emergency power system to provide lighting throughout the facility.
- (i) The CEDT director shall ensure there is a written plan to cope with internal and external disasters. External disasters include, but are not limited to, tornados, explosions, and chemical spills.
- (j) The environment of the residential setting shall be planned, developed, and maintained to respond to the range of needs of consumers served. The environmental quality and type, and the rationales for the development of environment shall be defined by written policy and procedures. Attention to the needs of special populations shall be reflected in these written policy and procedures.

(1) The plan for environment shall include the following, as indicated by the clinical status of consumers served:

- (A) Use of outdoor areas,
- (B) Safety, security, and sanitation needs,
- (C) Areas to accommodate a range of social activities,
- (D) Areas offering privacy to the individual to be alone or talk with staff, family, or others, and
- (E) Facilities shall be appropriately furnished and supplied with materials and equipment suited to the age and physical status of consumers served.

(2) Dining and sleeping areas shall be comfortable and conducive to relaxation.

(3) Consumers shall be allowed to wear their own appropriate clothing.

(4) Consumers shall be allowed to display personal belongings and decorate their living and sleeping areas as appropriate to clinical status of consumers.

(5) Consumers shall be encouraged to assume responsibility for maintaining their living areas, as appropriate to their clinical status.

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07]

SUBCHAPTER 25. SPECIAL POPULATIONS [REVOKED]

450:60-25-1. Americans with disabilities act of 1990 [REVOKED]

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ;
Revoked at 38 Ok Reg 1392, eff 9-15-21]

450:60-25-2. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS) [REVOKED]

[Source: Added at 23 Ok Reg 1617, eff 4-25-06 (emergency); Added at 24 Ok Reg 1428, eff 7-1-07 ;
Revoked at 38 Ok Reg 1392, eff 9-15-21]

CHAPTER 65. STANDARDS AND CRITERIA FOR GAMBLING TREATMENT PROGRAMS

[**Authority:** 43 O.S. §§ 2-201, 3-306, 3-317, 3-322, 3-403(1), 3-415, and 3-416]
[**Source:** Codified 7-12-07]

SUBCHAPTER 1. GENERAL PROVISIONS

450:65-1-1. Purpose

(a) This chapter sets forth the standards and criteria to be used in the certification of Gambling Treatment Programs, and implements 43A O.S. § 3-222 which authorizes the Board of Mental Health and Substance Abuse Services, or the Commissioner upon delegation by the Board, to certify Gambling Treatment Programs.

(b) The rules regarding the certification process, including but not necessarily limited to, application process, fees and administrative sanctions are found in the Oklahoma Administrative Code, Title 450, Chapter 1.

(c) Rules outlining general certification qualifications applicable to facilities and organizations certified under this Chapter are found in OAC 450:1-9-5 through OAC 450:1-9-5.6.

[**Source:** Added at 23 Ok Reg 1628, eff 4-25-06 (emergency); Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 38 Ok Reg 1397, eff 9-15-21 ; Amended at 39 Ok Reg 2012, eff 9-15-22]

450:65-1-2. Definitions

The following words or terms, when used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Admission" means the acceptance of a consumer by a treatment program.

"Admission criteria" means those criteria which shall be met for admission of a consumer to gambling treatment.

"Assessment" means those procedures by which a gambling treatment program provides an on-going evaluation process with the consumer to collect his or her historical information, and identify strengths, needs, abilities, and preferences in order to determine a plan for recovery.

"Case management" means actions such as planned linkage, advocacy and referral assistance provided in partnership with a consumer to support that consumer in self sufficiency and community tenure and may occur in the consumer's home, in the community, or in the facility.

"Certified Gambling Addiction Treatment" or **"CGAT"** means programs certified by ODMHSAS to provide treatment to individuals diagnosed with a problem gambling disorder.

"Consumer" means an individual, adult or adolescent, who is receiving evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450 Chapters 16, 17, 18, 19, 23, and 65 as client(s) or patient(s) or resident(s) or a combination thereof.

"Consumer record" means the collection of written information about a consumer's evaluation or treatment that includes the admission data, evaluation, treatment or service plan, description of treatment or services provided, continuing care plan, and discharge information on an individual consumer.

"Continuing care" means providing a specific period of structured therapeutic involvement designed to enhance, facilitate and promote transition from primary treatment services to ongoing recovery.

"Contact" means any encounter with a consumer who is inquiring about or seeking services.

"Contract" means a document adopted by the governing authority of an approved treatment facility and any other organization, facility, or individual, which specifies services, personnel, or space to be provided by the program as well as the monies to be expended in exchange.

"Cultural competency" means the ability to recognize, respect, and address the unique needs, worth, thoughts, communication, actions, customs, beliefs and values that reflect an individual's racial, ethnic, religious, sexual orientation, and/or social group.

"Department" or **"ODMHSAS"** means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Diagnosis" means the determination of a disorder as defined by current DSM criteria.

"Discharge criteria" means general guidelines to inform the judgment of the gambling treatment professional which shall be considered in order for the consumer to be appropriately discharged from a treatment program.

"Discharge planning" means the process, begun at admission, of determining a consumer's continued need for treatment services and of developing a plan to address ongoing consumer post-treatment and recovery needs.

"Discharge summary" means a clinical document in the gambling treatment record summarizing the consumer's progress during treatment, with goals reached, continuing needs, and other pertinent information including documentation of linkage to community services.

"Documentation" means the provision of written, dated, and authenticated evidence to substantiate compliance with CGAT standards, e.g., minutes of meetings, memoranda, schedules, notices, logs, treatment records, policies, procedures, and announcements.

"DSM" means the most current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

"Education" means the dissemination of relevant information specifically focused on increasing the awareness of the community and the receptivity and sensitivity of the community concerning gambling issues and services. A systematic presentation of selected information to impart knowledge or instructions, to increase understanding of specific issues or programs, and to examine attitudes or behaviors which may stimulate social action or community support of the program and the consumers.

"Educational group" means groups in which information focuses on topics that impact a consumer's recovery from problem and

pathological gambling. Topics should be gender and age specific and should include, but not be limited to, information regarding their diagnosis or identified problems on their treatment plan. This service may involve teaching skills in communication, relapse prevention, self-care, and social skills to promote recovery. Paraprofessionals and/or professionals in fields related to the education topic may facilitate educational groups.

"Family" means the parents, brothers, sisters, other relatives, foster parents, guardians, and others who perform the roles and functions of family members in the lives of consumers.

"Follow-up" means the organized method of systematically determining the status of consumers after they have been discharged to determine post-treatment outcomes and utilization of post-treatment referrals.

"Gambling treatment services" means treatment activities for consumers by a gambling treatment professional that include, but are not limited to, the following:

- (A) Assessment and diagnostic impression, ongoing;
- (B) Treatment planning and revision, as necessary;
- (C) Individual, group and family therapy;
- (D) Case management;
- (E) Discharge planning.

"Gambling treatment professional" means an individual who meets the qualifications and is certified pursuant to OAC 450:75 to offer problem gambling treatment services.

"Gambling related disorders/problems" means gambling related issues or problems which impact the normal functioning of an individual.

"Goals" means broad general statements of purpose or intent that indicate the general effect the facility or service is intended to have.

"Group counseling" means a method of using various commonly accepted treatment approaches provided face-to-face by a treatment professional with two (2) or more consumers that does not consist of solely related individuals, to promote positive emotional or behavioral change. Services rendered in this setting should be guided by the consumer's treatment goals and objectives, and does not include social or daily skill development as described in educational group counseling.

"Individual therapy" means a method of using various evidence based/commonly accepted treatment approaches provided face-to-face by a gambling treatment professional with one consumer to promote positive emotional or behavioral change.

"Intervention" means a process or technique intended to facilitate behavior change.

"Licensed Alcohol/Drug Abuse Counselor" or **"LADC"** means an individual licensed to provide substance abuse counseling pursuant to Title 59 O.S., Chapter 43B, Licensed Alcohol and Drug Counselors Act.

"Licensed mental health professional" or **"LMHP"** as defined in Title 43A §1-1-3(11).

"Linkage" refers to the communication and coordination with consumers and other service providers to assure timely and appropriate referrals between the CGAT program and other providers.

"Mental health services" means a wide range of diagnostic, therapeutic, and rehabilitative services used in the treatment of problem and pathological gambling, and other mental disorders including substance abuse.

"NCGC" means Nationally Certified Gambling Counselor, offered at levels I or II through the National Council on Problem Gambling.

"Objectives" means a specific statement of planned accomplishments or results that are specific, measurable, attainable, realistic, and time-limited.

"ODMHSAS" means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Oklahoma Administrative Code" or "OAC" means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code, or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A) (1) (a) and maintained in the Office of Administrative Rules.

"OSDH" means the Oklahoma State Department of Health.

"Outpatient services" means an organized, nonresidential treatment service in regularly scheduled sessions intended for individuals not requiring a more intensive level of care or those who require continuing services following more intensive treatment regimens.

"Paraprofessional" means a person who does not have an academic degree related to the scope of treatment or support services being provided but performs prescribed functions under the general supervision of that discipline.

"Pathological gambling diagnosis" means a persistent and recurrent maladaptive gambling behavior that disrupts personal, family, or vocational pursuits, as defined by the most recent edition of the DSM.

"Peer Recovery Support Specialist" or "PRSS" means an individual who meets the qualifications and is certified as a PRSS pursuant to OAC 450:53.

"Personnel record" means a chart or file containing the employment history and actions relevant to individual employee activities within an organization and may contain application, evaluation, salary data, job description, citations, credentials and training information.

"Policy" means statements of facility intent, strategy, principle, or rules in the provision of services; a course of action leading to the effective and ethical provision of gambling treatment services.

"Procedures" means the methods by which policies are implemented.

"Problem Gambling" means a persistent and recurrent maladaptive gambling behavior that disrupts personal, family, or vocational pursuits as defined by the most recent edition of the DSM.

"Program" means a structured set of treatment activities designed to achieve specific objectives relative to the needs of consumers served by the facility.

"Progress notes" means a complete chronological written description of services provided to a consumer and includes the consumer's response and is written by the individual or clinical team delivering the gambling treatment services.

"Recovery" means an ongoing process of discovery and/or rediscovery that must be self-defined, individualized and may contain some, if not all, of the fundamental components of recovery as outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA).

"Screening" means the process to determine whether the person seeking assistance needs further assessment for problem or pathological gambling.

"Tobacco" means any nicotine delivery product or device that is not approved by the U.S. Food and Drug Administration (FDA) for the purpose of nicotine dependence treatment, including, but not limited to cigarettes, cigars, snuff, chewing tobacco, electronic cigarettes and vaping devices.

"Treatment planning" means the process by which a gambling treatment professional and the consumer together and jointly identify and rank problems, establish agreed-upon immediate short-term and long-term goals, and decide on the treatment process and resources to be utilized.

"Treatment session-outpatient" means each face-to-face contact with a consumer in a therapeutic setting whether individually or in a group.

"Update" means a dated and signed review of a report, plan or document with or without revision.

"Volunteer" means any person providing direct consumer rehabilitative services and who is not on the facility payroll, but fulfills a defined role within the approved treatment facility. This includes, but is not limited to, court ordered community services, practicum students, interns, and ministers; it excludes professionals and entities with which the facility has a written affiliation.

[Source: Added at 23 Ok Reg 1628, eff 4-25-06 (emergency); Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 25 Ok Reg 2551, eff 7-11-08 ; Amended at 31 Ok Reg 2075, eff 10-1-14 ; Amended at 32 Ok Reg 2141, eff 9-15-15 ; Amended at 33 Ok Reg 1022, eff 9-1-16 ; Amended at 34 Ok Reg 1824, eff 10-1-17 ; Amended at 38 Ok Reg 1397, eff 9-15-21 ; Amended at 39 Ok Reg 2012, eff 9-15-22]

450:65-1-3. Meaning of verbs in rules

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

- (1) "Shall" is the term used to indicate a mandatory statement, the only acceptable method under the present standards.
- (2) "Should" is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.
- (3) "May" is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

[Source: Added at 24 Ok Reg 2623, eff 7-12-07]

450:65-1-4. Applicability

This chapter is applicable to all CGAT programs which are statutorily required to be certified by the ODMHSAS.

[Source: Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 25 Ok Reg 2551, eff 7-11-08]

450:65-1-5. Annual review of standards and criteria [REVOKED]

[Source: Added at 24 Ok Reg 2623, eff 7-12-07 ; Revoked at 25 Ok Reg 2551, eff 7-11-08]

SUBCHAPTER 3. GAMBLING TREATMENT SERVICES AND DOCUMENTATION

450:65-3-1. Gambling treatment professional requirements and privileging

- (a) Each CGAT provider shall use clinical privileging to identify gambling treatment professionals.
- (b) Each CGAT provider shall have written policies and procedures to evaluate the professional qualifications of treatment professionals providing gambling treatment services.
- (c) All gambling treatment services must be provided by gambling treatment professionals as defined in this chapter.
- (d) Failure to comply with 450:65-3-1 will result in the initiation of procedures to deny, suspend and/or revoke certification.

[Source: Added at 23 Ok Reg 1628, eff 4-25-06 (emergency); Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 25 Ok Reg 2551, eff 7-11-08 ; Amended at 31 Ok Reg 2075, eff 10-1-14]

450:65-3-2. Treatment Services

Facilities providing gambling treatment services shall have a group of services herein designated as core services. CGAT programs may have specific additional services herein designated as optional services.

Required services include, but are not necessarily limited to:

- (1) Screening;
- (2) Assessment and diagnostic impression, ongoing;
- (3) Treatment planning and revision, as necessary;
- (4) Group, individual and family therapy;
- (5) Case management;
- (6) Education regarding gambling addiction, pathological gambling and related problems; and
- (7) Discharge planning.

[Source: Added at 23 Ok Reg 1628, eff 4-25-06 (emergency); Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 25 Ok Reg 2551, eff 7-11-08 ; Amended at 31 Ok Reg 2075, eff 10-1-14]

450:65-3-3. Assessment and diagnostic services

- (a) CGAT providers' policies and procedures shall require that an assessment of each consumer's service needs is completed within four (4) sessions of initiation of services.
- (b) CGAT policy and procedure shall require that a screening of each consumer's service needs is completed in a timely manner. An integrated screening shall include a screening of whether the consumer is a risk to

self or others, including suicide risk factors,

(c) The following information shall be collected by the CGAT provider and recorded in each consumer's assessment, to be completed prior to implementation of the treatment plan. This shall include, but not be limited to, an assessment of the following areas and needs:

- (1) Behavioral, including substance use, abuse and dependence as well as other addictive disorders;
- (2) Emotional, including issues related to past or current trauma;
- (3) Physical;
- (4) Social and recreational; and
- (5) Vocational.

(d) The consumer and family member(s), when appropriate, shall be an active participant(s) in the screening and assessment process.

(e) Assessments shall be on-going and performed by staff meeting the requirements for gambling treatment professionals.

(f) Compliance with 450:65-3-1, 450:65-3-2, and 450:65-3-3 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Consumer records;
- (3) Interviews with staff and consumers;
- (4) Other facility documentation.

[Source: Added at 23 Ok Reg 1628, eff 4-25-06 (emergency); Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 25 Ok Reg 2551, eff 7-11-08 ; Amended at 32 Ok Reg 2141, eff 9-15-15 ; Amended at 34 Ok Reg 1824, eff 10-1-17 ; Amended at 38 Ok Reg 1397, eff 9-15-21]

450:65-3-4. Service planning

(a) A service plan shall be completed for each consumer. The service plan is performed with the active participation of the consumer and a support person or advocate, if requested by the consumer. The service plan shall provide the formation of measurable service objectives and reflect ongoing changes in goals and objectives based upon consumer's progress or preference or the identification of new needs, challenges, and problems. The service plan shall be completed by a LBHP or Licensure Candidate.

(b) The service plan is developed after and based on information obtained in the assessment and includes the evaluation of the assessment information by the clinician and the consumer.

(c) The service plan must have an overall general focus on recovery which, for adults, may include goals like employment, independent living, volunteer work, or training, and for children, may include areas like school and educational concerns and assisting the family in caring for the child in the least restrictive level of care.

(d) Service plan updates should occur at a minimum of every six (6) months during which outpatient services are provided.

(e) Service plans, both comprehensive and update, must include dated signatures of the consumer (if over age 14), the parent/guardian (if the consumer is under age sixteen (16) and allowed by law), and the LBHP or Licensure Candidate. Signatures must be obtained after the service plan is completed.

(f) Compliance with 450:65-3-4 shall be determined by a review of the clinical records, interviews with staff and consumers, and other facility documentation.

[Source: Added at 23 Ok Reg 1628, eff 4-25-06 (emergency); Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 39 Ok Reg 2012, eff 9-15-22]

450:65-3-4.1. Progress notes

(a) Progress notes shall chronologically describe the services provided by date and, for timed treatment sessions, time of service, and the consumer's progress in treatment.

(b) Progress notes must be signed by the service provider and include the service provider's credentials.

(c) Outpatient staff must document each visit or transaction, except for assessment completion or service plan development, including missed appointments.

(d) Compliance with 450:65-3-4.1 may be determined by a review of the following:

- (1) Policies and procedures;
- (2) Consumer records;
- (3) Progress notes;
- (4) Interviews with staff; and
- (5) Other facility documentation.

[Source: Added at 39 Ok Reg 2012, eff 9-15-22]

450:65-3-5. Individual, group and family therapy services

(a) CGAT programs shall offer a range of services to consumers based on their needs regarding emotional, social and behavioral problems. Outpatient therapy services shall be provided and shall include, but not be limited to, the following:

- (1) Individual therapy shall consist of a goal-oriented process in which the consumer is counseled by and in the presence of a gambling treatment professional, in accordance with the treatment plan, to relieve symptoms and resolve problems related to gambling disorders or problems.
- (2) Group therapy shall consist of activities, directly related to the attainment of objectives as defined in the written treatment plan that the gambling treatment professional provides to a minimum of two consumers, non-related.
- (3) Family therapy shall consist of sessions in which the identified gambler and a minimum of one other person in a committed relationship with the identified gambler, is counseled by a gambling treatment professional in accordance with the identified consumer's treatment plan.

(b) Compliance with 450:65-3-5 may be determined by a review of the following:

- (1) Consumer records;
- (2) Progress notes;
- (3) Interviews with staff; and
- (4) Other facility documentation.

[Source: Added at 23 Ok Reg 1628, eff 4-25-06 (emergency); Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 25 Ok Reg 2551, eff 7-11-08 ; Amended at 31 Ok Reg 2075, eff 10-1-14]

450:65-3-6. Case management

(a) Case management efforts shall empower consumers to access and use needed services and meet self-determined goals. These services include resource skills development and consumer advocacy provided in various settings based on consumer need.

(b) As allowed per Title 43A O.S. Section 3-318, case management services shall be offered to all adults and children who have substance-related disorders, and to their family members, if applicable, to ensure access to needed services.

(c) Case management shall be co-occurring disorder capable.

(d) Case management services shall be planned referral, linkage, monitoring and support, and advocacy assistance provided in partnership with a consumer to support that consumer in self sufficiency and community tenure. Activities include:

- (1) Completion of strengths based assessment for the purpose of individual plan of care development;
- (2) Development of case management care plan which can be reflected as a part of the comprehensive service plan;
- (3) Referral, linkage and advocacy to assist with gaining access to appropriate community resources;

- (4) Contacts with other individuals and organizations that influence the recipient's relationship with the community, i.e., family members, law enforcement personnel, landlords, etc.;
- (5) Monitoring and support related to the individual plan of care to reassess goals and objectives and assess progress and or barriers to progress;
- (6) Follow-up contact with the consumer if they miss any scheduled appointments (including physician/medication, therapy, rehabilitation, or other supportive service appointments as delineated on the service plan); and
- (7) Crisis diversion (unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community) to assist consumer(s) from progression to a higher level of care.

(e) Compliance with 450:65-3-6 shall be determined by on-site observation and a review of the clinical records and written policies and procedures.

[Source: Added at 23 Ok Reg 1628, eff 4-25-06 (emergency); Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 39 Ok Reg 2012, eff 9-15-22]

450:65-3-7. Discharge Planning [REVOKED]

[Source: Added at 23 Ok Reg 1628, eff 4-25-06 (emergency); Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 34 Ok Reg 1824, eff 10-1-17 ; Revoked at 38 Ok Reg 1397, eff 9-15-21]

450:65-3-8. Continuing care plan

(a) In discharge planning, the facility shall assist the consumer to obtain services that are needed but not available within the facility and/or in transitioning from one program to another. Continuing care plans shall be developed with the knowledge and cooperation of the consumer.

(b) A written plan of recommendations and specific referrals for implementation of continuing care services shall be prepared for each consumer.

(c) Compliance with 450:65-3-8 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Continuing care plans;
- (3) Discharge assessments;
- (4) Discharge summaries;
- (5) Progress notes;
- (6) Consumer records;
- (7) Interviews with staff and consumers; and
- (8) Other facility documentation.

[Source: Added at 23 Ok Reg 1628, eff 4-25-06 (emergency); Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 39 Ok Reg 2012, eff 9-15-22]

450:65-3-9. Unplanned discharges

Unplanned discharges may occur within the CGAT program for a variety of reasons. Upon an unplanned discharge, a staff member shall be identified to be responsible for follow-up and the facility should attempt to ensure the following:

- (1) Linkage to appropriate care;
- (2) Referral for other needed services, when possible; and
- (3) Follow-up should be documented in the consumer's record.

[Source: Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 25 Ok Reg 2551, eff 7-11-08]

450:65-3-10. Consumer records, basic requirement [REVOKED]

[Source: Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 25 Ok Reg 2551, eff 7-11-08 ; Amended at 34 Ok Reg 1824, eff 10-1-17 ; Revoked at 39 Ok Reg 2012, eff 9-15-22]

450:65-3-11. Consumer record system [REVOKED]

[Source: Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 25 Ok Reg 2551, eff 7-11-08 ; Revoked at 38 Ok Reg 1397, eff 9-15-21]

450:65-3-12. Confidentiality of gambling treatment information [REVOKED]

[Source: Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 25 Ok Reg 2551, eff 7-11-08 ; Revoked at 38 Ok Reg 1397, eff 9-15-21]

450:65-3-13. Peer recovery support services

(a) Peer recovery support services are an optional service within certified Gambling Treatment Programs. If provided, the facility shall have written policies specific to peer recovery support services.

(b) Peer recovery support services shall be provided in accordance with OAC 450: 53 and other provisions stipulated in OAC 450 and state statute and shall:

- (1) Be based on an individualized, recovery-focused service philosophy that allows individuals the opportunity to learn to manage their own recovery and advocacy process;
- (2) Recognize the unique value of services being provided by persons with lived experience who are able to demonstrate their own hopefulness and recovery;
- (3) Enhance the development of natural supports, coping skills, and other skills necessary to function as independently as possible in the community, including, but not limited to assisting re-entry into the community after a hospitalization or other institutional settings.

(c) Peer Recovery Support Services shall be provided only by staff certified as a Peer Recovery Support Specialist (PRSS) in accordance with OAC 450:53.

(d) The facility shall retain records to verify compliance with training and certification requirements of each provider of this service.

(e) Facilities offering these services shall have provisions in place for direct supervision and other supports for staff providing this service.

(f) Compliance with this Section shall be determined by a review of the following: clinical records, policy and procedures, and facility personnel records.

[Source: Added at 34 Ok Reg 1824, eff 10-1-17]

SUBCHAPTER 5. CERTIFIED GAMBLING TREATMENT PROGRAMS

450:65-5-1. Level of Care

CGAT programs shall document the provision of gambling treatment services at the outpatient level of care, and have written policies and procedures. Written policies shall define the procedures for the implementation of the mandates in Subchapter 3 of this Chapter.

[Source: Added at 23 Ok Reg 1628, eff 4-25-06 (emergency); Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 25 Ok Reg 2551, eff 7-11-08]

450:65-5-2. Gambling treatment services

(a) Gambling treatment services shall be organized non-residential services with scheduled treatment sessions that accommodate employed and parenting consumers' schedules, offer treatment services during the day, evening, and weekends.

(b) The program shall be publicly accessible and accommodate office space, individual and group counseling space, secure records storage, protect consumer confidentiality and provide a safe environment. The gambling treatment program shall maintain written programmatic descriptions and policies and procedure that address these provisions.

(c) Hours of operation shall be during regularly scheduled times in which services are accessible to consumers and the general public, including those employed between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.

(d) For facilities that do not provide twenty-four (24) hour services, the facility's hours of operation shall be conspicuously displayed on the outside of the building. For facilities in multi-office buildings, the hours shall be posted either on the building directory or the facility's office door.

(e) The facility shall maintain written policy and procedures for handling medical emergencies and an emergency medical number shall be posted for use by staff.

(f) The facility shall have available specialized professional consultation or professional supervision.

(g) The facility shall maintain documentation that gambling treatment professionals are knowledgeable regarding problem and pathological gambling,, evidenced based practices, and counseling theory and techniques.

(h) The facility shall maintain documentation that gambling treatment professionals have received training in cultural-specific, age and gender-specific issues, and related counseling techniques.

- (i) Staff shall be, at least, eighteen (18) years of age.
- (j) The facility shall document in personnel records all education, training and experience stated above prior to providing direct care services.
- (k) Compliance with 450:65-5-2 may be determined by a review of the following:
 - (1) Policy and procedures;
 - (2) Licenses;
 - (3) Treatment records;
 - (4) Interviews with staff and consumers; and
 - (5) Other supporting facility records.

[Source: Added at 23 Ok Reg 1628, eff 4-25-06 (emergency); Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 25 Ok Reg 2551, eff 7-11-08]

450:65-5-3. Admission criteria

- (a) Admission to a CGAT program shall be determined by the gambling treatment professional in partnership with the consumer based on the problem gambling issues of the consumer.
- (b) Compliance with 450:65-5-3 may be determined by a review of the following:
 - (1) Policy and procedures;
 - (2) Admission protocols;
 - (3) Admission assessment instruments;
 - (4) Consumer records;
 - (5) Interviews with staff and consumers; and
 - (6) Other facility documentation.

[Source: Added at 23 Ok Reg 1628, eff 4-25-06 (emergency); Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 25 Ok Reg 2551, eff 7-11-08]

450:65-5-4. Discharge criteria

- (a) Discharge from a CGAT program shall be determined by the following:
 - (1) Discharge assessment to determine achievement of consumer's treatment goals and consumer's continued need for treatment services;
 - (2) Reduction in problem gambling behaviors for at least 30 days prior to discharge; and
 - (3) Completion of a Continuing Care Plan with linkage to community gambling support groups, or other community services.
- (b) Compliance may be determined by a review of the following:
 - (1) Policy and procedures;
 - (2) Continuing Care Plans;
 - (3) Discharge assessments;
 - (4) Discharge summaries;
 - (5) Progress notes;
 - (6) Consumer Records;
 - (7) Interviews with staff and consumers; and
 - (8) Other facility documentation.

[Source: Added at 23 Ok Reg 1628, eff 4-25-06 (emergency); Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 25 Ok Reg 2551, eff 7-11-08]

450:65-5-5. Consumer rights

All CGAT programs shall comply with applicable rules in Title 450, Chapter 15, Consumer Rights.

[Source: Added at 23 Ok Reg 1628, eff 4-25-06 (emergency); Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 25 Ok Reg 2551, eff 7-11-08]

450:65-5-6. Consumer grievance policy

Each treatment facility shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

[Source: Added at 24 Ok Reg 2623, eff 7-12-07]

450:65-5-7. ODMHSAS advocate general

The ODMHSAS Advocate General, in any investigation regarding consumer rights shall have access to consumers, facility records and facility staff as set forth in Title 450, Chapter 15.

[Source: Added at 24 Ok Reg 2623, eff 7-12-07]

SUBCHAPTER 7. ORGANIZATIONAL AND FACILITY MANAGEMENT

450:65-7-1. Purpose

The purpose of this subchapter is to set forth rules regulating environmental, organizational, and managerial requirements for a certified gambling addiction treatment program.

[Source: Added at 23 Ok Reg 1628, eff 4-25-06 (emergency); Added at 24 Ok Reg 2623, eff 7-12-07]

450:65-7-2. Hygiene and sanitation [REVOKED]

[Source: Added at 23 Ok Reg 1628, eff 4-25-06 (emergency); Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 25 Ok Reg 2551, eff 7-11-08 ; Revoked at 38 Ok Reg 1397, eff 9-15-21]

450:65-7-3. Standards for food service

The following shall be applicable to CGAT which provide an on-premise meal service:

- (1) Storage, preparation and serving of food shall be in compliance with the requirements of the Oklahoma State Department of Health, regulations governing public feeding establishments.
- (2) Dishwashing may be accomplished by either mechanical dishwashers or by approved manual methods. If mechanical dishwashers are used, the final rinse shall be in clear water of 180

degrees Fahrenheit, or in compliance with the Oklahoma State Department of Health regulations. Manual procedures, if used, shall follow a written procedure which outlines the steps followed, temperature of cleaning and rinsing solutions, detergents and chemicals used, etc., and shall be specifically approved by the local or Oklahoma State Department of Health.

(3) Equipment used in the preparation and handling of food shall bear the seal of or document compliance with the National Sanitation Foundation (NSF) or equivalent, or with Oklahoma Department of Health standards or other appropriate regulatory body.

(4) Ice used in contact with food or drink shall come from a source approved by the Oklahoma State Department of Health. Transportation, storage, handling, and dispensing shall be in a sanitary manner approved by the Oklahoma State Department.

[Source: Added at 23 Ok Reg 1628, eff 4-25-06 (emergency); Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 25 Ok Reg 2551, eff 7-11-08]

450:65-7-4. Physical facility environment and safety [REVOKED]

[Source: Added at 24 Ok Reg 2623, eff 7-12-07 ; Revoked at 38 Ok Reg 1397, eff 9-15-21]

450:65-7-4.1. Tobacco-free campus [REVOKED]

[Source: Added at 34 Ok Reg 1824, eff 10-1-17 ; Revoked at 38 Ok Reg 1397, eff 9-15-21]

450:65-7-5. Critical incidents [REVOKED]

[Source: Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 25 Ok Reg 2551, eff 7-11-08 ; Revoked at 38 Ok Reg 1397, eff 9-15-21]

450:65-7-6. Organizational and facility description [REVOKED]

[Source: Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 25 Ok Reg 2551, eff 7-11-08 ; Revoked at 38 Ok Reg 1397, eff 9-15-21]

450:65-7-7. Information analysis and planning [REVOKED]

[Source: Added at 24 Ok Reg 2623, eff 7-12-07 ; Revoked at 38 Ok Reg 1397, eff 9-15-21]

450:65-7-8. Performance improvement program [REVOKED]

[Source: Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 25 Ok Reg 2551, eff 7-11-08 ; Amended at 34 Ok Reg 1824, eff 10-1-17 ; Revoked at 38 Ok Reg 1397, eff 9-15-21]

450:65-7-9. Community information, consultation, outreach and street outreach [REVOKED]

[Source: Added at 24 Ok Reg 2623, eff 7-12-07 ; Amended at 25 Ok Reg 2551, eff 7-11-08 ; Revoked at 39 Ok Reg 2012, eff 9-15-22]

450:65-7-10. Technology [REVOKED]

[Source: Added at 31 Ok Reg 2075, eff 10-1-14 ; Revoked at 38 Ok Reg 1397, eff 9-15-21]

450:65-7-11. Annually required in-service training for all employees [REVOKED]

[Source: Added at 34 Ok Reg 1824, eff 10-1-17 ; Revoked at 38 Ok Reg 1397, eff 9-15-21]

CHAPTER 70. STANDARDS AND CRITERIA FOR OPIOID TREATMENT PROGRAMS

[Authority: 43 O.S. §§ 3-601 et seq.]

[Source: Codified 7-12-07]

SUBCHAPTER 1. GENERAL PROVISIONS

450:70-1-1. Purpose

This chapter sets forth rules regulating program requirements, activities, and services standards and criteria used in the certification of facilities and organizations providing medication assisted opioid treatment programs. The rules regarding the certification process, including, but not limited to, the application process, fees, and administrative sanctions are found in OAC 450:1, Subchapters 5 and 9. Rules outlining general certification qualifications applicable to facilities and organizations certified under this Chapter are found in OAC 450:1-9-5 through OAC 450:1-9-5.6.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 38 Ok Reg 1405, eff 9-15-21 ; Amended at 39 Ok Reg 2017, eff 9-15-22]

450:70-1-2. Definitions

The following words or terms, when used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Accreditation" means the process of review and acceptance by a nationally recognized accreditation body.

"Accreditation body" means a body that has been approved by SAMHSA to accredit opioid treatment programs using opioid agonist or partial agonist treatment medications.

"Administer" means the direct application of a prescription drug by ingestion or any other means to the body of a person served by a licensed practitioner, or the patient at the direction of, or in the presence of, a practitioner.

"Administrative withdrawal" means medically supervised withdrawal involving the gradual tapering of dose of medication over time, coinciding with the usually involuntary discharge from medication assisted treatment. Administrative withdrawal typically results from non-payment of fees, violent or disruptive behavior, incarceration or other confinement.

"Approved narcotic drug" means a drug approved by the United States Food and Drug Administration for maintenance and/or detoxification of a person physiologically dependent upon opioid drugs.

"ASAM criteria" means the most current edition of the American Society of Addiction Medicine's published criteria for admission to treatment, continued services, and discharge.

"Biopsychosocial assessment" means in-person interviews conducted by a LBHP or Licensure Candidate designed to elicit historical and current information regarding the behavior and experiences of a

person served, and are designed to provide sufficient information for problem formulation, intervention planning, case management needs, and formulation of appropriate substance abuse-related treatment and service planning.

"Buprenorphine" means a partial agonist, Schedule III narcotic approved for use in opioid dependence treatment.

"CARF" means the Commission on the Accreditation of Rehabilitation Facilities.

"Central registry" means a document or database to which an OTP shall report identifying information about individuals who are applying for or undergoing medically supervised withdrawal or maintenance treatment on an approved opioid agonist or partial agonist to a central record system approved by the Commissioner or designee.

"Certification" means the process by which ODMHSAS or SAMHSA determine that an OTP is qualified to provide opioid treatment under applicable State and Federal standards.

"Chain of custody" means the process of protecting items so that movement, possession and location are secure and documented and there is no possibility for altering or otherwise tampering with the item.

"Chronic pain disorder" means an ongoing condition or disorder consisting of chronic anxiety, depression, anger and changed lifestyle, all with a variable but significant level of genuine neurologically based pain. The pain becomes the main focus of the person served, and results in significant distress and dysfunction.

"Clinical Opioid Withdrawal Scale" or **"COWS"** means a well validated, standardized assessment instrument for evaluating the severity of withdrawal through the identification of objective and subjective symptoms and the severity of these symptoms.

"Clinical record" or **"treatment record"** means the collection of written information about the evaluation or treatment of a person served that includes the intake data, evaluation, service plan, description of services provided, medications as prescribed, continuing care plan, and discharge information.

"Clinical supervision" means an organized process by which knowledgeable and skilled supervisors systematically and routinely provide ongoing and in-depth review of direct service providers' performance.

"COA" means the Commission on Accreditation.

"Comprehensive maintenance treatment" means dispensing or administering an approved opioid agonist or partial agonist medication at stable dosage levels for a period in excess of 21 days for opioid use disorder; and providing medical, clinical and educational services to the person served with opioid use disorder.

"Continuing care plan" or **"discharge summary"** means a written plan of recommendations and specific referrals for implementation of continuing care services, including medications, developed with the knowledge and cooperation of the person served.

"Co-occurring disorder" or **"COD"** means any combination of mental health and substance use disorder symptoms or diagnoses as determined by the current Diagnostic and Statistical Manual of Mental Disorders that affect a person served.

"Critical incident" means an occurrence or set of events inconsistent with the routine operation of a facility, service setting, or otherwise routine care of a person served. Critical incidents specifically include but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths and injuries to persons served, staff and visitors; medication errors; persons receiving residential treatment that are absent without leave (AWOL); neglect or abuse of a person served; fire; unauthorized disclosure of information; damage to or theft of property belonging to persons served or the facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

"Cultural competency" means the ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs and values that reflect an individual's racial, ethnic, religious, sexual orientation, and/or social group.

"DEA" means Drug Enforcement Administration.

"Discharge planning" means the process, beginning at admission of determining a consumer's continued need for treatment services and developing a plan to address ongoing consumer recovery needs.

"Diskette" means a compressed wafer form of methadone intended to be dissolved in water for consumption.

"Dispense" means preparing, packaging, compounding and labeling for delivery, a prescription drug in the course of professional practice to an ultimate user by the lawful order of a physician.

"Diversion" means the unauthorized or illegal transfer of an opioid agonist or partial agonist treatment medication.

"Diversion control plan" or "DCP" means documented procedures to reduce the possibility that controlled substances are used for any purpose other than legitimate use.

"Drug test" means the assessment of an individual to determine the presence or absence of illicit or non-prescribed drugs or alcohol or to confirm maintenance levels of treatment medication(s), by a methodology approved by the OTP medical director based on informed medical judgment and conforming to State and Federal law. This may include blood testing, oral-fluid and urine testing.

"Exception request process" means a process recording the justification of the need to make a change in treatment protocol for person receiving medication assisted treatment for opioid use disorder and submitted to SAMHSA using form SMA-168.

"FDA" means the Federal Food and Drug Administration.

"Federal opioid treatment standards" means the established standards of SAMHSA, CSAT and the DEA that are used to determine whether an OTP is qualified to engage in medication assisted opioid treatment.

"HIPAA" means Health Insurance Portability and Accountability Act

"Holiday" means those days recognized by the State of Oklahoma as holidays.

"Individual Placement and Support" or "IPS" means an evidence based specific type of employment and education service to help people with mental illness, substance use disorders or co-occurring

disorders, find and keep competitive employment.

"Individualized service planning" means the ongoing process by which a clinician and the person served identify and rank problems, establish agreed upon goals, and decide on the treatment process and resources to be utilized.

"Interim maintenance treatment" means maintenance treatment provided in conjunction with appropriate medical services while a person served is awaiting transfer to a program that provides comprehensive maintenance treatment.

"JC" or **"TJC"** means the Joint Commission.

"Licensed Behavioral Health Professional" or **"LBHP"** means:

- (A) An Allopathic or Osteopathic Physician with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry;
- (B) An Advanced Practice Registered Nurse licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided and certified in a psychiatric mental health specialty;
- (C) A Clinical Psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists;
- (D) A Physician Assistant who is licensed in good standing in Oklahoma and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions;
- (E) A practitioner with a license to practice in the state in which services are provided by one of the following licensing boards:
 - (i) Social Work (clinical specialty only);
 - (ii) Professional Counselor;
 - (iii) Marriage and Family Therapist;
 - (iv) Behavioral Practitioner; or
 - (v) Alcohol and Drug Counselor.

"Licensure candidate" means practitioners actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards:

- (A) Psychology;
- (B) Social Work (clinical specialty only);
- (C) Professional Counselor;
- (D) Marriage and Family Therapist;
- (E) Behavioral Practitioner; or
- (F) Alcohol and Drug Counselor.

"Liquid methadone" means a liquid concentrate of methadone meant to be mixed with water for ingestion.

"Lock box" means a container with a combination lock or key lock entry system for securing take home medications. The box must have the ability to lock and should be secure enough to thwart access by children.

"Long-term care facilities" means a facility or institution that is licensed, certified or otherwise qualified as a nursing home or long term care facility by the state in which methadone or buprenorphine treatment services are rendered. This term includes skilled, intermediate, and custodial care facilities which operate within the terms of licensure.

"Long-term withdrawal management" means detoxification treatment for a period of more than 30 days but less than 180 days.

"Medical director" means a physician, licensed to practice medicine in Oklahoma, who assumes responsibility for the administration of all medical services performed by an OTP, either by performing them directly or by delegating specific responsibility to authorized program physicians and healthcare professionals functioning under the medical director's direct supervision, unless otherwise indicated in this chapter. This includes ensuring the program is in compliance with all federal, state, and local laws and regulations regarding the medical treatment of dependence on an opioid drug.

"Medical withdrawal" means a condition created by administering an opioid agonist or partial agonist treatment medication in decreasing doses to an individual to alleviate adverse physical or psychological effects of withdrawal from the continuous or sustained use of an opioid drug and as a method of bringing the individual to a drug-free state.

"Medication unit" means a satellite facility established as part of, but geographically separate from, an OTP from which appropriately licensed practitioners dispense or administer an opioid agonist or partial agonist treatment medication or collect samples for drug testing or analysis. No medical or clinical interventions related to OTP treatment can be conducted at this site.

"Non-oral methadone" means an injectable form of methadone not allowed for use by an OTP.

"Nurse practitioner" means a registered nurse who is prepared through advanced education and clinical training, to provide a wide range of health care services.

"ODMHSAS" means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Oklahoma Administrative Code" or "OAC" means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code, or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A) (1) (a) and maintained in the Office of Administrative Rules.

"OBND" or "OBND" means the Oklahoma Bureau of Narcotics and Dangerous Drug Control.

"Opiate drug" means any of a class of drugs also called narcotics derived from the opium poppy or containing opium and with analgesic or sedative effects that can form sustain or enhance addiction and physical dependency.

"Opioid agonist" means a drug that has an affinity for and stimulates physiologic activity at cell receptors in the central nervous system normally stimulated by opioids. Methadone is an opioid agonist.

"Opioid agonist or partial agonist treatment medication" means a prescription medication, such as methadone, buprenorphine or

other substance scheduled as a narcotic under the Federal Controlled Substances Act (21 U.S.C. Section 811) that is approved by the U.S. Food and Drug Administration for use in the treatment of opiate addiction or dependence.

"Opioid antagonist" means a drug that binds to cell receptors in the central nervous system that normally are bound by opioid psychoactive substances and that blocks the activity of opioids at these receptors without producing the physiologic activity produced by opioid agonists. Naltrexone is an opioid antagonist.

"Opioid dependence" means a cluster of cognitive, behavioral, and physiological symptoms in which an individual continues use of opioids despite significant opioid-induced problems. Opioid dependence is characterized by repeated self-administration resulting in opioid tolerance, withdrawal symptoms, and compulsive drug-taking. Dependence may occur with or without the physiological symptoms of tolerance and withdrawal.

"Opioid drug" means any of a class of drugs also called narcotics, having a dependence-forming or dependence-sustaining liability similar to morphine. Originally a term for synthetic narcotics only, but for the purposes of this chapter and unless otherwise specified, currently used to describe both opium based and synthetic narcotics. These drugs have analgesic or sedative effects.

"Opioid partial agonist" means a drug that binds to, but incompletely activates, opiate receptors in the central nervous system, producing effects similar to those of an opioid agonist but, at increasing doses, does not produce as great an agonist effect as do increased doses of an agonist. Buprenorphine is a partial opioid agonist.

"Opioid treatment" means the dispensing of opioid agonist or partial agonist treatment medication, along with a comprehensive range of medical and rehabilitative services, when clinically necessary, to an individual to alleviate the adverse medical, psychological, or physical effects incident to opioid dependence. This term encompasses detoxification treatment, short-term detoxification treatment, long-term detoxification treatment, maintenance treatment or comprehensive maintenance treatment, interim maintenance treatment and treatment provided in medication units, long term care facilities or hospitals.

"Opioid Treatment Program (OTP)" means an organization which has been certified by ODMHSAS to provide therapeutic services and FDA-approved medications for opioid use disorder, referred to in statute as an Opioid Substitution Treatment Program.

"Pain management" means the successful management of chronic pain or a chronic pain disorder.

"Parenteral" means injected, infused or implanted, used to describe drug administration other than oral or anal.

"Person served" means an individual, adult, adolescent, or child, who has applied for, is receiving or has received evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450 as client(s), consumer(s), patient(s) or resident(s) or a combination thereof.

"Physician assistant" means a licensed or certified mid-level medical practitioner who works under the supervision of a licensed physician (MD) or osteopathic physician (DO).

"Program physician" means a licensed physician who provides medical treatment and counsel to the persons served by an OTP while under the supervision of the medical director.

"Program sponsor" means a person named in the application for an OTP permit who is responsible for the operation of the OTP and who assumes responsibility for all its employees, including any practitioners, staff, or other persons providing medical, rehabilitative, or therapy services at the program or any of its medication units. The program sponsor need not be a licensed physician but shall employ a licensed physician for the position of medical director.

"Psychotherapy" or **"Therapy"** means a goal directed process using generally accepted clinical approaches provided face-to-face by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate with consumers in individual, group, or family settings to promote positive, emotional, or behavioral change.

"Rehabilitation Services" means face-to-face individual or group services provided by qualified staff to develop skill necessary to perform activities of daily living and successful integration into community life. Rehabilitation services must be provided by a Licensed Behavioral Health Professional (LBHP), Licensure Candidate, Certified Alcohol and Drug Counselor (CADC) or Certified Behavioral Health Case Manager II (CM II).

"SAMHSA" means the Substance Abuse and Mental Health Services Administration.

"Sentinel event" means a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a person served, staff member, or visitor, or risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes a variation in approved processes which could carry a significant chance of a serious adverse outcome. These events signal the need for immediate investigation and response. Sentinel events include, but are not limited to, suicide, homicide, assault and other forms of violence, including domestic violence or sexual assault, and adverse drug events resulting in serious injury or death. Sentinel events include occurrences that take place at the facility and/or during the delivery of services, as well as suicide and unintentional drug overdose deaths that occur at any time while a person receiving outpatient services is an active client and within seventy-two (72) hours of discharge from inpatient and residential settings, including sites certified under Chapter 23 of this Title.

"Service Provider" means a person who is allowed to provide services for those with substance use disorders within the regulation and scope of their certification level or license.

"Short-term withdrawal management" means detoxification treatment for a period not in excess of 30 days.

"State Opioid Treatment Authority" or **"SOTA"** means the agency designated by the Governor or other appropriate official designated by the Governor to exercise the responsibility and authority

within the State or Territory for governing the treatment of opioid dependence with an opioid drug. For Oklahoma it is the Oklahoma Department of Mental Health and Substance Abuse Services.

"STD" means sexually transmitted disease.

"Tablet methadone" means methadone in a tablet form intended to be taken orally. For the purposes of this chapter diskettes will not be considered to be tablet methadone. Tablet methadone is not allowed for use by an OTP.

"Take-home dose" or "take-home medication" means one or more doses of an opioid agonist or partial agonist treatment medication dispensed to a person served for use off the premises.

"Therapeutic hour(s)" means the amount of time in which the person served was engaged with a service provider in identifying, addressing, and/or resolving those issues that have been identified in that individual's treatment plan.

"Urine drug screen" means a urine sample taken to determine if metabolites are present indicating the use of drugs.

"Withdrawal treatment" means either administrative withdrawal, or medical titration and withdrawal from any drug or medication until the person served has achieved a drug free state.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 25 Ok Reg 2560, eff 7-11-08 ; Amended at 26 Ok Reg 1303, eff 7-1-09 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 35 Ok Reg 1866, eff 10-1-18 ; Amended at 36 Ok Reg 1164, eff 11-1-19 ; Amended at 38 Ok Reg 1405, eff 9-15-21 ; Amended at 39 Ok Reg 2017, eff 9-15-22 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-1-3. Meaning of verbs in rules

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

- (1) **"Shall"** is the term used to indicate a mandatory statement, the only acceptable method under the present standards.
- (2) **"Should"** is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.
- (3) **"May"** is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07]

450:70-1-4. Applicability

(a) This chapter is applicable to all certified substance use disorder treatment facilities and organizations providing medication assisted opioid treatment programs, including opioid withdrawal or opioid maintenance using methadone and buprenorphine, short term withdrawal management, long term withdrawal management or interim maintenance services which are statutorily required to be certified and approved by the ODMHSAS, the Alcohol and Drug Abuse Prevention, Training and Rehabilitation Authority [43A O.S. § 3-601,(c)].

(b) Any conviction for a violation of any rule in this Part which has been promulgated pursuant to the provisions of 43A O.S. § 3-601 shall be a felony [43A O.S. § 3-601(B)].

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 36 Ok Reg 1164, eff 11-1-19 ; Amended at 39 Ok Reg 2017, eff 9-15-22]

450:70-1-5. Compliance review of standards and criteria [REVOKED]

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Revoked at 30 Ok Reg 1425, eff 7-1-13]

SUBCHAPTER 2. FACILITY INFRASTRUCTURE REQUIRMENTS [REVOKED]

450:70-2-1. Physical facility environment and safety [REVOKED]

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Revoked at 38 Ok Reg 1405, eff 9-15-21]

450:70-2-2. Hygiene and sanitation [REVOKED]

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Revoked at 38 Ok Reg 1405, eff 9-15-21]

450:70-2-3. Tobacco-free campus [REVOKED]

[Source: Added at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 36 Ok Reg 1164, eff 11-1-19 ; Revoked at 38 Ok Reg 1405, eff 9-15-21]

SUBCHAPTER 3. FACILITY RECORD SYSTEM

PART 1. RECORD SYSTEM

450:70-3-1. Purpose [REVOKED]

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Revoked at 30 Ok Reg 1425, eff 7-1-13]

450:70-3-2. Patient record system [REVOKED]

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Revoked at 38 Ok Reg 1405, eff 9-15-21]

450:70-3-3. Patient records, basic requirement [REVOKED]

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Revoked at 39 Ok Reg 2017, eff 9-15-22]

450:70-3-3.1. Transfer of persons served

(a) The OTP shall refer persons served to other resources when the individual has treatment or service needs the facility does not provide.

(1) The OTP shall maintain a directory of currently available local resources.

(2) The transferring program must supply clinical records necessary in response to a written request and a valid consent form within fifteen (15) days of receipt and in compliance with all applicable state and federal law.

(A) The program shall furnish copies of clinical records requested, or a summary or narrative of the records, including records received from a physician or other health care provider involved in the care or treatment of the person served, pursuant to a written consent for release of the information, except if the physician determines that access to the information would be harmful to the physical, mental, or emotional health of the person served, and the program may delete confidential information about another person served or family member of the person served who has not consented to the release.

(B) The information shall be furnished by the program within fifteen (15) days after the date of receipt of the request.

(C) If the program denies the request, in whole or in part, the program shall furnish the person served a written statement, signed and dated, stating the reason for the denial. A copy of the statement denying the request shall be placed in the record of the person served.

(b) The OTP shall have written policy and procedure stating these guidelines when a person served is transferring from one clinic or level of care to another:

(1) The admitting program shall obtain from the person served an authorization for disclosure of confidential information, for the purpose of obtaining accurate and current information concerning the individual's treatment at the former program.

(2) The medical director or program physician at the admitting program shall not allow the person served to attend the clinic less frequently than the most recent schedule allowed at the former program unless:

- (A) Copies of the clinical records are obtained to sufficiently document the satisfactory adherence of the person served to all relevant federal and state regulations for the required time in treatment; and
 - (B) The program physician has completed an evaluation of the person served.
- (3) At a minimum, staff from the admitting program shall document in the clinical record and staff from the transferring program must provide the following information before the initial dose of methadone or buprenorphine is administered to a person served who is transferring:
- (A) The last date and amount of opioid treatment medication administered or dispensed at the former program;
 - (B) The length of time in continuous treatment;
 - (C) The most recent record of clinic attendance;
 - (D) The name, address, and telephone number of the program contacted;
 - (E) The date and time of the contact; and
 - (F) The name of the program employee furnishing the information.
- (c) Compliance with 450:70-3-3.1 may be determined by:
- (1) A review of policies and procedures,
 - (2) Treatment records,
 - (3) Performance improvement guidelines,
 - (4) Interviews with staff, and
 - (5) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-3-4. Confidentiality of drug or alcohol abuse or mental health treatment information [REVOKED]

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 25 Ok Reg 2560, eff 7-11-08 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Revoked at 38 Ok Reg 1405, eff 9-15-21]

PART 3. INTAKE AND ADMISSION ASSESSMENT

450:70-3-5. Assessment and record content - Medical

- (a) All OTPs shall assess each individual for appropriateness for admission, ensuring the individual is placed in the least restrictive level of care.
- (b) Each OTP shall ensure that persons served are admitted to treatment by a program physician, who determines that such treatment is appropriate for the specific person served by applying current and established DSM diagnostic and ASAM criteria.
- (c) The OTP shall have written policy and procedure stating the program shall require each person served to undergo a complete, fully documented history and physical examination by the medical director, a

program physician or physician with a valid Oklahoma license before admission to the medication assisted opioid treatment program. For the purposes of this chapter, a Physician Assistant or Nurse Practitioner, with appropriate Oklahoma license/certification and working under the direction and supervision of the OTP medical director may perform services allowed by Oklahoma certification or licensure such as those listed here, unless otherwise specified. A full medical examination, including the results of serology and other tests, must be completed within fourteen (14) days following admission.

(d) Compliance with 450:70-3-5 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 26 Ok Reg 1303, eff 7-1-09 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-3-5.1. Assessment and record content - History

(a) Persons served who have had a complete history and physical including laboratory tests within the past three months may be admitted to the OTP without a new medical examination and laboratory tests, unless the program physician requests it. The admitting program shall obtain copies of these results within fifteen (15) days of admission. If records are not obtained within fifteen (15) days, the program shall conduct a complete history and physical.

(b) The OTP shall have written policy and procedure stating any FDA-approved medications for use in treating a significant opioid use disorder when used by an OTP for persons with a history of physiologic dependence, shall only be used in treating persons with a history of symptoms of opioid use disorder as stated in Title 43A, Section 3-601 A. 1. and as verified by the medical director or a program physician through medical examination; or persons with a history of dependence as stated in Title 43A, Section 3-601 A. 1. and written documentation from an agency at which another type of substance use disorder treatment was attempted or accomplished. Such documentation shall be received prior to admission to the program and/or induction of any drug uses as a part of an opioid treatment regimen. When buprenorphine is used to provide medication assisted treatment in this setting, a one year history of opioid use disorder or dependence shall be required.

(c) The OTP shall have written policy and procedure stating that if clinically appropriate, the program physician may waive the requirement as stated in Title 43A, Section 3-601 A. 1. for:

- (1) A person served within six (6) months of release from a correctional institution;
- (2) A person served with a pregnancy verified by the program physician; or
- (3) A person served having previously received medication-assisted recovery services for an opioid use disorder and within two (2) years of discharge from an OTP.

(d) Compliance with 450:70-3-5.1 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-3-5.10. Assessment and record content - Service notification

(a) The OTP shall have written policy and procedure requiring the person served to be informed of all services that are available through the agency; and of all policies and procedures that may impact the treatment of the person served.

(b) There shall be written verification such notification was made, signed by the person served.

(c) The OTP shall have written policy and procedure requiring the person served be informed of the following upon admission:

- (1) The progression of opioid dependence and the assessed stage of opioid use disorder of the person served;
- (2) The goal and benefits of medication assisted opioid recovery services;
- (3) The signs and symptoms of overdose and when to seek emergency assistance;
- (4) The characteristics of opioid agonist and partial agonist treatment medication, including common side-effects and potential interaction effects with non-opioid agonist treatment medications and/or illicit drugs;
- (5) The requirement for staff members to report suspected or alleged abuse or neglect of a child or an incapacitated or vulnerable adult;
- (6) The requirement for staff members to comply with the confidentiality requirements of 42 CFR Part 2 and 45 CFR parts 160 and 164;
- (7) Drug screening and urinalysis procedures;
- (8) Take-home medication requirements;
- (9) Testing and treatment available for HIV, HCV, tuberculosis and other communicable diseases;
- (10) The process for a person served to file a grievance with the agency for any reason, including involuntary discharge, and to have the client's grievance handled in a fair and timely manner; and
- (11) The process for a person served to file a grievance with the ODMHSAS Consumer Advocate office for any reason, including involuntary discharge.

(d) Compliance with 450:70-3-5.10 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-3-5.11. Assessment and record content - Chronic pain

(a) The OTP shall have written policy and procedure requiring the OTP to see that an individual who requires administration of opioid agonist treatment and partial agonist medication only for relief of chronic pain is:

- (1) Identified during the physical examination or assessment;
- (2) Not admitted for opioid agonist or partial agonist medication treatment; and
- (3) Referred to appropriate medical services.

(b) Compliance with 450:70-3-5.11 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17]

450:70-3-5.12. Assessment and record content - Co-occurring disorder

(a) The OTP shall have written policy and procedure requiring the facility to ensure that, if, during the assessment or physical examination, a determination is made that a person served may have a mental disorder, the person served is referred for assessment and treatment of the mental disorder.

(b) All required consents for communication and collaboration with the behavioral health professional to monitor and evaluate interactions between the opioid agonist or partial agonist treatment medication and any medications used to treat the mental disorder of the person served are required to be completed and in the chart.

(c) Compliance with 450:70-3-5.12 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-3-5.13. Assessment and record content - Medical

(a) The OTP shall have written policy and procedure requiring the OTP to ensure that, if, during the assessment or physical examination, a determination is made that a person served may have a medical condition requiring intervention, the person served is referred for assessment and treatment of the medical condition.

(b) The OTP will have all required consents for communication and collaboration with the health professional to monitor and evaluate interactions between the opioid agonist or partial agonist treatment medication and medications used to treat the medical condition of the person served.

(c) Compliance with 450:70-3-5.13 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-3-5.14. Assessment and record content - Medical service refusal

(a) The OTP shall have written policy and procedure allowing the medical director to refuse the admission and/or medication assisted opioid recovery services to any person served if, in the reasonable clinical judgment of the medical director, the person would not benefit from such treatment. Prior to such a decision, appropriate staff should be consulted and the reason(s) for the decision must be documented by the medical director.

(b) Compliance with 450:70-3-5.14 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

**450:70-3-5.15. Assessment and record content - Identification
[REVOKED]**

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Revoked at 40 Ok Reg 1079, eff 9-15-23]

450:70-3-5.16. Assessment and record content - Initial dosing

(a) OTPs shall develop and maintain written policies and procedures that are adequate to ensure that the following dosage form and initial dosing requirements are met:

- (1) Methadone shall be administered or dispensed only in oral form and shall be formulated in such a way as to reduce its potential for parenteral abuse.

(2) For each new person served enrolled in a program, the initial dose of methadone shall not exceed thirty (30) milligrams and the total dose for the first day shall not exceed forty (40) milligrams, unless the program physician documents in the clinical record that forty (40) milligrams did not suppress opiate abstinence symptoms.

(3) Any increase above forty (40) milligrams shall be based on the physician's medical judgment and documented in the chart.

(4) Buprenorphine may be administered in tablet or sublingual form.

(5) Initial and later treatment dosing shall be determined by the medical director and according to best medical practice.

(b) Compliance with 450:70-3-5.16 may be determined by:

(1) A review of policies and procedures,

(2) Treatment records, and

(3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-3-5.17. Assessment and record content - Service refusal

(a) The OTP shall ensure that a refusal of a particular service by a person served does not preclude the person served from accessing other needed mental health or substance use disorder treatment services. Should the service provider determine the needs of the person served cannot be met within the facility, clinical documentation of assessments and referrals for the person served shall contain, at a minimum:

(1) Date of initial contact requesting services;

(2) Identification information, including the name, home address and telephone number of the person served;

(3) Referral source;

(4) Mental status examination and results;

(5) History and physical;

(6) Family to be notified in case of emergency;

(7) A continuing care plan;

(8) What agency was contacted; and

(9) Where and why the individual was referred.

(b) Compliance with 450:70-3-5.16 may be determined by:

(1) A review of policies and procedures,

(2) Treatment records, and

(3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-3-5.2. Assessment and record content - Symptoms

(a) Any person served seeking admission while under the influence, or undergoing withdrawal of alcohol or drugs other than opioids shall be assessed prior to admission for medical needs. The written criteria to be used for medical needs assessment shall be approved by the OTP medical director and meet state and federal requirements regarding standards of

care.

(b) Using a standardized and accepted instrument (such as the COWS Scale) no person served shall be admitted to medication assisted opioid recovery services unless symptoms of opioid dependency listed below are present with at least two symptoms coming from numbers one (1) through seven (7);

- (1) Elevated resting pulse rate;
- (2) Increased sweating;
- (3) Tremors;
- (4) Variation in pupil size;
- (5) Increased yawning;
- (6) Runny nose and/or tearing;
- (7) Presence of "gooseflesh";
- (8) Increased restlessness;
- (9) Bone and/or joint pain;
- (10) Increased anxiety or irritability; or
- (11) Gastrointestinal distress.

(c) Compliance with 450:70-3-5.2 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-3-5.3. Assessment and record content - Dispensed and prescribed pharmaceuticals

(a) The OTP shall have written policy and procedure stating the clinical record shall contain adequate documentation of any prescription medication, including methadone or buprenorphine, that a person served may be taking, including the name of the medication, the prescription number, the dose, the reason for prescribing, the name of the prescribing doctor, the pharmacy's name and telephone number, the date it was prescribed, and the length of time the person served is to be taking the medication. A release of information to the prescribing physician either by mail, facsimile or other acceptable electronic means allowing the medical director to coordinate treatment and discuss medications.

(b) Compliance with 450:70-3-5.3 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-3-5.4. Assessment and record content - Level of care

(a) The OTP shall have written policy and procedure stating that persons served with two (2) or more unsuccessful managed withdrawal episodes within a twelve (12) month period must be assessed by the medical director or a program physician for identification of need for other forms of treatment. An OTP shall not admit a person served for more than two

- (2) withdrawal management episodes in one (1) year.
- (b) Compliance with these standards and criteria may be determined by a review of the following:
 - (1) Policy and Procedures,
 - (2) Review of all facility records, and
 - (3) Investigations, site visits, treatment protocols, clinical records, clinical service manuals and certification reviews.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-3-5.5. Assessment and record content - Care of minors

- (a) Written approval from a parent or guardian for a person served under the age of eighteen (18) admitted to maintenance treatment shall be obtained if required by law. If a minor is eligible to self-consent to treatment pursuant to state law, written approval from a parent or guardian is not required.
- (b) Compliance with 450:70-3-5.5 may be determined by:
 - (1) A review of policies and procedures,
 - (2) treatment records, and
 - (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-3-5.6. Assessment and record content - Central registry

- (a) The OTP shall have written policy and procedure outlining the requirement for the reporting of persons receiving medication assisted opioid treatment to the ODMHSAS. This report to the Central Registry shall be made electronically as requested by the Department and within twenty-four (24) hours of admission, change of medical status or discharge of any person served.
- (b) Compliance with 450:70-3-5.6 may be determined by:
 - (1) A review of policies and procedures,
 - (2) Treatment records, and
 - (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 39 Ok Reg 2017, eff 9-15-22 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-3-5.7. Assessment and record content -Consent and admission information

- (a) The OTP shall have written policy and procedure stating the admission requirements for opioid treatment programs.
- (b) All applicants for medication assisted opioid treatment shall sign a written consent for opioid treatment in the primary language of the applicant.
- (c) The admission information shall contain, but not be limited to, the following:
 - (1) Date of initial contact requesting services;

- (2) Identification information, including the name, home address, and telephone number of the person served;
- (3) Referral source;
- (4) Mental status examination and findings;
- (5) History and physical information;
- (6) Family to be notified in case of emergency; and
- (d) Compliance with 450:70-3-5.7 may be determined by:
 - (1) A review of policies and procedures,
 - (2) Treatment records, and
 - (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-3-5.8. Assessment and record content - ASAM

- (a) The OTP shall document and assess all persons served for appropriateness of admission taking into account the needs of the person served as identified by, but not limited to:
 - (1) Acute intoxication and/or withdrawal potential;
 - (2) Biomedical conditions and complications;
 - (3) Emotional, behavioral, or cognitive conditions and complications;
 - (4) Readiness to change;
 - (5) Relapse, continued used, or continued problem potential; and
 - (6) Recovery/living environment.
- (b) Compliance with 450:70-3-5.8 may be determined by:
 - (1) A review of policies and procedures,
 - (2) Treatment records, and
 - (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 39 Ok Reg 2017, eff 9-15-22 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-3-5.9. Assessment and record content - Supportive service array

- (a) The OTP shall have a written policy and procedure that shall be made available to all persons served, outlining rehabilitation services. Minimum services include:
 - (1) Individual therapy or rehabilitation services until the person served is fully stabilized and as indicated in this chapter;
 - (2) Group and family therapy or rehabilitation services for spouses, parents, or significant others and as indicated in this Chapter;
 - (3) Individual Placement and Support Services;
 - (4) Case management services;
 - (5) Peer recovery support services; and
 - (6) Referral for additional services as outlined by the individualized treatment plan.
- (b) Compliance with 450:70-3-5.9 may be determined by:
 - (1) A review of policies and procedures,
 - (2) Treatment records, and

(3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 36 Ok Reg 1164, eff 11-1-19 ; Amended at 39 Ok Reg 2017, eff 9-15-22 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-3-6. Assessment - Process requirements

(a) Written policies and procedures governing the intake and assessment process shall specify the following:

- (1) The information to be obtained on all applicants or referrals for admission;
- (2) The procedures for accepting referrals from outside agencies or organizations;
- (3) The records to be kept on all applicants;
- (4) Any prospective data regarding the person served to be recorded during the intake process;
- (5) The procedures to be followed when an applicant or a referral is found ineligible for admission; and
- (6) The procedures and policies for the purpose of admitting and assessing persons with special needs or disabilities.

(b) Compliance with 450:70-3-5.16 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

PART 5. BIOPSYCHSOCIAL ASSESSMENT

450:70-3-7. Biopsychsocial assessment

(a) All OTPs shall complete a biopsychsocial assessment which gathers sufficient information to assist the person served in developing an individualized treatment plan. The OTP may utilize the current edition of the Addiction Severity Index (ASI) or develop a biopsychsocial assessment which contains, but not be limited to, the following:

- (1) Identification of the strengths, needs, abilities, and preferences of the person served;
- (2) Presenting problem and history of the presenting problem;
- (3) Previous treatment history, including opioid substitution therapy:
 - (A) Mental health,
 - (B) Substance abuse, and
- (4) Health history and current biomedical conditions and complications;
- (5) Alcohol and drug use history;
- (6) History of trauma;
- (7) Family and social history, including family history of alcohol and drug use;
- (8) Educational attainment, difficulties, and history;

- (9) Cultural and religious orientation;
 - (10) Vocational, occupational and military history;
 - (11) Sexual history, including HIV, AIDS and STD at-risk behaviors;
 - (12) Marital or significant other relationship history;
 - (13) Recreational and leisure history;
 - (14) Legal history;
 - (15) Present living arrangement;
 - (16) Economic resources;
 - (17) Level of functioning;
 - (18) Current support system;
 - (19) Current medications, including the name of prescribing physician, name of medication, strength and dosage, and length of time the consumer has been on the medication;
 - (20) Expectations of the person served in terms of service; and
 - (21) Assessment summary or diagnosis, and signature of the assessor and date of the assessment.
- (b) The assessment shall be completed by a LBHP or licensure candidate.
 - (c) The assessment shall be completed as soon as possible after admission and no later than the third (3) therapy or rehabilitation service visit.
 - (d) In the event of a consumer re-admission after one (1) year of the last biopsychsocial assessment, a new biopsychsocial assessment shall be completed. If readmission occurs within one (1) year after the last biopsychsocial assessment, an update shall be completed.
 - (e) Compliance with 450:70-3-7 may be determined by:
 - (1) A review of policies and procedures,
 - (2) Treatment records, and
 - (3) Other facility documentation.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 35 Ok Reg 1866, eff 10-1-18 ; Amended at 36 Ok Reg 1164, eff 11-1-19 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

PART 7. SERVICE PLANNING

450:70-3-8. Individualized service planning

- (a) Upon completion of the admission evaluation, an individualized service plan shall be developed by a LBHP or licensure candidate in collaboration with the person served.
- (b) The service plan shall be based on the presenting problems or diagnosis, intake assessment, biopsychsocial assessment, and expectations of recovery of the person served.
- (c) Frequency of services shall be determined by mutual agreement between the facility treatment team and the person served.
- (d) Service plans shall be completed by the fourth visit after admission.
- (e) The service plan review should occur according to the time frame required by the agency but, no less often than every six (6) months; and further, is required by any of the following situations:

- (1) Change in goals and objectives based upon documented progress, or identification of any new problem;
 - (2) Change in primary therapist or rehabilitation service provider assignment;
 - (3) Change in frequency and types of services provided;
 - (4) Critical incident reports; or
 - (5) Sentinel events.
- (f) Each person served accepted for treatment shall be assessed initially and periodically by qualified personnel to determine the most appropriate combination of services and treatment. The service plan also must identify the frequency and intensity of services to be provided.
- (g) The plan must be reviewed and updated to reflect that personal history, current needs for medical, social, and psychological services, and current needs for education, vocational rehabilitation, and employment services of the person served. Service plan updates shall be completed by an LBHP or licensure candidate. Service plan updates completed by a licensure candidate must be co-signed and dated by a fully licensed LBHP.
- (h) Service plans, both comprehensive and update, must include dated signatures of the person served (if age fourteen [14] or older), the parent/guardian (if required by law), and the LBHP or Licensure Candidate. If a minor is eligible to self-consent to treatment pursuant to state law, a parent/guardian signature is not required. Licensure candidate signatures must be co-signed by a fully-licensed LBHP in good standing. Signatures must be obtained after the service plan is completed.
- (i) Compliance with 450:70-3-8 may be determined by:
- (1) A review of policies and procedures,
 - (2) Treatment records, and
 - (3) Other facility documentation.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 26 Ok Reg 1303, eff 7-1-09 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 35 Ok Reg 1866, eff 10-1-18 ; Amended at 36 Ok Reg 1164, eff 11-1-19 ; Amended at 38 Ok Reg 1405, eff 9-15-21 ; Amended at 39 Ok Reg 2017, eff 9-15-22 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

PART 9. PROGRESS NOTES

450:70-3-9. Progress notes

- (a) Unless defined otherwise by level of care, medication assisted opioid treatment services and any issues related to treatment shall be reflected by written documentation in the clinical record that shall chronologically describe the services provided by date and, for timed treatment sessions, time of service, and the consumer's progress in treatment.
- (b) Progress notes must be signed by the service provider and include the service provider's credentials.
- (c) Compliance with 450:70-3-8 may be determined by:
- (1) A review of policies and procedures,
 - (2) Treatment records, and
 - (3) Other facility documentation.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 39 Ok Reg 2017, eff 9-15-22 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

PART 11. DISCHARGE

450:70-3-10. Discharge assessment

(a) All consumers shall be assessed for biopsychsocial appropriateness of discharge from each level of care using ASAM criteria that includes a list of symptoms for all six dimensions and each of the levels of care, to determine a clinically appropriate placement in the least restrictive level of care. This organized process involves a professional determination for appropriate placement to a specific level of care based on the consumer's severity of symptoms and current situations.

- (1) Acute intoxication and/or withdrawal potential;
- (2) Biomedical conditions and complications;
- (3) Emotional, behavioral or cognitive conditions and complications;
- (4) Readiness to change;
- (5) Relapse, continued use or continued problem potential; and
- (6) Recovery/living environment.

(b) Compliance with 450:70-3-10 may be determined by:

- (1) A review of policies and procedures, and
- (2) Discharge assessments in clinical records.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-3-10.1. Discharge summary/continuing care plan [REVOKED]

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Revoked at 38 Ok Reg 1405, eff 9-15-21]

SUBCHAPTER 4. SERVICES SUPPORT AND ENHANCEMENT

PART 1. STAFF SUPPORT

450:70-4-1. Purpose [REVOKED]

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Revoked at 30 Ok Reg 1425, eff 7-1-13]

450:70-4-2. Clinical supervision [REVOKED]

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 31 Ok Reg 2080, eff 10-1-14 ; Amended at 36 Ok Reg 1164, eff 11-1-19 ; Revoked at 40 Ok Reg 1079, eff 9-15-23]

450:70-4-3. Staff privileging [REVOKED]

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Revoked at 40 Ok Reg 1079, eff 9-15-23]

450:70-4-4. Staffing - Dosing coverage

(a) The OTP shall have written policy and procedure requiring at least two (2) staff members be present on the premises during dispensing hours. At least one (1) of the staff members shall be appropriately licensed to dispense FDA-approved opioid agonist or partial agonist medications. It is recommended that physicians have, or be in the process of obtaining, specialty certification and/or licensure related to opioid treatment.

(b) Compliance with 450:70-4-4 may be determined by:

- (1) a review of policies and procedures,
- (2) staff schedules,
- (3) treatment records, and
- (4) other facility documentation.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-4-4.1. Staffing - Transportation, dispensing and responsibility

(a) The OTP shall have written policy and procedure to ensure that only appropriately trained and licensed medical personnel shall be allowed access to, transportation of, dispensing of, administration of, or responsibility for approved opioid agonist or partial agonist medications.

(1) Access to medication deliveries to an OTP shall be received, secured and inventoried by program personnel specifically designated for this task.

(2) Acceptance of delivery of scheduled medications must be made only by a licensed practitioner employed at the OTP or other authorized individuals designated in writing who must sign for all scheduled medications. Staff who are currently or previously experience a significant opioid use disorder are not allowed to perform this function.

(3) The OTP shall have one staff member to have primary responsibility for receiving, securing and inventorying medications.

(4) The OTP also shall identify additional program personnel who have authority to receive, store and inventory the medication at times when the individual designated to have primary responsibility is not available.

(5) The OTP shall maintain a written list of all designated personnel who have been authorized to receive, store and inventory the medication. This list shall be updated whenever a change in designated personnel occurs.

(b) Transportation of opioid medications by OTP staff shall also:

- (1) Be limited to persons served by the OTP in a residential treatment facility, hospital, long-term care facility, or jail, or

consumers receiving treatment through a mobile medication unit in accordance with 450:70-6-10.1; and

(2) Be done with an appropriate chain of custody form, such as the one available through the Division of Pharmacologic Therapies within SAMHSA.

(c) Compliance with 450:70-4-4.1 may be determined by:

- (1) A review of policies and procedures,
- (2) Personnel records,
- (3) Privileging documents,
- (4) Training records,
- (5) Interviews with staff, and
- (6) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-4-4.2. Staffing - Medical Director coverage

(a) The OTP shall have written policy and procedure requiring the medical director be present, on site for two hours each week during normal dispensing hours for every one hundred (100) active persons served in an OTP.

(b) With the exception of short-term, ad hoc absences, a designee cannot substitute for the medical director. For short-term, ad hoc absences such as those due to illness or planned time off, a physician or physician assistant may temporarily serve as a substitute for the medical director.

(c) Compliance with 450:70-4-4.2 may be determined by:

- (1) A review of policies and procedures,
- (2) Staff schedules,
- (3) Privileging documents,
- (4) Employee contracts,
- (5) Interviews with staff, and
- (6) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-4-4.3. Staffing - Training

(a) The OTP shall have written policy and procedure requiring each person engaged in the medication assisted recovery services for a significant opioid use disorder to have sufficient education, training, and/or experience to enable that person to perform the assigned duties and functions. This includes specific training in opioid related treatment service options. All physicians, nurses, and other licensed professional care providers, including therapists and rehabilitation service providers, must comply with the credentialing requirements of their respective professions. Hiring preference should be given to staff with substance use disorder and/or opioid use disorder treatment specific licenses and certifications.

- (1) All direct service and medical staff shall receive training relevant to service delivery in a medication assisted opioid treatment setting. There shall be seven (7) clock hours of such training during each year.

(2) All direct service staff shall receive initial training and ongoing training updates for all personnel employed by the treatment facility covers at a minimum:

- (A) Rights of persons served served;
- (B) Person and family centered services;
- (C) The prevention of violence in the workplace;
- (D) Confidentiality requirements;
- (E) Cultural competency; and
- (F) Expectations regarding professional conduct.

(3) All physicians working in an OTP should have, or be in the process of obtaining, specialty certification and/or licensure related to medication assisted opioid and/or substance use disorder treatment.

(b) Compliance with 450:70-4-4.3 may be determined by:

- (1) A review of policies and procedures,
- (2) Credentialing and privileging documents,
- (3) Training records,
- (4) Interviews with staff, and
- (5) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 36 Ok Reg 1164, eff 11-1-19 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-4-4.4. Staffing - Qualifications

(a) The OTP shall have written policy and procedure requiring FDA-approved medications for opioid use disorder be administered or dispensed only by a practitioner licensed and registered under the appropriate State and Federal laws to administer or dispense such medications, or by an agent of such practitioner if the agent is supervised by and under the order of the licensed practitioner, if the agent is authorized by Federal and State law to administer or dispense medications for opioid use disorder.

(b) The facility shall maintain documentation verifying the qualifications for the service providers.

(c) Staff shall be at least twenty-one (21) years old (excluding student interns).

(d) Compliance with 450:70-4-4.4 may be determined by:

- (1) A review of policies and procedures,
- (2) Credentialing and privileging documents,
- (3) Interviews with staff, and
- (4) Other facility documentation.

(e) Failure to comply with 450:70-4-4.4 will result in the initiation of procedures to deny, suspend and/or revoke certification.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 31 Ok Reg 2080, eff 10-1-14 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

PART 3. ORGANIZATIONAL AND FACILITY MANAGEMENT

450:70-4-5. Service support and enhancement

(a) Each OTP shall have written policies and procedures describing operational methods, administration and organization adequate to ensure quality care, ability to operate in accordance with all approved accreditation elements and to meet the requirements of all pertinent Federal, State and local laws and regulations. In addition, an OTP will operate in accordance with all approved accreditation elements; including the OBNDD, DEA and SAMHSA.

(b) OTPs will produce evidence of a current and valid certification from SAMHSA to be considered qualified to dispense opioid medications in the treatment of significant opioid use disorders and dependence. Prior to beginning the delivery of medication-assisted opioid recovery services, an OTP must apply for and receive a permit for temporary operations from ODMHSAS.

(c) An OTP must produce evidence that the program has been determined under the Controlled Substances Act to be qualified and registered to dispense opioid agonist treatment medications to individuals for treatment of significant opioid use disorders and opioid dependence.

(d) In order to retain ODMHSAS certification an OTP shall produce within twelve (12) months of opening, a current, valid accreditation by an accreditation body or other entity designated by SAMHSA such as CARF, JC, or COA including a written description of the current accreditation status of the OTP and must comply with any additional conditions for certification established by SAMHSA.

(e) Compliance with 450:70-4-5 may be determined by:

- (1) A review of policies and procedures,
- (2) Current certifications, accreditations, registrations, and licenses, and
- (3) Other facility documentation.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 26 Ok Reg 1303, eff 7-1-09 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-4-5.1. Organizational - Staffing

(a) An OTP shall have an accurate and current description of organizational structure including;

- (1) The names and contact information of all persons responsible for the OTP.
- (2) The current addresses of the OTP and of each additional facility, medication unit or additional site under the control of the OTP providing opioid agonist treatment services, and
- (3) The sources of any funding other than fees from persons served for the OTP including the name and address of any governmental entity that provides such funding.

(b) Each OTP shall formally designate a program sponsor and medical director.

- (1) The program sponsor shall agree in writing on behalf of the OTP to adhere to all requirements set forth in this chapter and

any regulations regarding the use of opioid agonist or partial agonist treatment medications in the treatment of significant opioid use disorders which may be promulgated in the future.

(2) The medical director shall agree in writing to assume responsibility for administration of all medical services performed by the OTP. In addition, the medical director shall be responsible for ensuring that the OTP is in compliance with all applicable Federal, State, and local laws and regulations.

(c) Compliance with 450:70-4-5.1 may be determined by:

- (1) A review of policies and procedures, and
- (2) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-4-5.2. Organizational - Structure and documentation [REVOKED]

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Revoked at 40 Ok Reg 1079, eff 9-15-23]

450:70-4-5.3. Organizational - Notification of ODMHSAS

(a) An OTP shall notify the SOTA within one (1) work day of any vacancy or replacement or other change in the status of the program sponsor or medical director.

(b) An OTP, medication unit, or any part thereof including any related facility or individual shall allow inspections and surveys by duly authorized employees of ODMHSAS, SAMHSA, the accreditation body providing national accreditation, the DEA, and by authorized employees of any other relevant State or Federal governmental authority.

(c) OTPs shall notify the SOTA of plans to either close, or relocate the program not less than thirty (30) days prior to said closure, or relocation. Relocation shall be contingent upon ODMHSAS certification of any new treatment location.

(d) Each OTP must notify the SOTA in writing of clinic closure due to holidays, training prior to the date, and as soon after the event as possible in the case of emergencies.

(e) Compliance with 450:70-4-5.3 may be determined by:

- (1) A review of policies and procedures,
- (2) Interviews with staff, and
- (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13]

450:70-4-5.4. Organizational - Fee structure and exceptions

(a) The OTP shall have written policy and procedure establishing a standard fee for persons served receiving methadone as part of a medication assisted treatment program that shall be inclusive of all regular and normal, clinical, administrative and medical services and procedures and be no more than \$65.00 per week, unless an exception is approved by ODMHSAS .

- (b) Unless otherwise specified in this chapter, requirements, and exceptions, for each type of opioid treatment services shall apply, as required by 42 CFR, Chapter 1, Part 8.
- (c) The fee for persons served receiving buprenorphine as part of a medication assisted treatment program shall be set by the OTP medical director.
- (d) Compliance with 450:70-4-5.4 may be determined by:
 - (1) A review of policies and procedures,
 - (2) Interviews with staff, and
 - (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 35 Ok Reg 1866, eff 10-1-18 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-4-5.5. Organizational - Cooperative agreements

- (a) Each OTP shall have written policy and procedure stating that programs in the same geographical area shall develop policy and procedure designed to work together to maximize hours of operation and treatment accessibility.
- (b) Compliance with 450:70-4-5.5 may be determined by:
 - (1) A review of policies and procedures,
 - (2) Interviews with staff, and
 - (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13]

450:70-4-5.6. Organizational - Consultation

- (a) The OTP shall have available specialized professional consultation or professional supervision.
- (b) Compliance with 450:70-4-6 may be determined by:
 - (1) A review of policies and procedures,
 - (2) Interviews with staff, and
 - (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13]

450:70-4-6. New program approval

- (a) Determination of the need for new services shall be at the sole discretion of ODMHSAS as the designated state authority responsible for medication assisted opioid recovery services through information provided by the proposed new agency including:
 - (1) Copies of all planned promotional materials, advertisements, and marketing strategies to publicize the proposed program;
 - (2) Policies and procedures that will be used to identify if a person served is enrolled in another clinic;
 - (3) The source and adequacy of financial assets necessary to operate the program;
 - (4) If applicable, the compliance history of the applicant, including any issues reported to ODMHSAS by SAMHSA, DEA or any other regulatory agency;

- (5) Adequate planning and organizational structure demonstrated by full and complete answers submitted to all questions in the application materials;
 - (6) A written statement that the applicant has read, understood and agreed to follow all federal and state regulations concerning operation of an OTP signed by the program sponsor and the medical director;
 - (7) Documentation of the need for new services in the area as demonstrated by providing ODMHSAS with waiting lists, numbers of opioid related emergency room visits, opioid related arrest data, and federal drug use forecasting data;
 - (8) Demonstration of the general community acceptance by providing ODMHSAS with copies of letters of support from local authorities and local residents living near the site;
 - (9) Additional information and documentation for medication units in accordance with SAMHSA guidelines and as requested by ODMHSAS, if applicable; and
 - (10) Written documentation that ODMHSAS has received and accepted all the requirements listed above.
- (b) Compliance with 450:70-4-7 may be determined by:
- (1) A review of policies and procedures,
 - (2) On-site verification of hours posted,
 - (3) Interviews with staff, and
 - (4) Other facility documentation.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 39 Ok Reg 2017, eff 9-15-22 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-4-7. Operations - Hours

- (a) The OTP shall have policy and procedure to define operations for a minimum of forty (40) hours per week, (excluding holidays and emergency closure) in outpatient settings and twenty-four (24) hours per day in inpatient and residential program settings.
- (b) The OTP shall have written policy and procedure for medication dispensing available at least six (6) days per week in outpatient settings; and seven (7) days per week in inpatient and residential settings with approval from SAMHSA.
- (c) The facility shall be publicly accessible and accommodate office space, individual and group therapy/rehabilitation service space, secure record storage, and protect consumer confidentiality.
- (d) Hours of operation shall be during regularly scheduled times in which services are accessible to consumers and the general public, including those employed between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday. To accomplish this, the OTP shall have written policy and procedure providing at least two (2) hours per day either prior to 9:00 a.m. or after 5:00 p.m. for dispensing medication and therapy/rehabilitation services.
- (e) For facilities that do not provide twenty-four (24) hour services, the facility's hours of operation shall be conspicuously displayed on the outside of the building. For facilities in multi-office buildings, the hours shall be posted either on the building directory or the facility's office

door.

(f) Clinical services shall be organized with scheduled treatment sessions that accommodate schedules of persons served who are employed and parenting, and offer treatment services during the day, evening, or weekends.

(g) Compliance with 450:70-4-7 may be determined by:

- (1) A review of policies and procedures,
- (2) Personnel records,
- (3) On-site verification,
- (4) Interviews with staff, and
- (5) Other facility documentation.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 26 Ok Reg 1303, eff 7-1-09 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 36 Ok Reg 1164, eff 11-1-19 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-4-7.1. Operations - Medication security

(a) The OTP shall develop written policy and procedures to maintain security over all stocks of medication, the manner in which it is received, stored and distributed consistent with the regulations of the DEA, state and federal law.

(b) OTPs must maintain written policies and procedures adequate to identify the theft or diversion of take-home medications to the illicit market, including labeling containers with the OTP's name, address, and telephone number. Programs also must ensure that take-home supplies are packaged in a manner that is designed to reduce the risk of accidental ingestion, including child-resistant containers.

(c) An OTP must maintain a written, active "Diversion Control Plan" or "DCP" as part of its quality assurance program that contains specific measures to reduce the possibility of diversion of controlled substances from legitimate treatment use and that assigns specific responsibility to the medical and administrative staff of the OTP for carrying out the diversion control measures and functions described in the DCP. The DCP shall include:

- (1) Written policy and procedure stating a requirement that treatment and administrative activities be continuously monitored to reduce the risk of diversion,
- (2) Written policy and procedure for stopping identified diversion and for preventing future diversion, and
- (3) Written policies and procedures for how staff members who diverts medication are held accountable for the medication diversion.

(d) Compliance with 450:70-4-7.1 may be determined by:

- (1) A review of policies and procedures,
- (2) Personnel records,
- (3) On-site verification,
- (4) Interviews with staff, and
- (5) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13]

450:70-4-7.2. Operations - Dual enrollments

(a) The OTP shall have written policy and procedure stating FDA-approved medications shall not be provided to a person served who is known to be currently receiving medications from another OTP. Persons Served who are known to be enrolled in more than one OTP at a time shall be required to choose one OTP for treatment. The person served must also be reported to the SOTA.

(b) Compliance with 450:70-4-7.2 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records,
- (3) Interviews with staff, and
- (4) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-4-7.3. Operations - Dosing considerations

- (a) The OTP shall have written policy and procedure stating that methadone shall be dispensed orally and in liquid form only. Non-oral forms and tablet form methadone are prohibited from use. Tablet and sublingual forms of buprenorphine are allowed.
- (b) Each OTP shall develop written policies and procedures giving preference to the use of liquid and diskette forms of methadone. Diskettes shall be dissolved in liquid prior to being dispensed, or dissolved in liquid by the patient in full and clear view of OTP staff.
- (c) OTPs shall have written policies and procedures adequate to ensure that each opioid agonist and partial agonist treatment medication used by the program is administered and dispensed in accordance with its approved product labeling.
- (d) Written policy and procedure shall reflect that dosing and administration decisions shall be made by a program physician familiar with the most up-to-date product labeling. These procedures must ensure that any significant deviations from the approved labeling, including deviations with regard to dose, frequency, or the conditions of use described in the approved labeling, are specifically documented in the clinical record.
- (e) The OTP shall have written policy and procedure stating the OTP shall use only those opioid agonist treatment medications that are approved by the Food and Drug Administration for use in the treatment of significant opioid use disorders and opioid dependence.
- (f) The OTP shall be fully compliant with the protocol of any investigational use of a drug and other conditions set forth in the application may administer a drug that has been authorized under an investigational new drug application through all applicable Federal law for investigational use in the treatment of significant opioid use disorders and opioid dependence.
- (g) Compliance with 450:70-4-7.3 may be determined by:
 - (1) A review of policies and procedures,
 - (2) Treatment records,
 - (3) Interviews with staff, and
 - (4) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-4-7.4. Operations - Emergencies and exception for weekend dosing

- (a) The OTP shall maintain written policy and procedures for handling medical emergencies; and an emergency medical number shall be posted for use by staff.
- (b) Crisis intervention and therapy/rehabilitation services shall be available when indicated.
- (c) If the OTP is closed on Sunday or for holidays, there shall be written policy and procedure describing the process for providing services to and dosing for those persons served who are not assessed as appropriate to receive a single take home dose. The medical director shall be

responsible for determining whether a person served can safely be dispensed medications for unsupervised use. The basis for the decision shall be, at a minimum, the nine criteria listed in 450:70-4-8 (g), (1) through (9).

(d) Compliance with 450:70-4-7.4 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records,
- (3) Interviews with staff, and
- (4) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 36 Ok Reg 1164, eff 11-1-19 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-4-8. Drug testing

(a) Each OTP shall have written policy and procedure ensuring that an initial drug test is performed for each new person served, including permanent transfers, before the initial or maintenance dose is administered. All drug testing shall be in accordance with all state and federal law and current drug screen standards. Unless federal opioid treatment standards at 42 CFR § 8.12 state otherwise, OTPs must provide drug tests that have received FDA marketing authorization for commonly used and misused substances that may impact safety, recovery, or otherwise complicate treatment. A minimum of eight (8) random drug tests shall be performed each year for each person served, with the exception of persons served with extenuating circumstances which are documented in the clinical record.

(b) Each OTP shall conduct drug testing in accordance with the following:

(1) When a sample is collected from each person served for such test or analysis, it must be done in a manner to produce timely and reliable results.

(2) The OTP must have and follow written procedures for the screening of test samples for all drugs. The procedures shall describe in sufficient detail a plan for collection, storage, handling and analysis of test samples. The procedures shall further describe the program's response to test results that include at least the following:

(A) training for staff members of the importance and relevance of reliable and timely drug abuse test

procedures and reports, the purpose of conducting drug tests, and the clinical significance of the results;

(B) A protocol for collection of test samples that minimizes the opportunity for falsification and incorporates the element of randomness;

(C) A protocol for storage of test samples in a secure place to ensure chain of custody and avoid substitution;

(D) A requirement for disclosure of test sample results to the person served and documentation in the clinical record of the response to the test results of the program and person served;

- (E) Policy and procedure designed to reduce the negative and/or stigmatizing aspects of drug test collection;
 - (F) Policy stating that if a person served refuses to provide a test sample, upon request from a staff member, such refusal shall be considered the same as a positive result for illicit drugs. Such refusals shall be documented in the clinical record; and
 - (G) There shall be no "grace period" allowed. Persons served from which a UA is requested must submit a sample at that time or it will be considered a refusal.
- (c) Compliance with 450:70-4-7.8 may be determined by:
- (1) A review of policies and procedures,
 - (2) Treatment records,
 - (3) Staff training records,
 - (4) Interviews with staff, and
 - (5) Other facility documentation.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-4-8.1. Drug testing -Withdrawal Management [REVOKED]

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Revoked at 40 Ok Reg 1079, eff 9-15-23]

450:70-4-8.2. Drug testing - Required substance identification

- (a) The OTP shall have written policy and procedure stating drug screens will follow federal guidelines and will, at a minimum, test for the following substances;
- (1) Opioids;
 - (2) Methadone;
 - (3) Amphetamines;
 - (4) Cocaine;
 - (5) Benzodiazepines; and
 - (6) Barbiturates.
- (b) The OTP shall have written policy and procedure stating drug testing shall include other drugs as may be indicated by the abuse patterns of the person served. In addition, if any other drug or drugs have been determined by a program to be abused in that program's locality, or as otherwise indicated, each test or analysis must include any such drugs.
- (c) The OTP shall have written policy and procedure stating that following admission, the results of a single drug test shall not be the sole basis to determine significant treatment decisions.
- (d) Compliance with 450:70-4-8.2 may be determined by:
- (1) A review of policies and procedures,
 - (2) Treatment records,
 - (3) Interviews with staff, and
 - (4) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 38 Ok Reg 1405, eff 9-15-21 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-4-8.3. Take-home doses, general criteria

(a) The OTP shall have written policy and procedure stating that unsupervised take-home use shall be determined by the medical director. In determining which persons served may be permitted unsupervised take-home use, the medical director shall consider the following criteria in determining whether a person served is responsible in handling opioid medications. The same criteria shall be considered when receiving a person served from a transferring program verifying the amount of time the person served has spent satisfactorily adhering to the criteria found below. This information will be used to determine if the person served shall be allowed to continue the same frequency of clinic attendance permitted at the former program immediately before transferring to the new program. Criteria include but are not limited to:

- (1) Absence of recent unapproved use of drugs (opioid or non-narcotic), including alcohol;
- (2) Regular clinic attendance;
- (3) Absence of serious behavioral problems at the clinic;
- (4) Absence of known recent criminal activity, e.g., drug dealing;
- (5) Stability of the home environment and social relationships of the person served;
- (6) Length of time in comprehensive maintenance treatment;
- (7) Assurance that take-home medication can be safely stored within the home of the person served;
- (8) Whether the rehabilitative benefit the person served derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion; and
- (9) The current phase in treatment of the person served.

(b) Such determinations and the basis for such determinations consistent with the criteria above shall be documented in the clinical record.

(c) The medical director, using reasonable judgment, may deny or rescind the take-home medication privileges of a person served.

(d) No unsupervised or take-home doses shall be dispensed to persons served in short-term withdrawal management or interim maintenance treatment.

(e) Compliance with 450:70-4-8.3 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records,
- (3) Interviews with staff,
- (4) Incident reports, and
- (5) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-4-8.4. Take-home doses, general requirements

(a) The OTP shall have written policy and procedure describing practices in accordance with the principle that take-home doses of methadone and buprenorphine are a privilege given only to those persons served who will benefit from them and who have demonstrated responsibility in taking methadone or buprenorphine as prescribed including:

- (1) Programs must educate the person served regarding safe transportation and storage of methadone, as well as emergency procedures in case of accidental ingestion.
- (2) Before take-home privileges are allowed, the person served must have a lock box for transportation of methadone and home storage.
- (3) The program shall address the responsibilities of persons served granted take-home medications. The policies shall include methods of assuring appropriate use and storage of medication by persons served.
- (4) The program shall address the disposal of take-home bottles for methadone to include;
 - (A) Requiring take-home bottles to be returned to the OTP and to require labels to be intact and the consequences for not returning bottles described.
 - (B) Allowing disposal of take-home bottles to include procedures to insure the ability of the OTP to check for diversion by requiring persons served to submit used take-home bottles in "call backs."

(b) Compliance with 450:70-4-8.4 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 40 Ok Reg 1079, eff 9-15-23]

450:70-4-8.5. Take-home doses, limits

(a) With the exception of FDA-approved buprenorphine and buprenorphine combination products for opioid use disorder, take-home doses shall be limited, in accordance with 42 CFR § 8.12. Unless requirements at 42 CFR § 8.12 state otherwise, take-home doses shall be limited as follows:

- (1) Any person served in comprehensive treatment may receive their individualized take-home doses as ordered for days the OTP is closed for business, including one weekend day and State and Federal holidays, regardless of length of time in treatment.
- (2) During the first fourteen (14) days of treatment, the take-home supply (beyond that of (1) in this subsection) is limited to seven (7) days.
- (3) Beginning at fifteen (15) days of treatment, the take-home supply (beyond that of (1) in this subsection) is limited to fourteen (14) days.
- (4) Beginning at thirty-one (31) days of treatment, the take-home supply (beyond that of (1) in this subsection) is limited to twenty-eight (28) days.

(b) Compliance with 450:70-4-8.5 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 40 Ok Reg 1079, eff 9-15-23]

450:70-4-9. Information analysis and planning [REVOKED]

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Revoked at 38 Ok Reg 1405, eff 9-15-21]

450:70-4-10. Performance improvement program [REVOKED]

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Revoked at 38 Ok Reg 1405, eff 9-15-21]

450:70-4-11. Critical incidents [REVOKED]

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Revoked at 38 Ok Reg 1405, eff 9-15-21]

450:70-4-12. Community information, consultation, outreach, and street outreach [REVOKED]

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Revoked at 39 Ok Reg 2017, eff 9-15-22]

SUBCHAPTER 5. CONSUMER RIGHTS

450:70-5-1. Consumer rights

(a) All OTPs shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

(b) Compliance with 70-5-2 may be determined by a review of the following:

- (1) Policy and Procedures,
- (2) Review of treatment records, and
- (3) Any other supporting facility documentation.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13]

450:70-5-2. Consumer's grievance policy

(a) Each treatment facility shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

(b) Compliance with 70-5-2 may be determined by a review of the following:

- (1) Policy and Procedures,
- (2) Review of treatment records, and
- (3) Any other supporting facility documentation.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13]

450:70-5-3. ODMHSAS advocate general

(a) The ODMHSAS Advocate General, in any investigation regarding consumer rights, shall have access to consumers, facility records and facility staff as set forth in Title 450, Chapter 15.

(b) Compliance with 70-5-3 may be determined by a review of the following:

- (1) Policy and Procedures,
- (2) Review of all facility records, and
- (3) Investigations, site visits, treatment protocols, clinical records, clinical service manuals and certification reviews.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

SUBCHAPTER 6. SUBSTANCE USE DISORDER TREATMENT SERVICES

PART 1. CASE MANAGEMENT

450:70-6-1. Case management services

(a) Case management services shall be provided in accordance with Chapter 50 of this Title and shall include planned referral, linkage, monitoring and support, and advocacy assistance provided in partnership with a person served to support that individual in self-sufficiency and community tenure. Activities include:

- (1) Completion of strengths based assessment for the purpose of individual plan of care development;
- (2) Development of case management care plan which can be reflected as a part of the comprehensive service plan;
- (3) Referral, linkage and advocacy to assist with gaining access to appropriate community resources;
- (4) Contacts with other individuals and organizations that influence the recipient's relationship with the community, i.e., family members, law enforcement personnel, landlords, etc.;
- (5) Monitoring and support related to the individual plan of care to reassess goals and objectives and assess progress and or barriers to progress;
- (6) Follow-up contact with the persons served regarding missed appointments (including physician/medication, therapy, rehabilitation, or other supportive service appointments as delineated on the service plan); and
- (7) Crisis diversion (unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community) to prevent progression to a higher level of care.

(b) Individuals providing case management services shall be an LBHP, Licensure Candidate, CADC or certified as a behavioral health case manager pursuant to Chapter 50 of this Title.

(c) Compliance with this Section may be determined by a review of clinical records, policy and procedures, and facility personnel records.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

**450:70-6-2. Case management services, locale and frequency
[REVOKED]**

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Revoked at 30 Ok Reg 1425, eff 7-1-13]

**450:70-6-3. Case management services, staff credentials
[REVOKED]**

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Revoked at 30 Ok Reg 1425, eff 7-1-13]

PART 2. LEVELS OF TREATMENT

450:70-6-4. Levels of Care

(a) OTPs shall document the provision of the following levels of care in policy and procedure, with the exception of medication units, unless that level of service is provided. All facilities shall include the requirements found in Facility Record System. All OTPs certified by ODMHSAS providing any of the following levels of care shall also provide short and long term withdrawal treatment services.

(b) Compliance with 70-6-4 may be determined by a review of the following:

- (1) Policy and Procedures,
- (2) Review of treatment records, and
- (3) Any other supporting facility documentation.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17]

450:70-6-5. Withdrawal Management

(a) Any OTP providing medication assisted recovery services shall provide both short- and long-term withdrawal management as defined in 450:70-6-7 and 450:70-6-8.

(b) The OTP shall have written policy and procedure defining the protocols developed, implemented, and complied with for withdrawal management. Protocols shall:

- (1) Promote successful withdrawal management;
- (2) Require that dose reduction occur at a rate well tolerated by the person served;
- (3) Require that a variety of ancillary services, such as mutual support groups, be available to the person served through the agency or through referral;
- (4) Require that the amount of therapy/rehabilitation services available to the person served be increased prior to discharge;

and

(5) Require that a person served be re-admitted to the agency or referred to another agency at the first indication of relapse unless it is an administrative withdrawal process.

(6) There is no minimum time in treatment requirement for persons served receiving buprenorphine when granting take-home privileges.

(c) Compliance with 450:70-6-5 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records,
- (3) Interviews with staff, and
- (4) Other facility documentation.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 36 Ok Reg 1164, eff 11-1-19 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-5.1. Withdrawal management - Maintenance to withdrawal management

(a) The OTP shall have written policy and procedure stating persons served involved in maintenance management will enter withdrawal treatment:

- (1) Only when initiated as administrative withdrawal or when requested by the person served and approved by the OTP medical director; and
- (2) When planned and supervised by the medical director or a program physician.

(b) The OTP shall have written policy and procedure stating that before a person served begins managed withdrawal, the person served must be:

- (1) Informed by the agency medical director, a program physician or a staff member that:
 - (A) The person served has the right to leave opioid treatment at any time,
 - (B) The risks of managed withdrawal and
 - (C) Signs and symptoms of relapse.
- (2) The person served will receive a schedule for medical withdrawal management developed by the medical director or a program physician with input from the person served.

(c) Compliance with 70-6-5.1 may be determined by a review of the following:

- (1) Policy and Procedures,
- (2) Review of treatment records, and
- (3) Any other supporting facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-5.2. Withdrawal management- Reentering maintenance treatment

(a) The OTP shall have written policy and procedure stating that if a person served who is receiving managed withdrawal for reasons other

than administrative withdrawal, appears to a staff member to relapse, the person served is permitted to reenter maintenance treatment services, if otherwise eligible;

(b) The OTP shall have written policy and procedure stating that if a person served who has completed managed withdrawal services within the past thirty (30) days appears to a staff member to relapse, the person served may be re-admitted to treatment without physical examination or assessment unless requested by the medical director.

(c) The OTP shall ensure there shall be periodic consideration given to withdrawing from continued opioid treatment services, when appropriate to the progress and goals of the person served.

(1) Consideration for withdrawal from continued medication assisted opioid recovery services shall be discussed at least once annually with the person served.

(2) Such consideration and decisions shall be determined by the person served, medical director, and the program staff as part of an individualized treatment planning process and treatment progress.

(d) Compliance with 70-5-2 may be determined by a review of the following:

(1) Policy and Procedures,

(2) Review of treatment records, and

(3) Any other supporting facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-6. Administrative withdrawal

(a) The OTP shall have written policy and procedure stating an infraction of program rules by a person served may result in administrative medical withdrawal from methadone or buprenorphine and termination from treatment services. All persons served will be notified of this policy. The program shall develop specific program requirements to address noncompliance with program rules resulting in termination. The violation or noncompliance with rules shall be limited to;

(1) Threats of violence or actual bodily harm to staff or another person served, including abusive language or behavior;

(2) Disruptive behavior, loitering;

(3) Diversion of methadone, selling, distributing, using, or otherwise "dealing" in any illicit drug or chemical, including positive urine tests for non-prescribed medications and drugs;

(4) Continued unexcused absences from therapy/rehabilitation services and other support services;

(5) Involvement in criminal activities;

(6) Any other serious rule violations; and

(7) Non-payment of fees.

(b) The OTP shall ensure administrative medical withdrawal shall be scheduled in such a way as to minimize the psychological and physical effects of such withdrawal.

(1) Administrative medical withdrawal shall be completed in a manner appropriate to the client's level of medication and the

- circumstances justifying such action;
 - (2) Programs may facilitate a transfer to another program or referral to a medical facility in lieu of administrative medical withdrawal; and
 - (3) Administrative withdrawal resulting from non-payment of fees cannot be accomplished in less than fifteen (15) days.
- (c) The OTP shall have written policy and procedure stating a person served experiencing administrative withdrawal shall be referred or transferred to an agency that is capable of, or more suitable for, meeting the needs of the person served. The referral or transfer is documented in the clinical record and the following information is documented in the clinical record:
- (1) The reason that the person served sought medical withdrawal or was placed on administrative withdrawal; and
 - (2) The information and assistance provided to the person served in managed withdrawal, medical withdrawal or administrative withdrawal.
- (d) Compliance with 450:70-6-6 may be determined by:
- (1) A review of policies and procedures,
 - (3) Treatment records,
 - (4) Critical incident reports,
 - (5) Interviews with staff, and
 - (6) Other facility documentation.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 36 Ok Reg 1164, eff 11-1-19 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-7. Short-term managed withdrawal

- (a) The OTP shall have written policy and procedure regarding short-term managed withdrawal treatment services.
- (b) There shall be written policy stating a person served may be admitted to short-term managed withdrawal regardless of age. Persons served under the age of eighteen (18) may be admitted with written parent or guardian approval.
- (c) The program physician shall document in the clinical record the reason for admitting the person served to short-term managed withdrawal.
- (d) Take-home medication is not allowed during short-term managed withdrawal.
- (e) A history of one year or more opioid dependence and an attempt at another form of treatment is not required for admission to short-term managed withdrawal.
- (f) No test or analysis is required except for the initial drug screening test, and a tuberculin skin test.
- (g) The initial treatment plan and periodic treatment plan evaluation required for persons served in comprehensive maintenance are required for persons served in short-term managed withdrawal.
- (h) A primary LBHP, Licensure Candidate or CADC must be assigned by the program to monitor progress toward the goal of short-term withdrawal management and possible drug-free treatment referral.

- (i) Methadone is required to be administered daily by the OTP in reducing doses to reach a drug-free state over a period not to exceed thirty (30) days. Buprenorphine shall be administered as determined by the OTP medical director.
- (j) All other requirements of comprehensive maintenance treatment apply.
- (k) Compliance with 450:70-6-7 may be determined by:
 - (1) A review of policies and procedures,
 - (2) Treatment records,
 - (3) Interviews with staff, and
 - (4) Other facility documentation.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 26 Ok Reg 1303, eff 7-1-09 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 36 Ok Reg 1164, eff 11-1-19 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-8. Long-term managed withdrawal

- (a) There shall be written policy stating a person served may be admitted to long-term managed withdrawal regardless of age. Written approval from a parent or guardian for a person served under the age of eighteen (18) shall be obtained if required by law. If a minor is eligible to self-consent to treatment pursuant to state law, written approval from a parent or guardian is not required.
- (b) Methadone is required to be administered daily in reducing doses to reach a drug-free state over a period not to exceed one hundred and eighty (180) days. Buprenorphine shall be administered as determined by the OTP medical director.
- (c) The person served is required to be under observation while ingesting the drug at least six (6) days a week. This is not required for buprenorphine.
- (d) Initial and random monthly drug screening tests must be performed on each person served.
- (e) Initial service plans and monthly service plan reviews are required.
- (f) All other requirements of comprehensive maintenance treatment apply.
- (g) A history of one year of opioid dependence and an attempt at another form of treatment is not required for admission to long-term withdrawal management.
- (h) Compliance with 450:70-6-8 may be determined by:
 - (1) A review of policies and procedures,
 - (2) Treatment records,
 - (3) Interviews with staff, and
 - (4) Other facility documentation.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 26 Ok Reg 1303, eff 7-1-09 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-9. Interim maintenance treatment services

- (a) The OTP shall have documentation before providing interim maintenance treatment services indicating the written approval of both

SAMHSA and ODMHSAS.

(b) The OTP shall have written policy and procedure stating the program sponsor may place an individual who is eligible for admission to comprehensive maintenance services in interim maintenance services if the individual cannot be placed in comprehensive maintenance treatment services within a reasonable geographic distance and within fourteen (14) days of application for admission to comprehensive maintenance treatment services.

(c) The OTP shall identify the maximum length of stay in interim opioid services is one hundred and eighty (180) days.

(d) The OTP shall provide a minimum of two (2) drug screens to persons served in interim maintenance during the one hundred and eighty (180) days of interim services.

(e) The OTP shall have written policies and procedures outlining all criteria for transfer from interim maintenance to comprehensive maintenance services. These transfer criteria shall be in writing and shall include, at a minimum, a preference for pregnant women in admitting persons served to interim maintenance and in transferring persons served from interim maintenance to comprehensive maintenance treatment.

(f) The OTP shall have policy and procedure ensuring interim maintenance services shall be provided in a manner consistent with all applicable Federal and State laws and regulations.

(g) The interim maintenance services program shall meet and/or possess all applicable Federal and State certifications, licensures, laws and regulations.

(h) The OTP shall have written policy and procedure stating all rules and requirements for comprehensive maintenance services apply to interim maintenance services with the exception of:

(1) Opioid agonist medication is required to be administered daily and under observation. Unsupervised or take home dosing is not allowed.

(2) A primary LBHP, Licensure Candidate or CADC does not need to be assigned.

(3) Interim maintenance is limited to one hundred and eighty (80) days in any twelve (12) month period.

(4) By day one hundred and twenty (120), a plan for continuing treatment beyond one hundred and eighty (180) days shall be developed and documented in the clinical record.

(5) Educational, rehabilitative and therapy services are not required. However, information pertaining to locally available, community-based resources for ancillary services shall be made available to persons served in interim maintenance.

(5) An initial treatment plan and periodic updates are not required.

(i) Compliance with 450:70-6-9 may be determined by:

(1) A review of policies and procedures,

(2) Treatment records,

(3) Interviews with staff, and

(4) Other facility documentation

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 36 Ok Reg 1164, eff 11-1-19 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-10. Medication units

- (a) Before providing medication assisted opioid use disorder services through a stand-alone medication unit, the program must receive the written approval of both SAMHSA and ODMHSAS, and ODMHSAS certification, OBNDD approval, and national accreditation.
- (b) Certification as an OTP will not be required for the maintenance or managed withdrawal of a person served who is admitted to a hospital or long term care facility for the treatment for medical conditions other than opioid addiction and who requires maintenance or withdrawal management during the stay in the hospital or long term care facility.
- (c) Medication units shall be in compliance with the following:
 - (1) Currently licensed by the DEA; and approved by SAMHSA.
 - (2) Written policy and procedure stating the medical director shall make all recommendations for medication dosages according to best medical practice guidelines and all applicable rules contained in this chapter.
 - (3) Written policy and procedure stating all female consumers shall have a pregnancy test on admission and at least annually thereafter, unless otherwise indicated.
 - (4) Written policy and procedure to address the provision of all services in compliance with Federal Drug Administration Guidelines for opioid treatment programs in accordance with 42 CFR, Part 8.
- (d) Compliance with 450:70-6-10 may be determined by:
 - (1) A review of policies and procedures,
 - (2) Certifications and licenses, and
 - (3) Other facility documentation.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 39 Ok Reg 2017, eff 9-15-22 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-10.1. Mobile medication units

- (a) Before providing medication assisted opioid used disorder services through a mobile medication unit, the program must provide notification to SAMHSA, ODMHSAS Provider Certification, OBNDD, and the program's national accreditation entity. The mobile medication unit must have an associated OTP physical location for purposes of ODMHSAS certification.
- (b) Mobile medication units shall have the following:
 - (1) Written policy and procedure stating the medical director shall make all recommendations for medication dosages according to best medical practice guidelines and all applicable rules contained in this Chapter.
 - (2) Written policy and procedure to address the provision of all services in compliance with Federal Drug Administration

Guidelines for opioid treatment programs in accordance with 42 CFR, Part 8.

(c) Mobile medication units may provide the following services, in accordance with applicable state and federal requirements and applicable rules contained in this Chapter:

- (1) Administering and dispensing medications for opioid use disorder treatment;
- (2) Collecting samples for drug testing or analysis;
- (3) Dispensing of take-home medications; and
- (4) Initiating methadone or buprenorphine after an appropriate medical assessment has been performed.

(d) Mobile medication units that provide appropriate privacy and adequate space may additionally provide the following services:

- (1) Intake/initial biopsychosocial and appropriate medical assessments (with a full physical examination to be conducted within fourteen [14] days of admission); and
- (2) Clinical services, such as therapy, provided in-person or when permissible through use of telehealth services.

(e) Any required assessment or treatment services not provided by the mobile medication unit must be provided by the OTP in accordance with all requirements in this Chapter.

(f) Compliance with 450:70-6-10.1 may be determined by:

- (1) A review of policies and procedures,
- (2) Certifications and licenses, and
- (3) Other facility documentation.

[Source: Added at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-11. Programs using opioid antagonist or long acting opioid agonist

(a) The OTP shall have written policy and procedure stating a certified substance abuse facility providing a program using an experimental opioid blockade or a long acting agonist or partial agonist in the treatment of an opioid use disorder shall have documentation of approval by the Federal Drug Administration; and comply with all other federal and state statutes and regulations governing such programs.

(b) The OTP shall have written policy and procedure stating the program shall provide at least two (2) hours of services per day before 8:00 A.M. or after 5:00 P.M. for dispensing and therapy/rehabilitation services.

(c) The OTP shall have written policy and procedure stating that unless otherwise indicated all relevant sections of this chapter apply.

(d) Compliance with 70-6-11 may be determined by:

- (1) A review of facility policy and procedures, and
- (2) Documentation of FDA approval.
- (3) Other facility documentation.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 36 Ok Reg 1164, eff 11-1-19]

450:70-6-12. HIV/STD/AIDS education, testing and counseling services

(a) Every OTP shall provide or refer for Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STD), and Acquired Immunodeficiency Syndrome (AIDS) education, testing, and counseling services for drug dependent persons in accordance with 43A O.S. § 3-425.1 and 42 CFR § 8.12. Every OTP shall:

- (1) Provide or refer for educational sessions regarding HIV/STD/AIDS to persons served and the significant other(s) of persons served;
- (2) Provide or refer all drug dependent persons, and their identified significant others, for HIV/STD/AIDS testing and counseling;
- (3) Provide counseling on preventing exposure to, and the transmission of, HIV, viral hepatitis, and STDs and either directly provide services and treatments or actively link to treatment each person admitted or readmitted to treatment who has received positive test results for these conditions from initial and/or periodic medical examinations;
- (4) Provide documentation of services described in (1) through (3) above, including refusal of these services; and
- (5) Maintain all test results in the confidential manner prescribed by applicable state or federal statutes or regulations.

(b) Compliance with 450:70-6-12 shall be determined by a review of written policies and procedures, clinical records, and other supporting facility records and documentation.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-13. Treatment Professional [REVOKED]

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Revoked at 30 Ok Reg 1425, eff 7-1-13]

450:70-6-14. Co-occurring Disorder Capability [REVOKED]

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Revoked at 30 Ok Reg 1425, eff 7-1-13]

PART 3. TREATMENT SERVICES

450:70-6-15. Clinical Services

(a) Each OTP shall use opioid agonists or partial agonists in conjunction with other treatment services including, but not limited to, individual, family and group therapy; case management; Individual Placement and Support services; peer recovery support services; and other services enhancing positive life style changes in the consumer.

(b) The OTP shall provide adequate and appropriate services to each person served as clinically necessary, including medical services, therapy/rehabilitation services, crisis intervention services, vocational/educational services, and other assessment and treatment services. These services must be available at the primary facility, except

where the program sponsor has entered into a formal, documented agreement with a private or public agency, organization, practitioner, or institution to provide these services to individuals enrolled in the OTP. The program sponsor, in any event, must be able to document that these services are fully and reasonably available to all persons served.

(c) Services shall be provided by appropriately credentialed staff in accordance with state requirements, including Chapter 50 and Chapter 53 of this Title. Therapy shall be provided by a program LBHP or Licensure Candidate. Rehabilitation services must be provided by a LBHP, Licensure Candidate, CADC or Certified Case Manager II. Case Management services must be provided by a LBHP, Licensure Candidate, CADC, or Certified Case Manager I or II. Peer recovery support services must be provided by a Certified Peer Recovery Support Specialist. Individual Placement and Support (IPS) services must be provided by a provider trained and credentialed in IPS.

(d) The OTP shall have written policy and procedure stating there will be referral to adequate and reasonably accessible community resources, vocational rehabilitation, education, and employment services for consumers who either request such services or who have been determined through the assessment process to be in need of such services.

(e) The OTP shall have written policy and procedure stating consumers shall attend clinical services as prescribed in the individualized service plan and this Chapter.

(f) Compliance with 450:70-6-15 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 39 Ok Reg 2017, eff 9-15-22 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-15.1. Dosing

(a) The OTP shall have written policy and procedure stating the medical director shall ensure the daily medication dosage of persons served shall conform with all State and Federal guidelines, best medical practice and this Chapter.

(b) Compliance with 450:70-6-15.1 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-15.2. Medical Director visits

(a) The OTP shall have written policy and procedure stating each person served accepted for treatment at an OTP shall be assessed no less than annually by the medical director or an appropriately trained program physician as part of a process to determine the most appropriate

combination of services and treatment.

(b) Compliance with 450:70-6-15.2 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-15.3. Service - Clinical services [REVOKED]

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 36 Ok Reg 1164, eff 11-1-19 ; Revoked at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-15.4. Termination of treatment

(a) The OTP shall have written policy and procedure stating if a person served misses appointments for two weeks or more without notifying the clinic, the episode of care is considered terminated and is to be so noted in the clinical record. An exception determination would be in circumstances where the person served can provide documented proof of exceptional circumstances. The documentation must be maintained in the clinical record. If the person served does return for care and is accepted into the program, the person served is considered a new person served and is to be so noted in the clinical record.

(b) Compliance with 450:70-6-15.4 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-16. Treatment for persons served who are pregnant

(a) The OTP shall have written policy and procedure stating the OTP address the special needs of persons served who are pregnant. Prenatal care for persons served who are pregnant must be provided either by the OTP or by referral to appropriate healthcare providers.

(b) An OTP shall ensure that policies and procedures are developed, implemented, and complied with for the treatment of persons served who are pregnant, to include:

- (1) Documentation that staff members are educated in the unique needs of persons served who are pregnant;
- (2) Priority for pregnant individuals seeking medication assisted opioid treatment medications for opioid use disorder;
- (3) Documentation of the reasons for a pregnant individual's denial of admission to an agency;
- (4) Availability of prenatal care for persons served who are pregnant either at the agency or through referral to a medical practitioner;
- (5) Written agreement(s) with a medical practitioner who is providing prenatal care to a person served who is pregnant, to

include procedures for exchanging medication assisted opioid treatment and prenatal care information regarding medications utilized for opioid use disorder and prenatal care;

(6) Education from agency staff to a person served who is pregnant who does not obtain prenatal care services for prenatal care;

(7) Procedures to obtain a written refusal of prenatal care services from a person served who is pregnant who refuses prenatal care services offered by the agency or a referral for prenatal care;

(8) Procedures to ensure a person served who is pregnant receiving comprehensive maintenance treatment before pregnancy shall be maintained at the pre-pregnancy dose of opioid agonist or partial agonist medication, if effective;

(9) Monitoring by an agency medical practitioner of a person served who is pregnant to determine if pregnancy induced changes in the elimination or metabolism of opioid agonist or partial agonist treatment medication may necessitate an increased or split dose; and

(10) Referral of a person served who is pregnant who is discharged from the agency to a medical practitioner and that a staff member document the name, address, and telephone number of the medical practitioner in the clinical record.

(c) Compliance with 70-6-11 may be determined by:

(1) A review of policies and procedures,

(2) Treatment records,

(3) Interviews with staff, and

(4) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-17. Service phases - Take home doses [REVOKED]

[Source: Added at 24 Ok Reg 2634, eff 7-12-07 ; Amended at 26 Ok Reg 1303, eff 7-1-09 ; Amended at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Revoked at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-17.1. Service phases - Take home doses, exceptions [REVOKED]

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Revoked at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-17.2. Service phases - General

(a) The OTP shall have written policy and procedure describing structured phases of treatment and rehabilitation to support progress of persons served and to establish requirements regarding attendance and service participation. The requirements listed below for each phase indicate minimum requirements and the frequency and extent of treatment and rehabilitation services may be increased, based on

individual patient need and unless otherwise indicated in this chapter. The OTP shall utilize ASAM criteria to determine the appropriate level of care during each phase of treatment.

(b) If an OTP is providing doses to a person served receiving residential level of care substance use disorder services, the required minimum services listed for each phase may be delivered by the residential level of care substance use disorder provider. The OTP shall document the provision of these services and the provider delivering such services in the service plan.

(c) Compliance with 450:70-6-17.2 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 38 Ok Reg 1405, eff 9-15-21 ; Amended at 39 Ok Reg 2017, eff 9-15-22 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-17.3. Service phases - Phase I

(a) Phase I consists of the first ninety (90) days of treatment. During Phase I, a minimum of four (4) treatment sessions per month shall be provided. Available services shall include, but not be limited to, therapy, rehabilitation, case management, Individual Placement and Support services, and peer recovery support services.

(b) Compliance with 450:70-6-17.3 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 36 Ok Reg 1164, eff 11-1-19 ; Amended at 39 Ok Reg 2017, eff 9-15-22 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-17.4. Service phases - Phase II

(a) Phase II consists of the second ninety (90) days of treatment. During Phase II, a minimum of two (2) treatment sessions per month shall be provided. Available services shall include, but not be limited to, therapy, rehabilitation, case management, Individual Placement and Support services, and peer recovery support services.

(b) Compliance with 450:70-6-17.4 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 36 Ok Reg 1164, eff 11-1-19 ; Amended at 39 Ok Reg 2017, eff 9-15-22 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-17.5. Service phases - Phase III

(a) Phase III consists of the third ninety (90) days of treatment. During Phase III, a minimum of one (1) treatment session per month shall be provided. Available services shall include, but not limited to, therapy,

rehabilitation, case management, Individual Placement and Support services, and peer recovery support services.

(b) Compliance with 450:70-6-17.5 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 36 Ok Reg 1164, eff 11-1-19 ; Amended at 39 Ok Reg 2017, eff 9-15-22 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-17.6. Service phases - Phase IV

(a) Phase IV consists of the last ninety (90) days of the first year of treatment. During Phase IV, a minimum of one (1) treatment session per month shall be provided. Available services shall include, but not limited to, therapy, rehabilitation, case management, Individual Placement and Support services, and peer recovery support services.

(b) Compliance with 450:70-6-17.6 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 36 Ok Reg 1164, eff 11-1-19 ; Amended at 39 Ok Reg 2017, eff 9-15-22 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-17.7. Service phases - Phase V

(a) Phase V begins after one (1) year of continuous treatment. During Phase V, a minimum of one (1) treatment session per month shall be provided. Available services shall include, but not be limited to, therapy, rehabilitation, case management, Individual Placement and Support services, and peer recovery support services.

(b) Compliance with 450:70-6-17.7 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 36 Ok Reg 1164, eff 11-1-19 ; Amended at 39 Ok Reg 2017, eff 9-15-22 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

450:70-6-17.8. Service phases - Phase VI

(a) Phase VI begins after two (2) years of continuous treatment.

(1) During Phase VI, the LBHP, Licensure Candidate or CADC determines the frequency of treatment sessions with input from the person served. At the onset of Phase VI, the person served may require an increased level of therapy or rehabilitation service and other support services.

(2) The LBHP or Licensure Candidate and person served develop a continuing care plan prior to the successful completion of treatment.

(b) Compliance with 450:70-6-17.8 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

[Source: Added at 30 Ok Reg 1425, eff 7-1-13 ; Amended at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 36 Ok Reg 1164, eff 11-1-19 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

PART 4. PEER RECOVERY SUPPORT SERVICES

450:70-6-18. Peer recovery support services

(a) Peer recovery support services are an optional service within certified Opioid Treatment Programs. Peer recovery support services may be offered to individuals sixteen (16) and older with substance use disorders, including co-occurring disorders.

(b) Peer recovery support services shall:

- (1) Be based on an individualized, recovery-focused service philosophy that allows individuals the opportunity to learn to manage their own recovery and advocacy process;
- (2) Recognize the unique value of services being provided by persons with lived experience who are able to demonstrate their own hopefulness and recovery; and
- (3) Enhance the development of natural supports, coping skills, and other skills necessary to function as independently as possible in the community, including, but not limited to assisting re-entry into the community after a hospitalization or other institutional settings.

(c) Peer Recovery Support Services shall be provided only by staff certified as a Peer Recovery Support Specialist (PRSS) in accordance with OAC 450:53.

(d) The facility shall retain records to verify compliance with training and certification requirements of each provider of this service.

(e) Facilities offering these services shall have provisions in place for direct supervision and other supports for staff providing this service.

(f) Facilities offering peer recovery support services shall have written policies and procedures specific to the provision of these services.

(g) Compliance with this Section shall be determined by a review of the following: clinical records, policy and procedures, and facility personnel records.

[Source: Added at 34 Ok Reg 1830, eff 10-1-17 ; Amended at 40 Ok Reg 1079, eff 9-15-23]

CHAPTER 75. STANDARDS AND CRITERIA FOR CERTIFIED PROBLEM GAMBLING TREATMENT COUNSELORS

[Source: Codified 9-15-22]

SUBCHAPTER 1. GENERAL PROVISIONS

450:75-1-1. Purpose

This Chapter implements 43A O.S. § 3-322a, which authorizes the Board of Mental Health and Substance Abuse Services, or the Commissioner upon delegation by the Board, to certify Problem Gambling Treatment Counselors. Section 3-322a requires the Board to promulgate rules and standards for certification of Problem Gambling Treatment Counselors addressing criteria for certification and renewal, including minimum education requirements, examination and supervision requirements, continuing education requirements, and rules of professional conduct.

[Source: Added at 39 Ok Reg 189, eff 10-25-21 (emergency); Added at 39 Ok Reg 2026, eff 9-15-22]

450:75-1-2. Definitions

The following words or terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Assessment" means those procedures by which a Problem Gambling Treatment Counselor provides an on-going evaluation process with the consumer to collect his or her historical information, and identify strengths, needs, abilities, and preferences in order to determine a plan for recovery.

"Board" means the State Board of Mental Health and Substance Abuse Services.

"Case management services" means planned referral, linkage, monitoring and support, and advocacy provided in partnership with a consumer to support the consumer in self-sufficiency and community tenure. Services take place in the individual's home, in the community, or in a facility, in accordance with the service plan developed with and approved by the consumer and qualified staff.

"Certified Problem Gambling Treatment Counselor" means an individual who is certified by the Oklahoma Department of Mental Health and Substance Abuse Services to offer problem gambling treatment services as an employee of a mental health facility or a drug or alcohol treatment facility that is operated by the Department or contracts with the State to provide behavioral health services, a tribe or tribal facility that provides behavioral health services, or an Oklahoma Department of Veterans Affairs or a United States Department of Veterans Affairs facility.

"Consumer" means an individual, adult, adolescent, or child who has applied for, is receiving or has received evaluation or treatment services from a facility operated or certified by ODMHSAS or with which

ODMHSAS contracts and includes all persons referred to in OAC Title 450 as client(s) or patient(s) or resident(s) or a combination thereof.

"Contact" means any encounter with a consumer who is inquiring about or seeking services.

"Department" or **"ODMHSAS"** means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Discharge planning" means the process, begun at admission, of determining a consumer's continued need for treatment services and of developing a plan to address ongoing consumer post-treatment and recovery needs.

"DSM" means the most current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

"Family therapy" means a method of using various commonly accepted treatment approaches provided face-to-face by a treatment professional with the consumer's family, guardian, and/or support system to promote positive emotional or behavioral change.

"Group therapy" means a method of using various commonly accepted treatment approaches provided face-to-face by a treatment professional with two (2) or more consumers that does not consist of solely related individuals, to promote positive emotional or behavioral change. Services rendered in this setting should be guided by the consumer's treatment goals and objectives, and does not include social or daily skill development as described in educational group counseling.

"ICGC" means International Certified Gambling Counselor, offered at levels I or II through the International Gambling Counselor Certification Board.

"Individual therapy" means a method of using various commonly accepted treatment approaches provided face-to-face by a treatment professional with one consumer to promote positive emotional or behavioral change.

"Licensure candidate" means a practitioner actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards:

- (A) Psychology;
- (B) Social Work (clinical specialty only);
- (C) Professional Counselor;
- (D) Marriage and Family Therapist;
- (E) Behavioral Practitioner; or
- (F) Alcohol and Drug Counselor.

"NCGC" means National Certified Gambling Counselor, offered at levels I or II through the International Gambling Counselor Certification Board.

"Oklahoma Association on Problem Gambling and Gaming" or **"OAPGG"** means an entity which provides training and educational resources for Certified Problem Gambling Treatment Counselors and applicants.

"Problem gambling" means a persistent and recurrent maladaptive gambling behavior that disrupts personal, family, or

vocational pursuits as defined by the most recent edition of the DSM.

"Problem gambling treatment services" means treatment activities for consumers by a gambling treatment professional that include the following:

- (A) Assessment;
- (B) Treatment planning;
- (C) Individual, group and family therapy;
- (D) Case management; and
- (E) Discharge planning.

"Psychotherapy" or **"Therapy"** means a goal directed process using generally accepted clinical approaches provided face-to-face by a qualified service provider with consumers in individual, group or family settings to promote positive emotional or behavioral change.

"Treatment planning" means the process by which a treatment professional and the consumer together and jointly identify and rank problems, establish agreed-upon immediate short-term and long-term goals, and decide on the treatment process and resources to be utilized.

[Source: Added at 39 Ok Reg 189, eff 10-25-21 (emergency); Added at 39 Ok Reg 2026, eff 9-15-22]

450:75-1-3. Authority of the Commissioner and Department

(a) The Commissioner shall have the authority and duty to issue, renew, revoke, deny, suspend and place on probation certifications to offer problem gambling treatment and shall have authority to reprimand Certified Problem Gambling Treatment Counselors.

(b) The Department shall have authority to:

- (1) Receive and deposit fees pursuant to 43A O.S. § 3-322a;
- (2) Examine all qualified applicants for Certified Problem Gambling Treatment Counselor;
- (3) Investigate complaints and possible violation of the rules and standards of Certified Problem Gambling Treatment Counselors;
- (4) Make recommendations regarding the outcome of formal complaints; and
- (5) Enforce the recommendations of the formal complaint process.

[Source: Added at 39 Ok Reg 189, eff 10-25-21 (emergency); Added at 39 Ok Reg 2026, eff 9-15-22]

SUBCHAPTER 3. CERTIFICATION CRITERIA AND APPLICATION REQUIREMENTS

450:75-3-1. Qualifications for certification

(a) Each applicant for certification as a Certified Problem Gambling Treatment Counselor shall:

- (1) Be employed within six (6) months from the date the final application for certification was submitted at a mental health facility or a substance use disorder/addiction treatment facility that is operated by the Department or contracts with the State to provide behavioral health services, a tribe or tribal facility that provides behavioral health service, or an Oklahoma Department

of Veterans Affairs or a United States Department of Veterans Affairs facility;

(2) Possess good moral turpitude;

(3) Be at least 21 years of age; and

(4) Otherwise comply with rules promulgated by the Board implementing 43A O. S. § 3-322a.

(b) In addition to the qualifications specified in subsection (a), an applicant for a certification as a Certified Problem Gambling Treatment Counselor must meet the following criteria:

(1) Meet one of the following:

(A) Hold a current, valid license to practice in the state in which services are provided from one of the following licensing boards:

(i) Social Work (clinical specialty only);

(ii) Professional Counselor;

(iii) Marriage and Family Therapist; or

(iv) Alcohol and Drug Counselor.

(B) Hold a current, valid license to practice as a Clinical Psychologist from the State Board of Examiners of Psychologists; or

(C) Be a licensure candidate as defined in OAC 450:75-1-2.

(2) Have completed the required training and experience as follows:

(A) Completion of the thirty (30) hour Basic Training for Problem Gambling from the Oklahoma Association on Problem Gambling and Gaming (OAPGG) or another entity approved by the Department; and

(B) Completion of twelve (12) hours of group case consultation and presentation of at least two (2) case studies for feedback to an OAPGG consultant; and

(C) Completion of fifty (50) hours of documented clinical experience with gambling consumers after attending the training required in part (2) above.

(D) Applicants with current or former certification as a National Certified Gambling Counselor (NCGC) I or II or certification as an International Certified Gambling Counselor (ICGC) I or II from the International Gambling Counselor Certification Board (IGCCB) are not required to complete the training and experience in parts (A), (B), and (C) above for application. If such certification is lapsed, applicants must complete ten (10) hours of approved gambling-specific Continuing Education Units (CEUs) within the twelve (12) months prior to application submission for certification as a Certified Problem Gambling Treatment Counselor.

(E) Applicants with current state certification as a problem gambling counselor from another state may request a waiver of the training and experience requirements in parts (A), (B), and (C) above. The Department may grant such a waiver if the state certification is deemed sufficient by the Department.

- (c) Licensure candidates may submit an application for certification as a Certified Problem Gambling Treatment Counselor in order to complete the training and experience requirements while under supervision. However, the application shall only be considered for final application approval once the individual can provide documentation of licensure.
- (d) Initial application may be made prior to completion of the training and experience requirements. However, the application shall only be considered for final application approval once the individual can provide documentation that all training and experience requirements have been completed.
- (e) If an applicant has not completed the training and experience requirements at the time of initial application, the applicant shall have no more than two (2) years from the date of initial application submission to submit all necessary components for final application processing in accordance with OAC 450:75-3-3.
- (f) Applicants for renewal of certification as a Certified Problem Gambling Treatment Counselor must complete ten (10) hours of approved gambling-specific Continuing Education Units (CEUs) within the twelve (12) months prior to renewal application submission.

[Source: Added at 39 Ok Reg 189, eff 10-25-21 (emergency); Added at 39 Ok Reg 2026, eff 9-15-22]

450:75-3-3. Application for certification

- (a) Application for certification as a Certified Problem Gambling Treatment Counselor shall be submitted to the Department on a form and in a manner prescribed by the Commissioner or designee.
- (b) The initial application shall include the following items:
- (1) Application form completed in full according to its instructions;
 - (2) Copy of a current, valid license required in 450:75-3-1(b)(1) or documentation of status as a licensure candidate. If the latter is supplied, a copy of a current, valid license is required for final application processing;
 - (3) Documentation of required training and experience:
 - (A) Certificate of completion of Basic Training for Problem Gambling. If such training was provided by an entity other than OAPGG, documentation of course content must also be provided; and
 - (B) Documentation of group case consultation and presentation; and
 - (C) Documentation of clinical experience; or
 - (D) Copy of National Gambling Counselor Certification or International Gambling Counselor Certification. If such certification is lapsed, documentation of CEUs as required in 450:75-3-1(b)(2)(D) must also be provided; or
 - (E) Copy of current state certification as a problem gambling counselor from another state for consideration by the Department.
 - (F) With the exception of item (D) above, documentation of required training and experience may be supplied after

the initial application is submitted but is required for final application processing.

- (4) Signed Gambling Counselor Ethical Standards statement;
- (5) Criminal history or other report, if requested; and
- (6) Fees.

(c) A renewal application shall include the following items:

- (1) Application form completed in full according to its instructions;
- (2) Documentation of ten (10) hours of approved gambling-specific CEUs within the twelve (12) months prior to renewal application submission;
- (3) Signed Gambling Counselor Ethical Standards statement;
- (4) Criminal history or other report, if requested; and
- (5) Fees.

[Source: Added at 39 Ok Reg 189, eff 10-25-21 (emergency); Added at 39 Ok Reg 2026, eff 9-15-22]

450:75-3-5. Duration of certification

(a) **Issuance.** ODMHSAS will issue an appropriate certification to all applicants who successfully complete the requirements for certification as specified in this Chapter.

(b) **Renewal.** Unless revoked, certification issued pursuant to this Chapter must be renewed by June 30 of the calendar year following the first twelve (12) months of continuous certification and annually by June 30 thereafter.

(c) **Suspension and Reinstatement.** Certifications not renewed by the renewal deadline will be suspended. A suspended certification may be renewed by submitting required fees and documentation within six (6) months of the date of suspension. Suspended certifications not renewed within this six (6) month timeframe will be terminated. The individual must then wait a period of sixty (60) days and submit a new application for certification and provide all required items for initial certification as specified in this Chapter.

[Source: Added at 39 Ok Reg 189, eff 10-25-21 (emergency); Added at 39 Ok Reg 2026, eff 9-15-22]

450:75-3-7. Fees

(a) **Application Fee.** Fifty dollars (\$50.00) shall be submitted with the application.

(b) **Renewal Fee.** Fifty dollars (\$50.00) shall be submitted with the renewal application.

(c) **Late Renewal Fee.** An additional twenty-five dollars (\$25.00) shall be included with the renewal application if the application is submitted after the June 30 deadline.

[Source: Added at 39 Ok Reg 189, eff 10-25-21 (emergency); Added at 39 Ok Reg 2026, eff 9-15-22]

450:75-3-9. Fitness of applicants

(a) The purpose of this Section is to establish the fitness of the applicant as one of the criteria for approval of certification as a Certified Problem

Gambling Treatment Counselor and to set forth the criteria by which the Commissioner will determine the fitness of the applicants.

(b) The substantiation of any of the following items related to the applicant may be, as the Commissioner or designee determines, the basis for the denial, delay, or revocation of certification of the applicant:

- (1) Lack of necessary skills and abilities to provide adequate services;
- (2) Misrepresentation or falsification of any information on the application or other materials submitted to the Department;
- (3) Revocation of license or certification required for certification under this Chapter;
- (4) Violation of the Gambling Counselor Ethical Standards;
- (5) Any conviction of a crime involving a child or vulnerable adult;
- (6) Any conviction of a sex offense not identified in (b)(7)(D) of this Section;
- (7) Any other felony conviction, unless the applicant can demonstrate to the Department's satisfaction the successful completion of a minimum of one (1) year of probation related to one or more of the offenses below:
 - (A) Forgery, fraud, or perjury;
 - (B) Burglary, arson, embezzlement, knowingly concealing stolen property, leaving the scene of an accident, or larceny;
 - (C) Possession, manufacturing, distribution, maintaining a dwelling, driving under the influence, contributing to the delinquency of a minor, or parent causing delinquency; or
 - (D) Prostitution or nonconsensual dissemination of private sexual images.
- (8) A violation of the rules of professional conduct set forth in this Chapter.

(c) The Department shall obtain document(s) necessary to determine the fitness of an applicant.

(d) The Department may require explanation of negative references prior to issuance of certification.

[Source: Added at 39 Ok Reg 189, eff 10-25-21 (emergency); Added at 39 Ok Reg 2026, eff 9-15-22]

450:75-3-11. Scope of Problem Gambling Treatment Counselor Certification

A Certified Problem Gambling Treatment Counselor who meets the requirements within this Chapter is authorized to provide problem gambling treatment services, including:

- (1) Assessment;
- (2) Treatment planning;
- (3) Individual, group and family therapy;
- (4) Case management; and
- (5) Discharge planning.

[Source: Added at 39 Ok Reg 189, eff 10-25-21 (emergency); Added at 39 Ok Reg 2026, eff 9-15-22]

SUBCHAPTER 5. RULES OF PROFESSIONAL CONDUCT

450:75-5-1. Responsibility and scope of practice

(a) Certified Problem Gambling Treatment Counselors shall be dedicated to advancing the welfare of individuals and their families. Certified Problem Gambling Treatment Counselors shall not participate in, condone, or be associated with dishonesty, fraud, deceit or misrepresentation, and shall not exploit their relationships with the consumers for personal advantage, profit, satisfaction, or interest.

(b) Certified Problem Gambling Treatment Counselors shall practice only within the boundaries of their individual certification(s) and competence based on their education, training, experience, state and national accreditations, and licenses.

(c) Certified Problem Gambling Treatment Counselors shall only use the title if employed by a mental health facility or a substance use disorder/addiction treatment facility that is operated by the Department or contracts with the State to provide behavioral health services, a tribe or tribal facility that provides behavioral health service, or an Oklahoma Department of Veterans Affairs or a United States Department of Veterans Affairs facility.

(d) As an employee of a behavioral health provider, reimbursement for services rendered will not be collected outside of the agency's system of service reimbursement.

(e) Certified Problem Gambling Treatment Counselors shall provide services with populations and in areas only within the boundaries of their competence, based on education, training, consultation, study or professional experience.

(1) Certified Problem Gambling Treatment Counselors that delegate or assign work to employees, supervisees, or assistants must take reasonable steps to see that such persons perform the services competently.

(2) Certified Problem Gambling Treatment Counselors are eligible to provide services within the scope of their certification that would not lead to conflict of interest, exploitation of relationship, loss of objectivity and based on education, training, and experience.

(3) Certified Problem Gambling Treatment Counselors shall provide consumers at the beginning of service written, accurate, and complete information regarding the extent and nature of the services available to them, to include fees and manner of payment.

(f) If Certified Problem Gambling Treatment Counselors determine that they are unable to be of professional assistance to a consumer, the Certified Problem Gambling Treatment Counselor shall refer the consumer to appropriate resources when indicated. If the consumer declines the referral the Certified Problem Gambling Treatment Counselors shall terminate the relationship.

(g) Certified Problem Gambling Treatment Counselors shall not commit fraud and shall not represent that he or she performed services which

were not performed.

[Source: Added at 39 Ok Reg 189, eff 10-25-21 (emergency); Added at 39 Ok Reg 2026, eff 9-15-22]

450:75-5-3. Code of ethics and professional standards

(a) Certified Problem Gambling Treatment Counselors shall adhere to the following code of ethics:

(1) Certified Problem Gambling Treatment Counselors shall be committed to respecting the dignity and autonomy of all persons that is to include, but is not limited to, professional relationships with consumers (or former consumers), supervisees, students, employees, or research participants in efforts to maintain the highest standards of their practice.

(2) Certified Problem Gambling Treatment Counselors shall terminate service to consumers, and professional relationships with them, when such service and relationships are no longer required or in which a conflict of interest arises.

(3) Certified Problem Gambling Treatment Counselors shall not, in the rendering of their professional services, participate in, condone, and promote discrimination on the basis of race, color, age, gender, religion, disability and or limitation, or national origin.

(4) Certified Problem Gambling Treatment Counselors shall be aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. They shall also eliminate the effect on their work of biases based on those factors, and shall not knowingly participate in or condone activities of others based upon such prejudices or influence.

(5) Certified Problem Gambling Treatment Counselors shall be obligated to report witnessed, involved, or reported ethical violations without violation of any confidentiality rights that may be involved. Certified Problem Gambling Treatment Counselors shall be obligated to follow steps of reporting professional misconduct as set forth by the Department and in this Chapter.

(6) Certified Problem Gambling Treatment Counselors shall give precedence to his or her professional responsibility over personal interests.

(7) Certified Problem Gambling Treatment Counselors shall not engage in any form of gambling, betting, or wagering specifically with clients.

(8) Certified Problem Gambling Treatment Counselors shall not render professional services while under the influence of alcohol or other mind or mood altering drugs.

(b) Certified Problem Gambling Treatment Counselors must be aware of their influential positions with respect to consumers and not exploit the trust and dependency of consumers. Certified Problem Gambling Treatment Counselors shall refrain from dual relationships with

consumers because of the potential to impair professional judgment and to increase the risk of harm to consumers. Certified Problem Gambling Treatment Counselors shall not exploit their relationships with current or former consumers, supervisees, students, employees, or others, sexually or otherwise, for personal advantage, profit, satisfaction, or interest.

(1) Certified Problem Gambling Treatment Counselors shall not have any type of sexual contact with consumers and shall not provide services to persons with whom they have had a sexual relationship.

(2) Certified Problem Gambling Treatment Counselors shall not engage in sexual contact with former consumers.

(3) Certified Problem Gambling Treatment Counselors shall not knowingly enter into a close personal relationship or engage in any business or financial dealings with a former consumer for five (5) years after the termination of the treatment relationship.

(4) Certified Problem Gambling Treatment Counselors shall be committed to each individual's rights of his or her own life choices and recovery journey by letting him or her direct the healing process.

(5) Certified Problem Gambling Treatment Counselors shall keep confidential all information entrusted except when to do so puts the consumer at grave risk. Problem Gambling Treatment Counselors will be obligated to explain the limits of confidentiality initially in the professional working relationship.

(6) If the demands of an affiliated organization for whom the Certified Problem Gambling Treatment Counselors is working is in conflict with these ethics and standards, the issues must be clarified and resolved to allow adherence to the rules set forth in this Chapter.

(7) Certified Problem Gambling Treatment Counselors shall not solicit the clients of one's agency for private practice or to change service locations.

(8) Certified Problem Gambling Treatment Counselors shall not solicit clients, particularly at gambling establishments or self-help groups.

(c) It shall be unprofessional conduct for a Certified Problem Gambling Treatment Counselor or applicant to violate a state or federal statute if the violation is directly related to the duties and responsibilities of the counselor or if the violation involves moral turpitude.

[Source: Added at 39 Ok Reg 189, eff 10-25-21 (emergency); Added at 39 Ok Reg 2026, eff 9-15-22]

450:75-5-5. Reporting

(a) Certified Problem Gambling Treatment Counselors shall report any violation of professional conduct by a Certified Problem Gambling Treatment Counselor as outlined in this Chapter.

(b) Certified Problem Gambling Treatment Counselors shall notify the Department of any change in name, address, telephone number, or employment if the counselor will continue to provide problem gambling treatment services in the new employment setting.

[Source: Added at 39 Ok Reg 189, eff 10-25-21 (emergency); Added at 39 Ok Reg 2026, eff 9-15-22]

450:75-5-7. Failure to comply

A Certified Problem Gambling Treatment Counselor who does not comply with the standards in 450:75-5-1 or 450:75-5-3 shall be guilty of unprofessional conduct and subject to disciplinary action.

[Source: Added at 39 Ok Reg 189, eff 10-25-21 (emergency); Added at 39 Ok Reg 2026, eff 9-15-22]

SUBCHAPTER 7. ENFORCEMENT

450:75-7-1. Enforcement

(a) ODMHSAS may impose administrative sanctions, including revocation, suspension, non-renewal of certification and reprimand against Certified Problem Gambling Treatment Counselors.

(b) The Department shall conduct itself in a manner to intervene in an immediate action to protect a consumer(s) according to the guidelines and rules provided, to prevent further detriment to any consumer.

(c) All proceedings, hearing and appeals shall be conducted in accordance with Chapter 1 of Title 450 and the Administrative Procedures Act.

[Source: Added at 39 Ok Reg 189, eff 10-25-21 (emergency); Added at 39 Ok Reg 2026, eff 9-15-22]

450:75-7-3. Complaints of professional conduct

If ODMHSAS determines that a possible violation of any rules set forth in this Chapter has occurred, ODMHSAS may commence an investigation of the complaint pursuant to this Chapter and Chapter 1 of Title 450.

[Source: Added at 39 Ok Reg 189, eff 10-25-21 (emergency); Added at 39 Ok Reg 2026, eff 9-15-22]

