

OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

It is very important that you provide your comments regarding the proposed rule change by the comment due date. Comments are directed to the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) administrative rules liaison, Gretchen Geis, at GGeis@odmhsas.org.

ODMHSAS COMMENT DUE DATE: 5 p.m. on March 4, 2016

The proposed policy is a PERMANENT Rule. This proposal is scheduled to be presented for public comment during a public hearing on March 9, 2015 and to the ODMHSAS Board of Directors for adoption on March 25, 2016.

Reference #: 17-2016P

SUMMARY:

In accordance with the Administrative Procedures Act the proposed rule revisions to Chapter 17 are part of the Department's review of Title 450. Proposed revisions to Chapter 17 are made to add standards and criteria for Certified Community Behavioral Health Clinics (CCBHCs). CCBHCs are federally recognized entities designed to serve individuals with serious mental illnesses and substance use disorders that provide intensive, person-centered, multidisciplinary, evidence-based screening, assessment, diagnostic, treatment, prevention, and wellness services. Rules are also revised to update Health Home certification standards in order to clarify inconsistencies. Optional standards and criteria to provide gambling disorder treatment services are removed, since these services will be allowed to be provided by facilities under standard outpatient services utilizing qualified providers without having to obtain the additional optional certification.

LEGAL AUTHORITY

Oklahoma Department of Mental Health and Substance Abuse Services Board; 43A O.S. §§ 2-101, 3-306, 3-306.1 and 3-315; 74 O.S. §85.9G.

RULE IMPACT STATEMENT

STATE OF OKLAHOMA OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

PROPOSED RULES:

Chapter 17. Standards and Criteria for Community Mental Health Centers
[AMENDED]

1. BRIEF DESCRIPTION OF THE PURPOSE OF THE RULE:

Proposed revisions to Chapter 17 are made to add standards and criteria for

Certified Community Behavioral Health Clinics (CCBHCs). CCBHCs are federally recognized entities designed to serve individuals with serious mental illnesses and substance use disorders that provide intensive, person-centered, multidisciplinary, evidence-based screening, assessment, diagnostic, treatment, prevention, and wellness services. Rules are also revised to update Health Home certification standards in order to clarify inconsistencies. Optional standards and criteria to provide gambling disorder treatment services are removed, since these services will be allowed to be provided by facilities under standard outpatient services utilizing qualified providers without having to obtain the additional optional certification.

2. A DESCRIPTION OF THE CLASSES OF PERSONS WHO MOST LIKELY WILL BE AFFECTED BY THE PROPOSED RULE, INCLUDING CLASSES THAT WILL BEAR THE COST OF THE PROPOSED RULE, AND ANY INFORMATION ON COST IMPACTS RECEIVED BY THE AGENCY FROM ANY PRIVATE OR PUBLIC ENTITIES:

Organizations or individuals certified by, under contract with, or subject to certification by ODMHSAS, and the consumers and employees of each.

3. A DESCRIPTION OF THE CLASSES OF PERSONS WHO WILL BENEFIT FROM THE PROPOSED RULE:

Organizations or individuals certified by, under contract with, or subject to certification by ODMHSAS, and the consumers and employees of each.

4. A DESCRIPTION OF THE PROBABLE ECONOMIC IMPACT OF THE PROPOSED RULE UPON THE AFFECTED CLASSES OF PERSONS OR POLITICAL SUBDIVISIONS, INCLUDING A LISTING OF ALL FEE CHANGES AND, WHENEVER POSSIBLE, AND A SEPARATE JUSTIFICATION FOR EACH FEE CHANGE:

ODMHSAS does not anticipate an economic impact on any affected classes of persons or political subdivisions that meet minimum certification standards as currently required by this Chapter.

5. THE PROBABLY COSTS AND BENEFITS TO THE AGENCY AND TO ANY OTHER AGENCY OF THE IMPLEMENTATION AND ENFORCEMENT OF THE PROPOSED RULE, THE SOURCE OF REVENUE TO BE USED FOR IMPLEMENTATION AND ENFORCEMENT OF THE PROPOSED RULE, AND ANY ANTICIPATED EFFECT ON STATE REVENUES, INCLUDING A PROJECTED NET LOSS OR GAIN IN SUCH REVENUE IF IT CAN BE PROJECTED BY THE AGENCY:

ODMHSAS has determined implementation of these rules will benefit those affected parties by allowing them to provide and be reimbursed for CCBHC services.

6. A DETERMINATION OF WHETHER IMPLEMENTATION OF THE PROPOSED RULE WILL HAVE AN ECONOMIC IMPACT ON ANY POLITICAL SUBDIVISIONS OR REQUIRE THEIR COOPERATION IN IMPLEMENTING OR ENFORCING THE RULE:

ODMHSAS does not anticipate these rules will have an economic impact upon any political subdivision, or require their cooperation to implement or enforce the proposed rule revision.

7. A DETERMINATION OF WHETHER IMPLEMENTATION OF THE PROPOSED RULE WILL HAVE AN ADVERSE EFFECT ON SMALL BUSINESS AS PROVIDED BY THE OKLAHOMA SMALL BUSINESS REGULATORY FLEXIBILITY ACT:

ODMHSAS has determined these rule revisions will not have an adverse economic impact on small businesses that meet minimum certification standards as currently required by this Chapter.

8. AN EXPLANATION OF THE MEASURES THE AGENCY HAS TAKEN TO MINIMIZE COMPLIANCE COSTS AND A DETERMINATION OF WHETHER THERE ARE LESS COSTLY OR NON-REGULATORY METHODS OR LESS INTRUSIVE METHODS FOR ACHIEVING THE PURPOSE OF THE PROPOSED RULE:

Throughout the year ODMHSAS staff evaluate internal processes and amend those processes and rules according to identified needs. ODMHSAS considers these revisions the least burdensome and intrusive method in streamlining these processes and accomplishing statutory compliance.

9. A DETERMINATION OF THE EFFECT OF THE PROPOSED RULE ON THE PUBLIC HEALTH, SAFETY AND ENVIRONMENT AND, IF THE PROPOSED RULE IS DESIGNED TO REDUCE SIGNIFICANT RISKS TO THE PUBLIC HEALTH, SAFETY AND ENVIRONMENT, AN EXPLANATION OF THE NATURE OF THE RISK AND TO WHAT EXTENT THE PROPOSED RULE WILL REDUCE THE RISK.

ODMHSAS anticipates that implementing Certified Community Behavioral Health Clinics for individuals will improve the lives of these individuals through intensive care coordination and integration of primary and behavioral healthcare. Oklahoma proposes to utilize Health Homes to address the issue of adults with SMI dying on average, 25 years younger than the general population, usually because of medical issues.

10. A DETERMINATION OF ANY DETRIMENTAL EFFECT ON THE PUBLIC HEALTH, SAFETY AND ENVIRONMENT IF THE PROPOSED RULE IS NOT IMPLEMENTED.

If the rule is not implemented, the majority of SoonerCare members with SMI, SED and substance use disorders will continue to receive non-integrated services through various uncoordinated systems of healthcare throughout the State. People with SMI die 25 years earlier than individuals in the general population, mostly for medical reasons rather than suicide or accidental death. Oklahoma is proposing a CCBHC model to address this significant health issue. Not implementing the proposed rule would have a detrimental effect on public health by not moving forward to address the mental health crises in Oklahoma.

DATE PREPARED:

January 6, 2016

TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

CHAPTER 17. STANDARDS AND CRITERIA FOR COMMUNITY MENTAL HEALTH CENTERS

SUBCHAPTER 1. GENERAL PROVISIONS

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 Accreditation

"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.

"Behavioral Health Home or BHH" means a specifically organized entity that functions within a currently ODMHSAS certified mental health treatment program organization to promote enhanced integration and coordination of primary, acute, behavioral health, and long-term services and supports for persons across the lifespan with chronic illness. BHHs ensure comprehensive team-based health care, meeting physical, mental health, and substance use disorder care needs. Health care is delivered utilizing a whole-person, patient-centered, coordinated care model for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED).

Care coordination is provided for all aspects of the individual's life and for transitions of care the individual may experience.

"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).

"Children's Health Home Specialist" means an individual within the children's Behavioral Health Home interdisciplinary team that will provide support, coaching and activities that promote good physical and mental health to individuals, families and groups. The focus of the Children's Health Home Specialist will include nutrition, healthy living habits, exercise, and preventing and/or managing chronic health conditions. Children's Health Home Specialists must be certified/credentialed by ODMHSAS as a Behavioral Health Case Manager I or II/Aide or higher and complete trainings as required by ODMHSAS including but not limited to Behavioral Health Aide and training in Well Power or credentialed as a Wellness Coach through ODMHSAS.

"Chronic Homelessness" refers to an individual with a disabling condition who has either: (a) been continuously homeless for a year or more, or (b) has had at least 4 episodes of homelessness in the past 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.

"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.

"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.

"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.

"Co-occurring disorder enhanced" means that the program (or subunit of the program) provides a specialized service designed for individuals with co-occurring disorders, usually with a higher level of available service capacity or intensity for the co-occurring substance use disorder than would be the case in a comparable co-occurring disorder capable program.

"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.

"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.

"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.

"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.

"Gambling related disorders/problems" means persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as defined by the most recent edition of the DSM.

"Gambling treatment professional" means:

~~(A) an individual holding a valid NCGC I or II certification; or has documented completion of at least thirty hours of ODMHSAS recognized core problem gambling training requirements and documented completion of ten hours of problem gambling specific continuing education every twelve months; and is either a Licensed Behavioral Health Professional or Licensure Candidate.~~

~~(B) any clinician licensed in a behavioral health field with documented completion of at least thirty hours of ODMHSAS recognized core problem gambling training requirements and documented completion of ten hours of problem gambling specific continuing education every twelve; or~~

~~(C) any individual under supervision for licensure by an individual who meets the requirements of (A) or (B), and has documented completion of at least thirty~~

~~hours of ODMHSAS recognized core problem gambling training requirements and documented completion of twelve hours of problem gambling specific continuing education every twelve months~~

"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.

"Historical timeline" means a method by which a specialized form is used to gather, organize and evaluate information about significant events in a consumer's life, experience with mental illness, and treatment history.

"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" refers to a person who 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.

"Hospital liaison" means an individual within the Behavioral Health Home interdisciplinary team that works closely with hospital staff to assess the suitability of transition plans for consumers enrolled in a Behavioral Health Home. Hospital Liaisons will also work with other long term, residential facilities to plan for coordination of care during and after the consumer's residential stay. Hospital liaisons must be certified by ODMHSAS as a Behavioral Health Case Manager I or II and complete trainings as required by ODMHSAS.

"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.

"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.

"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.

"Medical resident" means a physician who is a graduate of a school of medicine or osteopathy 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.

"NCGC" means Nationally Certified Gambling Counselor, offered at levels I or II through the National Council on Problem Gambling.

"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 physician, Advance 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.

"Psychological-Social evaluations" 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.

"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.

"Residential treatment" means a structured, 24-hour supervised treatment program for individuals who are mentally ill with a minimum of twenty-one (21) hours of therapeutic services provided per week with the emphasis on stabilization and rehabilitation for transfer to a less restrictive environment. Stay in the program is time limited.

"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.

"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" is a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a consumer, 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 to a consumer. 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.

"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)].

"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.

"SoonerCare" means Oklahoma's Medicaid program.

"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.

"Systems of Care values" means a philosophy, which embraces a family-driven, child-centered model of care that integrates and coordinates the efforts of different agencies and providers to individualize care in the least restrictive setting that is clinically appropriate.

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

"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.

"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.

"Walk through" means an exercise in which staff members of a facility walk through the program's treatment processes as a consumer. The goal is to view the agency processes from the consumer's perspective for the purpose of removing barriers and enhancing treatment.

"Wellness" means the condition of good physical, mental and emotional health, especially when maintained by an appropriate diet, exercise, and other lifestyle modifications.

"Wraparound approach" means a team-based planning and implementation process to improve the lives of children with complex needs and their families by developing individualized plans of care. The key characteristics of the process are that the plan is developed by a family centered team, is individualized based on the strengths and culture of the child and their family, and is driven by needs rather than services.

"Young Adults in Transition" are 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).

SUBCHAPTER 3. REQUIRED SERVICES

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, characterized by welcoming engagement of all individuals and families;
 - (2) Availability of 24-hour inpatient referral;
 - (A) CMHC staff shall be actively involved in the emergency services and referral process to state-operated psychiatric inpatient units.
 - (B) Referral to state-operated psychiatric inpatient units by the CMHC shall occur only after all other community resources are explored with the individual and family if family is available and the consumer gives written consent for release.
 - (C) Prior notification to 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 on-site 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) No arbitrary barriers to access an evaluation based on active substance use or designated substance levels.
- (c) Compliance with 450:17-3-41 shall be determined by a review of policy and procedures, and clinical records.

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 medication services provided.
 - (2) Medication orders and administration:
 - (A) ~~Only licensed~~Licensed staff 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
 - ~~(C)~~(D) A list of licensed staff members authorized to administer medications shall be maintained and regularly updated.
 - ~~(3) Physician's assistants and nurse practitioners may write medication orders, or prescriptions consistent with state and federal law.~~
- (d) 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.

450:17-3-82. Medication clinic, medication monitoring

- (a) Medication administration, storage and control, and consumer reactions shall be regularly monitored.
- (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.
- (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.

SUBCHAPTER 5. OPTIONAL SERVICES

Part 21. GAMBLING DISORDER TREATMENT SERVICES [REVOKED]

450:17-5-128. Gambling Disorder Treatment Services [REVOKED]

~~The purpose of this Part is to set forth, in addition to all other applicable rules, rules regulating program requirements, activities, and services for CMHCs who opt to provide gambling disorder treatment services. These rules implement 43A O.S. §§ 3-322 which authorizes the Board of Mental Health and Substance Abuse Services, or the Commissioner upon delegation by the Board, to certify Gambling Treatment Programs.~~

450:17-5-129. Level of Care [REVOKED]

~~Any CMHC providing gambling disorder treatment services shall do so at the outpatient level of care, and have written policies and procedures. Written policies shall define the procedures for the implementation of the requirements of this Part.~~

450:17-5-130. Admission criteria [REVOKED]

~~(a) Receipt of gambling disorder treatment services shall be conditioned upon a determination by the gambling disorder treatment professional in partnership with the consumer, and based on the problem gambling issues of the consumer utilizing ASAM criteria.~~

~~(b) Compliance with this Section 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.~~

450:17-5-131. Discharge criteria [REVOKED]

~~(a) Discharge from gambling disorder treatment services 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, utilizing ASAM criteria;~~
- ~~(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.~~

450:17-5-132. Treatment services [REVOKED]

~~(a) Any CMHC choosing to provide gambling disorder treatment services shall provide, at a minimum, the following:~~

~~(1) Screening and Assessment. See Sections 17-3-21 and 17-3-22 for requirements.~~

~~(2) Service planning and revision.~~

~~(3) Individual therapy. Individual therapy is a face-to-face therapeutic session conducted by a Gambling Treatment Professional (GTP) with one on one interaction between the GTP and a consumer to promote emotional or psychological change to alleviate disorders. Therapy must be goal directed and use a generally accepted approach to treatment such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment, in accordance with an individualized service plan.~~

~~(4) Group therapy. Group therapy is a face-to-face therapeutic session with a group of individuals and a GTP using the interaction of the GTP and two or more consumers to promote positive emotional or behavioral change. The focus of the group must be directly related to goals and objectives of the individual customer service plan and use a generally accepted framework for this modality of treatment. This service does not include social skill development or daily living skill activities. Group psychotherapy for adults is limited to eight total consumers. Group size is limited to a total of six consumers for all children. A group may not consist solely of related individuals.~~

~~(5) Family therapy. Family therapy is a face-to-face therapeutic session conducted by a GTP with family members/couples conducted in accordance with a documented service plan focusing on treatment family/marital problems and goals. The service must be provided to specifically benefit the consumer as identified in a service plan and use generally accepted treatment methods for this modality of treatment.~~

~~(6) Case management.~~

~~(7) Education and/or educational groups.~~

~~(8) Discharge planning.~~

~~(b) Compliance with this Section may be determined by a review of the following:~~

~~(1) Consumer records;~~

~~(2) Progress notes;~~

~~(3) Interviews with staff; and~~

~~(4) Other facility documentation.~~

PART 23. BEHAVIORAL HEALTH HOME

450:17-5-144. Treatment team; general requirements

(a) The BHH must designate an interdisciplinary treatment team that is responsible, with each consumer's input and guidance, to direct, coordinate, and manage the care and services to be provided or arranged for by the BHH.

(b) The interdisciplinary team must, ~~based on the comprehensive assessment,~~ identify for each consumer a specific licensed behavioral health professional (LBHP) or licensure candidate ~~on the interdisciplinary treatment team~~ to lead the process of the

initial ~~comprehensive~~ assessment and plan and to provide therapy services if indicated on the integrated plan. This will ensure that each consumer's needs are assessed, and that the active treatment plan is implemented as indicated.

(c) Compliance with this Section will be determined by on-site observation, review of organizational documents, signed agreements, activity reports, and clinical records.

450:17-5-145. Treatment team; adult team

(a) Each BHH team serving adults shall include the following positions, unless otherwise arranged as permitted in (b) below:

- (1) Health Home Director;
- (2) Nurse Care Manager;
- (3) Consulting Primary Care Physician, Advance Practice Registered Nurse, or Physician Assistant;
- (4) Licensed Psychiatric Consultant;
- (5) Licensed Behavioral Health Professional or Licensure Candidate;
- (6) Certified Behavioral Health Case Manager I or II;
- (7) Hospital Liaison/Health Home Specialist; and
- (8) Wellness Coach/~~Certified Peer Support Specialist~~ credentialed through ODMHSAS.

(b) Variations from the above staff pattern on a continuous basis, must be approved in advanced by the ODMHSAS Commissioner or a designee.

(c) If the health team experiences difficulty in recruiting staff to fill any of the above positions, a recruitment and contingency plan to maintain essential services, will be submitted to the ODMHSAS Director of Provider Certification for approval.

(d) The facility must have written policies and procedures defining the program's plan for staff-to-consumer ratio for each adult BHH team and a plan for how exceptions will be handled.

(e) Staffing ratios must be regularly monitored and evaluated within the certified facility's performance improvement activities.

(f) Compliance with this Section will be determined by on-site observation, review of organizational documents, personnel records, staffing schedules, and clinical records.

450:17-5-146. Treatment team; children and adolescent team

(a) Each BHH team serving children and adolescents shall include the following positions, unless otherwise arranged as permitted in (b) below:

- (1) Care Coordinator;
- (2) ~~Project~~Health Home Director;
- (3) Licensed Psychiatric Consultant;
- (4) Licensed Nurse Care Manager (RN or LPN);
- (5) Peer to Peer Family /Youth Support Provider;
- (6) Children's Health Home Specialist; and
- (7) Consulting Primary Care Practitioner.

(b) Variations from the above staff pattern on a continuous basis, must be approved in advanced by the ODMHSAS Commissioner or a designee.

- (c) If the health team experiences difficulty in recruiting staff to fill any of the above positions, a recruitment and contingency plan to maintain essential services, will be submitted to the ODMHSAS Director of Provider Certification for approval.
- (d) The facility must have written policies and procedures defining the program's plan for staff-to-consumer ratio for each child and/or adolescent BHH team and a plan for how exceptions will be handled.
- (e) Staffing ratios must be regularly monitored and evaluated within the facilities performance improvement activities.
- (f) Compliance with this Section will be determined by on-site observation, review of organizational documents, personnel records, staffing schedules, and clinical records.

450:17-5-150. Initial assessment

- (a) A Licensed Behavioral Health Professional (LBHP) or Licensure Candidate, acting within his or her state scope of practice requirements, must complete the initial assessment for health home services in accordance with the standard in OAC 450:17-3-21 for consumers who have not been assessed by the facility within the past 6 months.
- (b) ~~The~~In addition to the items required in 17-3-21, the initial assessment for health home services must include at a minimum, the following:
 - (1) The admitting diagnosis as well as other diagnoses;
 - (2) The source of referral;
 - (3) The reason for admission as well as stated by the client or other individuals who are significantly involved; and
 - (4) A list of current prescriptions and over-the counter medications as well as other substances the client may be taking.
- (c) The BHH should provide access to an appropriate healthcare professional and a health screening within 72 hours of placement for children entering foster care.
- (d) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:17-5-156. Behavioral Health Home medication monitoring

- (a) When medication services are provided as a component of the BHH services, medication administration, storage and control, and consumer reactions shall be regularly monitored.
- (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, administered and stored.

(c) The facility shall make available access to pharmacy services to meet consumers' pharmacological needs that are addressed by the BHH physicians and other BHH licensed prescribers. Provision of services may be made through agreement with another program, through a pharmacy in the community, or through their own Oklahoma licensed pharmacy.

(e)(d) Compliance with this Section will be determined by on-site observation and a review of the following: Written policy and procedures, clinical records, written agreements for pharmacy services, State of Oklahoma pharmacy license and PI records.

450:17-5-157. Behavioral Health Home pharmacy services [REVOKED]

~~(a) When medication services are provided as a component of the BHH services, the facility shall make available access to pharmacy services to meet consumers' pharmacological needs that are addressed by the BHH physicians and other BHH licensed prescribers. Provision of services may be made through agreement with another program through a pharmacy in the community, or through their own Oklahoma licensed pharmacy.~~

~~(b) Compliance with this Section may 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.~~

PART 25. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

450:17-5-170. Certified Community Behavioral Health Clinic

The purpose of this Part is to set forth, in addition to all other applicable rules, rules regulating program requirements, activities and services for CMHCs who opt to provide Certified Community Behavioral Health Clinic (CCBHC) services.

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.

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/Project Director and a psychiatrist as Medical Director. The Medical Director need not be a full-time employee. Depending on the size of the facility, both positions may be held by the same person. 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.

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, and any other person the consumer chooses. Each facility shall maintain a core staff comprised of employed and, as needed, contracted staff, as appropriate to the needs of consumers as stated in the consumer's individual service plan and shall, at a minimum, include the following positions:

(1) Licensed Psychiatric Consultant;

(2) Licensed Nurse Care Manager (RN or LPN);

(3) Consulting Primary Care Physician, Advance Practice Registered Nurse, or Physician Assistant;

(4) Licensed Behavioral Health Professional or Licensure Candidate;

(5) Certified Behavioral Health Case Manager I or II;

(6) Certified Peer Support Specialist; and

(7) Family Support Provider.

(b) Compliance with this Section shall be determined by a review of personnel files and privileging documents.

450:17-5-174. Staff Training

(a) In addition to the requirements found in 450:17-21-3, 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;

(3) Risk assessment, suicide prevention and suicide response; and

(4) Roles of families and peers.

(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.

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.

450:17-5-176. Availability and Accessibility of Services

- (a) The BHH 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.
- (g) Compliance with this Section shall be determined by a review of policies, consumer records and facility fee schedule.

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;
 - (3) Outpatient behavioral health services;
 - (4) Outpatient primary care screening and monitoring;
 - (5) Targeted 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.
- (b) Many of the 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.

450:17-5-178. Initial Screening, Assessment and Comprehensive Evaluation

(a) The facility will directly provide screening, assessment and diagnosis, including risk assessment, for behavioral health conditions. The facility must determine the extent to which each consumer's needs and preferences can be adequately addressed within the array of required services.

(b) 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.

(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.

(4) If the screening identifies routine needs, services will be provided and the initial evaluation completed within 10 business days.

(c) A Licensed Behavioral Health Professional (LBHP) or Licensure Candidate, acting within his/her scope of practice requirements, must complete an initial assessment in accordance with the standard in OAC 450:17-3-21 for consumers who have not been assessed by the facility within the past 6 months.

(d) The initial assessment must include at a minimum, the following:

(1) The admitting diagnosis as well as other diagnoses;

(2) The source of referral;

(3) The reason for admission as well as stated by the client or other individuals who are significantly involved;

(4) Identification of the consumer's immediate clinical care needs related to the diagnosis for mental and substance use disorders;

(5) An assessment of whether the consumer is a risk to self or to others, including suicide risk factors;

(6) An assessment of whether the consumer has other concerns for their safety;

(7) A screening of need for medical care (with referral and follow up as required);

(8) A list of current prescriptions and over-the counter medications as well as other substances the client may be taking; and

(9) A determination of whether the person presently is or ever has been a member of the US Armed Services.

(e) For consumers presenting with emergency or urgent needs, the initial assessment may be conducted by telemedicine but an in-person assessment is preferred. If the initial assessment is conducted via telemedicine, once the emergency is resolved, the consumer must be seen in person at the next subsequent encounter and the initial assessment reviewed.

(f) A comprehensive evaluation must be completed by the interdisciplinary team performing within each team member's scope of practice consistent with each consumer's immediate needs and include a written narrative in each of the following areas:

- (1) Psychiatric and substance abuse history, mental status, and a current DSM diagnosis;
- (2) Medical, dental, and other health needs;
- (3) Education and/or employment;
- (4) Social development and functioning;
- (5) Activities of daily living; and
- (6) Family structure and relationships.

(g) The facility must ensure access to the comprehensive evaluation within 60 calendar days of the initial request for services. This requirement does not preclude the provision of treatment during the 60 day period.

(h) The comprehensive assessment must be updated as needed but no less than every six (6) months.

(i) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

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, as applicable:

- (1) Adult Body Mass Index (BMI) Screening and Follow-Up;
- (2) Weight assessment and counseling for nutrition and physical activity for children/adolescents (WCC);
- (3) Blood Pressure;
- (4) Tobacco use: Screening and cessation intervention;
- (5) Screening for clinical depression and follow-up plan;
- (6) Unhealthy alcohol use;
- (7) Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications;
- (8) Diabetes care for people with serious mental illness;
- (9) Metabolic monitoring for children and adolescents on antipsychotics;
- (10) Cardiovascular health screening for people with schizophrenia;
- (11) Adherence to mood stabilizers for individuals with Bipolar I Disorder;
- (12) Adherence to antipsychotic medications for individuals with Schizophrenia; and
- (13) Antidepressant medication management.

(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.

450:17-5-180. Person-Centered and Family-Centered Service Planning

(a) The facility must directly develop a consumer directed and family-centered, integrated active care plan for each enrolled consumer that reflects input of the team in managing the medical component of the plan, and others the consumer chooses to involve.

(b) The plan shall clearly address consumers' needs, strengths, abilities, physical and behavioral health goals, consumer preferences, and the overall health and wellness needs of the consumer.

(c) The plan is comprehensive, addressing all services required, with provision for monitoring of progress toward goals.

(d) The plan must be documented and completed within thirty (30) working days of admission to the CCBHC.

(e) 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 active treatment plan and relative to their participation in implementing the plan of care.

(f) Compliance with this Section will be determined by on-site observation, review of organizational documents, personnel records, staffing schedules, and clinical records.

450:17-5-181. Service plan; content

(a) The service plan must address all services necessary to assist the client in meeting his or her physical and behavioral health goals, and include the following:

(1) Consumer diagnoses, relative to behavioral and physical health conditions assessed by and addressed by the facility in terms of direct services provided and/or conditions for which the individual is referred elsewhere for treatment.

(2) Treatment goals, including preventive/primary care services;

(3) Interventions, including care coordination, physical health services, peer and family support services, targeted case management, as well as any accommodations to ensure cultural and linguistically competent services as applicable;

(4) A detailed statement of the type, duration, and frequency of services, including primary medical and specialty care, social work, psychiatric nursing, counseling, and therapy services, necessary to meet the consumer's specific needs;

(5) Medications, treatments, and individual and/or group therapies;

(6) As applicable, family psychotherapy with the primary focus on treatment of the consumer's conditions; and

(7) 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 care plan.

(8) The consumer's advance wishes related to treatment and crisis management and, if the consumer does not wish to share their preferences, that decision is documented.

(b) Compliance with this Section will be determined by on-site review of clinical records and supported documentation.

450:17-5-182. Review of plan

(a) The facility will review, revise, and document the individualized service plan as frequently as the consumer's conditions require, but no less frequently than every six (6) months.

(b) A revised active plan must include information from the consumer's initial assessment and comprehensive assessments and updates, the progress toward goals specified in the written care plan, and changes, as applicable, in goals.

(c) Compliance with this Section will be determined by outcome monitoring, performance improvement activity reports and consumer records.

450:17-5-183. Care Coordination

(a) Based on a person and family-centered plan of care 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.

(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 detox facilities or other system(s) to ensure a formalized structure for transitional care planning, to include communication of inpatient admissions and discharges of BHH participants.

(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 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 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.

(f) Referral documents and releases of information shall comply with applicable privacy and consumer consent requirements.

(g) Compliance with this Section will be determined by on-site observation, review of organizational documents, contracts, MOUs, and clinical records.

450:17-5-184. Crisis Services

(a) The Facility shall make crisis management services available through clearly defined arrangements, for behavioral health emergencies during hours when the facility is closed. The Facility will also provide crisis management services that are available and accessible 24 hours a day and delivered within three hours from the time services are requested.

(b) Facility will make available, either directly or through a qualified DCO, the following co-occurring capable services:

(1) 24 hour mobile crisis teams;

(2) Emergency crisis intervention services; and

(3) Crisis stabilization.

(c) Crisis services must include suicide crisis response and services capable of addressing crises related to substance abuse and intoxication, including ambulatory and medical detoxification.

(d) Facility will have an established protocol specifying the role of law enforcement during the provision of crisis services.

(e) Compliance with this Section shall be determined by facility policies and clinical records.

450:17-5-185. Outpatient therapy services

(a) The facility will directly provide outpatient mental health and substance use disorder services that are evidence-based or best practices, consistent with the needs of the individual consumers as identified in their individual service plan. In the event specialized services outside the expertise of the facility are required for purposes of outpatient treatment, 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 could include, but not be limited to the following:

(1) Cognitive Behavior Therapy (CBT);

- (2) Trauma Focused Cognitive Behavior Therapy (TF-CBT);
- (3) Collaborative Assessment and Management of Suicidality (CAMS);
- (4) Chronic Care Disease Management; and
- (5) Motivational Interviewing.

(c) Outpatient therapy services shall include:

- (1) Individual therapy;
- (2) Group therapy;
- (3) Family therapy;
- (4) Psychological/psychometric evaluations or testing; and
- (5) Psychiatric assessments.

(d) Compliance with this Section shall be determined by facility policies and clinical records.

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.

(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.

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;
- (3) Community integration services;
- (4) Recovery support services including Illness Management & Recovery;
- (5) Financial management; and
- (6) Dietary and wellness education.

(b) 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.

(c) Compliance with this Section shall be determined by a review of facility policy and clinical records.

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.

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 VA medical facility.

(1) Active Duty Service Members (ADSM) must use their servicing MTF, and their MTF Primary Care Managers (PCMs) are contacted by the CCBHC regarding referrals outside the MTF.

(2) ADSMs and activated Reserve Component (Guard/Reserve) members who reside more than 50 miles (or one hour's drive time) from a military hospital or military clinic enroll in TRICARE PRIME Remote and use the network PCM, or select any other authorized TRICARE provider as the PCM. The PCM refers the member to specialists for care he or she cannot provide; and works with the regional managed care support contractor for referrals/authorizations;

(3) Members of the Selected Reserves, not on Active Duty (AD) orders, are eligible for TRICARE Reserve Select and can schedule an appointment with any TRICARE-authorized provider, network or non-network.

(4) Persons affirming former military service (veterans) are offered assistance to enroll in VHA for the delivery of health and behavioral health services. Veterans who decline or are ineligible for VHA services will be served by the CCBHC consistent with minimum clinical guidelines contained in the Uniform Mental Health Services Handbook.

(c) Care provided to veterans is required to be consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration (VHA), including guidelines contained in the Uniform Mental Health Services Handbook of such Administration. Clinical care and services for veterans will adhere to SAMHSA's definition and guiding principles of recovery, VHA recovery, and other VHA guidelines.

(d) The facility will ensure that every veteran seen for behavioral health services is assigned a Principal Behavioral Health Provider which will be made clear to the veteran and identified in the medical record. The principal behavioral health provider will ensure the following requirements are fulfilled:

(1) Regular contact is maintained with the veteran as clinically indicated by the treatment plan as long as ongoing care is required;

(2) A psychiatrist, or such other independent prescriber as satisfies the current requirements of the VHA Uniform Mental Health Services Handbook, reviews and reconciles each veteran's psychiatric medications on a regular basis;

(3) Coordination and development of the veteran's treatment plan incorporates input from the veteran and veteran's family when allowed and appropriate;

(4) Implementation of the treatment plan is monitored and documented which includes tracking progress in the care delivered, outcomes achieved and the goals attained.

(5) The treatment plan is revised, as necessary, but no less than once every six (6) months;

(6) The principal therapist or Principal Behavioral Health Provider communicates with the veteran about the treatment plan, and for addressing any of the veteran's concerns about their care. For veterans who are at high risk of losing decision-making capacity, such as those with a diagnosis of schizophrenia or schizoaffective disorder, such communications need to include discussions regarding future behavioral health care treatment.

(7) The treatment plan reflects the veteran's goals and preferences for care and that the veteran verbally consents to the treatment plan in accordance with VHA Handbook requirements. For veterans who have been determined to lack capacity, the provider must identify the authorized surrogate and document the surrogate's verbal consent to the treatment plan.

(e) Compliance with this Section shall be determined by a review of facility policies and clinical records.

450:17-5-190. Electronic health records and data sharing

(a) The facility shall have 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.

450:17-5-191. Consumer (Patient Care) Registries and Population Health Management

(a) The facility must implement clinical decision support mechanisms, including but not limited to point-of-care reminders, 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 a health home information management system, subject to prior approval by the Director of ODMHSAS Provider Certification, 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.

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.

SUBCHAPTER 7. FACILITY CLINICAL RECORDS

450:17-7-3. Basic requirements

(a) The CMHC's policies and procedures shall:

(1) Define the content of the consumer record in accordance with 450:17-7-4 through 17-7-9.

(2) Define storage, retention and destruction requirements for consumer records. ODMHSAS operated CMHCs shall comply with the Department's Records Disposition Schedule as approved by the Oklahoma Archives and Records Commission.

(3) Require consumer records be maintained in locked equipment which is kept within a locked room, vehicle, or premise.

(4) Require legible entries in consumer records, signed with first name or initial, and last name, ~~and dated by~~ of the person making the entry.

(5) Require the consumer's name be typed or written on each page in the consumer record.

(6) Require a signed consent for treatment before a consumer is admitted on a voluntary basis.

(7) Require a signed consent for follow-up before any contact after discharge is made.

(b) Compliance with 450:17-7-3 shall be determined by a review of the following: facility policy, procedures or operational methods; clinical records; other facility provided documentation; and PI information and reports. A CMHC may propose administrative and clinical efficiencies through a streamlining of the requirements noted in this subchapter if client outcomes are maintained or improved and face-to-face clinical time is able to be increased by proposed reduction in recordkeeping requirements. Such proposal shall be submitted for consideration and approval by the Department.

450:17-7-5. Clinical record content, screening, intake 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 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) Upon determination of appropriate admission, consumer demographic information shall be collected.

(d) All programs shall complete a psychological-social 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) ~~above as well as dictate timeframes by when intake assessment must be completed for each program service to which a client is admitted.~~

(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 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: psychological-social assessment instruments; consumer records; case management assessments; interviews with staff and consumers; policies and procedures and other facility documentation.

450:17-7-8. Behavioral Health Service plan

(a) 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 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 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.~~ 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 for the consumer customer (if over age 14), the parent/guardian (if under age 18 or otherwise applicable), and the primary service practitioner.

(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.

SUBCHAPTER 21. STAFF DEVELOPMENT AND TRAINING

450:17-21-3. Annually required in-service training for all employees

(a) In-service presentations shall be conducted each calendar year and are required for all employees upon hire and annually thereafter on the following topics:

(1) Fire and safety;

(2) AIDS and HIV precautions and infection control;

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

(4) Confidentiality;

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

(6) Facility policy and procedures;

(7) Cultural Competence (including military culture if active duty or veterans are being served);

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

(9) Trauma informed; and

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

(b) All clinical staff 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 three (3) months of being hired with annual updates thereafter.

(c) The local facility Executive Director shall designate which positions and employees, including temporary employees, will be required to successfully complete physical intervention training. An employee shall not provide direct care services to consumers until completing this training.

(d) The training curriculum for 450:17-21-3 (b) and (c) must be approved by the ODMHSAS commissioner or designee in writing prior to conducting of any training pursuant to this provision.

(e) Compliance with 450:17-21-3 shall be determined by a review of in-service training records; personnel records; and other supporting written information provided.