

# OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

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## TITLE 450

# CHAPTER 23

## Standards and Criteria for Community-Based Structured Crisis Centers

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**TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE  
SERVICES  
SUBCHAPTER 1. GENERAL PROVISIONS**

**450:23-1-1. Purpose**

This chapter sets forth the Standards and Criteria used in the certification of CBSCC's (43A O.S. § 3-317). The rules regarding the certification processes including, but not necessarily limited to, applications, fees, requirements for, levels of, and administrative sanctions are found at OAC 450:1, Subchapters 5 and 9.

**450:23-1-2. Definitions**

The following words or terms, when used in this Chapter, shall have the defined meaning, unless the context clearly indicates otherwise:

**"Abuse"** means the causing or permitting of harm or threatened harm to the health, safety, or welfare of a resident by a staff responsible for the resident's health, safety, or welfare, including but not limited to: non-accidental physical injury or mental anguish; sexual abuse; sexual exploitation; use of mechanical restraints without proper authority; the intentional use of excessive or unauthorized force aimed at hurting or injuring the resident; or deprivation of food, clothing, shelter, or healthcare by a staff responsible for providing these services to a resident.

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

**"Community-based Structured Crisis Center"** or **"CBSCC"** means a program of non-hospital emergency services for mental health and substance use disorder crisis stabilization as authorized by O.S. 43A 3-317, including, but not limited to, observation, evaluation, emergency treatment and referral, when necessary, for inpatient psychiatric or substance use disorder treatment services. This service is limited to CMHC's and Comprehensive Community Addiction Recovery Centers (CCARCs) who are certified by the Department of Mental Health and Substance Abuse Services or facilities operated by the Department of Mental Health and Substance Abuse Services.

**"Consumer"** means an individual, who has applied for, is receiving or has received evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons.

**"Co-occurring disorder"** means any combination of mental health and substance use disorder symptoms or diagnoses in a client.

**"Co-occurring disorder capability"** means the organized capacity within any type of program to routinely screen, identify, assess, and provide properly matched interventions to individuals with co-occurring disorders.

**"Crisis intervention"** means an immediately available service to meet the psychological, physiological and environmental needs of individuals who are experiencing a mental health and/or substance abuse crisis.

**"Crisis stabilization"** means emergency psychiatric and substance abuse services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment and referral.

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

**"Emergency detention"** as defined by 43A § 5-206 means the detention of a person who appears to be a person requirement treatment in a facility approved by the Commissioner of Mental Health and Substance Abuse Services as appropriate for such detention after the completion of an emergency examination, either in person or via telemedicine, and a determination that emergency detention is warranted for a period not to exceed one hundred twenty (120) hours or five (5) days, excluding weekends and holidays, except upon a court order authorizing detention beyond a one hundred twenty (120) hour period or pending the hearing on a petition requesting involuntary commitment or treatments provided by 43A of the Oklahoma Statutes.

**"Emergency examination"** For adults: means the examination of a person who appears to be a mentally ill person, an alcohol-dependent person, or drug-dependent person and a person requiring treatment, and whose condition is such that it appears that emergency detention may be warranted, by a licensed mental health professional to determine if emergency detention of the person is warranted. The examination must occur within twelve (12) hours of being taken into protective custody.

**"Homeless"** a homeless person is a person who; a) lacks a fixed, regular and adequate night time residence AND b) has a primary nighttime residence that is a supervised publicly or privately operated shelter designated to provide temporary living accommodations including welfare hotels, congregate shelters, half way houses, and transitional housing for the mentally ill; or an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, not limited to people living on the streets. Individuals are considered homeless if they have lost their permanent residence, and are temporarily living in a shelter to avoid being on the street.

**"Initial Assessment"** means examination of current and recent behaviors and symptoms of a person or minor who appears to be mentally ill or substance dependent.

**"Intervention plan"** means a description of services to be provided in response to the presenting crisis situation that incorporates the identified problem(s), strengths, abilities, needs and preferences of the individual served.

**"Licensed mental health professional"** or **"LMHP"** as defined in Title 43A § 1-103(11).

**"Linkage services"** means the communication and coordination with other service providers that assure timely appropriate referrals between the CBSCC and other providers.

**"Minor"** means any person under eighteen (18) years of age.

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

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

**"Performance Improvement"** or **"PI"** means an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of consumers and others. Synonyms, and near synonyms include continuous performance improvement, continuous improvement, organization-wide performance improvement and total quality management.

**"Persons with special needs"** means any persons with a condition which is considered a disability or impairment under the "American with Disabilities Act of 1990" including, but not limited to the deaf/hearing impaired, visually impaired, physically disabled, developmentally disabled, persons with disabling illness, persons with mental illness and/or substance abuse disorders. See "Americans with Disabilities Handbook," published by U.S. Equal Employment Opportunity Commission and U.S. Department of Justice.

**"PICIS"** means a comprehensive management information system based on national standards for mental health and substance abuse databases. It is a repository of diverse data elements that provide information about organizational concepts, staffing patterns, consumer profiles, program or treatment focus, and many other topics of interest to clinicians, administrators and consumers. It includes unique identifiers for agencies, staff and consumers that provide the ability to monitor the course of consumer services throughout the statewide DMHSAS network. PICIS collects data from hospitals, community mental health centers, substance abuse agencies, domestic violence service providers, residential care facilities, prevention programs, and centers for the homeless which are operated or funded in part by DMHSAS.

**"Progress notes"** mean a chronological description of services provided to a consumer, the consumer's progress, or lack of, and documentation of the consumer's response related to the intervention plan.

**"Psychosocial evaluations"** 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.

**"Restraint"** refers to manual, mechanical, and chemical methods that are intended to restrict the movement or normal functioning of a portion of the individual's body. For minors: mechanical restraints shall not be used.

**"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.

**"Triage"** means a dynamic process of evaluating and prioritizing the urgency of crisis intervention needed based on the nature and severity of consumers' presenting situations.

**"Trauma Informed"** means the recognition and responsiveness to the presence of the effects of past and current traumatic experiences in the lives of all consumers.

#### **450:23-1-3. Meaning of verbs in rules**

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

- (1) "Shall" is the term used to indicate a mandatory statement, the only acceptable method under the present standards.
- (2) "Should" is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.
- (3) "May" is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

#### **450:23-1-4. Applicability**

The standards and criteria for services as subsequently set forth in this chapter are applicable to CBSCCs as stated in each subchapter.

### **SUBCHAPTER 3. CBSCC SERVICES**

#### **PART 1. FACILITY BASED-CRISIS STABILIZATION**

##### **450:23-3-1. Required services**

Each CBSCC shall provide facility based co-occurring disorder capable crisis intervention and stabilization services.

##### **450:23-3-2. Facility based crisis stabilization**

- (a) The CBSCC shall provide crisis stabilization to individuals who are in crisis as a result of a mental health and/or substance use disorder related problem. Each crisis stabilization program must be specifically accessible to individuals who present with co-occurring disorders. The CBSCC must have the capability of providing services to individuals who are in emergency detention status. The CBSCC may provide services in excess of 24 hours during one episode of care.
- (b) Crisis stabilization services shall be provided in the least restrictive setting possible. Services should be provided within, or as close to the community in which they reside as possible.
- (c) A physician shall be available at all times for the crisis unit, either on-duty or on call. If the physician is on call, he or she shall respond by telephone or in person to the licensed staff on duty at the crisis unit within 20 minutes.
- (d) Crisis stabilization services shall include, but not be limited to, the following service components and each shall have written policy and procedures and each shall be co-

occurring disorder capable and trauma informed, with policies and procedures that support this capability:

- (1) Triage services;
  - (2) Co-occurring capable Psychiatric crisis stabilization; and
  - (3) Co-occurring capable Drug/alcohol crisis stabilization.
- (e) The CBSCC shall have written policy and procedures addressing mechanical restraints for adults only, and these shall be in compliance with 450:23-9-4.
- (f) Compliance with 450:23-3-2 shall be determined by on-site observation, and a review of the following: clinical records; ICIS information; and the CBSCC policy and procedures.

#### **450:23-3-3. Crisis stabilization, triage**

- (a) Crisis stabilization services shall include twenty-four (24) hour triage services and emergency examination.
- (b) Qualified staff providing triage services shall be:
- (1) Clinically privileged pursuant to the CBSCC's privileging requirements for crisis stabilization services; and
  - (2) Knowledgeable about applicable laws, ODMHSAS rules, facility policy and procedures, and referral sources.
- (c) Components of this service shall minimally include the capacity to provide:
- (1) Immediate response, on-site and by telephone;
  - (2) Screening for the presence of co-occurring disorders;
  - (3) integrated Emergency mental health and/or substance use disorder examination on site or via telemedicine; and
  - (4) Referral, linkage, or a combination of the two services.
- (d) The CBSCC shall have written policy and procedures minimally:
- (1) Providing twenty-four (24) hour, seven (7) days per week, triage crisis services; and
  - (2) Defining methods and required content for documentation of each triage crisis response service provided.
  - (3) Ensuring that individuals who present in crisis with co-occurring disorders are identified, and that there are no barriers to access triage crisis response based on arbitrary alcohol or drug levels, types of diagnosis or medications while remaining in compliance with facility certification, licensure, and medical standards. Nothing in this Section shall require a facility to treat a consumer is not medically stable pursuant to Title 43A.
- (e) Compliance with 450:23-3-3 shall be determined by a review of the following: clinical privileging records; personnel files and job descriptions; policy and procedures, program description; on-site observation; and clinical documentation of services provided.

#### **450:23-3-4. Crisis stabilization services, psychiatric services [REVOKED]**

#### **450:23-3-5. Crisis stabilization, psychiatric, substance use disorder and co-occurring services**

(a) Crisis stabilization services shall provide continuous twenty-four (24) hour evaluation, observation, crisis stabilization, and social services intervention seven (7) days per week for consumers experiencing mental health or substance use disorder related crises; or those who present with co-occurring disorders.

(b) Licensed nurses and other support staff shall be adequate in number to provide care needed by consumers twenty-four (24) hours a day seven (7) days per week.

(c) Crisis stabilization services shall be provided by a co-occurring disorder capable multidisciplinary team of medical, nursing, social services, clinical, administrative, and other staff adequate to meet the clinical needs of the individuals served.

(d) Staff members assigned to a medical supervised detoxification component shall be knowledgeable about the physical signs of withdrawal, the taking of vital signs and the implication of those vital signs, and emergency procedures as well as demonstrating core competencies in addressing the needs of individuals receiving detoxification services who may have co-occurring mental health disorders and be on psychotropic medication.

(e) Services shall minimally include:

(1) Medically-supervised substance use disorder and mental health screening, observation and evaluation;

(2) Initiation and medical supervision of rapid stabilization regimen as prescribed by a physician, including medically monitored detoxification where indicated;

(3) Medically-supervised and co-occurring disorder capable detoxification, in compliance with procedures outlined in OAC Title 450, Subchapter 18;

(4) Intensive care and intervention during acute periods of crisis stabilization;

(5) Motivational strategies to facilitate further treatment participation for mental health and/or substance abuse needs; and,

(6) Providing referral, linkage or placement, as indicated by consumer needs.

(f) Crisis stabilization services, whether psychiatric, substance use disorder, or co-occurring, shall be utilized only after less restrictive community resources have been determined to be inadequate to meet the current needs of the consumer.

(g) Compliance with 450:23-3-5 shall be determined by a review of the following: personnel files and clinical privileges records; clinical records; ICIS information; policy and procedures; critical incident reports; staffing; census; and by on-site observation.

#### **450:23-3-6. Mechanical restraints for adult consumers only [AMENDED AND RENUMBERED TO 450:23-9-4]**

##### **450:23-3-6.1. Mechanical restraints will not be used for minors in treatment [AMENDED AND RENUMBERED TO 450:23-9-5]**

##### **450:23-3-7. Linkage Services to higher or lower levels of care, or longer term placement**

(a) Persons needing mental health services shall be treated with the least restrictive clinically appropriate methods.

(b) In cases where consumers are not able to stabilize in or are not appropriate for the CBSCC unit, linkage services shall be provided, including the following steps:

- (1) Qualified CBSCC staff shall perform the crisis intervention and referral process to the appropriate treatment facility.
  - (2) The referral process shall require referral to the least restrictive service to meet the needs of the consumer. The referral shall be discussed with the consumer, the consumer's legal guardian, or both the consumer and legal guardian as applicable, and shall include a discussion of why a less restrictive community resource was not utilized if applicable. This discussion shall be documented in the consumer's record. If an adult consumer wishes to include family members in the decision making process, appropriate releases should be obtained.
  - (3) Staff shall make referral to an appropriate treatment facility to include demographic and clinical information and documentation. Appropriate releases should be obtained as indicated.
- (c) If the CBSCC is referring an adult to a state-operated inpatient facility, the consumer must meet the criteria in OAC 450:30-9-3 and the CBSCC must comply with OAC 450:30-9-4.
- (d) Compliance with 450:23-3-7 shall be determined by a review of the following: clinical records; psychiatric hospital information and admission records as applicable; consumer data required for submission to ODMHSAS; and PI monitoring information as available from both the CBSCC and the psychiatric inpatient hospital.

#### **450:23-3-8. Services to homeless individuals**

- (a) The CBSCC shall provide linkage services to individuals and families who meet the ODMHSAS definition of homeless.
- (b) The CBSCC shall provide the following services to such homeless individuals:
- (1) Linkage and contacts for housing placement,
  - (2) If housing placement can not be obtained, then linkage and contacts with local emergency services including shelters and homeless project coordinators at designated community mental health centers.
  - (3) Referrals to income benefit programs, local housing authorities, community food banks, among other services;
  - (4) For Unaccompanied minors, ensure appropriate guardianship prior to discharge.
- (c) The CBSCC shall have policy and procedures for guidelines to these services.
- (d) Compliance with 450:23-3-8 shall be determined by on-site observation and review of the following: documentation of linkage activities and agreements; clinical records; ICIS reporting data; and, CBSCC policy and procedures.

#### **450:23-3-9. Pharmacy services**

- (a) The CBSCC shall provide specific arrangements for pharmacy services to meet consumers' needs. Provision of services may be made through agreement with another program, through a pharmacy in the community, or through the CBSCC's own Oklahoma licensed pharmacy.
- (b) Compliance with 450:23-3-9 shall be determined by a review of the following: clinical records; written agreements for pharmacy services; and State of Oklahoma pharmacy license.
- (c) Failure to comply with 450:23-3-9 will result in immediate denial, suspension and/or revocation of certification.

## PART 2. URGENT RECOVERY CLINIC SERVICES

### **450:23-3-20. Applicability**

The services in this Part are optional services. However, if the services in this Part are provided, either on the initiative of the facility, or as an ODMHSAS contractual requirement of the facility, all rules and requirements of this Part shall apply to the facility's certification. Urgent Recovery Clinics can operate in conjunction with a facility-based crisis stabilization unit or as a stand-alone facility.

### **450:23-3-21. Urgent Recovery Clinic services**

(a) Urgent Recovery Clinics (URC) offer services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress. Each facility must be specifically accessible to individuals who present with co-occurring disorders. URCs shall not provide more than twenty-three (23) hours and fifty-nine (59) minutes of services to a consumer during one episode of care.

(b) URC services shall include, but not be limited to, the following service components and each shall have written policy and procedures and each shall be co-occurring disorder capable and trauma informed, with policies and procedures that support this capability:

- (1) Triage crisis response;
- (2) Crisis intervention;
- (3) Crisis assessment;
- (4) Crisis intervention plan development; and
- (5) Linkage and referral to other services as applicable.

### **450:23-3-22. Urgent Recovery crisis response**

(a) URC services shall include twenty-four (24) hour crisis response services and emergency examination.

(b) Qualified staff providing triage-crisis response services shall be:

- (1) Clinically privileged pursuant to the facility's privileging requirements for crisis stabilization services; and
- (2) Knowledgeable about applicable laws, ODMHSAS rules, facility policy and procedures, and referral sources.

(c) Components of this service shall minimally include the capacity to provide:

- (1) Immediate response, face to face, by telephone and by the provision of mobile services;
- (2) Screening for the presence of co-occurring disorders;
- (3) Emergency mental health and/or substance use disorder examination on site or via telemedicine;
- (4) Referral, linkage, or a combination of the two services.

(d) The URC shall have written policy and procedures minimally:

- (1) providing twenty-four (24) hour, seven (7) days per week, crisis response services;
- (2) Defining methods and required content for documentation of each crisis response service provided; and

(3) Ensuring that individuals who present in crisis with co-occurring disorders are identified, and that there are no barriers to access crisis intervention services based on arbitrary alcohol or drug levels, types of diagnosis or medications.

(e) Compliance with this Section shall be determined by a review of the following: Clinical privileging records, personnel files and job descriptions; policy and procedures, program description; on-site observation; and clinical documentation of services provided.

#### **450:23-3-23. URC Crisis intervention services**

(a) URCs shall provide up to twenty-three (23) hours fifty-nine (59) minutes of evaluation, crisis stabilization, and social services intervention per consumer per episode of care and must be available seven (7) days per week for consumers experiencing substance abuse related crisis; consumers in need of assistance for emotional or mental distress; or those with co-occurring disorders.

(b) Licensed behavioral health professionals and other support staff shall be adequate in number to provide care needed by consumers twenty-four (24) hours a day seven (7) days per week.

(c) The URC shall provide or otherwise ensure the capacity for a practitioner with prescriptive authority at all times for consumers in need of emergency medication services.

(d) Crisis intervention services shall be provided by a co-occurring disorder capable team of social services, clinical, administrative, and other staff adequate to meet the clinical needs of the individuals served and make appropriate clinical decisions to:

- (1) Determine an appropriate course of action;
- (2) Stabilize the situation as quickly as possible; and
- (3) Guide access to inpatient services or less restrictive alternatives, as necessary.

(e) Compliance with this Section shall be determined by a review of the following: personnel files and clinical privileges records; clinical records; PICIS information; policy and procedures; critical incident reports; staffing; census; and by on-site observation.

#### **450:23-3-24. Linkage Services to higher or lower levels of care, or longer term placement and services to homeless individuals.**

(a) URCs services shall provide Linkage as set forth in 450:23-3-7.

(b) URCs shall provide services to homeless individuals as set forth in 450:23-3-8.

### **SUBCHAPTER 5. CBSCC CLINICAL RECORDS**

#### **450:23-5-1. Clinical record keeping system**

Each CBSCC shall maintain an organized clinical record keeping system to collect and document information appropriate to the treatment processes. This system shall be organized; easily retrievable, usable clinical records stored under confidential conditions and with planned retention and disposition.

#### **450:23-5-2. Basic requirements**

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

- (1) define the content of the consumer record in accordance with 450:23-5-4 through 23-5-9;
- (2) define storage, retention and destruction requirements for consumer records;
- (3) require consumer records be confidentially maintained in locked equipment under secure measures;
- (4) require legible entries in consumer records signed with first name or initial, last name, and dated by the person making the entry;
- (5) require the consumer's name be typed or written on each sheet of paper or page in the consumer record;
- (6) require a signed consent for treatment before the consumer is admitted on a voluntary basis; and
- (7) require a signed consent for follow-up before any contact after discharge is made.

(b) Compliance with 450:23-5-2 shall be determined by on-site observation and a review of the following: CBSCC policy, procedures and operational methods; clinical records; other CBSCC provided documentation; and PI information and reports.

#### **450:23-5-3. Record access for clinical staff**

(a) The CBSCC shall assure consumer records are readily accessible to the CBSCC staff directly caring for the consumer. Such access shall be limited to the minimum necessary to carry out the staff member's job functions or the purpose for the use of the records.

(b) Compliance with 450:23-5-3 shall be determined by on-site observation and staff interviews.

#### **450:23-5-4. Clinical record content, intake and assessment**

(a) The CBSCC shall assess each individual to determine appropriateness of admission. Initial assessments by an LMHP are to be completed on all minors voluntary or involuntary prior to admission.

(b) Consumer intake information shall contain, but not be limited to the following identification data:

- (1) Consumer name;
- (2) Name and identifying information of the legal guardian(s)
- (3) Home address;
- (4) Telephone number;
- (5) Referral source;
- (6) Reason for referral;
- (7) Significant other to be notified in case of emergency;
- (8) PICIS intake data core content;
- (9) Presenting problem and disposition;
- (10) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities shall be obtained during intake and kept in a highly visible location in or on the record; and
- (11) Screening for co-occurring disorders, trauma, and homelessness, medical and legal issues.

(c) Consumer assessment information for consumers admitted to facility-based crisis stabilization shall be completed within 72 hours of admission. Assessment information for consumers in a URC, if applicable, shall be completed within twelve (12) hours of arrival.

(1) Integrated mental health and substance abuse psychosocial evaluation that minimally addresses:

(A) The consumer's strengths and abilities to be considered during community re-entry;

(B) Economic, vocational, educational, social, family and spiritual issues as indicated; and

(C) An initial discharge plan.

(2) Interpretive summary of relevant assessment findings that results in the development of an intervention plan addressing mental health, substance use disorder, and other related issues contributing to the crisis;

(3) An integrated intervention plan that minimally addresses the consumer's:

(A) Presenting crisis situation that incorporates the identified problem(s);

(B) Strengths and abilities;

(C) Needs and preferences; and

(D) Goals and objectives.

(d) Compliance with 450:23-5-4 shall be determined by a review of the following: intake assessment instruments and other intake documents of the CBSCC; clinical records; and, other agency documentation of intake materials or requirements.

#### **450:23-5-5. Health, mental health, substance abuse, and drug history**

(a) A health and drug history shall be completed for each consumer at the time of admission in facility-based crisis stabilization and as soon as practical in the URC. The medical history shall include obtainable information regarding:

(1) Name of medication;

(2) Strength and dosage of current medication;

(3) Length of time patient was on the medication if known;

(4) Benefit(s) of medication;

(5) Side effects;

(6) The prescribing medical professional if known; and

(7) Relevant drug history of family members.

(b) A mental health history, including symptoms and safety screening, shall be completed for each consumer at the time of admission in facility-based crisis stabilization and as soon as practical in the URC.

(c) A substance abuse history, including checklist for use, abuse, and dependence for common substances (including nicotine and caffeine) and screening for withdrawal risk and IV use shall be completed for each consumer at the time of admission

(d) Compliance with 450:23-5-5 shall be determined by a review of clinical records.

#### **450:23-5-6. Progress notes**

(a) The CBSCC shall have a policy and procedure mandating the chronological documentation of progress notes for consumers admitted to facility-based crisis stabilization.

- (b) Progress notes shall minimally address the following:
  - (1) Person(s) to whom services were rendered;
  - (2) Activities and services provided and as they relate to the goals and objectives of the intervention plan, including ongoing reference to the intervention plan;
  - (3) Documentation of the progress or lack of progress in crisis resolution as defined in the intervention plan;
  - (4) Documentation of the intervention plan's implementation, including consumer activities and services;
  - (5) The consumer's current status;
  - (6) Documentation of the consumer's response to intervention services, changes in behavior and mood, and outcome of intervention services;
  - (7) Plans for continuing therapy or for discharge, whichever is appropriate; and
- (c) Progress notes shall be documented according to the following time frames:
  - (1) Intervention team shall document progress notes daily; and
  - (2) Nursing service shall document progress notes on each shift.
- (d) Compliance with 450:23-5-6 shall be determined by a review of clinical records.

#### **450:23-5-7. Medication record**

- (a) The CBSCC shall maintain a medication record on all consumers who receive medications or prescriptions in order to provide a concise and accurate record of the medications the consumer is receiving or has been prescribed for the consumer.
- (b) The consumer record shall contain a medication record with information on all medications ordered or prescribed by physician staff which shall include, but not be limited to:
  - (1) The record of medication administered, dispensed or prescribed shall include all of the following:
    - (A) Name of medication,
    - (B) Dosage,
    - (C) Frequency of administration or prescribed change,
    - (D) Route of administration, and
    - (E) Staff member who administered or dispensed each dose, or prescribing physician; and
  - (2) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities shall be updated when required by virtue of new information, and kept in a highly visible location in or on the record.
- (c) Compliance with 450:23-5-7 shall be determined by a review of medication records in clinical records; and a review of clinical records.

#### **450:23-5-7.1. Aftercare and discharge planning**

- (a) Aftercare and discharge planning is to be initiated for the consumer at the earliest possible point in the crisis stabilization service delivery process. Discharge planning must be matched to the consumer's needs and address the presenting problem and any identified co-occurring disorders or issues.
- (b) The program will have designated staff with responsibility to initiate discharge planning.
- (c) Referral and linkage procedures shall be in place so staff can adequately advocate

on behalf of the person served as early as possible during the stabilization treatment process to transition to lesser restrictive or alternative treatment settings, as indicated.

(d) Compliance with 450:23-5-7.1 shall be determined by a review of closed consumer records, policies and procedures, and interviews with referral contacts.

#### **450:23-5-8. Aftercare and discharge summary**

(a) An aftercare plan shall be entered into each consumer's record upon discharge from the CBSCC. A copy of the plan shall be given to the consumer, the consumer's legal guardian, or both the consumer and legal guardian as applicable, as well as to any facility designated to provide follow-up with a valid written authorization by the consumer, the consumer's legal guardian, or both the consumer and legal guardian as applicable.

(b) An aftercare plan shall include a summary of progress made toward meeting the goals and objectives of the intervention plan, as well as an overview of psychosocial considerations at discharge, and recommendations for continued follow-up after release from the CBSCC.

(c) The aftercare plan shall minimally include:

- (1) Presenting problem at intake;
- (2) Any co-occurring disorders or issues, and recommended interventions for each;
- (3) Physical status and ongoing physical problems;
- (4) Medications prescribed at discharge;
- (5) Medication and lab summary, when applicable;
- (6) Names of family and significant other contacts;
- (7) Any other considerations pertinent to the consumer's successful functioning in the community;
- (8) The Consumer's, the consumer's legal guardian, or as indicated both the consumer's and legal guardian's comments on participation in his or her crisis resolution efforts; and
- (9) The credentials of the staff members treating the consumer and their dated signatures.

(d) Compliance with 450:23-5-8 shall be determined by a review of closed consumer records.

#### **450:23-5-9. Other records content**

(a) The consumer record shall contain copies of all consultation reports concerning the consumer.

(b) When psychometric or psychological testing is done, the consumer record shall contain a copy of a written report describing the test results and implications and recommendations for treatment.

(c) The consumer record shall contain any additional information relating to the consumer, which has been secured from sources outside the CBSCC.

(d) Compliance with 450:23-5-9 shall be determined by a review of clinical records.

## **SUBCHAPTER 7. CONFIDENTIALITY**

### **450:23-7-1. Confidentiality, mental health consumer information and records [REVOKED]**

#### **450:23-7-1.1. Confidentiality of mental health and drug or alcohol abuse treatment information**

Confidentiality policy, procedures and practices must comply with federal and state law, guidelines, and standards, and with department rules as outlined in 450:15-3-20.1.

### **450:23-7-2. Confidentiality, substance abuse consumer information and records [REVOKED]**

## **SUBCHAPTER 9. CONSUMER RIGHTS**

### **450:23-9-1. Consumer rights, Community-based Structured Crisis Center**

Each CBSCC either operated by, certified by, or under contract with ODMHSAS providing CBSCC services shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

### **450:23-9-2. Consumers' grievance policy**

Each CBSCC shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

### **450:23-9-3. ODMHSAS advocate general**

The ODMHSAS Office of Consumer Advocacy, in any investigation or program monitoring regarding consumer rights shall have access to clients, CBSCC records and CBSCC staff as set forth in OAC Title 450, subchapter 15.

### **450:23-9-4. Mechanical restraints for adult consumers only**

(a) Mechanical restraints shall not be used on a non-consenting individual unless a licensed CBSCC physician personally examines the individual and determines their use to be required for the safety and protection of the consumer or other persons. This shall not prohibit the emergency use of restraint pending notification of the physician.

(b) The CBSCC shall have a written protocol for the use of mechanical restraints which includes, but is not limited to:

- (1) Criteria to be met prior to authorizing the use of mechanical restraints;
- (2) Signature of the licensed physician authorizing use is required;
- (3) Time limit of said authorizations;
- (4) Circumstances which automatically terminate an authorization;
- (5) Setting a time period, not to exceed every fifteen (15) minutes, an individual in mechanical restraints shall be observed and checked by a designated staff under the on-site supervision of a registered nurse;
- (6) Requiring in every use of mechanical restraints documentation the specific reason for such use, the actual start and stop times of use, authorizing licensed

CBSCC physician signature, and record of times the consumer was observed and checked and by whom;

(7) A chronological log including the name of every consumer placed in mechanical restraints, and the occurrence date. In accordance with 43 A O.S. § 4-106, the CBSCC director, or designee shall be responsible for insuring compliance with record keeping mandates;

(8) A process of peer review to evaluate use of mechanical restraints; and

(9) The items listed in (1) through (6) of this rule shall be made a part of the consumer record.

(c) Compliance with 450:23-3-6 shall be determined by on-site observation and a review of the following: CBSCC policy and procedures; the mechanical restraint log; seclusion and restraint logs; clinical record; critical incident reports; and any other supporting CBSCC documentation.

(d) Failure to comply with 450:23-3-6 will result in the initiation of procedures to deny, suspend and/or revoke certification.

#### **450:23-9-5. Mechanical restraints will not be used for minors in treatment**

(a) Mechanical restraints will not be used on minors

(b) Seclusion and restraint policy and procedures for minors should at the minimum meet federal, state, and accrediting guidelines and standards

(c) Failure to comply with 450:23-3-6.1 will result in the initiation of procedures to deny, suspend and/or revoke certification.

### **SUBCHAPTER 11. ORGANIZATIONAL MANAGEMENT**

#### **450:23-11-1. Organizational description**

(a) The CBSCC shall have a written organizational description which is reviewed annually and minimally includes:

(1) The overall target population, specifically including those individuals with co-occurring disorders, for whom services will be provided;

(2) The overall mission statement;

(3) The annual facility goals and objectives, including the goal of continued progress for the facility in providing person centered, culturally competent, trauma informed and co-occurring capable services;

(b) The CBSCC's governing body shall approve the mission statement and annual goals and objectives and document their approval.

(c) The CBSCC shall make the organizational description, mission statement and annual goals and objectives available to staff.

(d) The CBSCC shall make the organizational description, mission statement and annual goals and objectives available to the general public upon request.

(e) Each CBSCC shall have a written plan for professional services which shall have in writing the following:

(1) Services description and philosophy;

(2) The identification of the professional staff organization to provide these services;

(3) Written admission and exclusionary criteria to identify the type of clients for

whom the services are primarily intended; and

(4) Written goals and objectives.

(5) Delineation of processes to assure accessible, integrated, and co-occurring capable services and a plan for how each program component will address the needs of individuals with co-occurring disorders.

(f) There shall be a written statement of the procedures/plans for attaining the organization's goals and objectives. These procedures/plans should define specific tasks, including actions regarding the organization's co-occurring capability, set target dates and designate staff responsible for carrying out the procedures or plans.

(g) Compliance with 450:23-11-1 shall be determined by a review of the following: CBSCC target population definition; CBSCC policy and procedures; mission statement; written plan for professional services; other stated required documentation; and any other supporting documentation.

### **450:23-11-2. Information Analysis and Planning**

(a) The CBSCC shall have a defined plan for conducting an organizational needs assessment that specifies the methods and data to be collected, which shall include but not limited to information from:

- (1) Clients;
- (2) Governing Authority;
- (3) Staff;
- (4) Stakeholders;
- (5) Outcomes management processes; and
- (6) Quality record review.

(b) The CBSCC shall have a defined system to collect data and information on a quarterly basis to manage the organization.

(c) Information collected shall be analyzed to improve consumer services and organizational performance.

(d) The CBSCC shall prepare an end of year management report, which shall include but not be limited to:

- (1) An analysis of the needs assessment process; and
- (2) Performance improvement program findings.

(e) The management report shall be communicated and made available to among others:

- (1) The governing authority;
- (2) CBSCC staff; and
- (3) ODMHSAS if and when requested.

(f) Compliance with 450:23-11-2 shall be determined by a review of the following: written program evaluation plan(s); written annual program evaluation(s); special or interim program evaluations; program goals and objectives; and other supporting documentation provided.

## **SUBCHAPTER 13. PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT**

### **450:23-13-1. Performance improvement program**

- (a) The CBSCC shall have an ongoing performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of consumer care.
- (b) The Performance improvement program shall also address the fiscal management of the organization.
- (c) There shall be an annual written plan for performance improvement activities. The plan shall include, but not be limited to:
  - (1) Outcomes management processes specific to each program component minimally measuring:
    - (A) efficiency;
    - (B) effectiveness; and
    - (C) consumer satisfaction.
  - (2) A quarterly record review to minimally assess:
    - (A) quality of services delivered;
    - (B) appropriateness of services;
    - (C) patterns of service utilization;
    - (D) consumers, relevant to:
      - (i) their orientation to the CBSCC and services being provided; and
      - (ii) their active involvement in making informed choices regarding the services they receive;
    - (E) the consumer assessment information thoroughness, timeliness and completeness;
    - (F) treatment goals and objectives are based on:
      - (i) assessment findings; and
      - (ii) consumer input;
    - (G) services provided were related to the goals and objectives;
    - (H) services are documented as prescribed by policy;
    - (I) the treatment plan is reviewed and updated as prescribed by policy;
  - (3) Clinical privileging;
  - (4) Fiscal management and planning, which shall include:
    - (A) an annual budget that is approved by the governing authority and reviewed at least annually;
    - (B) the organization's capacity to generate needed revenue to produce desired consumer and other outcomes;
    - (C) monitoring consumer records to ensure documented dates of services provided coincide with billed service encounters; and,
  - (5) Review of critical incident reports and consumer grievances or complaints.
- (d) The CBSCC shall monitor the implementation of the performance improvement plan on an ongoing basis and makes adjustments as needed.
- (e) Performance improvement findings shall be communicated and made available to, among others:
  - (1) the governing authority;
  - (2) CBSCC staff; and
  - (3) ODMHSAS if and when requested.

(f) Compliance with 450:23-13-1 shall be determined by a review of the following: written program evaluation plan; written program evaluations annual, special or interim; program goals and objectives; and other supporting documentation provided.

**450:23-13-2. Written plan [REVOKED]**

**450:23-13-3. Performance improvement activities [REVOKED]**

**450:23-13-4. Monitoring and evaluation process [REVOKED]**

**450:23-13-5. Incident reporting**

(a) The CBSCC shall have written policies and procedures requiring documentation and reporting of critical incidents.

(b) The documentation for critical incidents shall contain, minimally:

- (1) the facility name and name and signature of person(s) reporting the incident;
- (2) the name of consumer(s), staff person(s), or others involved in the incident;
- (3) the time, place and date the incident occurred;
- (4) the time and date the incident was reported and name of the person within the facility to whom it was reported;
- (5) description of the incident; and
- (6) the severity of each injury, if applicable. Severity shall be indicated as follows:
  - (A) No off-site medical care required or first aid care administered on-site;
  - (B) Medical care by a physician or nurse or follow-up attention required; or
  - (C) Hospitalization or immediate off-site medical attention was required;
- (7) Resolution or action taken, date action taken, and signature of CBSCC director.

(c) The CBSCC shall report those critical incidents to ODMHSAS that include.

- (1) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax or mail to ODMHSAS Provider Certification within twenty-four (24) hours of the incident being documented.
- (2) Critical incidents involving allegations constituting a sentinel event or resident abuse shall be reported to ODMHSAS immediately via telephone or fax, but not less than twenty-four (24) hours of the incident. If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours.

(d) Compliance with 450:23-13-5 shall be determined by a review of policy and procedures and critical incident reports at the CBSCC and those submitted to ODMHSAS.

**SUBCHAPTER 15. UTILIZATION REVIEW [REVOKED]**

**450:23-15-1. Utilization review [REVOKED]**

**450:23-15-2. Written plan [REVOKED]**

**450:23-15-3. Methods for identifying problems [REVOKED]**

## **SUBCHAPTER 17. PERSONNEL**

### **450:23-17-1. Personnel policies and procedures**

- (a) The CBSCC shall have written personnel policies and procedures approved by the governing authority.
- (b) All employees shall have access to personnel policies and procedures, as well as other Rules and Regulations governing the conditions of their employment.
- (c) The CBSCC shall develop, adopt and maintain policies and procedures to promote the objectives of the program and provide for qualified personnel during all hours of operation to support the functions of the center and provide quality care.
- (d) Compliance with 450:23-17-1 shall be determined by a review of written personnel policies and procedures, and other supporting documentation provided.

### **450:23-17-2. Job descriptions**

- (a) The CBSCC shall have written job descriptions for all positions setting forth minimum qualifications and duties of each position.
- (b) All job descriptions shall include an expectation of core competencies in relation to individuals with co-occurring disorders.
- (c) Compliance with 450:23-17-2 shall be determined by a review of written job descriptions for all center positions, and other supporting documentation provided.

## **SUBCHAPTER 19. STAFF DEVELOPMENT AND TRAINING**

### **450:23-19-1. Staff qualifications**

- (a) The CBSCC shall document the qualifications and training of staff providing crisis stabilization services which shall be in compliance with the CBSCC's clinical privileging process.
- (b) Compliance with 450:23-19-1 shall be determined by a review of personnel files, clinical privileging records and other supporting documentation provided.
- (c) Failure to comply with 450:23-19-1 will result in the initiation of procedures to deny, suspend and/or revoke certification.

### **450:23-19-2. Staff development**

- (a) The CBSCC shall have a written plan for the professional growth and development of all administrative, professional clinical and support staff.
- (b) This plan shall include but not be limited to:
  - (1) orientation procedures;
  - (2) in-service training and education programs;
  - (3) availability of professional reference materials; and
  - (4) mechanisms for insuring outside continuing educational opportunities for staff members.
- (c) The results of performance improvement activities and accrediting and audit findings and recommendations shall be addressed by and documented in the staff development and clinical privileging processes.

- (d) Staff competency development shall be aligned with the organization's goals related to co-occurring capability, and incorporate a training plan, training activities, and supervision designed to improve co-occurring core competencies of all staff.
- (e) Staff education and in-service training programs shall be evaluated by the CBSCC at least annually.
- (f) Compliance with 450:23-19-2 shall be determined by a review of the staff development plan, clinical privileging processes, documentation of inservice training programs, and other supporting documentation provided.

### **450:23-19-3. In-service**

- (a) In-service trainings are required annually for all employees who provide clinical services within the CBSCC program on the following topics:
  - (1) Fire and safety;
  - (2) Infection Control and universal precautions;
  - (3) Consumer's rights and the constraints of the Mental Health Consumer's Bill of Rights;
  - (4) Confidentiality;
  - (5) Oklahoma Child Abuse Reporting and Prevention Act, 10 O.S. §§ 7101 et seq., and Protective Services for the Elderly and for Incapacitated Adults Act, 43A O.S. §§ 10-101 et seq.;
  - (6) Facility policy and procedures;
  - (7) Cultural competence;
  - (8) Co-occurring disorder competency and treatment principles; and
  - (9) Trauma informed and age and developmental specific trainings.
- (b) All staff providing clinical services shall have a current certification in basic first aid and in Cardiopulmonary Resuscitation (CPR).
- (c) All clinical staff shall have training in non-physical intervention 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 30 days of being hired with annual updates thereafter.
- (d) The local facility Executive Director shall designate which positions and employees, including temporary employees, will be required to successfully complete physical intervention training. The employee shall successfully complete this training within 30 days of being hired, with annual updated thereafter.
- (e) The training curriculum for 450:23-19-3 (c) and (d) must be approved by the ODMHSAS commissioner or designee in writing prior to conducting of any training pursuant to this provision.
- (f) Compliance with 450:23-19-3 shall be determined by a review of the following: inservice training records; personnel records; and other supporting written information provided.

## **SUBCHAPTER 21. FACILITY ENVIRONMENT**

### **450:23-21-1. Facility environment**

- (a) The CBSCC shall obtain an annual fire and safety inspection from the State Fire Marshall or local authorities which documents approval for continued occupancy.

Compliance with 450:23-21-1 shall be determined by a review of the CBSCC's annual fire and safety inspection report.

(b) CBSCC staff shall know the exact location, contents, and use of first aid supply kits and fire fighting equipment and fire detection systems. All fire fighting equipment shall be annually maintained in appropriately designated areas within the facility.

(c) The CBSCC shall post written plans and diagrams noting emergency evacuation routes in case of fire, and shelter locations in case of severe weather.

(d) Facility grounds shall be maintained in a manner, which provides a safe environment for consumers, personnel, and visitors.

(e) The CBSCC Facility Director or, designee, shall appoint a safety officer.

(f) The CBSCC shall have an emergency preparedness program designed to provide for the effective utilization of available resources so consumer care can be continued during a disaster. The CBSCC shall evaluate the emergency preparedness program annually and update as needed.

(g) Policies for the use and control of personal electrical equipment shall be developed and implemented.

(h) The CBSCC shall have an emergency power system to provide lighting throughout the facility.

(i) The CBSCC Facility Director shall ensure there is a written plan to respond to internal and external disasters. External disasters include, but are not limited to, tornadoes, explosions, and chemical spills.

(j) All CBSCCs shall be inspected annually by designated fire and safety officials of the municipality who exercise fire/safety jurisdiction in the facility's location which results in the facility being allowed to continue to operate.

(k) The CBSCC shall have a written Infection Control Program and staff shall be knowledgeable of Center for Disease Control (CDC) Guidelines for Tuberculosis and of the Blood Borne Pathogens Standard, location of spill kits, masks, and other personal protective equipment.

(l) The CBSCC shall have a written Hazardous Communication Program and staff shall be knowledgeable of chemicals in the workplace, location of Material Safety Data Sheets, personal protective equipment; and toxic or flammable substances shall be stored in approved locked storage cabinets.

(m) Compliance with 450:23-21-1 shall be determined by visual observation, posted evacuation plans and a review of policy/procedures, regulatory or internal inspection reports, training documentation and other supporting documentation provided.

#### **450:23-21-2. Medication clinic, medication monitoring**

(a) Medication administration; storage and control; and consumer reactions shall be continuously monitored.

(b) CBSCCs shall assure proper storage and control of medications, immediate response if incorrect or overdoses occur, and have appropriate emergency supplies available if needed.

(1) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.

(2) All medications shall be kept in locked, non-consumer accessible areas. Factors which shall be considered in medication storage are light, moisture, sanitation, temperature, ventilation, and the segregation and safe storage of poisons, external medications, and internal medications.

(3) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, or administered, or stored.

(4) A CBSCC physician shall supervise the preparation and stock of an emergency kit which shall be readily available, but accessible only to CBSCC staff.

(c) Compliance with 450:23-21-2 shall be determined by on-site observation, and a review of the following: written policy and procedures; clinical records; and PI records.

#### **450:23-21-3. Medication, error rates**

(a) The facility shall have an ongoing performance improvement program that specifically, objectively, and systematically monitors medications administration or dispensing or medication orders and prescriptions to evaluate and improve the quality of consumer care.

(b) Compliance with 450:23-21-3 shall be determined by a review of the facility policies, PI logs, data and reports.

#### **450:23-21-4. Technology**

(a) The facility shall have a written plan regarding the use of technology and systems to support and advance effective and efficient service and business practices. The plan shall include, but not be limited to:

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

(b) Compliance with 450:23-21-4 shall be determined by a review of the facility policies, performance improvement plans and technology and system plan.

### **SUBCHAPTER 23. GOVERNING AUTHORITY**

#### **450:23-23-1. Documents of authority**

(a) There shall be a duly constituted authority and governance structure for assuring legal responsibility and for requiring accountability for performance and operation of the CBSCC.

(b) The governing authority shall have written documents of its source of authority, which shall be available to the public upon request.

(c) The governing body's bylaws, rules or regulations shall identify the chief executive officer who is responsible for the overall day-to-day operation of the CBSCC, including the control, utilization and conservation of its physical and financial assets and the recruitment and direction of the staff.

(1) The source of authority document shall state:

- (A) The eligibility criteria for governing body membership;
- (B) The number and types of membership
- (C) The method of selecting members;
- (D) The number of members necessary for a quorum;
- (E) Attendance requirements for governing body membership;
- (F) The duration of appointment or election for governing body members and officers.
- (G) The powers and duties of the governing body and its officers and committees or the authority and responsibilities of any person legally designated to function as the governing body.

(2) There shall be an organizational chart setting forth the structure of the organization.

(d) Compliance with 450:23-23-1 shall be determined by a review of the following: bylaws, articles of incorporation, written document of source of authority, minutes of governing board meetings, job description of the CEO, and the written organizational chart.

## **SUBCHAPTER 25. SPECIAL POPULATIONS**

### **450:23-25-1. Americans with Disabilities Act of 1990**

(a) The CBSCC shall have written policy and procedure for the provision of, or arrangements for, serving persons who fall under the protection of the Americans With Disabilities Act of 1990. [A recommended reference is the "Americans with Disabilities Handbook" published by the U.S. Equal Employment Opportunities Commission and the U.S. Department of Justice.]

(b) Compliance with 450:23-25-1 shall be determined through a review of CBSCC written policy and procedure; and any other supporting documentation.

### **450:23-25-2. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS)**

(a) A policy of non-discrimination against persons with HIV infection or AIDS shall be adopted and in force in the policy and procedure of the CBSCC.

(b) All CBSCCs shall observe the Universal Precautions For Transmission of Infectious Diseases as set forth in "Occupational Exposure to Blood Borne Pathogens" published by the United States Occupations Safety Health Administration (OSHA); and

(1) There shall be written documentation the aforesated Universal Precautions are the policy of the CBSCC;

(2) Inservice training regarding the Universal Precautions shall be a part of employee orientation and/at least once per year, is included in employee inservice training.

(c) Compliance with 450:23-25-2 is determined by review of CBSCC policy and procedure and inservice training records, on-site observation, schedules and other documentation.