VISION
Creating a State of Health

MISSION
To protect and promote health, to prevent disease and injury, and to cultivate conditions by which Oklahomans can be healthy.

VALUES
Leadership  ·  To provide vision and purpose in public health through knowledge, inspiration and dedication and serve as the leading authority on prevention, preparedness and health policy.

Integrity  ·  To steadfastly fulfill our obligations, maintain public trust, and exemplify excellence and ethical conduct in our work, services, processes, and operations.

Community  ·  To respect the importance, diversity, and contribution of individuals and community partners.

Service  ·  To demonstrate a commitment to public health through compassionate actions and stewardship of time, resources, and talents.

Accountability  ·  To competently improve the public's health on the basis of sound scientific evidence and responsible research.
Public health impacts your life and that of your family every day through our assurance of quality in health care and consumer services. We oversee more than 114,000 assorted business and occupational licenses annually ranging from grocery stores, restaurants, hotels, and tattoo artists to ambulances, hospitals, surgical centers, and nursing homes.

Through our licensure and inspection services, we assure compliance with laws and rules that reflect current public health standards. We strive to identify unhealthy conditions and correct them before they result in injury and disease.

In addition to performing routine inspections, we are at work promoting the health of the citizens of Oklahoma when emergencies or natural disasters occur. During ice storms, we maintain contact with health care facilities to ensure heat, food, and medical supplies are available to patients. When power outages affect the State, we drop by restaurants to make certain the food supply is being stored at safe temperatures and provide technical support to the business owner who is dealing with less than optimal circumstances.

We hope this booklet will help you identify the Protective Health Services of the Oklahoma State Department of Health that are working to keep all Oklahomans healthy. If you need more information, give us a call at 405•271•5288 or check our website at phs.health.ok.gov.

Rocky McElvany
Deputy Commissioner
Protective Health Services

James Joslin, MPA
Assistant Deputy Commissioner
Protective Health Services

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Protective Health Services (PHS)  
Leadership Team

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CONSUMER HEALTH SERVICE (CHS)

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Samuel C. Cannella, Occupational Licensing Division
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## INSPECTION FREQUENCY MANDATES

<table>
<thead>
<tr>
<th></th>
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<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
<th>SFY18</th>
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<tbody>
<tr>
<td>Number of inspection mandates</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
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<tr>
<td>Inspections required</td>
<td>23,914</td>
<td>24,240</td>
<td>24,624</td>
<td>23,125</td>
<td>20,391</td>
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<td>Inspections meeting mandates</td>
<td>23,744</td>
<td>24,239</td>
<td>24,623</td>
<td>23,125</td>
<td>20,391</td>
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<tr>
<td>Percent of inspections met</td>
<td>99.3%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

#### CONSUMER HEALTH SERVICE

- **Inspections Required**
- **Inspections Meeting Mandates**

---

***Go to page 185 to see Inspection Frequency Mandate compliance data and other Quality Improvement/Quality Assurance activities taken by PHS***

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The purpose of this program is to protect the public health by investigating and enforcing rules for the prevention and control of zoonotic diseases in the State of Oklahoma. The Commissioner of Health has authority to issue an order declaring a quarantine, isolation, impounding, immunization or disposal of any animal determined to be the source of such disease or exposure according to rules promulgated by the State Board of Health.

County health department public health specialists and environmental technicians serve as the “department designee” and handle all initial animal bite reports at the local level. They provide technical assistance, investigate bite incidents and follow-up, conduct enforcement activities, and act as a liaison between the local and state health departments.

**Clients Served**
Citizens of Oklahoma and any person who may have been bitten or exposed to a zoonotic disease.

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**Authority**
63 O.S., § 1-508
OAC 310:599

**Funding Source**
State Funds
**Program Fees**
There are no fees associated with this program.

<table>
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<th>SFY16</th>
<th>SFY17</th>
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<tbody>
<tr>
<td>Counties reporting</td>
<td>41</td>
<td>36</td>
<td>40</td>
<td>49</td>
<td>41</td>
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<tr>
<td>*Bites reported</td>
<td>721</td>
<td>686</td>
<td>698</td>
<td>608</td>
<td>583</td>
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</tbody>
</table>

*None of the complaints investigated during SFY16 resulted in a transmission of rabies to the bite victim.*
BEDDING INDUSTRY

This program was created in the 1950s. It is a traditional public health program for the protection of the consumer. Consumer Health Service (CHS) staff endeavor to assure the safe manufacture and processing of wholesale and retail bedding products, and for the germicidal treatment of used bedding products.

CHS staff develop, write, implement and interpret rules, issue mandated licenses, track statistical data, provide for enforcement of establishments not in compliance, train industry and consumers in bedding manufacturing practices, meet with consumer advisory committees, and provide technical assistance as necessary. On-site inspections of the establishments are also performed by CHS staff.

Clients Served
All segments of the bedding industry, including manufacturing, wholesale, retail and germicidal facilities.

Contacts

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Authority
63 O.S., §§ 1-1001 et seq.
OAC 310:215

Funding Source
Fees Collected
### Program Fees

- **Initial Bedding Permit**: $5.00
- **Renewal Bedding Permit**: $5.00
- **Initial Germicidal Treatment Permit**: $25.00
- **Renewal Germicidal Treatment Permit**: $5.00

<table>
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<th>Year</th>
<th>Permits</th>
<th>Inspections</th>
<th>Fees Collected</th>
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<td>SFY14</td>
<td>2,192</td>
<td>27</td>
<td>$147,383</td>
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<tr>
<td>SFY15</td>
<td>2,387</td>
<td>461</td>
<td>$136,766</td>
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<tr>
<td>SFY16</td>
<td>2,450</td>
<td>66</td>
<td>$46,157</td>
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<tr>
<td>SFY17</td>
<td>----</td>
<td>12</td>
<td>$21,133</td>
</tr>
<tr>
<td>SFY18</td>
<td>3,898</td>
<td>14</td>
<td>$150,866</td>
</tr>
</tbody>
</table>

- **Inspections with violations cited**: 21, 9, 5
- **Total violations cited**: 57, 19, 16
- **Average # of violations per inspection w/violation**: 2.7, 2.1, 3.2
Bedding Industry
Top Five Violations

Violation # 9: Record Keeping.
Records properly kept; available to inspector

Violation # 3: Labelling.
Permit number properly stamped on tag; date and proper information on tag

Violation # 5: Permit.
Adequate supply of germicidal agent; yellow law tags; bedding stamps on hand

Violation # 1: Labelling.
Yellow Tag: security attached; visible; proper size

Violation # 4: Permit.
Permit current and properly displayed
This program serves to monitor the effectiveness of either manufacturer-initiated or federally-initiated recalls, federal or manufacturer mandated product educational programs, and compliance with federal regulations.

The program also serves as an initial contact for consumers who may have questions or complaints about a product. Complaints are forwarded to the Consumer Product Safety Commission (CPSC) Regional Office in Dallas, Texas.

One particular program the Consumer Health Service (CHS) staff investigates and forwards to the CPSC is the bunk bed complaint program. This program is regulated by the Whitney Starks Act, which was put in place to protect children from strangulation and entrapment hazards. To date, there have been no complaints received after the filing of this act.
This program was created by statutory authority and regulations. Consumer Health Service (CHS) staff endeavor to provide for the safe manufacture, processing and wholesale distribution of drugs (primarily over-the-counter drugs), cosmetics, and medical devices, and to protect the public from health fraud, including fraudulently labeled and advertised products.

CHS staff develop, write, implement and interpret rules; issue licenses to establishments for which there is statutory authority; track statistical data; provide for enforcement of establishments not in compliance; train industry and consumers in manufacturing practices; meet with consumer advisory committees; and provide technical assistance as necessary. On-site inspections of the establishments are also performed by CHS staff.

Clients Served
All segments of drugs, cosmetics, medical devices, wholesale manufacturing and processing facilities, and consumers of such products or devices.

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Fax: 405 • 271 • 5286
http://chs.health.ok.gov/

Authority
63 O.S., §§ 1-1401 et seq.
OAC 310:240

Funding Source
Fees Collected
**Program Fees**

Initial license ........................................... $375.00
Renewal license ........................................... $325.00

<table>
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<th></th>
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<th>SFY18</th>
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</thead>
<tbody>
<tr>
<td>Licensed entities</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Inspections</td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Violations cited</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Complaints</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
This program was created to protect the public from unqualified and unscrupulous individuals involved in the hearing aid industry. Occupational Licensing (OL) staff endeavor to assure that all companies and individuals engaged in the hearing aid industry are licensed as required and are in compliance with the applicable rules. OL staff offer examinations a minimum of twice a year for applicants wishing to become licensed and investigate complaints made against the industry.

Effective November 1, 2013, House Bill 1467 repealed language relating to the Hearing Aid Advisory Council and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act placed the Hearing Aid Program under the jurisdiction of the Consumer Protection Licensing Advisory Council. For more information see the “Advisory Councils” section of this booklet.
Program Fees

Initial Hearing Aid Dealers Test ($95.00 exam fee; $50.00 license fee) $145.00
Hearing Aid Dealer Retest Fee $95.00
Temporary Hearing Aid Dealer License $15.00
Hearing Aid Dealer Renewal Fee (through January 30) $50.00
Hearing Aid Dealer Late Renewal Fee (through February 28) $75.00
Hearing Aid Dealer Late Renewal Fee (after February 28) $100.00

<table>
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<tr>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
<th>SFY18</th>
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</thead>
<tbody>
<tr>
<td>Licensed dealers/fitters</td>
<td>145</td>
<td>151</td>
<td>170</td>
<td>137</td>
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<tr>
<td>Temporary licenses</td>
<td>15</td>
<td>18</td>
<td>17</td>
<td>6</td>
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<tr>
<td>Fees collected</td>
<td>$11,236</td>
<td>$9,536</td>
<td>$12,405</td>
<td>$13,720</td>
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</table>

HEARING AID FITTERS AND DEALERS

- Temporary license
- Licensed

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This program serves to monitor the sanitary conditions existing in hotels-motels for compliance with regulatory standards established by the Department.

Consumer Health Service (CHS) staff endeavor to provide consumers reasonable assurance of sanitary conditions. Regulations address buildings and appurtenances thereto, including plumbing, ventilation and lighting, construction, cleanliness and bactericidal treatment of equipment and utensils, linens, cleanliness and hygiene of personnel, toilet facilities, disposal of wastes, water supply, and any other items deemed necessary to safeguard the health, comfort, and safety of guests being accommodated.

Clients Served
Hotel-motel owners, managers and operators, and the general public who utilize services of the hotel-motel industry.

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Authority
63 O.S., § 1-1201
OAC 310:285

Funding Source
Fees Collected
Program Fees
$225.00 to $400.00 dollars depending on the class of the permit or renewal.

<table>
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<tr>
<th>SFY14</th>
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</tr>
</thead>
<tbody>
<tr>
<td>HOTELS-MOTELS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number licensed</td>
<td>1,185</td>
<td>1,202</td>
<td>1,197</td>
<td>1,037</td>
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<tr>
<td>Inspections</td>
<td>1,002</td>
<td>1,547</td>
<td>1,691</td>
<td>1,119</td>
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<td>Violations cited</td>
<td>2,100</td>
<td>2,271</td>
<td>2,137</td>
<td>1,590</td>
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<tr>
<td>Fees collected</td>
<td>*</td>
<td>*</td>
<td>*</td>
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*Fee data is included in the Retail Foods program area
Hotels and Motels  
Top Five Violations

Violation #21: OAC 310:285-5-4 (a) – Room Furnishings: Clean, Good Repair

Violation #22: OAC 310:285-5-4 (b) – Room Linens: 2 sheets, 1 mattress cover, pillow cover or double-cased

Violation #6: OAC 310:285-3-5 (b) – Fire Safety: smoke detectors; maintained

Violation #19: OAC 310:285-5-2 & 7-1(h) – Laundry: clean and dirty separate, clean area, hand sink

Violation #9: OAC 310:285-3-6 & 7-1(h) – Toilet: Ventilation, good repair, min # per floor, no carpet, clean
Licensed Genetic Counselors (LGC) staff regulate qualified persons rendering genetic counseling services to individuals and families by estimating the likelihood of occurrence or recurrence of a birth defect or any potentially inherited or genetically influenced condition, among other genetic counseling activities. LGC staff process applications for licensure, establish minimum qualifications, issue licenses, review continuing education requirements, process complaints, and conduct hearings.

Effective November 1, 2013, House Bill 1467 repealed language relating to the Genetics Counseling Advisory Council and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act placed Licensed Genetics Counselors under the jurisdiction of the Infant and Children’s Health Advisory Council. For more information see the “Advisory Councils” section of this booklet.

Clients Served
Licensed genetic counselors, applicants, and consumers who utilize the services of licensed genetic counselors.

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Fax: 405•271•5286

http://chs.health.ok.gov/

Authority
63 O.S., §§ 1-561 et seq.
OAC 310:406

Funding Source
Fees Collected
Program Fees

Application ................................................................. $300.00
Renewal ........................................................................ $200.00

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<tr>
<th>GENETIC COUNSELORS</th>
<th>SFY14</th>
<th>SFY15</th>
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<th>SFY18</th>
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<tbody>
<tr>
<td>Number licensed</td>
<td>20</td>
<td>29</td>
<td>37</td>
<td>-----</td>
<td>94</td>
</tr>
<tr>
<td>Complaints</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Disciplinary actions</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Fees collected</td>
<td>$3,300</td>
<td>$4,100</td>
<td>$12,800</td>
<td>$12,525</td>
<td>$16,760</td>
</tr>
</tbody>
</table>
Medical micropigmentation is a form of permanent cosmetics that requires a medical procedure in which any color or pigment is applied with a needle or electronic machine. The law authorizing medical micropigmentation does not include tattooing, thus, medical micropigmentation does not involve placing on the body any pictures, images, numbers, signs, letters of the alphabet, or designs. Individuals must apply to the Department for certification if they wish to provide this procedure under the supervision of their employing dentist, medical physician, and/or osteopathic physician. Consumer Health Service (CHS) staff process certification applications, promulgate rules of practice for training requirements, and establish criteria for the certification of persons authorized to perform medical micropigmentation.

Effective November 1, 2013, House Bill 1467 repealed language relating to the Medical Micropigmentation Advisory Committee and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization

**Clients Served**
Persons who perform medical micropigmentation services, and the citizens of Oklahoma who obtain the services.

**Contacts**

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405•271•5243
Fax: 405•271•5286

**Authority**
63 O.S., §§ 1-1450 et seq.
OAC 310:234

**Funding Source**
Fees Collected
Act. The Act placed the Medical Micropigmentation Program under the jurisdiction of the Consumer Protection Licensing Advisory Council. For more information see the “Advisory Councils” section of this booklet.

**Program Fees**

New application for certification (includes cost of the background check) ................................................................. $515.00
Renewal of certification................................................................. $100.00
Reinstatement of certification (if the renewal of the certification is 30 days or more after the expiration date) ...... $375.00
Replacement of a certificate .......................................................... $125.00

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<tr>
<td><strong>MICROPIGMENTOLOGISTS</strong></td>
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</tr>
<tr>
<td>Number certified</td>
<td>119</td>
<td>120</td>
<td>114</td>
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<td>Enforcement cases</td>
<td>1</td>
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<tr>
<td>Fees collected</td>
<td>$16,865</td>
<td>$19,275</td>
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**CONSUMER HEALTH SERVICE ● 2019 ANNUAL REVIEW ● 27**
PUBLIC BATHING PLACES

This program was created to reduce the incidence of illness and injury in public bathing places. All public bathing places must be maintained in a sanitary and safe condition, and all owners, managers, operators, and other attendants in charge of any public bathing place are responsible for the sanitation and safety of such places during the season or seasons when the public bathing place is in use.

Consumer Health Service (CHS) staff develop, write and implement rules, provide for review of plans by the Department through contract, prepare and issue permits, provide for enforcement of facilities not in compliance, train industry and consumers, track statistical data, and provide technical assistance. Inspection of the facilities is performed by county sanitarians.

Clients Served
Individuals interested in building or modifying a public bathing place, including pools, spas, water slides and attractions, and therapy water units.

Contacts
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phillipj@health.ok.gov

Licensing
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405•271•5243
Fax: 405•271•5286
http://chs.health.ok.gov/

Authority
63 O.S, §§ 1-1013 et seq.
OAC 310:250
OAC 310:315
OAC 310:320

Funding Source
Fees Collected
Program Fees
Type 82 Class I “Indoor Facility”
  Public Bathing Places Initial License Fee ....................................... $125.00
  Public Bathing Places Renewal License Fee ................................... $75.00
  Public Bathing Places Re-inspection Fee ....................................... $250.00

Type 82 Class O “Outdoor Facility”
  Public Bathing Places Initial License Fee ....................................... $125.00
  Public Bathing Places Renewal License Fee ................................... $75.00
  Public Bathing Places Re-inspection Fee ....................................... $250.00

Pool Category M “Municipality of 5,000 or less Population”
  Public Bathing Places Initial License Fee ....................................... $50.00
  Public Bathing Places Renewal License Fee ................................... $75.00
  Public Bathing Places Re-inspection Fee ....................................... $250.00

Construction Permit Fees:
  New Pools ............................................................................... $100.00 per 5000 gallons
                                                              ($500.00 minimum)
  Modification to Existing Pool .................................................. $50.00 per 5000 gallons
                                                              ($250.00 minimum)
  New Spas ............................................................................... $50.00 per 100 gallons
                                                              ($250.00 minimum)
  Modification to Existing Spa ................................................... $25.00 per 100 gallons
                                                              ($125.00 minimum)
Public Bathing Places
Top Five Violations

Violation #19. OAC 310:320-3-2:
Flow meter, flow rate

Violation #6. OAC 310:320-3-2:
Decks, gutter, pool finish: Clean, good repair

Violation #34. OAC 310:320-3-7:
Total Alkalinity between 80 and 200 ppm

Violation #31. OAC 310:320-3-7:
Free available chlorine less than 1 ppm; bromine less than 2 ppm

Violation #10. OAC 310:320-3-2 – Skimmers:
Weirs and baskets installed: Clean and Operating
The food service inspection program, created in 1923, is a traditional public health program for the protection of the consumer and of all food goods sold in the State. Consumer Health Service (CHS) staff endeavor to reduce the incidence of food-borne illness and provide for a sanitary environment in food service establishments.

CHS staff develop, write, implement and interpret rules, issue mandated licenses, track statistical data, provide for enforcement of establishments not in compliance, train industry food service workers and sanitarians in safe food service practices, meet with consumer advisory committees, and provide technical assistance as necessary. Inspections are also conducted for food service operations in daycare centers for children and residential child care facilities through contract at the request of the Oklahoma Department of Human Services which is the Agency with jurisdiction and responsibility for regulation of child care facilities. On-site inspection of food service operations in both retail establishments and

**Clients Served**
All segments of the retail food service industry.

**Contacts**
- Inspections/Enforcement
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**Authority**
63 O. S., §§ 1-1101 et seq.
OAC 310:257

**Funding Source**
Fees Collected
child care facilities are performed by County Health Department sanitarians. Information on the Oklahoma Food Service Advisory Board can be found in the “Advisory Councils” section of this booklet.

**Program Fees**

Initial license fees are $425.00 with a yearly renewal fee of $335.00. Late renewal fees apply to any application received 30 days beyond expiration date. If a license is more than 90 days past expiration, it cannot be renewed. Instead, the applicant must re-apply. Licensing fees for schools, hospitals, and non-profit institutions are $175.00 for the initial license with a yearly renewal fee of $125.00. The contract amount for inspection of DHS child care facilities is $100.00 per inspection.

<table>
<thead>
<tr>
<th></th>
<th>SFY14</th>
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<td><strong>FOOD ESTABLISHMENTS</strong></td>
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<td>Child care facility</td>
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*This includes fees from the Hotels-Motels and Wholesale Foods programs
Retail Food Establishments
Top Five Violations

Violation #47.
Non-food contact surfaces clean; cleaning frequency

Violation #45.
Food & non-food contact surfaces cleanable, design

Violation #52.
Floors, walls, ceilings: clean, free of litter; removal of pests

Violation #53. Floors, walls, ceiling (physical facilities): design, maintained, good repair; Outer openings protected

Violation #33.
Food contact surfaces of equipment and utensils clean
This program was created to establish minimum qualifications for employment in state, federal, and private environmental programs for performing inspections of regulated facilities and investigating complaints.

Occupational Licensing (OL) staff standardize inspection of regulated facilities and conduct complaint investigations. The Department utilizes suggestions from the Sanitarian and Environmental Specialist Registration Advisory Council, the industry, and other interested persons to develop rule changes, as the need for rule change is recognized. The proposed changes are discussed at public meetings, prior to being presented to the Board of Health for consideration.

Information on the Sanitarian & Environmental Specialist Registration Advisory Council can be found in the “Advisory Councils” section of this booklet.
**Program Fees**

Initial License for Registered Professional Sanitarian or Registered Professional Environmental Specialist .................. $25.00

Initial License for both Registered Professional Sanitarian and Registered Professional Environmental Specialist ........................................ $50.00

Initial License for Sanitarian-in-Training ........................................ $10.00

Initial License for Environmental Specialist-in-training ........................................ $10.00

Initial License for both Sanitarian-in-training and Environmental Specialist-in-training ........................................ $20.00

Registered Professional Sanitarian or Registered Professional Environmental Specialist Renewal Fee (through January 31) ........................................ $25.00

Registered Professional Sanitarian or Registered Professional Environmental Specialist Late Renewal Fee (after February 1) ........................................ $35.00

Registered Professional Sanitarian and Registered Professional Environmental Specialist Renewal Fee (through January 31) ........................................ $50.00

Registered Professional Sanitarian and Registered Professional Environmental Specialist Late Renewal Fee (after February 1) ........................................ $70.00

Life Registered Sanitarian or Environmental Specialist One-time Fee ........................................ $60.00

Examination Fee ........................................ $30.00

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<td>Registered or in training</td>
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<td>Fees collected</td>
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This program was created to require persons who own tattooing and/or body piercing establishments to maintain a level of sanitation in the facility and a level of sterilization in the equipment used to reduce the possibility of transmitting disease through the body piercing procedure. The program also requires persons performing tattooing or body piercing to be licensed and to have attended an approved blood borne pathogens training session.

Consumer Health Service (CHS) staff endeavor to establish procedures and standards to prevent infection and transmission of disease. CHS staff issue temporary and permanent licenses, regulate facility requirements, regulate equipment setup and requirements, recommend procedures for maintaining sanitary conditions, and evaluate and approve training sessions on blood borne pathogens.

The legislature did not establish an advisory council for this program.
Program Fees

Tattoo Artist Licensing Fees
- Initial license: $250.00
- Renewal license: $250.00
- Late renewal license (not renewed within 30 days after expiration): $350.00
- Temporary license (not to exceed 7 days): $50.00

Body Piercing Artist Licensing Fees
- Initial license: $250.00
- Renewal license: $250.00
- Late renewal license (not renewed within 30 days after expiration): $350.00
- Temporary license (not to exceed 7 days): $50.00

Tattoo Establishment Permit Fees
- Initial license: $1,000.00
- Renewal license: $500.00
- Late renewal license (not renewed within 30 days after expiration): $750.00
- Temporary event license (not to exceed 3 days): $500.00

Body Piercing Establishment Permit Fees
- Initial license: $500.00
- Renewal license: $250.00
- Late renewal license (not renewed within 30 days after expiration): $350.00
- Temporary event license (not to exceed 3 days): $250.00

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<tr>
<th>Year</th>
<th>Violations cited</th>
<th>Inspections</th>
<th>Violations per inspection</th>
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<td>280</td>
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<td>SFY16</td>
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### TATTOO ARTISTS AND ESTABLISHMENTS

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<tbody>
<tr>
<td>Licensed individuals</td>
<td>305</td>
<td>389</td>
<td>360</td>
<td>374</td>
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<td>Temporary artists</td>
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<td>Total licensed artists</td>
<td>377</td>
<td>464</td>
<td>450</td>
<td>394</td>
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<tr>
<td>Establishments</td>
<td>128</td>
<td>152</td>
<td>145</td>
<td>135</td>
<td>146</td>
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### BODY PIERCING ARTISTS AND ESTABLISHMENTS

<table>
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<th>SFY16</th>
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<th>SFY18</th>
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<tbody>
<tr>
<td>Licensed individuals</td>
<td>64</td>
<td>74</td>
<td>64</td>
<td>57</td>
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<td>Temporary artists</td>
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<td>Total licensed artists</td>
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<td>Establishments</td>
<td>53</td>
<td>60</td>
<td>47</td>
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### TOTAL FEES & FINES

<table>
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<tr>
<th></th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
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<tbody>
<tr>
<td></td>
<td>$200,594</td>
<td>$241,386</td>
<td>$208,515</td>
<td>$191,085</td>
<td>$161,325</td>
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</table>

### Tattoo & Body Piercing Inspections Conducted

- **Tattoo Program**: 500 inspections conducted in SFY16, with a slight decline in subsequent years.
- **Body Piercing**: 400 inspections conducted in SFY16, with a steady trend.
Tattoo and Body Piercing Program
Top Five Violations

Violation #50: OAC 310:233-9-2 (a-f)
Artist license

Violation #27: OAC 310:233-3-6 (c-f) – Client records:
signature, consent form, identification, artist name & license number; record
retention

Violation #23: OAC 310:233-3-5 (a) – Notification:
Written instructions; signed

Violation #44: OAC 310:233-7-1 (h) – Establishment:
Waste receptacles; emptied daily

Violation #30: OAC 310:233-5-1 (d) – Reusable Equipment:
Monthly spore destruction tests; retained for 3 years
The program to inspect food services was created in 1923 and later expanded to include the manufacture of foods and the distribution process. Bottled water and water vending regulations were added in the 1980s. Inspection of the Department of Correction facilities was mandated by a federal court and has continued. This is a traditional public health program for the protection of the consumer and of all food goods manufactured in the state.

Consumer Health Service (CHS) staff endeavor to reduce the incidence of food-borne illness and to provide for a sanitary environment in food manufacturing, processing, and wholesale establishments. CHS staff develop, write, implement and interpret rules, issue licenses, track statistical data, provide for enforcement of establishments not in compliance, train industry and consumers in food manufacturing practices, meet with consumer advisory committees, and provide technical assistance as necessary. Inspection of the facilities is performed by staff sanitari-

Clients Served
All segments of wholesale foods, including manufacturers, processors, bottled water, water vending industry and Department of Correction facilities.

Contacts
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Fax: 405•271•5286

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Authority
63 O.S., §§ 1-1101 et seq.
OAC 310:225
OAC 310:260

Funding Source
Fees Collected
ans, except for Oklahoma City and Tulsa, where it is performed through contract.

**Program Fees**

Initial licenses ................................................................................................................. $425.00
Renewal licenses .............................................................................................................. $335.00

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<td><strong>FOOD MANUFACTURERS</strong></td>
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<tr>
<td>Number licensed</td>
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<td>1,229</td>
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<tr>
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<td>273</td>
<td>213</td>
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<td>140</td>
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<tr>
<td>Fees collected</td>
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*Data is included in the fee collections for the Retail Foods program area
This program was created to protect the general public, health care employees, and patients from excessive radiation emitted by diagnostic x-ray equipment.

Occupational Licensing Division staff test diagnostic x-ray equipment for proper functioning, make practitioners and health care workers aware of proper techniques to minimize exposure, and monitor procedures utilized during diagnostic x-ray examinations.

Effective November 1, 2013, House Bill 1467 repealed language relating to the Radiation Advisory Committee and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act placed Diagnostic X-Ray Facilities under the jurisdiction of the Consumer Protection Licensing Advisory Council. For more information see the “Advisory Councils” section of this booklet.

Clients Served
Hospitals, physician offices, dental practices, veterinary practices, chiropractic offices, podiatry practices, employees who work in these entities and consumers who utilize services provided by these entities.

Contact
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Fax: 405•271•5286
http://chs.health.ok.gov/

Authority
63 O.S., §§ 1-1501.1 et seq.
OAC 310:281

Funding Source
Fees Collected
**Program Fees**

The fee for this permit varies, depending upon the number of tubes in the facility, and the class of permit requested. Fees range from $25.00 to $95.00 per tube. $500.00 is the maximum fee charged for annual renewal.

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<td>$382,850</td>
<td>$394,798</td>
<td>$397,234</td>
<td>$400,297</td>
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</table>
HEALTH RESOURCES DEVELOPMENT SERVICE (HRDS)

James Joslin, MPA
405 • 271 • 6868
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james@health.ok.gov

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Espa Bowen, Health Facility Systems & Managed Care Systems
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Diane Henry, MDS-OASIS Program
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Sarah Waters, National Practitioner Data Bank
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Vicki Kirtley, Nurse Aide Registry
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(vacant), Oklahoma National Background Check Program
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Alexandria Hart-Smith, Quality Assurance and Data Systems
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**INSPECTION FREQUENCY MANDATES**

<table>
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<td>100.0%</td>
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### HEALTH RESOURCE DEVELOPMENT SERVICE

- **Inspections Required**
- **Inspections Meeting Mandates**

***Go to page 185 to see Inspection Frequency Mandate compliance data and other Quality Improvement/Quality Assurance activities taken by PHS***
ADULT DAY CARE CENTERS
LICENSE APPLICATIONS

This program was created to protect residents and to assure accountability of adult day care centers. The owner of each center must file a license application and submit a licensing fee annually.

Health Facility Systems staff review the application for completeness, accuracy, and consistency and issue a license. The applicant must provide a statement of ownership, a financial statement, and evidence of compliance with the requirements of all applicable federal, state, and local laws and regulations.

On-site activities are conducted by staff in Long Term Care.

<table>
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<th>Adult day care centers and participants of the centers.</th>
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<tbody>
<tr>
<td>Contact</td>
<td>Espa Bowen <a href="mailto:healthresources@health.ok.gov">healthresources@health.ok.gov</a></td>
</tr>
<tr>
<td></td>
<td>405•271•6868 Fax: 405•271•7360</td>
</tr>
<tr>
<td>Authority</td>
<td>63 O.S., §§ 1-870 et seq. OAC 310:605</td>
</tr>
<tr>
<td>Funding Source</td>
<td>Fees Collected</td>
</tr>
</tbody>
</table>

State license required; annual renewal. Medicare Certification is not applicable. Medicaid Certification can be obtained through the Department of Human Services.

There is no Certificate of Need for this program.
Program Fees
Initial license and annual renewal................................................. $75.00

<table>
<thead>
<tr>
<th></th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
<th>SFY18</th>
</tr>
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<tbody>
<tr>
<td>LICENSE APPLICATIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADULT DAY CARE CENTERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Licensed centers</td>
<td>41</td>
<td>40</td>
<td>39</td>
<td>40</td>
<td>41</td>
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<tr>
<td>Licenses issued*</td>
<td>37</td>
<td>32</td>
<td>45</td>
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<tr>
<td>Fees collected</td>
<td>$3,600</td>
<td>$2,550</td>
<td>$3,225</td>
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<td>$3,075</td>
</tr>
</tbody>
</table>

*Includes renewals, bed changes, name changes, and changes of ownership

LICENSED ADULT DAY CARE CENTERS

SFY14 SFY15 SFY16 SFY17 SFY18
CERTIFIED WORKPLACE MEDICAL PLANS

This program was created as part of the November 1994 State Workers' Compensation Reform Package to: (1) protect employees; (2) protect employers and workers' compensation insurance carriers; (3) ensure access to medical and health services provided in a managed care setting for workers' compensation compensable injuries; and (4) ensure the quality of services offered by certified workplace medical plans. Workplace medical plans operate statewide within approved geographic areas.

Applications for five-year certification are reviewed. Amended contracts and marketing materials are subject to desk reviews. Early calendar year 2006, Managed Care Systems (MCS) staff began site visits to ensure that medical services to a claimant and the medical management of the claimant’s needs are adequately met in a timely manner and that the certified workplace medical plan is complying with all other applicable provisions of the Act and rules, and is operating in accordance with their current application. MCS staff also accept and investigate inquiries from any party seeking assistance.

Clients Served
Workplace medical plans, insurance companies, employers and employees who are covered by workplace medical plans.

Contact
Espa Bowen
hfs@health.ok.gov

405•271•6868
Fax: 405•271•7360

http://hrds.health.ok.gov/

Authority
85 O.S., §§ 1 et seq.
OAC 310:657

Funding Source
Fees Collected and State Funds
Program Fees

Initial certification and five year renewal.................................$1,500.00
Annual on-site inspection.................................................................$1,500.00
Follow-up visits .................................................................................$1,000.00
Change of ownership.................................................................$1,500.00

<table>
<thead>
<tr>
<th>WORKPLACE MEDICAL PLANS</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
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<tr>
<td>Number of plans</td>
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<tr>
<td>Five-year renewals</td>
<td>0</td>
<td>0</td>
<td>2</td>
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<td>Changes of ownership</td>
<td>2</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Annual inspections</td>
<td>5</td>
<td>5</td>
<td>5</td>
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<tr>
<td>Follow-up inspections</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>Complaints investigated</td>
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<td>Requests for information</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Plan members</td>
<td>208,932</td>
<td>168,566</td>
<td>140,364</td>
<td>154,373</td>
<td>136,963</td>
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<tr>
<td>Fees collected</td>
<td>$10,500</td>
<td>$9,000</td>
<td>$10,500</td>
<td>$10,707</td>
<td>$9,175</td>
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</table>

![WORKPLACE MEDICAL PLANS](image)

![PLAN MEMBERS](image)
CONTINUUM OF CARE FACILITIES & ASSISTED LIVING CENTERS LICENSE APPLICATIONS

This program was created to protect residents and to assure accountability of facilities/centers. An assisted living center is a home or establishment that may provide assistance with personal care, medications, and ambulation. The center may also provide nursing supervision and intermittent or unscheduled nursing care. A continuum of care facility combines the services of a nursing facility with an assisted living center or an adult day care center. A continuum of care facility must also meet requirements applicable to nursing facilities, assisted living centers, and adult day care centers, as applicable. The owner of each facility or center must file a license application and submit a licensing fee annually. After receipt of the fee, the application is reviewed for completeness, accuracy, and consistency.

On-site activities are conducted by staff in Long Term Care.

Clients Served
Continuum of care facilities and assisted living centers and their residents/participants. A continuum of care facility includes a nursing facility and either an assisted living center or an adult day care center.

Contact
Espa Bowen
healthresources@health.ok.gov
405•271•6868
Fax: 405•271•7360

http://hfs.health.ok.gov/

Authority
63 O.S., §§ 1-890.1 et seq.
OAC 310:663

State license required; annual renewal. Medicare & Medicaid certification are applicable to nursing facility beds in continuum of care facilities. Certificate of Need is applicable to continuum of care facilities.

Funding Source
Fees Collected
Program Fees
$10.00 per licensed bed for establishment, with a $1,000.00 maximum.

$10.00 per licensed bed per year, plus $75.00 for any Adult Day Care Center for initial or renewal license.

<table>
<thead>
<tr>
<th></th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
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<td>LICENSE APPLICATIONS</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>CONTINUUM OF CARE FACILITIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed facilities</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Nursing facilities with assisted living centers</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>18</td>
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<tr>
<td>Nursing facilities with adult day care centers</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Licenses issued*</td>
<td>25</td>
<td>17</td>
<td>24</td>
<td>20</td>
<td>22</td>
</tr>
<tr>
<td>Fees collected</td>
<td>$36,647</td>
<td>$28,685</td>
<td>$29,838</td>
<td>$25,750</td>
<td>$34,865</td>
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</table>

<table>
<thead>
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<th>LICENSE APPLICATIONS</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
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<th>SFY18</th>
</tr>
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<tbody>
<tr>
<td>ASSISTED LIVING CENTERS</td>
<td></td>
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<tr>
<td>Licensed centers</td>
<td>143</td>
<td>151</td>
<td>156</td>
<td>164</td>
<td>165</td>
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<tr>
<td>Licenses issued*</td>
<td>231</td>
<td>132</td>
<td>258</td>
<td>198</td>
<td>194</td>
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<tr>
<td>Fees collected</td>
<td>$100,781</td>
<td>$101,340</td>
<td>$110,090</td>
<td>$110,833</td>
<td>$119,650</td>
</tr>
</tbody>
</table>

Total continuum of care facilities and assisted living centers:

<table>
<thead>
<tr>
<th></th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
<th>SFY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total licenses issued*</td>
<td>256</td>
<td>149</td>
<td>282</td>
<td>218</td>
<td>218</td>
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<tr>
<td>Total fees collected</td>
<td>$137,428</td>
<td>$130,025</td>
<td>$139,928</td>
<td>$136,583</td>
<td>$154,515</td>
</tr>
</tbody>
</table>

*Includes renewals, bed changes, name changes, and changes of ownership.
DETENTION FACILITY INSPECTION DIVISION

This program is designed to monitor compliance with minimum detention facility standards and to improve the facilities. Staff from Health Resources Development Service implement and interpret rules, conduct routine detention facility inspections, investigate complaints and detention facility deaths, and provide technical assistance as necessary.

The Department is required to inspect all city and county detention facilities at least once each year to ensure standards are being followed. The standards adopted address admission and release procedures, security measures, sanitary conditions, diet, clothing and living area, detention facility staff training, safety and segregation of women, the infirm, and minors, medical care, twenty-four hour supervision, emergency exits, inmate education of facility rules, and holding facilities for the incarceration of persons no longer than twelve hours. The results of the Department's inspections are provided in a written report to the Commissioner of...
Health and to the person immediately responsible for the administration of the facility.

<table>
<thead>
<tr>
<th>DETENTION FACILITIES *</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
<th>SFY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Detention Facilities*</td>
<td>77</td>
<td>77</td>
<td>81</td>
<td>81</td>
<td>81</td>
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<tr>
<td>City Detention Facilities</td>
<td>13</td>
<td>15</td>
<td>15</td>
<td>12</td>
<td>12</td>
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<tr>
<td>Ten-day lock-up facilities</td>
<td>38</td>
<td>40</td>
<td>35</td>
<td>37</td>
<td>37</td>
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<tr>
<td>Total Number of Detention Facilities</td>
<td>128</td>
<td>132</td>
<td>131</td>
<td>130</td>
<td>130</td>
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<tr>
<td>Mandated Inspections Completed</td>
<td>120</td>
<td>216</td>
<td>172</td>
<td>133</td>
<td>189</td>
</tr>
<tr>
<td>Complaints investigated</td>
<td>224</td>
<td>159</td>
<td>414</td>
<td>200</td>
<td>306</td>
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<tr>
<td>Deaths investigated</td>
<td>22</td>
<td>19</td>
<td>22</td>
<td>40</td>
<td>44</td>
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<tr>
<td>Serious suicide attempts investigated</td>
<td>28</td>
<td>29</td>
<td>21</td>
<td>33</td>
<td>67</td>
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<tr>
<td>Escapes recorded</td>
<td>18</td>
<td>8</td>
<td>5</td>
<td>18</td>
<td>11</td>
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<tr>
<td>Jailers tested</td>
<td>2,431</td>
<td>1,925</td>
<td>2,458</td>
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<tr>
<td>Facility Tests Administered</td>
<td>154</td>
<td>125</td>
<td>267</td>
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<tr>
<td>New Detention Facilities under construction</td>
<td>1</td>
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<td>2</td>
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<tr>
<td>New Detention Facilities in planning stage</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
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</tbody>
</table>

*Data reflects that some counties have multiple facilities

**DETENTION FACILITIES BY TYPE**

- 10-day lock-up
- City Detention Facilities
- County Detention Facilities

**DETENTION FACILITY**

- Routine
- Complaints
- Deaths
HEALTH MAINTENANCE ORGANIZATIONS

The Department’s role as a regulator of health maintenance organizations is to certify to the Oklahoma Insurance Commissioner that each entity is in compliance with Section 6907 of the Health Maintenance Organization Act of 2003.

While the Office of the Insurance Commissioner focuses on financial and consumer protection issues, Managed Care Systems (MCS) staff focus on health and quality assurance. The certification review conducted by MCS staff includes quality of health care, internal quality assurance, patient record keeping and clinical records, provider credentialing, and emergency services. The quality review may be administered with on-site inspections to ensure compliance. Major on-site reviews to assess the effectiveness of the health maintenance organization’s quality assurance processes are performed at least once every three years through contract with independent accrediting bodies.

Contact the Oklahoma Insurance Department at (405) 521-3966 for a current list of licensed HMO’s. You may also view a current list of HMO’s here: https://health.ok.gov/

Program Fees
Certificate of Authority.................................................................$1,500.00

<table>
<thead>
<tr>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
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<th>SFY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number licensed</td>
<td>7</td>
<td>7</td>
<td>N/A</td>
<td>18</td>
</tr>
<tr>
<td>HMO members</td>
<td>162,431</td>
<td>893,355</td>
<td>N/A</td>
<td>730,689</td>
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<tr>
<td>Fees collected</td>
<td>$0</td>
<td>$0</td>
<td>N/A</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

*The increase in HMO members for SFY 2015 is a result of the new healthcare market place exchange.*
This program became effective on June 11, 1998. The purpose is to (1) establish the minimum criteria for the issuance, maintenance, and renewal of home care administrator certificates; (2) assure individuals meet minimum qualifications in order to be eligible to apply for, receive, maintain and re-new a home care administrator certificate; (3) assure minimum criteria for educational preparation, eligibility for the qualifying examination and continuing education; and (4) establish procedures for enforcement.

**Clients Served**
Individuals who function as a home care administrator for a home health agency and agency clients.

**Contact**
Espa Bowen  
hcar@health.ok.gov  
405•271•6868  
Fax: 405•271•7360


**Authority**
63 O.S., § 1-1962  
OAC 310:664

**Funding Source**
Fees Collected and State Funds
Program Fees

Initial application ....................................................................................................... $140.00
Provisional application .............................................................................................. $80.00
Deeming application ................................................................................................. $80.00
Annual Renewal ........................................................................................................ $55.00

**HOME CARE ADMINISTRATORS**

<table>
<thead>
<tr>
<th></th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
<th>SFY18</th>
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</thead>
<tbody>
<tr>
<td>Total certified administrators</td>
<td>809</td>
<td>697</td>
<td>564</td>
<td>717</td>
<td>582</td>
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<tr>
<td>Initial certificates</td>
<td>80</td>
<td>33</td>
<td>104</td>
<td>73</td>
<td>72</td>
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<tr>
<td>Renewal certificates</td>
<td>669</td>
<td>654</td>
<td>833</td>
<td>644</td>
<td>510</td>
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<tr>
<td>Provisional certificates</td>
<td>42</td>
<td>41</td>
<td>26</td>
<td>23</td>
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<tr>
<td>Complaints investigated</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tested for OHCAPA*</td>
<td>104</td>
<td>103</td>
<td>104</td>
<td>73</td>
<td>72</td>
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<td>43</td>
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<td>25</td>
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<td>Fees collected</td>
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<td>$69,048</td>
<td>$67,460</td>
<td>$54,337</td>
<td>$47,479</td>
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</table>

*Oklahoma Home Care Administrator Preparedness Assessment

**HOME CARE ADMINISTRATORS**

- Initial
- Renewal
- Provisional

**TOTAL CERTIFIED ADMINISTRATORS**

- SFY14
- SFY15
- SFY16
- SFY17
- SFY18
Nursing facilities, skilled nursing facility units, and swing bed hospital providers are required to conduct accurate, standardized, reproducible assessments of each resident/patient’s functional capacity using the Minimum Data Set (MDS). The automated MDS system, known as the Quality Improvement Evaluation System Assessment Submission and Processing System (QIES ASAP), is a critical component of the State Agency and CMS operations, and provides the means for transmission of assessment data to CMS for validating payments under the Medicare Skilled Nursing Facility Prospective Payment System for nursing homes and swing bed hospital providers.

Personnel in the MDS program develop and provide health care information and consultative assistance to nursing facilities. Responsibilities include educating providers in the clinical methodology and completion of MDS forms; receipting and validating MDS records; assisting nursing facilities and swing bed hospital providers in understanding and interpreting validation reports and the error correction process; providing

**Clients Served**
Nursing facilities and staff; Swing bed hospital providers; Centers for Medicare and Medicaid Services (CMS); privately owned software vendors; State Medicare and Medicaid surveyors; other State and Federal Agencies; clients of Medicare and Medicaid facilities and swing bed hospitals.

**Contact**
Diane Henry
mdshelp@health.ok.gov

http://mds.health.ok.gov/

**QIES Help Desk**
405 • 271 • 5278
Fax: 405 • 271 • 1402

**Authority**
63 O.S., § 1-1925.2(l)(1)
63 O.S., § 1-890.3(A)(1)
OAC 310:675-9-5.1
42 CFR 483.20, 42 CFR 483.315, 42 CFR 485.645

**Funding Source**
State and Federal Funds
routine and intermittent training to nursing facility staff, swing bed hospital staff, and surveyors; furnishing support to software vendors; and, supplying support services to surveyors to assist with MDS issues in the survey process. The QIES Help Desk is open from 8:00 AM to 5:00 PM, Monday through Friday, and is available to anyone who needs assistance with the MDS process.
### MDS ASSESSMENTS FOR NURSING FACILITIES (NF)

<table>
<thead>
<tr>
<th></th>
<th>SFY14</th>
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<td>NFs transmitting MDS data</td>
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<tr>
<td>NF software vendors</td>
<td>23</td>
<td>22</td>
<td>22</td>
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<td>21</td>
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<td>NF resident count</td>
<td>18,989</td>
<td>19,032</td>
<td>18,829</td>
<td>18,863</td>
<td>18,439</td>
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<td>NF batches submitted</td>
<td>33,977</td>
<td>33,476</td>
<td>31,664</td>
<td>34,819</td>
<td>35,114</td>
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<td>NF records processed</td>
<td>245,342</td>
<td>261,394</td>
<td>263,252</td>
<td>247,022</td>
<td>262,441</td>
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<td>NF records rejected</td>
<td>20,638</td>
<td>14,372</td>
<td>10,280</td>
<td>14,372</td>
<td>11,018</td>
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<tr>
<td>NF-MDS records uploaded to the National Repository</td>
<td>224,704</td>
<td>247,022</td>
<td>252,972</td>
<td>232,650</td>
<td>251,423</td>
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</table>

### MDS ASSESSMENTS FOR SWING BED HOSPITALS (SB)

<table>
<thead>
<tr>
<th></th>
<th>SFY14</th>
<th>SFY15</th>
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<th>SFY17</th>
<th>SFY18</th>
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<tbody>
<tr>
<td>SBs transmitting MDS data</td>
<td>27</td>
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<td>24</td>
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<td>24</td>
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<tr>
<td>SB software vendors</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>SB batches submitted</td>
<td>1,786</td>
<td>1,583</td>
<td>1,729</td>
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<td>1,662</td>
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<td>SB records processed</td>
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<td>3,218</td>
<td>2,922</td>
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<tr>
<td>SB records rejected</td>
<td>652</td>
<td>468</td>
<td>348</td>
<td>314</td>
<td>256</td>
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<td>SB-MDS records uploaded to the National Repository</td>
<td>3,636</td>
<td>3,287</td>
<td>2,998</td>
<td>2,904</td>
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### TOTALS FOR NFs AND SBs

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<tr>
<th></th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
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<th>SFY18</th>
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<tr>
<td>Transmitting MDS data</td>
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<td>Software vendors</td>
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<td>Batches submitted</td>
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<td>Records rejected</td>
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<td>Records uploaded to the National Repository</td>
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<tr>
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<th>SFY16</th>
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<th>SFY18</th>
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<tr>
<td>MDS training sessions</td>
<td>16</td>
<td>8</td>
<td>12</td>
<td>15</td>
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<tr>
<td>Facilities/Hospitals with staff attending workshops</td>
<td>411</td>
<td>186</td>
<td>250</td>
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<td>Workshop participants</td>
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<td>504</td>
<td>786</td>
<td>731</td>
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<tr>
<td>HelpDesk Contacts</td>
<td>1,513</td>
<td>959</td>
<td>950</td>
<td>1,772</td>
<td>1,441</td>
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</table>
State licensing and certification entities are required to report to the National Practitioner Data Bank (NPDB) certain adverse actions taken as the result of formal proceedings against health care practitioners, health care entities, health care providers, or health care suppliers. Actions to be reported include revocation, suspension, reprimand, censure, probation, loss of license/certificate, loss of the right to apply for or renew a license/certificate, voluntary surrender of a license/certificate pending an investigation, administrative fines, civil monetary penalties, and any other negative action or finding that is publicly available information. The types of actions to be reported include initial action, correction to action, revision to action (e.g., change in settlement agreement or terms, modification of agreement, completion of settlement agreement, terms of agreement met, dismissal), action was reversed or overturned, and notice of intent to appeal.

To be in compliance with NPDB requirements, reports must be submitted electronically within 30 days of the date the action was taken.

QIES staff are responsible for reporting adverse actions to the National Practitioner Data Bank which have been taken against entities and individuals licensed or certified through Protective Health Services programs.
### DATA BANK REPORTING

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<tr>
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<tr>
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<tr>
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<td>Technicians (EMT)</td>
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<td>9</td>
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<tr>
<td>Residential Care Homes (RCH)</td>
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<td>6</td>
<td>4</td>
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<tr>
<td>Continuum of Care</td>
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<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Facilities (CCF)</td>
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<tr>
<td>Nursing Facilities (NF)</td>
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<td>38</td>
<td>100</td>
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### REPORTS SUBMITTED ON INDIVIDUALS

- **NA**: Nurse Aides
- **NTSW**: Non-Technical Service Workers
- **LC**: Licensed Counselors
- **EMT**: Emergency Medical Technicians

#### Reports Submitted On Individuals

- **SPY18**: 80
- **SPY17**: 60
- **SPY16**: 80
- **SPY15**: 60
- **SPY14**: 40

### REPORTS SUBMITTED ON ENTITIES

- **EMS**: Emergency Medical Services
- **ALC**: Assisted Living Centers
- **RCH**: Residential Care Homes
- **CCF**: Continuum of Care Facilities
- **NF**: Nursing Facilities

#### Reports Submitted On Entities

- **SPY18**: 20
- **SPY17**: 10
- **SPY16**: 15
- **SPY15**: 10
- **SPY14**: 5

### TOTAL NPDB REPORTS

- **Individuals**: 100
- **Entities**: 25

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**HEALTH RESOURCES DEVELOPMENT SERVICE ● 2019 ANNUAL REVIEW ● 63**
NURSE AIDE REGISTRY

Clients Served
Unlicensed persons and employers of these persons, who provide nursing or nursing-related services to individuals receiving services in long term care facilities, home health agencies, intermediate care facilities for the intellectually disabled, residential care homes, and adult day care centers.

Contact
Vicki Kirtley
nar@health.ok.gov

405•271•4085
1•800•695•2157
Fax: 405•271•1130

http://nar.health.ok.gov/

Authority
63 O.S., §§ 1-1950.3 et seq.
OAC 310:677
42 CFR 483.75 thru 485.158
42 CFR 484.36

Funding Source
State and Federal Funds

This program was created through a federal mandate and regulations effective September 1991. Nurse Aide Registry staff review and approve/disapprove nurse aide training program curriculum; review and approve/disapprove nurse aide training programs; review and approve/disapprove nurse aide testing; develop and maintain the Nurse Aide Registry; maintain the Nurse Aide Abuse Registry; certify nurse aides; provide public education; and develop rules, policies, procedures, applications and forms necessary to implement the program.
Program Fees

(Fees are not charged for processing applications specific to Long Term Care. Fees are charged for processing applications for all other certifications.)

Recertification Application processing fee ........................................... $10.00
Deeming Application processing fee ...................................................... $15.00
Reciprocity Application processing fee .................................................. $15.00
Training Exception Application processing fee ...................................... $15.00
Foreign Graduate Training Exception Application processing fee ................ $15.00
Training and Testing Waiver Application processing fee .......................... $15.00
Retest Application processing fee ......................................................... $15.00
Duplicate certification card processing fee ............................................. $10.00
Feeding Assistant initial and renewal fee ............................................... $10.00

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<tr>
<th>NURSE AIDE REGISTRY</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
<th>SFY18</th>
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</thead>
<tbody>
<tr>
<td>Certifications*, registrations, and advanced amendments added</td>
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<td>12,394</td>
<td>12,063</td>
<td>13,865</td>
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<td>Certified nurse aides</td>
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<td>67,254</td>
<td>66,579</td>
<td>66,908</td>
<td>68,067</td>
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<tr>
<td>Registered feeding assistants</td>
<td>512</td>
<td>605</td>
<td>653</td>
<td>603</td>
<td>576</td>
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<tr>
<td>Approved training programs</td>
<td>321</td>
<td>257</td>
<td>273</td>
<td>281</td>
<td>289</td>
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<tr>
<td>Facilities ineligible to train due to substandard quality of care</td>
<td>74</td>
<td>58</td>
<td>55</td>
<td>52</td>
<td>32</td>
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<tr>
<td>Confirmed cases of abuse, neglect, or misappropriation of property</td>
<td>41</td>
<td>30</td>
<td>73</td>
<td>76</td>
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<tr>
<td>Fees collected</td>
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<td>$122,613</td>
<td>$122,826</td>
<td>$122,619</td>
<td>$119,059</td>
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</table>

*A nurse aide may be certified in more than one category (LTC, HH, DDDC, RC, ADC)
<table>
<thead>
<tr>
<th>Certifications and Registrations Added This Year</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
<th>SFY18</th>
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</thead>
<tbody>
<tr>
<td>Long Term Care (LTC)</td>
<td>6,179</td>
<td>6,554</td>
<td>6,099</td>
<td>6,565</td>
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<td>2,783</td>
<td>2,522</td>
<td>2,850</td>
<td>3,041</td>
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<td>Certified Medication Aide* (CMA)</td>
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<td>1,121</td>
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<td>1,328</td>
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<td>Developmentally Disabled Direct Care (DDDC)</td>
<td>296</td>
<td>325</td>
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<td>231</td>
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<td>Residential Care (RC)</td>
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<td>1</td>
<td>26</td>
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<tr>
<td>Adult Day Care (ADC)</td>
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<td>2</td>
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<td>0</td>
<td>5</td>
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<tr>
<td>CMA Advanced Nasogastric-Gastrostomy (NA-GA)</td>
<td>484</td>
<td>468</td>
<td>688</td>
<td>992</td>
<td>1315</td>
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<tr>
<td>CMA Advanced Respiratory (RESP)</td>
<td>501</td>
<td>460</td>
<td>706</td>
<td>1024</td>
<td>1322</td>
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<tr>
<td>CMA Advanced Glucose Monitoring (GLU-MON)</td>
<td>221</td>
<td>226</td>
<td>323</td>
<td>399</td>
<td>538</td>
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<tr>
<td>CMA Advanced Insulin Administration (IN-ADM)</td>
<td>155</td>
<td>153</td>
<td>228</td>
<td>304</td>
<td>399</td>
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<tr>
<td>Registered Feeding Assistants (FA)</td>
<td>221</td>
<td>302</td>
<td>266</td>
<td>230</td>
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*A CMA must also have a LTC, HH or DDDC certification

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<tr>
<th>Nurse Aides Added This Year</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
<th>SFY18</th>
</tr>
</thead>
</table>

| Leading Certification Types Added This Year |
|---------------------------------------------|-------|-------|-------|-------|-------|
| LTC                                         | SFY14 | SFY15 | SFY16 | SFY17 | SFY18 |
| HH                                          |       |       |       |       |       |
| CMA                                         |       |       |       |       |       |
| DDDC                                        |       |       |       |       |       |
### Active Training Programs

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<tr>
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<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
<th>SFY18</th>
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</thead>
<tbody>
<tr>
<td>Long Term Care</td>
<td>186</td>
<td>119</td>
<td>129</td>
<td>131</td>
<td>131</td>
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<tr>
<td>Home Health</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Developmentally Disabled</td>
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<td>12</td>
<td>11</td>
<td>10</td>
<td>10</td>
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<tr>
<td>Residential Care</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Adult Day Care</td>
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<td>Certified Medication Aide</td>
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<td>21</td>
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<td>Insulin Administration</td>
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<tr>
<td>CMA Gastrostomy</td>
<td>-----</td>
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<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>CMA Glucose Monitoring</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>CMA Respiratory</td>
<td>1</td>
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<td>2</td>
<td>2</td>
<td>1</td>
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<tr>
<td>CMA Respiratory and Gastrostomy</td>
<td>23</td>
<td>23</td>
<td>25</td>
<td>26</td>
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<td>Competency Evaluation Program</td>
<td>3</td>
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## PROGRAM ACTIVITIES

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<th>SFY18</th>
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<tr>
<td>Renewal forms mailed</td>
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<td>26,000</td>
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<td>*Certification cards mailed</td>
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<td>34,578</td>
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<td>Training program inspections</td>
<td>231</td>
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<td>196</td>
<td>81</td>
<td>135</td>
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<tr>
<td>Certified Nurse Aide (CNA) Re-tester</td>
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<td>323</td>
<td>367</td>
<td>244</td>
<td>250</td>
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<tr>
<td>Certified Medication Aide Re-tester</td>
<td>79</td>
<td>57</td>
<td>91</td>
<td>98</td>
<td>61</td>
</tr>
<tr>
<td>RN/LPN Student CNA/CMA training exceptions</td>
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<td>67</td>
<td>88</td>
<td>88</td>
<td>152</td>
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<td>RN/LPN Graduate CNA waivers</td>
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<td>Foreign CNA training exceptions</td>
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<td>Reciprocity CNA coming to Oklahoma</td>
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<td>890</td>
<td>897</td>
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<td>Reciprocity CNA leaving Oklahoma</td>
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<td>375</td>
<td>415</td>
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<td>LTC deemed to DDDC</td>
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<td>34</td>
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<td>HH deemed to LTC</td>
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<td>DDDC deemed to RC</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>LTC deemed to RC</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
</tbody>
</table>

*In SFY2018 stopped mailing Certification Cards and started online verification
Effective November 1, 2004, legislation was passed to ensure nursing facilities, specialized facilities, continuum of care facilities, assisted living centers, adult day care centers or residential care homes did not employ as a nurse aide, on a full-time, temporary, per diem, or any other basis, any individual who was not certified as a nurse aide in good standing and was not eligible for placement on the Nurse Aide Registry maintained by the State Department of Health.

The Department was given authority to grant a temporary emergency waiver to a facility that demonstrates it has been unable to successfully meet staffing requirements related to the provisions in the Act. The facility must meet the requirements and demonstrate that diligent efforts have been made to recruit and retain certified nurse aides. A waiver shall not exceed six months. A facility may apply for a subsequent waiver as provided in rule. A non-refundable fee was enacted on June 25, 2009 for each waiver application submitted.

Clients Served
Nursing facilities, specialized facilities, continuum of care facilities, assisted living centers, adult day care centers, and residential care homes that require a temporary emergency waiver.

Contact
Vicki Kirtley
vickik@health.ok.gov
405•271•6868
Fax: 405•271•1130
http://hrds.health.ok.gov/

Authority
63 O.S., § 1-1950
OAC 310:677-1-6

Funding Source
State Funds and Fees
Program Fees

Initial Nurse Aide Temporary Emergency Waiver: $100.00
Renewal Nurse Aide Temporary Emergency Waiver: $75.00

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<th>SFY17</th>
<th>SFY18</th>
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</thead>
<tbody>
<tr>
<td>NURSE AIDE WAIVER</td>
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<tr>
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<td>letters</td>
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<td>Renewal approval</td>
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<td>$800</td>
<td>$500</td>
<td>$1,200</td>
</tr>
<tr>
<td>collected</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renewal fees</td>
<td>$3,350</td>
<td>$4,200</td>
<td>$4,050</td>
<td>$4,575</td>
<td>$3,450</td>
</tr>
<tr>
<td>collected</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total fees</td>
<td>$3,450</td>
<td>$4,400</td>
<td>$4,850</td>
<td>$5,075</td>
<td>$1,650</td>
</tr>
<tr>
<td>collected</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
This program was created to ensure that development of long term care services in Oklahoma was performed in a planned, orderly, and economical manner consistent with and appropriate to services needed by people in various regions, districts or localities in the State of Oklahoma. The Certificate of Need Act furthered this public policy by providing for the submittal of plans and applications, and by prohibiting the offering, development, or change of existing services prior to the issuance of a Certificate of Need by the Department.

Health Facility Systems staff review applications submitted by facilities primarily through paper review with limited on-site inspection to ensure compliance.

**Clients Served**
Nursing and specialized facilities and prospective residents of each.

**Contact**
Espa Bowen
healthresources@health.ok.gov

405•271•6868
Fax: 405•271•7360

http://hfs.health.ok.gov/

**Authority**
63 O.S., §§ 1-850 et seq.
OAC 310:4
OAC 310:620
OAC 310:625
OAC 310:630

**Funding Source**
Fees Collected
Program Fees

$3,000 for New Facility (standard review), minimum $1,000; $3,000 for acquisition; $100 for exemption from Certificate of Need.

<table>
<thead>
<tr>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
<th>SFY18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CERTIFICATE OF NEED FOR NURSING AND SPECIALIZED FACILITIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applications received</td>
<td>40</td>
<td>53</td>
<td>42</td>
<td>115</td>
</tr>
<tr>
<td>Applications completed</td>
<td>43</td>
<td>34</td>
<td>33</td>
<td>81</td>
</tr>
<tr>
<td>Exemptions approved*</td>
<td>20</td>
<td>22</td>
<td>12</td>
<td>51</td>
</tr>
<tr>
<td>Exemptions denied</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Exemptions withdrawn</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>29</td>
</tr>
<tr>
<td>Acquisitions approved</td>
<td>16</td>
<td>7</td>
<td>34</td>
<td>13</td>
</tr>
<tr>
<td>Acquisitions denied</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Acquisitions dismissed</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>New construction approved</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>New construction denied</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CONs withdrawn</td>
<td>0</td>
<td>1</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td><strong>Fees collected</strong></td>
<td>$104,000</td>
<td>$71,800</td>
<td>$84,900</td>
<td>$236,101</td>
</tr>
</tbody>
</table>

*Effective January 27, 2015, fees and applications were no longer taken for ownership.
The Department, under authority of the Oklahoma Public Health Code, licenses several different types of long term care services. This program was created to protect residents and to assure accountability of facilities. Generally, no person may operate a long term care service without first getting a license from the Department. The owner of each facility must file a license application and submit a licensing fee annually. Health Facility Systems staff receive the fee and review the application for completeness, accuracy, and consistency.

On-site activities are conducted by staff in Long Term Care.

**Clients Served**
Nursing facilities, specialized facilities (including nursing facilities for alzheimer's patients and intermediate care facilities for persons with intellectual disabilities), and residents of the facilities.

**Contact**
Espa Bowen
healthresources@health.ok.gov
405•271•6868
Fax: 405•271•7360
http://hfs.health.ok.gov/

**Authority**
63 O.S., §§ 1-1901 et seq.
OAC 310:675
State license required; annual renewal. Medicare Certification is optional. Medicaid Certification is optional. Certificate of Need is required.

**Funding Source**
Fees Collected
Program Fees

$10.00 per licensed bed for initial license and renewal license.

<table>
<thead>
<tr>
<th>LICENSE APPLICATIONS</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
<th>SFY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURSING/SPECIALIZED FACILITIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing facilities*</td>
<td>297</td>
<td>292</td>
<td>287</td>
<td>184</td>
<td>187</td>
</tr>
<tr>
<td>Specialized facilities for individuals with intellectual disabilities</td>
<td>88</td>
<td>86</td>
<td>85</td>
<td>88</td>
<td>88</td>
</tr>
<tr>
<td>Specialized alzheimer's facilities</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Oklahoma Veteran's Centers</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Total facilities*</td>
<td>388</td>
<td>388</td>
<td>375</td>
<td>----</td>
<td>376</td>
</tr>
<tr>
<td>Total licenses issued**</td>
<td>420</td>
<td>296</td>
<td>538</td>
<td>185</td>
<td>195</td>
</tr>
<tr>
<td>Facilities with suspended licenses</td>
<td>4</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Facilities closed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Fees collected</td>
<td>$312,427</td>
<td>$259,673</td>
<td>$297,733</td>
<td>$712,729</td>
<td>$176,915</td>
</tr>
</tbody>
</table>

*Does not include continuum of care nursing facilities.

**Includes initials, renewals, amendments, bed changes, name changes, changes of ownership.
The Department, under authority of Long Term Care Security Act amendment effective November 21, 2012. State and national fingerprint-based checks are required prior to employment with long-term care providers for all with direct patient access. Title 63, Section 1-1945, Definitions, provides the following at paragraph 9:

"Direct patient access" means access to a service recipient of an employer, through employment, independent contract, or the granting of clinical privileges, in which the performance of duties involves, or may involve one-on-one contact with a service recipient of the employer on an ongoing basis. The term shall include access to a service recipient’s property, medical information or financial information. The term does not include a volunteer unless the volunteer has duties that are equivalent to the duties of a direct patient access employee and those duties involve one-on-one contact with a service recipient of an employer, without line-of-sight supervision by employer staff.

Clients Served
Nursing Homes, Skilled Nursing Facilities, Adult Day Care Centers, Residential Care Centers, Assisted Living Centers, Home Health Agencies, Hospices, Continuum of Care Facilities, Staffing Agencies that provide staff to Long-Term Care Facilities and independent contractors that support them as well as Health Care workers seeking employment.

Contact
(vacant)
OKSCREEN@health.ok.gov
405•271•3598
Secure Fax: 405•271•3611
http://ONBC.health.ok.gov/

Authority
63 O.S., §§1-1944 et seq.
OAC 310:2-29-1

Funding Source
Fees Collected
Startup of this program was funded by a $3 million dollar federal grant. Grant funding was exhausted in Fiscal year 2016. Ongoing funding is through $19 application fees submitted by providers on each applicant, a $10 one-time fingerprinting fee charged to the applicant, and Medicaid administrative match for Medicare provider administrative activity.

The Oklahoma National Background Check Program (ONBCP) is a legislatively authorized Federal program. The Affordable Care Act (ACA), Title VI, Subtitle B, Part III, Subtitle C, Section 6201, directs the Secretary of the Department of Health and Human Services (HHS), to establish a national program to identify efficient, effective, and economical procedures for long term care (LTC) facilities and providers to conduct background checks on a statewide basis for all potential direct access employees. The ONBCP is sponsored by the Centers for Medicare & Medicaid Services (CMS).

The targeted benefit of this program is a reduction in abuse, neglect, and financial exploitation of our most vulnerable citizens.

Applicants for new positions in the long-term care industry must undergo both free online registry screening and national fingerprint-based criminal history checks for a fee, once the registries are cleared. Fees are a $19 application fee submitted by providers, and a $10 one-time fingerprinting fee charged to the applicants. Any criminal history is examined against barrier offenses listed for the position for which the applicant has applied. Applicants who fail to pass registry checks or who have barrier offenses are found ineligible to work in the industry and may appeal determinations of ineligibility. State and national fingerprint-based background checks are required prior to employment with long-term care providers for all with direct patient access.

Phased implementation of the program began February 1, 2014.
**Connected Applications** is an application that may be shared with different providers. For example, if I do a background check for provider A this will be my first time so I will get fingerprinted and the provider will do the registry checks. Now, let’s say I want to go work for provider B three months later. Provider B will pay the $19 to connect to the background check I did for provider A. Provider B will do the registry checks but I will not have to be fingerprinted again.

**A State rap back system under the National Background Check Program (NBCP) is a mechanism that allows a State’s Criminal Justice Information Services (CJIS) agency to immediately inform the NBCP grantee State agency of any new criminal history record information (CHRI) against an employee that arises after the employee’s pre-employment background check is completed. Basically when someone gets fingerprinted for a background check if they get arrested again we will receive notification of that arrest from the OSBI (Oklahoma State Bureau of Investigation). RAP stands for Record of Arrest and Prosecution.**
**APPEALS**

- Appeals Granted
- Appeals Denied
- Appeals Withdrawn

**BACKGROUND CHECKS**

- Ineligible Background Checks Completed
- Eligible Background Checks Completed
Home health agencies are required to conduct comprehensive, accurate, standardized, and reproducible assessments of each resident’s functional capacity using the Outcome and Assessment Information Set (OASIS). The automated OASIS system is a critical component of the State Agency and CMS operations, and provides the means for transmission of assessment data to CMS for validating payments under the Medicare Skilled Nursing Facility Prospective Payment System for home health agencies.

Personnel in the OASIS program develop and provide health care information and consultative assistance to home health agencies and maintain the OASIS State Repository for upload to CMS. Responsibilities include educating providers in the clinical methodology and completion of OASIS forms; receipting and validating OASIS records; assisting home health agencies in understanding and interpreting validation reports and the error correction process; providing routine and intermittent training to home health agency staff and home health agency surveyors;

Clients Served
Medicare certified home health agencies and staff; Centers for Medicare and Medicaid Services (CMS); privately owned software vendors; State Medicare surveyors; miscellaneous other State and Federal agencies; and clients of Medicare agencies.

Contact
Diane Henry
oasishelp@health.ok.gov

http://oasis.health.ok.gov/

QIES Help Desk
405•271•5278
Fax: 405•271•1402

Authority
42 CFR 484.20
42 CFR 484.55
42 CFR 488.68

Funding Source
Federal Funds
furnishing support to software vendors; and supplying support services to home health agency surveyors to assist with OASIS issues in the survey process. The QIES Help Desk is open from 8:00 AM to 5:00 PM, Monday through Friday, and is available to anyone who needs assistance with the OASIS process.

<table>
<thead>
<tr>
<th>OASIS ASSESSMENTS FOR HOME HEALTH AGENCIES</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
<th>SFY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHAs transmitting OASIS data</td>
<td>262</td>
<td>265</td>
<td>262</td>
<td>254</td>
<td>250</td>
</tr>
<tr>
<td>Software vendors</td>
<td>28</td>
<td>37</td>
<td>32</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>HHA client count</td>
<td>86,789</td>
<td>86,826</td>
<td>88,509</td>
<td>90,634</td>
<td>91,904</td>
</tr>
<tr>
<td>Batches submitted</td>
<td>21,675</td>
<td>23,666</td>
<td>25,339</td>
<td>26,775</td>
<td>34,555</td>
</tr>
<tr>
<td>Records processed</td>
<td>375,488</td>
<td>380,234</td>
<td>391,372</td>
<td>388,031</td>
<td>380,544</td>
</tr>
<tr>
<td>Records rejected</td>
<td>19,855</td>
<td>28,567</td>
<td>17,882</td>
<td>25,362</td>
<td>15,197</td>
</tr>
<tr>
<td>OASIS records uploaded to the National Repository</td>
<td>355,633</td>
<td>351,667</td>
<td>373,490</td>
<td>362,669</td>
<td>365,347</td>
</tr>
<tr>
<td>OASIS training sessions</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Number of agencies with staff attending workshops</td>
<td>60</td>
<td>74</td>
<td>106</td>
<td>69</td>
<td>67</td>
</tr>
<tr>
<td>Workshop participants</td>
<td>133</td>
<td>165</td>
<td>240</td>
<td>128</td>
<td>124</td>
</tr>
<tr>
<td>HelpDesk contacts</td>
<td>490</td>
<td>498</td>
<td>362</td>
<td>322</td>
<td>490</td>
</tr>
</tbody>
</table>

### OASIS RECORDS PROCESSED

- **Uploaded**
- **Rejected**

### OASIS TRAINING

- **HelpDesk Contacts**
- **Workshop Participants**
PSYCHIATRIC & CHEMICAL DEPENDENCY TREATMENT FACILITIES CERTIFICATE OF NEED

This program was created to ensure the development of psychiatric and chemical dependency services in a planned, orderly, and economical manner consistent with and appropriate to services needed by people in various regions, districts, or localities in the State of Oklahoma.

Health Facility Systems (HFS) staff endeavor to control capital expenditures, bed expansions, and changes of ownership of such facilities. HFS staff review applications submitted by facilities primarily through paper review with limited on-site inspection to ensure compliance.

Clients Served
Psychiatric and chemical dependency treatment facilities and prospective clients of either.

Contact
Espa Bowen
healthresources@health.ok.gov
405•271•6868
Fax: 405•271•7360
http://hfs.health.ok.gov/

Authority
63 O.S., §§ 1-880.1 et seq.
OAC 310:4
OAC 310:620
OAC 310:635

Funding Source
Fees Collected
Program Fees

.75% of capital cost of project, with a $1,500 minimum and $10,000 maximum.

<table>
<thead>
<tr>
<th>CERTIFICATE OF NEED</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
<th>SFY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSYCHIATRIC &amp; CHEMICAL DEPENDENCY FACILITIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilities in operation</td>
<td>38</td>
<td>39</td>
<td>40</td>
<td>46</td>
<td>50</td>
</tr>
<tr>
<td>Applications completed</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Acquisitions approved</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Bed additions approved</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Beds added to inventory</td>
<td>0</td>
<td>76</td>
<td>0</td>
<td>72</td>
<td>0</td>
</tr>
<tr>
<td>Beds approved by CON review</td>
<td>40</td>
<td>188</td>
<td>64</td>
<td>72</td>
<td>79</td>
</tr>
<tr>
<td>Conversion from adult beds to child beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Relocations approved</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Applications denied</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Applications withdrawn</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Fees collected</td>
<td>$51,000</td>
<td>$13,750</td>
<td>$20,000</td>
<td>$43,519</td>
<td>$31,500</td>
</tr>
</tbody>
</table>

PSYCHIATRIC & CHEMICAL DEPENDENCY FACILITIES
QUALITY ASSURANCE & DATA SYSTEMS (QADS)

The Quality Assurance area is responsible for coordinating and facilitating quality assessment and improvement programs for service areas within Protective Health Services. Tasks include assisting Protective Health Services’ Divisions to increase the quality and consistency of services provided to the Divisions’ clients through the development and implementation of individual quality improvement plans. Data collected about quality improvement efforts may then be analyzed to assess the reliability of the data and to provide feedback to staff and management to ultimately support management decisions.

The Data Systems area is responsible for maintaining optimal performance of CMSNet and the Quality Improvement and Evaluation Data System (QIES) which is a major component of the statewide survey and certification program. Data Systems staff configure the Centers for Medicare and Medicaid Services (CMS) federal suite of software application modules used to process survey, certification, complaint, licensure, assessment, enforcement, and

Clients Served
PHS Service Areas and staff, CMS project managers, software vendors and other public and private entities that use CMSNet and the QIES Data System.

Contact
Alexandria Hart-Smith
qieshelpdesk@health.ok.gov
405•271•5278
Fax: 405•271•1402
http://qies.health.ok.gov/

QIES Help Desk
405•271•5278

Authority
OAC 310:675-17-1

Funding Source
State and Federal Funds
quality assurance activities for 53 types of health care facilities statewide in accordance with state and federal regulations. They coordinate the business and system aspects of CMSNet and the QIES data system between the CMS, the four Protective Health service areas that utilize the system, and Office of Management and Enterprise Services Information Services Division (OMES-ISD) staff in an environment composed of strategic cross-system dependencies.

<table>
<thead>
<tr>
<th>QUALITY ASSURANCE &amp; DATA SYSTEMS</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
<th>SFY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>QA/QI Projects</td>
<td>3</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Trainings conducted</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>37</td>
</tr>
<tr>
<td>HelpDesk contacts</td>
<td>Not Available</td>
<td>84</td>
<td>287</td>
<td>359</td>
<td>506</td>
</tr>
</tbody>
</table>

**Quality Improvement / Quality Assurance Projects**

This information is located on page 185

**Reports**

- **Board of Health Dashboard Report** – Quarterly report tabulated to showcase the work of the Protective Health Services’ efforts to comply with state mandates. Data is collected from CHS and LTC and reported to the Commissioner’s Office.

- **Composite Score Card Report** - Data showing Oklahoma’s composite score on the 13 Quality Measures for nursing homes being highlighted by CMS. The report is updated quarterly from data in QIES Workbench.

- **QIES Process Frequency Mandates Report** - Quarterly report presented to the Process Frequency Mandates committee indicating the percentage of compliance with QIES process frequency mandates.
• **CMS Quality Measures Report** - Data showing quality measure percentages for the Nation, Region IV and Oklahoma. Data is obtained through the QIES Workbench and is provided as an update to certain stakeholders.

• **Health Facility Plan Review: Process Time Frame Report** - Data report presented to the Health Facility Plan Review Project Team indicating the Process Time Reviews. Data is obtained through the facility documentation reports of the Health Planning Review data collection in Medical Facilities.

• **Individual Nursing Home Composite Score Card Reports** - Data showing quality measure percentages for the Individual Oklahoma Long Term Care Facility and the State of Oklahoma. Data is obtained and reviewed through the QIES Workbench and provides as a weekly report to Long Term Surveyor Teams.

• **Substandard Quality of Care (SQC) Tag Reports** - Substandard Quality of Care (SQC)s allow Health Facility Systems (HFS) to measure the severity and scope, if any, of abuse or neglect of patients while in the care of a particular operator and staff. The SQC reports are used to gage the level of penalties that are imposed upon an applicant based on the possible amount of residents that could have been effected and were effected during an incident.
RESIDENTIAL CARE HOMES
LICENSE APPLICATIONS

This program was created to protect residents and to assure the accountability of residential care homes. A residential care home offers or provides residential accommodations, food service, and supportive assistance, such as the preparation of meals, dressing, bathing, and other personal needs. It may assist in the administration of medications, however, it cannot provide direct medical care. The owner of each home must file a license application and submit a licensing fee annually. Health Facility Systems staff receive the fee and review the application for completeness, accuracy, and consistency.

On-site activities are conducted by staff in Long Term Care.

Clients Served
Residential care homes and residents of the homes.

Contact
Espa Bowen
healthresources@health.ok.gov
405•271•6868
Fax: 405•271•7360
http://hfs.health.ok.gov/

Authority
63 O.S., §§ 1-820 et seq.
OAC 310:680
State license required. No Medicare or Medicaid Certification.
Certificate of Need does not apply to this program.

Funding Source
Fees Collected
Program Fees

Probationary license and two-year renewal license ......................$50.00
Modification to the license documentation.........................................$20.00

<table>
<thead>
<tr>
<th>LICENSE APPLICATIONS</th>
<th>LICENSED RESIDENTIAL CARE HOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SFY14</td>
</tr>
<tr>
<td>Licensed homes</td>
<td>66</td>
</tr>
<tr>
<td>Total licenses issued*</td>
<td>67</td>
</tr>
<tr>
<td>Fees collected</td>
<td>$3,640</td>
</tr>
</tbody>
</table>

*Includes initials, renewals, amendments, bed changes, name changes, and changes of ownership.
LONG TERM CARE SERVICE (LTC)

Michael Cook
405 • 271 • 6868
Fax: 405 • 271 • 2206
mikec@health.ok.gov

Glenn Box, Manager of Intake & Incidents
glenb@health.ok.gov

Beverly Clark, Manager of Training
beverlyc@health.ok.gov

Lisa McAlister, Manager of Survey (ALC, ADC & RC)
lisaam@health.ok.gov

Patty Scott, Manager of Enforcement
pattyrs@health.ok.gov

Natalie Smith, Compliance Officer
natalies@health.ok.gov

Debbie Zamarripa, Manager of Survey (NH & ICF/IID)
debrash@health.ok.gov
### INSPECTION FREQUENCY MANDATES

#### SFY14 SFY15 SFY16 SFY17 SFY18

<table>
<thead>
<tr>
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<th>SFY16</th>
<th>SFY17</th>
<th>SFY18</th>
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<td>Inspections meeting mandates</td>
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<td>Percent of inspections met</td>
<td>96.8%</td>
<td>98.4%</td>
<td>99.9%</td>
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#### LONG TERM CARE SERVICE

**Inspections Required**

**Inspections Meeting Mandates**

[Graph showing the number of inspections required and meeting mandates from SFY14 to SFY18]

***Go to page 185 to see Inspection Frequency Mandate compliance data and other Quality Improvement/Quality Assurance activities taken by PHS***
ADULT DAY CARE CENTERS
INSPECTIONS & INVESTIGATIONS

This program was established in 1992 to support and regulate a community-based system of quality adult day care. Participants do not stay in the center overnight and continue to live in their own homes, usually with the aid of family caregivers. Adult day care centers prevent premature or inappropriate institutionalization of functionally impaired elderly or disabled adults, provide periods of relief for caregivers, and enable family caregivers to continue gainful employment.

Long Term Care (LTC) staff develop minimum licensure requirements and monitor the center's compliance with the rules. Each center is required to submit an application for licensure.

LTC teams of health professionals investigate complaints and perform on-site surveys prior to licensure approval. Periodic inspections are performed during the licensure period.

Clients Served
Participants, their families, friends and advocates, facility staff and operators. Adult day care centers provide supervised health, social, and recreational services in a structured daytime program to serve functionally impaired adults who need assistance in caring for themselves yet continue to live in their own homes, usually with the aid of family caregivers.

Contact
Lisa McAlister
lisaam@health.ok.gov
405 • 271 • 6868
Fax: 405 • 271 • 2206
http://ltc.health.ok.gov

Authority
63 O.S., §§ 1-870 et seq.
OAC 310:605

Funding Source
State Funds
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<td>34</td>
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<td>34</td>
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<tr>
<td>Initial</td>
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<td>4</td>
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<tr>
<td>Complaints</td>
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<td>0</td>
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<td>11</td>
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Adult Day Care Centers
Number of Surveys

- ReLicensure
- Initial
- Complaints
- Revisits
Adult Day Care Centers
Top Violations

1118—Staffing requirements. Employment Exam
1321—Required services. Chapter 257
0910—Admission. Care Plan—10 Days
1342—Required Services. Regular Drills
1100—Staffing Requirements. Adequate/Qualified
1114—Staffing Requirements. Medication Staff
1152—Orientation and Training. General Orientation
1158—Personnel Records. Individual Records
1341—Required Services. Staff—CPR
1349—Additional Services. Significant Changes
This program was created in 1997 to establish a system of licensure of assisted living centers. Long Term Care (LTC) staff evaluate compliance of centers with the licensure regulation and endeavor to ensure individuals receive services to meet their needs.

LTC staff investigate complaints, perform annual licensure surveys, conduct revisits when necessary, monitor compliance with licensure rules, implement and interpret rules, provide technical assistance as necessary, participate in provider training programs, and take enforcement actions against centers when appropriate.

Clients Served
Residents, their families, friends and advocates, facility staff and operators. Assisted living centers provide services to those who, by choice or functional impairments, need assistance with personal care or nursing supervision, may need intermittent or unscheduled nursing care, may need medication assistance, and may need assistance with transfer and/or ambulation.

Contact
Lisa McAlister
lisaam@health.ok.gov
405•271•6868
Fax: 405•271•2206
http://ltc.health.ok.gov

Authority
63 O.S., §§ 1-890.1 et seq.
OAC 310:663

Funding Source
State Funds
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<td>167</td>
<td>175</td>
<td>183</td>
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<td>457</td>
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<tr>
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<tr>
<td>Revisits</td>
<td>172</td>
<td>241</td>
<td>195</td>
<td>164</td>
<td>124</td>
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</table>

Assisted Living Centers

Number of Surveys

![Bar chart showing number of surveys for Relicensure, Initial, Complaints, and Revisits from SFY14 to SFY18.](chart.png)
Assisted Living Centers
Top Violations

1505—Resident rights.
0911—Nurse.
0391—Food storage preparation and service.
0552—Use of assessment.
0954—Staff qualifications.
1923—Medication administration.
0921—Medication staffing.
1951—Maintenance of records.
5010—Care and Services—Coordination of Care.
0522—Assessment timeframes.
CONTINUUM OF CARE FACILITIES
INSPECTIONS & INVESTIGATIONS

This program was created in 1997 to establish a system of licensure of continuum of care facilities. Continuum of care facilities provides a range of long term care services. A continuum of care facility may provide nursing facility services, assisted living services, and adult day care services under one license. Each facility type has separate licensure surveys, complaint investigations, follow-up visits, and other inspections consistent with the applicable administrative code.

Long Term Care (LTC) staff evaluate services provided in these facilities to ensure the needs of residents are met. LTC staff investigate complaints, perform annual licensure, certification surveys, conduct revisits when necessary, monitor compliance with State and Federal regulations, provide technical assistance as necessary, participate in provider training programs, and take enforcement action against facilities when appropriate.

Clients Served
Residents of continuum of care facilities, their families, friends and advocates, facility staff and operators.

Contact
Lisa McAlister
405 • 271 • 6868
Fax: 405 • 271 • 2206
lisaam@health.ok.gov

http://ltc.health.ok.gov

Authority
63 O.S., §§ 1-890.1 et seq.
OAC 310:663

Funding Source
State and Federal Funds
### Continuum of Care Facilities

**Number of Surveys**

<table>
<thead>
<tr>
<th></th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
<th>SFY18</th>
</tr>
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<td>18</td>
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<tr>
<td>Inspections:</td>
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<td>37</td>
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<tr>
<td>ReLicensure</td>
<td>17</td>
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<tr>
<td>Initial</td>
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<tr>
<td>Complaints</td>
<td>7</td>
<td>6</td>
<td>10</td>
<td>5</td>
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</tr>
<tr>
<td>Revisits</td>
<td>18</td>
<td>11</td>
<td>16</td>
<td>13</td>
<td>12</td>
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</tbody>
</table>
Continuum of Care Facilities
Top Violations

0552—Use of Assessment
0701—General Requirements
0712—General Requirements
0921—Medication Staffing
0954—Staff qualifications
1110—Quality Assurance Committee
1328—Contents of Contract
1505—Resident Rights
This program was created to establish a system of licensure for the purpose of protecting the health, welfare, and safety of residents in intermediate care facilities for individuals with intellectual disabilities (ICF/IID). The additional responsibility of the program is to implement a federally mandated survey and certification system for facilities to participate in the Medicaid reimbursement program.

The ICF/IID Program was established in 1971 when legislation was enacted which provided for Federal Financial Participation (FFP) for ICF/IID facilities as an optional Medicaid service. Congressional authorization for ICF/IID services as a State plan option under Medicaid allowed states to receive Federal matching funds for institutional services that had been funded with state or local government money.

Long Term Care (LTC) staff endeavor to promote and evaluate compliance of

<table>
<thead>
<tr>
<th>Clients Served</th>
<th>Residents with intellectual disabilities, their families, friends and advocates, facility staff and operators.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact</td>
<td>Debbie Zamarripa 405 • 271 • 6868 Fax: 405 • 271 • 2206 <a href="mailto:debrash@health.ok.gov">debrash@health.ok.gov</a></td>
</tr>
<tr>
<td>Authority</td>
<td>63 O.S., §§ 1-1901 et seq. Title 42, US Code, §1396-1396v, Subchapter XIX, Chapter 7 42 CFR 440.150 42 CFR 483.400 through 483.480 OAC 310:675</td>
</tr>
<tr>
<td>Funding Source</td>
<td>State and Federal Funds</td>
</tr>
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</table>
ICF/IID facilities with the regulations by assuring individual needs are aggressively met to insure a higher quality of life for all. LTC staff investigate complaints, perform annual licensure and certification surveys, and conduct revisits when necessary. Facilities are licensed and certified based on the survey outcomes.

LTC staff also develop and interpret licensure rules, monitor compliance with Medicaid certification requirements, provide technical assistance as necessary, participate in provider training programs, and take enforcement actions against facilities when appropriate.

The Centers for Medicare and Medicaid Services develops Conditions of Participation (CoPs) that health care organizations must meet in order to begin and continue participation in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries. A condition tag is cited when a health care organization is found to be out of compliance with one or more of these standards.
<table>
<thead>
<tr>
<th></th>
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<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
<th>SFY18</th>
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</thead>
<tbody>
<tr>
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<td>88</td>
<td>88</td>
<td>86</td>
<td>87</td>
<td>89</td>
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<tr>
<td>Inspections:</td>
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<td>388</td>
<td>413</td>
<td>390</td>
<td>350</td>
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<td>ReCertifications (Health)</td>
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<td>99</td>
<td>94</td>
<td>92</td>
<td>88</td>
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<td>33</td>
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<td>54</td>
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**ICF/IID Number of Health Surveys**

**ICF/IID Number of Life Safety Code Surveys**
ICF/IID Facilities
Top Violations

0111—Client Records
0325—Physician Services
0104—Governing Body
0322—Physician Services
0474—Meal Services
0124—Protection of Clients Rights
0263—Program Monitoring & Change
0262—Program Monitoring & Change
0460—Food & Nutrition Services
0102—Governing Body and Management
This program was created in the mid-1950's to establish a system of licensure for the purpose of protecting the health, welfare, and safety of residents in nursing facilities. The additional responsibility of the program is to implement a federally mandated survey and certification system for facilities to participate in the Medicare and Medicaid reimbursement programs.

Long Term Care (LTC) staff evaluate compliance with the regulations to assure individual needs of the residents are met, and to promote a care delivery system to enhance the quality of life for each resident. LTC staff investigate complaints, perform annual licensure and certification surveys, and conduct revisits when necessary. Facilities are licensed and certified based on the survey findings. Remedies are imposed when facilities fail to comply with the Federal and State requirements.

LTC staff also develop and interpret licensure rules, monitor compliance with Medicaid and Medicare certification requirements, provide technical assis-
tance as necessary, participate in provider training programs, and take enforcement actions against facilities when appropriate.

Immediate jeopardy in a nursing facility is defined as a situation in which the provider’s noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment or death to a resident. An immediate jeopardy tag is a deficiency that has been ranked at a J (one or several residents are impacted), K (a pattern is shown), or L (the issue is widespread).

A substandard quality of care citation occurs when:

- A nursing facility is found to be out of compliance with requirements found at CFR 483.13, Resident Behavior and Facility Practices, CFR 483.15, Quality of Life, or CFR 483.25, Quality of Care; and

- The deficiency has been assigned a scope and severity level of F, H, I, J, K, or L.

Under the federal survey, certification, and enforcement system, nursing facilities are not assured an opportunity to correct deficiencies prior to the imposition of remedies. No opportunity to correct means remedies will be imposed on a facility immediately after a determination of noncompliance has been made.
### Nursing Homes (Medicare/Medicaid)

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### Nursing Homes (Combined)

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<tr>
<td>Number of licensed beds</td>
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<td>Occupancy Rate</td>
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### Nursing Homes (Medicare/Medicaid)

Number of Health Surveys

![Bar chart showing Health Surveys](chart.png)

- ReCertifications (Health)
- Initial (Health)
- Complaints (Health)
- Revisits (Health)
Nursing Homes (Medicare/Medicaid)
Number of Life Safety Code Surveys

![Graph showing the number of Life Safety Code Surveys for nursing homes over five fiscal years (SFY14 to SFY18). The graph includes bars for ReCertifications (LSC), Initial (LSC), and Revisits (LSC) with corresponding data points.]

Nursing Home Occupancy

![Graph showing the number of licensed beds, number of residents, and occupancy rate for nursing homes over five fiscal years (SFY14 to SFY18). The graph includes bars for the number of licensed beds and residents, and a line for occupancy rate.]

LONG TERM CARE SERVICE ● 2019 ANNUAL REVIEW ● 107
Nursing Facilities (Medicare/Medicaid)
Health Surveys
Top Violations

0279—Develop Comprehensive Care Plans

0323—Free of accident hazards/supervision/devices

0309—Provide care/services for highest well-being

0371—Food procure, store/prepare/serve—sanitary

0280—Right to participate planning care-revise CP

0441—Infection control, prevent spread, linens

0329—Drug regimen is free from unnecessary drugs

0514—Res records-complete/accurate/accessible

0278—Assessment accuracy/coordination/certified

0282—Services by qualified persons/per care plan
Nursing Facilities (Medicare/Medicaid)
Life Safety Code Survey
Top Violations

0001—Establishment of the Emergency Program (EP)

0036—EP Training and Testing

0015—Subsistence Needs for Staff and Patients

0041—Hospital CAH and LTC Emergency Power

0035—LTC and ICF/IID Sharing Plan with Patients

0039—EP Testing Requirements

0007—EP Program Patient Population

0009—Local, State, Tribal Collaboration Process


0026—Roles Under a Waiver Declared by Secretary
This program was created in 1991 to establish standards for licensure of Residential Care Homes. Long Term Care (LTC) staff evaluate compliance with the regulations to assure individual needs of the residents are met to optimize the quality of life in the homes.

LTC staff investigate complaints, perform annual licensure surveys, conduct revisits when necessary, monitor compliance with licensure standards, implement and interpret rules, provide technical assistance as necessary, participate in provider training programs, and take enforcement actions against homes when appropriate.
### Residential Care Homes

#### Number of Surveys

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<th>ReLicensure</th>
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<th>Complaints</th>
<th>Revisits</th>
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<td>SFY15</td>
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<td>SFY16</td>
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<td>SFY17</td>
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<td>SFY18</td>
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<td>126</td>
<td>44</td>
<td>1</td>
<td>21</td>
<td>60</td>
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*LONG TERM CARE SERVICE ● 2019 ANNUAL REVIEW ● 111*
Residential Care Homes
Top Violations

0329—Building Elements—Water Temp
0404—Food Service
0510—Staff Training—First Aid/CPR
0411—Food Service—Chapter 257
0622—Medications—Discontinued
0232—Resident Records/Medical Summary
0351—Insect and Rodent Control
0204—Inspections, Physician and EMS Services
0358—Housekeeping
0623—Medications—Disposal
This program was created in 2013 to establish a system of licensure for the purpose of protecting the health, welfare, and safety of residents in state veteran's centers.

LTC Staff investigate complaints, perform annual licensure surveys, and conduct revisits when necessary. When facilities fail to comply with State requirements, a list of deficiencies in the condition or operation of the facility and recommendations for corrective measures is sent to the person immediately responsible for the administration of the facility inspected, the Oklahoma Department of Veterans Affairs, the Governor, the Speaker of the House of Representatives, and the President Pro Tempore of the Senate.

**Clients Served**
Residents who are veterans of the United States Armed Forces, friends and advocates, facility staff and operators.

**Contact**
Debbie Zamarripa
405•271•6868
Fax: 405•271•2206
debrash@health.ok.gov

http://ltc.health.ok.gov

**Authority**
63 O.S., §§ 1-1901 et seq.
OAC 310:675

**Funding Source**
State Funds
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Veteran Centers

Number of Surveys

![Graph showing the number of surveys for Veteran Centers from SFY14 to SFY18 for ReLicensure, Initial, Complaints, and Revisits.]
Veteran’s Centers
Top Violations

L812—Infection Control
L360—Resident Assessment
L362—Individual Care Plan
L816—Basic Nursing and Personal Care
MEDICAL FACILITIES SERVICE (MF)

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Fax 405 • 271 • 1141

LaTrina Frazier
latrinaf@health.ok.gov

Dale Adkerson, Emergency Medical Services
405 • 271 • 4027; Fax: 405 • 271 • 4240; dalea@health.ok.gov

(vacant), Health Facilities Plan Review
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(vacant), Facility Services
405 • 271 • 6576; Fax: 405 • 271 • 1141; (vacant)@health.ok.gov

Dawn Lovett-Whitney, Home Services
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Andrea Jordan, Quality, Enforcement, & Review
405 • 271 • 6576; Fax: 405 • 271 • 1141; andreaxj@health.ok.gov

Grace Pelley, Trauma and Systems Development
405 • 271 • 4027; Fax: 405 • 271 • 4240; gracep@health.ok.gov

Nena West, Survey and Compliance
405 • 271 • 6576; Fax: 405 • 271 • 1141; nenaw@health.ok.gov
INSPECTION FREQUENCY MANDATES

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<td>Percent</td>
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***Go to page 185 to see Inspection Frequency Mandate compliance data and other Quality Improvement/Quality Assurance activities taken by PHS***
AMBULATORY SURGICAL CENTERS

This program was created to require standards of care for surgery performed in free-standing ambulatory surgical centers. The quality of medical care in ambulatory surgical centers is to be the same as that required in hospitals licensed in the State of Oklahoma.

Facility Services Division (FSD) staff strive to ensure compliance with minimum standards and the provision of quality care. FSD staff review initial and final construction, perform on-site surveys to assure compliance with standards, issue licenses, monitor compliance, and investigate complaints.

The Centers for Medicare and Medicaid Services develops Conditions of Participation (CoPs) that health care organizations must meet in order to begin and continue participation in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries. A condition tag is cited when a health care organization is found to be out of compliance with one or more of these standards.
Program Fees

Initial license .......................................................... $2,000.00
Annual renewal .......................................................... $500.00

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**AMBULATORY SURGICAL CENTERS**

- Centers
- Inspections
**Physical Environment:** The ASC must provide a functional and sanitary environment for the provision of surgical services. Each operating room must be designed and equipped so that the types of surgery conducted can be performed in a manner that protects the lives and assures the physical safety of all individuals in the area.

**Sanitary Environment:** The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.

**Performance Improvement Projects:** (1) The number and scope of distinct improvement projects conducted annually must reflect the scope and complexity of the ASC's services and operations. (2) The ASC must document the projects that are being conducted. The documentation, at a minimum, must include the reason(s) for implementing the project, and a description of the project's results.

**Other Practitioners:** If the ASC assigns patient care responsibilities to practitioners other than physicians, it must have established policies and procedures, approved by the governing body, for overseeing and evaluating their clinical activities.

**Infection Control Program:** The ASC must maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases. In addition, the infection control and prevent program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines.

**Pre-Surgical Assessment:** Upon admission, each patient must have a pre-surgical assessment completed by a physician or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy that includes, at a minimum, an updated medical record entry documenting an examination for any changes in the patient's condition since completion of the most recently documented medical history and physical assessment, including documentation of any allergies to drugs and biologicals.
Contract Services: When services are provided through a contract with an outside resource, the ASC must assure that these services are provided in a safe and effective manner.

Safety from Fire: (b) Standard: Safety from fire. (1) Except as otherwise provided in this section, the ASC must meet the provisions applicable to Ambulatory Health Care Occupancies, regardless of the number of patients served, and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4). (2) In consideration of a recommendation by the State survey agency or Accrediting Organization or at the discretion of the Secretary, may waive, for periods deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hardship upon an ASC, but only if the waiver will not adversely affect the health and safety of the patients. (3) The provisions of the Life Safety Code do not apply in a State if CMS finds that a fire and safety code imposed by State law adequately protects patients in an ASC.

Administration of Drugs: Drugs must be prepared and administered according to established policies and acceptable standards of practice.

Sanitary Environment: The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.
BIRTHING CENTERS

This program was established to allow certified nurse midwives to operate birthing facilities and to receive a license if certain criteria are met. A license is not compulsory for this program, however, if a facility is licensed, compliance with minimum standards is determined by the Facility Services Division (FSD).

FSD staff perform on-site inspections, issue licenses, and investigate complaints.

Clients Served
Birthing centers and consumers who utilize the services of such centers.

Contact
(vacant)
(vacant)@health.ok.gov
405 • 271 • 6576
Fax: 405 • 271 • 1141
http://mfs.health.ok.gov/

Authority
63 O.S., § 1-701
OAC 310:616

Funding Source
State Licensure Fees

Program Fees
Per bed per year ................................................................. $10.00
Federal law (CLIA-67) was amended in 1998 to regulate all clinical laboratory testing regardless of location. The Department agreed to contract with the Centers for Medicare & Medicaid Services (CMS) to implement the program. Facility Services Division (FSD) staff strive to ensure quality laboratory testing.

FSD staff conduct on-site surveys and certify laboratories every two years, conduct complaint investigations, monitor proficiency testing, and train providers.

**Clients Served**
Clinical laboratories and consumers who utilize the services provided by clinical laboratories.

**Contact**
(vacant)
(vacant)@health.ok.gov
405•271•6576
Fax: 405•271•1141
http://mfs.health.ok.gov/

**Authority**
Public Law 100-578 (CLIA-88)
42 CFR Part 493

**Funding Source**
Federal Contract Allocation

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## CLINICAL LABORATORIES

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## INSTRUCTIONS

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<td>261</td>
<td>317</td>
<td>200</td>
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## CLINICAL LABORATORIES Graph

![CLINICAL LABORATORIES Graph](image)

## CLIA INSPECTIONS Graph

![CLIA INSPECTIONS Graph](image)
Clinical Laboratory (CLIA)
Top Violations—Federal Certification

MAINTENANCE AND FUNCTION CHECKS: Components of reagent kits of different lot numbers must not be interchanged unless otherwise specified by the manufacturer.

TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT: The laboratory must define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting. The criteria must be consistent with the manufacturer's instructions, if provided. These conditions must be monitored and documented and, if applicable, include the following:
(1) Water quality.
(2) Temperature.
(3) Humidity.
(4) Protection of equipment and instruments from fluctuations and interruptions in electrical current that adversely affect patient test results and test reports.

ANALYTIC SYSTEMS QUALITY ASSESSMENT: (a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and when indicated, correct problems identified in the analytic systems specified in §§493.1251 through 493.1283. (c) The laboratory must document all analytic systems assessment activities.

EVALUATION OF PROFICIENCY TESTING PERFORMANCE: The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part.

EVALUATION OF PROFICIENCY TESTING PERFORMANCE: The laboratory must verify the accuracy of any analyte, specialty or subspecialty assigned a proficiency testing score that does not reflect laboratory test performance (that is, when the proficiency testing program does not obtain the agreement required for scoring as specified in subpart I of this part, or the laboratory receives a zero score for non-participation, or late return or results).
**TEST REPORT:** Pertinent "reference intervals" or "normal" values, as determined by the laboratory performing the tests, must be available to the authorized person who ordered the tests and, if applicable, the individual responsible for using the test results.

**TESTING OF PROFICIENCY TESTING SAMPLES:** (5) The laboratory must document the handling, preparation, processing, examination, and each step in the testing and reporting of results for all proficiency testing samples. The laboratory must maintain a copy of all records, including a copy of the proficiency testing program report forms used by the laboratory to record proficiency testing results including the attestation statement provided by the PT program, signed by the analyst and the laboratory director, documenting that proficiency testing samples were tested in the same manner as patient specimens, for a minimum of two years from the date of the proficiency testing event. (6) PT is required for only the test system, assay, or examination used as the primary method for patient testing during the PT event.

**ESTABLISHMENT AND VERIFICATION OF PERFORMANCE:** Each laboratory that introduces an unmodified, FDA-cleared or approved test system must do the following before reporting patient test results:

(1)(i) Demonstrate that it can obtain performance specifications comparable to those established by the manufacturer for the following performance characteristics:
(1)(i)(A) Accuracy.
(1)(i)(B) Precision.
(1)(i)(C) Reportable range of test results for the test system.
(1)(ii) Verify that the manufacturer's reference intervals (normal values) are appropriate for the laboratory's patient population.

**TECHNICAL CONSULTANT-MODERATE COMPLEXITY:** The laboratory must have a technical consultant who meets the qualification requirements of §493.1411 of this subpart and provides technical oversight in accordance with §493.1413 of this subpart.

**TECHNICAL CONSULTANT RESPONSIBILITIES:** The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least annually, after the first year.
The purpose of these programs is to receive complaints alleging violations of federal and/or State rules and laws and the imposition of civil money penalties and the processing of termination actions when facilities/agencies do not correct serious deficiencies, according to Centers for Medicare and Medicaid Services (CMS) enforcement guidelines.

Medical Facilities staff strive to ensure the practices of non-long-term care facilities/agencies protect and promote patients health and safety. Complaints by interested parties are investigated by qualified survey staff. Any individual with personal knowledge or specific information, who believes that State or Federal laws or regulations have been violated may request an investigation through the complaint/intake process.

Complaint intakes are prioritized based on the CMS triage guidelines and/or State statutes that take into consideration the seriousness of the allegation. Investigation findings may provide a basis for possi-
ble termination of a provider's certification (agreement with CMS) through the enforcement process.

The Enforcement program is responsible for the process of imposing remedies for noncompliance of rules and regulations of all non-LTC facilities/agencies under the State and/or Federal authority of Medical Facilities. This program monitors submittal of plans of corrections, makes recommendations for provider agreement terminations, civil money penalties, directed in-service training or other State/CMS approved alternative remedies.
EMERGENCY SYSTEMS
EMERGENCY MEDICAL SERVICES

The Emergency Medical Services (EMS) program was created to: (1) implement a national standard of care for the provision of emergency medical services; (2) implement statewide coordination of EMS; (3) monitor compliance with minimum standards; and (4) collect data on emergency medical services responses statewide.

EMS staff draft, implement, and interpret rules; issue licenses to appropriate entities consistent with statute and rule; collect statistical data; inspect and approve training programs; coordinate testing of EMT candidates; inspect and approve ambulance services, vehicles, equipment, and documentation; investigate complaints against regulated entities; provide technical assistance as necessary; and take enforcement actions against regulated entities for noncompliance.

Effective November 1, 2013, House Bill 1467 repealed language relating to the Oklahoma Emergency Response Systems Development Advisory Council (OERSDAC) and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act placed Emergency Medical Services under the jurisdic-

Clients Served
Ambulance services, emergency medical technicians, training programs, emergency medical responders, emergency medical response agencies, and consumers who utilize these services.

Contact
Dale Adkerson
dalea@health.ok.gov
405•271•4027
Fax: 405•271•4240
http://ems.health.ok.gov/

Authority
63 O.S., §§ 1-2501 et seq.
OAC 310:641

Funding Source
State Licensure Fees and State Appropriated Funds
tion of the Trauma and Emergency Response Advisory Council. For more information see the “Advisory Councils” section of this booklet.

**Program Fees**

**Fees for Agencies:**
(Licenses are issued for a two year period.)

**Ambulance Services:**
Initial .......................................................... $600.00, plus
$20.00 for each vehicle in excess of two, and
$150.00 for each substation

Renewal ............................... $100.00, plus
$20.00 for each vehicle in excess of two, and
$50.00 for each substation

**Emergency Medical Response Agency:**
Initial ......................................................................................................................... $50.00
Renewal ..................................................................................................................... $20.00

**Fees for individual Emergency Medical Technicians (EMTs):**
(Licenses are issued for a two year period.)

Initial EMT Licensure, including practical skills testing:
Basic ......................................................................................................................... $75.00 + $10.00 DBA*
Intermediate ................................................................. $150.00 + $10.00 DBA*
Paramedic ................................................................................................................. $200.00 + $10.00 DBA*

EMT Re-licensure:
Basic ......................................................................................................................... $20.00 + $2.50 DBA*
Intermediate ......................................................................................................... $25.00 + $2.50 DBA*
Paramedic ................................................................................................................. $30.00 + $2.50 DBA*

Skills re-testing fees (Intermediate and Paramedic only):
Partial (up to 2 skills for Intermediate; up to 5 skills for Paramedic) ................................................................. $50.00
Full test, all skills ......................................................................................................... $100.00

*Death Benefit Assessment
### Emergency Medical Services

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#### EMS Districts

- **EMS Training Institutions**: 41, 40, 43, 42, 43
- **EMT Training Courses**: 856, 801, 918, 652, 555
- **Advanced Life Support Exams Administered**: 15, 13, 12, 15, 14
- **Candidates Tested**: 5, 302, 249, 306, 261

#### Emergency Medical Personnel

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### EMERGENCY MEDICAL TECHNICIANS

- **EMT Paramedic**
- **EMT Intermediate**
- **EMT Basic**

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### PROGRAM ACTIVITIES

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<th>Ambulance Service Surveys</th>
<th>Complaints Investigated</th>
<th>Training Program Site Visits</th>
<th>EMT New Licenses</th>
<th>EMT Renewal Licenses</th>
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### DEFICIENCIES PER SURVEY WITH CITATIONS

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Emergency Medical Services Providers
Top Violations—State Licensure

Prehospital emergency medical response agency equipment. All assessment and medical equipment utilized for patient care will be maintained in accordance with the manufacturer's guidelines. Documentation will be maintained at the agency showing that periodic tests, maintenance, and calibration are being conducted in accordance with the manufacturer's requirements.

Emergency medical response agency records and files. The agency is to maintain a credentialing document that describes the medical director authorized procedures for each member employed or associated with the agency.

Emergency medical response agency records and files. The agency is to maintain a log of each request received and/initiated to include: 1) Disposition, 2) Report Number, 3) request date, 4) report times, 5) location, 6) ambulance origination, and 7) nature of call.

Certified pre-hospital emergency medical response agency. The application shall contain a copy of the patient care protocols and quality assurance plan as required by the medical director to include a policy for: 1) refusals, 2) air ambulance utilization, 3) airway management, 4) cardiac arrest, 5) time sensitive medical and trauma cases, 6) other reports not specifically identified.

Prehospital emergency medical response agency equipment. An adult traction splint will be present on each emergency medical response.

Prehospital emergency medical response agency equipment. A digital thermometer will be present on each emergency medical response.

Emergency Medical response agency records and files. The agency is to maintain a credential or license file for personnel employed or associated with the service. The file is to include: 1) Oklahoma license or certification, 2) BLS certification, 3) ACLS Certification, if applicable, 4) ICS certification, 5) defensive driving verification, 6) credentialing document, 7) medical director credentials.

Emergency medical response agency records and files. The agency will maintain a copy of the medical director credentials.

Emergency medical response agency records and files. The agency will maintain records on the maintenance and regular inspections of each vehicle.

Emergency medical response agency records and files. The agency will maintain documentation that verifies an ongoing, physician involved quality assurance program.
First Response Agencies
Top Violations—State Licensure

Equipment for ground ambulance vehicles. All assessment and medical equipment utilized for patient care will be maintained in accordance with the manufacturer’s guidelines. Documentation will be maintained at the agency showing that periodic tests, maintenance, and calibration are being conducted in accordance with the manufacturer’s requirements.

Equipment for ground ambulance vehicles. The medications authorized by the medical director will be detailed on the unit checklist to include the number, weight, and volume of the medication containers.

Ambulance service files. The agency is to maintain a log of each request received and initiated to include: 1) Disposition, 2) Report Number, 3) request date, 4) report times, 5) location, 6) ambulance origination, and 7) nature of call.

Ground Ambulance Application. The application shall contain a copy of the patient care protocols and quality assurance plan as required by the medical director to include a policy for: 1) refusals, 2) air ambulance utilization, 3) airway management, 4) cardiac arrest, 5) time sensitive medical and trauma cases, and 6) other reports not specifically identified.

Ambulance service files. The agency is to maintain documentation that verifies an ongoing, physician involved quality assurance program.

Ambulance service files. The agency is to maintain a credential or license file for personnel employed or associated with the service. The file is to include a credentialing document that defines the medical director authorized procedures for each certified or licensed member of the agency.

Equipment for ground ambulance vehicles. Each vehicle is to have one adult and one pediatric traction splint.

Ambulance service files. The agency is to maintain a credential or license file for personnel employed or associated with the service. The file is to include: 1) Oklahoma license or certification, 2) BLS certification, 3) ACLS Certification, if applicable, 4) ICS certification, 5) defensive driving verification, 6) credentialing document, 7) medical director credentials.

Equipment for ground ambulance vehicles. Licensed ambulance services shall ensure that all recalled, outdated, misbranded, adulterated, deteriorated fluids, supplies, and medications are removed from ambulances immediately.

Sanitation requirements. All medications, supplies, and sterile equipment with expiration dates shall be current. Expired medications shall be discarded appropriately.
The charge of the Trauma Service is to create a statewide system of optimal care for all trauma patients to ensure the right patient goes to the right facility and receives the right treatment in the right amount of time.

Trauma Service initiatives in FY 2017 through FY 2018 included development, planning and implementation of Regional Trauma Plans in each of the eight geographic Trauma Regions, disbursement of the Trauma Care Assistance Revolving Fund to qualified entities for reimbursement for uncompensated major trauma care, regional quality improvement activities, oversight of the Trauma Referral Centers (TReC), administration and management of EMResource.

During this time period, Systems Development:

- Provided 132 development consultations to assist providers to perform at a higher level to meet their licensure requirements while providing best practices for operational improvements. An area of focus this year was to improve quality of patient care provided by Emergency Medical Response Agencies through certification;
• Conducted 51 Oklahoma Trauma Education Programs developed through a collaborative effort with the University of Oklahoma Institute of Disaster and Emergency Medicine focused on the correct method for triaging and transfer of the critically injured patient;
• Co-sponsored three Rural Trauma Team Development Courses conducted by the Level I and II Trauma Centers; and
• Facilitated 104 Regional Trauma Advisory Board (RTAB) and subcommittee meetings to improve regional collaboration and coalition.
• Conducted 15 regional and onsite Trauma Registry trainings to more than 102 registrars statewide. These registrars represent 62 hospitals.

The five Regional Continuous Quality Improvement (CQI) Committees conducted 35 meetings to review 311 cases, while providing feedback to providers for exemplary behavior, areas of improvement, and recommendations. Providers were introduced to the “vertical timeline” for trauma patient care at the Regional Trauma Advisory Boards to identify areas for improved efficiency for the patient.

The Trauma Care Assistance Revolving Fund (Trauma Fund) moved from bi-annual payout to monthly disbursements for hospital and EMS providers to reduce significant accumulation of funds pending disbursement. Physicians continue to receive the eligible reimbursement every six months. The table below reflects changes as a result of this transition.
The web-based communication tool, EMResource™ continues to support the Trauma System and Emergency Preparedness and Response System by providing real-time information on hospital and EMS availability statewide and its neighboring states, supporting regional-statewide exercises, and simultaneous dissemination of pertinent information.

<table>
<thead>
<tr>
<th>TRAUMA FUND</th>
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<th>SFY16</th>
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<tbody>
<tr>
<td>Distributed to physicians, hospitals and EMS agencies for reimbursement of eligible uncompensated major trauma care claims</td>
<td>$32,689,054</td>
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*The SFY 2014 figure includes a special disbursement of $8,351,675 made to mitigate the impacts of anticipated reductions in trauma disbursements in SFY 2015 due to a cash transfer of $5 million from the Trauma Fund into the Special Cash Fund of the State Treasury as authorized by Senate Bill 2127 (2014).
HEALTH FACILITIES PLAN REVIEW

This program was created to ensure compliance with minimum construction standards and life safety standards. A plan review fee for hospitals was instituted on July 13, 2000, for long term care facilities on June 4, 2004, for inpatient hospice facilities on May 27, 2004, and for ASC’s on July 25, 2010.

Health Facilities Plan Review (HFPR) staff perform on-site, phased construction inspections to assure compliance with minimum standards, and to monitor construction compliance. HFPR staff also provide consultation to providers, owners, architects, and others associated with medical related facilities, long term care facilities, and public bathing places.

Clients Served
Licensed and certified hospitals and other medical facilities, long term care facilities, and consumers who utilize the services of those facilities.

Contact
(vacant)
(vacant)@health.ok.gov

405•271•6785
Fax: 405•271•1738

http://mfs.health.ok.gov/

Authority
OAC 310:667; OAC 310:615;
OAC 310:663; OAC 310:680;
OAC 310:675; OAC 310–616;
OAC 310:605; and OAC 310:315
63 O.S., §§ 1-701 et seq.
63 O.S., §§ 1-860.1 et seq.
The Social Security Act, Sections 1861(f) and (e).

Funding Source
State and Federal Funds and Fees
Program Fees
$250.00 up to and including $2,000.00 (dependent upon construction cost) for plan reviews for ASC, hospital and inpatient hospice construction.

Fees are assessed for plan reviews of Long Term Care Nursing and ICF/IID Facilities construction plans showing an increase in beds in an amount not more than two one-hundredthths percent (0.02%) or one thousand dollars ($1,000.00), whichever is least, per project of total construction.

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HOME HEALTH PROVIDERS

Home Services Division (HSD) staff strive to ensure compliance with minimum standards and the provision of quality care. HSD staff perform on-site surveys to ensure compliance with standards, issue licenses, monitor compliance, conduct home visits to clients receiving services, and investigate complaints. Every person, corporation, partnership, association, or other legal entity desiring to obtain a license to establish, or to obtain a renewal license to operate a home care agency in this State must make application to the Department in such form and accompanied by such information as the State Commissioner of Health prescribes.

Effective November 1, 2007, HB1580 established licensure requirements for companion or sitter service. Companion or sitter services provide assistance to individuals with non-personal care in their place of residence.

Effective November 1, 2015, House Bill 1085 amended the Oklahoma Public Health Advisory Council Mod-
ernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act has replaced the Home Care and Hospice Advisory Council and created the Home Care, Hospice and Palliative Care Advisory Council. For more information see the “Advisory Councils” section of this booklet.

**Program Fees**

Initial license fee ................................................................. $1,000.00
Annual renewal fee ............................................................... $500.00

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The Centers for Medicare and Medicaid Services develops Conditions of Participation (CoPs) that health care organizations must meet in order to begin and continue participation in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries. A condition tag is cited when a health care organization is found to be out of compliance with one or more of these standards.

### Citations

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**Home Health Providers**

**Top Violations—State Licensure**

**Federal, state, and local laws.** The agency and its staff shall operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations.

**Personnel policies.** Policies include employment procedures, orientation to agency policies and objectives, job descriptions, periodic evaluations, provision for disciplinary actions, and health screening requirements, influenza vaccination information.

**Licensure.** Any home care agency providing home care services in Oklahoma shall operate from a place of business which is accessible to the public and physically located in Oklahoma. Staff providing services from each home care agency shall be supervised by personnel at that location.

**Clinical records.** The agency shall establish and maintain a clinical record for each client receiving care and services. The record shall be complete, timely, accurately documented and readily accessible.

**Skilled nursing.** The duties of the registered nurse shall include performing the initial evaluation visit, re-evaluating the client's nursing needs, initiating the plan of care and necessary revisions, furnishing those services requiring specialized nursing skills, coordinating services, informing the physician and other personnel in a timely manner of changes in the client's condition and needs, and supervision and teaching.

**Skilled nursing.** The agency shall furnish skilled nursing services by, or under the supervision of, a registered nurse and in accordance with the physician's orders.

**Licensure.** Any person, corporation, partnership, association or other legal entity desiring to obtain a license to establish, or to obtain a renewal license to operate, a home care agency in this State shall make application to the State Department of Health.

**Organization.** The home care agency shall have an organized governing body which is legally responsible for the conduct of the agency. The ownership of the agency shall be fully disclosed to the Department.

**Services Provided.** All personnel furnishing services shall maintain liaison to ensure their efforts are coordinated effectively, documented and support the objectives in the plan of care.

**Organization.** The governing body shall be responsible for periodic administrative and professional evaluations of the agency.
**Home Health Providers**  
**Top Violations—Federal Certification**

**Skilled Nursing.** HHA furnishes skilled nursing in accordance with the plan of care, and include skilled nursing by or supervised by an RN, in accordance with the plan of care duties of the Registered and Licensed Practical Nurse to include reevaluation, initiation of the plan of care, services requiring specialized nursing skills, preparation of clinical and progress notes, and patient education.

**Acceptance of Plan of Care & Medical Supervision.** Care follows a written plan of care established that is periodically reviewed by a physician. The plan of care covers all pertinent diagnoses, specific orders and conformance with physician orders.

**Organization, Services, and Administration.** Includes identification of lines of authority, administrative supervisory responsibilities, services furnished, Governing body, personnel policies, and services under arrangement

**Clinical Records.** Includes the maintenance of clinical documents in accordance with professional standards, record retention, and record protection against loss/unauthorized use.

**Home Health Aide.** Includes the requirements of home health aide training, competency evaluation, written instructions, duties and supervision of the aide.

**Compliance w/Fed., State & Local Laws.** Identifies compliance with laws and regulations, and accepted standards and principles.

**Evaluation of Agency.** Includes written policies requiring annual evaluation, policy and administrative review and polices for Clinical record review.

**Therapy Services.** Includes the qualifications of therapists to perform services, preparation of clinical and progress notes, and supervisory responsibilities.

**Professional Group.** Includes review of annual policies, and advisement of professional issues of the agency.

**OASIS.** Includes the reporting of all data collected electronically, and encoding OASIS data electronically with accuracy.
The Hospice program provides supportive and palliative care to terminally ill patients. It is medically directed and nurse-coordinated. The physical setting may be a home, an institution, or a health facility.

Home Services Division (HSD) staff strive to ensure compliance with minimum standards and the provision of quality care for terminally ill patients. HSD staff perform on-site surveys to ensure compliance with standards, issue licenses, monitor compliance, and investigate complaints. A license issued for the operation of a hospice program, unless sooner suspended or revoked, must be renewed annually.

Effective November 1, 2015, House Bill 1085 amended the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act has replaced the Home Care and Hospice Advisory Council and created the Home Care, Hospice and Palliative Care Advisory Council.

Clients Served
Terminally ill patients and hospice programs.

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405•271•6576
Fax: 405•271•1141
http://mfs.health.ok.gov/

Authority
63 O.S., §§ 1-860.1 et seq.
OAC 310:661
The Social Security Act, Sections 1861(o) and 1891(a)
42 CFR Part 418

Funding Source
Federal Contract Allocation and State Licensure Fees
Council. For more information see the “Advisory Councils” section of this booklet.

**Program Fees**

Initial application fee ................................................................. $500.00
Initial license fee ........................................................................ $1500.00
Permanent license fee ................................................................. $2000.00
Renewal fee (annual renewal) ...................................................... $2000.00
Alternate Administrative Office .................................................. $500.00

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The Centers for Medicare and Medicaid Services develops Conditions of Participation (CoPs) that health care organizations must meet in order to begin and continue participation in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries. A condition tag is cited when a health care organization is found to be out of compliance with one or more of these standards.

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Hospice SURVEYS WITH CITATIONS

Hospice DEFICIENCIES CITED
Hospice Providers
Top Violations—Federal Certification

Initial & Comprehensive Assessment. Includes the documentation of patient specific comprehensive assessment; the initial assessment time frame for completion and content of the assessment.

Interdisciplinary group, care planning and coordination of services. Includes a written plan of care, plan of care specifics, content and review.

QAPI. Includes the development/implementation and maintenance of ongoing QAPI program by Program Scope, data activities and Performance Improvement Projects.

Organization and Administration of Services. Include organization management and administration of hospice resources, governing body, services, continuity of care and professional management responsibility.

Volunteer. Includes the use of volunteers in defined roles, volunteer training, recruiting, retention and cost savings.

Core Services. Core services provided include Physician Services, Nursing Services, Medical Social Services, and Counseling.

Hospice Aide and homemaker services. Includes the professional qualifications of the hospice aide competency evaluation, in service training and supervision of the aide.

Clinical Records. The agency must establish/maintain clerical records for each patient to include outcome measures of data elements, protection of information and retention of records.

Patient Rights. Includes informing, prioritizing and the protection of patient rights by providing verbal and written notice of rights and responsibilities and address the exercise of rights for the patient.

Medical Director. Includes the designation of a physician as Medical Director and the certification and documentation of terminal illness.
HOSPITALS

This program was created to protect the public and to ensure a minimum standard of care. Medicare certification was established in 1966 while the hospital licensure program was established in 1947. Hospitals may also be accredited by a third party accreditation organization.

Facility Services Division (FSD) staff strive to ensure compliance with minimum standards and the provision of quality care. FSD staff perform on-site surveys to ensure compliance with standards, monitor compliance, and investigate complaints. Limited funding for this program has reduced the number of on-site surveys performed annually from 100% to approximately 10% to 15%.

Clients Served
Licensed and certified hospitals and consumers who utilize the services of those hospitals.

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(vacant)@health.ok.gov

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Fax: 405•271•1141

http://mfs.health.ok.gov/

Authority
63 O.S., §§ 1-701 et seq.
OAC 310:667
The Social Security Act, Sections 1861(f) and (e)
42 CFR Part 482
42 CFR Part 489

Funding Source
Federal Contract Allocation and State Licensure Fees
## Program Fees

Initial and renewal fees............................... $10.00 per bed per year

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The Centers for Medicare and Medicaid Services develops Conditions of Participation (CoPs) that health care organizations must meet in order to begin and continue participation in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries. A condition tag is cited when a health care organization is found to be out of compliance with one or more of these standards.
Patient Rights. Care in a Safe Setting: The patient has the right to receive care in a safe setting.

RN Supervision of Nursing Care. A registered nurse must supervise and evaluate the nursing care for each patient.

Patient Rights. A hospital must protect and promote each patient's rights.

Nursing Services. The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.

Infection Control Program. The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.

Patient Rights. Notice of Grievance Decision: In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.

Patient Rights. Free From Abuse/Harassment: The patient has the right to be free from all forms of abuse or harassment.

Patient Rights. Grievances. The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance.

QAPI. The hospital must develop, implement and maintain an effective, ongoing, hospital-wide, data driven quality assessment and performance improvement program.

The hospital's governing body must ensure that the program reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors.

The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS.

Patient Care Assignments. A registered nurse must assign the nursing care of each patient to other nursing personnel in accordance with the patient's needs and the specialized qualifications and competence of the nursing staff available.
These Medicare-certified programs were implemented to assure quality care for beneficiaries. Medical Facilities Service staff strive to ensure that services provided by these facilities meet the minimum standards for certification. These programs do not have statutory requirements for annual surveys and therefore, no funding to perform annual surveys. Staff perform on-site surveys for initial certification, periodic surveys for continued certification, and complaint investigations.

Clients Served
Medicare certified entities and consumers who utilize services provided by the entities.

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Authority
State Permit Citations
63 O.S., § 2209.1
63 O.S., § 2210
OAC 310:505

The Social Security Act and various Related Code of Federal Regulations

Funding Source
Federal Contract Allocation and State Licensure Fees
### MEDICARE CERTIFICATION

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**Graphs:**

- **ESRD, SB, OPT, RHC, PPS-PU**
- **PPS-RU, PX-R, CMHC, CORF**
The Centers for Medicare and Medicaid Services develops Conditions of Participation (CoPs) that health care organizations must meet in order to begin and continue participation in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries. A condition tag is cited when a health care organization is found to be out of compliance with one or more of these standards.

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End Stage Renal Disease Centers
Top Violations—Federal Certification

**Infection Control.** The dialysis facility must provide and monitor for a sanitary environment to minimize the transmission of infectious agents within and between the unit. There must be demonstration that the facility follows standard infection control precautions.

**QAPI.** Looks at the aggregate data of the facility based assessment and improvement of care, and patient based improvement of care.

**Governance.** Includes the overall management of the facility, fiscal management, staff training and coverage, medical staff appointment and the QAPI program.

**Patient Plan of Care.** Directly relates to the patient assessment, and individualized plan of care.

**Water and Dialysate Quality.** Identifies the required water treatment specifications, and equipment for dialysis.

**Patient Assessment.** Includes the requirements for an interdisciplinary assessment of patient needs and meeting those needs.

**Medical Records.** Includes the requirement of the facility to maintain complete and accurate records and to protect them against loss and unauthorized use.

**Responsibilities of Medical Director.** Defines the role of the facility medical director and the responsibility for the delivery of care.

**Physical Environment.** Includes the requirements for the building and equipment of the facility and incorporation of emergency preparedness.

**Personnel Qualifications.** Identifies the qualifications and minimum requirements of dialysis facility staff.
This program was created to ensure employers and testing facilities comply with minimum standards if they choose to test employees for drugs or alcohol.

Facility Services Division (FSD) staff regulate employers and testing facilities through licensure. FSD staff also perform on-site surveys to ensure compliance with standards, and investigate complaints.

**Clients Served**
Drug and alcohol testing facilities and consumers (employees and employers) who utilize the services of such facilities.

**Contact**
(vacant)
(vacant)@health.ok.gov

405 • 271 • 6576
Fax: 405 • 271 • 1141


**Authority**
40 O.S., §§ 551 et seq.
OAC 310:638

**Funding Source**
Fees Collected

**Program Fees**
Initial .......................................................... $150.00
Annual renewal .................................................. $150.00
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<th>SFY15</th>
<th>SFY16</th>
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<td><strong>WORKPLACE DRUG AND</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ALCOHOL TESTING</strong></td>
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<td></td>
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<td>Number of facilities</td>
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**WORKPLACE DRUG & ALCOHOL TESTING FACILITIES**

![Bar chart showing the number of facilities over time](chart_image)
ADVISORY COUNCILS
TO PHS SERVICE AREAS

**Consumer Health Service**
Consumer Protection Licensing Advisory Council
Infant and Children’s Health Advisory Council
Oklahoma Food Service Advisory Council
Sanitarian & Environmental Specialist Registration Advisory Council

**Long Term Care Service**
Long Term Care Facility Advisory Board

**Medical Facilities Service**
Home Care, Hospice, and Palliative Care Advisory Council
Hospital Advisory Council
Trauma and Emergency Response Advisory Council
Effective November 1, 2013, House Bill 1467 repealed language relating to the Hearing Aid Advisory Council, the Medical Micropigmentation Advisory Committee, and the Radiation Advisory Committee and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act which includes the Consumer Protection Licensing Advisory Council.

The jurisdictional areas of the Consumer Protection Licensing Advisory Council includes the Hearing Aid Industry, the Radiation Industry and such other areas as designated by the State Board of Health.

The Consumer Protection Licensing Advisory Council consists of seven members. Two members are appointed by the Governor, two members are appointed by the President Pro Tempore of the Senate, two members are appointed by the Speaker of the House of Representatives, and one member is appointed by the State Board of Health.

Appointments are for three-year terms. Members of the Advisory Council serve at the pleasure of and may be removed from office by the appointing authority. Members continue to serve until their successors are appointed. Vacancies are filled in the same manner as the original appointments. Four members of the Advisory Council constitute a quorum.
The Advisory Council must meet at least twice a year, but no more than four times a year. A Chair, Vice-Chair and Secretary must be elected from among the members. The Advisory Council can only meet as required for election of officers, establishment of meeting dates and times, rule development, review and recommendation, and adoption of nonbinding resolutions to the State Department of Health or the State Board of Health concerning matters brought before the Advisory Council. Special meetings may be called by the Chair or by the concurrence of any three members.

All members of the Consumer Protection Licensing Advisory Council must be knowledgeable of certain consumer issues as specified below. The Consumer Protection Licensing Advisory Council is composed as follows.

The Governor shall appoint:
- One member who is a licensed radiologist assistant, and
- One member who is a licensed audiologist.

The President Pro Tempore of the Senate shall appoint:
- One member who is a licensed radiologist, and
- One member representing the hearing aid fitting industry.

The Speaker of the House of Representatives shall appoint:
- One member representing the medical micropigmentation industry, and
- One member representing the hearing impaired public.

The State Board of Health shall appoint:
- One member representing a diagnostic x-ray facility.

The Advisory Council has authority to recommend to the State Board of Health rules on behalf of the State Department of Health. The State
Department of Health does not have standing to recommend to the State Board of Health permanent rules or changes to such rules within the jurisdiction of the Advisory Council which have not been submitted previously to the Advisory Council for action.

Before recommending any permanent rules to the State Board of Health, the Advisory Council must give public notice, offer an opportunity for public comment and conduct a public rulemaking hearing when required by the Administrative Procedures Act.

The Advisory Council has the authority to make nonbinding written recommendations to the State Board of Health and/or to the State Department of Health which have been concurred upon by at least a majority of the membership of the Advisory Council.

The Advisory Council has the authority to provide a public forum for the discussion of issues it considers relevant and to (1) pass nonbinding resolutions expressing the sense of the Advisory Council, and (2) make recommendations to the State Board of Health or the State Department of Health concerning the need and the desirability of conducting meetings, workshops and seminars.

The Consumer Protection Licensing Advisory Council is encouraged to cooperate with other advisory councils, the public, the State Board of Health and the Commissioner of Health in order to coordinate the rules within their respective jurisdictional areas and to achieve maximum efficiency and effectiveness in furthering the objectives of the State Department of Health.

The Advisory Council must not recommend rules for promulgation by the State Board of Health unless all applicable requirements of the Administrative Procedures Act have been followed, including but not limited to notice, rule-impact statement and rulemaking hearings.
Effective November 1, 2013, House Bill 1467 repealed language relating to the Oklahoma Genetic Counseling Licensing Advisory Board and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act which includes the Infant and Children’s Health Advisory Council.

The jurisdictional areas of the Infant and Children’s Health Advisory Council includes all issues that arise in the area of health care for infants and children, and such other areas as designated by the State Board of Health.

The Infant and Children’s Health Advisory Council consists of seven members. Two members are appointed by the Governor, two members are appointed by the President Pro Tempore of the Senate, two members are appointed by the Speaker of the House of Representatives, and one member is appointed by the State Board of Health.

Appointments are for three-year terms. Members of the Advisory Council serve at the pleasure of and may be removed from office by the appointing authority. Members continue to serve until their successors are appointed. Vacancies are filled in the same manner as the original
appointments. Four members of the Advisory Council constitute a quorum.

The Advisory Council must meet at least twice a year, but no more than four times a year. A Chair, Vice-Chair and Secretary must be elected from among the members. The Advisory Council can only meet as required for election of officers, establishment of meeting dates and times, rule development, review and recommendation, and adoption of nonbinding resolutions to the State Department of Health or the State Board of Health meetings may be called by the Chair or by the concurrence of any three members.

All members of the Infant and Children’s Health Advisory Council must be knowledgeable of issues that arise in the area of infant and children’s health care. The Infant and Children’s Health Advisory Council is composed as follows.

The Governor shall appoint:
- One member who works for the state or for a political subdivision on child abuse issues, and
- One member who is knowledgeable about childhood immunizations.

The President Pro Tempore of the Senate shall appoint:
- One member who is knowledgeable about newborn screening issues, and
- One member licensed by the state as an optometrist who has knowledge of vision screening for children.

The Speaker of the House of Representatives shall appoint:
- One member who is licensed by the state as a physician and works as a pediatrician, and
• One member who is licensed by the state as a genetic counselor.

The State Board of Health shall appoint:

• One member who is a physician licensed by the state who specializes in the diagnosis and treatment of childhood injuries in a trauma setting.

The Advisory Council has authority to recommend to the State Board of Health rules on behalf of the State Department of Health. The State Department of Health does not have standing to recommend to the State Board of Health permanent rules or changes to such rules within the jurisdiction of the Advisory Council which have not been submitted previously to the Advisory Council for action.

Before recommending any permanent rules to the State Board of Health, the Advisory Council must give public notice, offer an opportunity for public comment and conduct a public rulemaking hearing when required by the Administrative Procedures Act.

The Advisory Council has the authority to make nonbinding written recommendations to the State Board of Health and/or to the State Department of Health which have been concurred upon by at least a majority of the membership of the Advisory Council.

The Advisory Council has the authority to provide a public forum for the discussion of issues it considers relevant and to (1) pass nonbinding resolutions expressing the sense of the Advisory Council, and (2) make recommendations to the State Board of Health or the State Department of Health concerning the need and the desirability of conducting meetings, workshops and seminars.
The Infant and Children’s Health Advisory Council is encouraged to cooperate with other advisory councils, the public, the State Board of Health and the Commissioner of Health in order to coordinate the rules within their respective jurisdictional areas and to achieve maximum efficiency and effectiveness in furthering the objectives of the State Department of Health.

The Advisory Council must not recommend rules for promulgation by the State Board of Health unless all applicable requirements of the Administrative Procedures Act have been followed, including but not limited to notice, rule-impact statement and rulemaking hearings.
The purpose of the Council is to advise the State Board of Health, the Commissioner of Health, and the Department regarding food service establishments and recommend actions to improve sanitation and consumer protection. Meetings of the Council are held on a quarterly basis.

The Advisory Council has the duty and authority to: (1) Review and approve in an advisory capacity only rules and standards for food service establishments operating in this state; (2) Evaluate, review and make recommendations regarding Department inspection activities; and (3) Recommend and approve quality indicators and data submission requirements for food service establishments which shall be used by the Department to monitor compliance with licensure requirements and to publish an annual report of food service establishment performance.

The Advisory Board consists of fourteen (14) members. Nine (9) members are appointed by the Commissioner of Health with the advice and consent of the State Board of Health, from a list of three names for each position provided by an association representing the majority of the restaurant owners in the State. These nine appointments to the

Oklahoma Food Service Advisory Council Members

Larry Bergner  
J. Roy Escoubas, Ph.D.  
Michael Farney  
Erica Hering  
DeBrena Hilton  
Jim Hopper  
Harold Kelly  
Phil Maytubby  
Krista Neal  
Brenda Potts  
Bill Ricks  
Bill Ryan, Ed.D., RD,LD  
Scott Yates  
(1 Vacancy)
Council include the following:

- One member represents the Oklahoma Restaurant Association;
- One member represents the Oklahoma Hotel and Motel Association;
- One member represents the Oklahoma Grocers Association;
- One member represents the Food Service Education;
- One member represents the Food Processing Education;
- One member represents the School Nutrition Association of Oklahoma;
- One member must be an Independent Food Service Operator;
- One member must be a Food Processor; and
- One member must be a citizen representing the public who is not a food service establishment operator or employee and is not a member of a food service governing board.

The remaining five appointments consist of:

- The Director of the Oklahoma City-County Health Department, or a designee;
- The Director of the Tulsa City-County Health Department, or a designee;
- Two Directors from other County Health Departments in this State, or a designee, appointed by the Commissioner; and
- The Director of the State Department of Agriculture, or a designee.

Members of the Advisory Council serve three year terms.
This Council is mandated by statute to assist and advise the State Board of Health in licensing and otherwise regulating sanitarians and environmental specialists.

The Council consists of the following nine members:

- The Commissioner of Health or designee;
- The Executive Director of the Department of Environmental Quality or designee;
- The Administrator of the Office of Personnel Management or designee;
- One member must be appointed by the Director of the Oklahoma City-County Health Department;
- One member must be appointed by the Director of the Tulsa City-County Health Department;
- Two members must be employed by state government and be appointed by the Commissioner of Health; and
- Two members must be appointed by the Executive Director of the Department of Environmental Quality (one who is employed by private industry and one who is employed by the Indian Health Service of the Public Health Service or by a tribal government with an office in the State of Oklahoma).

Sanitarian & Environmental Specialist Registration Advisory Council Members

Jimmy Echelle, Chair
(vacant), Vice-Chair
Phillip Jurina, Secretary
David Bales
Tanya Harris
Richard McDaniel
Patty Nelson
Chad Newton
Troy Skow
Chad Winn
With the exception of the Administrator of the Office of Personnel Management or his designee, the appointed members must have at least five years of experience as registered sanitarians or environmental specialists.

Members are appointed for a three year term or until a successor is appointed. Sixty days prior to the expiration of the term to be filled or whenever a vacancy occurs, any statewide organization whose membership represents more than 20% of the registered sanitarians and environmental specialists in the state may recommend three persons for such position or vacancy to the appointing authority.

The Council must meet at such times, as it deems necessary to implement the Oklahoma Sanitarian Registration Act.

A majority of Council members constitutes a quorum.
The Long-Term Care Facility Advisory Board is mandated to serve as an advisory body to the Commissioner of Health. The Board consists of twenty-seven members who are appointed by the Governor. Members of the Board are comprised of the following persons:

- One representative from the Office of the State Fire Marshal, designated by the State Fire Marshal;
- One representative from the Oklahoma Health Care Authority, designated by the Administrator;
- One representative from the Department of Mental Health and Substance Abuse Services, designated by the Commissioner of Mental Health and Substance Abuse Services;
- One representative from the Department of Human Services, designated by the Director of Human Services;
- One member who is a licensed general practitioner of the medical profession;
- One member who is a general practitioner of the osteopathic profession;

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Long Term Care Advisory Board Members

Dr. Andrew Dentino, Chair
Joanna Martin, Vice-Chair
Allan Mason, Sec-Treas.
Christean Bolding
Donna Bowers
Willie Burkhart
Tracy Chlouber
Joyce Clark
Dustin Cox
Theo Crawley
Terry Ferrel
Ivoria Holt
Pamela Humphreys
Adam Jordan
Jimmy McWhirter
Jacki Millspaugh
Kay Parsons
Dewey Sherbon
Wendell Short
Diana Sturdevant
William Whited
Denise Wilson
Eileen Wilson
Vacant x4
profession;
• One member who is a registered pharmacist;
• One member who is a licensed registered nurse;
• One member who is a licensed practical nurse;
• Three members who are of reputable and responsible character and sound physical and mental health and are operator-administrators of nursing homes which have current licenses issued pursuant to the Nursing Home Care Act and who have had five years experience in the nursing home profession as operator-administrators;
• Three members who are residential care home operator-administrators licensed pursuant to the Residential Care Act;
• Three members who are adult day care facility owner-operators licensed pursuant to the Adult Day Care Act;
• Three members who are continuum of care facility or assisted living center owner-operators licensed pursuant to the Continuum of Care and Assisted Living Act; and
• Six members who are over the age of sixty-five who represent the general public.

After the initial designations or appointments (that began in 1980), the designated representatives from the Office of the State Fire Marshal, Oklahoma Health Care Authority, the Department of Human Services, and the Department of Mental Health and Substance Abuse Services serve at the pleasure of their designators. All other terms are for a three-year period. In case of a vacancy, the Governor appoints individuals to fill the remainder of the term.

The Department provides clerical support to perform designated duties of the Advisory Board. The Department also provides space for meetings of the Advisory Board. The Board must meet at least quarterly, and may hold such special meetings as may be necessary.
Effective November 1, 2015, House Bill 1085 amended the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act has replaced the Home Care and Hospice Advisory Council and created the Home Care, Hospice and Palliative Care Advisory Council.

The jurisdictional areas of the Home Care, Hospice, and Palliative Care Advisory Council includes all issues that arise in the areas of home care or hospice services, and such other areas as designated by the State Board of Health.

The Home Care, Hospice, and Palliative Care Advisory Council consists of nine members. Two members are appointed by the Governor, three members are appointed by the President Pro Tempore of the Senate, three members are appointed by the Speaker of the House of Representatives, and one member is appointed by the State Board of Health.

Appointments are for three-year terms. Members of the Advisory Council serve at the pleasure of and may be removed from office by the appointing authority. Members continue to serve until their successors are appointed. Vacancies are filled in the same manner as the original
appointments. Four members of the Advisory Council constitute a quorum.

The Advisory Council must meet at least twice a year, but no more than four times a year. A Chair, Vice-Chair and Secretary must be elected from among the members. The Advisory Council can only meet as required for election of officers, establishment of meeting dates and times, rule development, review and recommendation, and adoption of nonbinding resolutions to the State Department of Health or the State Board of Health concerning matters brought before the Advisory Council. Special meetings may be called by the Chair or by the concurrence of any three members.

All members of the Home Care, Hospice, and Palliative Care Advisory Council must be knowledgeable of issues that arise in the administration and practice of home care, hospice, and palliative care services. The Advisory Council is composed as follows.

The Governor shall appoint:
- One member who is an owner or administrator of an entity licensed in accordance with the Oklahoma Hospice Licensing Act, and
- One member who is an owner or administrator of an entity licensed in accordance with the Oklahoma Home Care Act.

The President Pro Tempore of the Senate shall appoint:
- One member who is an owner or administrator of an entity licensed in accordance with the Oklahoma Hospice Licensing Act.
- One member who is an owner or administrator of an entity licensed in accordance with the Oklahoma Home Care Act, and
- One member who is a member of the palliative care patient advocacy community.

The Speaker of the House of Representatives shall appoint:
- One member representing the public who is or was a legal guardian of a recipient of hospice services.
- One member representing the public who is a recipient or legal guardian of a recipient of services from a home health agency, and
- One member who is an allopathic or osteopathic physician or nurse certified in palliative care delivery in this state.

The State Board of Health shall appoint:
- One member representing an association which advocates on behalf of home care or hospice issues.

The Advisory Council has authority to recommend to the State Board of Health rules on behalf of the State Department of Health. The State Department of Health does not have standing to recommend to the State Board of Health permanent rules or changes to such rules within the jurisdiction of the Advisory Council which have not been submitted previously to the Advisory Council for action.

Before recommending any permanent rules to the State Board of Health, the Advisory Council must give public notice, offer an opportunity for public comment and conduct a public rulemaking hearing when required by the Administrative Procedures Act.

The Advisory Council has the authority to make nonbinding written recommendations to the State Board of Health and/or to the State Department of Health which have been concurred upon by at least a majority of the membership of the Advisory Council.
The Advisory Council has the authority to provide a public forum for the discussion of issues it considers relevant and to (1) pass nonbinding resolutions expressing the sense of the Advisory Council, and (2) make recommendations to the State Board of Health or the State Department of Health concerning the need and the desirability of conducting meetings, workshops and seminars.

The Home Care, Hospice, and Palliative Care Advisory Council is encouraged to cooperate with other advisory councils, the public, the State Board of Health and the Commissioner of Health in order to coordinate the rules within their respective jurisdictional areas and to achieve maximum efficiency and effectiveness in furthering the objectives of the State Department of Health.

The Advisory Council must not recommend rules for promulgation by the State Board of Health unless all applicable requirements of the Administrative Procedures Act have been followed, including but not limited to notice, rule-impact statement and rulemaking hearings.
The Hospital Advisory Council is authorized by statute to serve as an advisory body to the Board, the Commissioner, and the Department regarding hospital operations and to recommend actions to improve patient care. The Advisory Council is composed of nine members appointed by the Commissioner with the advice and consent of the Board of Health. The membership of the Advisory Council is as follows: Two members are hospital administrators of licensed hospitals; two members are licensed physicians or practitioners who have current privileges to provide services in hospitals; two members are hospital employees; and three members are citizens representing the public who: are not hospital employees, do not hold hospital staff appointments, and are not members of hospital governing boards.

Members are appointed for a three year term. The Board must meet at least quarterly, and may hold such special meetings as may be necessary.

The Advisory Council has the duty and authority to: (1) review and approve in its advisory capacity rules and standards for hospital licensure; (2) evaluate, review and make recommendations regarding Department licensure activities, provided however, the Advisory Council shall not make recommendations regarding scope of practice for any health care providers or practi-
tioners regulated pursuant to Title 59 of the Oklahoma Statutes, and (3) recommend and approve: quality indicators and data submission requirements for hospitals to include (a) Agency for Healthcare Research & Quality (AHRQ) Patient Safety Indicators available as part of the standard inpatient discharge data set, and (b) for acute care intensive care patients, ventilator-associated pneumonia and device related blood stream infections, and the indicators and data to be used by the Department to monitor compliance with licensure requirements, and to publish an annual report of hospital performance.
Effective November 1, 2013, House Bill 1467 repealed language relating to the Oklahoma Emergency Response Systems Development Advisory Council, the Oklahoma State Trauma Systems Improvement and Development Advisory Council, and the Medical Audit Committee and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act which includes the Trauma and Emergency Response Advisory Council (OTERAC).

The jurisdictional areas of the OTERAC includes emergency response systems development, injury prevention, catastrophic health emergency, trauma systems improvement and development, and such other areas as designated by the State Board of Health.

The OTERAC consists of seven appointed members, two members by the Governor, two members by the President Pro Tempore of the Senate, two members by the Speaker of the House of Representatives, and one member by the State Board of Health.

Each appointment is for three-year terms. Members of the Advisory Council serve at the pleasure of and may be removed from office by the
appointing authority. Members continue to serve until their successors are appointed. Vacancies are filled in the same manner as the original appointments. Four members of the Advisory Council constitute a quorum.

The Advisory Council must meet at least twice a year, but no more than four times a year. A Chair, Vice-Chair and Secretary must be elected from among the members. The Advisory Council can only meet as required for election of officers, establishment of meeting dates and times, rule development, review and recommendation, and adoption of nonbinding resolutions to the State Department of Health or the State Board of Health meetings may be called by the Chair or by the concurrence of any three members.

All members of the Trauma and Emergency Response Advisory Council must be knowledgeable of issues that arise in a hospital setting and issues that arise concerning emergency response. The Trauma and Emergency Response Advisory Council is composed as follows.

The Governor shall appoint:
- One member who is an administrative director of a licensed ambulance service, and
- One member who is a Board Certified Emergency Physician.

The President Pro Tempore of the Senate shall appoint:
- One member who is a representative from a hospital with trauma and emergency services, and
- One member who is a trauma surgeon with privileges at a hospital with trauma and emergency operative services.

The Speaker of the House of Representatives shall appoint:
- One member representing the trauma registrar of a licensed hospital that is classified as providing trauma and emergency
operative services, and
- One member who is an Emergency Medical Technician.

The State Board of Health shall appoint:
- One member who is a critical care nurse.

The Advisory Council has authority to recommend to the State Board of Health rules on behalf of the State Department of Health. The State Department of Health does not have standing to recommend to the State Board of Health permanent rules or changes to such rules within the jurisdiction of the Advisory Council which have not been submitted previously to the Advisory Council for action.

Before recommending any permanent rules to the State Board of Health, the Advisory Council must give public notice, offer an opportunity for public comment and conduct a public rulemaking hearing when required by the Administrative Procedures Act.

The Advisory Council has the authority to make nonbinding written recommendations to the State Board of Health and/or to the State Department of Health which have been concurred upon by at least a majority of the membership of the Advisory Council.

The Advisory Council has the authority to provide a public forum for the discussion of issues it considers relevant and to (1) pass nonbinding resolutions expressing the sense of the Advisory Council, and (2) make recommendations to the State Board of Health or the State Department of Health concerning the need and the desirability of conducting meetings, workshops and seminars.

The OTERAC is encouraged to cooperate with other advisory councils, the public, the State Board of Health and the Commissioner of Health in order to coordinate the rules within their respective jurisdictional areas.
and to achieve maximum efficiency and effectiveness in furthering the objectives of the State Department of Health.

The Advisory Council must not recommend rules for promulgation by the State Board of Health unless all applicable requirements of the Administrative Procedures Act have been followed, including but not limited to notice, rule-impact statement and rulemaking hearings.

From FY17 through FY18, the OTERAC held six meetings discussing the following issues:

- Oklahoma EMS Health and Wellness Study
- Implementation of the Good Samaritan risk exposure notification system.
- Legal protection of quality improvement activities for Trauma and all time-sensitive medical conditions to include Stroke and ST-Elevation Myocardial Infarction (STEMI)
- National Emergency Department Overcrowding Score (NEDOCS)
- National Trauma Care Systems—Oklahoma activity comparison
- Radiography Exchange
- Regional Stroke Plans
- Review of trauma data comparing current trends to the prior 10-years
- Regional CQI Indicators
- Standard triage tag
- ST-Elevation Myocardial Infarction (STEMI)
PROTECTIVE HEALTH SERVICES
QUALITY IMPROVEMENT / QUALITY ASSURANCE ACTIVITIES

“The only way forward, if we are going to improve the quality of the environment, is to get everybody involved.”

~ Richard Rogers

Protective Health Services is committed to increasing the quality and consistency of services provided to citizens of Oklahoma.
LIST OF QI/QA ACTIVITIES

CONSUMER HEALTH SERVICES
BEDDING LICENSURE PROGRAM
QUALITY IMPROVEMENT TRAINING

HEALTHY AGING, LIVING LONGER BETTER GROUP
STRATEGIC PLANNING

LONG TERM CARE FACILITY
QUALITY IMPROVEMENT TRAININGS
QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT (QAPI)

LONG TERM CARE
QUALITY MEASURE PROJECT

MANDATES STRATEGIC ACTION TEAM
INSPECTION FREQUENCY MANDATES

OKLAHOMA REGIONAL WORK GROUPS
QUALITY IMPROVEMENT TRAININGS
“CREATING A CULTURE OF CHANGE”

PROTECTIVE HEALTH SERVICES
PLAN DO STUDY ACT (PDSA) SIMULATION

OKLAHOMA STATE DEPARTMENT OF HEALTH
PDSA TRAINING
CONSUMER HEALTH SERVICE (CHS)  
QUALITY IMPROVEMENT TRAINING

Quality Improvement is a structured organizational process involving the collaborative effort with the Quality Assurance and Data Systems (QADS) Staff and Consumer Health Services Personnel for training, planning and executing a continuous flow of improvement to provide quality standards that meet or exceed expectations. The CHS staff and leadership participated in a Quality Improvement training and education process that included the Plan Do Study Act (PDSA) Cycle of continuous quality improvement (CQI). The main objectives of the quality improvement training are to learn how to collect and use data to identify and analyze problems; develop solutions based upon data and analysis; engage the staff, leadership, and customers; focus on the needs of the customer; monitor and measure results of the process; act and make decisions based upon data; and continually make improvements over time to the work product or process.

HEALTHY AGING, LIVING LONGER BETTER GROUP  
STRATEGIC PLANNING

The Healthy Aging group created sub-groups to include Prevent and Reduce Falls, Improve Nutrition and Increase Physical Activity, and Reduce Depression. The subgroups will participate in QI training in an effort to effectively establish their sub-group goals and make them measurable through the PDSA cycle of CQI. Addressing healthy aging goals and objectives to create and provide resources for senior citizens living in Oklahoma.
Through a Quality Assurance/Process Improvement (QAPI) approach, The QADS team has collaborated with external partners including Oklahoma Foundation for Medical Quality (OFMQ) and the Texas Medical Foundation (TMF) to provide opportunities for improvement to Oklahoma Long Term Care Facilities to achieve positive outcomes and improve quality of life for Older Oklahomans. Long Term Care Leadership and Staff participated in a six session Continuous Quality Improvement (CQI) training series. The process included the Plan Do Study Act (PDSA) Cycle of the CQI. The CQI training process and project included LTC staff utilizing quality improvement tools such as brainstorming, flow-charting, force field analysis, affinity diagram development, cause and effect analysis, and data collection methodology. Additionally, a review of current data, workflow, and care practices were developed and reviewed to determine if there were any gaps in processes, Nursing homes received expert guidance on data collection, analyzing and interpreting data, and selection of appropriate interventions to achieve result moreover, educational tools and resources.

The results of utilizing these QI tools have assisted LTC facilities to implement the following actions:

* Created checklists, resident, and staff satisfaction surveys to assist with improving CMS Composite Score Card Quality Measures
* Established a QAPI leadership team to address work process improvements within the nursing home facility
* Developed a data tracking mechanism to monitor CMS Composite Score Card Quality Measures

* Developed innovative ways to improve CMS Composite Score Card Quality Measures (i.e. Red Napkin Program, Increasing meal and snack options, increasing dining and snack cart hours, resident meal and snack surveys, and resident councils for quarterly meal planning- To Reduce Unintended Weight Loss in Nursing Home Residents.
The Mandates Strategic Action Team implemented a Plan-Do-Check-Act quality improvement process to achieve and maintain compliance with mandates in law and rule for inspections and investigations performed by Protective Health Services. The Mandates team focused on the timeliness of 28,000 inspections performed each year in health care and consumer service settings, including nursing facilities and restaurants. When the project started in 2010, 56 percent of 52 mandated inspection frequencies were met, and overall only 93 percent of total inspections were done on time. The project worked to improve data collection, inspection scheduling and the hiring and retention process for nurse surveyors. Outcomes included a 30 percent increase in surveyor staffing, and overall compliance of 100 percent with inspection mandates in state fiscal year FY 2015.

The Mandates team continues to work on standardizing the improvements by focusing on continuous recruitment and hiring and developing staff surge capacity through alternative methods. Staff continue to conduct quality improvement activities related to staff retention in order to reduce turnover. Future plans include incorporating inspection scheduling and tracking functions in a new licensure information system, and the development and implementation of audit protocols. Inspection frequency mandates are monitored regularly and reported formally on a quarterly basis.

The mandates group has three sub-committees; Inspection Frequency
Mandates, Process Frequency Mandates, and Public Health Outcomes. These groups are tasked with helping the Mandates group meet their goals in ensuring that mandates are being met and customers needs are satisfied.
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<tr>
<th>Service IFMs</th>
<th>SFY14</th>
<th>SFY15</th>
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### Complaint IFMs

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### Non-complaint IFMs

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<td>100.0%</td>
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<td>99.6%</td>
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MANDATES STRATEGIC ACTION TEAM
PROCESS FREQUENCY MANDATES (PFMs)

The goal of the Process Frequency Mandates (PFM) Team is to establish and implement a clear process for Protective Health Services programs to comply with the laws, rules and standards for effective public health law enforcement programs, so that:

- OSDH staff members have effective tools as they work to promote and protect the health of the population
- OSDH achieves and maintains compliance with process frequency mandates

This project follows a deliberate improvement process based on the Plan-Do-Check-Act model. To efficiently manage this opportunity the Process Frequency Mandates (PFM) must be identified and prioritized. PFM’s should be set at a percentage level of 95–100%. This project will be an ongoing effort to achieve measureable improvements in efficiency, effectiveness, performance, accountability, and outcomes.

CURRENT PROJECT OUTCOMES:
- All process frequency mandates have been identified.
- All process frequency mandates are compliant with laws, rules and standards.
- Compliance is maintained and action steps are fully implemented, including standardized processes, training, operationalized measures, targets and performance tracking, feedback, problem resolution, continuous incremental improvements, and coaching and consequences.
All non-inspection frequency processes will be conducted in accordance with laws, rules and standard procedures by 2020.

MANDATES STRATEGIC ACTION TEAM
PUBLIC HEALTH OUTCOMES (PFOs)

This team ensures contribution for improvement in the health of Oklahomans by creating a sustainable public health outcomes framework for mandated inspections and investigations, so that:

- OSDH staff members have effective tools to promote and protect the health of Oklahomans;
- OSDH educates regulated entities about the meaning, purpose, compliance requirements, and benefit of public health laws;
- OSDH educates the public about public health laws and the importance of complying with them;
- OSDH is effective in promoting new laws or revising existing laws;
- Oklahoma public health laws are science-based and protect the rights of the individual; and
- OSDH qualifies for Public Health Accreditation Board reaccreditation in 2018.
In an effort to make QI visible and streamline the overall work process for Long Term Care Facilities, the QADS Team provides Culture Change training. This training helps LTC facilities to improve resident satisfaction, remove departmental silos, integrate quality improvement tools and assist in transforming their organization’s culture to embrace quality improvement concepts and utilize QI knowledge in the work place. This QI training provided a potential roadmap of conceptual and practical resources to help engage staff and leadership around building QI culture within the Nursing Home Organization. The training focused improving a facilities work process, avoid pitfalls in developing QI goals and objectives, and learn how to develop better plans for future QI projects.

- Provided Long Term Leadership with a basic knowledge and understanding of streamlining work processes in an effort to create a QI culture within their organization

- Conducted at the Regional, State, and National Platforms to persons looking to begin the Quality Improvement Journey

- Utilized as a prelude to the long term care facility quality improvement trainings; Quality Assurance and Performance Improvement (QAPI)
PLAN, DO, STUDY, ACT (PDSA) QI TRAINING

PHS Staff participated in a PDSA simulation exercise to learn about Continuous Quality Improvement (CQI). The process included the Plan Do Study Act (PDSA) of the Cycle of CQI. The CQI training process and project included staff utilizing quality improvement tools such as brainstorming and data collection methodology.

The results of utilizing the PDSA training taught PHS staff a better knowledge of the following CQI items:

- Demonstrated how incremental change can, when replicated and expanded over time, leads to improvement
- Taught the importance of planning cycles of change and building on the knowledge learned in the previous cycles
- Developed better knowledge of PDSA cycles as staff went through the multiple cycles
LEAN SIX SIGMA SIMULATION (QI) TRAINING

PHS Staff participated in a LEAN SIX SIGMA simulation exercise along with internal and external partners to learn about Continuous Quality Improvement (CQI). The process included the Plan Do Study Act (PDSA) of the Cycle of CQI. The CQI training process and project included staff utilizing quality improvement tools such as brainstorming and data collection methodology. The results of utilizing the LEAN simulation training taught OSDH staff a better knowledge of the following CQI items:

- Quality Improvement concepts
- Patient Safety/Medical Errors
- LEAN Process Management
- Teamwork
- Communication
### State Regulated Individuals & Entities

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<th>Service</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
<th>SFY18</th>
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QUICK REFERENCE TELEPHONE DIRECTORY

Deputy Commissioner’s Office
McElvany, Rocky .................................................. 405 • 271 • 5288
Rushing, Crystal .................................................. 405 • 271 • 5288

Consumer Health Services
Cannella, Samuel .................................................. 405 • 271 • 5243
Jordan, Lynnette .................................................. 405 • 271 • 5243
Jurina, Phillip .................................................. 405 • 271 • 5243

Health Resources Development Service
Bowen, Espa .................................................. 405 • 271 • 6868
Hart-Smith, Alexandria .................................................. 405 • 271 • 5278
Henry, Diane .................................................. 405 • 271 • 5278
Joslin, James .................................................. 405 • 271 • 6868
Kirtley, Vicki .................................................. 405 • 271 • 4085
(ONBCP, vacant) .................................................. 405 • 271 • 3912
Waters, Sarah .................................................. 405 • 271 • 5278

Long Term Care
Clark, Beverly .................................................. 405 • 271 • 6868
Cook, Michael .................................................. 405 • 271 • 6868
Jordan, Michael .................................................. 405 • 271 • 6868
Scott, Patty .................................................. 405 • 271 • 6868
Zamarripa, Debbie .................................................. 405 • 271 • 6868

Medical Facilities Service
Adkerson, Dale .................................................. 405 • 271 • 4027
Frazier, LaTrina .................................................. 405 • 271 • 6576
Jordan, Andrea .................................................. 405 • 271 • 6576
Myers, Julie .................................................. 405 • 271 • 6576
Pelley, Grace .................................................. 405 • 271 • 4027
West, Nena .................................................. 405 • 271 • 6576
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