

COMMUNITY MENTAL HEALTH CENTER - CERTIFICATION SITE VISIT PROTOCOL

OAC 450:17 Effective Date of Use: November 1, 2017

AGENCY/DIRECTOR: \_\_\_\_\_

CURRENT SATELLITE LOCATION(S) AT TIME OF REVIEW: \_\_\_\_\_

**Confirm that services checked on application are being provided**

	<u>Initial</u>	<u>Subsequent</u>	<u>Renewal</u>	<u>Follow-up to PTO</u>	<u>Target Pop. (Adol/A/F/M)</u>	<u>#Charts Rev'd</u>
<b>Optional Services:</b>						
Day treatment for ch/adol	_____	_____	_____	_____	_____	_____
Vocational employment	_____	_____	_____	_____	_____	_____
Community living programs	_____	_____	_____	_____	_____	_____
Inpatient services within CMHC	_____	_____	_____	_____	_____	_____
Gambling treatment	_____	_____	_____	_____	_____	_____
Behavioral health home	_____	_____	_____	_____	_____	_____

**CONTRACTS WITH ODMHSAS:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> PRE-SITE SURVEY (Policies) REVIEW(S):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**INITIAL on-site walkthrough:** \_\_\_\_\_

**SUBSEQUENT:** \_\_\_\_\_ **desk rev, onsite (circle applicable)**

REVIEW TEAM: \_\_\_\_\_

SCORES: Organizational \_\_\_\_\_% Operational \_\_\_\_\_% Clinical \_\_\_\_\_%

**RENEWAL:** \_\_\_\_\_ **desk rev, onsite (circle one)**

REVIEW TEAM: \_\_\_\_\_

SCORES: Organizational \_\_\_\_\_% Operational \_\_\_\_\_% Clinical \_\_\_\_\_%

**FOLLOW-UP:** \_\_\_\_\_ **desk rev, onsite (circle one):**

REVIEW TEAM: \_\_\_\_\_

SCORES: Organizational \_\_\_\_\_% Operational \_\_\_\_\_% Clinical \_\_\_\_\_%

**FINAL FOLLOW-UP:** \_\_\_\_\_ **desk rev (after 3-day letter), onsite (circle one)**

REVIEW TEAM: \_\_\_\_\_

SCORES: Organizational \_\_\_\_\_% Operational \_\_\_\_\_% Clinical \_\_\_\_\_%

**CORRECTIONS MADE ONSITE AT RENEWAL SITE VISIT?**

\_\_\_\_ YES    \_\_\_\_ NO    IF YES, PLEASE LIST CORRECTIONS:

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**RECOMMENDATIONS/CONCERNS:**

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<b>OAC 450</b>	<b>17-3-2.</b>	<b>Core Standards Category: Clinical</b>
<b>Core community mental health services</b>		

- (a) Each CMHC shall provide the following services:
- (1) Screening, assessment and referral services;
  - (2) Emergency services;
  - (3) Outpatient therapy;
  - (4) Case management services;
  - (5) Psychiatric rehabilitation services;
  - (6) Medication clinic services;
  - (7) Service to homeless individuals;
  - (8) Peer Support Services, and
  - (9) Wellness Activities and Support.
- (b) Compliance with 450:17-3-2. shall be determined by a review of the following:
- (1) On-site observation;
  - (2) Staff interviews;
  - (3) Written materials;
  - (4) Program policies;
  - (5) Program Evaluations;
  - (6) Data reporting; and
  - (7) Clinical records.

**450:17-3-2. Core community mental health services. Compliance Guidelines: Score as compliant if the following are present:**

- Program descriptions for each item listed in (a)
- On site verification by observation that each program is provided per (a)
  - Screening, assessment and referral services;
  - Emergency services
  - Outpatient therapy
  - Case management services
  - Psychiatric rehabilitation services
  - Medication clinic services
  - Service to homeless individuals
  - Peer Support Services
  - Wellness Activities and Support.

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	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						

**Notes:**

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<b>OAC 450</b>	<b>17-3-3.</b>	<b>Core Standards Category: Operational</b>
<b>Availability of services</b>		

- (a) The core services shall be available to individuals regardless of their work or school schedule.
- (1) All services provided on an outpatient basis shall be routinely available at least forty (40) hours per week, and will include evenings or weekends.
  - (2) CMHC policy shall provide for hours in addition to 8:00 AM - 5:00 PM. This applies to the main CMHC location and full time satellite offices with two (2) or more full time employed clinical staff.
  - (3) For CMHCs not providing 24 hour on-site services, hours of operation shall be conspicuously posted.
- (b) Compliance with 450:17-3-3. shall be determined by a review of the following: schedules; posting of hours; policy and procedures; and consumer needs assessment.

**450:17-3-3. Availability of services. Compliance Guidelines: Score as compliant if the following are present:**

- On-site verification that core services are available at least 40 hours per week and include evenings or weekends
- Policy addresses hours in addition to 8:00 AM-5:00 PM for main CMHC location and for full time satellite offices.
- On-site verification that hours are conspicuously posted for CMHC's not providing 24 hour onsite services.



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<b>OAC 450</b>	<b>17-3-21.</b>	<b>Core Standards Category: Clinical</b>
<b>Integrated screening and assessment services</b>		

- (a) CMHC policy and procedure shall require that a screening of each consumer's service needs is completed in a timely manner. An integrated screening should be welcoming and culturally appropriate, include screening of whether the consumer is a risk to self or others, including suicide risk factors, as well as maximize recognition of the prevalence of co-occurring disorders among those who typically present for services at a Community Mental Health Center.
- (b) Upon determination of appropriate admission, consumer assessment information shall include, but not be limited to, the following:
  - (1) Behavioral, including substance use, abuse, and dependence;
  - (2) Emotional, including issues related to past or current trauma;
  - (3) Physical;
  - (4) Social and recreational; and
  - (5) Vocational.
- (c) The consumer and family as appropriate shall be an active participant(s) in the screening and assessment process.
- (d) The CMHC shall have policy and procedures specific to each program service timeframes by when assessments must be completed and documented. In the event the consumer is not admitted and as a result the assessment is not included in the clinical record, the policy shall specify how screening and assessment information is maintained and stored.
- (e) Compliance with 450:17-3-21. shall be determined by a review of clinical records, and policy and procedures.

**450:17-3-21. Integrated screening and assessment services. Compliance Guidelines: Score as compliant if the following are present:**

- CMCH policies address elements required in (a) and (c)
- CMHC policy addresses requirements of (d)
  - Time frames for assessments for each program
  - Procedure for storing screening and assessment information for individuals not admitted
- Records satisfy requirements stipulated in (a) and (b) (Apply Documentation Calculation for scoring)
  - Screenings
    - Timely manner for screenings

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- ~~Integrated screening~~ (This is scored on 17-7-5, except for BHH & CCBHC. For BHH, integrated scored on 17-5-149 and CCBHC, on 17-5-178)
  - Screen for danger to self
  - Screen for danger to others
  - Suicide factors are included in screen.
- Assessment contains
  - Behavioral, including substance use, abuse, and dependence
  - Emotional, including issues related to past or current trauma
  - Physical
  - Social
  - Recreational
  - Vocational
- Consumer, family as appropriate, are active participants in assessment
- Compliant with agency time frame

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	12				90%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1 <sup>st</sup> review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						



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<b>OAC 450</b>	<b>17-3-22.</b>	<b>Core Standards Category: Operational</b>
<b>Screening and assessment services, access or referral to needed services</b>		

- (a) Written policy and procedures governing the screening and assessment services shall specify the following:
  - (1) The information to be obtained on all applicants or referrals for admission;
  - (2) The procedures for accepting referrals from outside agencies or organizations;
  - (3) The procedure to be followed when an applicant or referral is found to be ineligible for admission;
  - (4) Methods of collection of information from family members, significant others or other social service agencies;
  - (5) Methods for obtaining a physical examination or continued medical care where indicated;
  - (6) Referral to other resources when the consumer has treatment or other service needs the facility cannot meet;
  - (7) Emphasis on welcoming all consumers and conveying a recovery oriented hopeful message; and
  - (8) No barriers to entry based solely on the presence of current or recent substance use.

(a) Compliance with 450:17-3-22. Shall be determined by a review of the facility's written policy and procedures.

**450:17-3-22. Screening and assessment services, access or referral to needed services. Compliance Guidelines: Score as compliant if the following are present:**

- Facility's policy and procedures addresses (a)



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<b>OAC 450</b>	<b>17-3-41.</b>	<b>Core Standards Category: Clinical</b>
<b>Emergency services</b>		

(b) CMHCs shall provide, on a twenty-four (24) hour basis, accessible co-occurring disorder capable services for substance use disorders and/or psychiatric emergencies.

(b) This service shall include the following:

- (1) 24-hour assessment and evaluation, including emergency examinations; characterized by welcoming engagement of all individuals and families;
- (2) Availability of 24-hour inpatient referral;
  - (A) CMHC staff shall be actively involved in the emergency services and referral process to state-operated psychiatric inpatient units.
  - (B) Referral to state-operated psychiatric inpatient units by the CMHC shall occur only after all other community resources are explored with the individual and family if family is available and the consumer gives written consent for release.
  - (C) Prior notification to the state-operated psychiatric inpatient unit of all referrals from CMHC's is required.
- (3) Availability of assessment and evaluation in external settings unless immediate safety is a concern. This shall include but not be limited to schools, jails, and hospitals;
- (4) Referral services, which shall include actively working with local sheriffs and courts regarding the appropriate referral process and appropriate court orders (43A O.S. §§ 5-201 through 5-407);
- (5) CMHC's serving multiple counties shall provide or arrange for on-site assessment of persons taken into protective custody [43A O.S. § 5-206 et seq.] in each county;
- (6) The CMHC's emergency telephone response time shall be less than fifteen (15) minutes from initial contact, unless there are extenuating circumstances;
- (7) Face-to-face strength based assessment, unless there are extenuating circumstances, addressing both mental health and substance use disorder issues which, if practicable, include a description of the client's strengths in managing mental health and/or substance use issues and disorders during a recent period of stability prior to the crisis;
- (8) Intervention and resolution; and
- (9) No arbitrary barriers to access an evaluation based on active substance use or designated substance levels.

(c) Compliance with 450:17-3-41. Shall be determined by a review of policy and procedures, and clinical records.

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**450:17-3-41. Emergency services. Compliance Guidelines: Score as compliant if the following are present:**

- On site verification by observation that services provided per (a)
- Policies and procedures address the following elements
  - 24-hour availability for assessment (b)(1)
  - 24-hour availability for referral to inpatient (b)(2), including procedures for interaction with state-operated inpatient units
  - Availability of assessment and evaluation off-site from CMHC per (b)(3)
  - Referral procedures for interaction with local law enforcement and courts (b)(4) in accordance with 43A O.S. § 5-206 et seq.
  - If serving multiple counties, arrangements for assessments in each county per (b)(5) in accordance with 43A O.S. § 5-206 et seq.
  - Evidence of telephone response time
  - Policies to assure adequate access to evaluation regardless of substance use issues (b)(9)
- Screening documentation reviewed to assure compliance with (b) (1) – (9) (Apply Documentation Calculation for scoring) – A MINIMUM OF ONE RECORD PER COUNTY SERVED BUT AT LEAST FIVE RECORDS PER CMHC OVERALL TO BE REVIEWED-IF POSSIBLE
  - For individuals referred to state operated inpatient units, documentation of consideration of alternative resources prior to referral (b) (2) (B)
  - CMHC’s must give prior notification of referrals to state operated psychiatric inpatient facilities (b)(2)(C)
  - Assessments conducted face-to-face utilizing strengths -based approach (b)(7)
  - Substance abuse and mental health issues are addressed (b)(7)
  - Intervention/resolution

**\*\*Up to 5 elements possible**

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					95%		



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<b>OAC 450</b>	<b>17-3-42.</b>	<b>Core Standards Category: Operational</b>
<b>Emergency examinations</b>		

- (a) The CMHC shall provide or otherwise ensure the capacity for performing emergency examinations. This capacity must be available 24 hours per day, seven days a week.
- (b) Compliance with 450:17-3-42 shall be determined by a review of the following: policy and procedures; emergency contact records; clinical records; PI documentation; and staff on-call schedules.
- (c) Failure to comply with 450:17-3-42 will result in the initiation of procedures to deny, suspend and/or revoke certification.

**450:17-3-42. Emergency examinations. Compliance Guidelines: Score as compliant if the following are present:**

- Facility's policy and procedures addresses (a)

	<u>POLICIES</u>			Renewal or Subsequent	Follow- up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						



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<b>OAC 450</b>	<b>17-3-43.</b>	<b>Core Standards Category: Clinical</b>
<b>Emergency examinations, staffing</b>		

- (a) Staff providing emergency examinations shall be an LMHP as defined in 43A O.S. § 1-103 and meet the CMHC's privileging requirements for the provision of emergency services, which shall include core competency in emergency evaluation of co-occurring disorders.
- (b) Compliance with 450:17-3-43. shall be determined by a review of clinical privileging records and personnel records.

**450:17-3-43. Emergency examinations, staffing. Compliance Guidelines: Score as compliant if the following are present:**

- Records satisfy the following requirements for staff providing emergency examinations. (Apply Documentation Calculation for scoring)
  - Staff is an LMHP
  - Staff is privileged to provide emergency services
- Facility's procedures must ensure that the privileging requirements of staff providing emergency examinations include core competency in emergency evaluations of co-occurring disorders.

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	2				95%		



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<b>OAC 450</b>	<b>17-3-61.</b>	<b>Core Standards Category: Clinical</b>
<b>Outpatient therapy services</b>		

- (a) Outpatient services shall include a range of co-occurring disorder capable services to consumers based on their needs regarding emotional, social and behavioral problems. These outpatient therapy services shall be provided or arranged for, and shall include, but not be limited to the following:
- (1) Individual therapy;
  - (2) Group therapy;
  - (3) Family therapy;
  - (4) Psychological/psychometric evaluations or testing; and
  - (5) Psychiatric assessments.
- (b) Compliance with 450:17-3-61. shall be determined by a review of written policy and procedures; clinical records; and PICIS data reported by facilities.

**450:17-3-61. Outpatient therapy services. Compliance Guidelines: Score as compliant if the following are present:**

- On site verification by observation that services provided or arranged for per (a)

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						



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<b>OAC 450</b>	<b>17-3-62.</b>	<b>Core Standards Category: Clinical</b>
<b>Outpatient therapy services, substance use disorder, co-occurring</b>		

**450:17-3-62. Outpatient therapy services, substance abuse, co-occurring**

- (a) Facilities shall provide co-occurring disorder capable outpatient substance use disorder therapy services.
- (b) These services shall include the provision of or referral for Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STD), and Acquired Immunodeficiency Syndrome (AIDS) education, training, and counseling services for drug dependent persons (43A O.S. § 3-425.1), and every facility shall:
  - (1) Provide or refer for educational sessions regarding HIV/STD/AIDS to consumers and the significant other(s) of the consumer; and
  - (2) Provide or refer all drug dependent persons, and their identified significant other (s), for HIV/STD/AIDS testing and counseling;
  - (3) Provide documentation of services described in (1) and (2) above, including refusal of these services; and
  - (4) Maintain all test results in the confidential manner prescribed by applicable state or federal statutes or regulations.
- (c) Compliance with 450:17-3-62. shall be determined by a review of the following: written policy and procedures; consumer records; and other supporting facility records and documentation.

**450:17-3-62. Outpatient therapy services, substance abuse, co-occurring**

**Compliance Guidelines: Score as compliant if the following are present:**

- On site verification by observation that services provided or arranged for per (a)
- On site verification that test results maintained in confidential manner prescribed by applicable state or federal statutes or regulations (b) (4)
  - ☐ Records for individuals with substance abuse disorders include the following per (a)(1)-(3) (Apply Documentation Calculation for scoring)
    - Consumer is provided/ referred for:
      - HIV/AIDS education
      - HIV/AIDS testing
      - HIV/AIDS counseling
      - STD education
      - STD testing
      - STD counseling

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- OR refusal of these services is documented
- Significant other is provided/referred for:
  - HIV/AIDS education
  - HIV/AIDS testing
  - HIV/AIDS counseling
  - STD education
  - STD testing
  - STD counseling
  - OR refusal of these services is documented (can be documented by consumer)

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	14				90%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

**Notes:**

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<b>OAC 450</b>	<b>17-3-81.</b>	<b>Core Standards Category: Clinical</b>
<b>Medication clinic services</b>		

- (a) Medication clinic services shall include an assessment of each individual's condition and needs; and an assessment of the effectiveness of those services.
- (b) Medication clinic services shall be co-occurring capable and shall utilize accepted practice guidelines for psychopharmacologic management of co-occurring disorders.
- (c) CMHCs shall offer comprehensive medication clinic services to consumers in need of this service, including, but not limited to:
  - (1) Prescribing or administering medication, including evaluation and assessment of the medication services provided.
  - (2) Medication orders and administration:
    - (A) Licensed staff physicians, medical residents or consultant physicians shall write medication orders and prescriptions. Physician's assistants and nurse practitioners may write medication orders, or prescriptions consistent with state and federal law.
    - (B) A list of those physicians authorized to prescribe medications shall be maintained and regularly updated.
    - (C) Only authorized licensed staff shall administer medications.
    - (D) A list of licensed staff members authorized to administer medications shall be maintained and regularly updated.
- (d) CMHCs shall ensure that consumers who have transitioned to the CMHC from a higher level of care have their medication needs met within two (2) weeks of being discharged from the facility providing the higher level of care.
- (e) Compliance with 450:17-3-81. shall be determined by on-site observation and a review of the following: clinical records, written policy and procedures, and roster of licensed, credentialed staff.

**450:17-3-81 Scoring Guidelines: Score as compliant if the following are present:**

- Policies describe required elements of medication services (a) – (d)
- Facility has list of physicians that can prescribe medications
- Facility has list of staff that are authorized to administer medications
- Records *for individuals receiving medications services* include the following per (a) and (c) (Apply Documentation Calculation for scoring)
  - o Assessment of needs related to medication (a)
  - o Assessment of effectiveness of medication services (a)

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- Medication orders written by qualified staff approved per (2) (A)
- Consumers transitioning to CMHC from higher level of care have medication needs met within 2 weeks.

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	4				100%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

**Notes:**

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<b>OAC 450</b>	<b>17-3-82.</b>	<b>Core Standards Category: Clinical</b>
<b>Medication clinic, medication monitoring</b>		

- (a) Medication administration, storage and control, and consumer reactions shall be regularly monitored.
- (b) Facilities shall assure proper storage and control of medications, immediate response if incorrect or overdoses occur, and have appropriate emergency supplies available if needed.
  - (1) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.
  - (2) All medications shall be kept in locked, non-consumer accessible areas. Conditions which shall be considered in medication storage are light, moisture, sanitation, temperature, ventilation, and the segregation and safe storage of poisons, external medications, and internal medications.
  - (3) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, or administered, or stored.
  - (4) A qualified physician shall supervise the preparation and stock of an emergency kit which is readily available, but accessible only to physician, nursing and pharmacy staff. Documentation by the qualified physician shall clearly indicate that the supervision has been performed.
- (c) Compliance with 450:17-3-82. shall be determined by on-site observation; and a review of the following: written policy and procedures, clinical records, and PI records.

**450:17-3-82. Medication clinic, medication monitoring. Scoring Guidelines: Score as compliant if the following are present:**

- Facility documentation and on-site verification that medication administration, storage/control and consumer reactions to medication are regularly monitored, per (a)
- Facility procedures address required content for (b)
- On-site verification for medications/medication administration supports compliance in the following ways:

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- Written medication administration procedures are available in the medication storage area and to all staff authorized to administer medications, per (b)(1).
  - Medications are stored appropriately and in appropriate conditions in a locked, non-consumer accessible areas, per (b)(2).
  - Telephone numbers of state poison control centers are immediately available in all locations where medications are prescribed, administered, or stored, per (b)(3).
  - Emergency kit is on site that a physician has supervised the preparation and stock of and is accessible only to the physician, nursing and pharmacy staff, per (b)(4).
- Review of records validates compliance with (a). Apply Documentation Calculation for scoring.
- Consumer reactions are documented

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	1				95%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

**Notes:**

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<b>OAC 450</b>	<b>17-3-83.</b>	<b>Core Standards Category: Organizational</b>
<b>Medication clinic, error rates</b>		

- (a) The facility's performance improvement program shall specifically, objectively, and systematically monitor medications administration or dispensing or medication orders and prescriptions to evaluate and improve the quality of consumer care.
- (b) Compliance with 450:17-3-83. shall be determined by a review of the following: facility policies; PI logs; data; and reports.

**450:17-3-83. Medication clinic, error rates. Scoring Guidelines: Score as compliant if the following are present:**

- Ongoing performance improvement program addressing medication error rates, per (a).

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
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<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						



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<b>OAC 450</b>	<b>17-3-84.</b>	<b>Core Standards Category: Operational</b>
<b>Availability of medications in a CMHC's community living setting</b>		

- (a) This standard applies to a CMHC's residential program(s) not having on-site medical staff.
- (b) The CMHC shall have policy and procedures governing consumer access to medications and shall include, at least, the following items:
  - (1) Non-medical staff and volunteers shall not dispense or administer medication; and
  - (2) Medication shall be not withheld from consumers for whom it is prescribed, for non-medical reasons. There shall be policies governing the provision of medication to clients who are actively using substances at the time of their dosage, which document how to determine which medications should continue to be provided, and which medications should be withheld or postponed.
- (c) Compliance with 450:17-3-84. shall be determined by on-site observation; and a review of the following: clinical records, medication logs, and policy and procedures.

**450:17-3-84. Availability of medications in a CMHC's community living setting**  
**Scoring Guidelines: Score as compliant if the following are present:**

- Facility's policy and procedure addresses (a-b).
  - Nonmedical staff and volunteers shall not dispense or administer medication, per (b) (1).
  - No medication withheld from a consumer for non-medical reasons (b) (2).
  - Policies exist which govern provision of medication to consumers who are actively abusing substances at time of dosage which documented how to determine which medications should continue to be provided and which medications should be withheld or postponed.



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<b>OAC 450</b>	<b>17-3-85.</b>	<b>Core Standards Category: Operational</b>
<b>Pharmacy Services</b>		

- (a) The CMHC shall provide specific arrangements for pharmacy services to meet consumers' psychiatric needs. Provision of services may be made through agreement with another program, through a pharmacy in the community, or through the CMHC's own Oklahoma licensed pharmacy.
- (b) Compliance with 450:17-3-85. shall be determined by a review of the following: clinical records; written agreements for pharmacy services; on-site observation of in-house pharmacy; and State of Oklahoma pharmacy license.
- (c) Failure to comply with 450:17-3-85 will result in the initiation of procedures to deny, suspend and/or revoke certification.

**450:17-3-85. Pharmacy Services. Scoring Guidelines: Score as compliant if the following are present:**

- Facility's documentation verifies compliance regarding (a) either through
  - MOA/MOU if agreement with another pharmacy OR
  - Their own pharmacy's documentation (current license)

	<u><b>POLICIES</b></u>			<b>Renewal or Subsequent</b>	<b>Follow-up</b>	<b>Additional Follow-up</b>
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						



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<b>OAC 450</b>	<b>17-3-101</b>	<b>Core Standards Category: Clinical</b>
<b>Case management services</b>		

- (a) Case management efforts shall empower consumers to access and use needed services and meet self-determined goals. These services include resource skills development and consumer advocacy provided in various settings based on consumer need.
- (b) Case management services shall be offered to all adults who have a serious mental illness and, to each Child (or their parent/guardian) with Serious Emotional Disturbance.
- (d) Case management shall be co-occurring disorder capable.
- (e) Case management services shall be planned referral, linkage, monitoring and support, and advocacy assistance provided in partnership with a client to support that client in self-sufficiency and community tenure. Activities include:
  - (1) Completion of strengths based assessment for the purpose of individual plan of care development, which shall include evidence that the following were evaluated:
    - (A) Consumer’s level of functioning within the community;
    - (B) Consumer’s job skills and potential; and/or educational needs;
    - (C) Consumer strengths and resources;
    - (D) Consumer’s present living situation and support system;
    - (E) Consumer’s use of substances and orientation to changes related to substance use;
    - (F) Consumer’s medical and health status;
    - (G) Consumer’s needs or problems which interfere with the ability to successfully function in the community; and
    - (H) Consumer’s goals.
  - (2) Development of case management care plan;
  - (3) Referral, linkage and advocacy to assist with gaining access to appropriate community resources;
  - (4) Contacts with other individuals and organizations that influence the recipient's relationship with the community, i.e., family members, law enforcement personnel, landlords, etc.;
  - (5) Monitoring and support related to the individual plan of care to reassess goals and objectives and assess progress and or barriers to progress;

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- (6) Follow-up contact with the consumer if they miss any scheduled appointments (including physician/medication, therapy, rehabilitation, or other supportive service appointments as delineated on the service plan); and
- (7) Crisis diversion (unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community) to assist consumer(s) from progression to a higher level of care.

(e) Compliance with 450:17-3-101 shall be determined by on-site observation and a review of the following: clinical records, and written policy and procedures.

**450:17-3-101. Case management services. Scoring Guidelines: Score as compliant if the following are present:**

- Case management program descriptions indicate empower/self-determination models, focus on resources and skills (a)
- Address co-occurring capability (c)
  - o Records satisfy the following requirements (apply Documentation Calculation for scoring)
    - Case management services offered to all adults and children (d) (1) – (7)
      - o Strengths assessment contains:
        - Level of functioning
        - Job skills/educational needs
        - Strengths and resources
        - Present living situation and support system
        - Use of substances/orientation to change
        - Medical and health
        - Needs/Problems
        - Goals
- Case management plan (can be part of service plan)
- Referral, linkage, advocacy
- Contacts with other individuals
- Monitoring and support
- Follow up contact
- Crisis diversion

**\*\*Maximum of 15 elements applicable**

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	15				90%		



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<b>OAC 450</b>	<b>17-3-102</b>	<b>Core Standards Category: Clinical</b>
<b>Case management services, locale and frequency</b>		

- (a) Case management services shall be provided within community settings; the residence of the consumer; or any other appropriate settings, based on the individual needs of the consumer. Contact with consumers shall be made on at least a monthly basis unless otherwise specified in the service plan.
  
- (b) Compliance with 450:17-3-102. shall be determined by a review of the following: Case managers shall contact each consumer at least once a month, unless otherwise specified in the service plan to monitor progress or provide case management services. Inability to make face to face contact shall be documented. Contact was made with consumers as specified in the service plan.

**450:17-3-102. Case management services, locale and frequency. Case management services, locale and frequency**

- ❑ *Records for individuals receiving case management services include the following (Apply Documentation Calculation for scoring)*
  - Evidence that services are provided in community and residential settings in addition to traditional CMHC office settings (a)
  - Monthly case managements services provided unless otherwise specified in the plan (a)

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	2				90%		



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<b>OAC 450</b>	<b>17-3-103.</b>	<b>Core Standards Category: Clinical</b>
<b>Case management services for consumers admitted to higher levels of care</b>		

- (a) Case managers shall maintain contact with existing CMHC consumers, and establish contact with newly referred persons who are receiving services in inpatient psychiatric settings, Community Based Crisis Stabilization Centers, (CBCSC), or 24-hour settings providing substance use disorder treatment.
- (b) Each CMHC shall assign at least one (1) staff member who is responsible for linkage between psychiatric inpatient units, CBSCCs, and/or the substance use disorder treatment facility and the CMHC. Linkage shall include, but not limited to, the following activities, pursuant to appropriately signed releases and adherence to applicable privacy provisions:
  - (1) Regular visits or communication with the psychiatric inpatient unit, CBCSC, and/or substance use disorder treatment facility to monitor progress of those consumers hospitalized and/or in facility-based substance use disorder treatment from the CMHC's service area.
  - (2) Provide knowledge and communication to other CMHC staff regarding psychiatric inpatient unit admission, CBCSC and/or substance use disorder treatment facility and discharge procedures.
- (c) Case managers from the CMHC to which the consumer will be discharged shall assist the consumer and psychiatric inpatient unit, CBCSC, and/or substance use disorder treatment facility with discharge planning for consumers returning to the community.
- (d) Individuals discharging from an inpatient psychiatric unit setting, CBCSC, and/or substance use disorder treatment facility shall be offered case management and other supportive services. This shall occur as soon as possible, but shall be offered no later than one (1) week post-discharge.
- (e) Compliance with 450:17-3-103 shall be determined by a review of the following: clinical records; staff interviews; information from ODMHSAS operated psychiatric inpatient unit; CBCSC facilities, substance use disorder treatment facilities; meetings minutes (CMHC or state-operated psychiatric inpatient unit); and a review of a minimum of ten (10) clinical records of consumers who received services at an inpatient unit, CBSS, and/or 24-hour setting providing substance use disorder treatment within the past twelve (12) months.

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**450:17-3-103. Case management services for consumers admitted to higher levels of care. Case management services, locale and frequency. Scoring Guidelines: Score as compliant if the following are present:**

- Designation by CMHC of one or more staff to provide linkages per (b)
- Facility documentation exhibits designated linkage staff providing knowledge or communication to other CCARC staff
- Records for individuals referred by the CMHC for higher levels of care per (a) **AND** (d) shall include the following (Apply Documentation Calculation for scoring) [minimum of 3 records]
  - o Evidence of regular linkage activities per logs or review of clinical records (b) (1)
  - o Assist with discharge planning (c)
  - o Offer case management services within one week of discharge (d)

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	3				95%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						



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<b>OAC 450</b>	<b>17-3-106.</b>	<b>Core Standards Category: Clinical</b>
<b>Case management services, staff credentials</b>		

- (a) Individuals providing case management services shall be a LBHP, licensure candidate, CADC, or certified as a behavioral health case manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50.
- (b) Facility supervisors must be a certified behavioral health case manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50 if they directly supervise the equivalent of two (2) or more FTE certified behavioral health case managers who provide case management services as part of their regular duties.
- (c) Compliance with 450:17-3-106. shall be determined by a review of the facility personnel records and credentialing files.

**450:17-3-106. Case management services, staff credentials. Scoring Guidelines: Score as compliant if the following are present:**

- All staff providing case management services are certified per OAC 450:50 – review of personnel files – applies to staff identified in records as providing case management services
- Facility supervisors who supervise (2) or more full time certified behavioral health case managers must be certified as behavioral health case managers.

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % <i>Required</i>	(F) % Met (D)/(C)	Met (F) =/> than (E)
	2				95%		



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<b>OAC 450</b>	<b>17-3-141.</b>	<b>Core Standards Category: Clinical</b>
<b>Psychiatric rehabilitation services</b>		

- (a) This section governs psychiatric rehabilitation services for Adults with Serious Mental Illness, and Children with Serious Emotional Disturbance. These standards reflect two recovery focused programs for adults: General psychiatric rehabilitation program (PSR) and ICCD Clubhouse; along with individual and group rehabilitation services for both adults and children.
- (b) The CMHC shall provide one or more of the following for adults: a PSR program, or ICCD Clubhouse program, or individual and group rehabilitation services. In addition, the CMHC shall provide individual and group rehabilitation services for children. CMHC policy and procedures shall reflect that all psychiatric rehabilitation programs and services incorporate the following core principles:
- (1) Recovery is the ultimate goal of psychiatric rehabilitation. Interventions must facilitate the process of recovery.
  - (2) Psychiatric rehabilitation practices help people re-establish normal roles in the community and their integration into community life.
  - (3) Psychiatric rehabilitation practices facilitate the development of personal support networks.
  - (4) Psychiatric rehabilitation practices facilitate an enhanced quality of life for each person receiving services.
  - (5) People have the capacity to learn and grow.
  - (6) People receiving services have the right to direct their own affairs, including those that are related to their psychiatric disability.
  - (7) People are to be treated with respect and dignity.
  - (8) Psychiatric rehabilitation practitioners make conscious and consistent efforts to eliminate labeling and discrimination, particularly discrimination based upon a disabling condition.
  - (9) Culture and ethnicity play an important role in recovery. They are sources of strength and enrichment for the person and the services.
  - (10) Psychiatric rehabilitation interventions build on the strength of each person.
  - (11) Psychiatric rehabilitation services are to be coordinated, accessible, and available as long as needed.
  - (12) Services are to be designed to address the unique needs of each individual, consistent with the individual's cultural values and norms.
  - (13) Psychiatric rehabilitation practices actively encourage and support the involvement of persons in normal community activities, such as school and work, throughout the rehabilitation process.
  - (14) The involvement and partnership of persons receiving services and family

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members is an essential ingredient of the process of rehabilitation and recovery.

(15) Psychiatric rehabilitation practitioners should constantly strive to improve the services they provide.

(c) CMHC policy and procedures shall reflect that psychiatric rehabilitation services shall be co-occurring disorder capable and facilitate processes for dual recovery for these individuals

(d) Compliance with 450:17-3-141. shall be determined by on-site observation; interviews with participants; interviews with staff; a review of policy and procedures; and a review of clinical records; or proof of compliance with 450:17-3-146.

**450:17-3-141. Psychiatric rehabilitation services. Scoring Guidelines: Score as compliant if the following are present:**

- Facility's program description addresses (a, b, and c)

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						

**Notes:**

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<b>OAC 450</b>	<b>17-3-144.</b>	<b>Core Standards Category: Clinical</b>
<b>General psychiatric rehabilitation program (PSR)</b>		

- (a) The PSR shall be designed to provide an array of services that focus on long term recovery and maximization of self-sufficiency, role functioning, and independence as distinguished from the symptom stabilization function of acute care. Program services shall seek to optimize the participant’s potential for occupational achievement, goal setting, skill development, and increased quality of life, therefore maximizing the individual’s independence from institutional care and supports in favor of community and peer support.
- (b) Proof of completion of orientation in the PSR model shall be kept on file for all program staff members. The CMHC policies and procedures shall document a plan by which employees who are staff members in the PSR program are to be oriented to the PSR model.
- (c) Program participants shall be referred to as members, as opposed to patients or clients. Members choose the way they utilize the program. Participation is voluntary; there shall be no artificial reward systems such as, but not limited to, token economy and point systems.
- (d) The program shall incorporate the following functions:
  - (1) **Recovery Orientation.** The service elements include a Recovery oriented treatment plan, member goal setting, employment and educational support services, and a staff philosophy of recovery that permeates all service elements and activities.
  - (2) **Empowerment Orientation.** The service elements include peer support, leadership skill development, member participation on agency boards, and participation in consumer advocacy groups. All PSR programs shall establish an advisory committee consisting of members and a staff person, which will address issues such as program development and planning, and program problem solving.
  - (3) **Competency Orientation.** The service elements include curriculum based life skills training (covering self-management of illness, independent living skills, social skills, and work related skills), a multi-dynamic learning approach, an explicit focus on generalization to contexts beyond the immediate learning task and transfer of skills to real life situations and a community based supports component that provides on-going in home or community based support services, based on consumer need and choice, in the areas of housing, employment, education and the development of natural supports (i.e., family, cultural and social). Curricula shall include attention to building decision making capacity and life skills to implement decisions regarding substance use, including

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nicotine and caffeine, to promote health choices. Decision making should not be mandated abstinence but should be client-centered within the overall context of recovery goals. Service elements also include a work unit component that adheres to the following standards:

- (A) Members and staff work side-by-side.
  - (B) The work completed is work generated by the PSR program. No work for outside individuals or agencies is acceptable.
  - (C) All work in the PSR program is designed to help members regain self-worth, purpose and confidence; it is not intended to be job specific training.
  - (D) The program is organized into one or more work units, each of which has sufficient staff, members and meaningful work.
- (e) PSR programs are required to maintain minimum staff ratios to assure participants have choices in activities and staff with whom they work. The following staffing ratios shall be maintained for each location at which a psychiatric rehabilitation program is in operation.
- (1) Fourteen (14) or fewer participants in attendance; at least one staff member present provided arrangements for emergency back up staff coverage are in place and described in the program's policy and procedures;
  - (2) Fifteen (15) to twenty eight (28) participants in attendance; at least two staff members present; or,
  - (3) Programs with twenty nine (29) or more participants shall maintain a 14:1 participant-to-staff ratio.
- (f) Compliance with 450:17-3-144. shall be determined by on-site observation; interviews with members; interviews with staff; a review of policy and procedures; and a review of clinical records.

**450.17-3-144. General psychiatric rehabilitation program (PSR). Scoring Guidelines: Score as compliant if the following are present:**

- If PSR provided in accordance with 17-3-141, policies and program procedures reflect requirements in 17-3-144 (a), (c), (d), and (e)
  - o Scope of services provided (a)
  - o Voluntary consumer participation and roles honored per (c)
  - o No artificial reward systems (c)
  - o Program functions described (d)
  - o Requirements for staffing ratios (e)
- Staffing ratios maintained per review staffing schedules and assignments and attendance records for PSR. (Use Documentation Calculation Guideline)

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Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	1				95%		

- Staff who work in PSR have required personnel documentation per (b) (Use Documentation Calculation guideline)

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	1				95%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						



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<b>OAC 450</b>	<b>17-3-146.</b>	<b>Core Standards Category: Organizational</b>
<b>ICCD Clubhouse program</b>		

- (a) The Clubhouse program shall be certified as a Clubhouse through the International Center for Clubhouse Development (ICCD). A Clubhouse shall be considered certified when a copy of the Clubhouse’s current ICCD certification has been received by ODMHSAS Provider Certification. When a Clubhouse is renewing certification, a Clubhouse will continue to be considered certified provided the following conditions are met:
- (1) At least (60) days prior to expiration of ICCD certification a copy of the application to ICCD for re-certification has been received by ODMHSAS Provider Certification.
  - (2) A copy of the re-certification visit schedule from the ICCD has been received by ODMHSAS Provider Certification.
  - (3) Within one-hundred and twenty (120) days of the ICCD re-certification visit, a copy of the re-certification letter from the ICCD reflecting that the Clubhouse has been recertified has been received by ODMHSAS Provider Certification.
  - (4) Any interim notice or decision of ICCD regarding re-certification status has been received by ODMHSAS Provider Certification.
- (b) Compliance with 450:17-3-146. shall be determined by receipt of the identified documentation needed to support that a Clubhouse program is ICCD certified.

**450:17-3-146. ICCD Clubhouse program. Scoring Guidelines: Score as compliant if the following are present:**

- Facility documentation supports compliance by addressing (a).



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<b>OAC 450</b>	<b>17-3-147.</b>	<b>Core Standards Category: Clinical</b>
<b>Individual and Group Rehabilitation Services</b>		

- (a) CMHC policy and procedures shall reflect that individual and group rehabilitation services are available to both adults and children.
- (b) Facility policy and procedures shall outline the way these services are provided, including but not limited to the populations served, staff qualifications for providing the service, and general design(s) by which these services are provided.
- (c) Compliance with 450:17-3-147 shall be determined by a review of CMHC policy and procedures and personnel files.

**450:17-3-147. Individual and Group Rehabilitation Services. Scoring Guidelines:  
Score as compliant if the following are present:**

- Facility’s policy and procedures addresses (a and b).

	<u>POLICIES</u>			Renewal or Subsequent	Follow- up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						



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<b>OAC 450</b>	<b>17-3-161</b>	<b>Core Standards Category: Clinical</b>
<b>Services to homeless individuals</b>		

- (a) CMHC's shall provide the following services to individuals within their service area who are homeless, including those individuals experiencing chronic homelessness and who have a serious mental illness, including co-occurring substance use disorders:
- (1) Linkage and contacts with local emergency services, shelters, state-operated psychiatric inpatient unit, and any other organizations which may be in contact with homeless persons;
  - (2) Linkage and contacts with local housing authorities;
  - (3) Contact, and work with those who are homeless and who have a serious mental illness, to assist with accessing CMHC services, income benefit programs, and housing programs, among other services; and .
  - (4) These services shall be addressed in CMHC policy and procedures.
- (b) Compliance with 450:17-3-161. shall be determined by a review of the following: documentation of linkage activities and agreements; clinical records; ICIS reporting data; and, CMHC policy and procedures.

**450:17-3-161. Services to homeless individuals. Scoring Guidelines: Score as compliant if the following are present:**

- Facility's policy and procedure addresses (a).
- Review of records validates compliance with (a). (Apply Documentation Calculation for scoring.)
  - Linkage and contacts with local emergency services, shelters, state operated psychiatric inpatient unit and any other organizations in contact with homeless persons.
  - Linkage and contacts with local housing authorities.

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	2				90%		



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<b>OAC 450</b>	<b>17-3-191</b>	<b>Core Standards Category: Clinical</b>
<b>Peer Recovery Support Services</b>		

- (a) Peer recovery support services are provided as a program integrated within the overall structure of Community Mental Health Center services and must be offered to children ages 16 and 17 with SED, and adults age 18 and older with SMI, including co-occurring disorders.
- (b) Peer recovery support services may be offered to other consumers of the community mental health center and their families.
- (c) These services shall
  - (1) Be based on an individualized, recovery-focused service philosophy that allows individuals the opportunity to learn to manage their own recovery and advocacy process;
  - (2) Recognize the unique value of services being provided by persons with lived experience who are able to demonstrate their own hopefulness and recovery;
  - (3) Enhance the development of natural supports, coping skills, and other skills necessary to function as independently as possible in the community, including, but not limited to assisting re-entry into the community after a hospitalization or other institutional settings;
  - (4) Have written policies specific to these services; and,
  - (5) Be provided by Peer Recovery Support Specialist(s) as defined by 450:17-3-192.
- (d) Each CMHC shall have in place provisions for direct supervision and other supports for staff providing this service.
- (e) Compliance with 450:17-3-191 shall be determined by a review of the following: documentation of linkage activities and agreements; clinical records; PICIS reporting data; and, CMHC policy and procedures.

**450:17-3-191. Peer Support Services. Scoring Guidelines: Score as compliant if the following are present:**

- Policies in place to describe peer support services (c) (4)
  - Explanation of role of peer support services within overall CMHC structure (a)
  - Provisions to assure services offered to adults with serious mental illnesses, including co-occurring disorders (a)
  - Policies describe philosophy per (c)
  - Describe staff qualifications per (c) (5)
  - Provisions for supervision of peer support staff (d)

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- ❑ Supervision of Recovery Support Specialists is provided and documented (d). (Use Documentation calculation guidelines). At a minimum documentation should be kept regarding (a) appropriateness/effectiveness of care provided to specific cases as reviewed with the supervisee; and, (b) that feedback is provided to the supervisee regarding the enhancement and development of specific clinical skills.

Date(s) of Review(s)	(A) Elements in Standard	(B) # of Staff Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	2				90%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

**Notes:**

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<b>OAC 450</b>	<b>17-3-192.</b>	<b>Core Standards Category: Clinical</b>
<b>Recovery Support Specialists Staff Requirements</b>		

- (a) Peer Recovery Support Services shall be provided only by staff who are certified as a Peer Recovery Support Specialist pursuant to Oklahoma Administrative Code, Title 450, Chapter 53.
- (b) Each CMHC shall maintain records to verify certification for each provider of this service.
- (c) Compliance for 450:17-3-192 shall be determined by a review of the facility personnel records and ODMHSAS files.

**450:17-3-192. Recovery Support Specialists Staff Requirements. Scoring Guidelines: Score as compliant if the following are present:**

- Personnel and other records verify compliance with (b) (Use Documentation Calculation guideline)

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	1				95%		



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<b>OAC 450</b>	<b>17-3-193</b>	<b>Core Standards Category: Clinical</b>
<b>Recovery Support Services: Locale and Frequency</b>		

- (a) Peer Recovery Support services can be provided in any location. The majority of contacts should be face-to-face, however, services may be provided over the telephone as necessary to help the consumer achieve his/her goals.
- (b) Compliance for 450:17-3-193 shall be determined by a review of the agency policy and procedures, PICIS, consumer records, consumer interviews, and observation.

**450:17-3-193. Peer Recovery Support Services: Locale and Frequency. Scoring Guidelines: Score as compliant if the following are present:**

- Peer support services provided as described in (a) Records satisfy the following requirements (apply Documentation Calculation for scoring)
  - o Face to face (a)
  - o Address consumer directed goals (a)

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % <i>Required</i>	(F) % Met (D)/(C)	Met (F) =/> than (E)
	2				90%		

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	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						

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<b>OAC 450</b>	<b>17-3-201</b>	<b>Core Standards Category: Clinical</b>
<b>Wellness Services and Related Activities</b>		

- (a) Wellness Services and Related Activities are consumer-driven services and supports that promote healthy lifestyles and behaviors which may include and not be limited to smoking cessation activities, exercise, stress management, and education on nutrition.
  
- (b) These services shall:
  - (1) Be based on an individualized, recovery-focused service philosophy that allows individuals the opportunity to learn to manage their own wellness; and,
  - (2) Have written policies specific to this services.
  
- (b) Compliance for 450:17-3-201 shall be determined by a review of the following: documentation of activities and agreements; clinical records; ICIS reporting data; and, CMHC policy and procedures.

**450:17-3-201. Wellness Services and Related Activities. Scoring Guidelines:  
Score as compliant if the following are present:**

- Policies describe wellness services and address (a) and (b) (1)
- On-site observation to verify services provided in accordance with policies



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<b>OAC 450</b>	<b>17-5-34</b>	<b>Core Standards Category: Operational</b>
<b>Day treatment services for children and adolescents</b>		

- (a) Day treatment services are designed for non-residential consumers who spend only a part of a twenty-four (24) hour period in the program.
  - (1) Hours of operation shall be held during periods which make it possible for consumers to receive a minimum of three (3) hours of treatment and services each day in the program, excluding time spent in fulfillment of academic educational activities as required by law; days and hours of operation shall be regularly scheduled and conspicuously displayed so as to communicate the schedule to the public; and
  - (2) Services provided shall be co-occurring disorders capable and include, at a minimum, the following:
    - (A) Weekly individual therapy, group, and family therapy,
    - (B) Social skills development through activities which encourage interaction and the development of communications and interpersonal skills,
    - (C) Integrated attention to decision making and healthy skill building regarding substance use, including nicotine and caffeine.
    - (D) Recreation and leisure activities
    - (E) Emergency services,
    - (F) Habilitation services,
    - (G) Referral to other resources when indicated by treatment goals and objectives; and
    - (H) Provide, or arrange for, academic education as required by state or federal law.
  
- (b) Compliance with 450:17-5-34. shall be determined by on-site observation; and a review of the following: clinical records, policy and procedures, and program descriptions.

**450:17-5-34. Day treatment services for children and adolescents. Scoring Guidelines: Score as compliant if the following are present:**

- Program description addresses (a).
- Facility's policy and procedures addresses (a).



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<b>OAC 450</b>	<b>17-5-45.</b>	<b>Core Standards Category: Clinical</b>
<b>Vocational employment services</b>		

- (a) The vocational employment services program is an identified program within the CMHC that assists in the rehabilitation and support of persons with psychiatric disabilities, which may include but is not limited to the following:
- (1) Vocational assessment services;
  - (2) Vocational preparation services;
  - (3) Vocational placement services; and
  - (4) Other on and off-site employment support services.
- (b) If offered by a CMHC, vocational employment services should be co-occurring disorder capable and be available to individuals with co-occurring disorders who are interested in work as a goal, even if they are not yet abstinent.
- (c) Compliance with 450:17-5-45. shall be determined by on-site observation and a review of the following: organization chart; interagency agreements; written policy and procedures; and contractual agreements.

**450:17-5-45. Vocational employment services. Scoring Guidelines: Score as compliant if the following are present:**

- If vocational employment services are provided policies and program procedures reflect requirements in (a) and (b)
- For consumers receiving vocational employment services, the provision of services are evident in the service plans and progress notes. (Apply Documentation Calculation for scoring)
  - o Service Plans and assessments identify vocational employment service needs and preferences
  - o Services provided are documented in progress notes

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	2				90%		



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<b>OAC 450</b>	<b>17-5-56.</b>	<b>Core Standards Category: Clinical</b>
<b>Community living programs</b>		

- (a) Community living programs shall be co-occurring disorders capable and include at least one of the following two types of supportive housing options for persons not in crisis who need assistance with obtaining and maintaining an independent living situation:
  - (1) Transitional housing; or
  - (2) Permanent Supported housing;
  
- (b) A community living program shall have written policies and procedures specifying how, and by whom, the following services shall be performed:
  - (1) Medical treatment for residents on both emergency and routine bases;
  - (2) Mental health and substance use disorder services on both emergency and routine bases;
  - (3) Daily living, social and occupational evaluation and progress planning;
  - (4) Daily living and social skills training;
  - (5) Occupational and vocational training;
  - (6) Assistance to residents in locating appropriate alternative living arrangements as clinically indicated or requested by resident or as part of program completion or graduation;
  - (7) A mechanism for orientation and education of new residents, which shall include, at least:
    - (A) Emergency procedures including fire, health and safety procedures;
    - (B) Resident rights and responsibilities; and
    - (C) Program expectations and rules.
  - (8) Assistance to residents in accessing community resources including but not limited to rental assistance and other benefits.
  
- (c) There shall be documentation indicating that each resident has received orientation and education on emergency procedures, resident rights and responsibilities, and program expectations and rules.
  
- (d) To ensure a safe and sanitary environment for residents, the following shall apply for all CMHC owned and/or managed housing facilities:
  - (1) The apartment or house and furnishings shall be in good repair, and free of unpleasant odors, and insect and rodent infestations.
  
  - (2) The apartment or house shall contain safe heating and air conditioning systems, which are in proper working conditions. Each apartment or house shall have an annual fire and safety inspection by the State or local Fire Marshal's office.

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- (3) Apartments or houses shall be inspected by CMHC staff on a regular basis as specified in agency Policy and Procedures to ensure that fire, health or safety hazards do not exist.
- (4) The program shall develop and maintain emergency policy and procedures which shall include but are not limited to:
  - (A) Fire response and evaluations;
  - (B) Response to other disasters;
  - (C) Relocation if housing unit(s) become unlivable; and
  - (D) Personal accident or illness.

(e) Compliance with 450:17-5-56. shall be determined by on-site observation; interviews with residents, program staff, and other appropriate CMHC staff; and a review of facility documentation including a review of the CMHC written policy and procedures and resident records.

**450:17-5-56. Community living programs. Scoring Guidelines: Score as compliant if the following are present:**

- Program description addresses (a).
- Facility's policy and procedures addresses (a, b, and d).
- Review of records validates compliance with residents receiving orientation, per (c). **100% compliance required.**
  - Emergency procedures
  - Resident rights and responsibilities
  - Program expectations and rules

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						



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<b>OAC 450</b>	<b>17-5-59.1</b>	<b>Core Standards Category: Organizational</b>
<b>Transitional housing programs</b>		

- (a) The length of stay for Transitional housing programs shall be temporary and transitional in nature.
- (b) Transitional housing programs shall include at least one of the following two types of housing programs:
  - (1) Supervised transitional living programs; or
  - (2) Supported transitional housing programs.
- (c) Transitional housing programs shall define general parameters for length of stay.
- (d) Compliance with 450:17-5-59.1. shall be determined by a review of the program's written policy and procedures.

**450:17-5-59.1. Transitional housing programs. Scoring Guidelines: Score as compliant if the following are present:**

- Facility's policy and procedures addresses (a-c).

	<u>POLICIES</u>			Renewal or Subsequent	Follow- up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						



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<b>OAC 450</b>	<b>17-5-60.</b>	<b>Core Standards Category: Clinical</b>
<b>Supervised transitional living programs</b>		

- (a) Supervised transitional living programs are supervised places of temporary transitional residence for mental health consumers needing on-site support twenty-four (24) hours a day. These programs are intended to assist residents with stabilization and acquisition of skills necessary to transition to an independent living situation.
- (b) Supervised transitional living programs shall:
  - (1) Have paid staff on duty twenty-four (24) hours a day, with backup coverage in case of staff unscheduled absences, illness or emergencies.
  - (2) Maintain staffing number and composition, and training and expertise to sufficiently supervise, provide and maintain the services as defined in the program's goals and objectives and to ensure the safety of the residents.
  - (3) Develop and implement a component of governance by the tenants.
  - (4) Be licensed by the Oklahoma State Department of Health if required.
- (c) In these programs, the following shall be available for all residents, and shall be specified on the resident's service plan or housing plan, according to individual resident needs and interests: The program shall offer 20 hours per week of meaningful activity. A minimum of ten (10) hours should be provided on-site, with at least eight (8) of those ten (10) hours focusing specifically on independent living skills training.
- (d) Compliance with 450:17-5-60. shall be determined by on-site observation; interviews with residents, program staff, and other appropriate CMHC staff; and a review of the following: policy and procedures, facility documentation (including staff schedules), residents' council minutes, and valid State Department of Health Certificate of Licensure if required.

**450:17-5-60. Supervised transitional living programs. Scoring Guidelines: Score as compliant if the following are present:**

- Facility's policy and procedures addresses (a-c).
- Facility's documentation verifies compliance with (b)(1,4) and (c).



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<b>OAC 450</b>	<b>17-5-64.</b>	<b>Core Standards Category: Clinical</b>
<b>Supported transitional housing programs</b>		

- (a) Supported transitional housing programs are grouped apartment or other residential settings with staff available as needed, but there is not necessarily twenty-four (24) hour on-site supervision. In these programs, the following shall be available for all residents, and shall be specified on the resident's treatment plan or housing plan, according to individual resident needs and interests:
- (1) The program shall offer or make available psychiatric rehabilitation program services for residents;
  - (2) The program shall offer or make available at least one (1) evening or weekend socialization and recreational activity per week; and
  - (3) The program shall offer or make available eight (8) hours of meaningful activity per week. A minimum of five (5) of those hours should include on-site independent living skills training. This shall include working side-by-side with the resident(s) to instruct in the development of independent living skills.
- (b) Compliance with 450:17-5-64. shall be determined by interviews with residents, program staff, or other appropriate CMHC staff; and a review of facility documentation including a review of the CMHC written policy and procedures and resident records.

**450:17-5-64. Supported transitional housing programs. Scoring Guidelines: Score as compliant if the following are present:**

- Facility's policy and procedures addresses (a).
- Facility's documentation verifies compliance with (a)(2-3).



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<b>OAC 450</b>	<b>17-5-66.</b>	<b>Core Standards Category: Clinical</b>
<b>Permanent supported housing programs</b>		

- (a) Permanent supported housing programs include at least one of the following two (2) types of housing programs:
  - (1) Permanent scattered site housing programs; or
  - (2) Permanent congregate housing programs.
  
- (b) In permanent supported housing programs the following shall be available for all residents, and shall be specified on the resident's service plan or housing plan, according to individual resident needs and interests:
  - (1) The CMHC permanent supported housing programs shall make ongoing monthly contact with each resident, either on or offsite.
  - (2) The program shall offer independent living skill training. This training shall include working side by side with residents to provide instruction in the development of independent living skills.
  - (3) Psychiatric rehabilitation program services shall be made available to residents.
  - (4) The CMHC shall offer, or arrange for, socialization and recreational opportunities at least twice a week for individuals in permanent supported housing programs; including at least one evening activity.
  
- (c) Compliance with 450:17-5-66. shall be determined by interviews with residents, program staff, and other appropriate CMHC staff; and a review of CMHC policy and procedures, and resident records.

**450:17-5-66. Permanent supported housing programs. Scoring Guidelines: Score as compliant if the following are present:**

- Facility's policy and procedure addresses (a-b)
- Resident's service plan or housing plan contains the following elements, according to resident's needs/interest:
  - CMHC permanent supported housing program makes monthly contact with each resident.
  - CMHC permanent supported housing program offers independent living skill training.
  - Psychiatric rehabilitation program services are made available to residents.

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- CMHS offers or arranges for socialization and recreational opportunities, at least twice a week for residents, including at least one evening activity.

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						

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<b>OAC 450</b>	<b>17-5-67.2</b>	<b>Core Standards Category: Clinical</b>
<b>Permanent scattered-site housing programs</b>		

- (a) The permanent scattered-site housing programs shall facilitate the acquisition of permanent, scattered site housing in the community, which in any given housing complex has no more than fifty-percent (50%) of its residents with psychiatric disabilities.
- (b) Resident choice shall be documented in the selection of housing.
- (c) The Resident shall be the lessee, and the services provider shall not be the landlord.
- (d) Compliance with 450:17-5-67.2. shall be determined by the following: on-site observation; interviews with residents, program staff and other appropriate CMHC staff; and a review of facility and resident record documentation.

**450:17-5-67.2. Permanent scattered-site housing programs. Scoring Guidelines:  
Score as compliant if the following are present:**

- Program description addresses (a-c).
- Onsite verification that services are provided or arranged for, per (a-c)

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
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<b>OAC 450</b>	<b>17-5-67.3</b>	<b>Core Standards Category: Clinical</b>
<b>Permanent congregate housing programs</b>		

- (a) Permanent congregate housing programs are programs in which the individual is assisted in finding an apartment or housing within the community, where the housing complex has more than 50% of its residents with psychiatric disabilities.
- (b) Resident choice shall be documented in the selection of housing.
- (c) The Resident shall be the lessee, and the landlord may be the services provider.
- (d) Compliance with 450:17-5-67.3. shall be determined by the following: on-site observation; interviews with residents, program staff and other appropriate CMHC staff; and a review of facility and resident record documentation.

**450:17-5-67.3. Permanent congregate housing programs. Scoring Guidelines: Score as compliant if the following are present:**

- Program description addresses (a-c).
- Onsite verification that services are provided or arranged for, per (a-c)

	<u>POLICIES</u>			Renewal or Subsequent	Follow- up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
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<b>OAC 450</b>	<b>17-5-81.</b>	<b>Core Standards Category: Organizational</b>
<b>Certification required for provision of crisis stabilization services</b>		

If a CMHC chooses to provide crisis stabilization services as optional services, the CMHC must become certified as a Community-based Structured Crisis Center and comply with OAC Title 450, Chapter 23, Standards and Criteria for Community-based Structured Crisis Center.

**450:17-5-81. Certification required for provision of crisis stabilization services.  
Scoring Guidelines: Score as compliant if the following are present:**

- Facility's documentation verifies compliance with this standard.

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
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<b>OAC 450</b>	<b>17-5-95.</b>	<b>Core Standards Category: Organizational</b>
<b>Inpatient services within the community mental health setting</b>		

- (a) Any community mental health center providing inpatient services must demonstrate current compliance with applicable accreditation requirements for inpatient psychiatric or behavioral health services as stipulated by any of the following: the JTC, CARF, AOA, and also demonstrate current licenses as required by the Oklahoma State Department of Health
  
- (b) Compliance with 17-5-95(a) will be determined by a review of current documentation related to applicable accreditation and licensure.

**450:17-5-95. Inpatient services within the community mental health setting. Scoring Guidelines: Score as compliant if the following are present:**

- Facility's documentation verifies compliance with this standard.

	<u><b>POLICIES</b></u>			<b>Renewal or Subsequent</b>	<b>Follow-up</b>	<b>Additional Follow-up</b>
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
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<b>OAC 450</b>	<b>17-5-140.</b>	<b>Core Standards Category: Organizational</b>
<b>Program description and purpose (Behavioral Health Home)</b>		

(a) The purpose of Behavioral Health Homes within the mental health delivery array is to promote enhanced integration and coordination of primary, acute, behavioral health, and long-term services and supports for persons across the lifespan with chronic illness, including adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). Care must be delivered using an integrated team that will comprehensively address physical, mental health, and substance use disorder treatment needs.

(b) The BHH must maintain facility policies and program descriptions that clearly describe that the purpose of the BHH is to improve the health status of individuals with Serious Mental Illness and/or Serious Emotional Disturbance by integrating behavioral and primary health care and promoting wellness and prevention.

(c) The BHH must provide program descriptions and demonstrate evidence that the following functions are implemented.

- (1) Quality-driven, cost-effective, culturally appropriate, and person and family-centered health home services;
- (2) Coordinated access to:
  - (A) High-quality health care services informed by evidence-based clinical practice guidelines;
  - (B) Preventive and health promotion services, including prevention of mental illness and substance use disorders;
  - (C) Mental health and substance abuse services;
  - (D) Comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to an adult system of health care;
  - (E) Chronic disease management, including self-management support to individuals and their families;
  - (F) Individual and family supports, including referral to community, social support, and recovery services; and,
  - (G) Long-term care supports and services;
- (3) Person-centered care plans for each individual that coordinates and integrates all of his or her clinical and non-clinical health care related needs and services;
- (4) Proper and continuous use of health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate; and
- (5) Quality improvement program, which collects and reports on data that permits an

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evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level.

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

**450:17-5-140. Program description and purpose (Behavioral Health Homes).  
Scoring Guidelines: Score as compliant if the following are present:**

- Program descriptions, policies and procedures are compliant with (a-c)

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
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<b>OAC 450</b>	<b>17-5-141.</b>	<b>Core Standards Category: Organizational</b>
<b>Target populations (Behavioral Health Home)</b>		

(a) The BHH must be established to serve only the following target populations:

- (1) Adults with a serious mental illness (SMI);
- (2) Children with a serious emotional disturbance (SED); or
- (3) Both.

(b) Organizational documents must clearly describe the target population(s) to be served by the BHH.

(c) Target population descriptions should not be interpreted as to limit access to individuals based on funding sources, including not limiting access to those who are uninsured but otherwise meet the target population criteria. Although not required, BHHs are encouraged to identify funding in order to provide BHH services to individuals who meet the target population criteria but do not have Medicaid.

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

**450:17-5-141. Target populations (Behavioral Health Homes). Scoring Guidelines:  
Score as compliant if the following are present:**

- Program policies and procedures must exhibit compliance with (a-b).



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<b>OAC 450</b>	<b>17-5-142.</b>	<b>Core Standards Category: Operational</b>
<b>Outreach and engagement (Behavioral Health Home)</b>		

(a) The BHH must have policies and procedures to describe how outreach and engagement activities will occur to identify individuals within the target population(s) who could benefit from BHH services.

(b) The BHH must have memoranda of agreements to arrange for outreach and engage in settings outlined further in these rules in Section 450:17-5-160.

(c) Facility records will identify which staff members are responsible for specific elements of outreach and engagement.

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

**450:17-5-142. Outreach and engagement (Behavioral Health Homes). Scoring Guidelines: Score as compliant if the following are present:**

- Program policies and procedures exhibit compliance with (a), (b) and (c)

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						



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<b>OAC 450</b>	<b>17-5-143.</b>	<b>Core Standards Category: Clinical</b>
<b>Structure of Behavioral Health Home and administrative staff</b>		

**ORGANIZATIONAL:**

(a) The BHH policies must describe how it is organized within one of the following structures:

- (1) In-house model where the behavioral health agency is directly providing primary care performed by a qualified employee, or purchasing through a contract; or
- (2) Co-located partnership model where the behavioral health agency arranges for primary care services to be provided onsite, establishing written agreements with external primary care providers; or
- (3) Facilitated referral model, where most primary care services are not provided onsite at the facility; however, the facility has processes in place to ensure the coordination of care that is provided offsite.

**OPERATIONAL:**

(b) In the event the BHH does not directly provide the full array of required services, there must be organizational procedures and clinical records to document that the BHH has otherwise ensured the services are coordinated on behalf of each consumer.

(c) The facility operating the BHH will have policies and program descriptions to define how the BHH will operate a team dedicated to provide the range of specific services articulated elsewhere in this Subchapter.

**CLINICAL:**

(d) The facility shall verify the health home director for adults meets or exceeds the following qualifications:

- (1) Possess a Bachelor's degree from an accredited university and have at least two years' experience in health administration;
- (2) Possess a Master's degree from an accredited university in a health or social services related field;
- (3) Be licensed as a Registered Nurse with the Oklahoma Board of Nursing; or
- (4) Be licensed as a Physician or be licensed as a Nurse Practitioner.

(e) The BHH shall verify the Project Director for children possesses a Bachelor's degree in the field of social or human sciences from an accredited university, has at least three years' work experience in the social service field and has a minimum of one year experience in an administrative position.

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**ORGANIZATIONAL:**

(f) The BHH will adhere to the following ratios in terms of the full time equivalent (FTE) for the health home director.

(1) The BHH shall maintain a health home director at a ratio of 1 FTE per 500 BHH participants. BHHs with less than 500 participants shall maintain a health home director at a minimum of .5 FTE.

(2) A health home requiring a health home director and health home nurse care manager of .5 FTE each may employ 1 FTE individual to serve in both roles, provided that individual meets the requirements for both positions.

(3) A health home requiring more than .5 FTE health home director, may choose to designate a lead health home director and fulfill the additional FTE requirement with key management staff who meet the requirements of (1) and (2) above.

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

**450:17-5-143. Structure of Behavioral Health Home and administrative staff. Scoring Guidelines: Score as compliant if the following are present:**

- Program policies and procedures to exhibit compliance with (a), (b), (c), and (f).
- Review of records validates compliance with (d) Adult services director. (Apply Documentation Calculation for scoring)
  - o Bachelor's degree + 2 years' exp. in health admin; or
  - o Master's degree in health or social services field; or
  - o Licensed as Okla. RN; or
  - o Licensed physician or nurse practitioner

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					95%		

\*\*Maximum of 2 elements

- Review of records validates compliance with (e) children's services director. (Apply Documentation Calculation for scoring)
  - o Bachelor's degree in social or human sciences + 3 yrs' exp. in social service field and minimum of 1 yr. experience in admin position



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<b>OAC 450</b>	<b>17-5-144.</b>	<b>Core Standards Category: Clinical</b>
<b>Treatment team; general requirements (Behavioral Health Home)</b>		

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

(b) The interdisciplinary team must identify for each consumer a specific licensed behavioral health professional (LBHP) or licensure candidate to lead the process of the initial assessment and plan and to provide therapy services if indicated on the integrated plan. This will ensure that each consumer's needs are assessed, and that the active treatment plan is implemented as indicated.

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

**450:17-5-144. Treatment team; general requirements (Behavioral Health Homes).  
Scoring Guidelines: Score as compliant if the following are present:**

- Review of records validates compliance with (a) and (b). (Apply Documentation Calculation for scoring).
  - o Team is designated for consumer
  - o If therapy is indicated, LBHP will be identified

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	2				95%		



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<b>OAC 450</b>	<b>17-5-145.</b>	<b>Core Standards Category: Clinical</b>
<b>Treatment team; adult team (Behavioral Health Home)</b>		

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

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

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

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

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

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

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

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**450:17-5-145. Treatment team; adult team (Behavioral Health Homes). Scoring Guidelines: Score as compliant if the following are present:**

- Variations from staffing must be approved in advance, per (b)
- Recruitment and contingency plan must be provided, per (c), if provider has difficulty in recruiting staff
- Program policy and procedures must exhibit compliance with (d) and (e)
- Review of records validates compliance with (a). (Apply Documentation Calculation for scoring).

Date(s) of Review(s)	(A) 8 Elements X # of teams	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					95%		

In grid above, (A) may vary depending on the number of teams. The formula is 8 Elements X the number of teams.

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

**Notes:**

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<b>OAC 450</b>	<b>17-5-146.</b>	<b>Core Standards Category: Clinical</b>
<b>Treatment team; children and adolescent team (Behavioral Health Home)</b>		

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

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

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

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

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

(e) Staffing ratios must be regularly monitored and evaluated within the facilities performance improvement activities.

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

**450:17-5-146. Treatment team; children and adolescent team (Behavioral Health Homes). Scoring Guidelines: Score as compliant if the following are present:**

- Variations from staffing must be approved in advance, per (b)
- Recruitment and contingency plan must be provided, per (c), if provider has difficulty in recruiting staff
- Program policy and procedures must exhibit compliance with (d) and (e)
- Review of records validates compliance with (a). (Apply Documentation Calculation for scoring).

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Date(s) of Review(s)	(A) 7 Elements X # of teams	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					95%		

In grid above, (A) may vary depending on the number of teams. The formula is 7 Elements X the number of teams.

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

**Notes:**

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<b>OAC 450</b>	<b>17-5-147.</b>	<b>Core Standards Category: Clinical</b>
<b>Required services (Behavioral Health Home)</b>		

(a) The BHH must have policies and clear descriptions to delineate each specific service provided by the BHH.

(b) The BHH must provide the following services within the framework described in 450:17-5-140:

- (1) Comprehensive Care Management;
- (2) Care Coordination;
- (3) Health Promotion;
- (4) Comprehensive Transitional Care;
- (5) Individual and Family Support services; and
- (6) Referral to Community and Social Support Services.

(c) Program descriptions, personnel and privileging records, and other organizational documents will specify which staff members are qualified to provide each BHH service.

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

**450:17-5-147. Required services (Behavioral Health Homes). Scoring Guidelines:  
Score as compliant if the following are present:**

- Program policies and procedures exhibit compliance with (a) and (c).
- Review of records validates compliance with (b).

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	<u>POLICIES</u>			Renewal or Subsequent	Follow- up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						

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**COMMUNITY MENTAL HEALTH CENTER PROGRAM  
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<b>OAC 450</b>	<b>17-5-148.</b>	<b>Core Standards Category: Clinical</b>
<b>Access to specialists (Behavioral Health Home)</b>		

(a) The facility must have procedures and agreements in place to facilitate referral for other medical services needed beyond the scope of the BHH.

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

(c) Clinical documentation will track referrals to and use of specialists.

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

**450:17-5-148. Access to specialists (Behavioral Health Homes). Scoring Guidelines: Score as compliant if the following are present:**

- Program procedures exhibit compliance with (a), (b), and (c).
- Program has memoranda of agreements/understanding in place.
- Releases are compliant with 15-3-20.1. BHH releases will be scored on 17-9-1.1 (15-3-20.1).
- Review of records validates compliance with (c). Apply Documentation Calculation for scoring.
  - o Clinical documentation tracks referrals to and use of specialists.

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % <i>Required</i>	(F) % Met (D)/(C)	Met (F) =/> than (E)
	1				90%		



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<b>OAC 450</b>	<b>17-5-149.</b>	<b>Core Standards Category: Clinical</b>
<b>Admission (Behavioral Health Home)</b>		

(a) The facility must determine the extent to which each consumer's needs and preferences can be adequately addressed within the array of required BHH services.

(b) An integrated screening approach in accordance with OAC 450:17-3-21 will be used to determine clinical eligibility for BHH services.

(c) Facility policies and procedures must assure that adults who meet the criteria for a SMI or children who meet the criteria for SED are eligible for BHH services. This includes individuals receiving Targeted Case Management (TCM). It will also include additional individuals who are not currently receiving care coordination.

(d) The facility must obtain informed consent specific to enrollment in the Behavioral Health Home.

(1) The consent must be specific to the extent that it permits the BHH team members to share information relevant to the delivery of BHH services.

(2) The process for obtaining consent must educate the consumer of their right to choose among qualified BHHs or to opt out of the BHH service.

(3) The BHH must obtain consent for a child in state custody from the Child Welfare or Juvenile Justice worker.

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

**450:17-5-149. Admission (Behavioral Health Homes). Scoring Guidelines: Score as compliant if the following are present:**

- Program policies and procedures exhibit compliance with (c)
- Review of records validates compliance with (a), (b) and (c). Apply Documentation Calculation for scoring.
  - Needs/preferences can be addressed by BHH services (SMI/SED)
  - Records satisfy requirements stipulated in (b) (Apply Documentation Calculation for scoring)

Screenings

- Timely manner for screenings
- Integrated screening
- Screen for danger to self
- Screen for danger to others

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- Suicide factors are included in screen.
- Consent for BHH
  - Specific to enrollment in BHH
  - Permits BHH tem members to share information
  - Educates the consumer of right to choose among BHH's or opt out of service
  - If child in state custody, consent must be obtained from CW or Juvenile Justice worker

\*\*\*10 elements possible

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					95%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						

**Notes:**

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<b>OAC 450</b>	<b>17-5-150.</b>	<b>Core Standards Category: Clinical</b>
<b>Initial assessment (Behavioral Health Home)</b>		

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

(b) In addition of the items required in 17-3-21, the initial assessment for health home services must include at a minimum, the following:

- (1) The admitting diagnosis as well as other diagnoses;
- (2) The source of referral;
- (3) The reason for admission as well as stated by the client or other individuals who are significantly involved; and
- (4) A list of current prescriptions and over-the counter medications as well as other substances the client may be taking.

(c) The BHH should provide access to an appropriate healthcare professional and a health screening within 72 hours of placement for children entering foster care.

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

**450:17-5-150. Initial assessment (Behavioral Health Homes). Scoring Guidelines: Score as compliant if the following are present:**

- Review of records validates compliance with (a), (b) and (c). Apply Documentation Calculation for scoring.
  - Access to healthcare professional and health screening provided within 72 hours of child entering foster care
  - LBHP completes initial assessment for those not assessed in last 6 months
  - Compliance with 17-3-21 Assessment (Score on 17-3-21)
  - Assessment includes
    - Admitting diagnosis as well as any others
    - Source of referral
    - Reason for admission
    - List of medications

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Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					90%		

\*6 elements possible

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

**Notes:**

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<b>OAC 450</b>	<b>17-5-151.</b>	<b>Core Standards Category: Clinical</b>
<b>Comprehensive assessment (Behavioral Health Home)</b>		

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

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

(b) The BHH must ensure access to a comprehensive medical and behavioral health assessment for children in foster care within 30 days of placement.

(c) The BHH must provide or arrange for a functional assessment for all children using a tool approved by ODMHSAS. Assignment to high intensity Wraparound or Resource coordination intensity of care must be determined by clinically informed decision-making by LBHP or licensure candidate.

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

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

**450:17-5-151. Comprehensive assessment (Behavioral Health Homes). Scoring Guidelines: Score as compliant if the following are present:**

- Review of records validates compliance with (a), (b), (c) and (d). Apply Documentation Calculation for scoring.
- Written narrative addressing (a) (1-6)
- Functional assessment for all children
- Comprehensive assessment updated every 6 months
- Access to comprehensive medical and behavioral health assessment for children in foster care within 30 days of placement

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\*9 possible elements

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					90%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

**Notes:**

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<b>OAC 450</b>	<b>17-5-152.</b>	<b>Core Standards Category: Clinical</b>
<b>Integrated care plan (Behavioral Health Home)</b>		

(a) The BHH team must develop a consumer directed, integrated active care plan for each enrolled consumer that reflects input of the team, (including the involvement of the consulting primary care physician or APRN in managing the medical component of the plan), and others the consumer chooses to involve.

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

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

(d) The BHH must provide for each consumer and primary caregiver(s), as applicable, education and training consistent with the consumer and caregiver responsibilities as identified in the active treatment plan and relative to their participation in implementing the plan of care.

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

**450:17-5-152. Integrated care plan (Behavioral Health Homes). Scoring Guidelines: Score as compliant if the following are present:**

- Review of records validates compliance with (a), (b), (c) and (d). Apply Documentation Calculation for scoring.
  - Care plan documented within 30 days of admission to BHH
  - Plan reflects input from the team
  - Physical goals
  - Behavioral goals
  - Consumer preferences
  - Health and wellness needs
  - If applicable, education and training for consumer and caregiver consistent with caregiver responsibilities



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<b>OAC 450</b>	<b>17-5-153.</b>	<b>Core Standards Category: Clinical</b>
<b>Integrated care plan; content (Behavioral Health Home)</b>		

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

- (1) Consumer diagnoses, relative to behavioral and physical health conditions assessed by and addressed by the BHH in terms of direct services provided and/or conditions for which the individual is referred elsewhere for treatment.
- (2) Treatment goals, including preventive/primary care services;
- (3) Interventions, including follow up with necessary medical providers;
- (4) A detailed statement of the type, duration, and frequency of services, including primary medical and specialty care, social work, psychiatric nursing, counseling, and therapy services, necessary to meet the consumer's specific needs;
- (5) Medications, treatments, and individual and/or group therapies;
- (6) As applicable, family psychotherapy with the primary focus on treatment of the consumer's conditions; and
- (7) The interdisciplinary treatment team's documentation of the consumer's or representative's and/or primary caregiver's (if any) understanding, involvement, and agreement with the care plan.

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

**450:17-5-153. Integrated care plan; content (Behavioral Health Homes). Scoring Guidelines: Score as compliant if the following are present:**

- Review of records validates compliance with (a). Apply Documentation Calculation for scoring.
- Consumer diagnoses
  - Behavioral Health
  - Physical health
- Treatment goals
- Interventions
- Type, duration and frequency of services, including
  - Medical and specialty care
  - Social work, psychiatric nursing, counseling
  - Therapy services
- Medications, treatments,
- individual/group therapies

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- Family psychotherapy, if applicable
- Consumer's/caregiver's involvement and agreement with plan

**\*\*12 possible elements**

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					90%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

**Notes:**

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<b>OAC 450</b>	<b>17-5-154.</b>	<b>Core Standards Category: Clinical</b>
<b>Review of plan (Behavioral Health Home)</b>		

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

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

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

**450:17-5-154. Review of plan (Behavioral Health Homes). Scoring Guidelines: Score as compliant if the following are present:**

- Review of records validates compliance with (a) and (b). Apply Documentation Calculation for scoring.
  - Care plan reviewed/revised every six months
  - Care plan includes
    - Information from evaluations/assessments/updates
    - Progress toward goals
    - Changes, if applicable in goals

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	4*				90%		

\*\*Maximum of 4 elements



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<b>OAC 450</b>	<b>17-5-155.</b>	<b>Core Standards Category: Clinical</b>
<b>Intensive care coordination for children and adolescents; wraparound approach (Behavioral Health Home)</b>		

(a) If the BHH serves children or adolescents with SED, care coordination must be delivered with a single point of accountability to ensure that medically necessary services and supports are accessed, coordinated, and delivered in strength based, individualized, family driven, youth guided, and ethnically, culturally and linguistically relevant manner.

(b) The BHH will document that delivery of specific services and supports are guided by the needs, strengths and culture of the child and family, developed through a wraparound care planning process consistent with System of Care values.

(c) Program policies and descriptions will define the wraparound approach and related values as identified in (a) and (b) above and stipulate these must be followed by staff to develop care coordination plans.

(d) Care plans and other clinical records reflect implementation of services based on the foundations described in (a) through (c).

(e) Compliance with this Section will be determined by review of policies and procedures, staff training logs, outcome monitoring, performance improvement activity reports, clinical records, and related documentation.

**450:17-5-155. Intensive care coordination for children and adolescents; wraparound approach (Behavioral Health Homes). Scoring Guidelines: Score as compliant if the following are present:**

- Program policy and procedures reflect compliance with . (b) and (c)
- Review of records validates compliance with (a) and (b). Apply Documentation

**Calculation for scoring**

- Single point of accountability for care coordination
- Medically necessary supports and services
- Behaviorally necessary supports and services
- Accessed/Coordinated/Delivered
- Strengths based manner
- Individualized manner
- Family Driven manner
- Youth Guided manner
- Ethnically manner



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<b>OAC 450</b>	<b>17-5-156.</b>	<b>Core Standards Category: Clinical</b>
<b>Behavioral Health Home medication and monitoring</b>		

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

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

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

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

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

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

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

**450:17-5-156. Behavioral Health Home medication monitoring. Scoring Guidelines: Score as compliant if the following are present:**

- Program policy and procedures reflect (a) and (b).
- On-site verification exhibits compliance with (b)(1-3)
- Review of records validates compliance with (a). Apply Documentation Calculation for scoring.
- Consumer reactions are documented



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<b>OAC 450</b>	<b>17-5-158.</b>	<b>Core Standards Category: Clinical</b>
<b>Health promotion and wellness; consumer self-management (Behavioral Health Home)</b>		

(a) The BHH must assist members to participate in the implementation of their comprehensive care plan.

(b) This must include, but not be limited to providing health education specific to a member's chronic conditions; development of self-management plans with the individual; support to improve social networks; and providing health-promoting lifestyle interventions. Health promoting lifestyle interventions include, but are not limited to substance use prevention, smoking prevention and cessation, nutritional counseling, obesity reduction and increasing physical activity; and assisting to understand and self-manage chronic health conditions.

(c) In addition, BHHs that serve children and adolescents must provide child-specific health promotion activities. These include but are not limited to education regarding the importance of immunizations and screenings, child physical and emotional development; linking each child with screening in accordance with the EPSDT periodicity schedule; monitoring usage of psychotropic medications through report analysis and follow up with outliers; identifying children in need of immediate or intensive care management for physical health needs; and providing opportunities and activities for promoting wellness and preventing illness, including the prevention of chronic physical health conditions.

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

**450:17-5-158. Health promotion and wellness; consumer self-management (Behavioral Health Homes). Scoring Guidelines: Score as compliant if the following are present:**

- Program procedures exhibit compliance with (a-c).
- Review of records validates compliance with (b and c). Apply Documentation Calculation for scoring.

**The following are offered for all:**

- Health education
- Development of self-management plans
- Support to improve social networks
- Providing health promoting lifestyle interventions

**Children must be offered child specific health promoting activities**



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<b>OAC 450</b>	<b>17-5-159.</b>	<b>Core Standards Category: Clinical</b>
<b>Discharge or transfer from Behavioral Health Home</b>		

(a) The BHH shall, on behalf of any consumer that transfers to another facility, forward the following within fifteen (15) days as permitted by privacy and confidentiality and if requested:

- (1) The BHH discharge summary; and
- (2) The consumer's clinical record.

(b) For consumers who initiate BHH service and later decline those services, or are discharged from a BHH based on non-adherence to care plans, the BHH must forward to the primary health care provider of record, if any, and if requested by the consumer:

- (1) The BHH discharge summary; and
- (2) The consumer's clinical record.

(c) As applicable to (a) and/or (b) above, the BHH discharge summary shall include the following:

- (1) A summary of the services provided, including the consumer's symptoms, treatment and recovery goals and preferences, treatments, and therapies.
- (2) The client's current active treatment plan at time of discharge.
- (3) The client's most recent physician orders.
- (4) Any other documentation that will assist in post-discharge continuity of care.

(d) A completed discharge summary shall be entered in each consumer's record within fifteen (15) days of the consumer completing or discontinuing services.

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

**450:17-5-159. Discharge or transfer from Behavioral Health Home. Scoring Guidelines: Score as compliant if the following are present:**

- Review of records validates compliance with (c) and (d). Apply Documentation Calculation for scoring.
- Discharge summary entered in each consumer's record within 15 days of consumer completing or discontinuing services
- Contents:
  - Symptoms

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- Goals
- Preferences
- Treatments provided
- Most active treatment plan
- Most recent physician orders
- Any other documentation assisting in post discharge continuity of care

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	8				90%		

- Review of records validates compliance with (a), if consumer transfers to another facility and requests this. Apply Documentation Calculation for scoring.
- Information forwarded within 15 days of request
- Discharge summary forwarded
- Consumer's clinical record forwarded

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	3				90%		

- Review of records validates compliance with (a), if consumer initiates BHH services and later declines or is discharged from BHH based on non-adherence and consumer requests this. Apply Documentation Calculation for scoring.
  - Information forwarded within 15 days of request
  - Discharge summary forwarded
  - Consumer's clinical record forwarded



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<b>OAC 450</b>	<b>17-5-160.</b>	<b>Core Standards Category: Clinical</b>
<b>Linkage and transitional care (Behavioral Health Home)</b>		

(a) The BHH must have procedures and agreements in place to facilitate referral for other medical services needed by consumers beyond the scope of the BHH, as well as to assist the consumer to obtain services that are needed following discharge from the BHH.

(b) The BHH will also document referrals to community and social support services to facilitate access to formal and informal resources beyond the scope of services covered by SoonerCare, such as those which may be available from other parents, family members, community-based organizations, service providers, grants, social programs, funding options, school-based services, faith based organizations, etc.

(c) The BHH will develop contracts or memoranda of understandings (MOUs) with regional hospital(s), Psychiatric Residential Treatment Facilities (PRTF) or other system(s) to ensure a formalized structure for transitional care planning, to include communication of inpatient admissions and discharges of BHH participants.

(1) Transitional care will be provided by the BHH for existing BHH consumers who have been hospitalized or placed in other non-community settings, such as psychiatric residential treatment facilities, as well as to newly identified, potential BHH consumers who are entering the community.

(2) The BHH team will collaborate with all parties involved including the facility, primary care physician, and community providers to ensure a smooth discharge and transition into the community and prevent subsequent re-admission(s).

(3) Transitional care is not limited to institutional transitions, but applies to all transitions that will occur throughout the development of the enrollee and includes transition from and to school-based services and pediatric services to adult services.

(4) The BHH will document transitional care provided in the clinical records.

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

**450:17-5-160. Linkage and transitional care (Behavioral Health Homes). Scoring Guidelines: Score as compliant if the following are present:**

- Program procedures exhibit compliance with (a) and (c)
- Program has memoranda of agreements/understandings to facilitate referral
- Review of records validates compliance with (b) and (c)(4), if applicable. Apply Documentation Calculation for scoring.

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- Documentation of referrals
- Documentation of transitional care provided, if applicable

**\*\*Maximum of 2 elements**

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					95%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

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<b>OAC 450</b>	<b>17-5-161.</b>	<b>Core Standards Category: Operational</b>
<b>Consumer (Patient Care) Registries and Population Health Management (Behavioral Health Home)</b>		

(a) The BHH must implement clinical decision support mechanisms, including but not limited to point-of-care reminders, following nationally published evidence-based guidelines for:

- (1) A mental health or substance use disorder;
- (2) A chronic medical condition;
- (3) An acute condition;
- (4) A condition related to unhealthy behaviors; and
- (5) Well child or adult care.

(b) BHH must have descriptions of programs in place to demonstrate how it encourages healthier lifestyles for BHH members, including increased physical activity, better nutrition, avoidance of behavioral risks, and wider use of preventive care.

(c) The BHH shall electronically submit data to a health home information management system, subject to prior approval by the Director of ODMHSAS Provider Certification, which will act as a consumer registry, care management device and outcomes measurement tool.

(d) The BHH shall utilize information provided through the approved information system for the purpose of enrollment and discharge tracking, compliance, quality assurance, and outcome monitoring.

(e) Compliance will be determined by on-site observation, review of information available through an approved information system, and consultation with the ODMHSAS Decision Support Services and ODMHSAS Information Services Division.

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**450:17-5-161. Consumer (Patient Care) Registries and Population Health Management (Behavioral Health Homes). Scoring Guidelines: Score as compliant if the following are present:**

- Program descriptions and procedures exhibit compliance with (b) and (d)
- Verification is available of BHH electronically submitting data, per (c)
- Verification is available of point of care reminders, per (a)

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						

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<b>OAC 450</b>	<b>17-5-162.</b>	<b>Core Standards Category: Organizational</b>
<b>Electronic health records and data sharing (Behavioral Health Homes)</b>		

(a) The BHH shall have a functioning electronic health record (EHR) system that meets Meaningful Use standards, as defined in the Medicare and Medicaid Incentive Programs, or have a facility approved written plan with timeframes to obtain one.

(b) The BHH shall document a plan to work with health information organizations to share referrals, continuity of care documents, lab results, and other health information and develop partnerships that maximize the use of Health Information Technology (HIT) across all treating providers.

(c) Compliance with (a) will be determined by review of documentation that certifies the electronic health record meets Meaningful Use standards or documentation of a plan to obtain one with implementation timeline.

(d) Compliance with (b) will be determined by on-site observation, review of information available through an approved information system documenting that BHH consumers' records have been accessed and shared through a Health Information Exchange (HIE), and consultation with the ODMHSAS Decision Support Services and ODMHSAS Information Services Division.

**450:17-5-162. Electronic health records and data sharing (Behavioral Health Homes). Scoring Guidelines: Score as compliant if the following are present:**

- Facility submits documentation to verify (a)
- Facility's documentation exhibits compliance with (b)



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<b>OAC 450</b>	<b>17-5-163.</b>	<b>Core Standards Category: Operational</b>
<b>Performance measurement and quality improvement (Behavioral Health Homes)</b>		

(a) There shall be an ongoing performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of consumer care related to BHH operations.

(b) The BHH performance improvement activities must:

- (1) Focus on high risk, high volume, or problem-prone areas.
- (2) Consider incidence, prevalence, and severity of problems.
- (3) Give priority to improvements that affect behavioral outcomes, client safety, and person-centered quality of care.

(c) Performance improvement activities must also track adverse client events, analyze their causes, and implement preventive actions and mechanisms.

(d) The program must use quality indicator data, including client care, and other relevant data in the design of its program.

(e) The BHH must use the data collected to monitor the effectiveness and safety of services and quality of care and identify opportunities and priorities for improvement.

(f) The functions and processes outlined in (a) through (e) shall be evidenced in an annual written plan for performance improvement activities. The plan shall include but not be limited to:

- (1) Outcomes management processes which include measures required by CMS and the State and may also include measures from the SAMHSA National Outcomes Measures, NCQA, and HEDIS as required to document improvement in population health.
- (2) Quarterly record review to minimally assess:
  - (A) Quality of services delivered;
  - (B) Appropriateness of services;
  - (C) Patterns of service utilization;
  - (D) Treatment goals and objectives based on assessment findings and consumer input;
  - (E) Services provided which were related to the goals and objectives;
  - (F) Patterns of access to and utilization of specialty care; and
  - (G) The care plan is reviewed and updated as prescribed by policy.
- (3) Review of critical incident reports and consumer grievances or complaints.

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(g) Compliance with this Section will be determined by a review of the written program evaluation plan, program goals and objectives and other supporting documentation provided.

**450:17-5-163. Performance measurement and quality improvement (Behavioral Health Homes). Scoring Guidelines: Score as compliant if the following are present:**

- Facility policy and procedures are compliant with (a-f)

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						

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<b>OAC 450</b>	<b>17-7-1.</b>	<b>Core Standards Category: Operational</b>
<b>Clinical record keeping system</b>		

Each CMHC shall maintain an organized clinical record system for the collection and documentation of information appropriate to the treatment processes; and which insures organized, easily retrievable, usable clinical records stored under confidential conditions and with planned retention and disposition.

**450:17-7-1. Clinical record keeping system. Scoring Guidelines: Score as compliant if the following are present:**

- Organized record system stored in confidential and secure conditions
- Policies and procedures define retention and disposition of consumer's record.

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						

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<b>OAC 450</b>	<b>17-7-3.</b>	<b>Core Standards Category: Clinical</b>
<b>Basic requirements</b>		

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

- (1) Define the content of the consumer record in accordance with 450:17-7-4 through 17-7-9.
- (2) Define storage, retention and destruction requirements for consumer records. ODMHSAS operated CMHCs shall comply with the Department's Records Disposition Schedule as approved by the Oklahoma Archives and Records Commission.
- (3) Require consumer records be maintained in locked equipment which is kept within a locked room, vehicle, or premise.
- (4) Require legible entries in consumer records, signed with first name or initial and last name of the person making the entry.
- (5) Require the consumer's name be typed or written on each page in the consumer record.
- (6) Require a signed consent for treatment before a consumer is admitted on a voluntary basis.
- (7) Require a signed consent for follow-up before any contact after discharge is made.

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

**450:17-7-3. Basic requirements. Scoring Guidelines: Score as compliant if the following are present:**

- CMHC policies and procedures address all items in (a)
  - On site verification of secured records, including locked equipment utilized when transporting, per (a)(3)
- All records reviewed comply with requirements *unless exempted by ODMSHAS prior approval per (b)*. (Apply Documentation Calculation for scoring)
  - Legibility (a) (4)
  - Entries signed by staff as required (a) (4)
  - Consumer name on each page per (a) (5)
  - Consent for treatment signed (a) (6)

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- o Consent for follow up, as applicable (a) (7)

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	5				95%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

**Notes:**

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<b>OAC 450</b>	<b>17-7-4.</b>	<b>Core Standards Category: Operational</b>
<b>Record access for clinical staff</b>		

- (a) The CMHC shall assure consumer records are readily accessible to the program staff directly caring for the consumer. Such access shall be limited to the minimum necessary to carry out the staff member's job functions or the purpose for the use of the records.
- (b) Compliance with 450:17-7-4. shall be determined by on-site observation and staff interviews.

**450:17-7-4. Record access for clinical staff. Scoring Guidelines: Score as compliant if the following are present:**

- Evidence that all who need access to records and related information are able to appropriately obtain that information.
- Policies and procedures limits access to consumer records per (a)

	<u><b>POLICIES</b></u>			<b>Renewal or Subsequent</b>	<b>Follow-up</b>	<b>Additional Follow-up</b>
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						

**Notes:**

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<b>OAC 450</b>	<b>17-7-5.</b>	<b>Core Standards Category: Clinical</b>
<b>Clinical record content, screening and assessment</b>		

- (a) All facilities shall complete a face-to face screening with each individual to determine appropriateness of admission.
- (b) The CMHC shall document the face-to-face screening between the potential consumer and the CMHC including how the consumer was assisted to identify goals, how the consumer received integrated screening to identify both immediate and ongoing needs and how the consumer was assisted to determine appropriateness of admission, and/or to access other appropriate services.
- (c) Upon determination of appropriate admission, consumer demographic information shall be collected.
- (d) All programs shall complete a psychological-social assessment which gathers sufficient information to assist the consumer in developing an individualized service plan.
- (e) The CMHC shall have policy and procedures that stipulate content required for items (c) and (d).
- (f) An assessment update, to include date, identifying information, source of information, present needs, present life situation, current level of functioning, and what consumer wants in terms of service, is acceptable only on re-admissions within one (1) year of previous admission.
- (g) Compliance with 450:450:17-7-5. shall be determined by a review of the following: psychological-social consumer records; case management assessments; interviews with staff and consumers; policies and procedures and other facility documentation.

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**450:17-7-5. Clinical record content, screening, intake and assessment. Scoring Guidelines: Score as compliant if the following are present:**

- Policies and procedures address required content for (c) and (d)
- Policies dictate timeframes for completion of assessments (e)
- Review of records validates compliance with (a) – (f). (Apply Documentation Calculation for scoring)
  - o Face-to-face screening (a)
  - o Screening addresses consumers goals, per (b)
  - o Integrated screening identifying immediate/ongoing needs (b)
  - o Referral for other services, if applicable (b)
  - o If admitted, demographic information obtained (c)
  - o If admitted, assessment completed, (d)- (Assessment update permissible as stipulated in (e))
  - o Assessment completed in accordance with CMHC’s required timeframe (e)

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					90%		

**\*A minimum of 7 elements will be in place. However, the actual number of elements will be greater as the number of demographic items will depend on facility policy.**

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

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<b>OAC 450</b>	<b>17-7-5.1</b>	<b>Core Standards Category: Operational</b>
<b>Clinical record content, on-going assessment</b>		

- (a) The CMHC shall have procedures and policies which delineate the process, protocols, and timeframes by which on-going clinical assessments occur.
- (b) Compliance with 450: 17-7-5.1. shall be determined by a review of the clinical records and agency policies and procedures.

**450:17-7-5.1. Clinical record content, on-going assessment. Scoring Guidelines:  
Score as compliant if the following are present:**

- The facility shall have policies and procedures which delineate the process, protocols, and timeframes by which on-going clinical assessments occur.

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						

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<b>OAC 450</b>	<b>17-7-8</b>	<b>Core Standards Category: Clinical</b>
<b>Behavioral Health Service Plan</b>		

- (a) The service plan is performed with the active participation of the consumer and a support person or advocate if requested by the consumer. In the case of children under the age of 18, it is performed with the participation of the parent or guardian and the child as age and developmentally appropriate. The service plan shall provide the formation of measurable service objectives and reflect ongoing changes in goals and objectives based upon consumer's progress or preference or the identification of new needs, challenges and problems.
- (b) The service plan is developed after and based on information obtained in the mental health assessment and includes the evaluation of the assessment information by the clinician and the consumer.
- (c) The service plan must have an overall general focus on recovery which, for adults, may include goals like employment, independent living, volunteer work, or training, and for children, may include areas like school and educational concerns and assisting the family in caring for the child in the least restrictive level of care.
- (d) Comprehensive service plans must be completed within six (6) treatment sessions and adhere to the format and content requirements described in the facility policy and procedures.
- (e) Service plan updates should occur every 1-6 months during which services are provided and adhere to the format and content requirements described in the facility policy and procedures.
- (f) Service plans, both comprehensive and update, must include dated signatures for the consumer (if over age 14), the parent/guardian (if under age 18 or otherwise applicable), and the primary service practitioner.
- (g) Compliance with 450:17-7-8. shall be determined by a review of the clinical records, policies and procedures, and interviews with staff and consumers, and other agency documentation.

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**450:17-7-8. Behavioral Health Service Plan. Scoring Guidelines: Score as compliant if the following are present:**

- Review of records validates compliance with (a) – (d). (Apply Documentation Calculation for scoring)
  - Plan developed with active participation of consumer and others per (a)
    - If under age 18, includes parent or guardian as required in (a)
  - Plan includes measurable service objectives (a)
  - Plan utilizes information obtained in assessments [and screening] processes (b)
  - Age appropriate focus in treatment plan (c)
    - Adults – recovery and community integration (i.e. employment, independent living, etc.)
    - Child – school and educational concerns; supporting child and family in least restrictive level of care
  - Completed within six sessions (d)
  - Facility’s policy may dictate additional content for plans, per (d)
  - Dated signatures of consumer or guardian
  - Dated signature of primary service practitioner

**\*In addition to the 8 elements, additional elements may be applicable based on the number of elements per facility policy for the service plan.**

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					90%		

- Review of records validates compliance with (e) and (f) for service plans updates:
  - Contains measurable service objectives
  - Based on information in assessment
  - Active participation of consumer and others, if applicable
  - Reflect ongoing changes in goals and objectives
  - Based on progress/preferences/or new needs
  - Occur every 6 months
  - Facility’s policy may dictate additional content for plans, per (d)
  - Dated signatures of consumer or guardian
  - Dated signature of primary service practitioner

**\*In addition to the 9 elements, additional elements may be applicable based on the number of elements per facility policy for the service plan.**



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<b>OAC 450</b>	<b>17-7-9.</b>	<b>Core Standards Category: Clinical</b>
<b>Medication record</b>		

- (a) A medication record shall be maintained on all consumers who receive medications or prescriptions through the outpatient clinic services and shall be a concise and accurate record of the medications the consumer is receiving or prescribed.
- (b) The consumer record shall contain a medication record with the following information on all medications ordered or prescribed by physician staff:
  - (1) Name of medication,
  - (2) Dosage,
  - (3) Frequency of administration or prescribed change,
  - (4) Staff member who administered or dispensed each dose, and prescribing physician; and
- (c) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities during screening and assessment, updated when required by virtue of new information, and kept in a highly visible location in or on the record.
- (d) Compliance with 450:17-7-9. shall be determined by a review of medication records and clinical records.

**450:17-7-9. Medication record. Scoring Guidelines: Score as compliant if the following are present:**

- Records satisfy the following requirements for Medication Record contents (apply Documentation Calculation for scoring)
  - Type of medication
  - Dosage
  - Frequency of administration
  - Route of administration
  - Staff member's name who monitored/administered/ dispensed
  - Prescribing physician
  - Alerts regarding adverse reactions, drug allergies, or sensitivities placed in record in visible location per (c)



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<b>OAC 450</b>	<b>17-7-10.</b>	<b>Core Standards Category: Clinical</b>
<b>Progress Notes</b>		

(a) Progress notes shall chronologically describe the services provided, the consumer's response to the services provided and the consumer's progress in treatment and adhere to the format and content requirements described in the facility policy and procedures.

(b) Progress notes shall be documented according to the following time frames:

- (1) Outpatient staff must document each visit or transaction, except for assessment completion or service plan development, including missed appointments;
- (2) Community living program staff shall complete a summary note monthly identifying the name of the person served and the day(s) the person received the service;
- (3) Inpatient: nursing service is to document on each shift. Each member of the treatment team shall write a weekly progress note for the first two months and monthly thereafter; and
- (4) PSR staff must maintain a daily, member sign-in/sign-out record of member attendance, and shall write a progress note daily or summary progress note weekly.

(c) Compliance with 450:17-7-10. shall be determined by a review of clinical records and policies and procedures.

**450:17-7-10. Progress Notes. Scoring Guidelines: Score as compliant if the following are present:**

- Policies and procedures address required content for (a)
- Review of records validates compliance with (a) – (b). (Apply Documentation Calculation for scoring)
  - o Chronological order
  - o Describe services provided
  - o Describe consumer response to services
  - o Evaluate consumers progress treatment [i.e. reference treatment goals]
  - o Notes are compliant with facility's policy
  - o Notes according the following time frames:
    - Outpatient services – each visit or transaction including missed appointments (b) (a)
    - Community living services – monthly summary – including info in (b) (2)
    - Inpatient services – not reviewed during CMHC site visits
    - PSR services – weekly plus daily log per (b) 4)

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Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					90%		

**\*In addition to the 5 elements, additional elements may be applicable based on the number of elements per facility policy for progress notes format and content.**

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

**Notes:**

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<b>OAC 450</b>	<b>17-7-11.</b>	<b>Core Standards Category: Clinical</b>
<b>Other records content</b>		

- (a) The consumer record shall contain copies of all consultation reports concerning the consumer.
- (b) When psychometric or psychological testing is done, the consumer record shall contain a copy of a written report describing the test results and implications or recommendations for treatment.
- (c) The consumer record shall contain any additional information relating to the consumer, which has been secured from sources outside the program.
- (d) Compliance with 450:17-7-11. shall be determined by a review of clinical records.

**450:17-7-11. Other records content. Scoring Guidelines: Score as compliant if the following are present:**

- Copies of consultation reports included in records, as applicable (a) (Apply Documentation Calculation for scoring)

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	1				90%		

- As applicable, if testing completed per (b) (Apply Documentation Calculation for scoring)
  - o Written report describing the test results
  - o Report references implications or recommendations for treatment.

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	2				90%		

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- As applicable, if written information secured from sources outside the program, documents are properly filed in the consumer record. (Apply Documentation Calculation for scoring)

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	1				90%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

**Notes:**

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<b>OAC 450</b>	<b>17-7-12.</b>	<b>Core Standards Category: Clinical</b>
<b>Discharge summary</b>		

- (a) A discharge summary shall document the consumer’s progress made in treatment; response to services rendered; and recommendation for any referrals, if deemed necessary. It shall include a discharge plan which lists written recommendations, and specific referrals for implementing aftercare services, including medications. Aftercare plans shall be developed with the knowledge and cooperation of the consumer, when possible.
- (b) A discharge summary shall be entered in each consumer’s record within fifteen (15) days of release, discharge, or transfer from inpatient treatment or upon discharge from facility services. Consumers who have received no services for one hundred twenty (120) days shall be discharged if it is determined that services are no longer needed or desired.
- (c) In the event of death of a consumer: A summary statement including this information shall be documented in the record; and
- (d) Compliance with 450:17-7-12. shall be determined by a review of closed consumer records.

**450:17-7-12. Discharge summary. Scoring Guidelines: Score as compliant if the following are present:**

- [Advisory only] Policies and procedures on discharge summaries
- Review of records validates compliance with (a) – (c). (Apply Documentation Calculation for scoring)
  - Discharge summary within 15 days of discharge, per (b) or within 120 days of no service, if services are no longer needed
  - Summary addresses progress made in treatment
  - Summary addresses consumer’s response to services
  - Summary lists recommendations and referrals as applicable.
  - Aftercare plans were developed with consumer participation.
  - Summary statement with applicable information in event of consumer death

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Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	5				90%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

**Notes:**

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<b>OAC 450</b>	<b>17-9-1.1.</b>	<b>Core Standards Category: Clinical</b>
<b>Confidentiality of mental health and drug or alcohol abuse treatment information</b>		

Confidentiality policy, procedures and practices must comply with federal and state law, guidelines, and standards, and with OAC 450:15-3-20.1, OAC 450: 15-3-20.2 and OAC 450:15-30-60.

**(450:15-3-20.1. Consumer rights regarding confidentiality of mental health and drug or alcohol abuse treatment information)**

- (a) All mental health and drug or alcohol abuse treatment information, whether recorded or not, and all communications between a physician or psychotherapist and a consumer are both privileged and confidential. In addition, the identity of all consumers who have received or are receiving mental health or drug or alcohol abuse treatment services is both confidential and privileged. Such information shall only be available to persons or agencies actively engaged in the treatment of the consumer unless an exception under state or federal law applies. The information available to persons or agencies actively engaged in the treatment of the consumer shall be limited to the minimum amount of information necessary for the person or agency to carry out its function or the purpose for the release. Nothing in this section shall prohibit disclosure of information as required in 22 O.S. § 1175.
- (b) A consumer or his or her legally authorized representative shall have the right to request access to the consumer's own mental health and drug or alcohol abuse treatment information as provided for in 450:15-3-60.
- (c) All facilities shall have policy and procedures protecting the confidential and privileged nature of mental health and drug or alcohol abuse treatment information in compliance with state and federal law and which contain at a minimum:
  - (1) an acknowledgment that all mental health and drug or alcohol abuse treatment information, whether recorded or not, and all communications between a physician or psychotherapist and a consumer are both privileged and confidential and will not be released without the written consent of the consumer or the consumer's legally authorized representative;
  - (2) an acknowledgment that the identity of a consumer who has received or is receiving mental health or drug or alcohol abuse treatment services is both confidential and privileged and will not be released without the written consent of the consumer or the consumer's legally authorized representative except as otherwise permitted by state and federal law;

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- (3) a procedure to limit access to mental health and drug or alcohol abuse treatment information to only those persons or agencies actively engaged in the treatment of the patient and to the minimum amount of information necessary to carry out the purpose for the release;

**Procedure:** \_\_\_\_\_

- (4) a procedure by which a consumer, or the consumer's legally authorized representative, may access the consumer's mental health and drug or alcohol abuse treatment information;

**Procedure:** \_\_\_\_\_

- (5) an acknowledgement that certain state and federal law exceptions to disclosure of mental health and drug or alcohol abuse treatment information without the written consent of the consumer or the consumer's legally authorized representative exist and the facility will release information as required by those laws; and

- (6) a procedure by which to notify a consumer of his or her right to confidentiality.

**Procedure:** \_\_\_\_\_

- (d) A facility disclosing information pursuant to a written consent to release information shall ensure the written consent form complies with all applicable state and federal law and contains at a minimum the following:

- (1) the name of the person, program or entity permitted to make the disclosure;
- (2) the name or title of the person or the name of the organization to which disclosure is to be made;
- (3) the name of the consumer whose records are to be released;
- (4) a description of the information to be disclosed;
- (5) the purpose for the disclosure;
- (6) the signature of the consumer or the consumer's legally authorized representative;
- (7) the date the consent to release was signed by the consumer or the consumer's legally authorized representative;
- (8) a statement indicating that treatment services are not contingent upon or influenced by the consumer's decision to permit the information release;
- (9) an expiration date, event or condition which shall ensure the release will last no longer than reasonably necessary to serve the purpose for which it is given;
- (10) a statement of the right of the consumer, or the consumer's legally authorized representative, to revoke the consent to release in writing and a description of how the patient may do so;
- (11) a confidentiality notice which complies with state and federal law; and

- (e) Unless an exception applies, all facilities operated by ODMHSAS will provide consumers with a copy of the ODMHSAS Notice of Privacy Practices.

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- (f) Compliance with 450:15-3-20.1 shall be determined by a review of facility policy and procedures; facility forms; consumer record reviews; interviews with staff and consumers; and any other supporting facility documentation.

**(450:15-3-20.2. Validity of written consent)**

- (a) A consumer's written consent for the release of information shall be considered valid only if the following conditions have been met and documented in writing:
- (1) The consumer is informed, in a manner that assures his or her understanding, of the specific type(s) of information that has been requested, and the period of time for which the information has been requested;
  - (2) The consumer is informed of the purpose or need for the information;
  - (3) Services are not contingent upon the consumer's decision concerning authorization for the release of information; and
  - (4) The consumer gives his or her consent freely and voluntarily.
- (b) Compliance with 450:15-3-20.2 shall be determined by a review of the consent for disclosure; and consumer interviews.

**(450:15-3-60. Right to access designated record set from facilities operated by ODMHSAS)**

The process for requesting access to read or request copies of the designated record set from ODMHSAS facilities is as follows:

- (1) The consumer shall obtain a Consent for Release of Confidential Information form from the facility's health information department, complete it and submit it to the facility's health information department director or designee. If the consumer requests a copy from the designated record set, the facility may charge the consumer a fee of twenty-five cents (\$0.25) per page for copying the information and the actual mailing expenses when applicable.
- (2) If the facility does not possess the information the consumer requests but knows where it is maintained, the health information department shall inform the consumer where to direct the request.
- (3) The health information department shall coordinate the request for access to the designated record set with the person in charge of the care and treatment of the consumer.



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<b>OAC 450</b>	<b>17-11-1.</b>	<b>Core Standards Category: Clinical</b>
<b>Consumer rights, inpatient and residential</b>		

**450:17-11-1. Consumer rights, inpatient and residential**

The CMHC shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

**450:-17-11-1. cont'd. (450:15-3-3. Notification of the Bill of Rights)**

- (a) Each consumer, upon admission to a facility or program, shall be notified of rights guaranteed by this Part.
  - (1) If the consumer is a minor, his parent or legal guardian shall also be informed.
  - (2) If the consumer has a court ordered guardian, the guardian shall be informed.
  
- (b) Notification shall be accomplished by:
  - (1) Providing the consumer with a synopsis, as set forth in OAC 450:15-3-27 and, if requested, the full Mental Health and Drug or Alcohol Abuse Services Bill of Rights, OAC 450:15-3-6 through 450:15-3-25. If the consumer cannot understand the language in the synopsis, an oral explanation of the synopsis shall be given in a language the person can understand; and the provision of the Mental Health and Drug or Alcohol Abuse Services Bill of Rights shall be documented in the consumer's record and signed by the person giving the synopsis or explanation; and
  - (2) Posting the synopsis of, or the full Mental Health and Drug or Alcohol Abuse Services Bill of Rights, in a conspicuous place in each consumer living area, and in area(s) of the facility receiving consumers, visitors and the public.
  
- (c) Facilities shall not have internal operating procedures more restrictive than the Mental Health and Drug or Alcohol Abuse Services Bill of Rights. Every consumer shall be notified of facility and unit procedures with which he or she is expected to comply, and consequences for non-compliance.
  
- (d) Employees and volunteers shall be oriented regarding consumers' rights and the constraints of this Part.
  
- (e) Adherence or compliance with all rights in this Chapter shall be demonstrated through review of policies, procedures, actions, and day to day operations of a facility.

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**(450:15-3-27. Synopsis of the bill of rights)**

- (a) The synopsis in (b) of this Section shall be used when an abbreviated format of OAC 450:15-3-6 through 450:15-3-25 is used to supply a consumer or others with an overview of the bill of rights. The Synopsis of the bill of rights shall not substitute for, or replace a facility's obligation to abide by the full listing of rights cited in this Title. A copy of the synopsis shall be prominently posted in each consumer treatment unit and in consumer admissions, visiting and public areas.
- (b) Facilities with physical custody of a consumer or where consumers remain for round-the-clock support or care, or where the facility has immediate control over the setting where a consumer resides, shall support and protect the fundamental human, civil, and constitutional rights of the individual consumer. Each consumer has the right to be treated with respect and dignity and will be provided the synopsis of the Bill of Rights as listed below.
- (1) Each consumer shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.
  - (2) Each consumer has the right to receive services suited to his or her condition in a safe, sanitary and humane treatment environment regardless of race, religion, gender, ethnicity, age, degree of disability, handicapping condition, or sexual orientation.
  - (3) Each consumer, on admission, shall have the absolute right to private uncensored communication with persons of his/her choice by phone or mail, at the facility's expense if the consumer is indigent, and by personal visit.
  - (4) Each consumer retains the right of confidential communication with persons of his/her choice. A consumer's right to contact the ODMHSAS Advocate's Office, Inspector General's Office, their attorney, personal physician, or clergy shall not be limited by the facility.
  - (5) Each consumer is entitled to uncensored private communication (letter, telephone, personal visits); such letters or copies of letters shall not be kept in consumer treatment records.
  - (6) No consumer shall be subject to maltreatment or otherwise abused by staff, visitors, or other consumers.
  - (7) Each consumer shall receive treatment in the least restrictive environment and have the maximum freedom of movement consistent with his or her clinical condition and legal status.
  - (8) Each consumer shall have easy access to his or her personal funds deposited with the finance office, and shall be entitled to an accounting.
  - (9) Each consumer may have his or her own clothing and other personal possessions.
  - (10) Each consumer shall have the right to practice his or her religious belief and be accorded the opportunity for religious worship. No consumer shall be coerced into engaging in or refraining from any religious activity, practice, or belief.
  - (11) Each consumer legally entitled to vote shall be assisted to register and vote

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when they so request.

(12) Each consumer shall be provided with prompt, competent, and appropriate treatment; and an individualized treatment plan. A consumer shall participate in his or her treatment programs and may consent or refuse to consent to the proposed treatment. The right to consent or refuse to consent may be abridged for those consumers adjudged incompetent by a court of competent jurisdiction and in emergency situations as defined by law. Additionally, each consumer shall have the right to the following:

- (A) Allow the guardian of the consumer and/or another individual of the consumer's choice to participate in the consumer's treatment and with the consumer's consent;
- (B) To be free from unnecessary, inappropriate, or excessive treatment;
- (C) To participate in consumer's own treatment planning;
- (D) To receive treatment for co-occurring disorders if present;
- (E) To not be subject to unnecessary, inappropriate, or unsafe termination from treatment; and
- (F) To not be discharged for displaying symptoms of the consumer's disorder.

(13) Every consumer's record shall be treated in a confidential manner.

(14) No consumer shall be required to participate in any research project or medical experiment without his or her informed consent as defined by law. Refusal to participate shall not affect the services available to the consumer.

(15) A consumer may voluntarily participate in work therapy and must be paid fair compensation. However, each consumer is responsible for personal housekeeping tasks without compensation.

(16) A consumer shall have the right to assert grievances with respect to an alleged infringement on his or her rights.

(17) Consumer shall be permitted to establish and participate in a consumer committee or consumer government by unit or facility wide.

(18) A consumer being discharged shall have plans for outpatient treatment, sufficient medication, suitable clothing for the season, housing information and referral, and if consumer permits, family involvement in the plan.

(19) Each consumer has the right to request the opinion of an outside medical or psychiatric consultant at his or her own expense or a right to an internal consultation upon request at no expense.

(20) No consumer shall be retaliated against or subjected to any adverse change of conditions or treatment because the consumer asserted his or her rights.

(21) Most rights may be limited by the treatment team for therapeutic reasons, including safety of the consumer or other consumers and staff in the facility. These limitations must be documented in the clinical record, reviewed frequently, and shall not be limited for purposes of punishment, staff convenience, or in retaliation for a consumer exercising any of his/her rights.

(c) Programs providing treatment or services without the physical custody or where

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consumers do not remain for round-the-clock support or care, or where the facility does not have immediate control over the setting where a consumer resides, shall support and protect the fundamental human, civil, and constitutional rights of the individual consumer. Each consumer has the right to be treated with respect and dignity and will be provided the synopsis of the Bill of Rights as listed below.

(1) Each consumer shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.

(2) Each consumer has the right to receive services suited to his or her condition in a safe, sanitary and humane treatment environment regardless of race, religion, gender, ethnicity, age, degree of disability, handicapping condition or sexual orientation.

(3) No consumer shall be neglected or sexually, physically, verbally, or otherwise abused.

(4) Each consumer shall be provided with prompt, competent, and appropriate treatment; and an individualized treatment plan. A consumer shall participate in his or her treatment programs and may consent or refuse to consent to the proposed treatment. The right to consent or refuse to consent may be abridged for those consumers adjudged incompetent by a court of competent jurisdiction and in emergency situations as defined by law. Additionally, each consumer shall have the right to the following:

(A) Allow other individuals of the consumer's choice participate in the consumer's treatment and with the consumer's consent;

(B) To be free from unnecessary, inappropriate, or excessive treatment;

(C) To participate in consumer's own treatment planning;

(D) To receive treatment for co-occurring disorders if present;

(E) To not be subject to unnecessary, inappropriate, or unsafe termination from treatment; and

(F) To not be discharged for displaying symptoms of the consumer's disorder.

(5) Every consumer's record shall be treated in a confidential manner.

(6) No consumer shall be required to participate in any research project or medical experiment without his or her informed consent as defined by law. Refusal to participate shall not affect the services available to the consumer.

(7) A consumer shall have the right to assert grievances with respect to an alleged infringement on his or her rights.

(8) Each consumer has the right to request the opinion of an outside medical or psychiatric consultant at his or her own expense or a right to an internal consultation upon request at no expense.

(9) No consumer shall be retaliated against or subjected to any adverse change of conditions or treatment because the consumer asserted his or her rights.

(d) Each affected facility and program shall have written policy and implementing procedures, and shall provide documented staff training to insure the

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implementation of each and every consumer right stated in this Chapter.

- (e) Each affected facility and program shall have written policy and implementing procedures to insure each consumer enjoys, and has explained to him or her, these rights, and these rights are visibly posted in both consumer and public areas of the facility.
- (f) The ODMHSAS Office of Consumer Advocacy and the ODMHSAS Office of the Inspector General, in any investigation or monitoring shall have access to consumer, facility or program records and staff as set forth in this Chapter.
- (g) All facilities that are certified by, operated by, or contracted with the Department shall post the contact information for the ODMHSAS Office of Inspector General and ODMHSAS Office of Consumer Advocacy prominently in each consumer treatment unit and in consumer admissions, visiting and public areas.

**(450:15-3-28. Right to name a Treatment Advocate)**

- (a) All adult mental health consumers being served by a licensed mental health professional shall be informed by the LMHP or the mental health treatment facility that the consumer has the right to designate a family member or other concerned individual as a treatment advocate. The program shall have written policies and procedures ensuring this provision.
- (b) The consumer shall not be coerced, directly or indirectly, into naming or not naming a Treatment Advocate or choice of Treatment Advocate or level of involvement of the Treatment Advocate. Any individual so designated shall at all times act in the best interests of the consumer and comply with all conditions of confidentiality.
- (c) No limitation may be imposed on a consumer's right to communicate by phone, mail or visitation with his or her Treatment Advocate, except to the extent that reasonable times and places may be established.
- (d) The Treatment Advocate may participate in the treatment planning and discharge planning of the person being served to the extent consented to by the consumer and permitted by law.
- (e) The consumer and Treatment Advocate shall be notified of treatment and discharge planning meetings at least 24 hours in advance.
- (f) All LMHPs or mental health treatment facilities shall use a Treatment Advocate Designation form which will minimally include:
  - (1) the consumer's choice to name or not name a Treatment Advocate;

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- (2) identify any specifically named person;
  - (3) indicate the level of involvement the identified Treatment Advocate shall have.
  - (4) a space where the Treatment Advocate will indicate his or her intention of serving according to the consumer's specifications;
  - (5) an agreement that the Treatment Advocate will comply with all standards of confidentiality; and
  - (6) both the signature of the consumer and the Treatment Advocate.
- (g) Verbal confirmation of the written information proposed in the form shall be permitted until such time as the Treatment Advocate can be present to sign the designated form.
- (h) The consumer may change or revoke the designation of a treatment advocate at any time and for any reason.
- (i) A copy of the completed form shall be given to the consumer and the treatment advocate. The original shall be maintained in the consumer's record.
- (j) The Treatment Advocate form shall be reviewed with the consumer at each point of treatment planning and treatment planning review to afford the consumer an opportunity for review and amendment.
- (k) Compliance with 450:17-11-1. shall be determined by a review of facility policy and procedures; facility forms; consumer record reviews; interviews with staff and consumers; and any other supporting facility documentation.

**450:17-11-1. Consumer rights, inpatient and residential *Do not use Documentation Calculation for compliance* - 100% compliance required.**

- Notification of rights is accomplished upon admission to consumer or guardian. This is performed by satisfying the requirements of 450:15-3-3(b)(1-2).
- Facility's procedures are compliant with 450:15-3-3(c) and 450:15-3-27(d-e).
- Employees and volunteers are oriented regarding consumer's rights.
- Contact information for the ODMHSASA Office of Inspector General and the ODMHSAS Office of Consumer Advocacy is posted prominently in the facility.
- The synopsis of the bill of rights for facilities with physical custody shall encompass all elements of 450:15-3-27(b)(1-20).
- The synopsis of the bill of rights for facilities without physical custody shall encompass all elements of 450:15-3-27(c)(1-9).



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<b>OAC 450</b>	<b>17-11-3.</b>	<b>Core Standards Category: Clinical</b>
<b>Consumer's grievance policy</b>		

The CMHC shall comply with applicable rules in Title 450, Chapter 15, Consumer Rights.

**(450:15-3-45. Consumer Grievance Policy & Procedures and local advocacy activities)**

Facilities shall have a written grievance policy that includes:

- (1) A written notice of the grievance procedure is provided to each consumer or guardian and, to an individual of the consumer's choice;
- (2) Time frames for the grievance procedures which allow for an expedient resolution of consumer grievance(s);
  - (A) Inpatient and residential programs shall be a seven (7) day timeframe;
  - (B) Outpatient, intensive outpatient and day treatment programs shall be a fourteen (14) day timeframe;
  - (C) Crisis stabilization, medical detoxification and social detoxification programs shall have a three (3) day timeframe;

(3) A procedure for advising the consumer he or she has the right to make a complaint to the facility's local advocate or the ODMHSAS Consumer Advocacy Division and the mechanism for contacting the Consumer Advocacy Division. A consumer shall have unimpeded and confidential access to the facility's local advocate and the ODMHSAS Office of Consumer Advocacy. No policy or procedure shall require contact with the facility's local advocate prior to contacting the ODMHSAS Office of Consumer Advocacy;

**Procedure:** \_\_\_\_\_

(4) The procedure by which consumers are notified of the specific name(s) of the individual(s) responsible for coordinating the program's grievance procedure; the individual responsible for or authorized to make decisions for resolution of the grievance; and the specific name(s) of the individual(s) acting as the facility's local advocate. In the instance where the decision making is the subject of a grievance, decision making authority shall be delegated. The designated local advocate shall work with facility staff and contractors to ensure the needs of consumers are met at the lowest level possible and that consumer rights are enforced and not violated;

**Procedure:** \_\_\_\_\_

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- (5) The provision of written notification to the consumer of the grievance outcome and mechanism by which an individual may appeal the outcome;
- (6) ODMHSAS operated facility procedures shall include a process by which the consumer may appeal the grievance outcome to the Commissioner or designee;
- (7) A mechanism to monitor the grievance process and improve performance based on outcomes;
- (8) An annual review of the grievance policy and procedure including providing copies of updated grievance policy and procedure information to the Office of Consumer Advocacy when requested;
- (9) The ongoing monitoring of the grievance process and, based on outcomes, adjust and improve processes; and
- (10) The individual(s) designated as a facility's local advocate shall be responsible for coordinating and monitoring the facility's advocacy activities and contacts with the ODMHSAS Office of Consumer Advocacy. Duties of the facility's local advocate shall include, but is not limited to:
- (A) Serve as the on-sight advocate for consumers being treated or under the care of the program or facility and act as a liaison to the ODMHSAS Office of Consumer Advocacy. Such activities may include
    - i. Assist consumers in filing grievances;
    - ii. Serve as resource for consumers for questions or information dissemination about the facility, admission and discharge processes, or other basic human needs while in treatment; and
    - iii. Make contact with consumers involved in or who witness Critical Incidents or Sentinel Events while in treatment to ensure needs are being met.
  - (B) Serve as facility or program liaison to the Office of Consumer Advocacy in advocacy activities.

**450:17-11-3. Consumer's grievance policy Do not use Documentation Calculation for compliance - 100% compliance required.**

- Facility has grievance policy and procedures by that address **450: 15-3-45** (1-10).
- Each consumer, guardian, and an individual of the consumer's choice has received a copy of the grievance procedure per consumer record.
- Procedures for elements 3 and 4 are verifiable.
- Documentation supports that the grievance policy is reviewed on an annual basis.



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<b>OAC 450</b>	<b>17-13-1.</b>	<b>Core Standards Category: Organizational</b>
<b>Organizational and facility description</b>		

- (a) The CMHC shall have a written organizational description which is reviewed annually and minimally includes:
  - (1) The overall target population to be served;
  - (2) The overall mission statement; and
  - (3) The annual facility goals and objectives, including the goal of continued progress for the agency in providing recovery oriented, culturally competent, trauma informed and co-occurring capable services.
- (b) The CMHC's governing authority shall review and approve the mission statement and annual goals and objectives and document their approval.
- (c) The CMHC shall make the organizational description, mission statement and annual goals available to staff.
- (d) The CMHC shall make the organizational description, mission statement and annual goals available to the general public upon request.
- (e) Each CMHC shall have in writing, by program component or service, the following:
  - (1) Philosophy and description of services, including the philosophy of recovery oriented and welcoming service delivery;
  - (2) Identity of the professional staff that provides these services;
  - (3) Admission and exclusionary criteria that identify the type of consumers for whom the services is primarily intended, with no exclusion criteria based on active substance use disorders;
  - (4) Goals and objectives, including making progress toward co-occurring capable, trauma informed, and culturally competent service delivery; and
  - (5) Delineation of processes to assure welcoming accessible, integrated, and co-occurring capable services and a plan for how each program component will address the needs of individuals with co-occurring disorders.
- (f) The CMHC shall have written statement of the quality improvement processes, procedures and plans for attaining the organization's goals and objectives. These procedures and plans shall define specific tasks, including actions regarding the organization's co-occurring capability set target dates and designate staff responsible for carrying out the procedures and plans.

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(g) Compliance with OAC 450:17-13-1. shall be determined by a review of the facility's target population definition; facility policy and procedures; mission statement; written plan for professional services; other stated required documentation; and any other supporting documentation.

**450:17-13-1. Organizational and facility description. Compliance Guidelines:  
Score as compliant if the following are present**

- Organizational description containing mission statement, goals, and objectives, annually approved by Board (a) and (b)
- Above items made available to staff and public (c) and (d)
- Program descriptions address (e)
- Written statement or policy to support compliance with (f)

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						

**Notes:**

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<b>OAC 450</b>	<b>17-13-2.</b>	<b>Core Standards Category: Organizational</b>
<b>Information analysis and planning</b>		

- (a) The CMHC shall have a defined and written plan for conducting an organizational needs assessment which specifies the methods and data to be collected, to include, but not limited to information from:
  - (1) Consumers;
  - (2) Governing Authority;
  - (3) Staff;
  - (4) Stakeholders;
  - (5) Outcomes management processes;
  - (6) Quality record review and
  - (7) Self-assessment tools to determine progress toward co-occurring, recovery oriented, trauma informed and consumer driven capability.
  
- (b) The CMHC shall have a defined ongoing system to collect data and information on a quarterly basis to manage the organization.
  
- (c) Information collected shall be analyzed to improve consumer services and organizational performance.
  
- (d) The CMHC shall prepare an end of year management report, which shall include but not be limited to:
  - (1) an analysis of the needs assessment process, and
  - (2) performance improvement program findings.
  
- (e) The management report shall be communicated and made available to, among others:
  - (1) the governing authority,
  - (2) facility staff, and
  - (3) ODMHSAS if and when requested.
  
- (f) Compliance with OAC 450:17-13-2. shall be determined by a review of the written program evaluation plan(s); written annual program evaluation(s), special or interim program evaluations; program goals and objectives; and other supporting documentation provided.

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**450:17-13-2. Information analysis and planning. Compliance Guidelines: Score as compliant if the following are present:**

- The facility shall have a defined and written plan for conducting an organizational needs assessment that includes information from
  - Consumers;
  - Governing Authority;
  - Staff;
  - Stakeholders;
  - Outcomes management processes;
  - Quality record review; and
  - Self-assessment tools to determine progress toward co-occurring, recovery oriented, trauma informed, and consumer driven capability.
- System to collect data quarterly (b)
- Information is used to improve services and organizational performance (c)
- Annual management report (d)
  - Needs analysis
  - Performance improvement program findings.
  - Report shall be available as described in (e)

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						

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<b>OAC 450</b>	<b>17-15-1.1.</b>	<b>Core Standards Category: Organizational</b>
<b>Performance improvement program</b>		

- (a) The CMHC shall have an ongoing performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of consumer care.
- (b) The Performance improvement program shall also address the fiscal management of the organization.
- (c) The facility shall have an annual written plan for performance improvement activities. The plan shall include but not be limited to:
  - (1) Outcomes management specific to each program component which minimally measures:
    - (A) efficiency,
    - (B) effectiveness, and
    - (C) consumer satisfaction.
  - (2) A quarterly quality consumer record review to evaluate and ensure, among others:
    - (A) the quality of services delivered,
    - (B) the appropriateness of services,
    - (C) patterns of service utilization,
    - (D) consumers are provided an orientation to services, and actively involved in making informed choices regarding the services they receive;
    - (E) assessments are thorough, timely and complete
    - (F) treatment goals and objectives are based on, at a minimum,
      - (i) assessment findings, and
      - (ii) consumer input;
    - (G) services provided are related to the treatment plan goals and objectives;
    - (H) services are documented as prescribed by policy; and
    - (I) the service plan is reviewed and updated as prescribed by policy.
  - (3) Clinical privileging;
  - (4) Review of critical and unusual incidents and consumer grievances and complaints; and
  - (5) Improvement in the following:
    - (A) co-occurring capability, including the utilization of self-assessment tools as determined or recommended by ODMHSAS;
    - (B) provision of trauma informed services;
    - (C) provision of culturally competent services; and
    - (D) provision of consumer driven services; and
  - (6) Activities to improve access and retention within the treatment program, including an annual “walk through” of the admission process.

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- (d) The CMHC will identify a performance improvement officer.
- (e) The CMHC shall monitor the implementation of the performance improvement plan on an ongoing basis and makes adjustments as needed.
- (f) Performance improvement findings shall be communicated and made available to, among others:
  - (1) the governing authority;
  - (2) facility staff;
  - (3) consumers;
  - (4) stakeholders; and
  - (5) ODMHSAS as requested and
- (g) Compliance with 450:17-15-1.1. shall be determined by a review of the written program evaluation plan; written program evaluations (annual and or special or interim; program goals and objectives; and other supporting documentation provided).

**450:17-15-1.1. Performance improvement program. Compliance Guidelines:  
Score as compliant if the following are present:**

- Annual ongoing performance improvement program (a)
- Program shall also address the fiscal management (b)
- Written plan for performance improvement activities (c)
  - o Outcomes management specific to each program;
  - o A quarterly record review
  - o Staff privileging
  - o Review of critical incidents, grievances, and complaints
- Improvement in
  - o Co-occurring capability;
  - o Provision of trauma informed services;
  - o Provision of culturally competent services; and
  - o Provision of consumer driven services.
- "Walk through" per (c) (6)
- Identified performance improvement officer (d)
- Implementation monitored at least annually (e)
- Findings shall be communicated per (f)

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	<u>POLICIES</u>			Renewal or Subsequent	Follow- up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						

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OAC 450	17-15-5	<b>Core Standards Category: Clinical</b>
<b>Critical Incident reporting</b>		

- (a) The facility shall have written policies and procedures requiring documentation and reporting of critical incidents and analysis of the contributors to the incident, with attention to issues that may reflect opportunities for system level or program level improvement.
  
- (b) The documentation for critical incidents shall minimally include:
  - (1) the facility, name and signature of the person(s) reporting the incident;
  - (2) the name(s) of the consumer(s), staff member(s) or property involved;
  - (3) the time, date and physical location of the critical incident ;
  - (4) the time and date the incident was reported and name of the staff person within the facility to whom it was reported;
  - (5) a description of the incident;
  - (6) resolution or action taken, date action taken, and signature of appropriate staff; and
  - (7) severity of each injury, if applicable. Severity shall be indicated as follows:
    - (A) No off-site medical care required or first aid care administered on-site;
    - (B) Medical care by a physician or nurse or follow-up attention required; or
    - (C) Hospitalization or immediate off-site medical attention was required;
  
- (c) Critical incidents shall be reported to ODMHSAS with specific timeframes, as follows:
  - (1) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax or mail to ODMHSAS Provider Certification within twenty-four (24) hours of the incident being documented.
  - (2) Critical incidents involving allegations constituting a sentinel event or consumer abuse shall be reported to ODMHSAS immediately via telephone or fax, but not more than twenty-four (24) hours of the incident. If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours.
  - (3) Sentinel events shall have a root cause analysis completed no later than 30 days after the event occurred with a copy of the completed report sent to ODMHSAS.
  
- (d) Compliance with 450:17-15-5. shall be determined by a review of facility policy and procedures; critical incident reports at the facility and those submitted to ODMHSAS, performance improvement program documents and reports, and staff interviews.

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**450:17-15-5. Critical Incident reporting. Compliance Guidelines: Score as compliant if the following are present:**

- Policies and procedures require documentation and reporting of critical incidents per (a)
- The documentation of critical incidents include per (b)
  - Name of facility
  - Name of persons reporting the incident
  - Signature of the persons reporting the incident;
  - Names of the consumers,
  - Names of staff members or property involved;
  - Time of incident
  - Date of incident
  - Physical location of the incident;
  - Time incident was reported
  - Date the incident was reported
  - Name of the staff person within the facility to whom it was reported;
  - A description of the incident;
  - Resolution or action taken
  - Date resolution or action was taken
  - Signature of appropriate staff members; and
  - Severity of each injury, if applicable Per (b) (7)
- Critical incidents reported to ODMHSAS within required timeframes per (c) by mail at 2000 N. Classen Blvd., E600, Oklahoma City, OK 73106, or by fax to (405) 248-9325

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					95%		

**\*Maximum of 17 elements, if there is an injury.**

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	<u>POLICIES</u>			Renewal or Subsequent	Follow- up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						

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<b>OAC 450</b>	<b>17-19-1.</b>	<b>Core Standards Category: Organizational</b>
<b>Personnel policies and procedures</b>		

- (a) The facility shall have written personnel policies and procedures approved by the governing authority.
- (b) All employees shall have access to personnel policies and procedures, as well as other Rules and Regulations governing the conditions of their employment.
- (c) The facility shall develop, adopt, and maintain policies and procedures at each provider location to promote the objectives of the center and provide for qualified personnel during all hours of operation to support the functions of the facility and the provision of quality care.
- (d) Compliance with 450:17-19-1. shall be determined by a review of written personnel policies and procedures, and other supporting documentation provided.

**450:17-19-1. Personnel policies and procedures. Compliance Guidelines: Score as compliant if the following are present:**

- Policies and procedures address required content for (a), (b), and (c).

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						



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<b>OAC 450</b>	<b>17-19-2.</b>	<b>Core Standards Category: Operational</b>
<b>Job descriptions</b>		

- (a) There shall be job descriptions for all positions setting forth minimum qualifications and duties of each position.
- (b) All job descriptions shall include an expectation of core competencies in relation to individuals with co-occurring disorders.
- (c) Compliance with 450:17-19-2. shall be determined by a review of written job descriptions for all facility positions, and other supporting documentation provided.

**450:17-19-2. Job descriptions. Compliance Guidelines: Score as compliant if the following are present:**

- Facility documentation addresses required content of (a) and (b).

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % <i>Required</i>	(F) % Met (D)/(C)	Met (F) =/> than (E)
	2				90%		



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<b>OAC 450</b>	<b>17-19-3.</b>	<b>Core Standards Category: Organizational</b>
<b>Utilization of volunteers</b>		

- (a) In facilities where volunteers are utilized, specific policies and procedures shall be in place to define the purpose, scope, and training, supervision and operations related to the use of volunteers.
- (b) A qualified staff member shall be assigned the role of, or responsibility as, the volunteer coordinator.
- (c) Volunteer policies and procedures shall be reviewed by the governing authority upon revision.
- (d) There shall be documentation to verify orientation of each volunteer which shall enable him or her to have knowledge of program goals and familiarity with routine procedures.
- (e) The volunteer orientation shall include explanations, at a minimum, of the following:
  - (1) The importance of maintaining confidentiality and protecting consumer's rights, as well as the legal ramifications of State and Federal regulations concerning confidentiality;
  - (2) The facility's policies and procedures;
  - (3) Any other necessary information to ensure that volunteer staff members are knowledgeable enough to carry out the responsibilities of their position; and
  - (4) Documentation of volunteer's understanding of policies, goals and job.
- (f) Compliance with 450:17-19-3. shall be determined by a review of volunteer policies and procedures; designation of a volunteer coordinator; written orientation plan; orientation program; written goals and objectives; volunteer personnel files; and volunteer records.

**450:17-19-4. Utilization of volunteers. Compliance Guidelines: Score as compliant if the following are present:**

- Facility policy and procedure addresses (a).
- Staff member is assigned as volunteer coordinator, per (b).
- Board approves volunteer policy, upon revision, per (c).

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Per (d), documented volunteer training includes components specified, in (e)(1-4).

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	4				95%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						

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<b>OAC 450</b>	<b>17-21-1.</b>	<b>Core Standards Category: Clinical</b>
<b>Staff qualifications</b>		

- (a) All staff who provide clinical services shall have documented qualifications or training specific to the clinical services they provide within the CMHC.
- (b) Staff qualifications for contracted entities shall be in compliance with 450:1-1-1.1 and 450:1-3-5.
- (c) Compliance with 450:17-21-1 shall be determined by a review of staff personnel files and other supporting documentation provided.
- (d) Failure to comply with 450:17-21-1 will result in the initiation of procedures to deny, suspend and/or revoke certification.

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

- (a) *All staff who provide clinical or supportive services for an agency contracting with ODMHSAS shall have documented qualifications, licensing or training specific to the clinical services they provide.*
- (b) *The following service providers, as defined in 450:1-1-1.1, may provide behavioral health treatment and support services as agreed upon per contract between ODMHSAS and the contractor:*
  - (1) *Behavioral Health Aide (BHA);*
  - (2) *Behavioral Health Case Manager (BHCM);*
  - (3) *Behavioral Health Rehabilitation Specialist (BHRS);*
  - (4) *Certified Alcohol and Drug Counselor (CADC);*
  - (5) *Employment Consultant (EC);*
  - (6) *Family Support and Training Provider (FSP);*
  - (7) *Intensive Case Manager (ICM);*
  - (8) *Licensed Behavioral Health Professional (LBHP);*
  - (9) *Licensed Mental Health Professional (LMHP);*
  - (10) *Licensed Physician;*
  - (11) *Licensed Practical Nurse;*
  - (12) *Paraprofessional;*
  - (13) *Psychiatrist;*
  - (14) *Recovery Support Specialist (RSS);*
  - (15) *Registered Nurse;*
  - (16) *Support Services Provider (SSP).*

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**Note: LADCs are LBHPs by definition**

**450:17-21-1. Staff qualifications. Compliance Guidelines: Score as compliant if the following are present:**

- Records show that the staff named above are practicing within the scope of their licensure/certification (use Documentation Calculation for compliance)

\*\*16 possible elements

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					95%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						



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<b>OAC 450</b>	<b>17-21-2.</b>	<b>Core Standards Category: Operational</b>
<b>Staff development</b>		

- (a) The CMHC shall have a written plan for the professional growth and development of all administrative, professional and support staff.
- (b) This plan shall include, but not be limited to:
  - (1) orientation procedures;
  - (2) inservice training and education programs;
  - (3) availability of professional reference materials; and
  - (4) mechanisms for insuring outside continuing educational opportunities for staff members.
- (c) The results of performance improvement activities, accrediting and audit findings and recommendations shall be addressed by and documented in the staff development and clinical privileging processes.
- (d) Staff competency development shall be aligned with the organization's goals related to co-occurring capability, and incorporate a training plan, training activities, and supervision designed to improve co-occurring core competencies of all staff.
- (e) Staff education and inservice training programs shall be evaluated by the CMHC at least annually.
- (f) Compliance with 450:17-21-2. shall be determined by a review of the staff development plan; clinical privileging processes; documentation of inservice training programs; and other supporting documentation provided.

**450:17-21-2. Staff development. Compliance Guidelines: Score as compliant if the following are present:**

- Facility documentation verifies compliance with (a)-(e)
  - Plan includes, but is not limited to, required components:
    - i. Orientation procedures
    - ii. In-service training and education materials
    - iii. Mechanisms for insuring outside continuing educational opportunities for staff members
  - Results of performance activities/accrediting and audit findings/recommendations are addressed by and documented in staff development process.
  - Staff competency development is aligned with the organization's

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goals for co-occurring capability and incorporates the following elements to improve co-occurring core competencies for all staff.

- i. Training plan
- ii. Training activities
- iii. Supervision
- o Staff education/in service training programs are evaluated at least annually by the agency

Records show that the staff received orientation. (use Documentation Calculation for compliance)

\*\*Number of elements will vary based on what is in facility's orientation plan.

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					95%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

**Notes:**

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<b>OAC 450</b>	<b>17-21-3</b>	<b>Core Standards Category: Clinical</b>
<b>Annually required inservice training for all employees</b>		

- (a) Inservice presentations shall be conducted each calendar year and are required for all employees upon hire and annually thereafter on the following topics:
- (1) Fire and safety;
  - (2) AIDS and HIV precautions and infection control;
  - (3) Consumer’s rights and the constraints of the Mental Health Patient's Bill of Rights;
  - (4) Confidentiality;
  - (5) Oklahoma Child Abuse Reporting and Prevention Act, 10 O.S. §§ 7101-7115; and
  - (6) Facility policy and procedures
  - (7) Cultural Competence (including military culture if active duty or veterans are being served);
  - (8) Co-occurring disorder competency and treatment principles
  - (9) Trauma informed; and
  - (10) Age and developmentally appropriate trainings, where applicable.

(b) All clinical staff shall have non-physical intervention training in techniques and philosophies addressing appropriate non-violent interventions for potentially physical interpersonal conflicts, staff attitudes which promote dignity and enhanced self-esteem, keys to effective communication skills, verbal and non-verbal interaction and non-violent intervention within three (3) months of being hired with annual updates thereafter.

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

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

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

**450:17-21-3. Annually required inservice training for all employees. Compliance Guidelines: Score as compliant if the following are present:**

- Facility has documentation that their non-physical and physical intervention training has been approved by the ODMHSAS commissioner or designee prior to

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- conducting of this training, per (d).
- Records satisfy the following annual training requirements for all employees.  
(Apply Documentation Calculation for scoring)
    - Fire and Safety
    - AIDS and HIV precautions and Infection control
    - Consumers rights/constraints of the Mental Health Consumer’s Bill of Rights
    - Confidentiality
    - Oklahoma Child Abuse Reporting Act and Protective Services for the Elderly and for Incapacitated Adults Act
    - Facility policy and procedures
    - Cultural competence
    - Co-occurring disorder competency and treatment principles
    - Trauma informed
    - Age and developmentally appropriate trainings, where applicable
    - All staff-Techniques and philosophies addressing appropriate non-violent interventions for potentially physical interpersonal conflicts, staff attitudes to promote dignity and self esteem, effective communication skills, verbal and non-verbal interaction and non-violent intervention (within 3 months of hire).
    - All staff-Techniques and philosophies addressing appropriate non-violent interventions for potentially physical interpersonal conflicts, staff attitudes to promote dignity and self esteem, effective communication skills, verbal and non-verbal interaction and non-violent intervention annually.
    - Designated staff-Physical intervention training prior to providing direct care services.
    - Designated staff-Physical intervention training annually.

<b>Date(s) of Review(s)</b>	<b>(A) Elements in Standard</b>	<b>(B) Records Reviewed</b>	<b>(C) Applicable Items (A) x (B)</b>	<b>(D) Number Met</b>	<b>(E) % Required</b>	<b>(F) % Met (D)/(C)</b>	<b>Met (F) =/&gt; than (E)</b>
	14				<b>95%</b>		

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	<u>POLICIES</u>			Renewal or Subsequent	Follow- up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						

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<b>OAC 450</b>	<b>17-21-4</b>	<b>Core Standards Category: Clinical</b>
<b>First Aid and CPR training</b>		

- (f) The CMHC shall have staff during all hours of operation at each program site who maintains current certification in basic first aid and Cardiopulmonary Resuscitation (CPR).
  
- (b) Compliance with 450:17-21-4. shall be determined by a review of staff training records and other supporting written information, including, but not limited to staff schedules to assure all program sites are continuously staff with staff trained in item (a) above.

**450:17-21-4. First Aid and CPR training. Compliance Guidelines: Score as compliant if the following are present:**

- Facility documentation (staffing schedules) support compliance by addressing (a).
- Records validate that at least one staff member present at each program site (per the schedules provided) have a current cardiopulmonary resuscitation certification **and** first aid. (Apply Documentation Calculation for scoring)

Date(s) of Review(s)	(A) Elements in Standard	(B) Staffing Schedules Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	2				95%		



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<b>OAC 450</b>	<b>17-21-6</b>	<b>Core Standards Category: Clinical</b>
<b>Clinical supervision</b>		

- (a) Clinical supervision is a vital component of the provision of quality treatment. Clinical supervision shall be provided for those delivering direct services and shall be provided by persons knowledgeable of clinical services as determined by the program.
- (b) All facilities shall have written policies and procedures, operational methods, and documentation of the provision of clinical supervision for all direct treatment and service staff. These policies shall include, but are not limited to:
  - (1) Credentials required for the clinical supervisor;
  - (2) Specific frequency for case reviews with treatment and service providers;
  - (3) Methods and time frames for supervision of individual, group, and educational treatment services; and
  - (4) Written policies and procedures defining the program's plan for appropriate counselor-to-consumer ratio, and a plan for how exceptions may be handled.
- (c) Ongoing clinical supervision should address:
  - (1) The appropriateness of treatment selected for the consumer;
  - (2) Treatment effectiveness as reflected by the consumers meeting their individual goals; and
  - (3) The provision of feedback that enhances the clinical skills of service providers.
- (d) Compliance with this Section may be determined by a review of the following:
  - (1) Policies and procedures;
  - (2) Clinical services manuals;
  - (3) Clinical supervision manuals;
  - (4) Documentation of clinical supervision;
  - (5) Personnel records;
  - (6) Interviews with staff; and
  - (7) Other facility documentation.
- (e) Failure to comply with this Section will result in the initiation of procedures to deny, suspend and/or revoke certification.

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**450:17-21-6. Clinical supervision. Compliance Guidelines: Score as compliant if the following are present:**

- Policies and procedures define responsibilities and mechanisms for clinical supervision per (a) and (b) (1) – (4)
- Supervision records satisfy requirements per (c). At a minimum documentation should be kept regarding (a) appropriateness/effectiveness of care provided to specific cases as reviewed with the supervisee; and, (b) that feedback is provided to the supervisee regarding the enhancement and development of specific clinical skills.

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	2				90%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						



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<b>OAC 450</b>	<b>17-23-1.</b>	<b>Core Standards Category: Operational</b>
<b>Facility environment</b>		

- (a) The CMHC shall obtain an annual fire and safety inspection from the State Fire Marshall or local authorities which documents approval for continued occupancy.
- (b) CMHC staff shall know the exact location, contents and use of first aid supply kits and fire fighting equipment. First aid supplies and fire fighting equipment shall be maintained in appropriately designated areas within the facility. Fire alarm systems shall have visual signals suitable for the deaf and hearing-impaired.
- (c) There shall be posted written plans and diagrams noting emergency evacuation routes in case of fire, and shelter locations in case of severe weather.
- (d) Facility grounds shall be maintained in a manner to provide a safe environment for consumers, personnel, and visitors.
- (e) The director of the CMHC or designee shall select appointment of a safety officer.
- (f) The facility shall have an emergency preparedness program designed to provide for the effective utilization of available resources so that consumer care can be continued during a disaster. The emergency preparedness program is evaluated annually and is updated as needed.
- (g) Policies for the use and control of personal electrical equipment shall be developed and implemented.
- (h) There shall be an emergency power system to provide lighting throughout the facility.
- (i) The CMHC director shall ensure there is a written plan to cope with internal and external disasters. External disasters include, but are not limited to, tornados, explosions, and chemical spills.
- (j) Compliance with 450:17-23-1. shall be determined by visual observation; posted evacuation plans; a review of the CMHC's annual fire and safety inspection report; and a review of policy, procedures and other supporting documentation provided.

**450:17-23-1. Facility environment. Compliance Guidelines: Score as compliant if the following are present:**

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- Policies and Procedures address (a)-(i)
  - o Annual fire and safety inspection for CMHC, per (a)
  - o Staff training regarding the location and use of all fire extinguishers and first aid supplies and firefighting equipment/fire detection systems.
  - o Diagrams noting emergency evacuation routes and shelter areas are prominently posted
  - o The maintenance of facility grounds to provide a safe environment for consumers, personnel and visitors.
  - o Designated Safety Officer.
  - o An emergency preparedness plan/evaluated/revised annually as needed
  - o Use and control of personal electrical equipment
  - o An emergency power system to provide lighting throughout facility
  - o Facility has a written plan for internal and external disasters, including but not limited to:
    - i. Tornadoes
    - ii. Explosions
    - iii. Chemical spills
- Staff records verify knowledge of :
  - o Location, contents and use of first aid and firefighting equipment

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	1				95%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

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<b>OAC 450</b>	<b>17-23-2.</b>	<b>Core Standards Category: Operational</b>
<b>Technology</b>		

- (a) The CMHC shall have a written plan regarding the use of technology and systems to support and advance effective and efficient service and business practices. The plan shall include, but not be limited to:
  - (1) Hardware and software.
  - (2) Security.
  - (3) Confidentiality.
  - (4) Backup policies.
  - (5) Assistive technology.
  - (6) Disaster recovery preparedness.
  - (7) Virus protection.
  
- (b) Compliance with this Section shall be determined by a review of the facility policies, performance improvement plans and technology and system plan.

**450:17-23-2. Technology. Compliance Guidelines: Score as compliant if the following are present:**

- Review of policies and procedures, to include any telehealth policies and procedures
- For telehealth, consent for treatment
- For telehealth, policy for refusal of telehealth services
- HIPAA compliance documentation for software

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	<u>POLICIES</u>			Renewal or Subsequent	Follow- up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
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<b>OAC 450</b>	<b>17-23-3</b>	<b>Core Standards Category: Operational</b>
<b>Tobacco-free campus</b>		

- (a) The CMHC shall provide a tobacco-free campus for its employees, consumers and visitors. Possession and use of any tobacco product is prohibited on the grounds of the CMHC by employees, consumers, volunteers and visitors.
- (b) Facility will visibly post signs on the property notifying consumers, employees and visitors that the visible possession and use of tobacco products is prohibited.
- (c) CMHC employees shall not share tobacco or tobacco replacement products with consumers.
- (d) The CMHC shall offer assistance to employees who are tobacco users while he or she is employed by the CMHC. The assistance shall include, but is not limited to, the provision of information on the health impact of continued tobacco use; the integrated assessment of consumer's tobacco use into standard practice; referrals to tobacco cessation programs such as the Oklahoma Tobacco Helpline; the provision of or access to FDA-approved prescription and/or non-prescription medications for the treatment of nicotine dependence when available; the delivery of evidence-based behavioral interventions for tobacco use cessation by counselors and other clinicians; and provision of appropriate follow-up to facilitate cessation intervention and prevent relapse.
- (e) The CMHC shall always inquire of the consumers' tobacco use status and be prepared to offer treatment upon request of the consumer.
- (f) Compliance with this Section shall be determined by visual observation; posted signs; consumer and staff interviews; and a review of the CMHC's policy, procedures and other supporting documentation provided.

**450:17-23-3 Tobacco-free campus. Compliance Guidelines: Score as compliant if the following are present:**

- Visual observation of employees, consumers, volunteers and visitors not possessing or using tobacco products.
- Visible signage prohibiting tobacco products and their use on the grounds.
- Assistance offered to employees, either directly documented or indirectly, i.e. through pamphlets, signs for the OK Tobacco Helpline
- Documentation shows that consumers were inquired/assisted regarding tobacco use. (use Documentation Calculation for compliance)

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- Consumers were asked about tobacco use status, at each major interaction, i.e. intake, treatment plan, med check, treatment plan update.
- If applicable, consumers were offered treatment.

(2 elements possible)

Date (s) of Review (s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D) / (C)	Met (F) =/> than (E)
					90%		

	<u><b>POLICIES</b></u>			<b>Renewal or Subsequent</b>	<b>Follow-up</b>	<b>Additional Follow-up</b>
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
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<b>OAC 450</b>	<b>17-25-1.</b>	<b>Core Standards Category: Organizational</b>
<b>Documents of authority</b>		

- (a) There shall be a duly constituted authority and governance structure for assuring legal responsibility and for requiring accountability for performance and operation of the facility (including all components and satellites).
- (b) The governing authority shall have written documents of its source of authority, which shall be available to the public upon request.
- (c) In accordance with governing body bylaws, rules and regulations, the chief executive officer is responsible to the governing body for the overall day-to-day operation of the facility, including the control, utilization, and conservation of its physical and financial assets and the recruitment and direction of the staff.
  - (1) The source of authority document shall state:
    - (A) The eligibility criteria for governing body membership;
    - (B) The number and types of membership;
    - (C) The method of selecting members;
    - (D) The number of members necessary for a quorum;
    - (E) Attendance requirements for governing body membership;
    - (F) The duration of appointment or election for governing body members and officers; and
    - (G) The powers and duties of the governing body and its officers and committees or the authority and responsibilities of any person legally designated to function as the governing body.
  - (2) There shall be an organizational chart setting forth the operational components of the facility and their relationship to one another.
- (d) Compliance with 450:17-25-1. shall be determined by a review of the following: bylaws, articles of incorporation, written document of source of authority, minutes of governing board meetings, job description of the CEO, and the written organizational chart.

**450:17-25-1. Documents of authority. Compliance Guidelines: Score as compliant if the following are present:**

- Facility documentation supports compliance by addressing (a-c).



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<b>OAC 450</b>	<b>17-25-2.</b>	<b>Core Standards Category: Organizational</b>
<b>Board composition</b>		

- (a) Members of the Board of Directors shall reside, or be employed, or otherwise have a demonstrated interest in the area served.
- (b) The composition of the Board shall reflect an equitable representation of the population distribution in the service area. Each county in a multi-county service area of five or fewer counties must be represented on the Board by at least one resident of the county. CMHCs serving six or more counties may rotate such membership or otherwise ensure representation.
- (c) Composition of the Board shall also reflect a broad representation of the community, including minorities, at least one consumer of Mental Health services and one family member of a child with an emotional disturbance.
- (d) No more than forty percent of the Board's members shall be providers of mental health services.
- (e) The Board shall have no less than seven members.
- (f) System shall be devised to provide for a staggering of terms so that the terms of the Directors do not all expire at the same time.
- (g) The Board shall have a provision for the removal of individuals from the Board for non-attendance of Board meetings.
- (h) The governing body shall meet at least quarterly.
- (i) Employees of an agency shall be prohibited from participation as Board members of their governing authority, except in an ex-official, nonvoting capacity.
- (j) The meetings of the Board of Directors shall comply with the Oklahoma open meeting laws.
- (k) Compliance with 450:17-25-2. shall be determined by a review of facility policy and procedures regarding governing authority; governing body bylaws, rules and regulations; governing body minutes; membership rolls; and other documentation as needed.

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**450:17-25-2. Board composition. Compliance Guidelines: Score as compliant if the following are present:**

- Facility documentation supports compliance by addressing (a-j).

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						

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<b>OAC 450</b>	<b>17-27-1</b>	<b>Core Standards Category: Organizational</b>
<b>Americans with disabilities act of 1990</b>		

- (a) Under Titles 11 and 111 of the ADA, the CMHCs shall comply with the “Accessibility Guidelines for Buildings and Facilities (ADAAG) for alterations and new construction.” United States government facilities are exempt for the ADA as they shall comply with the “Uniform Federal Accessibility Standards (UFAS)”, effective August 7, 1984. Also available for use in assuring quality design and accessibility is the American National Standards Institute (ANSI) A117.1 “American National Standard for Accessible and Usable Buildings and Facilities.”
  
- (b) State and local standards for accessibility and usability may be more stringent than ADA, UFAs, or ANSI A 117.1. The CMHC shall assume responsibility for verification of all applicable requirements and comply with the most stringent standards.
  
- (c) The CMHC shall have written policy and procedures providing or arranging for services for persons who fall under the protection of the Americans With Disabilities Act of 1990 and provide documentation of compliance with applicable Federal, state, and local requirements. A recommended reference is the "Americans With Disabilities Handbook" published the in U.S. Equal Employment Opportunities Commission and the U.S. Department of Justice.
  
- (e) Compliance with 450:17-27-1. shall be determined through a review of facility written policy and procedure; and any other supporting documentation.

**450:17-27-1 Americans with disabilities act of 1990. Compliance Guidelines: Score as compliant if the following are present**

- Facility documentation and on site verification supports compliance by addressing (a and b).
- Facility policy addresses (c).



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<b>OAC 450</b>	<b>17-27-2.</b>	<b>Core Standards Category: Organizational</b>
<b>Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS)</b>		

- (a) The facility shall have a policy of non-discrimination against persons with HIV infection or AIDS.
  
- (b) All facilities shall observe the Universal Precautions For Transmission of Infectious Diseases as set forth in, "Occupational Exposure to Bloodborne Pathogens" published by the (U.S.) Occupations Safety Health Administration [OSHA]; and
  - (1) There shall be written documentation the aforesated Universal Precautions are the policy of the facility;
  - (2) Inservice training regarding the Universal Precautions shall be a part of employee orientation and, at least once per year, is included in employee inservice training.
  
- (c) Compliance with 450:17-27-2. is determined by reviews of facility policy and procedure and inservice training records, schedules, or other documentation.

**450:17-27-2. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS). Compliance Guidelines: Score as compliant if the following are present**

- Policies and procedures address required content for (a) and (b).
- Staff records exhibit compliance with initial Universal Precautions training. (apply Documentation Calculation for scoring):

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	1				95%		

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	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 <sup>nd</sup> review	3 <sup>rd</sup> review			
<b>Date of Policy Review</b>						
<b>Not Applicable</b>						
<b>Compliant</b>						
<b>Not Reviewed</b>						
<b>Not Compliant</b>						



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CERTIFICATION SITE VISIT PROTOCOL

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**CORE ORGANIZATIONAL STANDARDS - SCORING SUMMARY**

	Initial	Renewal or Subsequent	Follow-up/Follow-up	
Total number of organizational standards in protocol	_____	_____	_____	_____
Less number of standards not applicable	_____	_____	_____	_____
<b>Total number of applicable standards</b>	_____	_____	_____	_____
<b>Total number of compliant standards</b>	_____	_____	_____	_____
<b>Score = <u>Compliant Standards</u></b>	_____ %	_____ %	_____ %	_____ %
<b>Applicable Standards</b>				
<b>Amended score</b>	_____ %	_____ %	_____ %	_____ %

**CORE OPERATIONAL STANDARDS - SCORING SUMMARY**

	Initial	Renewal or Subsequent	Follow-up/Follow-up	
Total number of operational standards in protocol	_____	_____	_____	_____
Less number of standards not applicable	_____	_____	_____	_____
<b>Total number of applicable standards</b>	_____	_____	_____	_____
<b>Total number of compliant standards</b>	_____	_____	_____	_____
<b>Score = <u>Compliant Standards</u></b>	_____ %	_____ %	_____ %	_____ %
<b>Applicable Standards</b>				
<b>Amended score</b>	_____ %	_____ %	_____ %	_____ %

**QUALITY CLINICAL STANDARDS - SCORING SUMMARY**

	Initial	Renewal or Subsequent	Follow-up/Follow-up	
Total number of clinical standards in protocol	_____	_____	_____	_____
Less number of standards not applicable	_____	_____	_____	_____
<b>Total number of applicable standards</b>	_____	_____	_____	_____
<b>Total number of compliant standards</b>	_____	_____	_____	_____
<b>Score = <u>Compliant Standards</u></b>	_____ %	_____ %	_____ %	_____ %
<b>Applicable Standards</b>				
Number of consumer records reviewed for compliance with specific standards as applicable (open/closed)	_____	_____	_____	_____
<b>Amended score*</b>	_____ %	_____ %	_____ %	_____ %

\*Only specific items can be amended per PC procedure