

# OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

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## Title 450

# Chapter 18

### Standards and Criteria for Alcohol and Drug Treatment Programs

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## SUBCHAPTER 1. GENERAL PROVISIONS

### 450:18-1-1. Purpose

This chapter sets forth the standards and criteria used in the certification of facilities and organizations providing substance abuse treatment services for alcohol or drug dependent consumers and implements 43A O.S. §§ 3-403, 3-415, 3-416, 3-417, 3-417.1, 3-601, 3-602 and 3-603. The rules regarding the certification processes, including, but not limited to, the application process, fees, and administrative sanctions are found in OAC 450:1, Subchapters 5 and 9.

### 450:18-1-2. Definitions

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

**"Acute intoxication or withdrawal potential"** means one dimension to be considered in consumer placement, continued stay, and discharge and is an evaluation of the consumer's withdrawal patterns and current level of intoxication and potential for withdrawal complications as it impacts level of care decision making.

**"Admission"** means the acceptance of a consumer by a treatment program.

**"Admission criteria"** means those criteria which shall be met for admission of a consumer to substance abuse treatment according to the current American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC).

**"Adolescent"** means any individual under eighteen years of age.

**"Adolescent halfway house treatment"** means low intensity substance abuse treatment, at least six (6) hours of structured substance abuse treatment or rehabilitation services weekly, to adolescents in a supportive environment usually following completion of primary treatment to facilitate the individual's reintegration into the home or community.

**"Adolescent residential treatment"** means a live-in facility which provides twenty-four (24) hour care for the treatment of adolescents with substance abuse problems. Corresponding ASAM Patient Placement Criteria treatment level: Level III.5 or III.7.

**"Adult"** means any individual 18 years of age or older.

**"ASAM"** means the American Society of Addiction Medicine.

**"ASAM patient placement criteria" or "ASAM PPC"** means the most current edition of the American Society of Addiction Medicine's published criteria for admission to treatment, continued services and discharge.

**"Assessment"** means those procedures by which a program provides an on-going evaluation process with the consumer to collect his or her historical information, and identify strengths, needs, abilities, and preferences in order to determine a plan for recovery.

**"Biomedical condition and complications"** means one dimension to be considered in consumer placement, continued stay and discharge and is an evaluation of the consumer's current physical condition and history of medical and physical functioning as it impacts level of care decision making.

**"Biopsychsocial assessment"** means face-to-face interviews conducted by a treatment professional designed to elicit historical and current information regarding the behaviors, experiences, and support systems of a consumer, and identify the consumer's

strengths, needs, abilities, and preferences for the purpose of guiding the consumer's recovery plan.

**"Case management"** means actions such as planned linkage, advocacy and referral assistance provided in partnership with a consumer to support that consumer in self sufficiency and community tenure and may occur in the consumer's home, in the community, or in the facility.

**"Child"** or **"Children"** means any individual between zero and eighteen years of age.

**"Client"** See "Consumer."

**"Clinical supervision"** means an organized process by which knowledgeable and skilled supervisors systematically and routinely provide ongoing and in-depth review of direct service providers' performance which leads to professional growth, clinical skills development and increased self-awareness.

**"Community education, consultation and outreach"** means services designed to reach the facility's target population, to promote available services, and to give information on mental health, alcohol and other drugs, domestic violence, sexual assault and other related issues to the general public, the target population or to other agencies serving the target population. These services include presentations to human services agencies, community organizations and individuals, other than individuals in treatment, and staff. These services may take the form of lecture presentations, films or other visual displays, and discussions in which factual information is disseminated. These presentations may be made by staff or trained volunteers.

**"Community mental health center"** or **"CMHC"** as defined in 43A O.S. § 3-302(3), means a comprehensive array of community-based mental health services including, but not limited to, inpatient, outpatient, partial hospitalization, emergency care, and consultation and education; and offering the following services at the option of the center, including, but not limited to, prescreening services, rehabilitation services, precare and aftercare services, training programs, and research and evaluation programs.

**"Consultation"** means the act of providing information or technical assistance to a particular group or individual seeking resolution of a specific problem(s). A documented process of interaction between staff member(s) or between facility staff and unrelated individuals, groups or agencies for the purpose of problem solving or enhancing their capacity to manage consumers or facilities.

**"Consumer"** means an individual, adult, adolescent, or child, with or without a co-occurring disorder, who is receiving evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450 Chapters 16, 17, 18, 19 and 23 as client(s) or patient(s) or resident(s) or a combination thereof.

**"Consumer record"** means the collection of written information about a consumer's evaluation or treatment that includes the intake data, evaluation, treatment or service plan, description of treatment or services provided, continuing care plan, and discharge information on an individual consumer.

**"Continuing care"** means providing a specific period of structured therapeutic involvement designed to enhance, facilitate and promote transition from primary care to ongoing recovery.

**"Contract"** means a document adopted by the governing authority of an treatment facility and any other organization, facility, or individual, which specifies services, personnel, or space to be provided by the program as well as the monies to be expended in exchange.

**"Co-occurring disorder" (COD)** means any combination of mental health and substance abuse symptoms or diagnoses as determined by the current Diagnostic and Statistical Manual of Mental Disorders that affect a consumer.

**"Co-occurring disorder capability"** means the organized capacity within any type of program to routinely screen, identify, assess, and provide properly matched interventions to consumers with co-occurring disorders. Co-occurring disorder capable programs address co-occurring disorders diagnosis in policy and procedures, assessment, treatment planning, program content, and transition planning.

**"Correctional institution"** means any penal or correctional facility, jail, reformatory, detention center, work farm, halfway house or residential community program operated by, or under contract to, the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, for the confinement or rehabilitation of persons charged with or convicted of a criminal offense, or other persons held in lawful custody. Other persons held in lawful custody includes juvenile offenders adjudicated delinquent, aliens detained awaiting deportation, persons committed to mental institutions through the criminal justice system, witnesses or others awaiting charges or trial. Programs which are providing treatment services within a correctional facility may be exempt from certain services described in this chapter which cannot be provided due to circumstance.

**"Counseling"** means a method of using various commonly accepted clinical approaches provided face-to-face by a treatment professional with consumers in individual, group or family settings to promote positive emotional or behavioral change.

**"Crisis intervention"** means an immediately available service to meet the psychological, physiological and safety aspects of mental health, alcohol and drug related crises. These unscheduled face-to-face interventions are in response to emergencies to resolve acute emotional and physical dysfunction, secure appropriate placement in the least restrictive setting, provide crisis resolution, and stabilize functioning.

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

**"Cultural competency"** means the ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs and values that reflect an individual's racial, ethnic, religious, sexual orientation, and/or social group.

**"Day school"** means the provision of therapeutic and accredited academic services on a regularly scheduled basis.

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

**"Detoxification"** means the process of eliminating the toxic effects of drugs and alcohol from the body. Supervised detoxification methods include social detoxification and medical monitoring or medical management and are intended to avoid withdrawal complications.

**"DHS"** or **"OKDHS"** means the Oklahoma Department of Human Services.

**"Diagnosis"** means the determination of a disorder as defined by current DSM criteria. It is suggested those who are unable to diagnose consult with a licensed clinician. In instances where consumer self-report information is inadequate or suspect, collateral reports, e.g., from family members, legal sources, etc., may be considered.

**"Dietician"** means a person who has received a baccalaureate degree with major studies in food and nutrition and has completed a dietetic internship in an institution approved by the American Dietetic Association, or who has the equivalent of such training in supervised experience.

**"Discharge criteria"** means general guidelines as specified in the current ASAM Patient Placement Criteria which shall be considered in order for the consumer to be appropriately discharged from a one level of care to another level of care or from a treatment program.

**"Discharge planning"** means the process, begun at admission, of determining a consumer's continued need for treatment services and of developing a plan to address ongoing consumer post-treatment and recovery needs. Discharge planning may or may not include a document identified as a discharge plan

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

**"DOC"** or **"ODOC"** means the Oklahoma Department of Corrections.

**"Documentation"** means the provision of written, dated, and authenticated evidence to substantiate compliance with standards, e.g., minutes of meetings, memoranda, schedules, notices, logs, records, policies, procedures, and announcements.

**"Drug abuse"** means the use of a drug in a manner inconsistent with or unrelated to acceptable medical practice.

**"DSM"** means the most current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

**"Education"** means the dissemination of relevant information specifically focused on increasing the awareness of the community and the receptivity and sensitivity of the community concerning mental health and substance abuse related problems and services. A systematic presentation of selected information to impart knowledge or instructions, to increase understanding of specific issues or programs, and to examine attitude or behaviors which may stimulate social action or community support of the program and its consumers.

**"Educational group"** means groups in which information focuses on topics that impact a consumer's recovery. Topics should be gender and age specific and should include, but not be limited to, information regarding alcohol and other drugs, parenting, communication skills, relationship skills, independent living skills, self care, spirituality, culture, twelve step programs, financial skills, and social skills to promote and support recovery.

**"Efficiency"** means a program's measure of cost-benefit or cost effectiveness through a comparison to some alternative method.

**"Emergency services"** means a twenty-four (24) hour capability for assessment, intervention and resolution of a consumer crisis or emergency provided in response to unanticipated, unscheduled emergencies requiring prompt intervention to resolve immediate, overwhelming problems that severely impair the individual's ability to function or remain in the community and may include placement of the individual in a protective environment, detoxification, individual and group consultation and medical assessment.

**"Emotional, behavioral or cognitive conditions and complications"** means one dimension to be considered in consumer placement, continued stay and discharge and is an evaluation of the consumer's historical and current emotional, behavioral or cognitive status including the presence and severity of any diagnosed mental illnesses, as well as the level of anxiety, depression, impulsivity, guilt and behavior that accompanies or follows these emotional states and historical information, as it impacts on level of care decision making.

**"Evaluation"** See "Assessment."

**"Evidence based practice"** means programs or practices that are supported by research methodology and have produced consistently positive patterns of results.

**"Executive director"** means the person hired by the governing authority to direct all the activities of the organization; may be used synonymously with administrative director, administrator, and director.

**"Facility"** as defined in the Mental Health Law at 43A O.S. § 1-103(7), means any hospital, school, building, house or retreat, authorized by law to have the care, treatment or custody of the mentally ill or drug-or alcohol-dependent persons including, but not limited to, public or private hospitals, community mental health centers, clinics, satellites, or institutions provided that the facility shall not mean a child guidance center operated by the State Department of Health.

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

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

**"Goals"** means broad general statements of purpose or intent that indicate the general effect the facility or service is intended to have.

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

**"Group counseling"** means a method of using various commonly accepted interactive treatment approaches provided face-to-face by a treatment professional with two (2) or more consumers that does not consist of solely related individuals, to promote positive emotional or behavioral change. Services rendered in this setting should be guided by the consumers' treatment goals and objectives, and does not include social or daily living skill development as described in educational group counseling.

**"Guardian"** means an individual who has been given the legal authority for managing the affairs of another individual.

**"Halfway house"** means low intensity substance abuse treatment in a supportive living

environment to facilitate the individual's reintegration into the community, most often following completion of primary treatment. Corresponding ASAM Patient Placement Criteria Treatment Level: Level III.1, Clinically managed Low Intensity Residential Services.

**"Halfway house for persons with children"** means a halfway house that includes services for the recovering person's children who will reside with him or her in the house. Corresponding ASAM Patient Placement Criteria Treatment Level: Level III.1, Clinically managed Low Intensity Residential Services.

**"Infant"** means any child from birth up to three years of age.

**"Individual counseling"** means a method of using various commonly accepted treatment approaches provided face-to-face by a treatment professional with one consumer to promote positive emotional or behavioral change.

**"Initial contact"** means a person's first contact with the facility, e.g., a request for information or service by telephone or in person.

**"Inpatient services"** means the process of providing care to persons who require twenty-four (24) hour supervision in a hospital or other suitably equipped medical setting as a result of acute or chronic medical or psychiatric illnesses and professional staff providing medical care according to a treatment plan based on documentation of need.

**"Intake"** means the overall process by which information is collected to determine the needs of the consumer.

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

**"Intensive outpatient services"** means an organized, non-residential outpatient treatment service with scheduled sessions that provide a range of nine (9) to fifteen (15) treatment hours per week. Intensive outpatient services may offer evening outpatient services several nights per week or be incorporated into an inpatient or residential treatment program in which the consumer participates in daytime treatment services but goes home at night. Corresponding ASAM Patient Placement Criteria Treatment Level: Level II.1, Intensive outpatient.

**"Intervention"** means a process or technique intended to facilitate behavior change.

**"Length of stay"** means the number of days or number of sessions attended by consumers in the course of treatment.

**"Levels of care"** means the different options for treatment as described in the current edition of the ASAM PPC that vary according to the intensity of the services offered. Each treatment option is a level of care.

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

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

**"Licensure"** means the process by which an agency of government grants permission to persons or health facilities meeting qualifications to engage in a given occupation or business or use a particular title.

**"Life skills"** means abilities and techniques necessary to function independently in society.

**"Medical care"** means those diagnostic and treatment services which, under the laws of the jurisdiction in which the facility is located, can only be provided or supervised by a licensed physician.

**"Medical detoxification"** means diagnostic and treatment services performed by licensed facilities for acute alcohol or drug intoxication, delirium tremens and physical and neurological complications resulting from acute intoxication. Medical detoxification includes the services of a physician and attendant medical personnel including nurses, interns and emergency room personnel, the administration of a medical examination and a medical history, the use of an emergency room and emergency medical equipment if warranted, a general diet of three meals each day, the administration of appropriate laboratory tests, and supervision by properly trained personnel until the person is no longer medically incapacitated by the effects of alcohol or drugs. [43 A O.S. § 3-403(8)] It is an organized service delivered by medical and nursing professionals that provides for 24-hour medically directed evaluation and withdrawal management in an acute care inpatient setting. Services are delivered under a defined set of physician-approved policies and physician-managed procedures or medical protocols. Corresponding ASAM Patient Placement Criteria Treatment Level: Level IV-D, Medically managed Intensive Inpatient Detoxification.

**"Medical services "** means the administration of medical procedures, by a physician, registered nurse, nurse practitioner, physician assistant or dentist and in accordance with a documented treatment plan and medical supervision available, to provide the consumer with the service necessitated by the prevalent problem identified and includes physical examinations, detoxification from alcohol or drugs, methadone maintenance, dental services, or pharmacy services, etc.

**"Medically supervised detoxification"** means detoxification outside of a medical setting, directed by a physician and has attendant medical personnel including nurses for intoxicated consumers, and consumers withdrawing from alcohol and other drugs, presenting with no apparent medical or neurological symptoms as a result of their use of substances that would require hospitalization as determined by an examining physician. Corresponding ASAM Patient Placement Criteria Treatment Level: Level III, 7-D, Medically Monitored Inpatient Detoxification. Detoxification is intended to stabilize and prepare consumers in accessing treatment.

**"Medication"** means any prescription or over-the-counter drug that is taken orally, injected, inserted, applied topically or otherwise administered by staff or self administered by the consumer for the appropriate treatment or prevention of medical or psychiatric issues.

**"Medication - self administration"** means the consumers administer their own medication to themselves, or their children, with staff observation.

**"Mental health services"** means a wide range of diagnostic, therapeutic, and rehabilitative services used in the treatment of mental illness, substance abuse, and co-occurring disorders.

**"Minutes"** means a record of business introduced, transactions and reports made, conclusions reached, and recommendations made during a meeting.

**"Neglect"** means a failure to provide adequate personal care or maintenance, or access to medical care that results or may result in physical or mental injury to a consumer.

**"Non-medical detoxification"** means detoxification services for intoxicated consumers and consumers withdrawing from alcohol or other drugs presenting with no apparent medical or neurological symptoms as a result of their use of substances. Corresponding ASAM PPC Treatment Level: Level III, 2-D, Clinically managed Residential Detoxification. Detoxification is intended to stabilize and prepare consumers in accessing treatment.

**"No wrong door"** means an approach to service organization that provides individuals with or links them to appropriate service interventions regardless of where they enter the system of care. This principle commits all service agencies to respond to the individual's stated and assessed needs with appropriate treatment or supportive linkage with programs capable of meeting the consumer's needs.

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

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

**"Objectives"** means a specific statement of planned accomplishments or results that are specific, measurable, attainable, realistic and time-limited.

**"OSDH"** means the Oklahoma State Department of Health.

**"Outpatient services"** means an organized, nonresidential treatment service in regularly scheduled sessions intended for individuals not requiring a more intensive level of care or those who require continuing services following more intensive treatment regimens. Corresponding ASAM Patient Placement Criteria Treatment Level: Level I, Outpatient Treatment.

**"Outreach"** means the process of reaching into a community systematically for the purposes of identifying persons in need of services, alerting persons and their families to the availability of services, locating needed services, and enabling persons to enter into and accept the service delivery system.

**"Paraprofessional"** means a person who does not have an academic degree, a professional license or certification in the discipline, but performs prescribed functions under the general supervision of that discipline.

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

**"Personnel record"** means a chart or file containing the employment history and actions relevant to individual employee activities within an organization and may contain application, evaluation, salary data, job description, citations, credentials, etc.

**"Personnel record of volunteer"** means a record or file with documentation of

volunteers', interns' or practicum students' orientation and training.

**"Physician"** means an individual who is a fully licensed Doctor of Medicine or Doctor of Osteopathy in the State of Oklahoma to practice medicine in all its phases.

**"Play therapy"** means a form of action therapy that uses, but is not limited to, sand play, fairy tales, art and puppetry to encourage communication in children who have inadequate or immature verbalization skills or who verbalize excessively due to defensiveness.

**"Policy"** means statements of facility intent, strategy, principle, or rules in the provision of services; a course of action leading to the effective and ethical provision of services.

**"Prevention"** means the assessment, development and implementation of strategies designed to prevent the adverse effects of mental illness, substance abuse, addiction, and trauma.

**"Procedures"** means the written methods by which policies are implemented.

**"Process"** means information about what a program is implementing and the extent to which the program is being implemented as planned.

**"Program"** means a structured set of treatment activities designed to achieve specific objectives relative to the needs of consumers served by the facility.

**"Program effectiveness -- outcome"** means a written plan and operational methods of determining the effectiveness of services provided that objectively measures facility resources, activities and consumer outcomes.

**"Program or service component"** means the category or level of care into which a specific group of interrelated services can be classified, e.g., outpatient services.

**"Progress notes"** mean a complete chronological written description of services provided to a consumer and includes the consumer's response and is written by the individual delivering the services or an individual on the clinical team delivering the services.

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

**"Psychoeducational group"** means a group facilitated by a treatment professional in which information focuses on signs and symptoms of co-occurring disorders, medication, the effects of mental disorders on substance abuse problems and vice versa, recovery topics, symptom management, and coping skills.

**"Readiness to change"** means one dimension to be considered in consumer placement, continued stay and transition and is an evaluation of the consumer's current emotional and cognitive awareness of the need to change, coupled with a commitment to change.

**"Recovery"** means an ongoing process of discovery and/or rediscovery that must be self defined, individualized and may contain some, if not all, of the fundamental components of recovery as outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA).

**"Recovery/living environment"** means one dimension to be considered in consumer placement, continued stay and discharge and is an evaluation of the consumer's current recovery environment, current relationships and degree of support for recovery, current

housing, employment situation, availability of alternatives and historical information, as it impacts on level of care decision making.

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

**"Rehabilitative services"** means a broad range of physical, mental, and social activities designed to restore a consumer to the highest possible functional capacity after an episode of illness or injury and may include physical therapy, speech therapy, family consultation, mental health and substance abuse counseling.

**"Relapse"** means the process which may result in the return to the use of substances after a period of abstinence.

**"Relapse potential, continued use or continued problem potential"** means one dimension to be considered in consumer placement, continued stay and discharge and is an evaluation of the consumer's attitudes, knowledge and coping skills, as well as the likelihood that the consumer will relapse from a previously achieved and maintained abstinence and/or stable and healthy mental health function. If an individual has not yet achieved abstinence and/or stable and healthy mental health function, this dimension assesses the likelihood that the individual will continue to use alcohol or other drugs and/or continue to have mental health problems.

**"Residential treatment"** means treatment for a consumer in a live-in setting which provides a regimen consisting of twenty-four (24) treatment hours per week. This level of care should correspond with the ASAM Patient Placement Criteria Treatment Level: Level III. 5, Clinically managed High-Intensity Residential Services.

**"Residential treatment for persons with children"** means a residential treatment facility that includes services for the recovering person's children who will reside with him or her in the residential facility. Corresponding ASAM Patient Placement Criteria Treatment Level (Parent Only): Level III.5 Clinically Managed High-Intensity Residential Services.

**"Safety officer"** means the individual responsible for ensuring the safety policies and procedures are maintained and enforced within the facility.

**"Screening"** means the process to determine whether the person seeking assistance needs further comprehensive assessment.

**"Sentinel event"** is a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a consumer, or risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes a variation in approved processes which could carry a significant chance of a serious adverse outcome to a consumer. These events signal the need for immediate investigation and response. Sentinel events include, but are not limited to: suicide, homicide, criminal activity, assault and other forms of violence, including domestic violence or sexual assault, and adverse drug events resulting in serious injury or death.

**"Significant others"** means those individuals who are, or have been, significantly involved in the life of the consumer.

**"Social detoxification"** See "Non-medical detoxification."

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

**"Substance abuse treatment services"** means the coordination of treatment activities for consumers by a treatment professional that include, but are not limited to, the following:

- (A) Intake including screening, diagnostic impression, and assessment.
- (B) Treatment planning and revision, as necessary.
- (C) Continuing care review to assure continuing stay and discharge criteria are met.
- (D) Case management services.
- (E) Reports and record keeping of consumer related data.
- (F) Consultation that facilitates necessary communication in regard to consumers.
- (G) Discharge planning that assists consumers in developing continuing care plans and facilitates transition into post-treatment recovery.
- (H) Group and individual counseling.
- (I) Education, as necessary.

**"Substance-use disorders"** means alcohol or drug dependence or psychoactive substance use disorder as defined by current DSM criteria or by other standardized and widely accepted criteria.

**"Trauma informed capability"** means the capacity for a facility and all its programs to recognize and respond accordingly to the presence of the effects of past and current traumatic experiences in the lives of its consumers.

**"Therapeutic hour(s)"** means the amount of time in which the consumer is engaged with a treatment professional identifying, addressing, and/or resolving issues that are related to the consumer's treatment plan.

**"Treatment"** means the broad range of emergency, inpatient, intermediate and outpatient services and care, including diagnostic evaluation, medical, psychiatric, psychological and social service care, vocational rehabilitation and career counseling. [43A O.S. § 3-403(14)].

**"Treatment hours – residential"** means the structured hours in which a consumer is involved in receiving professional services to assist in achieving recovery.

**"Treatment planning"** means the process by which a treatment professional and the consumer together and jointly identify and rank problems, establish agreed-upon immediate short-term and long-term goals, and decide on the treatment process and resources to be utilized.

**"Treatment professional"** means any clinician who is allowed to provide alcohol or drug counseling within the regulations of their certification or license. This includes those individuals under supervision for certification or licensure, or otherwise exempt by law.

**"Treatment session - outpatient"** means each face-to-face contact with a consumer in a therapeutic setting whether individually or in a group.

**"Update"** means a dated and signed review of a report, plan or program with or without revision.

**"Volunteer"** means any person providing direct consumer rehabilitative services and who is not on the facility payroll, but fulfills a defined role within the treatment facility. This includes, but is not limited to, court ordered community services, practicum students, interns, and ministers; it excludes professionals and entities with which the facility has a written affiliation.

**"Walk through"** means an exercise in which staff members of a facility walk through the

program's treatment processes as a consumer. The goal is to view the agency processes from the consumer's perspective for the purpose of removing barriers and enhancing treatment.

#### **450:18-1-3. Meaning of verbs in rules**

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

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

#### **450:18-1-4. Applicability**

This chapter is applicable to all substance abuse treatment facilities and organizations providing treatment, counseling, rehabilitation services and substance abuse treatment services which are statutorily required to be certified by the ODMHSAS.

#### **450:18-1-6. Annual review of standards and criteria**

The standards and criteria in this chapter shall be annually reviewed by the ODMHSAS.

#### **450:18-1-8. Suspension of rules**

A portion of these standards may be suspended during a specific time frame to allow the certified provider the opportunity to engage in performance improvement activities in partnership with ODMHSAS. Suspension may be granted after the provider has submitted a formal written request to the Commissioner, or designee, of the Department of Mental Health and Substance Abuse Services and a letter of approval from the Commissioner, or designee of the Department of Mental Health and Substance Abuse Services, has been received. The Commissioner, or a designee, shall respond within thirty (30) days of receipt of the written request.

## **SUBCHAPTER 5. ORGANIZATIONAL AND FACILITY MANAGEMENT**

### **450:18-5-1. Purpose**

The purpose of this subchapter is to set forth rules regulating program requirements, activities, and services which are not specific to Levels of Care.

### **450:18-5-2. Applicability**

The rules set forth in this subchapter are applicable only to those facilities providing substance abuse treatment services.

#### **450:18-5-2.1. Organizational and facility description**

- (a) The facility shall have a written organizational description, which is reviewed annually and incorporates the following guidelines:
- (1) Target population to be served;
  - (2) The overall mission statement of the program which shall address the manner in which the facility welcomes all consumers with substance abuse issues, including those with co-occurring mental health conditions;
  - (3) The annual program goals and objectives;
  - (4) A description of each substance abuse program offered;
  - (5) Identification or a description of special populations and mechanisms to address their needs; and
  - (6) Program admission and exclusionary criteria.
- (b) There shall be documentation that items (a) (1)-(6) have been approved by the facility's governing authority.
- (c) The facility shall have documentation demonstrating these documents are available and communicated to staff.
- (d) The facility shall have documentation demonstrating these documents are available to the general public upon request.
- (e) The facility shall have written plans for attaining the program's goals and objectives. These plans should define specific tasks, set target dates and designate staff responsible for carrying out the plans.

#### **450:18-5-2.2. Information analysis and planning**

- (a) The facility 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; and
  - (6) Quality record review.
- (b) The facility 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 program

performance.

(d) The facility 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, as requested.

#### **450:18-5-2.3. Performance improvement program**

(a) The facility shall have an ongoing performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of consumer care in which the following is addressed:

- (1) Fiscal management of the facility;
- (2) Identity of a performance improvement officer;
- (3) Co-occurring disorder capability; and
- (4) Cultural competency.

(b) The facility shall document performance improvement activities. These activities shall include, but not be limited to:

- (1) Outcomes management specific to each program;
- (2) A quarterly quality record review to evaluate the quality of service delivery as evidenced by the consumer's record;
- (3) Staff Privileging;
- (4) Review of critical and unusual incidents and consumer grievances and complaints; and
- (5) Activities to improve access and retention within the treatment program. The activities shall include an annual "walk through" of the intake and admission process. Steps of the "walk through" include, but are not limited to:

- (A) Select two staff from the facility, including one member of management, to play the roles of "consumer" and "family member";
- (B) Notify all staff prior to doing the "walk-through" exercise;
- (C) Complete the intake and admission process as defined by facility policy as a typical consumer and family member would experience;
- (D) At each step, ask the staff what changes (other than hiring new staff) would make it better for the consumer and what changes would make it better for the staff. Write all ideas of the staff and participant(s) in the exercise;
- (E) Documentation of the annual "walk through" process includes, but is not limited to:

- (i) The observations and feelings of participants in this exercise;
- (ii) A list of the process barriers and the improvements that could be made to address these barriers;
- (iii) Address the needs from both the consumer and staff perspectives; and

- (iv) Identification of an area(s) for change and a description for implementing the change(s).
- (c) The facility shall monitor the implementation of the performance improvement plan on an annual basis and shall make adjustments as needed.
- (d) 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.

**450:18-5-3. Physical facility environment and safety**

- (a) All facilities providing any service to persons, groups, or the community shall have written policy and procedures intended to ensure the safety and protection of all persons within the facility's physical environment (property and buildings, leased or owned).
- (b) These policies and procedures shall include, but are not limited to:
  - (1) Meeting all fire and safety regulations, code, or statutory requirements of federal, state, or local government.
  - (2) All facilities shall have an annual fire and safety inspection from the State Fire Marshal or local authorities, and shall maintain a copy of said inspection and attendant correspondence regarding any deficiency.
  - (3) An emergency preparedness plan to provide effective utilization of resources to best meet the physical needs of consumers, visitors, and staff during any disaster (including, but not limited to: fire, flood, tornado, explosion, prolonged loss of heat, light, water, and/or air conditioning). This plan shall be evaluated annually and revised as needed.
  - (4) Facilities shall have a designated Safety Officer.
  - (5) Staff training and orientation regarding the location and use of all fire extinguishers and first aid supplies and equipment.
  - (6) Emergency evacuation routes and shelter areas shall be prominently posted in all areas.
  - (7) Fire alarm systems shall have visual signals suitable for the deaf and hearing-impaired.
  - (8) There shall be emergency power to supply lighting to pre-selected areas of the facility.
  - (9) The maintenance of facility grounds to provide a safe environment for consumers (specific to age group[s] served), staff and visitors.
  - (10) Storage of dangerous substances (toxic or flammable substances) in locked, safe areas or cabinets.
  - (11) There shall be a written plan for the protection and preservation of consumer records in the event of a disaster.
- (c) If the facility serves children or adolescents in any form of residential care, there shall be outside play and recreational space and equipment provided which:
  - (1) Is protected and free from hazards;

- (2) Is safely accessible from indoors;
  - (3) Has supplies and equipment maintained safely; and
  - (4) Has some shade provided.
- (d) Compliance with 450:18-5-3 may be determined by a review of facility policy and procedures, fire and safety inspection reports and correspondence, disaster plan, any other supporting facility documentation, and interviews with staff and consumers.

#### **450:18-5-3.1 Hygiene and sanitation**

- (a) Residential facilities shall provide the following services and applicable supporting documentation:
- (1) Lavatories in a minimum ratio of one per each eight resident beds.
  - (2) Toilet facilities in a minimum ratio of one per eight resident beds. Each toilet room shall include a lavatory in the same room or immediately adjacent thereto.
  - (3) Bathing facilities in a minimum ratio of one tub or shower per each eight resident beds.
  - (4) Sewage discharge into a municipal sewerage system or collected, treated and disposed of in an independent sewerage system.
  - (5) The facility shall have proof of regular inspections and treatment by a licensed pest control operator.
  - (6) Solid waste disposal through public systems or in a manner approved by the local agency having jurisdiction and the Oklahoma State Department of Health or Department of Environmental Quality, as necessary.
  - (7) Water obtained from an approved public water supply or tested at least quarterly and treated as necessary, thereby maintaining a determination as an approved water supply by the authority having jurisdiction and the Oklahoma State Department of Health or Department of Environmental Quality, as necessary.
  - (8) Linen in quantities adequate to provide at least two changes of bedding each week.
  - (9) House-keeping services so that a hygienic environment is maintained in the facility.
- (b) Outpatient treatment facilities shall provide:
- (1) Lavatories and toilet facilities in a minimum ratio of one per twenty persons.
  - (2) Water and sewerage in the same manner as prescribed for residential facilities.
  - (3) House-keeping services so that a hygienic environment is maintained in the facility.

#### **450:18-5-3.2 Standards for food service**

The following shall be applicable to all residential facilities and to any outpatient facilities which provide an on-premise meal service.

- (1) Storage, preparation and serving of food shall be in compliance with the requirements of the Oklahoma State Department of Health regulations governing public feeding establishments.
- (2) Dishwashing may be accomplished by either mechanical dishwashers or by approved manual methods. If mechanical dishwashers are used, the final rinse shall be in clear water of 180 degrees Fahrenheit, or in compliance with the Oklahoma State Department of Health regulations. Manual procedures, if used, shall follow a written procedure which outlines the steps followed, temperature of cleaning and rinsing

solutions, detergents and chemicals used, etc., and shall be specifically approved by the local or Oklahoma State Department of Health.

(3) Equipment used in the preparation and handling of food shall bear the seal of the National Sanitation Foundation (NSF), or document compliance with the requirements of NSF.

(4) Ice used in contact with food or drink shall come from a source approved by the Oklahoma State Department of Health. Transportation, storage, handling, and dispensing shall be in a sanitary manner approved by the Oklahoma State Department of Health.

#### **450:18-5-4. Dietetic services**

(a) Any facility which provides twenty-four (24) hour per day care shall have a written plan describing the organization and delivery of dietetic services (either directly or through contract) to meet the dietary needs of consumers.

(b) Menus for meals provided by the facility shall be reviewed annually, and as needed for consumers with special dietary needs (diabetes, pregnancy, religious requirements, etc.). This review shall be made by an Oklahoma Registered Dietician. Approval of the review shall be documented by the dietician's signature, American Dietetic Association (AA) Registration Number (RD#) and Oklahoma License Number (DL#), and date of the review.

(c) Dietetic services, including health policy and procedures for food service staff, other staff and consumers performing food service duties as a part of their treatment plan, shall be in compliance with all applicable federal, state, and local statutes and regulations, and shall be so noted in facility policy and procedure. All programs preparing meals provided to consumers shall document, on an annual basis, compliance with Oklahoma State Department of Health rules and regulations pertaining to kitchen facilities.

(d) Food shall be served in an appetizing and attractive manner, at realistically planned mealtimes, and in a congenial and relaxed atmosphere.

(e) Information pertinent to special dietetic needs of consumers shall be entered into the consumers' treatment records, and when medically indicated, forwarded to parties having permission to receive information regarding consumers' treatment.

(f) Compliance with 450:18-5-4 may be determined by a review of the following:

- (1) Facility policy and procedures;
- (2) Written plan for dietetic services;
- (3) Menus;
- (4) Menu approvals;
- (5) OSHD reports; and
- (6) Any other supporting facility documentation.

#### **450:18-5-5. Pharmacy services and medications**

(a) Facilities providing pharmacy services, either as a part of their regular business operation or through a sub-corporation or other related business entity, shall comply with all federal and state statutes and regulations regarding drugs and pharmacies, including, but not limited to, Oklahoma Administrative Code, Title 535. Facility policy and procedure shall indicate such compliance.

(b) For services neither provided in a licensed hospital nor as a part of a licensed hospital's services, the facility shall have written policy and procedure including, but not limited to, the following:

- (1) Staff who are not licensed to dispense or administer medication shall not dispense or administer medication;
- (2) Medication shall not be withheld from a consumer for whom the medication was prescribed for non-medical reasons.
- (3) Prescription medications shall be stored in a non-residential area under lock, with the exception of those medications which may be needed by a consumer on a medical emergency basis; and
- (4) Staff shall keep a log of all self-administered medications (prescribed or over-the-counter).

(c) Compliance with 450:18-5-5 may be determined by a review of policy and procedure, consumer records, interviews with staff and consumers, and any other supporting facility documentation.

#### **450:18-5-6. Day school**

(a) Facilities providing a day school (i.e., an academic formal educational program) either as a primary focus of their services, or as an ancillary service, shall be in compliance with all applicable rules and regulations of the Oklahoma State Department of Education and of the local school district in which the day school is located.

(b) In addition, the facility shall provide the following documentation:

- (1) Academic services provided are accredited by the local school district or the Oklahoma State Department of Education;
- (2) All teachers shall have a valid license or certificate from the Oklahoma State Board of Education for the teaching position they are employed to fill;
- (3) Therapeutic units are provided by staff trained in the issues of substance abuse;
- (4) Each student shall have a home school; and
- (5) Each student shall have a daily activity schedule and individualized treatment plan based on assessment of need and formulated for both educational and counseling therapy needs.

(c) Compliance with 450:18-5-6 may be determined by a review of facility policy and procedures, relevant personnel records, other facility supporting documentation, and interviews with staff and consumers.

#### **450:18-5-8. Critical incidents**

(a) The facility shall have written policy and procedures for the reporting of every critical incident. Documentation of 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 incident;
- (4) The time and date the incident was reported and the name of the staff person within the facility to whom it was reported;
- (5) A description of the incident;

- (6) Resolution or action taken, date action was taken, and signature of appropriate staff member(s); 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.
- (b) Critical incidents shall be reported to ODMHSAS 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 after the incident. If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours.
- (c) Compliance with 450:18-5-8 may be determined by a review of policy and procedures, critical incident reports at the facility and those submitted to ODMHSAS, performance improvement program documents and reports, staff interviews and any other relevant documentation of the facility or ODMHSAS.

**450:18-5-10. Community information, consultation, outreach, and street outreach**

- (a) Each facility shall, as a regular part of consumer-based planning and services provision, provide the community with information, consultation and outreach services to aid in reaching and attracting their specified target population(s). These outreach efforts shall be conducted by staff members or program approved volunteers.
- (b) These services shall be designed to:
  - (1) Reach and attract the facility's target population;
  - (2) Provide information on substance abuse and related issues to the public; and
  - (3) Provide information to the public regarding the facility's services.
- (c) These services include, but are not limited to, presentations or outreach efforts to community groups, organizations, and individuals.
- (d) Written documentation of all community information, consultation, and outreach services shall be maintained and shall include the following:
  - (1) Name of person(s) or organization(s) receiving the services;
  - (2) Name of person(s) providing the service;
  - (3) Number of persons attending;
  - (4) Location at which the services were provided;
  - (5) Date services were provided; and
  - (6) Description of the services provided.
- (e) Facilities providing street outreach services shall have written policy and procedures describing the processes for systematically reaching a community for the purpose of identifying persons in need of services, alerting persons and their families to the availability of services, locating needed services, and enabling persons to enter and accept the treatment services system.

(f) Compliance with 450:18-5-10 may be determined by a review of facility policy and procedures, documentation of community information, consultation, and outreach services, ICIS documentation and reports, and any other supporting facility documentation.

## **SUBCHAPTER 7. CONSUMER RECORDS**

### **PART 1. RECORD SYSTEM**

#### **450:18-7-1. Purpose.**

All facilities providing services in one or more levels of care shall document and maintain records as described in Subchapter 7.

#### **450:18-7-1.1. Consumer record system**

- (a) Each facility shall maintain an organized system for the content, confidentiality, storage retention and disposition of consumer case records.
- (b) The facility shall have written policy and procedures concerning consumer records which define required documentation within the case record.
- (c) Consumer records shall be contained within equipment which shall be maintained under locked and secure measures.
- (d) The facility shall maintain identification and filing systems which enable prompt record location and accessibility by treatment professionals.
- (e) Consumer records shall be maintained in the facility where the individual is being treated or served. In the case of temporary office space and in-home treatment services, records may be maintained in the main (permanent) office and transported in secured lock boxes or vehicle trunks to and from temporary offices and homes, when necessary. Consumer records may be permanently maintained at the facility's administrative offices; however, a working copy of the consumer record for the purposes of documentation and review of services provided must be maintained at the site in which the consumer is receiving treatment.
- (f) The facility shall have policies which govern the storage, retention, and disposition of consumer case records, including electronic records. These policies shall be compatible with protection of consumer's rights against confidential information disclosure at a later date. ODMHSAS operated facilities shall comply with Records Disposition Schedule 82-17 as approved by the Oklahoma Archives and Records Commission.
- (g) Compliance with 450:18-7-1.1 may be determined by a review of policy and procedures, treatment records, performance improvement guidelines, interviews with staff; and other facility documentation.

#### **450:18-7-2. Consumer records, basic requirements**

- (a) Consumer records shall be developed and maintained to ensure that all appropriate individuals have access to relevant clinical and other information regarding the consumer. The consumer record shall communicate information in a manner that is organized, clear, complete, current, and legible. All consumer records shall contain the following:
  - (1) Entries in consumer records shall be legible, signed with first name or initial and last name of the person making the entry.

- (2) The consumer shall be identified by name and unique identifier on each sheet in the consumer record, on both sides of each page if both sides are used.
  - (3) A signed consent for treatment shall be obtained before any person can be admitted into treatment at a facility, unless the admission was on an involuntary basis.
  - (4) A signed consent for follow-up shall be obtained before any contact after discharge can be made.
  - (5) An intake and admission assessment.
  - (6) A biopsychsocial assessment. Those facilities providing Medically Supervised Detoxification or Non-Medical Detoxification are exempt from this requirement.
  - (7) Documentation of screening to determine the priority of needs to be addressed through case management services.
  - (8) Treatment plans. Those facilities providing Medically Supervised Detoxification or Non-Medical Detoxification are exempt from 450:18-7-81 and 450:18-7-83;
  - (9) Progress notes.
  - (10) A continuing care plan.
  - (11) Consultation reports.
  - (12) Psychological or psychometric testing.
  - (13) Records and reports from other entities.
  - (14) Medication records.
  - (15) A discharge summary.
- (b) Compliance with 450:18-7-2 may be determined by a review of policy and procedures, treatment records, performance improvement guidelines, interviews with staff, and other facility documentation.

**450:18-7-3.1. Confidentiality of mental health and drug or alcohol abuse treatment information**

- (a) The confidentiality of all mental health and substance abuse treatment information and records shall be kept, recorded, released, maintained, and provided to requesting parties in accordance with all applicable state and federal laws.
- (b) All facilities shall have policy and procedures protecting the confidential and privileged nature of mental health and substance abuse treatment information in compliance with state and federal law and which contain, at a minimum:
- (1) an acknowledgment that all mental health and substance 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 substance 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;
  - (3) a procedure to limit access to mental health and substance abuse treatment information to only those persons or agencies actively engaged in the treatment of the consumer and to the minimum amount of information necessary to carry out the

purpose for the release;

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

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

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

(c) Compliance with 450:18-7-3.1 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.

#### **450:18-7-4. Consumer record storage, retention and disposition**

(a) Each facility shall have written policy and procedure which:

(1) Limits access to consumer records to persons with a need to know.

(2) Requires consumer records be stored under lock and key.

(3) With regard to closed consumer records, requires:

(A) Confidential storage under lock and key;

(B) A stated period of retention; and

(C) Records disposition and destruction under confidential conditions.

(b) EXCEPTION: With regard to 450:18-7-4(a)(3)(B), facilities operated by ODMHSAS shall comply with the provisions of the Records Disposition Schedule for said facility as approved by the Oklahoma Archives and Records Commission [67 O.S. § 305 and OAC 60:1-1-2].

(c) Compliance with 450:18-7-4(a) and, if applicable, 450:18-7-4(b) may be determined by a review of facility policy and procedure, and any other supporting facility documentation.

### **PART 3. INTAKE AND ADMISSION ASSESSMENT**

#### **450:18-7-21. Intake assessment and record content**

(a) All facilities shall assess each consumer for appropriateness of admission to the substance abuse treatment program. Each presenting consumer is assessed, according to ASAM PPC, for admission to a specific level of care. This organized process involves professional determination of severity of symptoms and current situations to determine clinically appropriate placement in the least restrictive level of care.

(b) Any consumer seeking admission to inpatient or residential services, including medically-supervised detoxification and non-medical detoxification while under the influence, or undergoing withdrawal of alcohol or drugs, shall be assessed, prior to admission, for medical needs. The written criteria to be used for medical needs assessment of persons under the influence, or undergoing withdrawal of alcohol or drugs, shall be approved by the facility's consulting physician.

(c) The consumer intake information shall contain, but not be limited to, the following:

(1) Date of initial contact requesting services;

- (2) Identification information:
    - (A) Consumer's name,
    - (B) Home address, and
    - (C) Telephone number;
  - (3) The referral source;
  - (4) Mental status examination;
  - (5) Significant other to be notified in case of emergency; and
  - (6) The ICIS intake data core content if the facility reports on ICIS.
- (d) All substance abuse treatment programs shall document and assess all consumers for appropriateness of admission to each level of care by utilizing the ASAM PPC dimensions.
- (e) Facilities must ensure that a consumer's refusal of a particular service does not preclude the consumer from accessing other needed mental health or substance abuse services. Should the treatment professional determine the consumer's needs cannot be met within the facility, clinical assessments and referrals for the consumer shall be documented.
- (f) Compliance with 450:18-7-21 may be determined by a review of the following:
- (1) Policy and procedures;
  - (2) Intake protocols;
  - (3) Intake assessment instruments;
  - (4) Treatment records;
  - (5) Interviews with staff and consumers; and
  - (6) Other facility documentation.

**450:18-7-22. Intake and assessment, process requirements**

- (a) Written policies and procedures governing the intake and assessment process shall specify the following:
- (1) The information to be obtained on all applicants or referrals for admission;
  - (2) The procedures for accepting referrals from outside agencies or organizations;
  - (3) The records to be kept on all applicants;
  - (4) Any prospective consumer data to be recorded during the intake process; and
  - (5) The procedures to be followed when an applicant or a referral is found ineligible for admission.
- (b) Facilities shall have written policy and procedures for the purpose of admitting and assessing persons with special needs.
- (c) Compliance with 450:18-7-22 may be determined by a review of the following:
- (1) Policy and procedures;
  - (2) Intake protocols;
  - (3) Intake assessment instruments;
  - (4) Treatment records;
  - (5) Interviews with staff and consumers; and
  - (6) Other facility documentation.

## PART 5. BIOPSYCHSOCIAL ASSESSMENT

### 450:18-7-41. Biopsychsocial assessment

(a) Biopsychsocial assessments are in-person interviews conducted by a treatment professional designed to elicit historical and current information regarding the behavior and experiences of a consumer, and are designed to provide sufficient information for problem formulation, intervention planning, case management needs, and formulation of appropriate substance abuse-related treatment and service planning.

(b) All programs shall complete a biopsychsocial assessment which gathers sufficient information to assist the consumer in developing an individualized treatment plan. The program shall utilize a biopsychsocial assessment which contains, but is not limited to, the following:

- (1) Identification of the consumer's strengths, needs, abilities, and preferences;
- (2) Presenting problem and history of the presenting problem;
- (3) Previous treatment history;
- (4) Mental health,
- (5) Substance abuse, and
- (6) Domestic violence, to include batterer's treatment or victim services;
- (7) Health history and current biomedical conditions and complications;
- (8) Alcohol and drug use history;
- (9) History of trauma;
- (10) Family and social history, including family history of alcohol and drug use;
- (11) Educational attainment, difficulties, and history;
- (12) Cultural and religious orientation;
- (13) Vocational, occupational and military history;
- (14) Sexual history, including HIV, AIDS and STD at-risk behaviors;
- (15) Marital or significant other relationship history;
- (16) Recreational and leisure history;
- (17) Legal history;
- (18) Present living arrangement;
- (19) Economic resources;
- (20) Level of functioning;
- (21) Current support system;
- (22) Current medications, if applicable, to record a consumer's current medications, and shall include obtainable information regarding the name of prescribing physician, name of medication, strength and dosage, and length of time consumer was on the medication;
- (23) Consumer's expectations in terms of service; and
- (24) Assessment summary or diagnosis, and signature of the assessor and date of the assessment.

(c) Compliance with 450:18-7-41 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Biopsychsocial assessment instruments;
- (3) Consumer records;
- (4) Case management assessments;

- (5) Interviews with staff and consumers; and
- (6) Other facility documentation.

**450:18-7-42. Biopsychsocial assessment, time frame**

- (a) The assessment shall be completed during the admission process and within specific timelines established by the facility but no later than the following time frames:
  - (1) Residential services, seven (7) days [168 hours];
  - (2) Halfway house services, seven (7) days [168 hours];
  - (3) Intensive outpatient services, by the fourth (4<sup>th</sup>) visit;
  - (4) Outpatient services, by the end of the fourth (4<sup>th</sup>) visit.
- (b) In the event of a consumer re-admission after one (1) year of the last biopsychsocial assessment, a new biopsychsocial assessment shall be completed. If readmission occurs within one (1) year after the last biopsychsocial assessment, an update shall be completed.
- (c) Compliance with 450:18-7-42 may be determined by a review of the following:
  - (1) Policy and procedures;
  - (2) Biopsychsocial assessment instruments;
  - (3) Treatment records;
  - (4) Case management assessments;
  - (5) Interviews with staff and consumers; and
  - (6) Other facility documentation.

**450:18-7-43. Biopsychsocial assessments of children accompanying a parent into treatment**

- (a) All programs shall document biopsychsocial assessments for the parent and for children accompanying their parent into treatment:
  - (1) Assessments of children (including infants) accompanying their parent into treatment (residential or halfway house levels of care) shall include, but not be limited to the assessment of:
    - (A) mental health issues;
    - (B) parent-child relationship;
    - (C) developmental stage;
    - (D) educational needs;
    - (E) parent related issues, and
    - (F) family issues related to the child.
  - (2) Assessments of the parent bringing their child(ren) into treatment (residential or halfway house levels of care) shall include the following items, in addition to the requirements of 450:18-7-41:
    - (A) parenting skills (especially in consideration of the child's issues);
    - (B) knowledge of age appropriate behaviors;
    - (C) parental coping skills;
    - (D) personal issues related to parenting; and
    - (E) family issues as related to the child.
- (b) Compliance with 450:18-7-43 may be determined by a review of the following:
  - (1) Policy and procedure;
  - (2) Biopsychsocial assessment instruments;

- (3) Treatment records;
- (4) Case management assessments;
- (5) Interviews with staff and consumers; and
- (6) Other facility documentation.

**450:18-7-44. Biopsychsocial assessments of children accompanying a parent into treatment, time frame**

The assessment shall be completed as soon as possible after admission and within specific timelines established by the facility but no later than:

- (1) Residential, seven (7) days; [168 hours];
  - (2) Halfway house, seven (7) days. [168 hours].
- (b) In the event of a consumer re-admission within one (1) year of the last biopsychsocial assessment, a photocopy of the latest biopsychsocial assessment and a biopsychsocial update will suffice.
- (b) Compliance with 450:18-7-44 may be determined by a review of the following:
- (1) Policy and procedures;
  - (2) Biopsychsocial assessment instruments;
  - (3) Treatment records;
  - (4) Case management assessments;
  - (5) Interviews with staff and consumers; and
  - (6) Other facility documentation.

## **PART 7. CASE MANAGEMENT**

**450:18-7-61. Case management, adults**

(a) Case management is an essential element during the treatment process which enhances the consumer's potential for successful recovery. Case management services are designed to address areas of a consumer's life that, if not addressed, often contribute to relapse. Case management services facilitate the consumer's potential for a successful re-integration into community living. Services include referral, linkage and advocacy. Case management services may be provided by a treatment professional or a Certified Behavioral Health Case Manager.

(b) Case management services shall be offered to all adult consumers during all substance abuse levels of care and shall provide the following:

- (1) Screening to determine the priority of needs to be addressed through case management services, which shall include evidence that the following were evaluated for each consumer:
  - (A) Job skills and potential;
  - (B) Strengths and resources;
  - (C) Present living situation and support system;
  - (D) Needs or problems which interfere with the ability to successfully function in the community;
  - (E) Use of substances; and
  - (F) Medical and health status.

- (2) Monitoring that shall address issues and problems identified in the consumer's evaluation;
  - (3) Referral sources to address the consumer's identified needs;
  - (4) Documentation of consumer's involvement; and
  - (5) Documentation of the provision and frequency of case management services.
- (c) Case management referrals for adults shall be documented and include, but are not limited to:
- (1) Medical, dental, and other health care services;
  - (2) Psychiatric and psychological services;
  - (3) Violence and domestic violence services;
  - (4) Family and significant other counseling services;
  - (5) Educational services, including vocational rehabilitation services;
  - (6) Employment services;
  - (7) Social services, including supplemental income and food and public housing;
  - (8) Legal services;
  - (9) Recovery self-help fellowships;
  - (10) Parenting and child development education; and
  - (11) Continuing substance abuse treatment at a lesser level of care.
- (d) Compliance with 450:18-7-61 shall be determined by on-site observation and a review of the following:
- (1) Policy and procedures;
  - (2) Case management assessment instruments;
  - (3) Program protocols;
  - (4) Treatment records;
  - (5) Progress notes;
  - (6) Referral documentation; and
  - (7) Interviews with staff and consumers.

**450:18-7-62. Case management, child, adolescent and family**

(a) Case management services shall be offered to children, adolescents and their family to ensure access to needed services. Services include referral, linkages and advocacy. These services are offered to any child that presents themselves into residential or halfway house treatment with a parent and may be offered to any child or family who presents for services at an outpatient substance abuse agency. Case management services may be provided by either the treatment professional or a Certified Behavioral Health Case Manager and shall provide the following;

- (1) Screening to determine the priority of needs to be addressed through case management services which shall include the completion of an assessment and evidence that the following were evaluated for each consumer:
  - (A) Job skills and potential;
  - (B) Strengths and resources;
  - (C) Present living situation and support system;
  - (D) Needs or problems which interfere with the ability to successfully function in the community;
  - (E) Use of substances; and

- (F) Medical and health status.
  - (2) Case management services and monitoring shall address issues and problems identified in the consumer's evaluation;
  - (3) Referral sources to address the consumer's identified needs;
  - (4) Documentation of consumer's involvement; and
  - (5) Documentation of the provision and frequency of case management services.
- (b) Case management referrals for children in treatment services shall be documented to include, but are not limited to:
- (1) Medical, dental, and other health care services;
  - (2) Psychiatric, psychological, domestic violence and sexual assault services;
  - (3) Children and youth counseling services;
  - (4) Family counseling services;
  - (5) Social services, including child guidance and health services guaranteed by public laws;
  - (6) Educational services, including enrollment in public schools and Head Start; and
  - (7) Peer support services.
- (c) Compliance with 450:18-7-62 may be determined by a review of the following:
- (1) Policy and procedures;
  - (2) Case management assessment instruments;
  - (3) Program protocols;
  - (4) Treatment records;
  - (5) Progress notes;
  - (6) Referral documentation; and
  - (7) Interviews with staff and consumers.

**450:18-7-63. Case management services, locale and frequency**

- (a) Case management services shall be offered 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 as specified in the treatment plan.
- (b) Compliance with 450:18-7-63 may be determined by a review of the following:
- (1) Progress notes, which should include, but not be limited to, documentation of:
    - (A) A Certified Behavioral Health Case Manager's or treatment professional's contact with each consumer as specified in the treatment plan to monitor progress or provide case management services; and
    - (B) Inability to make face to face contact.
  - (2) Policy and Procedures; and
  - (3) Interviews with staff and consumers.

**450:18-7-65. Case management services, staff credentials**

Individuals providing case management services shall be certified as a behavioral health case manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50, or the treatment professional.

## PART 9. TREATMENT PLANNING

### 450:18-7-81. Treatment planning

- (a) Treatment planning is the ongoing process by which a clinician and the consumer identify and rank problems, establish agreed-upon goals, and decide on the treatment process and resources to be utilized.
- (b) The treatment plan shall include, but not be limited to, the following information:
- (1) Presenting problems;
  - (2) Strengths, needs, abilities, and preferences of the consumer;
  - (3) Goals for treatment with specific, measurable, attainable, realistic and time-limited objectives;
  - (4) Type and frequency of services to be provided;
  - (5) Primary person responsible for providing services;
  - (6) Description of consumer's involvement in, and responses to, the treatment plan, and his or her signature and date.
  - (7) Discharge criteria, other than the discharge criteria required by the level of care; and
  - (8) Specific date for each planned treatment plan review and update.
- (c) The treatment plan shall be based on the consumer's presenting problems or diagnosis, intake assessment, biopsychsocial assessment, and expectations of their recovery.
- (d) Treatment plans shall be dated and signed by the consumer and treatment professional. A list of the treatment team members who participate in providing services shall be included on the treatment plan.
- (e) Compliance with 450:18-7-81 may be determined by a review of the following:
- (1) Policy and procedures;
  - (2) Treatment protocols;
  - (3) Clinical service manuals;
  - (4) Treatment plan forms;
  - (5) Consumer records;
  - (6) Interviews with staff and consumers; and
  - (7) Other facility documentation.

### 450:18-7-82. Treatment plans, time frames

- (a) Treatment plans shall be completed according to the time frames outlined by the facility, but no later than:
- (1) Residential services, eight (8) days;
  - (2) Halfway house services, eight (8) days;
  - (3) Intensive outpatient services, fifth (5<sup>th</sup>) visit;
  - (4) Outpatient services, fifth (5<sup>th</sup>) visit.
- (b) Compliance with 450:18-7-82 may be determined by a review of the following:
- (1) Policy and procedures;
  - (2) Treatment protocols;
  - (3) Clinical services manuals;
  - (4) Treatment plan forms;

- (5) Consumer records;
- (6) Interviews with staff and consumers; and
- (7) Other facility documentation.

**450:18-7-83. Treatment plans, review and update**

(a) The treatment plan shall be reviewed and updated according to the time frame required by the treatment plan, and is required by any of the following situations:

- (1) Change in primary counselor assignment; or
- (2) Change in frequency and types of services provided.

(b) Compliance with 450:18-7-83 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Treatment protocols;
- (3) Clinical services manuals;
- (4) Treatment plan forms;
- (5) Consumer records;
- (6) Interviews with staff and consumers; and
- (7) Other facility documentation.

**450:18-7-84. Treatment plans, medically supervised detoxification**

(a) Medically supervised detoxification facilities shall complete medical treatment plans to address the medical stabilization treatment and service needs of each consumer within three (3) hours of admission. When necessary, medically supervised detoxification treatment plans may be initiated by a licensed physician or licensed registered nursing staff.

(b) Compliance with 450:18-7-84 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Treatment protocols;
- (3) Clinical services manuals;
- (4) Treatment plan forms;
- (5) Consumer records;
- (6) Interviews with staff and consumers; and
- (7) Other facility documentation.

**PART 11. PROGRESS NOTES**

**450:18-7-101. Progress notes**

(a) Unless defined otherwise by level of care, substance abuse treatment services and any issues related to treatment shall be reflected by written documentation in the consumer's record and shall include the following:

- (1) date;
- (2) start and stop time for each timed treatment session;
- (3) signature of the staff person providing the service;
- (4) credentials of the staff person providing the service;
- (5) specific problems(s), goals and objectives addressed (problem must be identified on the treatment plan, or the assessment);

- (6) interventions used to address problem(s), goals and objectives;
  - (7) progress made toward goals and objectives, or lack of;
  - (8) consumer response to the session or intervention;
  - (9) any new problem(s), goals and objectives identified during the session; and
  - (10) consumer's name and unique identifier.
- (b) Compliance with 450:18-7-101 may be determined by a review of the following:
- (1) Policy and procedures;
  - (2) Consumer records;
  - (3) Progress notes;
  - (4) Interviews with staff; and
  - (5) Other facility documentation.

### **PART 13. DISCHARGE PLANNING**

#### **450:18-7-121. Discharge assessment**

(a) Discharge planning begins at admission and is the process of determining a consumer's continued need for treatment services and developing a plan to address ongoing consumer recovery needs.

(b) All consumers shall be assessed for biopsychosocial appropriateness of discharge from each level of care taking into account the consumers' needs as identified by, but not limited to:

- (1) Acute intoxication and/or withdrawal potential;
- (2) Biomedical conditions and complications;
- (3) Emotional, behavioral or cognitive conditions and complications;
- (4) Readiness to change;
- (5) Relapse, continued use or continued problem potential; and
- (6) Recovery/living environment.

(c) Compliance with 450:18-7-121 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Continuing care plans;
- (3) Discharge assessments;
- (4) Discharge summaries;
- (5) Progress notes;
- (6) Consumer records;
- (7) Interviews with staff and consumers; and
- (8) Other facility documentation.

#### **450:18-7-122. Continuing care plan**

(a) In discharge planning, the facility shall assist the consumer to obtain services that are needed but not available within the facility, and/or in transitioning from one level of care to another, and/or discharging from a facility. A written plan of recommendations and specific referrals for implementation of continuing care services, including medications, shall be prepared for each consumer who meets the ASAM Patient Placement Criteria dimensional continued service criteria, in each level of care. Continuing care plans shall be developed with the knowledge and cooperation of the consumer. The continuing care plan

may be included in the discharge summary. The consumer's response to the continuing care plan shall be noted in the plan, or a note shall be made that the consumer was not available and why. In the event of the death of a consumer, a summary statement including this information shall be documented in the record.

- (b) Compliance with 450:18-7-122 may be determined by a review of the following:
- (1) Policy and procedures;
  - (2) Continuing care plans;
  - (3) Discharge assessments;
  - (4) Discharge summaries;
  - (5) Progress notes;
  - (6) Consumer records;
  - (7) Interviews with staff and consumers; and
  - (8) Other facility information.

#### **450:18-7-123. Discharge Summary**

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

(b) The discharge summary shall include, but not be limited to, the following:

- (1) Identified needs at intake;
- (2) Initial condition and condition of consumer at discharge;
- (3) Summary of current medications, when appropriate;
- (4) Treatment and services provided, and a summary of treatment outcomes and results;
- (5) The continuing care plan may be included in the discharge summary; and
- (6) The signature of the staff member completing the summary, and the date.

(c) Compliance with 450:18-7-123 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Continuing care plans;
- (3) Discharge assessments;
- (4) Discharge summaries;
- (5) Progress notes;
- (6) Consumer records;
- (7) Interviews with staff and consumers; and
- (8) Other facility documentation.

#### **450:18-7-124. Unplanned discharges**

Unplanned discharges may occur within the treatment facility for a variety of reasons. Upon an unplanned discharge, a staff member should be identified to be responsible for follow-up and the facility should attempt to ensure the following:

- (1) Linkage to appropriate care;
- (2) Referral for other needed services, when possible; and
- (3) Follow-up should be documented in the consumer's record.

## PART 15. OTHER CASE RECORD MATERIALS

### **450:18-7-141. Consultation reports**

- (a) The consumer record shall contain copies of all consultation reports concerning the consumer.
- (b) Compliance with 450:18-7-141 may be determined by a review of policy and procedures, consumer records, progress notes, interviews with staff, and other facility documentation.

### **450:18-7-142. Psychological or psychometric testing**

- (a) When psychometric or psychological testing is done, the consumer record shall contain a copy of a written report describing the test results and implications or recommendations for treatment.
- (b) Compliance with 450:18-7-142 may be determined by a review of policy and procedures; consumer records; progress notes; interviews with staff; and other facility documentation.

### **450:18-7-143. Records and reports from other entities**

- (a) The consumer record shall contain any additional information relating to the consumer, which has been secured from sources outside the treatment facility. The information obtained shall be confidential and privileged and may not be released except as allowed by applicable state and federal laws.
- (b) Compliance with 450:18-7-143 may be determined by a review of policy and procedures, consumer records, progress notes, interviews with staff, and other facility documentation.

### **450:18-7-144. Medication records**

- (a) The consumer record shall contain the following information on medications as appropriate:
  - (1) A record shall be kept of all medications which were self-administered, administered, dispensed, or prescribed by licensed medical staff.
  - (2) The record of medications, self-administered, administered or dispensed, shall include all of the following:
    - (A) Type of medication;
    - (B) Dosage;
    - (C) Frequency of administration;
    - (D) Route of administration; and
    - (E) Staff member who administered, or monitored self-administration of, each dose, and consumer's signature when self-administered.
- (b) Compliance with 450:18-7-144 may be determined by a review of policy and procedures, consumer records, progress notes, interviews with staff, and other facility documentation.

## SUBCHAPTER 9. SERVICES SUPPORT AND ENHANCEMENT

### PART 1. STAFF SUPPORT

#### **450:18-9-1. Purpose**

The purpose of this subchapter is to set forth the rules regarding required components which support and enhance treatment services.

#### **450:18-9-2. Clinical supervision**

(a) Clinical supervision is a vital component of the provision of quality substance abuse 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 policy 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 policy 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 direct service staff and treatment professionals.

(d) Compliance with 450:18-9-2 may be determined by a review of the following:

- (1) Policy 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.

#### **450:18-9-3. Staff privileging**

(a) Each facility shall have policy and procedures for documenting and verifying the training, experience, education, and other credentials of treatment professionals prior to their providing treatment services.

(b) Each facility shall have written policy and procedures and operational methods for evaluating the professional qualifications of treatment professionals providing treatment services, including those who perform these evaluations and the verification process, and the granting of privileges.

- (c) All treatment professionals shall be documented as privileged prior to performing treatment services.
- (d) The evaluation and verification of professional qualifications includes, but is not limited to, the review and verification of:
  - (1) Professional degree(s) via official college transcript(s);
  - (2) Professional licensure(s);
  - (3) Professional certification(s);
  - (4) Professional training;
  - (5) Professional experience; and
  - (6) Other qualifications as set forth in the position's job description.
- (e) Each facility shall minimally perform an annual review of current licensure, certifications, and current qualifications for privileges to provide specific treatment services.
- (f) Initial training and annual training updates for all personnel employed by the treatment facility shall cover, at a minimum:
  - (1) Rights of the consumers served;
  - (2) Person and family centered services;
  - (3) The prevention of violence in the workplace;
  - (4) Confidentiality requirements;
  - (5) Cultural competency; and
  - (6) Expectations regarding professional conduct.
- (g) Compliance with 450:18-9-3 may be determined by a review of the following:
  - (1) Policy and procedures;
  - (2) Clinical supervision manuals;
  - (3) Minutes of privileging meetings;
  - (4) Personnel records;
  - (5) Interviews with staff; and
  - (6) Other facility documentation.

#### **450:18-9-10. Referrals**

- (a) Each facility shall provide referral information for consumers and the general public regarding services requested or needed which the facility does not provide.
- (b) The facility shall refer consumers and the general public to other resources when the individual or the person(s) seeking services for an individual(s) has treatment or service needs the facility does not provide.
- (c) The facility shall maintain a directory of currently available resources, which shall, at a minimum, contain the "ODMHSAS Yellow Pages."
- (d) Compliance with 450:18-9-10 may be determined by a review of policy and procedures, referral manuals, and other facility documentation.

## **PART 3. ORGANIZATIONAL AND FACILITY MANAGEMENT**

### **SUBCHAPTER 11. CONSUMER RIGHTS**

#### **450:18-11-1. Consumer rights**

All treatment facilities shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights. Those programs which are providing services within a correctional facility should detail the following due to circumstance:

- (1) The provider shall document provisions of 450:15-3-2 (a), (b), and (d).
- (2) The provider shall provide written grievance policy and procedure including time frames for the grievance process.
- (3) The provider shall describe the procedure used when the grievance is against a staff. This policy may refer to DOC mandated policy and procedure.
- (4) The provider shall describe the facility's responsibility for evaluation, review, and resolution should the allegation be substantiated.

#### **450:18-11-3. Consumer's grievance policy**

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

#### **450:18-11-4. ODMHSAS advocate general**

The ODMHSAS Advocate General, in any investigation regarding consumer rights shall have access to consumers, facility records and facility staff as set forth in Title 450, Chapter 15.

## **SUBCHAPTER 13. SUBSTANCE ABUSE TREATMENT SERVICES**

### **PART 1. LEVELS OF CARE**

#### **450:18-13-1. Levels of Care**

Facilities shall document the provision of one (1) or more of the following levels of care in policy and procedures. All facilities shall include the requirements found in Subchapter 7, Consumer Record System.

- (1) Outpatient services;
- (2) Intensive outpatient services;
- (3) Medically supervised detoxification;
- (4) Non-medical detoxification;
- (5) Residential treatment for adults;
- (6) Residential treatment for persons with dependent children;
- (7) Residential treatment for adults with co-occurring disorders;
- (8) Residential treatment for adolescents;
- (9) Halfway house services;
- (10) Halfway house services for persons with dependent children; and
- (11) Halfway house services for adolescents.

#### **450:18-13-2. HIV/STD/AIDS education, testing and counseling services**

All facilities shall refer or provide and document the referral or refusal of the provision of HIV/STD/AIDS education, testing, and counseling services for drug dependent persons (43A O.S. § 3-425.1). Every facility shall:

- (1) Refer for or provide educational sessions regarding HIV/STD/AIDS to consumers and the significant other(s) of the consumer;
- (2) Provide services or referral for HIV/STD/AIDS testing and counseling to all consumers and the significant other(s) of the consumer; and
- (3) Provide documentation of referral or provision of services described in items (1) and (2) at least once during each treatment episode.

#### **450:18-13-3. Treatment Professional**

Only a treatment professional, as defined in 450:18-1-2, shall provide alcohol and drug treatment services in any level of care.

#### **450: 18-13-4. Co-occurring Disorder Capability**

(a) All program components described in this chapter shall work toward becoming co-occurring disorder capable, and engage in a performance improvement process to enhance co-occurring capability, according to the State Integrated Services Initiative (ISI) consensus document. Co-occurring capability involves the development of specific policies and procedures to welcome, screen, and identify consumers with established or possible co-occurring disorders, and to routinely organize the process of assessment, treatment planning, treatment programming, interagency care coordination, psychopharmacologic management, and discharge planning to ensure that attention to assisting the consumer with managing his or her co-occurring mental illness is appropriately organized as a component of the substance abuse treatment intervention.

(b) Facilities shall:

- (1) Have a copy of the latest ISI consensus document;
- (2) Have a copy of the ISI practice guidelines for Welcoming, Screening and Assessment;
- (3) Have written policies and procedures to address welcoming, integrated screening and integrated assessment, as defined in the ISI practice guidelines;
- (4) Have a written performance improvement component that addresses a plan to move toward co-occurring disorder capability that includes, at a minimum, identification of persons with co-occurring disorders and referral/linkage to necessary mental health services.

### **PART 3. OUTPATIENT SERVICES**

#### **450:18-13-21. Outpatient services**

(a) Outpatient services shall be organized non-residential services with scheduled treatment sessions that accommodate employed and parenting consumers' schedules, and offer treatment services during the day, evening, or weekends. Services shall be designed to provide a variety of professional diagnostic and primary alcohol and other drug

abuse treatment services for consumers, their families, and significant others, whose emotional and physical status allows them to function in their usual environment.

(b) The program shall maintain written programmatic descriptions and operational methods that address the following:

(1) Environment:

(A) The facility shall be publicly accessible and accommodate office space, individual and group counseling space, secure record storage, protect consumer confidentiality, and provide a safe, welcoming, culturally and age appropriate environment.

(B) Hours of operation shall be during regularly scheduled times in which services are accessible to consumers and the general public, including those employed between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.

(C) For facilities that do not provide twenty-four (24) hour services, the facility's hours of operation shall be conspicuously displayed on the outside of the building. For facilities in multi-office buildings, the hours shall be posted either on the building directory or the facility's office door.

(2) Support system:

(A) The facility shall maintain written policy and procedures for handling medical emergencies; and an emergency medical number shall be posted for use by staff; and

(B) The facility shall have available specialized professional consultation or professional supervision.

(3) Staff:

(A) The facility shall maintain documentation that treatment professionals are knowledgeable regarding biopsychsocial dimensions of substance abuse, evidenced based practices, and counseling theory and techniques.

(B) The facility shall maintain documentation that treatment professionals have received training in cultural-specific, age and gender-specific issues, co-occurring disorder capability, substance abuse and addiction, and related counseling techniques.

(C) Staff shall be, at least, eighteen (18) years of age.

(D) The facility shall document in personnel records all education, training and experience stated above prior to treatment professionals providing direct care services.

(4) Treatment services:

(A) Substance abuse treatment services shall be provided to assess and address the individual needs of each consumer. These services shall include, but not be limited to, individual counseling, group counseling, substance abuse education, psycho-education, family services, and case management services;

(B) Crisis intervention and counseling services shall be available; and

(C) Frequency of services shall be determined by mutual agreement between the treatment professional and the consumer; and

(D) When appropriate, and with the consumer's consent, the treatment program coordinates with other treatment providers that the consumer is currently utilizing.

(c) Compliance with 450:18-13-21 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Licenses;
- (3) Treatment protocols;
- (4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service training(s);
- (5) Treatment records;
- (6) Interviews with staff and consumers; and
- (7) Other supporting facility records.

**450:18-13-22. Outpatient services, admission criteria**

- (a) Admission to outpatient services shall be determined according to 450: 18-7-21. These criteria shall be a part of the program's written policy and procedures.
- (b) Compliance with 450:18-13-22 may be determined by a review of the following:
  - (1) Policy and procedures;
  - (2) Admission protocols;
  - (3) Admission assessment instruments;
  - (4) Consumer records;
  - (5) Interviews with staff and consumers; and
  - (6) Other facility documentation.

**450:18-13-23. Outpatient services, discharge criteria**

- (a) Programmatic discharge from outpatient services shall be determined according to 450: 18-7-121. These criteria shall be a part of the program's written policy and procedures.
- (b) Compliance with 450:18-3-23 may be determined by a review of the following:
  - (1) Policy and procedures;
  - (2) Discharge protocol;
  - (3) Discharge assessment instruments;
  - (4) Continuing care plans;
  - (5) Discharge summaries;
  - (6) Consumer records;
  - (7) Interviews with staff and consumers; and
  - (8) Other facility records.

**PART 5. INTENSIVE OUTPATIENT SERVICES**

**450:18-13-41. Intensive outpatient services**

Intensive outpatient services shall be organized, non-residential outpatient substance abuse treatment with scheduled sessions providing a range of nine (9) to fifteen (15) treatment hours per week. Treatment schedules shall be arranged to accommodate the time availability of employed or parenting consumers and treatment hours may be during the day, evenings, or weekends. Intensive outpatient services shall be designed to provide a variety of professional diagnostic and primary substance abuse treatment services for consumers and their families whose physical and emotional status allows them to function

in their usual environment. Intensive outpatient services shall have formulated treatment curricula unique to the intensive outpatient program.

**450:18-13-42. Service requirements**

(a) An intensive outpatient service shall maintain written programmatic descriptions and policy and procedures addressing the following:

(1) Environment:

(A) The facility shall be publicly accessible and accommodate office space, individual and group counseling space, secure records storage, protect consumer confidentiality, and provide a safe, welcoming, culturally and age appropriate environment;

(B) Hours of operation shall be during regularly scheduled times in which services are accessible to consumers and the general public, including those employed between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday; and

(C) For facilities that do not provide twenty-four (24) hour services, the facility's hours of operation shall be conspicuously displayed on the outside of the building. For facilities in multi-office buildings, the hours shall be posted on the building directory or the facility's office door.

(2) Support system:

(A) The facility shall maintain written policy and procedures for handling medical emergencies; an emergency medical number shall be conspicuously posted for staff use; and

(B) Specialized professional consultation or professional supervision shall be available.

(3) Staff:

(A) Treatment professionals shall be knowledgeable regarding biopsychosocial dimensions of substance abuse, evidenced based practices and counseling theory and techniques.

(B) The facility shall maintain documentation that treatment professionals have received training in cultural-specific, age-specific and gender-specific issues, co-occurring disorder capability, and counseling techniques.

(C) Staff shall be at least eighteen (18) years of age.

(D) The facility shall document in personnel records all education, training and experience stated above prior to treatment professionals providing direct care services.

(4) Treatment services:

(A) The facility shall ensure scheduled treatment services to continually assess and address the individual needs of each consumer. Such treatment modalities include, but are not limited to, family counseling, individual and group counseling, educational groups, psycho-educational groups, relapse prevention, and case management services;

(B) Crisis intervention and counseling services shall be available;

(C) Frequency of services shall be determined by mutual agreement between the treatment professional and the consumer; and

(D) When appropriate, and with the consumer's consent, the treatment program

- coordinates with other treatment providers that the consumer is currently utilizing.
- (b) Compliance with 450:18-13-42 may be determined by a review of the following:
- (1) Staff licenses and certifications;
  - (2) Policy and procedures;
  - (3) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service training(s);
  - (4) Treatment records;
  - (5) Interviews with staff and consumers; and
  - (6) Other facility documentation.

**450:18-13-43. Intensive outpatient services, admission criteria**

- (a) Admission to intensive outpatient services shall be determined according to 450: 18-7-21. These criteria shall be a part of the program's written policy and procedures.
- (b) Compliance with 450:18-13-43 may be determined by a review of the following:
- (1) Facility policy and procedures;
  - (2) Admission protocols;
  - (3) Admission assessment instruments;
  - (4) Consumer records;
  - (5) Interviews with staff and consumers; and
  - (6) Other supporting facility documentation.

**450:18-13-44. Intensive outpatient, discharge criteria**

- (a) Programmatic discharge from intensive outpatient services shall be determined according to 450: 18-7-121. These criteria shall be a part of the program's written policy and procedures.
- (b) Compliance with 450:18-13-44 may be determined by a review of the following:
- (1) Discharge protocols;
  - (2) Discharge assessment instruments;
  - (3) Continuing care plans;
  - (4) Discharge summaries;
  - (5) Policy and procedures;
  - (6) Treatment records;
  - (7) Interviews with staff and consumers; and
  - (8) Other supporting facility documentation.

**PART 7. MEDICALLY SUPERVISED DETOXIFICATION**

**450:18-13-61. Medically supervised detoxification**

- (a) Medically supervised detoxification shall be provided outside a medical facility, but under the direction of a licensed physician and a licensed registered nurse supervisor, for consumers who are withdrawing or are intoxicated from alcohol or other drugs. Presenting consumers shall be assessed as currently experiencing no apparent medical or neurological symptoms as a result of their substance use that would require hospitalization.
- (b) The facility shall maintain written programmatic descriptions and operational methods

addressing the following:

- (1) Environment: The facility shall provide for beds, food service, monitoring/documenting vital signs, food, and liquids. The facility shall provide a safe, welcoming and culturally/age appropriate environment.
- (2) Support system:
  - (A) A licensed physician providing supervision of detoxification shall be on site or on call twenty-four hours per day, seven days per week;
  - (B) The facility shall maintain a written plan for emergency procedures, which shall be approved by a licensed physician; and
  - (C) The facility shall have supplies, as designated in the written emergency procedures, which shall be accessible to the staff.
- (3) Staff:
  - (A) Staff members shall be knowledgeable about the physical signs of withdrawal, the taking of vital signs, the implication of those vital signs, and emergency procedures.
  - (B) Oklahoma licensed nurses shall provide twenty-four (24) hour monitoring, and statutorily approved personnel shall administer medications in accordance with physician's orders;
  - (C) Staff shall be knowledgeable regarding facility-required education, evidenced based practices, training and policies; and
  - (D) The facility shall document in personnel records all education, training and experience stated in (A), (B) and (C) above prior to staff providing direct care services.
- (4) Treatment services: Daily (twenty-four [24] hours a day, seven [7] days a week) substance abuse detoxification treatment services shall be provided which shall include, but are not limited to, oral intake of fluids, three (3) meals a day, taking of vital signs (temperature, pulse, respiration rate, blood pressure), documentation of fluid and food intake a minimum of one (1) time every six (6) hours or more often as indicated by the consumer's condition.
- (5) Assessment:
  - (A) An individualized case management plan shall be developed for each consumer prior to discharge;
  - (B) A medical assessment for appropriateness of placement shall be completed and documented by a licensed physician during the admission process to the program.
- (c) Compliance with 450:18-13-61 may be determined by a review of the following:
  - (1) Licenses;
  - (2) Policy and procedures;
  - (3) Treatment protocols;
  - (4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service training(s);
  - (5) Treatment records;
  - (6) Interviews with staff; and
  - (7) Other supporting facility documentation.

**450:18-13-62. Medically-supervised detoxification, admission criteria**

- (a) Admission to medically-supervised detoxification shall be determined according to 450:18-7-21. These criteria shall be a part of the program's written policy and procedures.
- (b) Compliance with 450:18-13-62 may be determined by a review of the following:
  - (1) Policy and procedures;
  - (2) Admission assessment instruments;
  - (3) Admissions protocols;
  - (4) Treatment records;
  - (5) Progress notes;
  - (6) Interviews with staff and consumers;
  - (7) Publicly posted information; and
  - (8) Other supporting facility documentation.

**450:18-13-63. Medically-supervised detoxification, discharge criteria**

- (a) Programmatic discharge from medically-supervised detoxification shall be determined according to 450:18-7-121. These criteria shall be a part of the program's written policy and procedures.
- (b) Compliance with 450:18-13-63 may be determined by a review of the following:
  - (1) Discharge policy and procedures;
  - (2) Discharge protocols;
  - (3) Discharge and continuing care documentation;
  - (4) Treatment records;
  - (5) Discharge summaries;
  - (6) Interviews with staff and consumers; and
  - (7) Other facility documentation.

**PART 9. NON-MEDICAL DETOXIFICATION**

**450:18-13-81. Non-medical detoxification**

- (a) Non-medical detoxification shall be provided in a non-medical setting, with trained paraprofessionals, for intoxicated consumers and consumers withdrawing from alcohol and other drugs, who present with no apparent medical or neurological symptoms as a result of their substance abuse.
- (b) The facility shall maintain written programmatic descriptions and policy and procedures addressing the following:
  - (1) Environment: The facility shall provide beds, food service, and monitor/document vital signs, and food and liquids intake. The facility shall provide a safe, welcoming and culturally/age appropriate environment.
  - (2) Support system:
    - (A) A licensed physician shall be on call twenty-four (24) hours per day, seven (7) days per week;
    - (B) The facility shall have a written plan for emergency procedures approved by a licensed physician; and
    - (C) Supplies, as designated by the written emergency procedures, shall be

available and accessible to the staff;

(3) Staff:

(A) The staff members assigned shall be knowledgeable about the physical signs of withdrawal, the taking of vital signs, the implication of those vital signs, and emergency procedures, who are trained and competent to implement physician-approved protocols for consumer observation and supervision, determination of appropriate level of care, and facilitation of the consumer's transition to continuing care;

(B) The staff shall be knowledgeable regarding facility-required education, evidenced based practices, training, and policies ; and

(C) The facility shall document in personnel records all education, training and experience stated in (A) and (B) above prior to staff providing direct care services.

(4) Treatment services: Daily (twenty-four [24] hours a day, seven [7] days a week) substance abuse detoxification treatment services shall be provided, to include oral intake of fluids, three (3) meals a day, and the taking of vital signs (temperature, pulse, respiration rate, blood pressure), fluid and food intake a minimum of one (1) time every six (6) hours or more often as indicated by the consumer's condition.

(5) Assessment:

(A) The consumer shall have an addiction-focused history, obtained as part of the initial assessment and reviewed with a physician during the admission process if physician-developed protocols indicate concern; and

(B) An individualized case management plan shall be developed prior to discharge to the appropriate level of care.

(c) Compliance with 450:18-13-81 may be determined by a review of the following:

(1) Licenses;

(2) Policy and procedures;

(3) Treatment protocols;

(4) Physician-approved detoxification procedures;

(5) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service training(s);

(6) Treatment records; and

(7) Interviews with staff.

**450:18-13-82. Non-medical detoxification, admission criteria**

(a) Admission to non-medical detoxification shall be determined according to 450:18-7-21. These criteria shall be a part of the program's written policy and procedures.

(b) Compliance with 450:18-13-82 may be determined by a review of the following:

(1) Policy and procedures;

(2) Admission assessment instruments;

(3) Medical evaluations;

(4) Admission protocols;

(5) Treatment records;

(6) Interviews with staff and consumers; and

(7) Publicly posted information and other facility documentation.

**450:18-13-83. Non-medical detoxification, discharge criteria**

- (a) Programmatic discharge from non-medical detoxification shall be determined according to 450:18-7-121. These criteria shall be a part of the program's written policy and procedures.
- (b) Compliance with 450:18-13-83 may be determined by a review of the following:
  - (1) Policy and procedures;
  - (2) Discharge evaluation assessment instruments;
  - (3) Medical evaluations;
  - (4) Consumer records and discharge summaries;
  - (5) Continuing care plans;
  - (6) Interviews with staff and consumers; and
  - (7) Other facility documentation.

**PART 11. RESIDENTIAL TREATMENT**

**450:18-13-101. Residential treatment for adults**

- (a) Substance abuse treatment in a residential setting shall provide a planned regimen of twenty-four (24) hour professionally directed evaluation, care and treatment in a permanent program location. Consumers shall participate in at least twenty-four (24) treatment hours of substance abuse services per week. The facility shall provide beds, food service, and a safe, welcoming and culturally/age appropriate environment.
- (b) The facility shall maintain written programmatic descriptions and operational methods addressing the following:
  - (1) Support system:
    - (A) A licensed physician shall be available, at least by telephone, twenty-four (24) hours per day, seven (7) days per week;
    - (B) The facility shall maintain written policy and procedures for handling medical emergencies; and an emergency medical number shall be conspicuously posted for staff use; and
    - (C) The facility shall maintain written policy and procedures for the handling of clinical issues during times in which clinical staff are not at the facility.
  - (2) Staff:
    - (A) The facility shall maintain documentation that treatment professionals are knowledgeable regarding the biopsychsocial dimensions of substance abuse and counseling theory and techniques.
    - (B) Treatment professionals shall have training in cultural-specific, age-specific, gender-specific issues, co-occurring disorder capability, and counseling techniques, and all staff shall be knowledgeable regarding facility-required education, evidenced based practices, training, and policies.
    - (C) The treatment staff shall be at least eighteen (18) years of age.
    - (D) The facility shall document in personnel records all education, training and experience stated in (A) through (C) above prior to the provision of direct care services.
  - (3) Treatment services: Daily (twenty-four [24] hours a day, seven [7] days a week)

substance abuse treatment services shall be provided to assess and address individual needs of each consumer. Services shall include, but are not limited to, family counseling, individual and group counseling, case management services and educational groups.

(4) Treatment documentation:

(A) Consumer records shall contain progress notes which outline any issues related to treatment and services provided. Progress notes shall document treatment services in a weekly summary to include the following:

- (i) Date;
- (ii) Specific problem(s), goals and objectives addressed;
- (iii) Summary of progress made toward goals and objectives, or lack of;
- (iv) Consumer response to overall treatment services;
- (v) Total number of treatment hours and types of services attended for the week;
- (vi) Any new problems, goals, or objectives identified during the week;
- (vii) List of all treatment professionals providing treatment hours;
- (viii) Signature and credentials of the treatment professional completing the documentation; and
- (ix) the consumer's name and unique identifier.

(B) Documentation shall reflect each consumer has received a minimum of twenty four (24) hours of treatment services each week, in addition to life skills, recreational and self-help supportive meetings.

(5) The program provides documentation of the following community living components:

- (A) A written daily schedule of activities.
- (B) Quarterly meetings between consumers and the program personnel.
- (C) Recreational activities to be utilized on personal time.
- (D) Personal space for privacy.
- (E) Security of consumer's property.
- (F) A clean, inviting and comfortable setting.
- (G) Evidence of individual possessions and decorations.
- (H) Daily access to nutritious meals and snacks.
- (I) Policy addressing separate sleeping areas for the consumers based on:
  - (i) Gender;
  - (ii) Age; and
  - (iii) Needs.

(c) Compliance with 450:18-13-101 may be determined by a review of the following:

- (1) Licenses;
- (2) Policy and procedures;
- (3) Treatment protocols;
- (4) Personnel record, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service training(s);
- (5) Treatment records; and
- (6) Interviews with staff and consumers.

**450:18-13-102. Adult residential treatment, admission criteria**

- (a) Admission to residential treatment for adults shall be determined according to 450:18-7-21. These criteria shall be a part of the program's written policy and procedures.
- (b) Compliance with 450:18-13-102 may be determined by a review of the following:
  - (1) Policy and procedures;
  - (2) Admission assessment instruments and protocols;
  - (3) Consumer records;
  - (4) Brochures;
  - (5) Posted public information; and
  - (6) Interviews with staff and consumers.

**450:18-13-103. Adult residential treatment, discharge criteria**

- (a) Programmatic discharge from residential treatment for adults shall be determined according to 450:18-7-121. These criteria shall be a part of the program's written policy and procedures.
- (b) Compliance with 450:18-13-103 may be determined by a review of the following:
  - (1) Policy and procedures;
  - (2) Discharge evaluation assessment instruments;
  - (3) Medical evaluations;
  - (4) Consumer records;
  - (5) Discharge summaries; and
  - (6) Interviews with staff and consumers.

**PART 13. RESIDENTIAL TREATMENT FOR PERSONS  
WITH DEPENDENT CHILDREN**

**450:18-13-121. Residential treatment for persons with dependent children**

- (a) Substance abuse treatment shall be provided in a residential setting offering a planned regimen of twenty-four (24) hour professionally directed evaluation, care and treatment in a permanent setting and under a defined set of policy and procedures. Consumers shall participate in at least twenty-four (24) treatment hours of substance abuse, parenting, and child development services per week for adults [Exception: (1) TANF recipients with Oklahoma Department of Human Services approved documentation shall participate in least 21 hours of treatment; documentation should be reflected in consumer record], and twelve (12) structured hours for children [Exception: (2) unless clinically indicated, structured services may be reduced to six (6) hours per week for children attending school.]
- (b) Each facility shall maintain written programmatic descriptions and operational methods addressing the following:
  - (1) Environment: The facility shall provide family-style living arrangements, indoor recreational space for children and families, and safe, protected outdoor recreational and leisure space. The facility shall provide for materials and space appropriate for ages and development of children receiving services. (43A O.S. § 3-417). The facility shall provide beds, food service, and a safe, welcoming and culturally/age appropriate environment.

- (2) Support system:
- (A) A licensed physician shall be available, at least by telephone, twenty-four (24) hours per day, seven (7) days per week.
  - (B) The facility shall promote and facilitate children's access to the fullest possible range of medical services available such as health screening, well-child health care, screening in speech, language, hearing, and vision, and verify immunization records.
  - (C) Access to emergency health care shall be provided as necessary.
- (3) Staff:
- (A) The facility shall maintain documentation that treatment professionals are knowledgeable regarding biopsychosocial dimensions of substance abuse, evidenced based practices, cultural-specific, age-specific and gender-specific issues, co-occurring disorder capability, counseling techniques, and treatment of infants, toddlers, preschool children, and school-age children.
  - (B) The facility shall document that treatment professionals have training in the following:
    - (i) trauma issues, identification of domestic violence, spousal or partner abuse, and child abuse and neglect, with special emphasis on failure to thrive and sexual abuse of children;
    - (ii) child development and age appropriate behaviors;
    - (iii) parenting skills appropriate to infants, toddlers, preschool and school age children; and
    - (iv) the impact of substances and substance abuse on parenting and family units.
  - (C) The facility shall document that staff working with children shall have ongoing training in the following and demonstrate job appropriate functional comprehension of:
    - (i) the impact of prenatal drug and alcohol exposure on child development;
    - (ii) the effect of substance abuse on parenting children and families;
    - (iii) parenting skills appropriate to infants, toddlers, preschool and school age children;
    - (iv) common children's behavioral and developmental problems;
    - (v) appropriate play activities according to developmental stage;
    - (vi) recognition of sexual acting-out behavior; and
    - (vii) the substance abuse recovery process, especially as related to family units.
  - (D) The facility shall document that staff are knowledgeable regarding facility-required education, and training requirements and policies;
  - (E) The facility shall have staff awake and on duty twenty-four (24) hours a day;
  - (F) Staff shall be, at least eighteen (18) years of age; and
  - (G) The facility shall document in personnel records, all education, training and experience stated above prior to the provision of services.
- (4) Treatment services:
- (A) The facility shall provide (twenty-four [24] hours a day, seven [7] days a week) substance abuse treatment services to assess and address individual needs of each consumer; treatment services, which shall include, but are not limited to,

family counseling, individual and group counseling, parenting, child development, and educational groups; and

(B) The facility shall provide treatment services for children ages four to twelve years, including a minimum of twelve (12) structured hours per week for each child (see 450:18-13-121 (a), Exception #2), including, but not limited to, assessment and age appropriate individual, family and group counseling (topics can include, but are not limited to, poor impulse control, anger management, peer interaction, understanding feelings, problem/conflict resolution), education groups (topics can include, but are not limited to, effects of alcohol on the body, roles of the family, safety planning, grief and loss), recreational activities, prevention techniques, and support groups, according to the development of the child. Structured activities do not include time spent watching television and watching videos. Special attention shall be given to the high risk of sexual abuse, sexual acting-out by children, suicide risk, and the treatment of toddlers and preschool children; and

(C) Children's services, excluding infants, shall address the significant issues and needs documented in the child's and or parent's assessment utilizing both structured and unstructured therapeutic activity. Services shall create and enhance positive self image and feelings of self-worth, promote family unity, teach personal body safety, and positive school interactions, and to prevent alcohol, tobacco and other drug use; and

(D) Services for infants (ages birth to three [0-3] years of age) shall include, at a minimum, developmentally appropriate parent-child interactive bonding activities and developmentally appropriate structured activities that promote and nurture the growth and well being of the infant; and

(E) Case management services for each adult and each child that include assessment of and planning and arranging for recovery needs.

(5) Assessment:

(A) Individual biopsychsocial assessments shall be completed on all consumers.

(i) Assessments of children accompanying their parent into treatment shall include, but are not limited to assessment of:

- (I) mental health issues;
- (II) parent-child relationships;
- (III) developmental stage;
- (IV) educational needs;
- (V) parent related issues; and
- (VI) family issues related to the child.

(ii) In addition to the biopsychsocial assessment requirements, assessments of the parent bringing his or her child(ren) into treatment, residential or halfway house levels of care, shall include, but not be limited to, assessment of:

- (I) parenting skills (especially in consideration of the child's issues);
- (II) knowledge of age appropriate behaviors;
- (III) parental coping skills;
- (IV) personal issues related to parenting; and
- (V) family issues as related to the child.

(B) There shall also be documentation of consultations, screening and referral

regarding consumers, as needed.

(C) Individualized treatment plans for both the parent and child(ren) shall be developed, which include parent-child issues, problem formulations, treatment goals, measurable and behavioral objectives, and plans to meet recovery needs.

(6) Treatment documentation:

(A) Consumer records shall contain progress notes which outline any issues related to treatment and services provided. Progress notes shall document treatment services in a weekly summary to include the following:

- (i) Date;
- (ii) Specific problem(s), goals and objectives addressed;
- (iii) Summary of progress made toward goals and objectives, or lack of;
- (iv) Consumer response to overall treatment services;
- (v) Total number of treatment hours and types of services attended for the week;
- (vi) Any new problems, goals, or objectives identified during the week;
- (vii) List of all treatment professionals providing treatment hours;
- (viii) Signature and credentials of the treatment professional completing the documentation; and
- (ix) the consumer's name and unique identifier.

(B) Documentation shall reflect that each adult consumer has received a minimum of twenty-four (24) hours of treatment services each week, unless the woman is pregnant and the consumer record contains physician-approved permission for less than twenty-four (24) hours of service, or as permitted in 450:18-13-121 (a), Exception #1. Should the consumer be unable to participate in twenty-four (24) treatment hours for two (2) or more weeks, a review of appropriate placement shall be conducted weekly and documented by the executive director of the facility; and shall include observations of parent and child interactions, especially those indicative of therapeutic need or progress.

(C) Documentation shall reflect each child has received a minimum of twelve (12) structured hours of service each week addressing needs and issues documented in either, or both, the child's or parent's assessments; the child's response to those services; and an assessment, and planning of recovery needs. Exception: As few as six (6) hours each week as permitted by 450:18-13-121 (a).

(7) The program provides documentation of the following community living components:

- (A) A written daily schedule of activities.
- (B) Quarterly meetings between consumer and the program personnel.
- (C) Recreational activities to be utilized on personal time.
- (D) Personal space for privacy.
- (E) Security of consumer's property.
- (F) A clean, inviting and comfortable setting.
- (G) Evidence of individual possessions and decorations.
- (H) Daily access to nutritious meals and snacks.
- (I) Policy addressing separate sleeping areas for the consumers based on:
  - (i) Gender;
  - (ii) Age; and
  - (iii) Needs.

- (c) Compliance with 450:18-13-121 may be determined by a review of the following:
- (1) Licenses;
  - (2) Policy and procedures;
  - (3) Treatment protocols;
  - (4) Personnel record, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service training(s);
  - (5) Records;
  - (6) Interviews with staff; and
  - (7) Other facility documentation.

**450:18-13-122. Residential treatment for persons with dependent children, admission criteria**

(a) Admission to residential treatment for persons with dependent children shall be determined according to 450:18-7-21. These criteria shall be a part of the program's written policy and procedures. Admission of the parent's child(ren) shall depend upon the program's ability to provide the needed services.

- (b) Compliance with 450:18-13-122 may be determined by a review of the following:
- (1) Policy and procedures;
  - (2) Admission assessment instruments and protocols;
  - (3) Medical assessments;
  - (4) Consumer records;
  - (5) Brochures;
  - (6) Posted public information; and
  - (7) Interviews with staff and consumers.

**450:18-13-123. Residential treatment for persons with dependent children, discharge criteria**

(a) Programmatic discharge from residential treatment for persons with dependent children shall be determined according to 450:18-7-121; and the children shall have been linked with needed educational, counseling and medical services in the planned community of residence. These criteria and the requirements for children shall be included in the program's written policy and procedures.

- (b) Compliance with 450:18-13-123 may be determined by a review of the following:
- (1) Policy and procedures;
  - (2) Discharge evaluation assessment instruments;
  - (3) Medical evaluations;
  - (4) Discharge protocols;
  - (5) Continuing care plans;
  - (6) Discharge summaries;
  - (7) Treatment records;
  - (8) Interviews with staff and consumers; and
  - (9) Other facility documentation.

## **PART 15. RESIDENTIAL TREATMENT FOR ADULTS WITH CO-OCCURRING DISORDERS**

### **450:18-13-141. Adult residential treatment for consumers with co-occurring disorders**

(a) Substance abuse and mental health treatment shall be provided in a residential setting offering a planned regimen of twenty-four (24) hour structured evaluation, care, and treatment, under a defined set of policy and procedures, and shall have a permanent setting. Consumers shall participate in at least twenty-four (24) treatment hours of mental health or substance abuse services per week, including medication therapy, case management services that address medical and/or dental needs or any other service identified on the consumer's treatment plan, excluding community support groups. The facility shall provide beds, food service, and a safe, welcoming and culturally/age appropriate environment.

(b) The facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Support system:

(A) The facility shall maintain availability of a licensed physician(s), who is (are) knowledgeable in mental illness and substance abuse issues to provide evaluation, treatment and follow-up; and be available by telephone twenty-four (24) hours per day, seven (7) days per week;

(B) The facility shall make available medication evaluation, administration or monitoring; and

(C) The facility shall provide case management services.

(2) Staff:

(A) Treatment professionals shall be knowledgeable regarding substance abuse, mental health, evidenced based practices, and co-occurring issues as well as in counseling theory and techniques.

(B) All staff shall be knowledgeable regarding facility-required education, training, and policies;

(C) Staff shall be at least eighteen (18) years of age; and

(D) The facility shall document in personnel records, prior to the provision of treatment services, all education, training and experience stated above.

(3) Treatment services:

(A) Daily treatment service shall be provided to assess and address individual needs of each consumer;

(B) Psychoeducational and behavioral approaches shall be used to educate consumers about their disorders and symptoms; and

(C) Other services shall include, but are not limited to, family counseling, individual and group counseling, relapse prevention, medication management, life skills, case management services.

(4) Assessment:

(A) Psychiatric and/or Psychological and/or Mental health evaluations shall be completed on all consumers;

(B) Individual biopsychosocial assessments shall be completed on all consumers. In

addition, there may also be consultation, screenings, and referral, if needed

(5) Treatment documentation:

(A) Consumer records shall contain progress notes which outline any issues related to treatment and services provided. Progress notes shall document treatment services in a weekly summary to include the following:

- (i) Date;
- (ii) Specific problem(s), goals and objectives addressed;
- (iii) Summary of progress made toward goals and objectives, or lack of;
- (iv) Consumer response to overall treatment services;
- (v) Total number of treatment hours and types of services attended for the week;
- (vi) Any new problems, goals, or objectives identified during the week;
- (vii) List of all treatment professionals providing treatment hours;
- (viii) Signature and credentials of the treatment professional completing the documentation;
- (ix) the consumer's name and unique identifier; and
- (x) Consumer's medication and response to medication therapy, if used, shall be documented.

(6) The program provides documentation of the following community living components:

- (A) A written daily schedule of activities.
- (B) Quarterly meetings between consumers and the program personnel.
- (C) Recreational activities to be utilized on personal time.
- (D) Personal space for privacy.
- (E) Security of consumer's property.
- (F) A clean, inviting and comfortable setting.
- (G) Evidence of individual possessions and decorations.
- (H) Daily access to nutritious meals and snacks.
- (I) Policy addressing separate sleeping areas for the consumers based on:
  - (i) Gender;
  - (ii) Age; and
  - (iii) Needs.

(c) Compliance with 450:18-13-141 may be determined by a review of the following:

- (1) Licenses;
- (2) Policy and procedures;
- (3) Treatment protocols;
- (4) Personnel record, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service training(s);
- (5) Treatment records;
- (6) Interviews with staff; and
- (7) Other facility documentation.

**450:18-13-142. Adult residential treatment for consumers with co-occurring disorders, admission criteria**

(a) Admission to residential treatment for co-occurring consumers shall be determined according to 450:18-7-21. These criteria shall be a part of the program's written policy and procedures.

(b) Compliance with 450:18-13-142 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Admission assessment instruments;
- (3) Admission protocols;
- (4) Treatment records;
- (5) Medical assessments;
- (6) Psychiatric assessments;
- (7) Publicly posted information;
- (8) Interviews with staff and consumers; and
- (9) Other facility documentation.

**450:18-13-143. Residential treatment for consumers with co-occurring disorders, discharge criteria**

(a) Programmatic discharge from residential treatment for co-occurring consumers shall be determined according to 450:18-7-121. These criteria shall be a part of the program's written policy and procedures.

(b) Compliance with 450:18-13-143 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Discharge evaluation assessment instruments;
- (3) Medical evaluations;
- (4) Consumer records;
- (5) Discharge plans and summaries;
- (6) Continuing care plans;
- (7) Interviews with staff and consumers; and
- (8) Other facility documentation.

**PART 17. RESIDENTIAL TREATMENT FOR ADOLESCENTS**

**450:18-13-161. Residential treatment for adolescents**

(a) Residential treatment for adolescents shall provide substance abuse treatment in a residential setting and shall provide seven (7) days a week, including holidays, a planned regimen of twenty-four (24) hour professionally directed evaluation, care, and treatment for chemically dependent adolescents, under written policy and procedures, in a permanent facility. Adolescents shall participate in at least twenty-one (21) treatment hours of substance abuse-related services per week, including, but not limited to group, individual and family counseling, and life skills training, which shall be in addition to recreational activities, self-help supportive meetings, and other activities. Consumers attending academic training shall participate in fifteen (15) or more hours of substance abuse treatment related services per week, which shall be in addition to recreational activities, self-help supportive meetings and other activities.

(b) The residential treatment program shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment:

(A) The facility shall maintain an environment which is supportive of physical and emotional growth and development which is appropriate to the needs of adolescents;

(B) The facility shall provide space, both indoor and outdoor, for the recreational and social needs of adolescents;

(C) The facility shall group consumers appropriately by age, developmental level, gender, and treatment needs;

(D) The program may provide transportation to activities in the community, as appropriate. Vehicles used for transportation should not be labeled in any way that calls attention to the facility or the vehicle's occupants;

(E) The program shall provide study areas within the facility, and shall provide ancillary study materials such as encyclopedias, dictionaries, and educational resource texts and materials; and

(F) The facility shall provide a safe, welcoming and culturally/age appropriate environment.

(2) Support systems:

(A) The facility shall make available a licensed physician by telephone twenty-four (24) hours per day, seven (7) days per week;

(B) The facility shall have specialized professional consultation or supervision available;

(C) The facility shall provide clinically appropriate public educational services in compliance with applicable Oklahoma laws; and

(D) The facility shall provide emergency services and crisis interventions.

(3) Staff:

(A) The facility shall document that treatment professionals are knowledgeable regarding the biopsychsocial aspects of substance abuse, have received training in cultural, gender and age specific counseling techniques, co-occurring disorder capability, child and adolescent development and issues, evidenced based practices, and individual and family counseling theory and techniques.

(B) Maintain documentation that treatment professionals are knowledgeable regarding the identification of violence and domestic violence, spousal or partner abuse, child abuse and neglect, parent and sibling abuse, normal and abnormal adolescent development, and family dynamics;

(C) Ensure at least two (2) staff members are awake and on duty twenty-four (24) hours a day, seven (7) days a week;

(D) If educational services are provided, the facility shall maintain documentation to verify that providing staff meets all state requirements for education or special education;

(E) Staff shall be knowledgeable regarding the facility required education, and training requirements and policies;

(F) Staff shall be least eighteen (18) years of age; and

(G) The facility shall document in personnel records all education training and

experience stated in above prior to the provision of direct care service.

(4) Treatment services:

(A) A multidisciplinary team approach shall be utilized in providing daily substance abuse treatment services to assess and address the individual needs of each adolescent;

(B) Services shall include, but not be limited to, family counseling, individual and group counseling, educational groups, occupational and recreational activities, life skills training, habilitative and rehabilitative services, case management services and socialization;

(C) Services shall be provided in appropriate groups according to age, gender, developmental level, treatment status, and individual needs;

(D) The facility shall provide clinically appropriate public educational services in compliance with applicable Oklahoma law;

(E) Consumers shall participate in educational programs within the community, when clinically indicated, including extracurricular activities; and

(F) Treatment professionals shall confer on a regular basis with school personnel, including the provision of necessary information, when appropriate, on the educational progress of the consumer, and shall assess and respond to the needs for changes in the educational plans.

(5) Assessments:

(A) A physical examination shall be conducted by a licensed physician, to include physical assessment, health history, immunization status, and evaluation of motor development and function, speech, hearing, visual and language functioning;

(B) The facility shall facilitate and document the involvement and participation of family members or significant others in the assessment, treatment, rehabilitation, and continuing treatment needs of each consumer;

(C) Treatment planning shall include the participation of the adolescent, including treatment and service plans, decision making, and implementation of the treatment and service plan to the extent possible;

(6) Treatment documentation:

(A) Consumer records shall contain progress notes which outline any issues related to treatment and services provided. Progress notes shall document treatment services in a weekly summary to include the following:

(i) Date;

(ii) Specific problem(s), goals and objectives addressed;

(iii) Summary of progress made toward goals and objectives, or lack of;

(iv) Consumer response to overall treatment services;

(v) Total number of treatment hours and types of services attended for the week;

(vi) Any new problems, goals, or objectives identified during the week;

(vii) List of all treatment professionals providing treatment hours;

(viii) Signature and credentials of the treatment professional completing the documentation; and

(ix) the consumer's name and unique identifier.

(B) Progress notes in the consumer's record shall clearly reflect the implementation of treatment and case management plans and services provided;

- (C) Progress notes shall include the consumer's name and unique identifier; and
  - (D) Documentation shall reflect that each consumer receives a minimum of twenty-one (21) hours of treatment services each week or fifteen (15) or more hours if participating in academic training.
- (7) Documentation of the following community living components:
- (A) A written daily schedule of activities.
  - (B) Quarterly meetings between consumers and the program personnel.
  - (C) Recreational activities to be utilized on personal time.
  - (D) Personal space for privacy.
  - (E) Security of consumer's property.
  - (F) A clean, inviting and comfortable setting.
  - (G) Evidence of individual possessions and decorations.
  - (H) Daily access to nutritious meals and snacks.
  - (I) Policy addressing separate sleeping areas for the consumers based on:
    - (i) Gender;
    - (ii) Age; and
    - (iii) Needs.
- (c) Compliance with 450:18-13-161 may be determined by a review of the following:
- (1) Licenses;
  - (2) Policy and procedures;
  - (3) Treatment and service protocols;
  - (4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service training(s);
  - (5) Treatment records;
  - (6) Interviews with staff and consumers; and
  - (7) Other facility documentation.

**450:18-13-162. Residential treatment for adolescents, admission criteria**

- (a) Admission to residential treatment for adolescents shall be determined according to 450:18-7-21. These criteria shall be a part of the program's written policy and procedures.
- (b) Compliance with 450:18-13-162 may be determined by a review of the following:
  - (1) Policy and procedures;
  - (2) Admission protocols;
  - (3) Admission assessment instruments;
  - (4) Medical assessments;
  - (5) Consumer records;
  - (6) Posted public information; and
  - (7) Interviews with staff and consumers.

**450:18-13-163. Residential treatment for adolescents, discharge criteria**

- (a) Programmatic discharge from residential treatment for adolescents shall be determined according to 450:18-7-121. These criteria shall be a part of the program's written policy and procedures.
- (b) Compliance with 450:18-13-163 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Discharge protocols;
- (3) Discharge assessment instruments;
- (4) Continuing care plans;
- (5) Treatment records;
- (6) Discharge summaries;
- (7) Interviews with staff and consumers; and
- (8) Other facility documentation.

## **PART 19. HALFWAY HOUSE SERVICES**

### **450:18-13-181. Halfway house services**

(a) Halfway house services shall provide low intensity treatment in a supportive living environment to facilitate reintegration into the community. Major emphasis shall be on continuing substance abuse care and follow-up, and community ancillary services in an environment supporting continued abstinence. Consumers shall participate in a minimum of six (6) hours of structured substance abuse treatment per week.

(b) Each facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment: The facility shall be a freestanding facility or portion of a related healthcare facility having at least one (1) each of toilet, lavatory, and bathing facilities for each eight (8) residents. The facility shall provide a safe, welcoming and culturally/age appropriate environment.

(2) Support system:

(A) A licensed physician shall be available, by telephone twenty-four (24) hours a day, seven (7) days a week;

(B) The facility shall have a written plan for emergency procedures, approved by a licensed physician;

(C) The facility shall have supplies, as designated by the written Emergency Procedures Plan, which shall be accessible to staff at all times; and

(D) Specialized professional consultation or professional supervision shall be available.

(3) Staff:

(A) Treatment professionals shall be knowledgeable regarding biopsychosocial dimensions of substance abuse, evidenced based practices, co-occurring disorder capability, counseling theory and technique, and trained in gender, cultural and age-specific issues;

(B) Staff shall be knowledgeable regarding facility-required education, training, and policies;

(C) Staff shall be knowledgeable about emergency procedures as specified in the Emergency Procedures Plan;

(D) The facility shall have staff members on site twenty-four (24) hours per day, seven (7) days per week;

(E) Staff shall be at least eighteen (18) years of age; and

(F) The facility shall document in personnel records all education, training and

experience stated above prior to the provision of direct care services.

(4) Treatment services. The facility shall have scheduled rehabilitative services to assess and address the individual needs of each consumer. Such services shall include, but not limited to, family counseling, individual and group counseling, vocational counseling, case management services and educational groups.

(5) Treatment documentation:

(A) Consumer records shall contain progress notes which outline any issues related to treatment and services provided. Progress notes shall document treatment services in a weekly summary to include the following:

- (i) Date;
- (ii) Specific problem(s), goals and objectives addressed;
- (iii) Summary of progress made toward goals and objectives, or lack of;
- (iv) Consumer response to overall treatment services;
- (v) Total number of treatment hours and types of services attended for the week;
- (vi) Any new problems, goals, or objectives identified during the week;
- (vii) List of all treatment professionals providing treatment hours;
- (viii) Signature and credentials of the treatment professional completing the documentation; and
- (ix) the consumer's name and unique identifier.

(B) Documentation shall reflect that the consumer works or attempts to find work while receiving halfway house services.

(c) Compliance with 450:18-13-181 may be determined by a review of the following:

- (1) Licenses;
- (2) Policy and procedures;
- (3) Treatment protocols;
- (4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service training(s);
- (5) Treatment records;
- (6) Interviews with staff and consumers; and
- (7) Other facility records.

**450:18-13-182. Halfway house services, admission criteria**

(a) Admission to halfway house services shall be determined according to 450:18-7-21. These criteria shall be a part of the program's written policy and procedures.

(b) Compliance with 450:18-13-182 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Admission protocols;
- (3) Consumer records;
- (4) Posted public information;
- (5) Interviews with staff and consumers; and
- (6) Other facility information.

**450:18-13-183. Halfway house services, discharge criteria**

(a) Programmatic discharge from halfway house services shall be determined according

to 450:18-7-121. These criteria shall be a part of the program's written policy and procedures.

(b) Compliance with 450:18-13-183 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Discharge assessment instruments;
- (3) Discharge summaries;
- (4) Continuing care plans;
- (5) Consumer records;
- (6) Progress notes;
- (7) Interviews with staff and consumers; and
- (8) Other facility documentation.

## **PART 20. ADOLESCENT HALFWAY HOUSE SERVICES**

### **450:18-13-190. Adolescent halfway house services**

(a) Adolescent halfway house treatment shall provide low intensity substance abuse treatment in a supportive living environment to facilitate reintegration into the home or community. Emphasis shall be on applying recovery skills, relapse prevention, independent living skills, educational and vocational skills. Consumers shall participate in at least six (6) hours of structured substance abuse treatment and rehabilitation services weekly. Self-help meetings are not included in the required hours.

(b) Each facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment:

(A) The facility shall be a freestanding facility or portion of a related healthcare facility having at least one (1) each of toilet, lavatory, and bathing facilities for each eight (8) residents;

(B) The facility shall maintain an environment supportive of physical and emotional growth and development, and appropriate to the needs of adolescents;

(C) The facility shall provide space, both indoor and outdoor. In co-ed treatment, the facility shall maintain separate sleeping quarters for males and females;

(D) The program may provide transportation to activities in the community as appropriate. Vehicles used for transportation should not be labeled in any way that calls attention to the facility or the vehicle's occupants;

(E) The program shall provide study areas within the facility, and shall provide ancillary study materials such as encyclopedias, dictionaries and educational resource texts and materials;

(F) The facility shall be licensed by the Oklahoma State Department of Human Services as a "Residential Child Care Facility"; and

(G) The facility shall provide a safe, welcoming and culturally/age appropriate environment.

(2) Support systems:

(A) A licensed physician shall be available by telephone twenty-four (24) hours per day, seven (7) days a week;

(B) Specialized professional consultation or supervision, emergency services, and

crisis intervention shall be available;

(C) The facility shall provide clinically appropriate public educational services in compliance with applicable Oklahoma laws; and

(D) The facility shall have a written plan for emergency procedures and staff shall have access to supplies as designated in this plan.

(3) Staff:

(A) Treatment professionals shall be knowledgeable regarding the biopsychosocial aspects of substance abuse, evidenced based practices, co-occurring disorder capability, child and adolescent development and issues, and have training in gender, cultural, and age-specific issues, individual and family counseling theory and techniques.

(B) Treatment professionals shall be knowledgeable regarding the identification of violence and domestic violence, spousal or partner abuse, child abuse and neglect, parent and sibling abuse, normal and abnormal adolescent development, and family dynamics;

(C) The facility shall have staff members on duty twenty-four (24) hours per day, seven (7) days a week;

(D) Staff shall be knowledgeable about emergency procedures as specified in the Emergency Procedures Plan;

(E) If educational services are provided, documentation shall be maintained to verify providing staff meet all state requirements for education or special education;

(F) Staff shall be knowledgeable regarding the facility-required education, and training requirements and policies;

(G) Staff shall be at least eighteen (18) years of age; and

(H) The facility shall document in personnel records all education, training and experience stated above prior to the provision of direct care services.

(4) Treatment services:

(A) The facility shall provide substance abuse services to assess and address the individual needs of each adolescent, to include, but not be limited to, individual, group and family counseling, educational groups, life skills training, habilitative and rehabilitative services, socialization, case management services, and self-help groups.

(B) The facility shall provide services in appropriate groups according to age, gender, developmental level, and individual needs;

(C) The facility shall provide for clinically appropriate public educational services in compliance with applicable Oklahoma law;

(D) Consumers may participate in educational programs in the community, when clinically indicated, including extracurricular activities; and

(E) Treatment professionals shall confer on a regular basis with school personnel, including the provision of necessary information, when appropriate, on the educational progress of the consumer and shall assess and respond to the needs for changes in the educational plans.

(5) Assessment;

(A) A physical examination shall be conducted by a licensed physician, to include physical assessment, health history, immunization status, and evaluation of motor

development and functioning, speech, hearing, visual and language functioning, if no records are available on admission reflecting such examination within the previous year; and

(B) The facility shall facilitate involvement and participation of family members or significant others in the assessment, treatment, rehabilitation, and continuing treatment needs of each consumer.

(6) Treatment documentation:

(A) Consumer records shall contain progress notes which outline any issues related to treatment and services provided. Progress notes shall document treatment services in a weekly summary to include the following:

- (i) Date;
- (ii) Specific problem(s), goals and objectives addressed;
- (iii) Summary of progress made toward goals and objectives, or lack of;
- (iv) Consumer response to overall treatment services;
- (v) Total number of treatment hours and types of services attended for the week;
- (vi) Any new problems, goals, or objectives identified during the week;
- (vii) List of all treatment professionals providing treatment hours;
- (viii) Signature and credentials of the treatment professional completing the documentation; and
- (ix) the consumer's name and unique identifier.

(c) Compliance with the above may be determined by a review of the following:

- (1) Licenses;
- (2) Policy and procedures;
- (3) Treatment protocols;
- (4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service training(s);
- (5) Treatment records;
- (6) Interviews with staff and consumers; and
- (7) Other facility records.

**450:18-13-191. Adolescent halfway house services, admission criteria**

(a) Admission to adolescent halfway house services shall be determined according to 450:18-7-21. These criteria shall be a part of the program's written policy and procedures.

(b) Compliance with 450:18-13-191 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Admission protocols;
- (3) Consumer records;
- (4) Posted public information;
- (5) Interviews with staff and consumers; and
- (6) Other facility information.

**450:18-13-192. Adolescent halfway house services, discharge criteria**

(a) Programmatic discharge from adolescent halfway house services shall be determined according to 450:18-7-121. These criteria shall be a part of the program's written policy

and procedures.

- (b) Compliance with 450:18-13-192 may be determined by a review of the following:
  - (1) Policy and procedures;
  - (2) Discharge assessment instruments;
  - (3) Discharge summaries;
  - (4) Aftercare plans;
  - (5) Consumer records;
  - (6) Progress notes
  - (7) Interviews with staff and consumers; and
  - (8) Other facility documentation.

## **PART 21. HALFWAY HOUSE SERVICES FOR PERSONS WITH DEPENDENT CHILDREN**

### **450:18-13-201. Halfway house services for persons with dependent children**

(a) Halfway house services for persons with dependent children shall provide substance abuse treatment services in a residential setting and shall include a planned regimen of twenty-four (24) hour supervised living arrangements, to include professionally directed evaluation, care, and treatment, under a defined set of policy and procedures, in a permanent setting. Consumers shall participate in at least six (6) hours of treatment, supportive services, parenting, and child development services per week for adults, and six (6) therapeutic hours of services for children, excluding infants.

(b) Each facility shall maintain written programmatic descriptions and operational methods addressing the following:

- (1) Environment: The facility shall be a freestanding facility providing family-style living arrangements, indoor recreational space for children and families, and safe, protected outdoor recreational space. The facility shall provide materials and space appropriate for ages of children receiving services. The facility shall provide a safe, welcoming and culturally/age appropriate environment.
- (2) Support system:
  - (A) A licensed physician shall be available by telephone twenty-four (24) hours per day, seven (7) days a week;
  - (B) The facility shall ensure children's access to the fullest possible range of medical services available, such as health screening, well-child health care, screening in speech, language, hearing, and vision, and verification of immunization records;
  - (C) The facility shall have access to emergency health care provided as necessary;
  - (D) The facility shall have access to public schools for school age children, and facilitation of the child's receiving the benefits of Public Laws 99-142; and
  - (E) The facility staff shall document a liaison with the local DHS offices to:
    - (i) Promote preservation of families;
    - (ii) In cases of investigation of abuse, provide instruction in positive parenting behavior, if requested by DHS and with parental consent, provide daily observations of parent-child interaction;
    - (iii) Expedite investigations in a timely manner; and

- (iv) Ensure prompt facility response to situations which require immediate intervention.
- (3) Staff:
- (A) Treatment professionals are knowledgeable regarding substance abuse, have received training in gender, cultural and age-specific issues, co-occurring disorder capability, and counseling techniques, evidenced based practices, services for infants, toddlers, preschool and school-age children.
  - (B) Treatment professionals are minimally trained in:
    - (i) The identification of domestic violence, spousal or partner abuse, and child abuse and neglect, with special emphasis on failure to thrive and sexual abuse of children.
    - (ii) Child development and age appropriate behaviors.
    - (iii) Parenting skills appropriate to infants, toddlers, pre-school and school age children.
    - (iv) The impact of substances and substance abuse on parenting and family units.
  - (C) Staff working with children shall be knowledgeable and demonstrate job appropriate functional comprehension of:
    - (i) The impact of prenatal drug and alcohol exposure on child development.
    - (ii) The effect of substance abuse on parenting, children and families.
    - (iii) Parenting skills appropriate to infants, toddlers, pre-school and school age children.
    - (iv) Common child behavioral and developmental problems.
    - (v) Appropriate play activities according to developmental stage.
    - (vi) Recognition of sexual acting out behavior.
    - (vii) The substance abuse recovery process, especially as related to family units.
  - (D) The facility shall have staff members on site and awake twenty-four (24) hours per day, seven (7) days per week;
  - (E) Staff shall be knowledgeable regarding facility-required education and training requirements and policies.
  - (F) Staff shall be at least eighteen (18) years of age; and
  - (G) The facility shall document in personnel records all education, training and experience stated above prior to the provision of direct care services.
- (4) Treatment services:
- (A) Daily (twenty-four [24] hours a day, seven [7] days a week) substance abuse services shall be provided to assess and address individual needs of each consumer. Services shall include, but are not limited to, family counseling, individual and group counseling, parenting, child development, and educational groups;
  - (B) Services for children shall be provided and include a minimum of six (6) hours per week of therapeutic units for each child consisting of, but not limited to, assessment, individual, family and group counseling via art and recreational activities, etc. according to the development of the child. Documentation of all needs identified for each child shall be identified on that child's case management service plan and/or treatment plan.
  - (C) Children's services, excluding infants, shall be provided which address the

significant issues and needs documented in either or both the child's and the parent's assessment and shall utilize both structured and unstructured therapeutic activity. Services shall address the significant issues and needs documented in the parent's or child assessment and create and enhance positive self image and feelings of self-worth, promote family unity, teach personal body safety and positive school interactions, and to prevent alcohol, tobacco and other drug use;

(D) Infant services, ages birth to two (0-2) years of age, shall be provided and shall consist, at a minimum, of developmentally appropriate parent-child bonding (interactive) activities and play therapy as determined by mother's treatment plan; and

(E) Case management services for each adult and each child shall be provided, which includes the assessment of and planning and arranging for recovery needs.

(5) Assessments, treatment plans, and review:

(A) Individual biopsychosocial assessments shall be completed on all consumers. In addition, there may also be consultation, screenings, and referrals, if needed;

(i) Assessments of children accompanying their parent into treatment, residential or halfway house levels of care, shall include, but not be limited to, the assessment of:

- (I) mental health issues,
- (II) parent-child relationships,
- (III) developmental stage,
- (IV) educational needs,
- (V) parent related issues, and
- (VI) family issues related to the child.

(ii) Assessments of the parent bringing their child(ren) into treatment, residential or halfway house levels of care, shall include, but not be limited to, assessments of:

- (I) parenting skills (especially in consideration of the child's issues),
- (II) knowledge of age appropriate behaviors,
- (III) parental coping skills,
- (IV) personal issues related to parenting, and
- (V) family issues as related to the child.

(B) Individualized treatment plans, for both the parent and their child, shall be completed and shall minimally include parent-child issues and problem formulation, measurable treatment goals and objectives, and plans to meet recovery needs.

(6) Treatment documentation:

(A) Consumer records shall contain progress notes which outline any issues related to treatment and services provided. Progress notes shall document treatment services in a weekly summary to include the following:

- (i) Date;
- (ii) Specific problem(s), goals and objectives addressed;
- (iii) Summary of progress made toward goals and objectives, or lack of;
- (iv) Consumer response to overall treatment services;
- (v) Total number of treatment hours and types of services attended for the week;
- (vi) Any new problems, goals, or objectives identified during the week;

- (vii) List of all treatment professionals providing treatment hours;
  - (viii) Signature and credentials of the treatment professional completing the documentation; and
  - (ix) the consumer's name and unique identifier.
- (B) Progress notes in consumer's and his or her children's records shall clearly reflect case management assessments, plans and implementation of plans, and implementation of the treatment plan and services provided, in addition to the consumer's, parent and child, response to treatment;
- (C) Progress notes shall document observations of parent and child interactions especially those indicative of therapeutic need or progress; and
- (D) Documentation shall reflect each consumer, adult and child, has received a minimum of six (6) hours of service each week addressing issues and needs indicated in the assessments (parent or child).
- (c) Compliance with 450:18-13-201 may be determined by a review of the following:
- (1) Licenses;
  - (2) Policy and procedures;
  - (3) Treatment protocols;
  - (4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service training(s);
  - (5) Treatment records;
  - (6) Interviews with staff and consumers; and
  - (7) Other facility documentation.

**450:18-13-202. Halfway house services for persons with dependent children, admission criteria**

(a) Admission to halfway house services for persons with dependent children shall be determined according to 450:18-7-21, with admission of the parent's children being contingent upon the program's ability to provide needed services. Further, these criteria, and the requirements for children shall be included in the program's written policy and procedures.

- (b) Compliance with 450:18-13-202 may be determined by a review of the following:
- (1) Policy and procedures;
  - (2) Admission assessment instruments and protocols;
  - (3) Medical assessments;
  - (4) Consumer records;
  - (5) Brochures;
  - (6) Posted public information;
  - (7) Interviews with staff and consumers; and
  - (8) Other facility documentation.

**450:18-13-203. Halfway house services for persons with dependent children, discharge criteria**

(a) Programmatic discharge from halfway house services for persons with dependent children shall be determined according to 450:18-7-121, and whose children have been

linked with needed educational, counseling and medical services in the planned community of residence. Further, these criteria are a part of the program's written policy and procedures.

(b) Compliance with 450:18-13-203 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Discharge evaluation assessment instruments;
- (3) Medical evaluations;
- (4) Consumer records;
- (5) Discharge summaries;
- (6) Interviews with staff and consumers; and
- (7) Other facility documentation.