

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

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TITLE 450
CHAPTER 60
STANDARDS AND CRITERIA FOR
CERTIFIED EATING DISORDER
TREATMENT PROGRAMS
EFFECTIVE JULY 1, 2008

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SUBCHAPTER 1. GENERAL PROVISIONS

450:60-1-1. Purpose

(a) This chapter sets forth standards for certification of eating disorders treatment programs and implements 43A O.S. § 3-320, which authorizes the Board of Mental Health and Substance Abuse Services, or the Commissioner upon delegation by the Board, to certify eating disorder treatment programs.

(b) The rules regarding the certification process including but not necessarily limited to application, fees and administrative sanctions are found in the Oklahoma Administrative Code, Title 450 Chapter 1, Subchapters 5 and 9.

450:60-1-2. Definitions

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

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

"Certified Eating Disorder Treatment" or **"CEDT"** mean programs certified by ODMHSAS to provide treatment to individuals diagnosed with an eating disorder.

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

"Consumer" means an individual, adult or child, who has applied for, is receiving or has received evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450 as client(s) or patient(s) or resident(s) or a combination thereof.

"Consumer advocacy" includes all activities on behalf of the consumer to assist with or facilitate resolution of problems in the acquisition of resources or services needed by the consumer.

"Critical incident" means an occurrence or set of events inconsistent with the routine operation of the facility, or the routine care of a consumer. Critical incidents specifically include but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths and injuries to consumers, staff and visitors; medication errors; consumers who 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 the facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

"Dietitian" means an individual trained and licensed in the development, monitoring, and maintenance of food and nutrition.

"Eating disorder" means anorexia nervosa, bulimia nervosa, or any other severe disturbances in eating behavior specified in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders.

"Emergency examination" means the examination by a licensed mental health practitioner of a person in treatment at the CEDT program to determine whether or not an emergency mental health condition (including, but not limited to, suicidality, homicidality, self-harm, delusions, hallucinations, or acute intoxication) exists requiring immediate treatment; further, the licensed behavioral health practitioner provides or arranges services up to and including hospitalization.

"Emergency medical services" means assessment and diagnosis of a person receiving services at the CEDT program by a qualified medical professional to determine the presence of an emergent medical condition that threatens life, limb, or functioning, or causes uncontrolled pain; further, the qualified medical professional provides or arranges care to stabilize the emergency medical condition.

"Emergency psychiatric services" means services provided by a licensed behavioral health practitioner of a person in treatment at the CEDT program to assess, diagnose, and treat mental health conditions that threaten the life or basic functioning of that person.

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

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

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

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

"Psychotherapist" means an individual trained in assessing, evaluating, and treating psychological or social problems which the consumer experiences. A psychotherapist uses a variety of treatment modalities, including individual, group, and family therapies.

"Psychotherapy services" means the professional activity of a psychotherapist to assess, diagnose, and treat the mental disorder(s) and psychological, social, and environmental problems of individuals and families.

"Resident" means an eating disorder consumer admitted to a residential facility for eating disorder treatment.

"Residential facility" means the facility that houses CEDT program consumers during their course of treatment which provides 24 hour on-site nursing supervision and care.

"**Volunteer**" means any person who is not on the program's payroll, but provides direct services and fulfills a defined role within the program and includes interns and practicum students.

450:60-1-3. 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.

450:60-1-4. Annual review of standards and criteria [REVOKED]

~~This chapter shall be reviewed annually by the ODMHSAS.~~

450:60-1-5. Applicability

The standards for services as subsequently set forth in this chapter are applicable to Certified Eating Disorder Treatment programs as stated in each subchapter.

SUBCHAPTER 3. REQUIRED SERVICES

450:60-3-1. Required core services

- (a) The services in this subchapter are core services, and are required of each CEDT.
- (b) Each CEDT shall provide the following services:
 - (1) Screening, intake, and assessment services;
 - (2) Referral services;
 - (3) Emergency psychiatric services;
 - (4) Emergency and routine medical services;
 - (5) Physician services;
 - (6) Nursing services;
 - (7) Psychotherapy services; and
 - (8) Dietary services.

450:60-3-2. Availability of services

The core services shall be available to individuals on a daily basis, either as part of routine or emergency care.

450:60-3-3. Screening, intake, and assessment services

- (a) CEDT policy and procedure shall require a comprehensive assessment of each consumer's service needs be completed in a timely manner.
- (b) Screening and intake services shall include a complete assessment of each consumer to determine clinical needs. This shall include but not be limited to an assessment of the following areas and needs:
 - (1) Behavioral, including substance use, abuse, and dependence;

- (2) Emotional;
 - (3) Physical, including food and nutrition status;
 - (4) Social and recreational;
 - (5) Vocational;
 - (6) Spiritual; and
 - (7) Culture.
- (c) The consumer and family as appropriate shall be an active participant(s) in the intake and assessment process.
- (d) The CEDT shall have policy and procedures specific to each program service that dictate timeframes by when assessments must be completed and documented. In the event the consumer is not admitted and the assessment is not included in the clinical record, the policy shall specify how screening and assessment information is maintained and stored.

450:60-3-4. Referral services

Written policy and procedures governing the referral 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 procedure to be followed when an applicant or referral is found to be ineligible for admission;
- (4) Methods of collection of information from family members, significant others or other providers of clinical care or social services;
- (5) Methods for providing or obtaining a physical examination or continued medical care where indicated; and
- (6) Referral to other resources when the consumer has treatment or other service needs the facility cannot meet.

450:60-3-5. Emergency services

- (a) CEDT's shall provide, on a twenty-four (24) hour basis, for psychiatric emergencies.
- (b) This service shall include the following:
- (1) Assessment and evaluation, including emergency examinations;
 - (2) Availability of and arrangement of transportation to acute-care psychiatric referral;
 - (3) Face-to-face assessment; and
 - (4) Intervention and resolution.

450:60-3-6. Emergency examinations

The CEDT shall provide psychiatric emergency examinations 24 hours per day, seven days a week.

- (1) Referral to an acute-care hospital by the CEDT shall occur only after all other less restrictive options have been discussed with the resident and resident's family (when possible) and upon written authorization from the resident.
- (2) The CEDT shall notify referral hospital(s) prior to referring non-emergent residents.
- (3) If the CEDT is referring the consumer to a state-operated inpatient facility, the

resident must meet the criteria in OAC 450:30-9-3 and the CEDT must comply with OAC 450:30-9-4.

450:60-3-7. Emergency examinations, staffing

Staff providing emergency examinations shall be an LMHP as defined in 43A O.S. § 1-103 and meet the CEDT's privileging requirements for the provision of emergency services.

450:60-3-8. Emergency medical services

(a) CEDT's shall provide, on a twenty-four (24) hour basis, for medical emergencies.

(b) This service shall include the following:

- (1) Arrangements for availability of transportation appropriate to the resident's medical condition to a licensed hospital's emergency room;
- (2) Arrangements for availability of evaluation and treatment by a licensed physician at a licensed hospital's emergency room.

450:60-3-9. Routine medical services

The CEDT shall arrange to make available to consumers at a minimum the following general and specialty care services:

- (1) General/internal medicine;
- (2) Cardiology;
- (3) Gastroenterology;
- (4) Laboratory services.

450:60-3-10. Physician services

(a) Because of the medical and psychiatric complexity and fragility of eating-disorder consumers, CEDT's shall provide routine, ongoing physician services.

(b) A physician will be assigned to each consumer's care and be responsible as the attending physician.

(c) At a minimum, the physician will conduct rounds on each resident once per week. Rounds will include:

- (1) Evaluation of the resident's medical and psychiatric condition;
- (2) Review of response to medications and other interventions;
- (3) Prescription or discontinuation of medication;
- (4) Ordering of any other needed medical or psychiatric care.

450:60-3-11. Physician requirements

(a) Physicians shall be licensed to practice medicine in the State of Oklahoma.

(b) Physicians shall be privileged by the CEDT to perform as attending physician.

450:60-3-12. Nurse practitioners

Nurses licensed as nurse practitioners with prescriptive authority and who practice under the supervision of a licensed physician may perform the duties of the physician as allowed by State Law and CEDT policy.

450:60-3-13. Nursing services

- (a) CEDT's shall provide 24-hour on-site nursing supervision and care of consumers.
- (b) At a minimum, one (1) licensed registered nurse shall be present at all times per 15 occupied beds. For 16 to 30 occupied beds, a licensed practical nurse shall be on-site, working under the supervision of the licensed registered nurse.
- (c) In addition to the requirements above, CEDT shall provide nursing staff, including mental health technicians or nursing aides, sufficient to meet the needs of residents in a safe, consistent, quality manner.
- (d) Nursing staff shall, consistent with the scope of their licenses and CEDT policy, provide:
 - (1) Supervision of residents.
 - (2) Administration of medication according to the physician's orders.
 - (3) Medical treatments according to the resident's immediate needs and/or the physician's orders.

450:60-3-14. Psychotherapist credentialing

- (a) All psychotherapists will be credentialed to provide psychotherapy according to the CEDT's policies.
- (b) At least one psychotherapist practicing at the CEDT shall meet at least one of the following credentialing criteria, with licensure defined as possessing a valid and current license issued by the State of Oklahoma:
 - (1) Licensed clinical psychologist;
 - (2) Licensed clinical social worker;
 - (3) Licensed professional counselor;
 - (4) Licensed marital and family therapist;
 - (5) Licensed behavioral practitioner
- (c) All psychotherapists shall, at a minimum:
 - (1) Possess a master's degree from an accredited college or university in psychology, social work, counseling, or related degree; and
 - (2) Be license-eligible according to State Law and working toward licensure; and
 - (3) If not yet licensed, practice under the supervision of a licensed psychotherapist.

450:60-3-15. Psychotherapy service provision

At a minimum, psychotherapy services shall be provided as follows:

- (1) Individual psychotherapy – 1 hour per week.
- (2) Process group psychotherapy – 5 hours per week.
- (3) Other psychotherapy groups (examples include body image, cognitive-behavioral strategies, anger management, gender issues, family dynamics, grief issues, sexuality, spirituality, etc.) – 12 hours per week.
- (4) Family contact/therapy – depending on the resident's clinical needs and family availability, at least 2 hours of family therapy/contact should be provided on a monthly basis, either face-to-face or by phone.
- (5) Therapeutic meal (eating with the consumers and processing issues as they arise) – 5 meals per week.

450:60-3-16. Dietitian credentialing and service provision

A dietitian must be credentialed as a Registered Dietitian/Licensed Dietitian, and shall provide, at a minimum:

- (1) Individual meetings with each resident - 30 minutes per week per resident, with additional time for consultation as needed.
- (2) Food and nutrition educational groups – 2 hours per week.
- (3) Direct observation of therapeutic meals – 3 meals per week.
- (4) Development of individualized meal plans (including snacks and nutritional supplements) for each resident.
- (5) Ensuring the accurate execution of meal plans by either 1) direct supervision of the dietary staff or 2) consultation with the dietary staff supervisor.

SUBCHAPTER 5. OPTIONAL SERVICES

450:60-5-1. Applicability

The services in this subchapter are optional services. However, if the services in this subchapter are provided, all rules and requirements of this subchapter shall apply to the affected CEDT's certification.

450:60-5- 2. Independent living services

- (a) Programs that elect to provide independent living services for consumers clinically ready for outpatient care shall provide housing for such persons.
- (b) At a minimum, the facility shall provide or arrange at least monthly contact for each consumer with a physician, psychotherapist, and dietitian.
- (c) The facility shall provide at least one therapeutic meal per week that is supervised by a psychotherapist.
- (d) A community living program shall have written policies and procedures specifying how, and by whom, the following services shall be performed:
 - (1) Medical treatment for residents on both emergency and routine bases;
 - (2) Mental health and substance abuse services on both emergency and routine bases;
 - (3) Daily living, social and occupational evaluation and progress planning;
 - (4) Daily living and social skills training;
 - (5) Occupational and vocational training;
 - (6) Assistance to residents in locating appropriate alternative living arrangements as clinically indicated or requested by resident or as part of program completion or graduation;
 - (7) A mechanism for orientation and education of new residents, which shall include, at least:
 - (A) Emergency procedures including fire, health and safety procedures;
 - (B) Resident rights and responsibilities; and
 - (C) Program expectations and rules.
 - (8) Assistance to residents in accessing community resources.
- (e) There shall be documentation indicating that each resident has received orientation and education on emergency procedures, resident rights and responsibilities, and program expectations and rules.

(f) To ensure a safe and sanitary environment for residents, the following shall apply for all CEDT owned and/or managed housing facilities:

- (1) The apartment or house and furnishings shall be in good repair, and free of unpleasant odors, and insect and rodent infestations.
- (2) The apartment or house shall contain safe heating and air conditioning systems, which are in proper working conditions. Each apartment or house shall have an annual fire and safety inspection by the State or local Fire Marshal's office.
- (3) Apartments or houses shall be inspected by CEDT staff on a regular basis as specified in agency Policy and Procedures to ensure that fire, health or safety hazards do not exist.
- (4) The program shall develop and maintain emergency policy and procedures which shall include but are not limited to:
 - (A) Fire response and evaluations;
 - (B) Response to other disasters;
 - (C) Relocation if housing unit(s) become unlivable; and
 - (D) Personal accident or illness.

450:60-5- 3. Outpatient services

(a) Programs that provide outpatient services shall offer a range of services to consumers based on their needs regarding emotional, social and behavioral problems. These outpatient counseling services shall be provided or arranged for, and shall include, but not be limited to the following:

- (1) Individual psychotherapy;
- (2) Group psychotherapy/support groups;
- (3) Marital or family counseling;
- (4) Psychological/psychometric evaluations or testing;
- (5) Psychiatric assessments;
- (6) Food and nutrition consultation.

(b) Outpatient psychotherapy services shall be provided by a licensed practitioner in the appropriate discipline.

SUBCHAPTER 7. FACILITY CLINICAL RECORDS

450:60-7-1. Clinical record keeping system

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

450:60-7-2. Applicability

The requirements of this subchapter are applicable to a CEDT's clinical services, core and optional.

450:60-7-3. Basic requirements

The CEDT's policies and procedures shall:

- (1) Define the content of consumer records in accordance with 450:60-7-4

through 60-7-9.

- (2) Define storage, retention and destruction requirements for consumer records.
- (3) Require consumer records be contained within equipment which is maintained under locked, secure measures.
- (4) Require legible entries in consumer records, signed with first name or initial, last name, credentials, and dated by the person making the entry.
- (5) Require the consumer's unique identifier be typed or written on each page in the consumer record.
- (6) Require a signed consent for treatment before a consumer is admitted on a voluntary basis.
- (7) Require a signed consent for follow-up before any contact after discharge is made.

450:60-7-4. Record access for clinical staff

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

450:60-7-5. Clinical record content, intake assessment

- (a) All facilities shall assess each individual to determine appropriateness of admission.
- (b) The CEDT shall document the first contact per episode between the potential consumer and the CEDT to determine appropriateness of admission.
- (c) Consumer intake assessment information shall contain but not be limited to the following:
 - (1) Date, to include month, day and year of the interview or intake, including re-admissions for CEDT services;
 - (2) Source of information;
 - (3) Consumer's first name, middle initial, and last name;
 - (4) Gender;
 - (5) Birth date;
 - (6) Home address;
 - (7) Telephone number;
 - (8) Referral source;
 - (9) Reason for referral;
 - (10) Significant other to be notified in case of emergency;
 - (11) Presenting problem and disposition;
 - (12) Health and drug history information, with drug history information to include the following for both current and past medications:
 - (A) Name of medication,
 - (B) Strength and dosage of medication,
 - (C) Length of time consumer was on the medication, if known,
 - (D) Benefit(s) of medication, and
 - (E) Side effects;
 - (13) Psychosocial information, which shall include:

- (A) Personal history, including:
 - (i) Family – social,
 - (ii) Educational,
 - (iii) Cultural – moral beliefs,
 - (iv) Occupational – military,
 - (v) Sexual,
 - (vi) Marital,
 - (vii) Domestic violence or sexual assault,
 - (viii) Recreation and leisure,
 - (ix) Financial,
 - (x) Clinical treatment history including medical and psychiatric treatment,
 - (xi) Legal or criminal record,
 - (xii) Substance use, abuse, and dependence.
- (B) Present life situation;
- (C) Interviewer’s interpretation of findings;
- (D) What consumer wants in terms of service;
- (E) Disposition;
- (F) Mental status information, including questions regarding:
 - (i) Physical presentation, such as general appearance, motor activity, attention and alertness, etc.,
 - (ii) Affective process, such as mood, affect, manner and attitude, etc., and
 - (iii) Cognitive process, such as intellectual ability, social-adaptive behavior, thought processes, thought content, and memory, etc.;
- (G) Level of Functioning;
- (H) Signature of interviewer and professional credentials, if any.

(14) Additional information as required by the facility.

- (d) The CEDT shall have policy and procedures that dictate timeframes by when intake assessment must be completed for each program service to which a client is admitted.
- (e) An intake assessment update, to include date, identifying information, source of information, present problems, present life situation, current level of functioning, and what the consumer wants in terms of service, is acceptable only on re-admissions within one (1) year of previous admission.

450:60-7-6. Service Plan

- (a) The service plan shall provide evaluation, formation of measurable service objectives and reflect ongoing changes in goals and objectives based upon consumer’s progress or identification of needs, challenges and new problems.
- (b) An initial treatment plan shall be completed after completion of intake assessment or after the first treatment session on all consumers.
- (c) The CEDT shall have policy and procedures that dictate timeframes by when comprehensive service plans must be completed for each program service to which a consumer is admitted.
- (d) Comprehensive service plan contents shall:
 - (1) Describe assets and liabilities;
 - (2) Reflect consideration of clinical needs;
 - (3) Specify services necessary to meet the needs;

- (4) Include referrals for needed services;
 - (5) Contain specific goals;
 - (6) Contain measurable time framed objectives;
 - (7) Specify frequency of treatment;
 - (8) Designate person(s) responsible for providing treatment;
 - (9) Delineate specific discharge criteria;
 - (10) Include substantiated diagnosis in terminology of the current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association; and
 - (11) Describe the consumer's involvement in, and consumer's response to the service plan as evidenced by a statement dated and signed by the consumer verifying his or her involvement in the service planning process and his or her agreement with the plan, proposed interventions, and target dates for completion.
- (e) Service plans shall be dated and signed by all members of the treatment team who participate in the planning or in providing the services.
- (f) Service plan updates shall contain:
- (1) Change in goals and objectives based upon consumer's progress or identification of new problems;
 - (2) Change in primary clinician assignment;
 - (3) Change in frequency or types of services provided; and
 - (4) A statement documenting review, including an explanation if no changes are made in the plan.
- (g) The CEDT shall have policy and procedures that dictate timeframes by when service plan updates must be completed for each program service to which a consumer is admitted.

450:60-7-7. Medication record

- (a) A medication record shall be maintained on all consumers who receive medications or prescriptions through the outpatient clinic services and shall be a concise and accurate record of the medications the consumer is receiving or prescribed.
- (b) The consumer record shall contain a medication record with the following information on all medications ordered or prescribed by physician staff:
- (1) The record of medication administered and prescribed shall include all of the following:
 - (A) Name of medication,
 - (B) Dosage,
 - (C) Frequency of administration or prescribed change,
 - (D) Route of administration, and
 - (E) Staff member who administered each dose, or prescribing physician; and
 - (2) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities during intake, updated when required by virtue of new information, and kept in a highly visible location in or on the record.

450:60-7-8. Progress notes

- (a) Progress notes shall chronologically describe the consumer's progress in treatment and document the consumer's response to services related to the treatment.
- (b) Progress notes shall address the following:

- (1) Person(s) to whom services were rendered;
 - (2) Activities and services provided as they relate to the goals and objective of the service plan, including ongoing reference to the service plan;
 - (3) Documentation of the progress or lack of progress made in treatment as it relates to the service plan;
 - (4) Documentation of the implementation of the individualized service plan, including consumer activities and services and all treatment rendered;
 - (5) The consumer's current status;
 - (6) Documentation of the consumer's response to treatment services, changes in behavior and mood, and outcome of treatment or services;
 - (7) Plans for continuing therapy or for discharge, whichever is appropriate; and
 - (8) Family's response to services provided when applicable.
- (c) Progress notes shall be documented according to the following time frames:
- (1) Outpatient staff must document each visit or transaction including missed appointments;
 - (2) Residential nursing staff must document each shift; and
 - (3) Residential physicians, psychotherapists, and dietitians must document each unit of service provided.

450:60-7-9. Other records content

- (a) The consumer record shall contain copies of all consultation reports concerning the consumer.
- (b) When psychometric or psychological testing is done, the consumer record shall contain a copy of a written report describing the test results and implications or recommendations for treatment.
- (c) The consumer record shall contain any additional information relating to the consumer, which has been secured from sources outside the program.

450:60-7-10. Discharge summary

- (a) A discharge summary shall document the consumer's progress made in treatment; response to services rendered; and recommendation for any referrals, if deemed necessary.
- (b) A discharge summary shall be entered in each consumer's record within fifteen (15) days of release, discharge, or transfer from residential treatment or upon discharge from facility services.
- (c) The discharge summary shall minimally include, but is not limited to:
- (1) Presenting problem at intake;
 - (2) Medication summary when applicable;
 - (3) Treatment provided and treatment outcome and results;
 - (4) Psychiatric and physical diagnosis or the final assessment;
 - (5) Discharge plan: Written recommendations, specific referrals for implementing aftercare services, including medications. Aftercare plans shall be developed with the knowledge and cooperation of the consumer, when possible;
 - (6) In the event of death of a consumer: A summary statement including this information shall be documented in the record; and
 - (7) Signature of staff member, professional credentials, if any, and date.

SUBCHAPTER 9. CONSUMER RECORDS AND CONFIDENTIALITY

450:60-9-1. Confidentiality of mental health and drug or alcohol abuse treatment information

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

~~(a) The CEDT shall comply with confidentiality requirements as set forth in 43A O.S. Sec. 1-109, and federal law.~~

~~(b) All facilities shall have policy and procedures protecting the confidential and privileged nature of clinical and treatment information in compliance with state and federal law and which contain at a minimum:~~

~~(1) an acknowledgment that all clinical and 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 clinical and 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 clinical and 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 clinical and treatment information;~~

~~(5) an acknowledgement that certain state and federal law exceptions to disclosure of clinical and treatment information without the written consent of the consumer or the consumer's legally authorized representative.~~

SUBCHAPTER 11. CONSUMER RIGHTS

450:60-11-1. Consumer rights

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

450:60-11-2. Consumer's grievance policy

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

450:60-11-3. ODMHSAS Consumer Advocacy Division

The ODMHSAS Office of Consumer Advocacy, in any investigation or monitoring regarding consumer rights shall have access to consumers, facility records and facility staff as set forth in OAC 450:15-7-3.

SUBCHAPTER 13. ORGANIZATIONAL MANAGEMENT

450:60-13-1. Organizational and facility description

- (a) The CEDT shall have a written organizational description which is reviewed annually and minimally includes:
 - (1) The overall target population for whom services will be provided;
 - (2) The overall mission statement; and
 - (3) The annual facility goals and objectives.
- (b) The CEDT's governing authority shall review and approve the mission statement and annual goals and objectives and document their approval.
- (c) The CEDT shall make the organizational description, mission statement and annual goals available to staff.
- (d) The CEDT shall make the organizational description, mission statement and annual goals available to the general public upon request.
- (e) Each CEDT shall have in writing, by program component or service, the following:
 - (1) Philosophy and description of services;
 - (2) Identity of the professional staff that provides these services;
 - (3) Admission and exclusionary criteria that identify the type of consumers for whom the services are primarily intended; and
 - (4) Goals and objectives.
- (f) The CEDT shall have written procedures and plans for attaining the organization's goals and objectives. These procedures and plans shall define specific tasks, set target dates and designate staff responsible for carrying out the procedures and plans.
- (g) Compliance with OAC 450:60-13-1 shall be determined by a review of the facility's target population definition; facility policy and procedures; mission statement; written plan for professional services; other stated required documentation; and any other supporting documentation.

450:60-13-2. Information analysis and planning

- (a) The CEDT 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 be limited to information from:
 - (1) Consumers;
 - (2) Governing Authority;
 - (3) Staff;
 - (4) Stakeholders;
 - (5) Outcomes management processes; and
 - (6) Quality record review.
- (b) The CEDT shall have a defined ongoing system to collect data and information on a quarterly basis to manage the organization.
- (c) Information collected shall be analyzed to improve consumer services and organizational performance.
- (d) The CEDT shall prepare an end of year management report, which shall include but not be limited to:
 - (1) an analysis of the needs assessment process, and
 - (2) performance improvement program findings.
- (e) The management report shall be communicated and made available to, among

others:

- (1) the governing authority,
- (2) facility staff, and
- (3) ODMHSAS if and when requested.

SUBCHAPTER 15. PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT

450:60-15-1. Performance improvement program

(a) The CEDT shall have an ongoing performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of consumer care.

(b) The Performance improvement program shall also address the fiscal management of the organization.

(c) The facility shall have an annual written plan for performance improvement activities. The plan shall include but not be limited to:

(1) Outcomes management specific to each program component which minimally measures:

- (A) efficiency
- (B) effectiveness, and
- (C) consumer satisfaction.

(2) A quarterly quality consumer record review to evaluate and ensure, among others:

- (A) the quality of services delivered;
- (B) the appropriateness of services;
- (C) patterns of service utilization;
- (D) consumers are provided an orientation to services, and actively involved in making informed choices regarding the services they receive,
- (E) assessments are thorough, timely and complete;
- (F) treatment goals and objectives are based on, at a minimum:
 - (i) assessment findings, and
 - (ii) consumer input;
- (G) services provided are related to the treatment plan goals and objectives;
- (H) services are documented as prescribed by policy; and
- (I) the treatment plan is reviewed and updated as prescribed by policy.

(3) Clinical privileging; and

(4) Review of critical and unusual incidents and consumer grievances and complaints.

(d) The CEDT shall monitor the implementation of the performance improvement plan on an ongoing basis and make adjustments as needed.

(e) Performance improvement findings shall be communicated and made available to, among others:

- (1) the governing authority,
- (2) facility staff, and
- (3) ODMHSAS if and when requested.

450:60-15-2. Incident reporting

- (a) The facility shall have written policies and procedures requiring documentation and reporting of critical incidents.
- (b) The documentation for critical incidents shall contain, minimally:
 - (1) the facility, name and signature of the person(s) reporting the incident;
 - (2) the name(s) of the consumer(s), staff member(s) or property involved;
 - (3) the time, date and physical location of the critical incident;
 - (4) the time and date the incident was reported and name of the staff person within the facility to whom it was reported;
 - (5) a description of the incident;
 - (6) resolution or action taken, date action taken, and signature of appropriate staff; and
 - (7) severity of each injury, if applicable. Severity shall be indicated as follows:
 - (A) No off-site medical care required or first aid care administered on-site;
 - (B) Medical care by a physician or nurse or follow-up attention required; or
 - (C) Hospitalization or immediate off-site medical attention was required;
- (c) Critical incidents shall be reported to ODMHSAS Provider Certification Division within specific timeframes, as follows:
 - (1) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax or mail to ODMHSAS Provider Certification within twenty-four business (24) hours of the incident.
 - (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 business (24) hours of the incident. If reported by telephone, the report shall be followed with a written report within twenty-four business (24) hours of the incident.

SUBCHAPTER 17. HUMAN RESOURCES

450:60-17-1. Personnel policies and procedures

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

450:60-17-2. Job descriptions

There shall be job descriptions for all positions setting forth minimum qualifications and duties of each position.

450:60-17-3. Utilization of volunteers

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

SUBCHAPTER 19. STAFF DEVELOPMENT AND TRAINING

450:60-19-1. Staff qualifications

All staff who provides clinical services shall have documented qualifications or training specific to the clinical services they provide within the CEDT.

450:60-19-2. Staff development

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

450:60-19-3. Annually required inservice training for all employees

Inservice presentations shall be conducted each calendar year and are required for all employees on the following topics:

- (1) Fire and safety;
- (2) AIDS and HIV precautions and infection control;

- (3) Consumer's rights and the constraints of the Mental Health Consumer's Bill of Rights;
- (4) Confidentiality;
- (5) Oklahoma Child Abuse Reporting and Prevention Act, 10 O.S. §§ 7101-7115; and
- (6) Facility policy and procedures.

450:60-19-4. First Aid and CPR training

The CEDT shall have staff during all hours of operation at each program site who maintains current certification in basic first aid and Cardiopulmonary Resuscitation (CPR).

SUBCHAPTER 21. GOVERNING AUTHORITY

450:60-21-1. Documents of authority

(a) There shall be a duly constituted authority and governance structure for assuring legal responsibility and for requiring accountability for performance and operation of the facility (including all components and satellites).

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

(c) In accordance with governing body bylaws, rules and regulations, the chief executive officer is responsible to the governing body for the overall day-to-day operation of the facility, including the control, utilization, and conservation of its physical and financial assets and the recruitment and direction of the staff

(1) the source of authority document shall state:

(A) The eligibility criteria for governing body membership;

(B) The number and types of membership;

(C) The method of selecting members;

(D) The number of members necessary for a quorum;

(E) Attendance requirements for governing body membership;

(F) The duration of appointment or election for governing body members and officers.

(G) The powers and duties of the governing body and its officers and committees or the authority and responsibilities of any person legally designated to function as the governing body.

(2) There shall be an organizational chart setting forth the operational components of the facility and their relationship to one another.

SUBCHAPTER 23. FACILITY ENVIRONMENT

450:60-23-1. Facility environment

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

(b) CEDT staff shall know the exact location, contents and use of first aid supply kits and fire fighting equipment. First aid supplies and fire fighting equipment shall be maintained in appropriately designated areas within the facility.

- (c) There shall be posted written plans and diagrams noting emergency evacuation routes in case of fire, and shelter locations in case of severe weather.
- (d) Facility grounds shall be maintained in a manner to provide a safe environment for consumers, personnel, and visitors.
- (e) The director of the CEDT or designee shall appoint a safety officer.
- (f) The facility shall have an emergency preparedness program designed to provide for the effective utilization of available resources so that consumer care can be continued during a disaster. The emergency preparedness program is evaluated annually and is updated as needed.
- (g) Policies for the use and control of personal electrical equipment shall be developed and implemented.
- (h) There shall be an emergency power system to provide lighting throughout the facility.
- (i) The CEDT director shall ensure there is a written plan to cope with internal and external disasters. External disasters include, but are not limited to, tornados, explosions, and chemical spills.
- (j) The environment of the residential setting shall be planned, developed, and maintained to respond to the range of needs of consumers served. The environmental quality and type, and the rationales for the development of environment shall be defined by written policy and procedures. Attention to the needs of special populations shall be reflected in these written policy and procedures.
 - (1) The plan for environment shall include the following, as indicated by the clinical status of consumers served:
 - (A) Use of outdoor areas,
 - (B) Safety, security, and sanitation needs,
 - (C) Areas to accommodate a range of social activities,
 - (D) Areas offering privacy to the individual to be alone or talk with staff, family, or others, and
 - (E) Facilities shall be appropriately furnished and supplied with materials and equipment suited to the age and physical status of consumers served.
 - (2) Dining and sleeping areas shall be comfortable and conducive to relaxation.
 - (3) Consumers shall be allowed to wear their own appropriate clothing.
 - (4) Consumers shall be allowed to display personal belongings and decorate their living and sleeping areas as appropriate to clinical status of consumers.
 - (5) Consumers shall be encouraged to assume responsibility for maintaining their living areas, as appropriate to their clinical status.

SUBCHAPTER 25. SPECIAL POPULATIONS

450:60-25-1. Americans with disabilities act of 1990

(a) Under Titles 11 and 111 of the ADA, the CEDTs shall comply with the "Accessibility Guidelines for Buildings and Facilities (ADAAG) for alterations and new construction." United States government facilities are exempt for the ADA as they shall comply with the "Uniform Federal Accessibility Standards (UFAS)", effective August 7, 1984. Also available for use in assuring quality design and accessibility is the American National Standards Institute (ANSI) A117.1 "American National Standard for Accessible and Usable Buildings and Facilities."

(b) State and local standards for accessibility and usability may be more stringent than ADA, UFAs, or ANSI A 117.1. The CEDT shall assume responsibility for verification of all applicable requirements and comply with the most stringent standards.

(c) The CEDT shall have written policy and procedures providing or arranging for services for persons who fall under the protection of the Americans With Disabilities Act of 1990 and provide documentation of compliance with applicable Federal, state, and local requirements. A recommended reference is the "Americans With Disabilities Handbook" published the in U.S. Equal Employment Opportunities Commission and the U.S. Department of Justice.

450:60-25-2. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS)

(a) The facility shall have a policy of non-discrimination against persons with HIV infection or AIDS.

(b) All facilities shall observe the Universal Precautions For Transmission of Infectious Diseases as set forth in, "Occupational Exposure to Bloodborne Pathogens" published by the (U.S.) Occupations Safety Health Administration [OSHA]; and

(1) There shall be written documentation the aforestated Universal Precautions are the policy of the facility;

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