OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Post Office Box 53277
Oklahoma City, OK 73152
(405) 522-3908

TITLE 450

CHAPTER 17

Standards and Criteria for Community Mental Health Centers

Effective January 1, 2015

Authority: Oklahoma Board of Mental Health and Substance Abuse Services; 43A O.S. §§ 2-101, 3-306, 3-306.1 and 3-315

History: Codified 7-1-96; Added at 13 OK Reg 2741, effective 7-1-96; Amended at 14 OK Reg 1919 effective 05/27/97; Amended at 16 OK Reg 1494, effective 07/01/99; Amended at 17 OK Reg 2127, effective 07-01-2000; Added – Emergency Rules, effective 10-13-2000; Amended at 18 OK Reg 2658, effective 07/0101; Amended at 19 OK Reg 2333; Amended at 20 OK Reg 653, effective 02/27/03; Amended at 20 OK Reg1303, effective 07/01/03; Amended at 21 OK Reg 1067 effective 07/01/04; Amended at 22OK Reg 960, effective 07/01/05; Amended at 23 OK Reg 1421, effective 07/01/06; Amended at 24 OK Reg 2563, effective 07/12/07; Amended at 25 OK Reg 2526, effective 07/11/08; Amended at 26 OK Reg 2675, effective 07/25/09; Amended at 27 OK Reg 2216, effective 07/11/10; Amended at 30 OK Reg 1414, effective 07/01/13; Amended at 31 OK Reg 1995, effective 10/01/14; Amended – Emergency, effective 01/01/2015.

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SUBCHAPTER 1. GENERAL PROVISIONS

450:17-1-1. Purpose

(a) This chapter sets forth the Standards and Criteria used in the certification of Community Mental Health Centers and implements 43A O.S. § 3-306.1, which authorizes the Board of Mental Health and Substance Abuse Services, or the Commissioner upon delegation by the Board, to certify Community Mental Health Centers.

(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.

450:17-1-2. 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 resident; or deprivation of food, clothing, shelter, or healthcare by a staff responsible for providing these services to a consumer.

"Adults who have a serious mental illness" means persons eighteen (18) years of age or older who show evidence of points of (A), (B) and (C) below:

(A) The disability must have persisted for six months and be expected to persist for a year or longer.

(B) A condition or serious mental illness as defined by the most recently published version of the DSM or the International Classification of Disease (ICD) equivalent with the exception of DSM "V" codes, substance abuse, and developmental disorders which are excluded, unless they co-occur with another diagnosable serious mental illness.

(C) The adult must exhibit either (i) or (ii) below:

(i) Psychotic symptoms of a serious mental illness (e.g. Schizophrenia characterized by defective or lost contact with reality, often hallucinations or delusions); or

(ii) Experience difficulties that substantially interfere with or limit an adult from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. There is functional impairment in at least two of the following capacities (compared with expected developmental level):

(I) Impairment in self-care manifested by a person's consistent inability to take care of personal grooming, hygiene, clothes and meeting of nutritional needs.

(II) Impairment in community function manifested by a consistent lack of appropriate behavioral controls, decision-making, judgment and value systems which result in potential involvement or involvement with the criminal justice system.

(III) Impairment of social relationships manifested by the consistent inability to develop and maintain satisfactory relationships with peers.

(IV) Impairment in family function manifested by a pattern of disruptive behavior exemplified by repeated and/or unprovoked violence, disregard for safety and welfare of self or others (e.g., fire setting, serious and chronic destructiveness, inability to conform to reasonable limitations and expectations.

(V) Impairment in functioning at school or work manifested by the inability to pursue educational or career goals.

"**Advanced Practice Registered Nurse**" means a registered nurse in good standing with the Oklahoma Board of Nursing, and has acquired knowledge and clinical skills through the completion of a formal program of study approved by the Oklahoma Board of Nursing Registration and has obtained professional certification through the appropriate National Board recognized by the Oklahoma Board of Nursing. Advanced Practice Registered Nurse services are limited to the scope of their practice as defined in 59 Okla. Stat. § 567.3a and corresponding rules and regulations at OAC 485:10-5-1 through 10-16-9.

"AOA" means American Osteopathic Accreditation

"ASAM" means the American Society of Addiction Medicine.

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

"**Behavioral Health Home or BHH**" means a specifically organized entity that functions within a currently ODMHSAS certified mental health treatment program organization to promote enhanced integration and coordination of primary, acute, behavioral health, and long-term services and supports for persons across the lifespan with chronic illness. BHHs ensure comprehensive team-based health care, meeting physical, mental health, and substance use disorder care needs. Health care is delivered utilizing a whole-person, patient-centered, coordinated care model for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). Care coordination is provided for all aspects of the individual's life and for transitions of care the individual may experience.

"Case management services" means planned referral, linkage, monitoring and support, and advocacy provided in partnership with a consumer to assist that consumer with self sufficiency and community tenure and take place in the individual's home, in the community, or in the facility, in accordance with a service plan developed with and approved by the consumer and qualified staff.

"CARF" means Commission on Accreditation of Rehabilitation Facilities

"Child with Serious Emotional Disturbance" or **"SED"** means a child under the age of 18 who shows evidence of points of (A), (B) and (C) below:

(A) The disability must have persisted for six months and be expected to persist for a year or longer.

(B) A condition or serious emotional disturbance as defined by the most recently published version of the DSM or the International Classification of Disease (ICD) equivalent with the exception of DSM "V" codes, substance use disorders, and developmental disorders which are excluded, unless they co-occur with another

diagnosable serious emotional disturbance.

(C) The child must exhibit either (i) or (ii) below:

(i) Psychotic symptoms of a serious mental illness (e.g. Schizophrenia characterized by defective or lost contact with reality, often hallucinations or delusions); or

(ii) Experience difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. There is functional impairment in at least two of the following capacities (compared with expected developmental level):

(I) Impairment in self-care manifested by a person's consistent inability to take care of personal grooming, hygiene, clothes and meeting of nutritional needs.

(II) Impairment in community function manifested by a consistent lack of age appropriate behavioral controls, decision-making, judgment and value systems which result in potential involvement or involvement with the juvenile justice system.

(III) Impairment of social relationships manifested by the consistent inability to develop and maintain satisfactory relationships with peers and adults.

(IV) Impairment in family function manifested by a pattern of disruptive behavior exemplified by repeated and/or unprovoked violence to siblings and/or parents, disregard for safety and welfare or self or others (e.g., fire setting, serious and chronic destructiveness, inability to conform to reasonable limitations and expectations which may result in removal from the family or its equivalent).

(V) Impairment in functioning at school manifested by the inability to pursue educational goals in a normal time frame (e.g., consistently failing grades, repeated truancy, expulsion, property damage or violence toward others).

"Children's Health Home Specialist" means an individual within the children's Behavioral Health Home interdisciplinary team that will provide support, coaching and activities that promote good physical and mental health to individuals, families and groups. The focus of the Children's Health Home Specialist will include nutrition, healthy living habits, exercise, and preventing and/or managing chronic health conditions. Children's Health Home Specialists must be certified by ODMHSAS as Behavioral Health Case Manager I or II and complete trainings as required by ODMHSAS including but not limited to Behavioral Health Aide and Well Power.

"Chronic Homelessness" refers to an individual with a disabling condition who has either: (a) been continuously homeless for a year or more, or (b) has had at least 4 episodes of homelessness in the past 3 years. For this condition, the individual must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these episodes. Chronic homelessness only includes single individuals, not families. A disabling condition is a diagnosable substance abuse disorder, serious mental illness, or developmental disability, including the co-occurrence of two or more of these conditions.

"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.

"Clubhouse" means a psychiatric rehabilitation program currently certified as a Clubhouse through the International Center for Clubhouse Development (ICCD).

"Community living programs" means either transitional or permanent supported housing for persons not in crisis who need assistance with obtaining and maintaining an independent living situation.

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

"Community mental health center" or **"CMHC"** means a facility offering a comprehensive array of community-based mental health services, including but not limited to, inpatient treatment, outpatient treatment, partial hospitalization, emergency care, consultation and education; and, certain services at the option of the center, including, but not limited to, prescreening, rehabilitation services, pre-care and aftercare, training programs, and research and evaluation.

"Consumer" means an individual, adult, adolescent, 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.

"Consumer committee" or **"consumer government"** means any established group within the facility comprised of consumers, led by consumers and meets regularly to address consumer concerns to support the overall operations of the facility.

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

"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 enhanced" means that the program (or subunit of the program) provides a specialized service designed for individuals with co-occurring disorders, usually with a higher level of available service capacity or intensity for the co-occurring substance use disorder than would be the case in a comparable co-occurring disorder capable program.

"Crisis Diversion" means an unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before

they become overwhelming and severely impair the individual's ability to function or maintain in the community.

"Crisis Intervention" means actions taken, and services provided to address emergency psychological, physiological, and safety aspects of alcohol, drug-related, and mental health crises.

"Crisis stabilization" means emergency, psychiatric, and substance use disorder treatment services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment, and, if needed, referral to an ODMHSAS certified facility having nursing and medical support available.

"Critical incident" means an occurrence or set of events inconsistent with the routine operation of a facility, service setting, or otherwise 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 consumers or the 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.

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

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

"Emergency examination" means the examination of a person who appears to be a mentally ill person, an alcohol-dependent person, or drug-dependent person and a person requiring treatment, and whose condition is such that it appears that emergency detention may be warranted by a licensed mental health professional to determine if emergency detention of the person is warranted.

"Face-To-Face" for the purposes of the delivery of behavioral health care, means a face-to-face physical contact and in-person encounter between the health care provider and the consumer, including the initial visit. The use of telemedicine shall be considered a face-to-face encounter.

"Facilities or Facility" means entities as described in Title 43A O.S. § 1-103(7), community mental health centers, residential mental health facilities, community based structured crisis centers, certified services for the alcohol and drug dependent,

programs of assertive community treatment, eating disorder treatment, gambling addiction treatment, and narcotic treatment programs.

"**Gambling disorder treatment services**" means treatment activities for consumers by a gambling treatment professional that include, but are not limited to, the following:

(A) Assessment and diagnostic impression, ongoing;

(B) Treatment planning and revision, as necessary;

(C) Individual, group and family therapy;

(D) Case management;

(E) Psychosocial rehabilitation; and

(E) Discharge planning.

"**Gambling related disorders/problems**" means persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as defined by the most recent edition of the DSM.

"Gambling disorder treatment professional" means:

(A) an individual holding a valid NCGC I or II certification;

(B) any clinician licensed in a behavioral health field with documented completion of at least thirty hours of ODMHSAS recognized core problem gambling training requirements and documented completion of twelve hours of problem gambling specific continuing education every twelve months; or

(C) any individual under supervision for licensure by an individual who meets the requirements of (A) or (B), and has documented completion of at least thirty hours of ODMHSAS recognized core problem gambling training requirements and documented completion of twelve hours of problem gambling specific continuing education every twelve months.

"General psychiatric rehabilitation" or **"PSR"** means a type of psychiatric rehabilitation program which focuses on long term recovery and maximization of self-sufficiency, role function and independence. General psychiatric rehabilitation programs may be organized within a variety of structures which seek to optimize the participants' potential for occupational achievement, goal setting, skill development and increased quality of life.

"Historical timeline" means a method by which a specialized form is used to gather, organize and evaluate information about significant events in a consumer's life, experience with mental illness, and treatment history.

"Home-based services to children and adolescents" means intensive therapeutic services provided in the home to children for the purpose of reduction of psychiatric impairment and preventing removal of the child to a more restrictive setting for care. Services include a planned combination of procedures developed by a team of qualified mental health professionals, including a physician.

"Homeless" refers to a person who is sleeping in an emergency shelter; sleeping in places not meant for human habitation, such as cars, parks, sidewalks, or abandoned or condemned buildings; spending a short time (30 consecutive days or less) in a hospital or other institution, but ordinarily sleeping in the types of places mentioned above; living in transitional/supportive housing but having come from streets or emergency shelters; being evicted within a week from a private dwelling unit and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing; being discharged from an institution and having no subsequent

residence identified and lacking the resources and support networks needed to obtain access to housing; or is fleeing a domestic violence situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.

"Hospital liaison" means an individual within the Behavioral Health Home interdisciplinary team that works closely with hospital staff to assess the suitability of transition plans for consumers enrolled in a Behavioral Health Home. Hospital Liaisons will also work with other long term, residential facilities to plan for coordination of care during and after the consumer's residential stay. Hospital liaisons must be certified by ODMHSAS as a Behavioral Health Case Manager I or II and complete trainings as required by ODMHSAS.

"ICCD means the International Center for Clubhouse Development.

"Independent living skills, assistance in development of" means all activities directed at assisting individuals in the development of skills necessary to live and function within the community, e.g., cooking, budgeting, meal planning, housecleaning, problem-solving, communication and vocational skills.

"**Licensed Behavioral Health Professional"** or "**LBHP**" means:

(A) Allopathic or Osteopathic Physicians with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry;

(B) Practitioners with a license to practice in the state in which services are provided or those actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards:

(i) Psychology;

(ii) Social Work (clinical specialty only);

(iii) Professional Counselor;

(iv) Marriage and Family Therapist;

(v) Behavioral Practitioner; or

(vi) Alcohol and Drug Counselor.

(C) Advanced Practice Nurse (certified in a psychiatric mental health specialty), licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided.

(D) A Physician Assistant who is licensed in good standing in the state and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions.

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

"Linkage" refers to the communication and coordination with other service providers to assure timely appropriate referrals between the CMHC and other providers.

"Medical resident" means a physician who is a graduate of a school of medicine or osteopathy and who is receiving specialized training in a teaching hospital under physicians who are certified in that specialty.

"Medically necessary" means health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

"Medication error" means an error in prescribing, dispensing or administration of medication, regardless if the error reached the consumer, e.g., omission of prescribed drugs, giving drugs not prescribed, prescribing inappropriate drugs, prescribing or administering incorrect dosages, incorrectly filling or labeling prescriptions, incorrectly transcribing medication orders.

"**NCGC**" means Nationally Certified Gambling Counselor, offered at levels I or II through the National Council on Problem Gambling.

"Nurse Care manager" means a Licensed Practical Nurse (LPN) or a Registered Nurse (RN).

"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.

"**Peer Recovery Support Specialist**" or "**PRSS**" means an individual who meets the qualifications and is certified as a PRSS pursuant to OAC 450:53.

"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 quality improvement, continuous improvement, organization-wide quality improvement and total quality management.

"Permanent supported housing" means a type of Community Living Program, either permanent scattered site housing or permanent congregate housing, where consumers are assisted with locating housing of their choice and are offered on-going support services based on need and choice to ensure successful independent living.

"PICIS System" means a management information system based on national standards for mental health and substance abuse databases. Information gathered through PICIS is used for prior authorizations, service utilization management and continuous quality improvement processes. PICIS data is reported throughout the treatment episode to ensure service recipients receive appropriate types and levels of care and are making satisfactory progress. Numerous reports are developed using PICIS data and are provided to clinicians, administrators and the general public.

"**Primary Care Practitioner (PCP)"** means a licensed physician, Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA) licensed in the State of Oklahoma.

"Program of Assertive Community Treatment" or **"PACT"** is a clinical program that provides continuous treatment, rehabilitation, and support services to persons with mental illness in settings that are natural to the consumer.

"Progress notes" mean a chronological written description of services provided to a consumer, resident, client, or patient that documents, utilizing acceptable documentation practices, the consumer's response related to the intervention plan or services provided.

"Psychological-Social evaluations" are in-person interviews conducted by professionally trained personnel designed to elicit historical and current information regarding the behavior and experiences of an individual, and are designed to provide sufficient information for problem formulation and intervention.

"Psychotherapy" or "Therapy" means a goal directed process using generally accepted clinical approaches provided face-to-face by a qualified service provider with consumers in individual, group or family settings to promote positive emotional or behavioral change.

"Rehabilitation Services" means face-to-face individual or group services provided by qualified staff to develop skill necessary to perform activities of daily living and successful integration into community life.

"Resident" means a person residing in a community living program certified by ODMHSAS.

"Residential treatment" means a structured, 24-hour supervised treatment program for individuals who are mentally ill with a minimum of twenty-one (21) hours of therapeutic services provided per week with the emphasis on stabilization and rehabilitation for transfer to a less restrictive environment. Stay in the program is time limited.

"Restraint" refers to manual, mechanical, and chemical methods that are intended to restrict the movement or normal functioning of a portion of an individual's body.

"Risk Assessment" means a clinical function that aims to determine the nature and severity of the mental health problem, determine which service response would best meet the needs of the consumer, and how urgently the response is required.

"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.

"Service area" means a geographic area established by the Department of Mental Health and Substance Abuse Services for support of mental health and substance abuse services [43A O.S.§3-302(1)].

"**Service Intensity"** means the frequency and quantity of services needed, the extent to which multiple providers or agencies are involved, and the level of care coordination required.

"Service plan" or "Treatment plan" means the document used during the process by which a qualified service provider 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.

"Socialization" means all activities, which encourage interaction and the development of communication, interpersonal, social and recreational skills and can include consumer education.

"SoonerCare" means Oklahoma's Medicaid program.

"Supportive services" refers to assistance with the development of problem-solving and decision-making skills to maintain or achieve optimal functioning within the community and can include consumer education.

"Systems of Care values" means a philosophy, which embraces a family-driven, child-centered model of care that integrates and coordinates the efforts of different agencies and providers to individualize care in the least restrictive setting that is clinically appropriate.

"TJC" means The Joint Commission formerly referred to as the Joint Commission on Accreditation of Healthcare Organizations or JCAHO.

"Transitional housing program" means a type of Community Living Program in which the consumer's stay in the residence is considered temporary and time-limited in nature. The actual program model may include a range of approaches, including but not limited to supervised transitional living programs and supervised transitional housing programs.

"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.

"Vocational assessment services" means a process utilized to determine the individual's functional work-related abilities and vocational preferences for the purpose of the identification of the skills and environmental supports needed by the individual in order to function more independently in an employment setting, and to determine the nature and intensity of services which may be necessary to obtain and retain employment.

"Vocational placement services" means a process of developing or creating an appropriate employment situation matched to the functional abilities and choices of the individual for the purpose of vocational placement. Services may include, but are not limited to, the identification of employment positions, conducting job analysis, matching individuals to specific jobs, and the provision of advocacy with potential employers based on the choice of the individual served.

"Vocational preparation services" means services that focus on development of general work behavior for the purpose of vocational preparation such as the utilization of individual or group work-related activities to assist individuals in understanding the meaning, value and demands of work; to modify or develop positive work attitudes, personal characteristics and work behaviors; to develop functional capacities; and to obtain optimum levels of vocational development.

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

"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.

"Wellness" means the condition of good physical, mental and emotional health, especially when maintained by an appropriate diet, exercise, and other lifestyle modifications.

"**Wraparound approach**" means a team-based planning and implementation process to improve the lives of children with complex needs and their families by developing individualized plans of care. The key characteristics of the process are that the plan is developed by a family centered team, is individualized based on the strengths and culture of the child and their family, and is driven by needs rather than services.

"Young Adults in Transition" are persons between sixteen to twenty-five (16-25) years of age who have a Serious Mental Illness (ages 18 – 25), or Serious Emotional Disturbance (ages 16 – 18).

450:17-1-3. 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.

450:17-1-4. Annual review of standards and criteria [REVOKED]

450:17-1-6. Services

All facilities providing services shall have a group of services herein designated as required core services in accordance with 450:17-3-2. CMHC's may have specific additional services some of which are designated as optional services in accordance with 450:17-5-1. All required core services and all optional services must demonstrate progress toward becoming co-occurring disorder capable.

450:17-1-7. Applicability

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

SUBCHAPTER 3. REQUIRED SERVICES

PART 1. REQUIRED SERVICES

450:17-3-1. Required core services

The services in this subchapter are core services, are required of each CMHC, and are required to be provided in a co-occurring capable manner.

450:17-3-2. Core community mental health services

(a) Each CMHC shall provide the following services:
(1) Screening intake and referral services;
(2) Emergency services;
(3) Outpatient therapy;
(4) Case management services;
(5) Psychiatric rehabilitation services;
(6) Medication clinic services;
(7) Service to homeless individuals;
(8) Peer Support Services, and
(9) Wellness Activities and Support.

(b) Compliance with 450:17-3-2 shall be determined by a review of the following:
(1) On-site observation;
(2) Staff interviews;
(3) Written materials;
(4) Program policies;
(5) Program Evaluations;
(6) Data reporting; and
(7) Clinical records.

450:17-3-3. Availability of services

(a) The core services shall be available to individuals regardless of their work or school schedule.

(1) All services provided on an outpatient basis shall be routinely available at least forty (40) hours per week, and will include evenings or weekends.

(2) CMHC policy shall provide for hours in addition to 8:00 AM - 5:00 PM. This applies to the main CMHC location and full time satellite offices with two (2) or more full time employed clinical staff.

(3) For CMHCs not providing 24 hour on-site services, hours of operation shall be conspicuously posted.

(b) Compliance with 450:17-3-3 shall be determined by a review of the following: schedules; posting of hours; policy and procedures; and consumer needs assessment.

PART 3. SCREENING, INTAKE, ASSESSMENT AND REFERRAL

450:17-3-21. Integrated screening, intake, and assessment services

(a) CMHC policy and procedure shall require that a screening of each consumer's service needs is completed in a timely manner. An integrated screening should be welcoming and culturally appropriate, as well as maximize recognition of the prevalence of co-occurring disorders among those who typically present for services at a Community Mental Health Center.

(b) Upon determination of appropriate admission, consumer intake, and assessment information shall include, but not be limited to, the following:
(1) Behavioral, including substance use, abuse, and dependence;
(2) Emotional, including issues related to past or current trauma;
(3) Physical;
(4) Social and recreational; and

(5) Vocational.

(c) The consumer and family as appropriate shall be an active participant(s) in the screening, intake and assessment process.

(d) The CMHC shall have policy and procedures specific to each program service which dictate timeframes by when assessments must be completed and documented. In the event the consumer is not admitted and as a result the assessment is not included in the clinical record, the policy shall specify how screening and assessment information is maintained and stored.

(e) Compliance with 450:17-3-21 shall be determined by a review of clinical records, and policy and procedures.

450:17-3-22. Screening, intake and assessment services, access or referral to needed services

(a) Written policy and procedures governing the screening, intake and assessment services shall specify the following:

(1) The information to be obtained on all applicants or referrals for admission;

(2) The procedures for accepting referrals from outside agencies or organizations;

(3) The procedure to be followed when an applicant or referral is found to be ineligible for admission;

(4) Methods of collection of information from family members, significant others or other social service agencies;

(5) Methods for obtaining a physical examination or continued medical care where indicated;

(6) Referral to other resources when the consumer has treatment or other service needs the facility cannot meet;

(7) Emphasis on welcoming all consumers and conveying a recovery oriented hopeful message; and

(8) No barriers to entry based solely on the presence of current or recent substance use.

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

PART 5. EMERGENCY SERVICES

450:17-3-41. Emergency services

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

(b) This service shall include the following:

(1) 24-hour assessment and evaluation, including emergency examinations, characterized by welcoming engagement of all individuals and families;

(2) Availability of 24-hour inpatient referral;

(A) CMHC staff shall be actively involved in the emergency services and referral process to state-operated psychiatric inpatient units.

(B) Referral to state-operated psychiatric inpatient units by the CMHC shall occur only after all other community resources are explored with the individual and family if family is available and the consumer gives written consent for release.

(C) Prior notification to the state-operated psychiatric inpatient unit of all referrals from CMHCs is required.

(3) Availability of assessment and evaluation in external settings unless immediate safety is a concern. This shall include but not be limited to schools, jails, and hospitals;

(4) Referral services, which shall include actively working with local sheriffs and courts regarding the appropriate referral process and appropriate court orders (43A O.S. §§ 5-201 through 5-407);

(5) CMHCs serving multiple counties shall provide or arrange for on-site assessment of persons taken into protective custody [43A O.S. § 5-206 et seq.] in each county;

(6) The CMHC's emergency telephone response time shall be less than fifteen (15) minutes from initial contact, unless there are extenuating circumstances;

(7) Face-to-face strength based assessment, unless there are extenuating circumstances, addressing both mental health and substance use disorder issues which include a description of the client's strengths in managing mental health and/or substance use issues and disorders during a recent period of stability prior to the crisis;

(8) Intervention and resolution; and

(9) No arbitrary barriers to access an evaluation based on active substance use or designated substance levels.

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

450:17-3-42. Emergency examinations

(a) The CMHC shall provide or otherwise ensure the capacity for performing emergency examinations. This capacity must be available 24 hours per day, seven days a week.

(b) Compliance with 450:17-3-42 shall be determined by a review of the following: policy and procedures; emergency contact records; clinical records; PI documentation; and staff on-call schedules.

(c) Failure to comply with 450:17-3-42 will result in the initiation of procedures to deny, suspend and/or revoke certification.

450:17-3-43. Emergency examinations, staffing

(a) Staff providing emergency examinations shall be an LMHP as defined in 43A O.S. § 1-103 and meet the CMHC's privileging requirements for the provision of emergency services, which shall include core competency in emergency evaluation of co-occurring disorders.

(b) Compliance with 450:17-3-43 shall be determined by a review of clinical privileging records and personnel records.

PART 7. OUTPATIENT THERAPY SERVICES

450:17-3-61. Outpatient therapy services

(a) Outpatient services shall include a range of co-occurring disorder capable services to consumers based on their needs regarding emotional, social and behavioral

problems. These outpatient therapy services shall be provided or arranged for, and shall include, but not be limited to the following:

(1) Individual therapy;
(2) Group therapy;
(3) Family therapy;
(4) Psychological/psychometric evaluations or testing; and
(5) Psychiatric assessments.

(b) Compliance with 450:17-3-61 shall be determined by a review of written policy and procedures; clinical records; and PICIS data reported by facilities.

450:17-3-62. Outpatient therapy services, substance use disorder, co-occurring

(a) Facilities shall provide co-occurring disorder capable outpatient substance use disorder therapy services.

(b) These services shall include the provision of or referral for Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STD), and Acquired Immunodeficiency Syndrome (AIDS) education, training, and counseling services for drug dependent persons (43A O.S. §3-425.1), and every facility shall:

(1) Provide or refer for educational sessions regarding HIV/STD/AIDS to consumers and the significant other(s) of the consumer; and
(2) Provide or refer all drug dependent persons, and their identified significant other (s), for HIV/STD/AIDS testing and counseling;
(3) Provide documentation of services described in (1) and (2) above, including refusal of these services; and
(4) Maintain all test results in the confidential manner prescribed by applicable state or federal statutes or regulations.

(c) Compliance with 450:17-3-62 shall be determined by a review of the following: written policy and procedures; consumer records; and other supporting facility records and documentation.

PART 9. MEDICATION CLINIC SERVICES

450:17-3-81. Medication clinic services

(a) Medication clinic services shall include an assessment of each individual's condition and needs; and an assessment of the effectiveness of those services.

(b) Medication clinic services shall be co-occurring capable and shall utilize accepted practice guidelines for psychopharmacologic management of co-occurring disorders.

(c) CMHCs shall offer comprehensive medication clinic services to consumers in need of this service, including, but not limited to:

(1) Prescribing or administering medication, including evaluation and assessment of the medication services provided.

(2) Medication orders and administration:
(A) Only licensed staff physicians, medical residents or consultant physicians shall write medication orders and prescriptions.

(B) A list of those physicians authorized to prescribe medications shall be maintained and regularly updated.

(C) A list of licensed staff members authorized to administer medications shall be maintained and regularly updated.

(3) Physician's assistants and nurse practitioners may write medication orders, or prescriptions consistent with state and federal law.

(d) Compliance with 450:17-3-81 shall be determined by on-site observation and a review of the following: clinical records, written policy and procedures, and roster of licensed, credentialed staff.

450:17-3-82. Medication clinic, medication monitoring

(a) Medication administration, storage and control, and consumer reactions shall be regularly monitored.

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

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

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

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

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

(c) Compliance with 450:17-3-82 shall be determined by on-site observation and a review of the following: written policy and procedures, clinical records, and PI records.

450:17-3-83. Medication clinic, error rates

(a) The facility's performance improvement program shall specifically, objectively, and systematically monitor medications administration or dispensing or medication orders and prescriptions to evaluate and improve the quality of consumer care.

(b) Compliance with 450:17-3-83 shall be determined by a review of the following: facility policies; PI logs; data; and reports.

450:17-3-84. Availability of medications in a CMHC's community living setting

(a) This standard applies to a CMHC's residential program(s) not having on-site medical staff.

(b) The CMHC shall have policy and procedures governing consumer access to medications and shall include, at least, the following items:

(1) Non-medical staff and volunteers shall not dispense or administer medication; and

(2) Medication shall be not withheld from consumers for whom it is prescribed, for non-medical reasons. There shall be policies governing the provision of medication to clients who are actively using substances at the time of their dosage, which document how to determine which medications should continue to be provided, and which medications should be withheld or postponed.

(c) Compliance with 450:17-3-84 shall be determined by on-site observation; and a review of the following: clinical records, medication logs, and policy and procedures.

450:17-3-85. Pharmacy Services

(a) The CMHC shall provide specific arrangements for pharmacy services to meet consumers' psychiatric needs. Provision of services may be made through agreement with another program, through a pharmacy in the community, or through the CMHC's own Oklahoma licensed pharmacy.

(b) Compliance with 450:17-3-85 shall be determined by a review of the following: clinical records; written agreements for pharmacy services; on-site observation of in-house pharmacy; and State of Oklahoma pharmacy license.

(c) Failure to comply with 450:17-3-85 will result in the initiation of procedures to deny, suspend and/or revoke certification.

PART 11. CASE MANAGEMENT

450:17-3-101. Case management services

(a) Case management efforts shall empower consumers to access and use needed services and meet self-determined goals. These services include resource skills development and consumer advocacy provided in various settings based on consumer need.

(b) Case management services shall be offered to all adults who have a serious mental illness and, to each Child (or their parent/guardian) with Serious Emotional Disturbance.

(c) Case management shall be co-occurring disorder capable.

(d) Case management services shall be planned referral, linkage, monitoring and support, and advocacy assistance provided in partnership with a client to support that client in self sufficiency and community tenure. Activities include:

(1) Completion of strengths based assessment for the purpose of individual plan of care development, which shall include evidence that the following were evaluated:

(A) Consumer's level of functioning within the community;

(B) Consumer's job skills and potential; and/or educational needs;

(C) Consumer strengths and resources;

(D) Consumer's present living situation and support system;

(E) Consumer's use of substances and orientation to changes related to substance use;

(F) Consumer's medical and health status;

(G) Consumer's needs or problems which interfere with the ability to successfully function in the community; and

(H) Consumer's goals.

(2) Development of case management care plan;

(3) Referral, linkage and advocacy to assist with gaining access to appropriate community resources;
(4) Contacts with other individuals and organizations that influence the recipient's relationship with the community, i.e., family members, law enforcement personnel, landlords, etc;
(5) Monitoring and support related to the individual plan of care to reassess goals and objectives and assess progress and or barriers to progress;
(6) Follow-up contact with the consumer if they miss any scheduled appointments (including physician/medication, therapy, rehabilitation, or other supportive service appointments as delineated on the service plan); and
(7) Crisis diversion (unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community) to assist consumer(s) from progression to a higher level of care.

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

450:17-3-101.1. Case management services, child, adolescent and family [REVOKED]

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

(a) Case management services shall be provided within community settings; the residence of the consumer; or any other appropriate settings, based on the individual needs of the consumer. Contact with consumers shall be made on at least a monthly basis unless otherwise specified in the service plan.

(b) Compliance with 450:17-3-102 shall be determined by a review of the following: Case managers shall contact each consumer at least once a month, unless otherwise specified in the service plan to monitor progress or provide case management services. Inability to make face to face contact shall be documented. Contact was made with consumers as specified in the service plan.

450:17-3-103. Case management services for consumers admitted to higher levels of care

(a) Case managers shall maintain contact with existing CMHC consumers, and establish contact with newly referred persons who are receiving services in inpatient psychiatric settings, Community Based Crisis Stabilization Centers, (CBCSC), or 24-hour settings providing substance abuse treatment.

(b) Each CMHC shall assign at least one (1) staff member who is responsible for linkage between psychiatric inpatient units, CBSCCs, and/or the substance abuse treatment facility and the CMHC. Linkage shall include, but not limited to, the following activities, pursuant to appropriately signed releases and adherence to applicable privacy provisions:

(1) Regular visits or communication with the psychiatric inpatient unit, CBCSC, and/or substance abuse treatment facility to monitor progress of those consumers

hospitalized and/or in facility-based substance abuse treatment from the CMHC's service area.

(2) Provide knowledge and communication to other CMHC staff regarding psychiatric inpatient unit admission, CBCSC and/or substance abuse treatment facility and discharge procedures.

(c) Case managers from the CMHC to which the consumer will be discharged shall assist the consumer and psychiatric inpatient unit, CBCSC, and/or substance abuse treatment facility with discharge planning for consumers returning to the community.

(d) Individuals discharging from an inpatient psychiatric unit setting, CBCSC, and/or substance abuse treatment facility shall be offered case management and other supportive services. This shall occur as soon as possible, but shall be offered no later than one (1) week post-discharge.

(e) Compliance with 450:17-3-103 shall be determined by a review of the following: clinical records; staff interviews; information from ODMHSAS operated psychiatric inpatient unit; CBCSC facilities, substance abuse treatment facilities; meetings minutes (CMHC or state-operated psychiatric inpatient unit); and a review of a minimum of ten (10) clinical records of consumers who received services at an inpatient unit, CBSS, and/or 24-hour setting providing substance abuse treatment within the past twelve (12) months.

450:17-3-106. Case management services, staff credentials

(a) Individuals providing case management services shall be a LBHP, CADC or certified as a behavioral health case manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50.

(b) Facility supervisors must be a certified behavioral health case manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50 if they directly supervise the equivalent of two (2) or more FTE certified behavioral health case managers who provide case management services as part of their regular duties.

(c) Compliance with 450:17-3-106 shall be determined by a review of the facility personnel records and credentialing files.

Part 13. ODMHSAS OPERATED PSYCHIATRIC HOSPITALS [REVOKED]

450:17-3-121. Admissions to ODMHSAS operated psychiatric hospitals [REVOKED]

450:17-3-122. Persons presenting at a state-operated inpatient psychiatric unit for purposes of admission, pre-screening [REVOKED]

PART 15. BEHAVIORAL HEALTH REHABILITATION SERVICES

450:17-3-141. Psychiatric rehabilitation services

(a) This section governs psychiatric rehabilitation services for Adults with Serious Mental Illness, and Children with Serious Emotional Disturbance. These standards reflect two recovery focused programs for adults: General psychiatric rehabilitation

program (PSR) and ICCD Clubhouse; along with individual and group rehabilitation services for both adults and children.

(b) The CMHC shall provide one or more of the following for adults: a PSR program, or ICCD Clubhouse program, or individual and group rehabilitation services. In addition, the CMHC shall provide individual and group rehabilitation services for children. CMHC policy and procedures shall reflect that all psychiatric rehabilitation programs and services incorporate the following core principles:

(1) Recovery is the ultimate goal of psychiatric rehabilitation. Interventions must facilitate the process of recovery.

(2) Psychiatric rehabilitation practices help people re-establish normal roles in the community and their integration into community life.

(3) Psychiatric rehabilitation practices facilitate the development of personal support networks.

(4) Psychiatric rehabilitation practices facilitate an enhanced quality of life for each person receiving services.

(5) People have the capacity to learn and grow.

(6) People receiving services have the right to direct their own affairs, including those that are related to their psychiatric disability.

(7) People are to be treated with respect and dignity.

(8) Psychiatric rehabilitation practitioners make conscious and consistent efforts to eliminate labeling and discrimination, particularly discrimination based upon a disabling condition.

(9) Culture and ethnicity play an important role in recovery. They are sources of strength and enrichment for the person and the services.

(10) Psychiatric rehabilitation interventions build on the strength of each person.

(11) Psychiatric rehabilitation services are to be coordinated, accessible, and available as long as needed.

(12) Services are to be designed to address the unique needs of each individual, consistent with the individual's cultural values and norms.

(13) Psychiatric rehabilitation practices actively encourage and support the involvement of persons in normal community activities, such as school and work, throughout the rehabilitation process.

(14) The involvement and partnership of persons receiving services and family members is an essential ingredient of the process of rehabilitation and recovery.

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

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

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

450:17-3-142. Day programs – day treatment [REVOKED]

450:17-3-143. Therapeutic day programs – day treatment, CMHC evaluation of

[REVOKED]

450:17-3-144. General psychiatric rehabilitation program (PSR)

(a) The PSR shall be designed to provide an array of services that focus on long term recovery and maximization of self-sufficiency, role functioning, and independence as distinguished from the symptom stabilization function of acute care. Program services shall seek to optimize the participant's potential for occupational achievement, goal setting, skill development, and increased quality of life, therefore maximizing the individual's independence from institutional care and supports in favor of community and peer support.

(b) Proof of completion of orientation in the PSR model shall be kept on file for all program staff members. The CMHC policies and procedures shall document a plan by which employees who are staff members in the PSR program are to be oriented to the PSR model.

(c) Program participants shall be referred to as members, as opposed to patients or clients. Members choose the way they utilize the program. Participation is voluntary; there shall be no artificial reward systems such as, but not limited to, token economy and point systems.

(d) The program shall incorporate the following functions:

(1) **Recovery Orientation.** The service elements include a Recovery oriented treatment plan, member goal setting, employment and educational support services, and a staff philosophy of recovery that permeates all service elements and activities.

(2) **Empowerment Orientation.** The service elements include peer support, leadership skill development, member participation on agency boards, and participation in consumer advocacy groups. All PSR programs shall establish an advisory committee consisting of members and a staff person, which will address issues such as program development and planning, and program problem solving.

(3) **Competency Orientation.** The service elements include curriculum based life skills training (covering self-management of illness, independent living skills, social skills, and work related skills), a multi-dynamic learning approach, an explicit focus on generalization to contexts beyond the immediate learning task and transfer of skills to real life situations and a community based supports component that provides on-going in home or community based support services, based on consumer need and choice, in the areas of housing, employment, education and the development of natural supports (i.e., family, cultural and social). Curricula shall include attention to building decision making capacity and life skills to implement decisions regarding substance use, including nicotine and caffeine, to promote health choices. Decision making should not be mandated abstinence but should be client-centered within the overall context of recovery goals. Service elements also include a work unit component that adheres to the following standards:

(A) Members and staff work side-by-side.

(B) The work completed is work generated by the PSR program. No work for outside individuals or agencies is acceptable.

(C) All work in the PSR program is designed to help members regain self-worth, purpose and confidence; it is not intended to be job specific training.

(D) The program is organized into one or more work units, each of which has sufficient staff, members and meaningful work.

(e) PSR programs are required to maintain minimum staff ratios to assure participants have choices in activities and staff with whom they work. The following staffing ratios shall be maintained for each location at which a psychiatric rehabilitation program is in operation.

(1) Fourteen (14) or fewer participants in attendance; at least one staff member present provided arrangements for emergency back-up staff coverage are in place and described in the program's policy and procedures;

(2) Fifteen (15) to twenty eight (28) participants in attendance; at least two staff members present; or,

(3) Programs with twenty nine (29) or more participants shall maintain a 14:1 participant-to-staff ratio.

(f) Compliance with 450:17-3-144 shall be determined by on-site observation; interviews with members; interviews with staff; a review of policy and procedures; and a review of clinical records.

450:17-3-144.1. Exception day program, psychosocial rehabilitation program scoring [REVOKED]

450:17-3-145. Therapeutic day programs – psychosocial services, evaluation of [REVOKED]

450:17-3-146. ICCD Clubhouse program

(a) The Clubhouse program shall be certified as a Clubhouse through the International Center for Clubhouse Development (ICCD). A Clubhouse shall be considered certified when a copy of the Clubhouse's current ICCD certification has been received by ODMHSAS Provider Certification. When a Clubhouse is renewing certification, a Clubhouse will continue to be considered certified provided the following conditions are met:

(1) At least (60) days prior to expiration of ICCD certification a copy of the application to ICCD for re-certification has been received by ODMHSAS Provider Certification.

(2) A copy of the re-certification visit schedule from the ICCD has been received by ODMHSAS Provider Certification.

(3) Within one-hundred and twenty (120) days of the ICCD re-certification visit, a copy of the re-certification letter from the ICCD reflecting that the Clubhouse has been recertified has been received by ODMHSAS Provider Certification.

(4) Any interim notice or decision of ICCD regarding re-certification status has been received by ODMHSAS Provider Certification.

(b) Compliance with 450:17-3-146 shall be determined by receipt of the identified documentation needed to support that a Clubhouse program is ICCD certified.

450:17-3-147. Individual and Group Rehabilitation Services

(a) CMHC policy and procedures shall reflect that individual and group rehabilitation services are available to both adults and children.

(b) Facility policy and procedures shall outline the way these services are provided, including but not limited to the populations served, staff qualifications for providing the service, and general design(s) by which these services are provided.
(c) Compliance with 450:17-3-146 shall be determined by a review of CMHC policy and procedures and personnel files.

PART 17. SERVICES TO HOMELESS INDIVIDUALS

450:17-3-161. Services to homeless individuals

(a) CMHCs shall provide the following services to individuals within their service area who are homeless, including those individuals experiencing chronic homelessness and who have a serious mental illness, including co-occurring substance use disorders:

(1) Linkage and contacts with local emergency services, shelters, state-operated psychiatric inpatient unit, and any other organizations which may be in contact with homeless persons;

(2) Linkage and contacts with local housing authorities;

(3) Contact, and work with those who are homeless and who have a serious mental illness, to assist with accessing CMHC services, income benefit programs, and housing programs, among other services; and

(4) These services shall be addressed in CMHC policy and procedures.

(b) Compliance with 450:17-3-161 shall be determined by a review of the following: documentation of linkage activities and agreements; clinical records; ICIS reporting data; and, CMHC policy and procedures.

PART 19. PHARMACY SERVICES

450:17-3-181. Pharmacy services [AMENDED AND RENUMBERED 450:17-3-85]

PART 21. PEER RECOVERY SUPPORT SERVICES

450:17-3-191. Peer Recovery support services

(a) Peer recovery support services are provided as a program integrated within the overall structure of Community Mental Health Center services and must be offered to children ages 16 and 17 with SED, and adults age 18 and older with (SMI), including co-occurring disorders.
(b) Peer recovery support services may be offered to other consumers of the community mental health center and their families.
(c) These services shall

(1) Be based on an individualized, recovery-focused service philosophy that allows individuals the opportunity to learn to manage their own recovery and advocacy process;

(2) Recognize the unique value of services being provided by persons with lived experience who are able to demonstrate their own hopefulness and recovery;

(3) Enhance the development of natural supports, coping skills, and other skills necessary to function as independently as possible in the community, including, but

not limited to assisting re-entry into the community after a hospitalization or other institutional settings;

(4) Have written policies specific to these services; and,

(5) Be provided by Peer Recovery Support Specialist(s) as defined by 450:17-3-192.

(d) Each CMHC shall have in place provisions for direct supervision and other supports for staff providing this service.

(e) Compliance with 450:17-3-191 shall be determined by a review of the following: documentation of linkage activities and agreements; clinical records; PICIS reporting data; and, CMHC policy and procedures.

450:17-3-192. Peer Recovery Support Specialists staff requirements

(a) Peer Recovery Support Services shall be provided only by staff who are certified as a Peer Recovery Support Specialist pursuant to Oklahoma Administrative Code, Title 450, Chapter 53.

(b) Each CMHC shall maintain records to verify certification for each provider of this service.

(c) Compliance for 450:17-3-192 shall be determined by a review of the facility personnel records and ODMHSAS files.

450:17-3-193. Peer Recovery Support services: Locale and frequency

(a) Peer Recovery Support services can be provided in any location. The majority of contacts should be face-to-face, however, services may be provided over the telephone as necessary to help the consumer achieve his/her goals.

(b) Compliance for 450:17-3-193 shall be determined by a review of the agency policy and procedures, PICIS, consumer records, consumer interviews, and observation.

PART 23. WELLNESS SERVICES AND RELATED ACTIVITIES

450:17-3-201. Wellness Services and Related Activities

(a) Wellness Services and Related Activities are consumer-driven services and supports that promote healthy lifestyles and behaviors which may include and not be limited to smoking cessation activities, exercise, stress management, and education on nutrition.

(b) These services shall:

(1) Be based on an individualized, recovery-focused service philosophy that allows individuals the opportunity to learn to manage their own wellness; and,

(2) Have written policies specific to this services.

(c) Compliance for 450:17-3-201 shall be determined by a review of the following: documentation of activities and agreements; clinical records; ICIS reporting data; and, CMHC policy and procedures.

SUBCHAPTER 5. OPTIONAL SERVICES

PART 1. APPLICABILITY

450:17-5-1. Applicability

The services in this subchapter are optional services. However, if the services in this subchapter are provided, either on the initiative of the CMHC, or as an ODMHSAS contractual requirement of the CMHC, all rules and requirements of this subchapter shall apply to the affected CMHC's certification.

PART 3. INTENSIVE CASE MANAGEMENT [REVOKED]

450:17-5-11. Intensive case management services [REVOKED]

450:17-5-12. Intensive case management services, clients' improved functioning [REVOKED]

PART 5. HOMEBASED SERVICES TO CHILDREN AND ADOLESCENTS [REVOKED]

450:17-5-22. Homebased services to children and adolescents, family preservation [REVOKED]

450:17-5-23. Homebased services to children and adolescents, family satisfaction [REVOKED]

450:17-5-24. Homebased services to children and adolescents, out-of-home placements [REVOKED]

450:17-5-25. Behavioral health aide services to children, adolescents and families [REVOKED]

PART 7. DAY TREATMENT SERVICES, CHILDREN AND ADOLESCENTS

450:17-5-34. Day treatment services for children and adolescents

(a) Day treatment services are designed for non-residential consumers who spend only a part of a twenty-four (24) hour period in the program.

(1) Hours of operation shall be held during periods which make it possible for consumers to receive a minimum of three (3) hours of treatment and services each day in the program, excluding time spent in fulfillment of academic educational activities as required by law; days and hours of operation shall be regularly scheduled and conspicuously displayed so as to communicate the schedule to the public; and

(2) Services provided shall be co-occurring disorders capable and include, at a minimum, the following:

(A) Weekly individual therapy, group, and family therapy;

(B) Social skills development through activities which encourage interaction and the development of communications and interpersonal skills;

(C) Integrated attention to decision making and healthy skill building regarding substance use, including nicotine and caffeine;
(D) Recreation and leisure activities;
(E) Emergency services;
(F) Habilitation services;
(G) Referral to other resources when indicated by treatment goals and objectives; and
(H) Provide, or arrange for, academic education as required by state or federal law.

(b) Compliance with 450:17-5-34 shall be determined by on-site observation; and a review of the following: clinical records, policy and procedures, and program descriptions.

450:17-5-35. Day treatment services for children and adolescents, evaluation of [REVOKED]

450:17-5-36. Therapeutic nursery [REVOKED]

PART 9. VOCATIONAL EMPLOYMENT SERVICES

450:17-5-45. Vocational employment services

(a) The vocational employment services program is an identified program within the CMHC that assists in the rehabilitation and support of persons with psychiatric disabilities, which may include but is not limited to the following:
(1) Vocational assessment services;
(2) Vocational preparation services;
(3) Vocational placement services; and
(4) Other on and off-site employment support services.

(b) If offered by a CMHC, vocational employment services should be co-occurring disorder capable and be available to individuals with co-occurring disorders who are interested in work as a goal, even if they are not yet abstinent.

(c) Compliance with 450:17-5-45 shall be determined by on-site observation and a review of the following: organization chart; interagency agreements; written policy and procedures; and contractual agreements.

450:17-5-46. Vocational employment services, follow-up evaluation [REVOKED]

PART 11. COMMUNITY LIVING PROGRAMS

450:17-5-56. Community living programs

(a) Community living programs shall be co-occurring disorders capable and include at least one of the following two types of supportive housing options for persons not in crisis who need assistance with obtaining and maintaining an independent living situation:
(1) Transitional housing; or

(2) Permanent Supported housing;

(b) A community living program shall have written policies and procedures specifying how, and by whom, the following services shall be performed:

(1) Medical treatment for residents on both emergency and routine bases;

(2) Mental health and substance 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; and

(8) Assistance to residents in accessing community resources including but not limited to rental assistance and other benefits.

(c) There shall be documentation indicating that each resident has received orientation and education on emergency procedures, resident rights and responsibilities, and program expectations and rules.

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

(1) The apartment or house and furnishings shall be in good repair, and free of unpleasant odors, and insect and rodent infestations.

(2) The apartment or house shall contain safe heating and air conditioning systems, which are in proper working conditions. Each apartment or house shall have an annual fire and safety inspection by the State or local Fire Marshal's office.

(3) Apartments or houses shall be inspected by CMHC staff on a regular basis as specified in agency Policy and Procedures to ensure that fire, health or safety hazards do not exist.

(4) The program shall develop and maintain emergency policy and procedures which shall include but are not limited to:

(A) Fire response and evaluations;

(B) Response to other disasters;

(C) Relocation if housing unit(s) become unlivable; and

(D) Personal accident or illness.

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

450:17-5-57. Community living programs, client orientation [REVOKED]

450:17-5-58. Community living programs, evaluation of [REVOKED]

450:17-5-59. Community living programs, vocational component [REVOKED]

450:17-5-59.1. Transitional housing programs

(a) The length of stay for Transitional housing programs shall be temporary and transitional in nature.

(b) Transitional housing programs shall include at least one of the following two types of housing programs:

(1) Supervised transitional living programs; or

(2) Supported transitional housing programs.

(c) Transitional housing programs shall define general parameters for length of stay.

(d) Compliance with 450:17-5-59.1 shall be determined by a review of the program's written policy and procedures.

450:17-5-60. Supervised transitional living programs

(a) Supervised transitional living programs are supervised places of temporary transitional residence for mental health consumers needing on-site support twenty-four (24) hours a day. These programs are intended to assist residents with stabilization and acquisition of skills necessary to transition to an independent living situation.

(b) Supervised transitional living programs shall:

(1) Have paid staff on duty twenty-four (24) hours a day, with backup coverage in case of staff unscheduled absences, illness or emergencies.

(2) Maintain staffing number and composition, and training and expertise to sufficiently supervise, provide and maintain the services as defined in the program's goals and objectives and to ensure the safety of the residents.

(3) Develop and implement a component of governance by the tenants.

(4) Be licensed by the Oklahoma State Department of Health if required.

(c) In these programs, the following shall be available for all residents, and shall be specified on the resident's service plan or housing plan, according to individual resident needs and interests: The program shall offer 20 hours per week of meaningful activity. A minimum of ten (10) hours should be provided on-site, with at least eight (8) of those ten (10) hours focusing specifically on independent living skills training.

(d) Compliance with 450:17-5-60 shall be determined by on-site observation; interviews with residents, program staff, and other appropriate CMHC staff; and a review of the following: policy and procedures, facility documentation (including staff schedules), residents' council minutes, and valid State Department of Health Certificate of Licensure if required.

450:17-5-61. Independent living training program, staffing [REVOKED]

450:17-5-62. Independent living training program, licensure [REVOKED]

450:17-5-63. Independent living facilities and supervised apartments, disaster and accident planning and preparedness [REVOKED]

450:17-5-64. Supported transitional housing programs

(a) Supported transitional housing programs are grouped apartment or other residential settings with staff available as needed, but there is not necessarily twenty-four (24) hour on-site supervision. In these programs, the following shall be available for all residents, and shall be specified on the resident's treatment plan or housing plan, according to individual resident needs and interests:

(1) The program shall offer or make available psychiatric rehabilitation program services for residents;

(2) The program shall offer or make available at least one (1) evening or weekend socialization and recreational activity per week; and

(3) The program shall offer or make available eight (8) hours of meaningful activity per week. A minimum of five (5) of those hours should include on-site independent living skills training. This shall include working side-by-side with the resident(s) to instruct in the development of independent living skills.

(b) Compliance with 450:17-5-64 shall be determined by interviews with residents, program staff, or other appropriate CMHC staff; and a review of facility documentation including a review of the CMHC written policy and procedures and resident records.

450:17-5-65. Community Living environment [REVOKED]

450:17-5-66. Permanent supported housing programs

(a) Permanent supported housing programs include at least one of the following two (2) types of housing programs:

(1) Permanent scattered site housing programs; or

(2) Permanent congregate housing programs.

(b) In permanent supported housing programs the following shall be available for all residents, and shall be specified on the resident's service plan or housing plan, according to individual resident needs and interests:

(1) The CMHC permanent supported housing programs shall make ongoing monthly contact with each resident, either on or offsite.

(2) The program shall offer independent living skill training. This training shall include working side by side with residents to provide instruction in the development of independent living skills.

(3) Psychiatric rehabilitation program services shall be made available to residents.

(4) The CMHC shall offer, or arrange for, socialization and recreational opportunities at least twice a week for individuals in permanent supported housing programs; including at least one evening activity.

(c) Compliance with 450:17-5-66 shall be determined by interviews with residents, program staff, and other appropriate CMHC staff; and a review of CMHC policy and procedures, and resident records.

450:17-5-67. Permanent supported housing programs, monthly contacts and activities [REVOKED]

450:17-5-67.1. Permanent supported apartment or housing programs, monthly contacts and activities [REVOKED]

450:17-5-67.2. Permanent scattered-site housing programs

(a) The permanent scattered-site housing programs shall facilitate the acquisition of permanent, scattered site housing in the community, which in any given housing complex has no more than fifty-percent (50%) of its residents with psychiatric disabilities.

(b) Resident choice shall be documented in the selection of housing.

(c) The Resident shall be the lessee, and the services provider shall not be the landlord.

(d) Compliance with 450:17-3-67.2 shall be determined by the following: on-site observation; interviews with residents, program staff and other appropriate CMHC staff; and a review of facility and resident record documentation.

450:17-5-67.3. Permanent congregate housing programs

(a) Permanent congregate housing programs are programs in which the individual is assisted in finding an apartment or housing within the community, where the housing complex has more than 50% of its residents with psychiatric disabilities.

(b) Resident choice shall be documented in the selection of housing.

(c) The Resident shall be the lessee, and the landlord may be the services provider.

(d) Compliance with 450:17-5-67.3 shall be determined by the following: on-site observation; interviews with residents, program staff and other appropriate CMHC staff; and a review of facility and resident record documentation.

450:17-5-68. Community lodge programs [REVOKED]

450:17-5-69. Community lodge programs, client participation [REVOKED]

450:17-5-70. Community lodge programs, financial resources of clients [REVOKED]

450:17-5-71. Community lodging programs, housing provisions [REVOKED]

450:17-5-72. Sponsor family program [REVOKED]

PART 13. CRISIS STABILIZATION

450:17-5-81. Certification required for provision of crisis stabilization services.

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

450:17-5-82. Intensive crisis stabilization programs [REVOKED]

450:17-5-83. Intensive crisis stabilization programs, triage response [REVOKED]

450:17-5-84. Intensive crisis stabilization procedures, psychiatric crisis care services [REVOKED]

450:17-5-85. Intensive crisis stabilization programs, drug/alcohol crisis care services [REVOKED]

PART 15. INPATIENT SERVICES

450:17-5-95. Inpatient services within the community mental health setting

(a) Any community mental health center providing inpatient services must demonstrate current compliance with applicable accreditation requirements for inpatient psychiatric or behavioral health services as stipulated by any of the following: the TJC, CARF, AOA, and also demonstrate current licenses as required by the Oklahoma State Department of Health.

(b) Compliance with 17-5-95(a) will be determined by a review of current documentation related to applicable accreditation and licensure.

450:17-5-96. Inpatient services within the community mental health setting, service issues [REVOKED]

450:17-5-97. Inpatient services within the community mental health setting, clinical medical health issues [REVOKED]

450:17-5-98. Inpatient services within the community mental health setting, activity services [REVOKED]

450:17-5-99. Inpatient services within the community mental health setting, environment [REVOKED]

450:17-5-100. Mechanical restraints [REVOKED]

PART 17. PSYCHIATRIC INPATIENT SERVICES IN GENERAL HOSPITALS [REVOKED]

450:17-5-110. Psychiatric treatment programs/units in general hospitals [REVOKED]

PART 19. PROGRAM FOR ASSERTIVE COMMUNITY TREATMENT

450:17-5-111. General program description and target population [REVOKED]

450:17-5-112. Admission criteria [REVOKED]

450:17-5-113. Discharge criteria [REVOKED]

450:17-5-114. Program Management and Capacity [REVOKED]

450:17-5-115. Staff communication and planning [REVOKED]

450:17-5-116. Clinical supervision [REVOKED]

450:17-5-117. Orientation and training [REVOKED]

450:17-5-118. Services [REVOKED]

450:17-5-119. Medication prescription, administration, monitoring, and documentation [REVOKED]

450:17-5-120. Rehabilitation [REVOKED]

450:17-5-121. Support services [REVOKED]

450:17-5-122. Staffing requirements [REVOKED]

450:17-5-123. Assessment and treatment planning [REVOKED]
450:17-5-124. Treatment planning [REVOKED]

450:17-5-125. Discharge [REVOKED]

450:17-5-126. PACT Consumer Clinical Records [REVOKED]

450:17-5-127. Program of assertive community treatment

If a CMHC chooses to provide a program of assertive community treatment (PACT) as an optional service, the CMHC must become certified as a PACT and comply with OAC Title 450, Chapter 55, Standards and Criteria for Programs of Assertive Community Treatment.

Part 21. GAMBLING DISORDER TREATMENT SERVICES

450:17-5-128. Gambling Disorder Treatment Services

The purpose of this Part is to set forth, in addition to all other applicable rules, rules regulating program requirements, activities, and services for CMHCs who opt to provide gambling disorder treatment services. These rules implement 43A O.S. §§ 3-322 which authorizes the Board of Mental Health and Substance Abuse Services, or the Commissioner upon delegation by the Board, to certify Gambling Treatment Programs.

450:17-5-129. Level of Care

Any CMHC providing gambling disorder treatment services shall do so at the outpatient level of care, and have written policies and procedures. Written policies shall define the procedures for the implementation of the requirements of this Part.

450:17-5-130. Admission criteria

(a) Receipt of gambling disorder treatment services shall be conditioned upon a determination by the gambling disorder treatment professional in partnership with the consumer, and based on the problem gambling issues of the consumer utilizing ASAM criteria.
(b) Compliance with this Section 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.

450:17-5-131. Discharge criteria
(a) Discharge from gambling disorder treatment services shall be determined by the following:
(1) Discharge assessment to determine achievement of consumer's treatment goals and consumer's continued need for treatment services, utilizing ASAM criteria;
(2) Reduction in problem gambling behaviors for at least 30 days prior to discharge; and
(3) Completion of a Continuing Care Plan with linkage to community gambling support groups, or other community services.
(b) Compliance 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.

450:17-5-132. Treatment services
(a) Any CMHC choosing to provide gambling disorder treatment services shall provide, at a minimum, the following:
(1) Screening and Assessment. Each presenting consumer shall be assessed using the Southern Oaks Gambling Screen (SOGS). CMHCs must ensure that a consumer's refusal of a particular service does not preclude them from accessing other treatment services. The assessment shall be completed during the admission process and within specific timelines established by the CMHC, but no later than by the end of the fourth visit.
(2) Biopsychosocial assessment. A biopsychosocial assessment gathers sufficient information to assist the consumer in developing an individualized service plan. The assessment used shall contain, but not be limited to, the following:
(A) Identification of the consumer's strengths, needs, abilities, and preferences;
(B) History of the presenting problem;
(C) Previous treatment history to include mental health and substance-related

and addictive disorders;
(D) Health history and current biomedical conditions and complications;
(E) History of substance use, including past treatment, and history of other behavioral addictions and past treatment;
(F) Gambling history, including type, amount, frequency and duration of gambling activity, and family history of gambling disorders;
(G) History of trauma;
(I) Family and social history, including family history of alcohol and drug use;
(J) Educational attainment, difficulties, and history;
(K) Cultural and religious orientation;
(L) Vocational, occupational and military history;
(M) Sexual history, including HIV, AIDS and STD at-risk behavior;
(N) Marital or significant other relationship history;
(O) Recreational and leisure history;
(P) Legal history;
(Q) Present living arrangement;
(R) Economic resources;
(S) Level of functioning;
(T) Current support system including peer and other recovery supports;
(U) Current medications, if applicable, 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;
(V) Consumer's expectations in terms of service; and
(W) Assessment summary or diagnosis, and signature of the assessor and date of the assessment.

(2) Service planning and revision.

(3) Individual therapy. Individual therapy is a face-to-face therapeutic session conducted by a Gambling Treatment Professional (GTP) with one on one interaction between the GTP and a consumer to promote emotional or psychological change to alleviate disorders. Therapy must be goal directed and use a generally accepted approach to treatment such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment, in accordance with an individualized service plan.

(4) Group therapy. Group therapy is a face-to-face therapeutic session with a group of individuals and a GTP using the interaction of the GTP and two or more consumers to promote positive emotional or behavioral change. The focus of the group must be directly related to goals and objectives of the individual customer service plan and use a generally accepted framework for this modality of treatment. This service does not include social skill development or daily living skill activities. Group psychotherapy for adults is limited to eight total consumers. Group size is limited to a total of six consumers for all children. A group may not consist solely of related individuals.

(5) Family therapy. Family therapy is a face-to-face therapeutic session conducted by a GTP with family members/couples conducted in accordance with a documented service plan focusing on treatment family/marital problems and goals. The service must be provided to specifically benefit the consumer as identified in a service plan

and use generally accepted treatment methods for this modality of treatment.
(6) Case management.
(7) Education and/or educational groups.
(8) Discharge planning.
(b) Compliance with this Section may be determined by a review of the following:
(1) Consumer records;
(2) Progress notes;
(3) Interviews with staff; and
(4) Other facility documentation.

PART 23. BEHAVIORAL HEALTH HOME

450:17-5-140. Program description and purpose

(a) The purpose of Behavioral Health Homes within the mental health delivery array is to promote enhanced integration and coordination of primary, acute, behavioral health, and long-term services and supports for persons across the lifespan with chronic illness, including adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). Care must be delivered using an integrated team that will comprehensively address physical, mental health, and substance use disorder treatment needs.
(b) The BHH must maintain facility polices and program descriptions that clearly describe that the purpose of the BHH is to improve the health status of individuals with Serious Mental Illness and/or Serious Emotional Disturbance by integrating behavioral and primary health care and promoting wellness and prevention.
(c) The BHH must provide program descriptions and demonstrate evidence that the following functions are implemented.
(1) Quality-driven, cost-effective, culturally appropriate, and person- and family-centered health home services;
(2) Coordinated access to:
(A) High-quality health care services informed by evidence-based clinical practice guidelines;
(B) Preventive and health promotion services, including prevention of mental illness and substance use disorders;
(C) Mental health and substance abuse services;
(D) Comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to an adult system of health care;
(E) Chronic disease management, including self-management support to individuals and their families;
(F) Individual and family supports, including referral to community, social support, and recovery services; and,
(G) Long-term care supports and services;
(3) Person-centered care plans for each individual that coordinates and integrates all of his or her clinical and non-clinical health-care related needs and services;

(4) Proper and continuous use of health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate; and

(5) Quality improvement program, which collects and reports on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level.

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

450:17-5-141. Target populations

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

(1) Adults with a serious mental illness(SMI);

(2) Children with a serious emotional disturbance (SED); or

(3) Both.

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

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

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

450:17-5-142. Outreach and engagement

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

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

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

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

450:17-5-143. Structure of Behavioral Health Home and administrative staff

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

(1) In-house model where the behavioral health agency is directly providing primary care performed by a qualified employee, or purchasing through a contract; or

(2) Co-located partnership model where the behavioral health agency arranges for primary care services to be provided onsite, establishing written agreements with external primary care providers; or

(3) Facilitated referral model, where most primary care services are not provided onsite at the facility; however, the facility has processes in place to ensure the coordination of care that is provided offsite.

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

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

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

(1) Possess a Bachelor's degree from an accredited university and have at least two years' experience in health administration;

(2) Possess a Master's degree from an accredited university in a health or social services related field;

(3) Be licensed as a Registered Nurse with the Oklahoma Board of Nursing; or

(4) Be licensed as a Physician or be licensed as a Nurse Practitioner.

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

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

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

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

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

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

450:17-5-144. Treatment team; general requirements

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

(b) The interdisciplinary team must, based on the comprehensive assessment, identify for each consumer a specific licensed behavioral health professional (LBHP) on the

interdisciplinary treatment team to lead the process of the initial comprehensive assessment and plan and to provide therapy services if indicated on the integrated plan. This will ensure that each consumer's needs are assessed, and that the active treatment plan is implemented as indicated.
(c) Compliance with this Section will be determined by on-site observation, review of organizational documents, signed agreements, activity reports, and clinical records.

450:17-5-145. Treatment team; adult team
(a) Each BHH team serving adults shall include, the following positions, unless otherwise arranged as permitted in (b) below:
(1) Health Home Director;
(2) Nurse Care Manager;
(3) Consulting Primary Care Physician, Advanced Practice Registered Nurse, or Physician Assistant;
(4) Licensed Psychiatric Consultant;
(5) License Behavioral Health Professional;
(6) Certified Behavioral Health Case Manager I or II;
(7) Hospital Liaison/Health Home Specialist; and
(8) Wellness Coach/Certified Peer Support Specialist.
(b) Variations from the above staff pattern on a continuous basis, must be approved in advanced by the ODMHSAS Commissioner or a designee.
(c) If the health team experiences difficulty in recruiting staff to fill any of the above positions, a recruitment and contingency plan to maintain essential services, will be submitted to the ODMHSAS Director of Provider Certification for approval.
(d) The facility must have written policies and procedures defining the program's plan for staff-to-consumer ratio for each adult BHH team and a plan for how exceptions will be handled.
(e) Staffing ratios must be regularly monitored and evaluated within the certified facility's performance improvement activities.
(f) Compliance with this Section will be determined by on-site observation, review of organizational documents, personnel records, staffing schedules, and clinical records.

450:17-5-146. Treatment team; children and adolescent team
(a) Each BHH team serving children and adolescents shall include, the following positions, unless otherwise arranged as permitted in (b) below:
(1) Care Coordinator;
(2) Project Director;
(3) Licensed Psychiatric Consultant;
(4) Licensed Nurse Care Manager (RN or LPN);
(5) Peer to Peer Family /Youth Support Provider;
(6) Children's Health Home Specialist; and
(7) Consulting Primary Care Practitioner.
(b) Variations from the above staff pattern on a continuous basis, must be approved in advanced by the ODMHSAS Commissioner or a designee.

(c) If the health team experiences difficulty in recruiting staff to fill any of the above positions, a recruitment and contingency plan to maintain essential services, will be submitted to the ODMHSAS Director of Provider Certification for approval.
(d) The facility must have written policies and procedures defining the program's plan for staff-to-consumer ratio for each child and/or adolescent BHH team and a plan for how exceptions will be handled.
(e) Staffing ratios must be regularly monitored and evaluated within the facilities performance improvement activities.
(f) Compliance with this Section will be determined by on-site observation, review of organizational documents, personnel records, staffing schedules, and clinical records.

450:17-5-147. Required services
(a) The BHH must have policies and clear descriptions to delineate each specific service provided by the BHH.
(b) The BHH must provide the following services within the framework described in 450:17-5-140:
(1) Comprehensive Care Management;
(2) Care Coordination;
(3) Health Promotion;
(4) Comprehensive Transitional Care;
(5) Individual and Family Support services; and
(6) Referral to Community and Social Support Services.
(c) Program descriptions, personnel and privileging records, and other organizational documents will specify which staff members are qualified to provide each BHH service.
(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:17-5-148. Access to specialists
(a) The facility must have procedures and agreements in place to facilitate referral for other medical services needed beyond the scope of the BHH.
(b) Referral documents and releases of information shall comply with applicable privacy and consumer consent requirements.
(c) Clinical documentation will track referrals to and use of specialists.
(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, signed agreements, outcome monitoring and other performance improvement activity reports, and clinical records.

450:17-5-149. Admission
(a) The facility must determine the extent to which each consumer's needs and preferences can be adequately addressed within the array of required BHH services.
(b) An integrated screening approach in accordance with OAC 450:17-3-21 will be used to determine clinical eligibility for BHH services.
(c) Facility policies and procedures must assure that adults who meet the criteria for a SMI or children who meet the criteria for a SED are eligible for BHH services. This

includes individuals receiving Targeted Case Management (TCM). It will also include additional individuals who are not currently receiving care coordination.

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

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

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

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

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

450:17-5-150. Initial assessment

(a) A Licensed Behavioral Health Professional (LBHP), acting within his or her state scope of practice requirements, must complete the initial assessment for health home services in accordance with the standard in OAC 450:17-3-22 for consumers who have not been assessed by the facility within the past 6 months.

(b) The initial assessment must include at a minimum, the following:

(1) The admitting diagnosis as well as other diagnoses;

(2) The source of referral;

(3) The reason for admission as well as stated by the client or other individuals who are significantly involved; and

(4) A list of current prescriptions and over-the counter medications as well as other substances the client may be taking.

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

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

450:17-5-151. Comprehensive assessment

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

(1) Psychiatric and substance abuse history, mental status, and a current DSM diagnosis;

(2) Medical, dental, and other health needs;

(3) Education and/or employment;

(4) Social development and functioning;

(5) Activities of daily living; and

(6) Family structure and relationships.

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

(c) The BHH must provide or arrange for a functional assessment for all children using a tool approved by ODMHSAS. Assignment to high intensity Wraparound or Resource coordination intensity of care must be determined by clinically informed decision-making by LBHP.
(d) The comprehensive assessment must be updated as needed but no less than every six (6) months.
(e) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:17-5-152. Integrated care plan
(a) The BHH team must develop a consumer directed, integrated active care plan for each enrolled consumer that reflects input of the team, (including the involvement of the consulting primary care physician or APRN in managing the medical component of the plan), and others the consumer chooses to involve.
(b) The plan shall clearly address physical and behavioral health goals, consumer preferences, and the overall all health and wellness needs of the consumer.
(c) The plan must be documented and complete within thirty (30) working days of admission to the BHH.
(d) The BHH must provide for each consumer and primary caregiver(s), as applicable, education and training consistent with the consumer and caregiver responsibilities as identified in the active treatment plan and relative to their participation in implementing the plan of care.
(e) Compliance with this Section will be determined by on-site observation, review of organizational documents, personnel records, staffing schedules, and clinical records.

450:17-5-153. Integrated care plan; content
(a) The integrated care plan must address all services necessary to assist the client in meeting his or her physical and behavioral health goals, and include the following:

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

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

450:17-5-154. Review of plan

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

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

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

450:17-5-155. Intensive care coordination for children and adolescents; wraparound approach

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

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

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

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

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

450:17-5-156. Behavioral Health Home medication monitoring

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

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

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

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

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

(c) Compliance with this Section will be determined by on-site observation and a review of the following: written policy and procedures, clinical records, and PI records.

450:17-5-157. Behavioral Health Home pharmacy services

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

(b) Compliance with this Section may be determined by a review of the following: Clinical records; written agreements for pharmacy services; on-site observation of in-house pharmacy; and State of Oklahoma pharmacy license.

450:17-5-158. Health promotion and wellness; consumer self-management

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

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

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

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

450:17-5-159. Discharge or transfer from Behavioral Health Home

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

(1) The BHH discharge summary; and

(2) The consumer's clinical record.

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

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

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

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

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

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

450:17-5-160. Linkage and transitional care

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

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

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

(1) Transitional care will be provided by the BHH for existing BHH consumers who have been hospitalized or placed in other non-community settings, such as psychiatric residential treatment facilities, as well as to newly identified, potential BHH consumers who are entering the community.
(2) The BHH team will collaborate with all parties involved including the facility, primary care physician, and community providers to ensure a smooth discharge and transition into the community and prevent subsequent re-admission(s).
(3) Transitional care is not limited to institutional transitions, but applies to all transitions that will occur throughout the development of the enrollee and includes transition from and to school-based services and pediatric services to adult services.
(4) The BHH will document transitional care provided in the clinical records.

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

450:17-5-161. Consumer (Patient Care) Registries and Population Health Management

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

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

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

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

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

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

450:17-5-162. Electronic health records and data sharing

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

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

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

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

450:17-5-163. Performance measurement and quality improvement

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

(b) The BHH performance improvement activities must:

(1) Focus on high risk, high volume, or problem-prone areas.
(2) Consider incidence, prevalence, and severity of problems.

(3) Give priority to improvements that affect behavioral outcomes, client safety, and person-centered quality of care.

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

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

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

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

(1) Outcomes management processes which include measures required by CMS and the State and may also include measures from the SAMHSA National Outcomes Measures, NCQA, and HEDIS as required to document improvement in population health.

(2) Quarterly record review to minimally assess:

(A) Quality of services delivered;

(B) Appropriateness of services;

(C) Patterns of service utilization;

(D) Treatment goals and objectives based on assessment findings and consumer input;

(E) Services provided which were related to the goals and objectives;

(F) Patterns of access to and utilization of specialty care; and

(G) The care plan is reviewed and updated as prescribed by policy.

(3) Review of critical incident reports and consumer grievances or complaints.

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

SUBCHAPTER 7. FACILITY CLINICAL RECORDS

450:17-7-1. Clinical record keeping system

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

450:17-7-2. Applicability

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

450:17-7-3. Basic requirements

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

(1) Define the content of the consumer record in accordance with 450:17-7-4 through 17-7-9.

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

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

450:17-7-4. Record access for clinical staff

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

(b) Compliance with 450:17-7-4 shall be determined by on-site observation and staff interviews.

450:17-7-5. Clinical record content, screening, intake and assessment

(a) All facilities shall complete a face-to face screening with each individual to determine appropriateness of admission.

(b) The CMHC shall document the face-to-face screening between the potential consumer and the CMHC including how the consumer was welcomed and engaged, how the consumer was assisted to identify goals and experience hope, how the consumer received integrated screening to identify both immediate and ongoing needs and how the consumer was assisted to determine appropriateness of admission, and/or to access other appropriate services.

(c) Upon determination of appropriate admission, consumer demographic information shall be collected.

(d) All programs shall complete a psychological-social assessment which gathers sufficient information to assist the consumer in developing an individualized service plan.

(e) The CMHC shall have policy and procedures that stipulate content required for items (c) and (d) above as well as dictate timeframes by when intake assessment must be completed for each program service to which a client is admitted.
(f) An intake assessment update, to include date, identifying information, source of information, present needs, present life situation, current level of functioning, and what consumer wants in terms of service, is acceptable only on re-admissions within one (1) year of previous admission.
(g) Compliance with 450:450:17-7-5 shall be determined by a review of the following: psychological-social assessment instruments; consumer records; case management assessments; interviews with staff and consumers; policies and procedures and other facility documentation.

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

450:17-7-6. Health and drug history [REVOKED]

450:17-7-7. Psychosocial evaluation [REVOKED]

450:17-7-8. Behavioral Health Service plan
(a) The service plan is performed with the active participation of the consumer and a support person or advocate if requested by the consumer. In the case of children under the age of 18, it is performed with the participation of the parent or guardian and the child as age and developmentally appropriate. The service plan shall provide the formation of measurable service objectives and reflect ongoing changes in goals and objectives based upon consumer's progress or preference or the identification of new needs, challenges and problems.
(b) The service plan is developed after and based on information obtained in the mental health assessment and includes the evaluation of the assessment information by the clinician and the consumer.
(c) For adults, the service plan must be focused on recovery and achieving maximum community interaction and involvement including goals for employment, independent living, volunteer work, or training. For children, the service plan must address school and educational concerns and assisting the family in caring for the child in the least restrictive level of care.
(d) Comprehensive service plans must be completed within six (6) treatment sessions and adhere to the format and content requirements described in the facility policy and procedures.
(e) Service plan updates should occur at a minimum of every 6 months during which services are provided and adhere to the format and content requirements described in the facility policy and procedures.

(f) Service plans, both comprehensive and update, must include dated signatures for the consumer customer (if over age 14), the parent/guardian (if under age18 or otherwise applicable), and the primary service practitioner.
(g) Compliance with 450:17-7-8 shall be determined by a review of the clinical records, policies and procedures, and interviews with staff and consumers, and other agency documentation.

450:17-7-9. 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) Name of medication,
(2) Dosage,
(3) Frequency of administration or prescribed change, and
(4) Staff member who administered or dispensed each dose, and prescribing physician; and
(c) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities during intake, updated when required by virtue of new information, and kept in a highly visible location in or on the record.
(d) Compliance with 450:17-7-9 shall be determined by a review of medication records and clinical records.

450:17-7-10. Progress Notes
(a) Progress notes shall chronologically describe the services provided, the consumer's response to the services provided and the consumer's progress in treatment and adhere to the format and content requirements described in the facility policy and procedures.
(b) Progress notes shall be documented according to the following time frames:
(1) Outpatient staff must document each visit or transaction, except for assessment completion or service plan development, including missed appointments;
(2) Community living program staff shall complete a summary note monthly identifying the name of the person served and the day(s) the person received the service;
(3) Inpatient: nursing service is to document on each shift. Each member of the treatment team shall write a weekly progress note for the first two months and monthly thereafter; and
(4) PSR staff must maintain a daily, member sign-in/sign-out record of member attendance, and shall write a progress note daily or a summary progress note weekly.
(c) Compliance with 450:17-7-10 shall be determined by a review of clinical records and policies and procedures.

450:17-7-11. 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.
(d) Compliance with 450:17-7-11 shall be determined by a review of clinical records.

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

SUBCHAPTER 9. CONSUMER RECORDS AND CONFIDENTIALITY

450:17-9-1. Confidentiality, mental health consumer information and records [REVOKED]

450:17-9-1.1. Confidentiality of mental health and drug or alcohol abuse treatment information
Confidentiality policy, procedures and practices must comply with federal and state law, guidelines, and standards, and with OAC 450:15-3-20.1, OAC 450: 15-3-20.2 and OAC 450:15-30-60.

450:17-9-2. Confidentiality, substance abuse consumer information and records [REVOKED]

SUBCHAPTER 11. CONSUMER RIGHTS

450:17-11-1. Consumer rights, inpatient and residential
The CMHC shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

450:17-11-2. Consumer rights, outpatient services [REVOKED]

450:17-11-3. Consumer's grievance policy

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

450:17-11-4. 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(b).

SUBCHAPTER 13. ORGANIZATIONAL AND FACILITY MANAGEMENT

450:17-13-1. Organizational and facility description

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

(1) The overall target population to be served;

(2) The overall mission statement; and

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

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

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

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

(e) Each CMHC shall have in writing, by program component or service, the following:

(1) Philosophy and description of services, including the philosophy of recovery oriented and welcoming service delivery;

(2) Identity of the professional staff that provides these services;

(3) Admission and exclusionary criteria that identify the type of consumers for whom the services is primarily intended, with no exclusion criteria based on active substance use disorders;

(4) Goals and objectives, including making progress toward co-occurring capable, trauma informed, and culturally competent service delivery; and

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

(f) The CMHC shall have written statement of the quality improvement processes, procedures and plans for attaining the organization's goals and objectives. These procedures and plans shall define specific tasks, including actions regarding the organization's co-occurring capability set target dates and designate staff responsible for carrying out the procedures and plans.

(g) Compliance with OAC 450:18-13-1 shall be determined by a review of the facility's target population definition; facility policy and procedures; mission statement;

written plan for professional services; other stated required documentation; and any other supporting documentation.

450:17-13-2. Information analysis and planning

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

(1) Consumers;
(2) Governing Authority;
(3) Staff;
(4) Stakeholders;
(5) Outcomes management processes;
(6) Quality record review and
(7) Self-assessment tools to determine progress toward co-occurring, recovery oriented, trauma informed and consumer driven capability.

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

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

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

(1) an analysis of the needs assessment process, and
(2) performance improvement program findings.

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

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

(f) Compliance with OAC 450:17-13-2 shall be determined by a review of the written program evaluation plan(s); written annual program evaluation(s), special or interim program evaluations; program goals and objectives; and other supporting documentation provided.

SUBCHAPTER 15. PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT

450:17-15-1. Quality assurance [REVOKED]

450:17-15-1.1. Performance improvement program

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

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

(c) The facility shall have an annual written plan for performance improvement

activities. The plan shall include but not be limited to:

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

(A) efficiency;

(B) effectiveness; and

(C) consumer satisfaction.

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

(A) the quality of services delivered;

(B) the appropriateness of services;

(C) patterns of service utilization;

(D) consumers are provided an orientation to services, and actively involved in making informed choices regarding the services they receive;

(E) assessments are thorough, timely and complete;

(F) treatment goals and objectives are based on, at a minimum,

(i) assessment findings, and

(ii) consumer input;

(G) services provided are related to the treatment plan goals and objectives;

(H) services are documented as prescribed by policy; and

(I) the service plan is reviewed and updated as prescribed by policy.

(3) Clinical privileging;

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

(5) Improvement in the following:

(A) co-occurring capability, including the utilization of self-assessment tools as determined or recommended by ODMHSAS;

(B) provision of trauma informed services;

(C) provision of culturally competent services; and

(D) provision of consumer driven services; and

(6) Activities to improve access and retention within the treatment program, including an annual “walk through” of the intake and admission process.

(d) The CMHC will identify a performance improvement officer.

(e) The CMHC shall monitor the implementation of the performance improvement plan on an ongoing basis and makes adjustments as needed.

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

(1) the governing authority;

(2) facility staff;

(3) consumers;

(4) stakeholders; and

(5) ODMHSAS, as requested.

(g) Compliance with 450:17-15-1.1 shall be determined by a review of the written program evaluation plan; written program evaluations (annual and or special or interim; program goals and objectives; and other supporting documentation provided).

450:17-15-2. Written plan [REVOKED]

450:17-15-3. Quality assurance activities [REVOKED]

450:17-15-3.1. Quality improvement activities [REVOKED]

450:17-15-4. Monitoring and evaluation process [REVOKED]

450:17-15-5. Critical incident reporting

(a) The facility shall have written policies and procedures requiring documentation and reporting of critical incidents and analysis of the contributors to the incident, with attention to issues that may reflect opportunities for system level or program level improvement.

(b) The documentation for critical incidents shall minimally include:

(1) the facility, name and signature of the person(s) reporting the incident;

(2) the name(s) of the consumer(s), staff member(s) or property involved;

(3) the time, date and physical location of the critical incident;

(4) the time and date the incident was reported and name of the staff person within the facility to whom it was reported;

(5) a description of the incident;

(6) resolution or action taken, date action taken, and signature of appropriate staff; and

(7) severity of each injury, if applicable. Severity shall be indicated as follows:

(A) No off-site medical care required or first aid care administered on-site;

(B) Medical care by a physician or nurse or follow-up attention required; or

(C) Hospitalization or immediate off-site medical attention was required;

(c) Critical incidents shall be reported to ODMHSAS with specific timeframes, as follows:

(1) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax or mail to ODMHSAS Provider Certification within twenty-four (24) hours of the incident being documented.

(2) Critical incidents involving allegations constituting a sentinel event or consumer abuse shall be reported to ODMHSAS immediately via telephone or fax, but not more than twenty-four (24) hours of the incident. If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours.

(d) Compliance with 450:17-15-5 shall be determined by a review of facility policy and procedures; critical incident reports at the facility and those submitted to ODMHSAS, performance improvement program documents and reports, and staff interviews.

SUBCHAPTER 17. UTILIZATION REVIEW [REVOKED]

450:17-17-1. Utilization review [REVOKED]

450:17-17-2. Written plan [REVOKED]

450:17-17-3. Methods for identifying problems [REVOKED]

SUBCHAPTER 19. HUMAN RESOURCES

450:17-19-1. 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.

(d) Compliance with 450:17-19-1 shall be determined by a review of written personnel policies and procedures, and other supporting documentation provided.

450:17-19-2. Job descriptions

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

(b) All job descriptions shall include an expectation of core competencies in relation to individuals with co-occurring disorders.

(c) Compliance with 450:17-19-2 shall be determined by a review of written job descriptions for all facility positions, and other supporting documentation provided.

450:17-19-3. 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 the governing authority upon revision.

(d) There shall be documentation to verify orientation of each volunteer which shall enable him or her to have knowledge of program goals and familiarity with routine procedures.

(e) The volunteer orientation shall include explanations, at a minimum, of the following:

(1) The importance of maintaining confidentiality and protecting consumer's rights, as well as the legal ramifications of State and Federal regulations concerning confidentiality;

(2) The facility's policies and procedures;

(3) Any other necessary information to ensure that volunteer staff members are knowledgeable enough to carry out the responsibilities of their position; and

(4) Documentation of volunteer's understanding of policies, goals and job.

(f) Compliance with 450:17-19-3 shall be determined by a review of volunteer policies and procedures; designation of a volunteer coordinator; written orientation plan;

orientation program; written goals and objectives; volunteer personnel files; and volunteer records.

SUBCHAPTER 21. STAFF DEVELOPMENT AND TRAINING

450:17-21-1. Staff qualifications

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

450:17-21-2. Staff development

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

450:17-21-3. Annually required in-service training for all employees

(a) In-service 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 Patient's Bill of Rights;
(4) Confidentiality;
(5) Oklahoma Child Abuse Reporting and Prevention Act, 10 O.S. §§ 7101-7115; and

(6) Facility policy and procedures;
(7) Cultural Competence;
(8) Co-occurring disorder competency and treatment principles;
(9) Trauma informed; and
(10) Age and developmentally appropriate trainings, where applicable.

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

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

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

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

450:17-21-4. First Aid and CPR training

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

(b) Compliance with 450:17-21-4 shall be determined by a review of staff training records and other supporting written information, including, but not limited to staff schedules to assure all program sites are continuously staff with staff trained in item (a) above.

450:17-21-5. CAPE training [REVOKED]

450:17-21-6. Clinical supervision

(a) Clinical supervision is a vital component of the provision of quality treatment. Clinical supervision shall be provided for those delivering direct services and shall be provided by persons knowledgeable of clinical services as determined by the program.

(b) All facilities shall have written policies and procedures, operational methods, and documentation of the provision of clinical supervision for all direct treatment and service staff. These policies shall include, but are not limited to:

(1) Credentials required for the clinical supervisor;
(2) Specific frequency for case reviews with treatment and service providers;
(3) Methods and time frames for supervision of individual, group, and educational treatment services; and
(4) Written policies and procedures defining the program's plan for appropriate counselor-to-consumer ratio, and a plan for how exceptions may be handled.

(c) Ongoing clinical supervision should address:

(1) The appropriateness of treatment selected for the consumer;

(2) Treatment effectiveness as reflected by the consumers meeting their individual goals; and
(3) The provision of feedback that enhances the clinical skills of service providers.
(d) Compliance with this Section may be determined by a review of the following:
(1) Policies and procedures;
(2) Clinical services manuals;
(3) Clinical supervision manuals;
(4) Documentation of clinical supervision;
(5) Personnel records;
(6) Interviews with staff; and
(7) Other facility documentation.
(c) Failure to comply with this Section will result in the initiation of procedures to deny, suspend and/or revoke certification.

SUBCHAPTER 23. FACILITY ENVIRONMENT

450:17-23-1. Facility environment

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

450:17-23-2. Technology

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

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

(b) Compliance with this Section shall be determined by a review of the facility policies, performance improvement plans and technology and system plan.

SUBCHAPTER 25. GOVERNING AUTHORITY

450:17-25-1. 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 public upon request.

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

(1) The source of authority document shall state:

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

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

(d) Compliance with 450:17-25-1 shall be determined by a review of the following: bylaws, articles of incorporation, written document of source of authority, minutes of governing board meetings, job description of the CEO, and the written organizational chart.

450:17-25-2. Board composition

(a) Members of the Board of Directors shall reside, or be employed, or otherwise have a demonstrated interest in the area served.

(b) The composition of the Board shall reflect an equitable representation of the population distribution in the service area. Each county in a multi-county service area of five or fewer counties must be represented on the Board by at least one resident of the

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

SUBCHAPTER 27. SPECIAL POPULATIONS

450:17-27-1. Americans with Disabilities Act of 1990

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

450:17-27-2. 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) In-service training regarding the Universal Precautions shall be a part of employee orientation and, at least once per year, is included in employee in-service training.

(c) Compliance with 450:17-27-2 is determined by reviews of facility policy and procedure and in-service training records, schedules, or other documentation.