Oklahoma Department of Mental Health and Substance Abuse Services

It is very important that you provide your comments regarding the proposed rule change by the comment due date. Comments are directed to the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) administrative rules liaison, Traylor Rains-Sims, at Traylor.Rains-Sims@odmhsas.org.

ODMHSAS COMMENT DUE DATE:  5p.m. on February 16, 2017

The proposed policy is a PERMANENT Rule. This proposal is scheduled to be presented for public comment during a public hearing on February 17, 2017, and to the ODMHSAS Board of Directors for adoption on March 24, 2017.
Reference #: 17-2017P

SUMMARY:
In accordance with the Administrative Procedures Act the proposed rule revisions to Chapter 17 are part of the Department's review of Title 450. The proposed rules are intended to update terminology and definitions as well as create new standards requiring facilities certified by ODMHSAS to implement tobacco free workplaces. Proposed rules also require facilities certified under Chapter 17 to complete a root cause analysis for any sentinel event that occurs at the facility.

LEGAL AUTHORITY
Oklahoma Department of Mental Health and Substance Abuse Services Board; 43A O.S. §§ 2-101, 3-306, 3-306.1, and 74 O.S. §85.9G.

RULE IMPACT STATEMENT

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

PROPOSED RULES:
Chapter 17. Standards and Criteria for Community Mental Health Centers [AMENDED]

1. BRIEF DESCRIPTION OF THE PURPOSE OF THE RULE:

In accordance with the Administrative Procedures Act the proposed rule revisions to Chapter 17 are part of the Department's review of Title 450. The proposed rules are intended to update terminology and definitions as well as create new standards requiring facilities certified by ODMHSAS to implement tobacco free workplaces.

COST IMPACTS RECEIVED BY THE AGENCY FROM ANY PRIVATE OR PUBLIC ENTITIES:

Organizations or individuals certified by, under contract with, or subject to certification by ODMHSAS, and the consumers and employees of each.

3. A DESCRIPTION OF THE CLASSES OF PERSONS WHO WILL BENEFIT FROM THE PROPOSED RULE:

Organizations or individuals certified by, under contract with, or subject to certification by ODMHSAS, and the consumers and employees of each.

4. A DESCRIPTION OF THE PROBABLE ECONOMIC IMPACT OF THE PROPOSED RULE UPON THE AFFECTED CLASSES OF PERSONS OR POLITICAL SUBDIVISIONS, INCLUDING A LISTING OF ALL FEE CHANGES AND, WHENEVER POSSIBLE, AND A SEPARATE JUSTIFICATION FOR EACH FEE CHANGE:

ODMHSAS does not anticipate an economic impact on any affected classes of persons or political subdivisions that meet minimum certification standards as currently required by this Chapter.

5. THE PROBABLY COSTS AND BENEFITS TO THE AGENCY AND TO ANY OTHER AGENCY OF THE IMPLEMENTATION AND ENFORCEMENT OF THE PROPOSED RULE, THE SOURCE OF REVENUE TO BE USED FOR IMPLEMENTATION AND ENFORCEMENT OF THE PROPOSED RULE, AND ANY ANTICIPATED EFFECT ON STATE REVENUES, INCLUDING A PROJECTED NET LOSS OR GAIN IN SUCH REVENUE IF IT CAN BE PROJECTED BY THE AGENCY:

The Department has determined that there is no probable cost to ODMHSAS or other agencies expected as a result of the proposed rules nor is there an anticipated effect on State revenues.

6. A DETERMINATION OF WHETHER IMPLEMENTATION OF THE PROPOSED RULE WILL HAVE AN ECONOMIC IMPACT ON ANY POLITICAL SUBDIVISIONS OR REQUIRE THEIR COOPERATION IN IMPLEMENTING OR ENFORCING THE RULE:

ODMHSAS does not anticipate these rules will have an economic impact upon any political subdivision, or require their cooperation to implement or enforce the proposed rule revision.

7. A DETERMINATION OF WHETHER IMPLEMENTATION OF THE PROPOSED RULE WILL HAVE AN ADVERSE EFFECT ON SMALL BUSINESS AS
PROVIDED BY THE OKLAHOMA SMALL BUSINESS REGULATORY FLEXIBILITY ACT:

ODMHSAS has determined these rule revisions will not have an adverse economic impact on small businesses that meet minimum certification standards as currently required by this Chapter.

8. AN EXPLANATION OF THE MEASURES THE AGENCY HAS TAKEN TO MINIMIZE COMPLIANCE COSTS AND A DETERMINATION OF WHETHER THERE ARE LESS COSTLY OR NON-REGULATORY METHODS OR LESS INTRUSIVE METHODS FOR ACHIEVING THE PURPOSE OF THE PROPOSED RULE:

Throughout the year ODMHSAS staff evaluate internal processes and amend those processes and rules according to identified needs. ODMHSAS considers these revisions the least burdensome and intrusive method in streamlining these processes and accomplishing statutory compliance.


ODMHSAS anticipates the proposed revisions to rules will enhance the quality of services for clients receiving care in Community Mental Health Centers.

10. A DETERMINATION OF ANY DETRIMENTAL EFFECT ON THE PUBLIC HEALTH, SAFETY AND ENVIRONMENT IF THE PROPOSED RULE IS NOT IMPLEMENTED.

ODMHSAS does not anticipate any detrimental effects on the public health, safety, or environment if the proposed rule is not implemented.

DATE PREPARED:
January 16, 2017

TITLE 450. OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
CHAPTER 17. STANDARDS AND CRITERIA FOR COMMUNITY MENTAL HEALTH CENTERS
SUBCHAPTER 1. GENERAL PROVISIONS

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.

"Advance 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. Advance 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 Association
"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 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 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 credentialed by ODMHSAS as a Behavioral Health Aide or higher and complete training in Well Power or credentialed as a Wellness Coach through ODMHSAS.

"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 an individual holding a valid NCGC I or II certification or has documented completion of at least thirty hours of ODMHSAS recognized core problem gambling training requirements and documented completion of ten hours of problem gambling specific continuing education every twelve months; and is either a Licensed Behavioral Health Professional or Licensure Candidate.

"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 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).

"Licensure candidate" means practitioners 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:
(A) Psychology;
(B) Social Work (clinical specialty only);
(C) Professional Counselor;
(D) Marriage and Family Therapist;
(E) Behavioral Practitioner; or
(F) Alcohol and Drug Counselor.

"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 an allopathic physician or an osteopathic physician who
is a graduate of a school of medicine or college of osteopathic medicine 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 allopathic physician, osteopathic physician, Advance 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.

"Tobacco" means any nicotine delivery product or device that is not approved by the U.S. Food and Drug Administration (FDA) for the purpose of nicotine dependence treatment, including, but not limited to cigarettes, cigars, snuff, chewing tobacco, electronic cigarettes and vaping devices.

"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.

"Wellness Coach" means an individual who is actively working on personal wellness and who is designated to collaborate with others to identify their personal strengths and goals within the eight dimensions of wellness (spiritual, occupational, intellectual, social, physical, environmental, financial, and emotional).

1) In order to qualify to be a Wellness Coach, individuals shall:
   (A) Have a behavioral health related associates degree or two years of experience in the field and/or have an active certification and/or license within the behavioral health field (e.g. PRSS, Case Management, LBHP, LPN, etc.); and
   (B) Complete the ODMHSAS Wellness Coach Training Program and pass the examination with a score of 80% or better.

2) Wellness Coach roles and responsibilities include:
   (A) Role model wellness behaviors and actively work on personal wellness goals;
   (B) Apply principles and processes of coaching when collaborating with others;
   (C) Facilitate wellness groups;
   (D) Conduct motivational interventions;
   (E) Practice motivational interviewing techniques;
   (F) Provide referrals to community resources for nutrition education, weight management, Oklahoma Tobacco Helpline, and other wellness-related services and resources;
   (G) Create partnerships within local community to enhance consumer access to resources that support wellness goals;
   (H) Raise awareness of wellness initiatives through educational in-service and community training;
   (I) Elevate the importance of wellness initiatives within the organization;
   (J) Promote a culture of wellness within the organization for both consumers and staff;
   (K) Respect the scope of practice and do not practice outside of it, referring people to appropriate professionals and paraprofessionals as needed.

"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.

SUBCHAPTER 3. REQUIRED SERVICES

PART 1. REQUIRED SERVICES

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

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, include screening of whether the consumer is a risk to self or others, including suicide risk factors, as well as maximize recognition of the prevalence of co-occurring disorders among those who typically present for services at a Community Mental Health Center.
(b) Upon determination of appropriate admission, consumer 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 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.
PART 11. CASE MANAGEMENT

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 disorder treatment.

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

(1) Regular visits or communication with the psychiatric inpatient unit, CBCSC, and/or substance abuse disorder treatment facility to monitor progress of those consumers hospitalized and/or in facility-based substance abuse disorder treatment from the CMHC’s service area.

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

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

(d) Individuals discharging from an inpatient psychiatric unit setting, CBCSC, and/or substance abuse disorder treatment facility shall be offered case management and other supportive services. This shall occur as soon as possible, but shall be offered no later than one (1) week post-discharge.
(e) Compliance with 450:17-3-103 shall be determined by a review of the following: clinical records; staff interviews; information from ODMHSAS operated psychiatric inpatient unit; CBCSC facilities, substance abuse disorder treatment facilities; meetings minutes (CMHC or state-operated psychiatric inpatient unit); and a review of a minimum of ten (10) clinical records of consumers who received services at an inpatient unit, CBSS, and/or 24-hour setting providing substance abuse disorder treatment within the past twelve (12) months.

SUBCHAPTER 5. OPTIONAL SERVICES

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 disorder services on both emergency and routine bases;
   (3) Daily living, social and occupational evaluation and progress planning;
   (4) Daily living and social skills training;
   (5) Occupational and vocational training;
   (6) Assistance to residents in locating appropriate alternative living arrangements as clinically indicated or requested by resident or as part of program completion or graduation;
   (7) A mechanism for orientation and education of new residents, which shall include, at least:
      (A) Emergency procedures including fire, health and safety procedures;
      (B) Resident rights and responsibilities; and
      (C) Program expectations and rules; 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.

PART 25. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

450:17-5-173. Staffing; Treatment team
(a) The treatment team includes the consumer, the family/caregiver of child consumers, the adult consumer's family to the extent the consumer does not object, and any other person the consumer chooses. Each facility shall maintain a core staff comprised of employed and, as needed, contracted staff, as appropriate to the needs of consumers as stated in the consumer's individual service plan and shall, at a minimum, include the following positions:
   (1) Licensed Psychiatric Consultant;
   (2) Licensed Nurse Care Manager (RN or LPN);
   (3) Consulting Primary Care Physician, Advance Practice Registered Nurse, or Physician Assistant;
   (4) Licensed Behavioral Health Professional or Licensure Candidate;
   (5) Certified Behavioral Health Case Manager I or II;
   (6) Certified Peer Support Specialist; and
   (7) Family Support Provider for child consumers;
   (8) Behavioral Health Aide for child consumers; and
   (9) Wellness Coach.

(b) Compliance with this Section shall be determined by a review of personnel files and privileging documents.

450:17-5-174. Staff Training
(a) In addition to the requirements found in 450:17-21-3, in-service presentations shall be conducted upon hire/contracting and each calendar year thereafter for all CCBHC employees on the following topics:
   (1) Person/Family-centered, recovery oriented, evidence-based and trauma-informed care;
   (2) Primary care/behavioral health integration;
(3) Risk assessment, suicide prevention and suicide response; and
(4) Roles of families and peers; and
(5) Crisis response and management.

(b) The facility shall assess the skills and competence of each individual furnishing services and, as necessary, provide in-service training and education programs. The facility will have written policies and procedures describing its method(s) of assessing competency and maintains a written accounting of the in-service training provided during the previous 12 months.

(c) Individuals providing staff training must be qualified as evidenced by their education, training and experience.

(d) The training curriculum for (a) must be approved by the ODMHSAS commissioner or designee in writing prior to conducting of any training pursuant to this provision.

(d)(e) Compliance with this Section shall be determined by a review of policies and procedures and personnel records.

450:17-5-176. Availability and accessibility of services

(a) The BHHCCBHC must have policies and procedures to describe how outreach and engagement activities will occur to assist consumers and families to access benefits and formal or informal services to address behavioral health conditions and needs.

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

(c) To the extent possible, the facility should make reasonable efforts to provide transportation or transportation vouchers for consumers to access services provided or arranged for by the facility.

(d) To the extent allowed by state law, facility will make services available via telemedicine in order to ensure consumers have access to all required services.

(e) The facility will ensure that no individuals are denied services, including but not limited to crisis management services, because of an individual's inability to pay and that any fees or payments required by the clinic for such services will be reduced or waived to enable the facility to fulfill this assurance. The Facility will have a published sliding fee discount schedule(s) that includes all services offered.

(f) The facility will ensure no individual is denied behavioral healthcare services because of place of residence or homelessness or lack of a permanent address. Facility will have protocols addressing the needs of consumers who do not live within the facility's service area. At a minimum, facility is responsible for providing crisis response, evaluation, and stabilization services regardless of the consumer's place of residence and shall have policies and procedures for addressing the management of the consumer's ongoing treatment needs.

(g) Compliance with this Section shall be determined by a review of policies, consumer records and facility fee schedule.

450:17-5-178. Initial screening, assessment and comprehensive evaluation

(a) The facility will directly provide screening, assessment and diagnosis, including risk assessment, for behavioral health conditions. The facility must determine the extent to which each consumer's needs and preferences can be adequately addressed within the array of required services.
(b) For new consumers requesting or being referred for behavioral health services, an integrated screening approach in accordance with OAC 450:17-3-21 will be used to determine the consumer's acuity of needs. The facility shall use standardized and validated screening and assessment tools, and where appropriate, brief motivational interviewing techniques.

(1) If the screening identifies an emergency/crisis need, the facility will take appropriate action immediately, including any necessary subsequent outpatient follow-up.

(2) If the screening identifies an urgent need, clinical services are provided and the initial evaluation completed within one business day of the time the request is made. An urgent need is one that if not addressed immediately could result in the person becoming a danger to self or others, or could cause a health risk.

(3) If screening identifies unsafe substance use including problematic alcohol or other substance use, the facility will conduct a brief intervention and the consumer is provided or referred for and successfully linked with a full assessment and treatment, if applicable.

(4) If the screening identifies routine needs, services will be provided and the initial evaluation completed within 10 business days.

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

(d) 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;

(4) Identification of the consumer's immediate clinical care needs related to the diagnosis for mental and substance use disorders;

(5) An assessment of whether the consumer is a risk to self or to others, including suicide risk factors;

(6) An assessment of whether the consumer has other concerns for their safety;

(7) A screening of need for medical care (with referral and follow up as required);

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

(9) A determination of whether the person presently is or ever has been a member of the US Armed Services.

(e) For consumers presenting with emergency or urgent needs, the initial assessment may be conducted by telemedicine but an in-person assessment is preferred. If the initial assessment is conducted via telemedicine, once the emergency is resolved, the consumer must be seen in person at the next subsequent encounter and the initial assessment reviewed.

(f) Prior to assigning a consumer to a CCBHC intensive level of care, a comprehensive evaluation 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.

(g) The facility must ensure access to the comprehensive evaluation within 60 calendar days of the initial request for services. This requirement does not preclude the provision of treatment during the 60 day period.
(h) The comprehensive assessment must be updated as needed but no less than every six (6) months.
(i) 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.

450:17-5-183. Care coordination
(a) Based on a person and family-centered plan of care and as appropriate, the facility will coordinate care for the consumer across the spectrum of health services, including access to physical health (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person.
(b) The facility must have procedures and agreements in place to facilitate referral for services needed beyond the scope of the facility. At a minimum, the facility will have agreements establishing care coordination expectations with Federally Qualified Health Centers (FQHCs) and, as applicable, Rural Health Centers (RHCs) to provide healthcare services for consumers who are not already served by a primary healthcare provider.
(c) The facility must have procedures and agreements in place establishing care coordination expectations with community or regional services, supports and providers including but not limited to:
   (1) Schools;
   (2) OKDHS child welfare;
   (3) Juvenile and criminal justice agencies;
   (4) Department of Veterans Affairs’ medical center, independent clinic, drop-in center, or other facility of the Department; and
   (5) Indian Health Service regional treatment centers.
(d) The facility will develop contracts or memoranda of understandings (MOUs) with regional hospital(s), Emergency Departments, Psychiatric Residential Treatment Facilities (PRTF), ambulatory and medical detox withdrawal management facilities 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 facility for consumers who have been hospitalized or placed in other non-community settings, such as psychiatric residential treatment facilities. The facility will make and document reasonable attempts to contact all consumers who are discharged from these settings within 24
hours of discharge.
(2) The facility will collaborate with all parties involved including the discharging/admitting 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 facility will document transitional care provided in the clinical records.
(e) Care coordination activities will be carried out in keeping with the consumer's preferences and needs for care, to the extent possible and in accordance with the consumer's expressed preferences, with the consumer's family/caregiver and other supports identified by the consumer. The facility will work with the consumer in developing a crisis plan with each consumer, such as a Psychiatric Advanced Directive or Wellness Recovery Action Plan.
(f) Referral documents and releases of information shall comply with applicable privacy and consumer consent requirements.
(g) Compliance with this Section will be determined by on-site observation, review of organizational documents, contracts, MOUs, and clinical records.

450:17-5-184. Crisis services
(a) The Facility shall make crisis management services available through clearly defined arrangements, for behavioral health emergencies during hours when the facility is closed. The Facility will also provide crisis management services that are available and accessible 24 hours a day and delivered within three hours from the time services are requested.
(b) Facility will make available, either directly or through a qualified DCO, the following co-occurring capable services:
   (1) 24 hour mobile crisis teams;
   (2) Emergency crisis intervention services; and
   (3) Crisis stabilization.
(c) Crisis services must include suicide crisis response and services capable of addressing crises related to substance abuse disorder and intoxication, including ambulatory and medical detoxification withdrawal management.
(d) Facility will have an established protocol specifying the role of law enforcement during the provision of crisis services.
(e) Compliance with this Section shall be determined by facility policies and clinical records.

450:17-5-190. Electronic health records and data sharing
(a) The facility 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 facility 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) It is the facility's responsibility to arrange for access to any consumer data from a participating DCO as legally permissible upon creation of the relationship with the DCO and to ensure adequate consent as appropriate and that releases of information are obtained for each affected consumer.
(d) 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.
(e) Compliance with (b) will be determined by on-site observation, review of policy, MOUs, clinical records, information available through an approved information system documenting that facility's 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.

450:17-5-191. Consumer (Patient Care) Registries and Population Health Management
(a) The facility 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) Facility must have descriptions of programs in place to demonstrate how it encourages healthier lifestyles for consumers, including increased physical activity, better nutrition, avoidance of behavioral risks, and wider use of preventive care.
(c) The facility 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 facility 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.

SUBCHAPTER 7. FACILITY CLINICAL RECORDS

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 assisted to identify goals, how the consumer received integrated screening to identify both immediate and
ongoing needs and how the consumer was assisted to determine appropriateness of admission, and/or to access other appropriate services.
(c) Upon determination of appropriate admission, consumer demographic information shall be collected.
(d) All programs shall complete a psychological-social assessment which gathers sufficient information to assist the consumer in developing an individualized service plan.
(e) The CMHC shall have policy and procedures that stipulate content required for items (c) and (d).
(f) An 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.

450:17-7-9. 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 screening and assessment, updated when required by virtue of new information, and kept in a highly visible location in or on the record.
(d) Compliance with 450:17-7-9 shall be determined by a review of medication records and clinical records.

SUBCHAPTER 15. PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT

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).
450:17-15-5. 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.
   (3) Sentinel events shall have a root cause analysis completed no later than 30 days after the event occurred with a copy of the completed report sent to ODMHSAS.
(d) Compliance with 450:17-15-5 shall be determined by a review of facility policy and procedures; critical incident reports at the facility and those submitted to ODMHSAS, performance improvement program documents and reports, and staff interviews.

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. Fire alarm systems shall
have visual signals suitable for the deaf and hearing-impaired.
(c) There shall be posted written plans and diagrams noting emergency evacuation routes in case of fire, and shelter locations in case of severe weather.
(d) Facility grounds shall be maintained in a manner to provide a safe environment for consumers, personnel, and visitors.
(e) The director of the CMHC or designee shall the 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.

450:17-23-3. Tobacco-Free Campus
(a) The CMHC shall provide a tobacco-free campus for its employees, consumers and visitors. Possession and use of any tobacco product is prohibited on the grounds of the CMHC by employees, consumers, volunteers and visitors.
(b) Facility will visibly post signs on the property notifying consumers, employees and visitors that the visible possession and use of tobacco products is prohibited.
(c) CMHC employees shall not share tobacco or tobacco replacement products with consumers.
(d) The CMHC shall offer assistance to employees who are tobacco users while he or she is employed by the CMHC. The assistance shall include, but is not limited to, the provision of information on the health impact of continued tobacco use; the integrated assessment of consumer's tobacco use into standard practice; referrals to tobacco cessation programs such as the Oklahoma Tobacco Helpline; the provision of or access to FDA-approved prescription and/or non-prescription medications for the treatment of nicotine dependence when available; the delivery of evidence-based behavioral interventions for tobacco use cessation by counselors and other clinicians; and provision of appropriate follow-up to facilitate cessation intervention and prevent relapse.
(e) The CMHC shall always inquire of the consumers' tobacco use status and be prepared to offer treatment upon request of the consumer.
(f) Compliance with this Section shall be determined by visual observation; posted signs; consumer and staff interviews; and a review of the CMHC's policy, procedures and other supporting documentation provided.