

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, Gretchen Geis, at GGeis@odmhsas.org.

ODMHSAS COMMENT DUE DATE: February 19, 2014

The proposed policy is a PERMANENT Rule. This proposal is scheduled to be presented for public comment during a public hearing on February 21, 2014 and to the ODMHSAS Board of Directors for adoption on March 28, 2014.

Reference #: 24-2014

SUMMARY:

Proposed revisions to Chapter 24 include changes to terminology based on recent updates to the Diagnostic and Statistical Manual of Mental Disorders (DSM) as well as to incorporate new certification standards and criteria related to the use of technology. Proposed revisions also eliminate details for levels of care and instead are cross referenced to Chapter 18 as applicable. Revisions also identify certification standards that are so critical to the operation of the entity that failure to meet the identified standards would be grounds for immediate suspension, denial or revocation of certification.

LEGAL AUTHORITY

Oklahoma Department of Mental Health and Substance Abuse Services Board; 43A O.S. §§ 3-415.

RULE IMPACT STATEMENT

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

A. Brief description of the purpose of the rule:

Proposed revisions to Chapter 24 include changes to terminology based on recent updates to the Diagnostic and Statistical Manual of Mental Disorders (DSM) as well as to incorporate new certification standards and criteria related to the use of technology. Proposed revisions also eliminate details for levels of care and instead are cross referenced to Chapter 18 as applicable. Revisions also identify certification standards that are so critical to the operation of the entity that failure to meet the identified standards would be grounds for immediate suspension, denial or revocation of certification.

B. A description of the classes of persons who most likely will be affected by the proposed rule, including classes that will bear the cost of the proposed rule, and any information on 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.

C. 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.

- D. 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.

- E. The probable 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:**

ODMHSAS has determined implementation of these rules will benefit those affected parties by clarifying and enhancing certification and contracting processes.

- F. 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.

- G. 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 the minimum certification standards as currently required by this Chapter.

- H. 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.

- I. A determination of the effect of the proposed rule on the public health, safety and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety and environment, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk.**

ODMHSAS anticipates these rule revisions will enhance the ability to provide behavioral health treatment by clarifying certification requirements and contracting expectations and ensuring an efficient response to specific treatment issues.

J. A determination of any detrimental effect on the public health, safety and environment if the proposed rule is not implemented.

The proposed amendments are anticipated to refine the certification and/or contracting processes for behavioral health and to establish a means for the Department to quickly respond to consumer treatment issues via certification and/or contracting processes.

K. The date the rule impact statement was prepared and if modified, the date modified:

January 7, 2014

RULE TEXT

**TITLE 450. OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
CHAPTER 24. STANDARDS AND CRITERIA FOR COMPREHENSIVE COMMUNITY ADDICTION RECOVERY
CENTERS**

SUBCHAPTER 1. GENERAL PROVISIONS

450:24-1-2. Definitions

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

"Ambulatory Detoxification without extended on-site monitoring" means detoxification within an outpatient setting, directed by a physician and has attendant medical personnel including nurses for intoxicated consumers, and consumers withdrawing from alcohol and other drugs, presenting with no apparent medical or neurological symptoms as a result of their use of substances require ambulatory detoxification as determined by an examining physician. This corresponds to ASAM ~~Patient Placement Criteria~~ Treatment Level: Level I-D Ambulatory detoxification without extended on-site monitoring.

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

"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.

"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.

"Comprehensive Community Addiction Recovery Center" or **"CCARC"** means a facility offering a comprehensive array of community-based substance ~~abuse~~ use disorder treatment services, including but not limited to, outpatient services, Intensive outpatient services, ambulatory detoxification services, emergency care, consultation and education; and , certain services at the option of the center, including but not limited to, prescreening, rehabilitative services, aftercare, training programs, research and evaluation.

"Community-based Structured Crisis Center" or **"CBSCC"** means a program of non-hospital emergency services for mental health and substance ~~abuse~~ use disorder 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~~ use disorder treatment services. This service is limited to CCARC's 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.

"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

"Co-occurring disorder" (COD) means any combination of mental health symptoms and substance ~~abuse~~ 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 ~~abuse~~ 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.

"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.

"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 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.

(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.

"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.

"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.

"Intensive outpatient services" means an organized, non-residential outpatient treatment services with scheduled sessions that provide a range of nine (9) to fifteen (15) treatment hours per week for adults or six (6) to twelve (12) treatment hours per week for children. Intensive outpatient services may offer evening outpatient services several nights per week or be incorporated into an inpatient or residential treatment program in which the consumer participates in daytime treatment services but goes home at night. This corresponds to ASAM patient Placement Criteria Treatment Level: Level II.1 Intensive outpatient.

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

"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; or

(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 therapy 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 CCARC and other providers.

"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.

"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.

"Outpatient services" means an organized, non-residential treatment service in regularly scheduled session intended for individuals not requiring a more intensive level of care or those who require continuing services following more intensive treatment regimens. This corresponds to ASAM ~~Patient Placement Criteria~~ criteria Treatment Level I, Outpatient Treatment. Services can address early intervention needs and increase in frequency and intensity up to 9 treatment hours per week.

"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.

"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.

~~**"Recovery Support Specialist" or "RSS"** means an individual who has completed the ODMHSAS RSS training and has passed the ODMHSAS RSS exam.~~

"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.

"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~~ abuse disorder treatment services [43A O.S. §3-302(1)].

"**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.

"**Substance withdrawal**" means a state of being in which a group of symptoms of variable clustering and degree of severity occur on cessation or reduction of use of a psychoactive substance that has been taken repeatedly, usually for a prolonged period and/or in high doses. The syndrome may be accompanied by signs of physiological disturbance. Onset and course of the withdrawal state are time-limited and are related to the type of substance and the dose being used immediately before abstinence.

"**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.

"**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

SUBCHAPTER 3. REQUIRED SERVICES

PART 1. CCARC REQUIRED CORE SERVICES

450:24-3-2. Core community addiction recovery services

- (a) All services required pursuant to the rule in OAC 450:24 shall provide in accordance with criteria established by the most current edition of the ASAM PPCcriteria as applicable to that specific service.
- (b) Each CCARC shall provide the following services:
 - (1) Screening intake and referral services;
 - (2) Emergency services;
 - (3) Outpatient services based on ASAM PPCcriteria;
 - (4) Intensive Outpatient services based on the ASAM PPCcriteria
 - (5) Case management services;
 - (6) Rehabilitation services;
 - (7) Medication clinic services;
 - (8) Facilitation to medical detoxification services based on the ASAM PPCcriteria;
 - (9) Facilitation to residential substance ~~abuse~~use disorder treatment based on the ASAM PPCcriteria;
 - (10) Service to homeless individuals;
 - (11) Peer Recovery Support Services, and
 - (12) Wellness Activities and Support.
 - (13) Ambulatory Detoxification (Adults only) based on ASAM PPCcriteria.
- (c) Compliance with 450:24-3-2 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 5. EMERGENCY SERVICES

450:24-3-41. Emergency services

- (a) CCARCs shall provide, on a twenty-four (24) hour basis, accessible co-occurring disorder capable services for substance ~~abuse~~use disorder related emergencies.
- (b) This service shall include the following:
 - (1) 24-hour assessment and evaluation, including crisis intervention, characterized by welcoming engagement of all individuals and families;
 - (2) Availability of referral to 24-hour medical detoxification, residential treatment, and half-way house services;
 - (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) CCARC's serving multiple counties shall provide or arrange for on-site assessment of persons taken into protective custody [43A O.S. § 5-206 et seq.] for substance ~~abuse~~use disorder related emergencies in each county;
 - (6) The CCARC'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 substance ~~abuse~~use disorder and/or co-occurring issues which include a description

of the client's strengths in managing substance ~~abuse~~ use disorder 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 mental health symptoms or designated substance levels.

(c) Compliance with 450:24-3-41 shall be determined by a review of policy and procedures, and clinical records.

450:24-3-42. Emergency Crisis Intervention

(a) The CCARC shall provide or otherwise ensure the capacity for performing emergency assessment of substance ~~abuse~~ use disorder related crisis. This capacity must be available 24 hours per day, seven days a week.

(b) Compliance with 450:24-3-42 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 450:24-3-42 will result in the initiation of procedures to deny, suspend and/or revoke certification.

450:24-3-43. Crisis Intervention, staffing

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

(b) Compliance with 450:24-3-43 shall be determined by a review of clinical privileging records and personnel records.

(c) Failure to comply with 450:24-3-43 will result in the initiation of procedures to deny, suspend and/or revoke certification.

PART 7. AMBULATORY DETOXIFICATION SERVICES

450:24-3-61. Ambulatory detoxification services without extended on-site monitoring services

~~(a)~~ Ambulatory detoxification shall be provided outside a medical facility in an outpatient setting, but under the direction of a licensed physician for consumers who are withdrawing or are intoxicated from alcohol or other drugs.

(1) Presenting consumers shall be assessed as currently experiencing no apparent medical or neurological symptoms as a result of their substance use that would require a higher level of care using the ASAM ~~PPC~~ criteria.

(2) Treatment services: Services shall occur daily (seven [7] days a week during hours of operation). Substance ~~abuse~~ use disorder ambulatory detoxification treatment services shall be provided which shall include, but are not limited to, oral intake of fluids, food if indicated, taking of vital signs (temperature, pulse, respiration rate, blood pressure), documentation of fluid and food intake a minimum of one (1) time per visit or more often as indicated by the consumer's condition.

450:24-3-65. Ambulatory detoxification without extended on-site monitoring, substance ~~abuse~~ use disorder, co-occurring

(a) Facilities shall provide co-occurring disorder capable intensive ambulatory detoxification without extended on-site monitoring treatment 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 450:24-6-0 shall be determined by a review of the following: written policy and procedures; consumer records; and other supporting facility records and documentation.

PART 9. OUTPATIENT ~~COUNSELING~~TREATMENT SERVICES

450:24-3-81. Outpatient ~~therapy~~treatment services

(a) Outpatient services shall be determined as necessary using the ASAM ~~PPC~~PPC criteria and shall include a range of 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) Rehabilitation services;
- (5) Case management services;
- (6) Peer recovery support services; and
- (7) Wellness services and related activities.

(b) Compliance with 450:24-3-81 shall be determined by a review of written policy and procedures; clinical records; and data reported by facilities.

450:24-3-82. Outpatient ~~therapy~~treatment services, substance ~~abuse~~use disorder, co-occurring

(a) Facilities shall provide co-occurring disorder capable outpatient substance ~~abuse~~use disorder ~~therapy~~treatment 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 450:24-3-82 shall be determined by a review of the following: written policy and procedures; consumer records; and other supporting facility records and documentation.

PART 11. INTENSIVE OUTPATIENT SERVICES

450:24-3-101. Intensive outpatient treatment services

(a) Intensive outpatient services shall be determined as necessary using the ASAM ~~PPC~~criteria and shall include a range of nine (9) to fifteen (15) treatment services per week for adults or six (6) to twelve (12) treatment hours per week for children based on their needs regarding emotional, social and behavioral problems. These intensive outpatient services shall be provided or arranged for, and should include, but not be limited to the following:

- (1) Individual therapy;
- (2) Group therapy;
- (3) Family therapy;
- (4) Rehabilitation services;
- (5) Case management services;
- (6) Peer recovery support services; and
- (7) Wellness services and related activities.

(b) Compliance with 450:24-3-101 shall be determined by a review of written policy and procedures; clinical records; and data reported by facilities.

450:24-3-102. Intensive outpatient treatment services, substance ~~abuse~~use disorder, co-occurring

(a) Facilities shall provide co-occurring disorder capable intensive outpatient substance ~~abuse~~use disorder treatment 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 450:24-3-62 shall be determined by a review of the following: written policy and procedures; consumer records; and other supporting facility records and documentation.

PART 15. CASE MANAGEMENT

450:24-3-141. 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 are receiving services and, to each child (or their parent/guardian).

(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 financial needs;

(E) Consumer's legal needs;

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

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

~~(F)~~(H) Consumer's medical and health status;

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

~~(H)~~(J) 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 450:24-3-141 shall be determined by on-site observation and a review of the following: clinical records, and written policy and procedures.

450:24-3-143. Case management services for consumers admitted to higher levels of care

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

(b) Each CCARC shall assign at least one (1) staff member who is responsible for linkage between CBCSCs, detoxification center and/or the residential substance ~~abuse~~use disorder treatment facility and the CCARC. 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 CBCSC, detoxification setting, and/or residential substance ~~abuse~~use disorder treatment facility to monitor progress of those consumers in a CBCSC, detoxification setting and/or in facility-based substance ~~abuse~~use disorder treatment from the CCARC's service area.

- (2) Provide knowledge and communication to other CCARC staff regarding CBCSC, detoxification setting, and/or residential substance ~~abuse~~use disorder treatment facility and discharge procedures.
- (c) Case managers from the CCARC to which the consumer will be discharged shall assist the consumer and unit, CBCSC, and/or substance ~~abuse~~use disorder treatment facility with discharge planning for consumers returning to the community.
- (d) Individuals discharging from an inpatient setting, CBCSC, and/or substance ~~abuse~~use disorder treatment facility shall be offered case management and other supportive services. This shall occur as soon as possible, but shall be offered no later than one (1) week post-discharge.
- (e) Compliance with 450:24-3-143 shall be determined by a review of the following: clinical records; staff interviews; information from ODMHSAS operated psychiatric inpatient unit; CBCSC facilities, substance ~~abuse~~use disorder treatment facilities; meetings minutes (CCARC 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 450-hour setting providing substance ~~abuse~~use disorder treatment within the past twelve (12) months.

450:24-3-144. Case management services, staff credentials

- (a) Individuals providing case management services shall be an 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 450:24-3-144 shall be determined by a review of the facility personnel records and credentialing files.

PART 21. PEER RECOVERY SUPPORT SERVICES

450:24-3-201. Peer recovery support services

- (a) Peer recovery support services are provided as a program integrated within the overall structure of Comprehensive Community Addiction Center services and must be offered to children ages 16 and 17, and adults age 18 and older with addiction disorders, including co-occurring disorders.
- (b) Peer recovery support services may be offered to other consumers of the CCARC 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 residential treatment or other institutional settings;
 - (4) Have written policies specific to these services; and,
 - (5) Be provided by certified Peer Recovery Support Specialist(s) as defined by 450:24-3-202.
- (d) Each CCARC shall have in place provisions for direct supervision and other supports for staff providing this service.
- (e) Compliance with 450:24-3-201 shall be determined by a review of the following: documentation of linkage activities and agreements; clinical records; reporting data; and, CCARC policy and procedures.

450:24-3-202. Peer Recovery Support Specialists staff requirements

(a) ~~Peer Recovery Support Services shall be provided only by staff who have completed the ODMHSAS RSS training and have passed the ODMHSAS RSS exam. Peer Recovery Support Specialists meeting the requirements and certified pursuant to OAC 450:53.~~

(b) Each CCARC shall document and maintain records to verify compliance with training and testing requirements of each provider of this service.

(c) Compliance for 450:24-3-202 shall be determined by a review of the facility personnel records and ODMHSAS files.

450:24-3-203. 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 450:24-3-203 shall be determined by a review of the agency policy and procedures, data reporting system, consumer records, consumer interviews, and observation.

SUBCHAPTER 5. OPTIONAL SERVICES

PART 2. MEDICALLY-SUPERVISED AND NON-MEDICAL DETOXIFICATION

450:24-5-11. Medically-supervised detoxification

If provided, Medically-supervised detoxification shall be provided pursuant to OAC 450:18-13-61 through 18-13-63.

450:24-5-13. Non-medical detoxification

If provided, non-medical detoxification shall be provided pursuant to OAC 450:18-13-81 through 18-13-83.

PART 3. RESIDENTIAL TREATMENT

450:24-5-21. Residential treatment for adults

~~(a) Substance abuse treatment in a residential setting shall provide a planned regimen of twenty four (24) hour professionally directed evaluation, care, and treatment in a permanent program location. Consumers shall participate in at least twenty four (24) treatment hours of substance abuseuse disorder services per week. The facility shall provide beds, food service, and a safe, welcoming, and culturally/age appropriate environment.~~

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

~~(1) Support system:~~

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

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

~~(C) The facility shall maintain written policies and procedures for the handling of clinical issues during times in which clinical staff are not at the facility.~~

~~(2) Staff:~~

- ~~(A) The facility shall maintain documentation that service providers are knowledgeable regarding the biopsychosocial dimensions of substance abuse, evidenced-based practices, cultural, age, and gender specific issues, and co-occurring disorder issues.~~
 - ~~(B) Staff shall be at least eighteen (18) years of age.~~
 - ~~(C) The facility shall document in personnel records all education, training, and experience stated above prior to the provision of direct care services.~~
 - ~~(D) The facility shall have staff members on site twenty-four (24) hours per day, seven (7) days per week.~~
 - ~~(3) Treatment services: Daily (twenty-four [24] hours a day, seven [7] days a week) substance abuse treatment services shall be provided to assess and address individual needs of each consumer. Services shall include, but are not limited to, therapy, rehabilitation services, educational groups, case management services, and crisis intervention.~~
 - ~~(4) Treatment documentation:~~
 - ~~(A) Consumer records shall contain progress notes which outline any issues related to treatment and services provided. Progress notes shall document treatment services in a weekly summary to include the following:
 - ~~(i) Date;~~
 - ~~(ii) Specific problems, goals, and objectives addressed;~~
 - ~~(iii) Summary of progress made toward goals and objectives, or lack of;~~
 - ~~(iv) Consumer response to overall treatment services;~~
 - ~~(v) Total number of treatment hours and types of services attended for the week;~~
 - ~~(vi) Any new problems, goals, or objectives identified during the week;~~
 - ~~(vii) List of all service providers providing treatment hours;~~
 - ~~(viii) Signature and credentials of the service provider completing the documentation; and~~
 - ~~(ix) Consumer's name.~~~~
 - ~~(B) Documentation shall reflect each consumer has received a minimum of twenty four (24) hours of treatment services each week, including treatment services required in 24-5-21(b)(3), in addition to life skills, recreational, and self-help supportive meetings.~~
 - ~~(5) The program provides documentation of the following community living components:
 - ~~(A) A written daily schedule of activities.~~
 - ~~(B) Quarterly meetings between consumers and the program personnel.~~
 - ~~(C) Recreational activities to be utilized on personal time.~~
 - ~~(D) Personal space for privacy.~~
 - ~~(E) Security of consumer's property.~~
 - ~~(F) A clean, inviting, and comfortable setting.~~
 - ~~(G) Evidence of individual possessions and decorations.~~
 - ~~(H) Daily access to nutritious meals and snacks.~~
 - ~~(I) Policy addressing separate sleeping areas for the consumers based on:
 - ~~(i) Gender;~~
 - ~~(ii) Age; and~~
 - ~~(iii) Needs.~~~~~~
- ~~(c) Compliance with 450:24-5-21 may be determined by a review of the following:~~
- ~~(1) Licenses;~~
 - ~~(2) Policies and procedures;~~
 - ~~(3) Treatment protocols;~~
 - ~~(4) Personnel record, documentation of professional licensure, or certification or licensure as an alcohol and drug counselor, documentation of professional work experience, and ongoing in-service trainings;~~

- (5) Treatment records; and
- (6) Interviews with staff and consumers.

Facilities providing substance use disorder treatment services for adults in the residential setting must meet the requirements found in Sections 450:18-13-101 through 18-13-103.

PART 5. RESIDENTIAL TREATMENT FOR PERSONS WITH DEPENDENT CHILDREN

450:24-5-41. Residential treatment for persons with dependent children

~~(a) Substance abuse treatment shall be provided in a residential setting offering a planned regimen of twenty four (24) hour professionally directed evaluation, care, and treatment in a permanent setting and under a defined set of policies and procedures. Consumers shall participate in at least twenty-four (24) treatment hours of substance abuse, parenting, and child development services per week for adults [Exception: (1) TANF recipients with Oklahoma Department of Human Services (OKDHS) approved documentation shall participate in least twenty-one (21) hours of treatment; documentation should be reflected in consumer record], and twelve (12) structured hours for children [Exception: (2) unless clinically indicated, structured services may be reduced to six (6) hours per week for children attending school.]~~

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

~~(1) Environment: The facility shall provide family style living arrangements, indoor recreational space for children and families, and safe, protected outdoor recreational and leisure space. The facility shall provide for materials and space appropriate for ages and development of children receiving services. (43A O.S. §3-417). The facility shall provide beds, food service, and a safe, welcoming, and culturally/age appropriate environment.~~

~~(2) Support system:~~

~~(A) A licensed physician shall be available, at least by telephone, twenty four (24) hours per day, seven (7) days per week.~~

~~(B) The facility shall promote and facilitate children's access to the fullest possible range of medical services available such as health screening, well-child health care, screening in speech, language, hearing, and vision, and verify immunization records.~~

~~(C) Access to emergency health care shall be provided as necessary.~~

~~(3) Staff:~~

~~(A) The facility shall maintain documentation that service providers are knowledgeable regarding biopsychsocial dimensions of substance abuse, evidenced based practices, cultural, age and gender specific issues, co-occurring disorder issues and treatment of infants, toddlers, preschool children, and school age children.~~

~~(B) The facility shall document that service providers have training in the following:~~

~~(i) trauma issues, identification of domestic violence, spousal or partner abuse, and child abuse and neglect, with special emphasis on failure to thrive, and sexual abuse of children;~~

~~(ii) child development and age appropriate behaviors;~~

~~(iii) parenting skills appropriate to infants, toddlers, preschool, and school age children; and~~

~~(iv) the impact of substances and substance abuse on parenting and family units.~~

~~(C) The facility shall document that staff working with children shall have ongoing training in the following and demonstrate job appropriate functional comprehension of:~~

~~(i) the impact of prenatal drug and alcohol exposure on child development;~~

~~(ii) the effect of substance abuse on parenting children and families;~~

~~(iii) parenting skills appropriate to infants, toddlers, preschool, and school age children;~~

- (iv) common children's behavioral and developmental problems;
 - (v) appropriate play activities according to developmental stage;
 - (vi) recognition of sexual acting-out behavior; and
 - (vii) the substance abuse recovery process, especially as related to family units.
- (D) ~~The facility shall document that staff are knowledgeable regarding facility required education, and training requirements and policies;~~
- (E) ~~The facility shall have staff on site twenty-four (24) hours a day;~~
- (F) ~~Staff shall be at least eighteen (18) years of age; and~~
- (G) ~~The facility shall document in personnel records, all education, training, and experience stated above prior to the provision of services.~~
- (4) ~~Treatment services:~~
- (A) ~~The facility shall provide (twenty-four [24] hours a day, seven [7] days a week) substance abuse treatment services to assess and address individual needs of each consumer. Treatment services, shall include, but are not limited to, therapy, rehabilitation services, educational groups, case management services, and crisis intervention, parenting, and child development; and~~
 - (B) ~~The facility shall provide treatment services for children ages four (4) to twelve (12) years, including a minimum of twelve (12) structured hours per week for each child (see 450:24-5-41 (a), Exception #2), including, but not limited to, assessment and age appropriate individual, family and group therapy (topics can include, but are not limited to, poor impulse control, anger management, peer interaction, understanding feelings, problem/conflict resolution), education groups (topics can include, but are not limited to, effects of alcohol on the body, roles of the family, safety planning, grief and loss), recreational activities, prevention techniques, and support groups, according to the development of the child. Structured activities do not include time spent watching television and watching videos. Special attention shall be given to the high risk of sexual abuse, sexual acting out by children, suicide risk, and the treatment of toddlers and preschool children; and~~
 - (C) ~~Children's services, excluding infants, shall address the significant issues and needs documented in the child's and/or parent's assessment utilizing both structured and unstructured therapeutic activity. Services shall create and enhance positive self image and feelings of self worth, promote family unity, teach personal body safety, and positive school interactions, and to prevent alcohol, tobacco, and other drug use; and~~
 - (D) ~~Services for infants (ages birth to three [3] years of age) shall include, at a minimum, developmentally appropriate parent-child interactive bonding activities and developmentally appropriate structured activities that promote and nurture the growth and well being of the infant; and~~
 - (E) ~~Case management services for each adult and each child that include assessment of and planning and arranging for recovery needs.~~
- (5) ~~Treatment documentation:~~
- (A) ~~Consumer records shall contain progress notes which outline any issues related to treatment and services provided. Progress notes shall document treatment services in a weekly summary to include the following:~~
 - (i) ~~Date;~~
 - (ii) ~~Specific problems, goals and objectives addressed;~~
 - (iii) ~~Summary of progress made toward goals and objectives, or lack of;~~
 - (iv) ~~Consumer response to overall treatment services;~~
 - (v) ~~Total number of treatment hours and types of services attended for the week;~~
 - (vi) ~~Any new problems, goals, or objectives identified during the week;~~

- (vii) List of all service providers providing treatment hours;
 - (viii) Signature and credentials of the service provider completing the documentation; and
 - (ix) Consumer's name.
- (B) Documentation shall reflect that each adult consumer has received a minimum of twenty-four (24) hours of treatment services each week, unless the woman is pregnant and the consumer record contains physician-approved permission for less than twenty-four (24) hours of service, or as permitted in 450:24-5-41 (a), Exception #1. Should the consumer be unable to participate in twenty-four (24) treatment hours for two (2) or more weeks, a review of appropriate placement shall be conducted weekly and documented by the executive director of the facility; and shall include observations of parent and child interactions, especially those indicative of therapeutic need or progress.
- (C) Documentation shall reflect each child has received a minimum of twelve(12) structured hours of service each week addressing needs and issues documented in either, or both, the child's or parent's assessments; the child's response to those services; and an assessment and planning of recovery needs. Exception: As few as six (6) hours each week as permitted by 450:24-5-41(a).
- (6) The program provides documentation of the following community living components:
- (A) A written daily schedule of activities.
 - (B) Quarterly meetings between consumer and the program personnel.
 - (C) Recreational activities to be utilized on personal time.
 - (D) Personal space for privacy.
 - (E) Security of consumer's property.
 - (F) A clean, inviting, and comfortable setting.
 - (G) Evidence of individual possessions and decorations.
 - (H) Daily access to nutritious meals and snacks.
 - (I) Policy addressing separate sleeping areas for the consumers based on:
 - (i) Gender;
 - (ii) Age; and
 - (iii) Needs.
- (c) Compliance with 450:24-5-41 may be determined by a review of the following:
- (1) Licenses;
 - (2) Policies and procedures;
 - (3) Treatment protocols;
 - (4) Personnel record, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service trainings;
 - (5) Records;
 - (6) Interviews with staff; and
 - (7) Other facility documentation.

Facilities providing substance use disorder treatment services for persons with dependent children in the residential setting must meet the requirements found in Sections 450:18-13-121 through 18-13-123.

PART 7. RESIDENTIAL TREATMENT FOR ADULTS WITH CO-OCCURRING DISORDERS

~~450:24-5-61. Adult residential treatment for consumers with co-occurring disorders~~

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

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

~~(1) Support system:~~

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

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

~~(C) The facility shall provide case management services.~~

~~(2) Staff:~~

~~(A) Service providers shall be knowledgeable regarding substance abuse, mental health, evidenced based practices, co-occurring issues, cultural, age, and gender specific issues.~~

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

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

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

~~(3) Treatment services:~~

~~(A) Daily treatment service shall be provided to assess and address individual needs of each consumer. These services shall include, but not limited to, medication monitoring, therapy, rehabilitation services, educational groups, case management services, and crisis intervention.~~

~~(B) Psychiatric and/or psychological and/or mental health evaluations shall be completed on all consumers;~~

~~(4) Treatment documentation:~~

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

~~(i) Date;~~

~~(ii) Specific problems, goals, and objectives addressed;~~

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

~~(iv) Consumer response to overall treatment services;~~

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

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

~~(vii) List of all service providers providing treatment hours;~~

~~(viii) Signature and credentials of the service provider completing the documentation;~~

~~(ix) Consumer's name; and~~

~~(x) Consumer's medication and response to medication therapy, if used, shall be documented.~~

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

~~(A) A written daily schedule of activities.~~

~~(B) Quarterly meetings between consumers and the program personnel.~~

~~(C) Recreational activities to be utilized on personal time.~~

~~(D) Personal space for privacy.~~

- ~~(E) Security of consumer's property.~~
- ~~(F) A clean, inviting, and comfortable setting.~~
- ~~(G) Evidence of individual possessions and decorations.~~
- ~~(H) Daily access to nutritious meals and snacks.~~
- ~~(I) Policy addressing separate sleeping areas for the consumers based on:

 - ~~(i) Gender;~~
 - ~~(ii) Age; and~~
 - ~~(iii) Needs.~~~~

~~(c) Compliance with 450:24-5-61 may be determined by a review of the following:~~

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

Facilities providing treatment services for adults with co-occurring disorders in the residential setting must meet the requirements found in Sections 450:18-13-141 through 18-13-143.

PART 9. RESIDENTIAL TREATMENT FOR ADOLESCENTS

450:24-5-81. Residential treatment for adolescents

~~(a) Residential treatment for adolescents shall provide a planned regimen of twenty four (24) hour, seven (7) days a week, professionally directed evaluation, care, and treatment for chemically dependent adolescents, under written policies and procedures in a permanent facility. Adolescents not attending academic training shall participate in at least twenty one (21) substance abuse treatment related hours per week. Adolescents attending academic training shall participate in at least fifteen (15) hours of substance abuse treatment related hours per week. At a minimum, ten (10) hours shall be devoted to therapeutic treatment services including, but not limited to, group, individual, and family therapy provided by a qualified service provider. The remaining hours shall be devoted to life skills, prosocial skills, and recreational activities. Other activities such as self help support groups, meetings, and religious participation shall be in addition to required hours.~~

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

~~(1) **Environment:**~~

- ~~(A) The facility shall maintain an environment which is supportive of physical and emotional growth and development which is appropriate to the needs of adolescents;~~
- ~~(B) The facility shall provide space, both indoor and outdoor, for the recreational and social needs of adolescents;~~
- ~~(C) The facility shall group consumers appropriately by age, developmental level, gender, and treatment needs;~~
- ~~(D) The program may provide transportation to activities in the community as appropriate. Vehicles used for transportation should not be labeled in any way that calls attention to the facility or the vehicle's occupants;~~

- ~~(E) The program shall provide study areas within the facility and shall provide ancillary study materials such as encyclopedias, dictionaries, and educational resource texts and materials; and~~
- ~~(F) The facility shall provide a safe, welcoming, and culturally/age appropriate environment.~~

(2) Support systems:

- ~~(A) The facility shall make available a licensed physician by telephone twenty-four (24) hours per day, seven (7) days per week;~~
- ~~(B) The facility shall have specialized professional consultation or supervision available;~~
- ~~(C) The facility shall provide clinically appropriate public educational services in compliance with applicable Oklahoma laws; and~~
- ~~(D) The facility shall provide emergency services and crisis interventions.~~

(3) Staff:

- ~~(A) The facility shall document that service providers are knowledgeable regarding the biopsychsocial aspects of substance abuse disorders, cultural, gender, and age specific issues, co-occurring disorder issues, child and adolescent development and, evidenced based practices.~~
- ~~(B) Maintain documentation that service providers are knowledgeable regarding the identification of violence and domestic violence, spousal or partner abuse, child abuse and neglect, parent and sibling abuse, normal and abnormal adolescent development, and family dynamics;~~
- ~~(C) Ensure at least two (2) staff members are awake and on duty twenty-four (24) hours a day, seven (7) days a week;~~
- ~~(D) If educational services are provided, the facility shall maintain documentation to verify that providing staff meets all state requirements for education or special education;~~
- ~~(E) Staff shall be knowledgeable regarding the facility required education, and training requirements and policies;~~
- ~~(F) Staff shall be least eighteen (18) years of age; and~~
- ~~(G) The facility shall document in personnel records all education training and experience stated in above prior to the provision of direct care service.~~

(4) Treatment services:

- ~~(A) A multidisciplinary team approach shall be utilized in providing daily substance abuse treatment services to assess and address the individual needs of each adolescent;~~
- ~~(B) Services shall include, but not be limited to, therapy, educational groups, and rehabilitation services, case management services, and crisis intervention;~~
- ~~(C) Services shall be provided in appropriate groups according to age, gender, developmental level, treatment status, and individual needs;~~
- ~~(D) The facility shall provide clinically appropriate public educational services in compliance with applicable Oklahoma law;~~
- ~~(E) Consumers shall participate in educational programs within the community, when clinically indicated, including extracurricular activities; and~~
- ~~(F) Service providers shall confer on a regular basis with school personnel, including the provision of necessary information, when appropriate, on the educational progress of the consumer, and shall assess and respond to the needs for changes in the educational plans.~~

(5) Assessments:

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

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

~~(6) **Treatment documentation:**~~

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

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

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

~~(C) Progress notes shall include the consumer's name; and~~

~~(D) Documentation shall reflect that each consumer receives a minimum of twenty-one (21) hours of treatment related hours each week or fifteen (15) or more treatment related hours if participating in academic training.~~

~~(7) **Documentation of the following community living components:**~~

~~(A) A written daily schedule of activities.~~

~~(B) Quarterly meetings between consumers and the program personnel.~~

~~(C) Recreational activities to be utilized on personal time.~~

~~(D) Personal space for privacy.~~

~~(E) Security of consumer's property.~~

~~(F) A clean, inviting, and comfortable setting.~~

~~(G) Evidence of individual possessions and decorations.~~

~~(H) Daily access to nutritious meals and snacks.~~

~~(I) Policy addressing separate sleeping areas for the consumers based on:~~

- ~~(i) Gender;~~
- ~~(ii) Age; and~~
- ~~(iii) Needs.~~

~~(c) Compliance with 450:24-5-81 may be determined by a review of the following:~~

~~(1) Licenses;~~

~~(2) Policies and procedures;~~

~~(3) Treatment and service protocols;~~

~~(4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service training(s);~~

~~(5) Treatment records;~~

~~(6) Interviews with staff and consumers; and~~

~~(7) Other facility documentation.~~

Facilities providing substance use disorder treatment services for adolescents in the residential setting must meet the requirements found in Sections 450:18-13-161 through 18-13-163.

PART 11. HALFWAY HOUSE SERVICES

450:24-5-101. Halfway house services

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

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

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

~~(2) **Support system:**~~

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

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

~~(C) The facility shall have supplies, as designated by the written emergency procedures plan, which shall be accessible to staff at all times; and~~

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

~~(3) **Staff:**~~

~~(A) Service providers shall be knowledgeable regarding biopsychsocial dimensions of substance abuse, evidenced based practices, co-occurring disorder issues gender, cultural, and age specific issues;~~

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

~~(C) Staff shall be knowledgeable about emergency procedures as specified in the emergency procedures plan;~~

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

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

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

~~(4) **Treatment services.** The facility shall have scheduled rehabilitation services to assess and address the individual needs of each consumer. Such services shall include, but not limited to, crisis intervention, therapy, vocational services, case management services, and educational groups.~~

~~(5) **Treatment documentation:**~~

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

~~(i) Date;~~

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

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

~~(iv) Consumer response to overall treatment services;~~

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

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

~~(vii) List of all service provider providing treatment hours;~~

- ~~(viii) Signature and credentials of the service provider completing the documentation; and~~
- ~~(ix) Consumer's name.~~

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

~~(c) Compliance with 450:24-5-101 may be determined by a review of the following:~~

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

~~Facilities providing halfway house services must meet the requirements found in Sections 450:18-13-181 through 18-13-183.~~

PART 13. ADOLESCENT HALFWAY HOUSE SERVICES

450:24-5-121. Adolescent halfway house services

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

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

~~(1) **Environment:**~~

- ~~(A) The facility shall be a freestanding facility or portion of a related healthcare facility having at least one (1) each of toilet, lavatory, and bathing facilities for each eight (8) residents;~~
- ~~(B) The facility shall maintain an environment supportive of physical and emotional growth and development, and appropriate to the needs of adolescents;~~
- ~~(C) The facility shall provide space, both indoor and outdoor. In co-ed treatment, the facility shall maintain separate sleeping quarters for males and females;~~
- ~~(D) The program may provide transportation to activities in the community as appropriate. Vehicles used for transportation should not be labeled in any way that calls attention to the facility or the vehicle's occupants;~~
- ~~(E) The program shall provide study areas within the facility, and shall provide ancillary study materials, such as encyclopedias, dictionaries, and educational resource texts and materials;~~
- ~~(F) The facility shall be licensed by the Oklahoma State Department of Human Services (OKDHS) as a "Residential Child Care Facility"; and~~
- ~~(G) The facility shall provide a safe, welcoming, and culturally/age appropriate environment.~~

~~(2) **Support systems:**~~

- ~~(A) A licensed physician shall be available by telephone twenty four (24) hours per day, seven (7) days a week;~~
- ~~(B) Specialized professional consultation or supervision, emergency services, and crisis intervention shall be available;~~

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

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

~~(3) **Staff:**~~

~~(A) Service providers shall be knowledgeable regarding the biopsychsocial aspects of substance abuse, evidenced based practices, co-occurring disorder issues, child and adolescent development issues, and gender, cultural, and age-specific issues.~~

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

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

~~(D) Staff shall be knowledgeable about emergency procedures as specified in the emergency procedures plan;~~

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

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

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

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

~~(4) **Treatment services:**~~

~~(A) The facility shall provide substance abuse services to assess and address the individual needs of each adolescent, to include, but not be limited to, therapy, educational groups, rehabilitation services, case management services, and crisis intervention.~~

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

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

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

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

~~(5) **Assessment;**~~

~~(A) A physical examination shall be conducted by a licensed physician to include physical assessment, health history, immunization status, and evaluation of motor development and functioning, speech, hearing, visual and language functioning, if no records are available on admission reflecting such examination within the previous year; and~~

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

~~(6) **Treatment documentation:**~~

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

~~(i) Date;~~

- (ii) Specific problems, goals and objectives addressed;
 - (iii) Summary of progress made toward goals and objectives, or lack of;
 - (iv) Consumer response to overall treatment services;
 - (v) Total number of treatment hours and types of services attended for the week;
 - (vi) Any new problems, goals, or objectives identified during the week;
 - (vii) List of all service providers providing treatment hours;
 - (viii) Signature and credentials of the service provider completing the documentation; and
 - (ix) Consumer's name.
- (c) ~~Compliance with 450:24-5-121 may be determined by a review of the following:~~
- (1) Licenses;
 - (2) Policies and procedures;
 - (3) Treatment protocols;
 - (4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service trainings;
 - (5) Treatment records;
 - (6) Interviews with staff and consumers; and
 - (7) Other facility records.
- Facilities providing adolescent halfway house services must meet the requirements found in Sections 450:18-13-190 through 18-13-192.

PART 15. HALFWAY HOUSE SERVICES FOR PERSONS WITH DEPENDENT CHILDREN

450:24-5-141. Halfway house services for persons with dependent children

- (a) ~~Halfway house services for persons with dependent children shall provide substance abuse treatment services in a residential setting and shall include a planned regimen of twenty four (24) hour supervised living arrangements, to include professionally directed evaluation, care, and treatment, under a defined set of policy and procedures, in a permanent setting. Consumers shall participate in at least six (6) hours of treatment, supportive services, parenting, and child development services per week for adults, and six (6) therapeutic hours of services for children, excluding infants.~~
- (b) ~~Each facility shall maintain written programmatic descriptions and operational methods addressing the following:~~
- (1) **Environment:** ~~The facility shall be a freestanding facility providing family style living arrangements, indoor recreational space for children and families, and safe, protected outdoor recreational space. The facility shall provide materials and space appropriate for ages of children receiving services. The facility shall provide a safe, welcoming, and culturally/age appropriate environment.~~
 - (2) **Support system:**
 - (A) ~~A licensed physician shall be available by telephone twenty-four (24) hours per day, seven (7) days a week;~~
 - (B) ~~The facility shall ensure children's access to the fullest possible range of medical services available, such as health screening, well-child health care, screening in speech, language, hearing, and vision, and verification of immunization records;~~
 - (C) ~~The facility shall have access to emergency health care provided as necessary;~~
 - (D) ~~The facility shall have access to public schools for school age children, and facilitation of the child's receiving the benefits of Public Laws 99-142; and~~
 - (E) ~~The facility staff shall document a liaison with the local Oklahoma Department of Human Service (OKDHS) offices to:~~

- (i) Promote preservation of families;
- (ii) In cases of investigation of abuse, provide instruction in positive parenting behavior, if requested by the Oklahoma Department of Human Services (OKDHS) and with parental consent, provide daily observations of parent-child interaction;
- (iii) Expedite investigations in a timely manner; and
- (iv) Ensure prompt facility response to situations which require immediate intervention.

(3) Staff:

- (A) Service providers shall be knowledgeable regarding Biopsychsocial dimensions of substance abuse, evidenced-based practices, cultural, age, and gender specific issues, co-occurring disorder issues, and services for infants, toddlers, preschool, and school age children.
- (B) Service providers are minimally trained in:
 - (i) The identification of domestic violence, spousal or partner abuse, and child abuse and neglect, with special emphasis on failure to thrive and sexual abuse of children.
 - (ii) Child development and age appropriate behaviors.
 - (iii) Parenting skills appropriate to infants, toddlers, pre-school, and school age children.
 - (iv) The impact of substances and substance abuse on parenting and family units.
- (C) Service providers working with children shall be knowledgeable and demonstrate job appropriate functional comprehension of:
 - (i) The impact of prenatal drug and alcohol exposure on child development.
 - (ii) The effect of substance abuse on parenting, children, and families.
 - (iii) Parenting skills appropriate to infants, toddlers, pre-school, and school age children.
 - (iv) Common child behavioral and developmental problems.
 - (v) Appropriate play activities according to developmental stage.
 - (vi) Recognition of sexual acting out behavior.
 - (vii) The substance abuse recovery process, especially as related to family units.
- (D) The facility shall have staff members on site and awake twenty four (24) hours per day, seven (7) days per week;
- (E) Staff shall be knowledgeable regarding facility required education and training requirements and policies.
- (F) Staff shall be at least eighteen (18) years of age; and
- (G) The facility shall document in personnel records all education, training, and experience stated above prior to the provision of direct care services.

(4) Treatment services:

- (A) Daily (twenty four [24] hours a day, seven [7] days a week) substance abuse services shall be provided to assess and address individual needs of each consumer. Services shall include, but are not limited to, crisis intervention, therapy, vocational services, case management services, parenting, child development, and educational groups;
- (B) Services for children shall be provided and include a minimum of six (6) hours per week of therapeutic units for each child consisting of, but not limited to, assessment, therapy via art and recreational activities, etc. according to the development of the child. Documentation of all needs identified for each child shall be identified on that child's case management service plan and/or service plan.
- (C) Children's services, excluding infants, shall be provided which address the significant issues and needs documented in either or both the child's and the parent's assessment and shall utilize both structured and unstructured therapeutic activity. Services shall address the significant issues and needs documented in the parent's or child's assessment and create and enhance positive self image and feelings of self worth, promote family unity, teach personal body safety and positive school interactions, and to prevent alcohol, tobacco, and other drug use;

~~(D) Infant services, ages birth to three (3) years of age, shall be provided and shall consist, at a minimum, of developmentally appropriate parent-child bonding (interactive) activities and play therapy as determined by mother's service plan; and~~

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

(5) Treatment documentation:

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

~~(i) Date;~~

~~(ii) Specific problems, goals, and objectives addressed;~~

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

~~(iv) Consumer response to overall treatment services;~~

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

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

~~(vii) List of all service providers providing treatment hours;~~

~~(viii) Signature and credentials of the service provider completing the documentation; and~~

~~(ix) The consumer's name.~~

~~(B) Progress notes in consumer's and his or her children's records shall clearly reflect case management assessments, plans, and implementation of plans, and implementation of the service plan and services provided, in addition to the consumer's, parent and child, response to treatment;~~

~~(C) Progress notes shall document observations of parent and child interactions especially those indicative of therapeutic need or progress; and~~

~~(D) Documentation shall reflect each consumer, adult, and child, has received a minimum of six (6) hours of service each week addressing issues and needs indicated in the assessments (parent or child).~~

~~(c) Compliance with 450:24-5-141 may be determined by a review of the following:~~

~~(1) Licenses;~~

~~(2) Policies and procedures;~~

~~(3) Treatment protocols;~~

~~(4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, and ongoing in-service trainings;~~

~~(5) Treatment records;~~

~~(6) Interviews with staff and consumers; and~~

~~(7) Other facility documentation.~~

Facilities providing halfway house services for persons with dependent children must meet the requirements found in Sections 450:18-13-201 through 18-13-203.

PART 19. GAMBLING DISORDER TREATMENT SERVICES

450:24-5-162. Gambling Disorder Treatment Services

The purpose of this Part is to set forth, in addition to all other applicable rules, the criteria for CCARCs 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.

450:24-5-163. Level of Care

Any CCARC 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.

450:24-5-164. 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.

450:24-5-165. 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.

450:24-5-166. Treatment services

(a) Any CCARC 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). CCARCs 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 CCARC, 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.

SUBCHAPTER 7. FACILITY CLINICAL RECORDS

450:24-7-11. Discharge assessment

(a) All facilities shall assess each consumer for appropriateness of discharge from a substance abuse use disorder treatment program. Each consumer shall be assessed using ASAM PPC criteria that includes a list of symptoms for all six dimensions and each of the levels of care, to determine a clinically appropriate placement in the least restrictive level of care. This organized process involves a professional determination for appropriate placement to a specific level of care based on the consumer's severity of symptoms and current situations.

(b) Compliance with 450:24-7-11 may be determined by a review of closed clinical records, the following:

- (1) Policies 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.

SUBCHAPTER 21. FACILITY ENVIRONMENT

450:24-21-2. Technology

(a) The facility 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 450:24-21-2 shall be determined by a review of the facility policies, performance improvement plans and technology and system plan.