OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

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

TITLE 450

CHAPTER 27

STANDARDS AND CRITERIA FOR MENTAL ILLNESS SERVICE PROGRAMS

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SUBCHAPTER 1. GENERAL PROVISIONS

450:27-1-1. Purpose

(a) This chapter sets forth the Standards and Criteria used in the certification of certain facilities or organizations providing mental health treatment services and implements 43A O.S. § 3-323A which authorizes the Board of Mental Health and Substance Abuse Services, or the Commissioner upon delegation by the Board, to certify facilities as a Mental Illness Service Program.

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

450:27-1-2. Definitions

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

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

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

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

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

"Children's Health Home Specialist" means an individual within the children's Behavioral Health Home interdisciplinary team that will provide support, coaching and activities that promote good physical and mental health to individuals, families and groups. The focus of the Children's Health Home Specialist will include nutrition, healthy living habits, exercise, and preventing and/or managing chronic health conditions. Children's Health Home Specialists must be credentialed by ODMHSAS as a Behavioral Health Aide or higher and complete training in Well Power or credentialed as a Wellness Coach through ODMHSAS.

"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.

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

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

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

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

"Co-occurring disorder" (COD) means any combination of mental health symptoms and substance abuse 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 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" or "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 missing or considered in to have eloped; 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. An incident may involve multiple individuals or results.

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

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

"Emergency detention" means the detention of a person who appears to be a person requiring treatment in a facility approved by the Commissioner of Mental Health and Substance Abuse Services as appropriate for such detention after the completion of an emergency examination, either in person or via telemedicine, and a determination that emergency detention is warranted as defined in Title 43A O.S. Section 5-206.

"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.

"Evidence based practice" means programs or practices that are supported by research methodology and have produced consistently positive patterns of results when replicated within the intent of the published guidance.

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

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

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

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

(A) allopathic or osteopathic physicians with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry;

(B) practitioners with a license to practice in the state in which services are provided by one of the following licensing boards:

(i) Psychology;

(ii) Social Work (clinical specialty only);

(iii) Professional Counselor;

(iv) Marriage and Family Therapist;

(v) Behavioral Practitioner; or

(vi) Alcohol and Drug Counselor;

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

"Licensure candidate" means practitioners actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards:

(A) Psychology;

(B) Social Work (clinical specialty only);

(C) Professional Counselor;

(D) Marriage and Family Therapist;

(E) Behavioral Practitioner; or

(F) Alcohol and Drug Counselor.

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

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

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

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

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

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

"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.

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

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

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

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

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

"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.

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

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

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

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

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

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

"Service plan" or "Treatment plan" means the document used during the process by which a qualified service provider and the consumer together and jointly identify and rank problems, establish agreed-upon immediate short-term and long-term goals, and decide on the treatment process and resources to be utilized.

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

"SoonerCare" means Oklahoma's Medicaid program.

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

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

"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.

"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.

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

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

450:27-1-3. Meaning of verbs in rules

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

(1) "Shall" is the term used to indicate a mandatory statement, the only acceptable method under the present standards.

(2) "Should" is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.

(3) "May" is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

450:27-1-4. Meaning of other terms

(a) Program(s) and facility(ies) are interchangeable terms and refer to the Mental Illness Service Program as stipulated in 43A O.S. § 3-323A.

(b) Program components refer to the specific services offered as portions of the overall facility program.

450:27-1-5. Services

All facilities providing services pursuant to standards and criteria established in OAC 450:27 shall have a group of services herein designated as core mental illness treatment services in accordance with 450:27-3-1.

450:27-1-6. Applicability

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

SUBCHAPTER 3. ORGANIZATION STRUCTURE AND ADMINISTRATIVE OPERATIONS

PART 1. SERVICES AND FACILITY ORGANIZATION

450:27-3-1. Required Core Services

(a) Facilities providing mental illness treatment services shall document how the program is organized to provide a group of services herein designated as core services. Required services include:

(1) Screening intake and referral services;
(2) Emergency services; and,
(3) Outpatient therapy services.

(b) Other services may be offered and, if offered, will be in compliance with OAC 450, as applicable, including but not limited to those services referenced in 450:27-721 Additional Mental Health Treatment Services.

(c) Compliance with 450:27-3-1 (a) and (b) shall be determined by a review of written service descriptions; facility policies; and, other materials as applicable.

450:27-3-2. Availability of services

(a) Program descriptions must be available that describe how required core services are available to individuals on a daily basis or as publicly posted. Posted information must also identify how individuals can access emergency care at times other than the scheduled operating hours for non-emergency services.

(b) Compliance with 450:27-3-2 shall be determined by a review of written materials; facility policies; and, other documents as applicable.

450:27-3-3. Organizational and facility description

(a) The program shall have a written organizational description which is reviewed annually by its governing authority and minimally includes descriptions of:

(1) Population(s) to be served;
(2) The overall program mission statement; and,
(3) The annual goals and objectives for the program, including the goal of continued progress for the agency in providing recovery oriented, culturally competent, and trauma informed services.

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

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

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

(e) Compliance with OAC 450:27-3-3 shall be determined by a review of the facility's target population definition; facility policies and procedures; mission statement; written plan for professional services; and, any other supporting documentation.

450:27-3-3.1 Organizational and facility description; program components

(a) Each behavioral health provider shall have in writing, by program component or service, the following:

(1) Description of specific services by program component, including the philosophy of recovery oriented and person centered service delivery;

(2) Descriptions of qualifications required of staff providing treatment and related services;

(3) Admission and exclusionary criteria that identify the type of consumers for whom the services with the program component are primarily intended; and,

(4) Program component goals and objectives, including making progress toward trauma informed, and culturally competent service delivery; and

(b) Compliance with OAC 450:27-3-3.1 shall be determined by a review of the facility's target population definition; facility policies and procedures; written plan for professional services; and, any other supporting documentation.

450:27-3-4. Technology

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

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

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

PART 3. HUMAN RESOURCES ORGANIZATION

450:27-3-21. Personnel policies and procedures

(a) The facility shall have written personnel policies and procedures approved by the governing authority.

(b) Current and complete copies of personnel policies and procedures shall be available to staff at each service location.

(c) All employees shall have access to personnel policies and procedures, as well as other rules and regulations governing the conditions of their employment.

(d) Compliance with 450:27-3-21 shall be determined by a review of written personnel policies and procedures, and other supporting documentation provided.

450:27-3-22. Job descriptions

(a) There shall be job descriptions for all positions. The descriptions must set forth minimum qualifications and duties of each position retained to perform

services for the facility, including fulltime, part time, and contractual employees as well as consultants..
(b) Employees and consultants shall have access to and individually be knowledgeable about their own job descriptions and related accountabilities.
(c) Compliance with 450:27-3-22 shall be determined by a review of written job descriptions for all facility positions, interviews with staff, and other supporting documentation provided.

450:27-3-23. Volunteers
(a) If volunteers are utilized, the program will have specific policies and procedures to define the purpose, scope, training, supervision related to the use of volunteers.
(b) A qualified staff member shall be assigned as the volunteer coordinator.
(c) Policies and procedures for volunteers and the services they perform shall be initially approved by the governing authority and upon revision.
(d) There shall be documentation to verify orientation of each volunteer which shall enable him or her to have knowledge of program goals and familiarity with routine procedures. At a minimum, volunteer orientation shall include training on the following:

(1) Confidentiality and protection of consumer's rights, as well as the legal ramifications of State and Federal regulations concerning confidentiality;
(2) The facility's policies and procedures;
(3) Any other necessary information to ensure that volunteer staff members are knowledgeable enough to carry out the responsibilities of their position; and
(4) Signed acknowledgement by each volunteer that they have received the above training and have been oriented to the scope, policies, goals and expectation for the duties they volunteer to perform.

(f) Compliance with 450: 27-3-23 shall be determined by a review of volunteer policies and procedures; designation of a volunteer coordinator; written orientation plan; orientation program; written goals and objectives; volunteer personnel files; and volunteer records.

450:27-3-24. Staff qualifications
(a) The facility shall maintain, for each staff who provides clinical services, documentation of qualifications or training specific to the clinical services they provide within the facility.
(b) Documentation shall be organized within a clinical privileging framework that is based on policies and procedures approved by the governing authority.
(c) Compliance with 450:27-5-24 shall be determined by a review of staff personnel files and other supporting documentation provided.
(d) Failure to comply with 450:27-3-24 will result in the initiation of procedures to deny, suspend and/or revoke certification.

450:27-3-25. Staff development

(a) The facility shall have a written plan for the professional growth and development of all staff.
(b) This plan shall include, but not be limited to:
(1) new employee orientation;
(2) in-service training and education programs; and
(3) mechanisms for insuring outside continuing educational opportunities for staff members.
(c) The results of performance improvement activities, facility licensing, accrediting, and audit findings and recommendations shall be addressed and documented in the staff development and clinical privileging processes.
(d) Staff competency development shall be aligned with the organization's goals and incorporate a training plan, training activities, and supervision designed to improve competencies of all staff.
(e) Staff education and in-service training programs shall be evaluated by the provider at least annually.
(f) Compliance with 450:27-3-25 shall be determined by a review of the staff development plan; clinical privileging processes; documentation of in-service training programs; and other supporting documentation provided.

450:27-3-26. Annually required in-service training for all employees
(a) The facility shall arrange for and document in-service training for each employee upon hire and annually thereafter on the following topics:
(1) Fire and safety;
(2) Consumer's rights and the constraints of the Mental Health Patient's Bill of Rights;
(3) Confidentiality;
(4) Cultural Competence; and
(5) Impact of trauma.
(b) Compliance with 450:27-3-26 shall be determined by a review of in-service training records; personnel records; and other supporting written information provided.

450:27-3-27. Clinical supervision
(a) Clinical supervision is a vital component of the provision of quality treatment. Clinical supervision shall be provided for those delivering direct services and shall be provided by persons knowledgeable of clinical services as determined by the program.
(b) All facilities shall have written policies and procedures, operational methods, and documentation of the provision of clinical supervision for all direct treatment and service staff. These policies shall include, but are not limited to:
(1) Credentials required for the clinical supervisor;
(2) Specific frequency for case reviews with treatment and service providers;
(3) Methods and time frames for supervision of individual, group, and educational treatment services; and

(4) Written policies and procedures defining the program's plan for appropriate counselor-to-consumer ratio, and a plan for how exceptions may be handled.

(c) Ongoing clinical supervision should address:

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

(2) Treatment effectiveness as reflected by the consumers meeting their individual goals; and

(3) The provision of feedback that enhances the clinical skills of service providers.

(d) Compliance with this Section may be determined by a review of the following:

(1) Policies and procedures;

(2) Clinical services manuals;

(3) Clinical supervision manuals;

(4) Documentation of clinical supervision;

(5) Personnel records;

(6) Interviews with staff; and

(7) Other facility documentation.

(e) Failure to comply with this Section will result in the initiation of procedures to deny, suspend and/or revoke certification

PART 5. SAFETY AND RISK MANAGEMENT

450:27-3-41. Health and Safety; facility environment

(a) The facility shall obtain an annual fire and safety inspection from the State Fire Marshall or local authorities which documents approval for occupancy and use at each site where services are provided.

(b) The facility shall appoint a safety officer.

(c) Facility grounds shall be maintained in a manner to provide a safe environment for consumers, personnel, and visitors.

(d) First aid supplies and firefighting equipment shall be maintained in appropriately designated areas within the facility

(e) The staff shall know the exact location of first aid supply kits and firefighting equipment.

(f) The facility shall post written plans and diagrams noting emergency evacuation routes in case of fire, and shelter locations in case of severe weather, at each site where services are provided.

(g) There shall be an emergency power system to provide lighting throughout each location where consumers receive services.

(h) Compliance with 450:27-3-41 shall be determined by visual observation; posted evacuation plans; a review of the provider’s annual fire and safety inspection report; and a review of policy, procedures and other supporting documentation provided.

450:27-3-42. Health and Safety; emergency procedures

(a) The facility shall have an emergency preparedness program to assure continuation of necessary services in the event of disasters or related emergencies.
(b) The emergency preparedness program shall be evaluated annually and be updated as needed.
(c) The facility shall ensure there is a written plan to cope with internal and external disasters including, but not limited to, tornados, fires, and chemical spills.
(d) Compliance with 450:27-3-42 shall be determined by visual observation; posted plans; and, a review of policy, procedures and other supporting documentation provided.

450:27-3-43. Incident Reporting; procedures
(a) The facility shall have written policies and procedures requiring documentation and reporting of unusual incidents and analysis of the contributors to the incident, with attention to issues that may reflect opportunities for system level or program level improvement.
(b) Policies shall be in accordance with documentation and submission requirements as stipulated in 450:27-7-47 Incident Reporting; documentation and notification.
(c) Compliance for 450:27-3-43 will be determined by review of policies and procedures, review of incidents reported, as applicable, to ODMSHAS, and staff interviews.

PART 7. SPECIAL POPULATIONS

450:27-3-61. Americans with Disabilities Act of 1990
(a) Under Titles 11 and 111 of the ADA, the facility shall comply with the "Accessibility Guidelines for Buildings and Facilities (ADAAG) for alterations and new construction." United States government facilities are exempt for the ADA as they shall comply with the "Uniform Federal Accessibility Standards (UFAS)", effective August 7, 1984. Also available for use in assuring quality design and accessibility is the American National Standards Institute (ANSI) A117.1 "American National Standard for Accessible and Usable Buildings and Facilities."
(b) State and local standards for accessibility and usability may be more stringent than ADA, UFAs, or ANSI A 117.1. The facility shall assume responsibility for verification of all applicable requirements and comply with the most stringent standards.
(c) The facility shall have written policy and procedures providing or arranging for services for persons who fall under the protection of the Americans With Disabilities Act of 1990 and provide documentation of compliance with applicable Federal, state, and local requirements. A recommended reference is the "Americans With Disabilities Handbook" published the in U.S. Equal Employment Opportunities Commission and the U.S. Department of Justice.
(d) Compliance with 450:27-3-61 shall be determined through a review of facility written policy and procedure; and any other supporting documentation.

450:27-3-62. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS)

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

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

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

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

(c) Compliance with 450:27-3-62 is determined by reviews of facility policy and procedure and in-service training records, schedules, or other documentation.

SUBCHAPTER 5. QUALITY MANAGEMENT OF OPERATIONS

PART 1. OPERATIONS TO SUPPORT CONTINUOUS PROGRAM MANAGEMENT

450:27-5-1. Information analysis and planning

(a) The facility shall have a defined and written plan to solicit, collect, analyze and use input from consumers and other stakeholders to create and evaluate services that meet or exceed their expectations. This should also include, but is not limited to information from:

(1) Consumers;

(2) Governing Authority;

(3) Staff;

(4) Stakeholders;

(5) Outcomes management processes and

(6) Quality record review

(b) The information analysis plan shall define a continuously operating system to collect data and information no less frequently than quarterly to effectively manage the organization.

(c) Information collected shall be analyzed to improve consumer services and organizational performance as referenced in 450-27-5-2.

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

(1) an analysis of the information gathered and

(2) performance improvement program findings.

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

(1) the governing authority,

(2) facility staff, and

(3) funders/payers if and when requested.

(f) Compliance with OAC 450:27-5-1 shall be determined by a review of information gathered; facility goals and objectives; and other supporting documentation provided.

450:27-5-2. Performance improvement program

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

(b) The facility shall appoint a performance improvement officer.

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

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

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

(A) efficiency;

(B) effectiveness; and

(C) consumer satisfaction.

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

(A) the quality of services delivered;

(B) the appropriateness of services;

(C) patterns of service utilization;

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

(E) assessments are thorough, timely and complete;

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

(i) assessment findings, and

(ii) consumer input;

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

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

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

(3) Clinical privileging; and,

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

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

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

(1) the governing authority;

(2) facility staff;

(3) consumers;

(4) stakeholders; and

(5) funders/payors, as requested.

(g) Compliance with 450:27-5-2 shall be determined by a review of the written program evaluation plan; written program evaluations (annual and/or special or interim); program goals and objectives; and other supporting documentation provided).

PART 3. OPERATIONS FOR SERVICE DOCUMENTATION

450:27-5-21. Clinical record keeping system

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

(b) Compliance with 450:27-5-21 may be determined by on-site observation, a review of policies and procedures, treatment records, performance improvement guidelines, interviews with staff, and other facility documentation.

450:27-5-22. Clinical record system; basic requirements

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

(1) Define the content of the consumer record.

(2) Define storage, retention and destruction requirements for consumer records.

(3) Require consumer records be maintained in locked equipment which is kept within a locked room, vehicle, or premise.

(4) Require legible entries in consumer records, signed with first name or initial, last name, and dated by the person making the entry.

(5) Require the consumer's name be typed or written on each page in the consumer record; or appear on each screen of an electronic record.

(6) Require a signed consent for treatment before a consumer is admitted on a voluntary basis.

(b) If electronic clinical (medical) records are maintained, the facility will have proof of compliance with federal and state statutes related to electronic medical records, encryption, and other required features.

(c) Compliance with 450:27-5-22 shall be determined by a review of the following: facility policy, procedures or operational methods; clinical records; other facility provided documentation; and PI information and reports.

450:27-5-23. Record access for clinical staff

(a) The facility shall assure consumer records are readily accessible to all staff providing services to consumers. Such access shall be limited to the minimum necessary to carry out the staff member's job functions or the purpose for the use of the records**.**

(b) Compliance with 450:27-5-23 shall be determined by on-site observation and staff
interviews.

PART 5. OPERATIONS FOR PROTECTION OF CONSUMER RIGHTS

450:27-5-41. Confidentiality of mental health and drug or alcohol abuse treatment information

(a) Facility confidentiality policy, procedures and practices must comply with federal and state law, guidelines, and standards, and with OAC 450:15-3-20.1, OAC 450:15-3-60, as applicable.

(b) Compliance with 450:27-5-41 shall be determined review of facility policies, on-site observation, and review of clinical documentation.

450:27-5-42. Consent for release of information

(a) Facility consent for releases of information must comply with federal and state law, guidelines, and standards, and with OAC 450:15-3-20.2. Validity of written consent and releases of information.

(b) Compliance with 450:27-5-42 shall be determined by a review of facility policies, clinical record forms, on-site observation, and by review of clinical documentation.

450 27-5-43. Consumer Rights

(a) Facility policies, procedures, and practices related to consumer rights must comply with federal and state law, guidelines, 450:15-3-3. Notification of the Bill of Rights, and 450:15-3-27. Synopsis of the bill of rights, and other related provisions within OAC 450:15**.**

(b) Compliance with 450:27-5-43 shall be determined by a review of facility policies, clinical record forms, on-site observation, and review of clinical documentation.

450:-27-5-44. Right to name a treatment advocate

(a) As applicable and provided for within state and federal law, policies, procedures, and practices the facility shall establish provisions by which consumers shall be informed of and be provided the right to name a treatment advocate as stipulated in 450:15-3-28. Right to name a Treatment Advocate.

(b) Compliance with 450:27-5-44 shall be determined by a review of facility policies, clinical record forms, on-site observation, and review of clinical documentation.

450:27-5-45. Consumer's grievance policy

(a) The facility shall have a written grievance policy and provisions to inform consumers of their rights to file a grievance in accordance with 450:15-3-45.

(b) Compliance with 450:27-5-45 shall be determined by a review of facility policies, clinical record forms, on-site observation, and review of clinical documentation.

SUBCHAPTER 7. CLINICAL SERVICES

PART 1. REQUIRED SERVICES

450:27-7-1. Core behavioral health services

(a) Each facility shall minimally provide the following services:

(1) Screening intake and referral services;

(2) Emergency services; and

(3) Outpatient therapy services.

(b) Compliance with 450:27-7-1 shall be determined observation and review of clinical records that document the provision of services the above listed services.

450:27-7-2. Screening services

(a) Facility policy and procedure shall require that a screening of each potential consumer's service needs be completed in a timely manner and specify timeframes within which screenings will be initiated and completed.

(b) Policy should ensure the availability of a basic screening for those who present regardless of funding source.

(c) Policy should describe practices to be followed to ensure screenings are culturally appropriate, as well as maximize recognition of the prevalence of co-occurring mental health and substance use disorders.

(d) Policies should also indicate how referrals and linkages are facilitated on behalf of those determined ineligible for facility services as identified in the screening process in accordance with OAC 450:27-7-4.

(e) Procedures should reference how crises are managed as those emerge in the screening process.

(f) Facility policy should specify the minimal information to be collected and methods by which that is obtained for clinically appropriate and responsive screenings.

(g) The consumer, family as appropriate, and others as appropriate and approved by the consumer shall be an active participant(s) in the screening process.

(h) Compliance with 450:27-7-2 shall be determined by a review of clinical records, and policy and procedures.

450:27-7-3. Intake and assessment services

(a) Facility policies shall describe, upon determination of appropriate admission to the facility service(s), the procedures by which intake and assessment occur.

(b) Information shall include, but not be limited to, the following:

(1) Behavioral, including substance use, abuse, and dependence;

(2) Emotional, including issues related to past or current trauma;

(3) Physical/medical including medications;

(4) Social and recreational; and

(5) Vocational/military.

(c) The facility shall have policy and procedures specific to each program service which dictate timeframes by when assessments must be completed and documented.

(d) The policy shall specify how screening and assessment information is maintained and stored in the event the consumer is not admitted for program services,
(e) The consumer, family as appropriate, and others as appropriate and approved by the consumer shall be an active participant(s) intake and assessment process.
(f) Compliance with 450:27-7-3 shall be determined by a review of clinical records, and policy and procedures.

450:27-7-4. Screening, intake and assessment services, access or referral to needed services

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

(1) The information to be obtained on all applicants for referrals, in lieu of admissions;
(2) The procedure to be followed when an applicant or referral is found to be ineligible for admission;
(3) The procedures for accepting referrals from outside agencies or organizations;
(4) Methods of collection of information from family members, significant others or other social service agencies;
(5) Methods for obtaining a physical examination or continued medical care where indicated; and,
(6) Referral to other resources when the consumer has treatment or other service needs the facility cannot meet.

(b) Compliance with 450:27-7-4 shall be determined by a review of clinical records, and policy and procedures.

450:27-7-5. Ongoing assessment

(a) The facility's policies and procedures shall delineate the process, protocols, and timeframes by which on-going clinical assessments occur.
(b) Compliance with 450:27-7-5 shall be determined by a review of the clinical records and agency policies and procedures.

450:27-7-6. Outpatient therapy services

(a) Outpatient services shall be provided and shall include a range of services to consumers based on their needs regarding emotional, social and behavioral problems.
(b) Outpatient therapy services shall include one or more of the following:

(1) Individual therapy;
(2) Group therapy;
(3) Family therapy;

(c) Compliance with 450:27-7-6 shall be determined by a review of written policy and procedures; program descriptions, and clinical records.

450:27-7-7. Emergency services

The facility shall provide accessible co-occurring disorder capable response services for psychiatric and/or substance abuse emergencies. Facility policies and procedures shall include no arbitrary barriers to access emergency services based on active substance use or designated substance levels.

(1) Assessment and response to psychiatric and/or substance abuse emergencies shall be available and provided directly by qualified facility staff during the facility's hours of operations.
(2) Methods by which consumers and others can access emergency services accessed beyond the facility's scheduled hours/days of operation shall be posted and visible to the public.
(3) Best practice diversion and crisis intervention procedures should be utilized and stipulated in facility treatment protocols.
(4) The facility shall also provide arrangements for emergency services beyond the facility's scheduled hours/days of operation for consumers admitted to their program.
(5) This service shall also include availability of 24-hour referral to higher levels of care than those offered by the facility, including but not limited to inpatient treatment.
(6) Referral services for additional emergency services 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).
(7) Compliance with 450:27-7-7 shall be determined by a review of policy and procedures, referral agreements, emergency contract records, staff schedules, and clinical records.

PART 3. ADDITIONAL OR OPTIONAL SERVICES

450:27-7-21. Additional treatment services;

(a) If the facility provides the following additional services those shall be provided in accordance with related standards described within OAC 450:27 and other portions of OAC:450, as applicable.

(1) Case Management Services;
(2) Medication Services;
(3) Pharmacy Services; Peer Recovery Support Services;
(4) Wellness Activities and Supports;
(5) Behavioral Health Rehabilitation Services;
(6) Day treatment services for children and adolescents; and,
(7) Behavioral Health Home.

(b) If the facility provides the following services, in addition to those stipulated in 450:27-7-1. and 450:27-7-21, separate ODMHSAS certification will be required in accordance with OAC 450. including but not limited to the following:

(1) Community Residential Mental Health Facilities, per OAC 450:16;
(2) Alcohol and Drug Treatment Programs, per OAC 450:18;
(3) Community Based Structured Crisis Services, per OAC 450:23;
(4) Comprehensive Community Addiction Recovery Centers, per OAC 450:24;

(5) Programs of Assertive Community Treatment, per OAC 450:55;
(6) Eating Disorder Treatment Programs, per OAC 450:60;
(7) Gambling Treatment Programs, per OAC 450:65; and/or,
(8) Opioid Substitution Treatment Programs, per OAC 450:70

(c) Compliance with 450:27-7-21 is determined by review of program descriptions, clinical documentation, and review of ODMHSAS Certification findings additional applicable portions of OAC 450.

450:27-7-22. Case management services

(a) If provided, case management services 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. These services include referral, linkage, monitoring and support, and advocacy assistance provided in partnership with a client to support that client in self sufficiency and community tenure. Needs should be determined, at least in part, by completion of a strengths based assessment in partnership with the consumer and family members, as applicable, and utilized in the development of a a case management plan. The case management plan can be incorporated in the overall services plan.

(b) If case management services are provided, policies and procedures should articulate that an assessment includes evidence that the following are evaluated:

(1) Consumer's level of functioning within the community;
(2) Consumer's job skills and potential; and/or educational needs;
(3) Consumer strengths and resources;
(4) Consumer's present living situation and support system;
(5) Consumer's use of substances and orientation to changes related to substance use;
(6) Consumer's medical and health status;
(7) Consumer's needs or problems which interfere with the ability to successfully function in the community; and
(8) Consumer's goals.

(c) Compliance with 450:27-7-22 shall be determined by a review of policy and procedures and clinical documentation.

450:27-7-23. Case management services, staff credentials

(a) If provided, case management services will be delivered by qualified staff that are certified as a behavioral health case manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50, as permitted by OAC and state statute.

(b) Compliance with 450:27-7-23 shall be determined by a review of the facility personnel records and credentialing files.

450:27-7-24. Medication clinic services

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

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

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

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

(2) Medication orders and administration:

(A) Licensed staff physicians, medical residents or consultant physicians shall write medication orders and prescriptions. Physician's assistants and nurse practitioners may write medication orders, or prescriptions consistent with state and federal law.

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

(C) Only authorized licensed staff shall administer medications.

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

(E) If physician's assistants and/or nurse practitioners write medication orders, or prescriptions those functions are performed consistent with state and federal law.

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

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

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

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

(4) A qualified physician shall supervise the preparation and stock of an emergency kit which is readily available, but accessible only to physician, nursing and pharmacy staff. Documentation by the qualified physician shall clearly indicate that the supervision has been performed.

(e) The facility shall make available access to pharmacy services to meet consumers' psychiatric needs. Provision of services may be made through agreement with another program, through a pharmacy in the community, or through their own Oklahoma licensed pharmacy.

(f) Compliance with 450:27-7-24 shall be determined by on-site observation and a review of the following: clinical records, written policy and procedures, written agreements for pharmacy services, on-site observation of in-house pharmacy, State of Oklahoma pharmacy license, and roster of licensed, credentialed staff.

(g) Failure to comply with 450:27-7-24(e) will result in the initiation of procedures to deny, suspend and/or revoke certification.

450:27-7-25. Medication clinic, medication monitoring [REVOKED]

450:27-7-26 . Pharmacy services [REVOKED]

450:27-7-27. Peer recovery support services

(a) If provided, the facility shall have written policies specific to peer recovery support services.

(b) Peer recovery support services shall be provided in accordance with OAC 450: 53 and other provisions stipulated in OAC 450 and state statute.

(c) These services shall

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

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

(3) Enhance the development of natural supports, coping skills, and other skills necessary to function as independently as possible in the community, including, but not limited to assisting re-entry into the community after a hospitalization or other institutional settings;

(d) Behavioral health providers offering these services shall have provisions in place for direct supervision and other supports for staff providing this service.

(e) Compliance with 450:27-7-27 shall be determined by a review of the following: documentation of linkage activities and agreements; clinical records; policy and procedures.

450:27-7-28. Peer Recovery Support Specialists, staff credentials

(a) Peer Recovery Support Services shall be provided only by staff certified as a Peer Recovery Support Specialist (PRSS) in accordance with OAC 450:53.

(b) The facility shall retain records to verify compliance with training and certification requirements of each provider of this service.

(c) Compliance for 450:27-7-28 shall be determined by a review of the facility personnel records.

450:27-7-29. Wellness services and supports

(a) If provided, the facility shall have written policies specific to wellness services and supports.

(b) Wellness services and supports shall be consumer-driven services to promote healthy lifestyles and behaviors which may include and not be limited to smoking cessation activities, exercise, stress management, and education on nutrition.

(c) These services shall be based on an individualized, recovery-focused service philosophy that allows individuals the opportunity to learn to manage their own wellness
(d) Compliance for 450:27-7-29 shall be determined by a review of the following: documentation of activities and agreements; clinical records and policy and procedures.

450:27-7-30. Behavioral health rehabilitation services; general requirements
(a) Behavioral health rehabilitation services, if provided, shall be organized as a separate programmatic unit operated by the facility with extended hours offered two or more times per week and/or as specifically arranged sessions on behalf of consumers in need of this service.
(b) Facility policies and procedures shall stipulate how rehabilitation services are organized and provided.

(1) The facility shall describe the behavioral health rehabilitation service components that optimize participants' potential for occupational and/or educational achievement, goal setting, skill development, and increased quality of life, therefore maximizing the individual's independence and increased reliance on community and peer support.
(2) The facility shall design rehabilitation services specific the age and cultural needs of participants, which can be children and/or adults.
(3) The facility shall establish in policy and procedure and program descriptions, minimum staff ratios to assure participants have choices in activities and staff with whom they work.

(c) Compliance with 450:27-7-30 shall be determined by on-site observation; interviews with participants; interviews with staff; a review of policy and procedures; and a review of clinical records.

450:27-7-31. Behavioral health rehabilitation services; rehabilitation unit programs
(a) Behavioral health rehabilitation services offered as separate programmatic unit shall provide sessions three or more hours in length two or more times per week.
(b) The rehabilitation program(s) with extended hours shall be designed to provide an array of services that focus on long term recovery and maximize self-sufficiency, role functioning, and independence as distinguished from the symptom stabilization function of acute or other levels of care.
(c) Individualized goals and personal preferences for consumers receiving this service shall be specifically addressed on service plans.
(d) The service shall incorporate the following functions and characteristics:

(1) Recovery Orientation. The service elements include a recovery oriented service plan, participant goal setting, employment and educational support services, and a staff philosophy of recovery reinforced in service elements and activities.
(2) Empowerment Orientation. The service elements include peer support and, leadership skill development.

(3) Competency Orientation. The service elements include curriculum based life skills training (covering self-management of illness, independent living skills, social skills, and work related skills), a multi-dynamic learning approach, an explicit focus on generalization to contexts beyond the immediate learning task and transfer of skills to real life situations and a community based supports component that provides on-going in home or community based support services, based on consumer need and choice, in the areas of housing, employment, education and the development of natural supports (i.e., family, cultural and social).

(e) The program shall be designed and operated in such a manner that participants and staff work alongside one another to embody the functions referenced in 450:27-7-31(d).

(1) The work completed is work generated by the program component. No work for outside individuals or agencies is acceptable within this service.

(2) All work or training is designed for participants to develop or regain self-worth, purpose and confidence. It is not intended to be job-specific training.

(f) Compliance with 450:27-7-31 shall be determined by on-site observation; interviews with participants; interviews with staff; a review of policy and procedures; and a review of clinical records.

450:27-7-32. Behavioral health rehabilitation services; Individual and Group Services

(a) The facility may offer behavioral health rehabilitation services in individual or group settings, other than or in addition to those defined 450:27-7-31.

(b) Facility policy and procedures shall outline the way these services are provided, including but not limited to the populations served, staff qualifications for providing the service, and general design(s) by which these services are provided.

(c) Individualized goals and personal preferences for consumers receiving this service shall be specifically addressed on service plans.

(d) Compliance with 450:27-7-32 shall be determined by on-site observation; interviews with participants; interviews with staff; a review of policy and procedures; and a review of clinical records.

450:27-7-33. Behavioral health rehabilitation services, staff credentials

(a) Staff providing this service shall be a LBHP, Licensure Candidate, CADC or certified by ODMHSAS as a Behavioral Health Case Manager (CM) II pursuant to OAC 450:50.

(b) Compliance with 450:27-7-33 will be determined by a review of facility personal files, individual staff records, and verification with organizations providing required training.

450:27-7-34. Day treatment services for children and adolescents

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

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

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

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

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

(C) Integrated attention to decision making and healthy skill building regarding substance use, including nicotine and caffeine;

(D) Recreation and leisure activities;

(E) Emergency services;

(F) Habilitation services;

(G) Referral to other resources when indicated by treatment goals and objectives; and,

(H) Provide, or arrange for, academic education as required by state or federal law.

(b) Compliance with 450:27-7-34 shall be determined by on-site observation; and a review of the following: clinical records, policy and procedures, and program descriptions.

PART 5. CLINICAL DOCUMENTATION

450:27-7-41. Clinical record content, screening, intake and assessment, documentation

(a) The facility shall complete a face-to face screening with each individual to determine appropriateness of admission in accordance with 450:27-7-2. Screening services.

(b) The facility shall document the face-to-face screening conducted how the consumer was assisted to identify goals, how the consumer received integrated screening to identify both immediate and ongoing needs and how the consumer was assisted to determine appropriateness of admission, and/or to access other appropriate services.

(c) Upon determination of appropriate admission, consumer demographic information shall be collected, as defined by facility policies and procedures.

(d) For persons admitted to service, the facility shall complete a psychological-social assessment which gathers sufficient information to assist the consumer develop an individualized service plan.

(e) An intake assessment update, to include date, identifying information, source of information, present needs, present life situation, current level of functioning, and what consumer wants in terms of service, is acceptable as meeting requirements of 450:27-7-41 only on re-admissions within one (1) year of previous admission at the facility.

(f) Compliance with 450:450:27-7-41 shall be determined by a review of the following: psychological-social assessment instruments; consumer records; case management assessments; interviews with staff and consumers; policies and procedures and other facility documentation.

450:27-7-42. Behavioral health service plan; documentation

(a) The service plan is developed and finalized with the active participation of the consumer and a support person or advocate if requested by the consumer. In the case of children under the age of 18, it is performed with the participation of the parent or guardian and the child as age and developmentally appropriate. The service plan shall provide the formation of measurable service objectives and reflect ongoing changes in goals and objectives based upon consumer's progress or preference or the identification of new needs, challenges and problems.

(b) The service plan shall be based on information obtained in the mental health assessment, other information provided on behalf of the consumer, and includes the evaluation of the assessment information by the clinician and the consumer.

(c) For adults, the service plan must be focused on recovery. For children the plan should address school and education concerns and assisting the family in caring for the child in the least restrictive level of care.

(d) Service plans must be completed within six (6) treatment sessions and adhere to the format and content requirements described in the facility policy and procedures.

(e) Service plan updates should occur at a minimum of every 6 months during which services are provided and adhere to the format and content requirements described in the facility policy and procedures.

(f) Service plans, both comprehensive and update, must include dated signatures for the consumer (if over age 14), the parent/guardian (if under age 18 or otherwise applicable), and the primary service practitioner.

(g) Compliance with 450:27-7-42 shall be determined by a review of the clinical records, policies and procedures, and interviews with staff and consumers, and other agency documentation.

450:27-7-43. Clinical record content, on-going assessment; documentation

(a) On-going reassessments shall be documented in the clinical record in accordance with 450:27-7-5 and within the timeframes stipulated by facility policy.

(b) Information gained in the on-going assessment process should be reflected in updated service plans.

(c) Compliance with 450:27-7-43 shall be determined by a review of the clinical records and agency policies and procedures.

450:27-7-44. Progress notes

(a) Progress notes shall chronologically describe the services provided, the consumer's response to the services provided, and the consumer's progress in

treatment and adhere to the format and content requirements described in the facility policy and procedures.
(b) Progress notes shall be documented according to the following time frames:
(1) Outpatient staff must document each visit or transaction, except for assessment completion or service plan development, including missed appointments;
(2) Behavioral health rehabilitation services and day treatment programs for children and adolescents staff must maintain a daily, member sign-in/sign-out record of member attendance, and shall write a progress note daily or a summary progress note weekly.
(c) Compliance with 450:27-7-44 shall be determined by a review of clinical records and policies and procedures.

450:27-7-45. Other records content
(a) The consumer record shall contain copies of all consultation reports concerning the consumer.
(b) When psychometric or psychological testing is done, the consumer record shall contain a copy of a written report describing the test results and implications or recommendations for treatment.
(c) The consumer record shall contain any additional information relating to the consumer, which has been secured from sources outside the program.
(d) Compliance with 450:27-7-45 shall be determined by a review of clinical records.

450:27-7-46. Discharge summary
(a) A discharge summary shall document the consumer's progress made in treatment; response to services rendered; and recommendation for any referrals, if deemed necessary. It shall include a discharge plan which lists written recommendations, and specific referrals for implementing aftercare services, including medications. Aftercare plans shall be developed with the knowledge and cooperation of the consumer, when possible.
(b) A discharge summary shall be entered in each consumer's record within fifteen (15) calendar days of discharge from facility services.
(c) In the event of death of a consumer, in lieu of a discharge summary, a summary statement including applicable information shall be documented in the record.
(d) Compliance with 450:27-7-46 shall be determined by a review of closed consumer records.

450:27-7-47. Incident reporting; documentation and notification
(a) The facility shall document the occurrence of critical or similar incidents, as defined in facility policy and in accordance with OAC 450:27-3-43.
(b) Incident reports shall minimally include:
(1) the facility, name and signature of the person(s) reporting the incident;
(2) the name(s) of the consumer(s), staff member(s) or property involved;
(3) the time, date and physical location of the critical incident;

(4) the time and date the incident was reported and name of the staff person within the facility to whom it was reported;
(5) a description of the incident;
(6) resolution or action taken, date action taken, and signature of appropriate staff; and
(7) severity of each injury, if applicable. Severity shall be indicated as follows:
(A) No off-site medical care required or first aid care administered on-site;
(B) Medical care by a physician or nurse or follow-up attention required; or
(C) Hospitalization or immediate off-site medical attention was required;

(b) Incidents shall be reported to ODMHSAS within specific timeframes, as follows:
(1) Incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax or other approved modalities that assure submission to ODMHSAS Provider Certification within twenty-four (24) hours of the incident being documented.
(2) Incidents involving allegations against staff, reports of consumer abuse, or sentinel events shall be reported to ODMHSAS immediately via telephone or fax, but not more than twenty-four (24) hours of the incident. If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours.

(c) Compliance with 450:27-7-47 shall be determined by a review of facility policy and procedures; critical incident reports at the facility and those submitted to ODMHSAS, performance improvement program documents and reports, and staff interviews.

SUBCHAPTER 9. BEHAVIORAL HEALTH HOME

450:27-9-1. Program description and purpose

(a) The purpose of this Subchapter is to set forth, in addition to all other applicable rules, rules regulating program requirements, activities, and services for Mental Illness Service Programs who opt to deliver services through a Behavioral Health Home model.
(b) The purpose of BHHs within the mental health delivery array is to promote enhanced integration and coordination of primary, acute, behavioral health, and long-term services and supports for persons across the lifespan with chronic illness, including adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). Care must be delivered using an integrated team that will comprehensively address physical, mental health, and substance use disorder treatment needs.
(c) The BHH must maintain facility polices and program descriptions that clearly describe that the purpose of the BHH is to improve the health status of individuals with Serious Mental Illness and/or Serious Emotional Disturbance by integrating behavioral and primary health care and promoting wellness and prevention.

(d) The BHH must provide program descriptions and demonstrate evidence that the following functions are implemented.

(1) Quality-driven, cost-effective, culturally appropriate, and person- and family-centered health home services;

(2) Coordinated access to:

(A) High-quality health care services informed by evidence-based clinical practice guidelines;

(B) Preventive and health promotion services, including prevention of mental illness and substance use disorders;

(C) Mental health and substance abuse services;

(D) Comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to an adult system of health care;

(E) Chronic disease management, including self-management support to individuals and their families;

(F) Individual and family supports, including referral to community, social support, and recovery services; and,

(G) Long-term care supports and services;

(3) Person-centered care plans for each individual that coordinates and integrates all of his or her clinical and non-clinical health-care related needs and services;

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

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

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

450:27-9-2. Target populations

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

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

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

(3) Both.

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

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

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

450:27-9-3. Outreach and engagement

(a) The BHH must have policies and procedures to describe how outreach and engagement activities will occur to identify individuals within the target population(s) who could benefit from BHH services.
(b) The BHH must have memoranda of agreements to arrange for outreach and engage in settings outlined further in these rules in Section 450:24-9-21.
(c) Facility records will identify which staff members are responsible for specific elements of outreach and engagement.
(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:27-9-4. Structure of Behavioral Health Home and administrative staff

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

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

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

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

(b) In the event the BHH does not directly provide the full array of required services, there must be organizational procedures and clinical records to document that the BHH has otherwise ensured the services are coordinated on behalf of each consumer.
(c) The facility operating the BHH will have policies and program descriptions to define how the BHH will operate a team dedicated to provide the range of specific services articulated elsewhere in this Subchapter.
(d) The facility shall verify the health home director for adults meets or exceeds the following qualifications:

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

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

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

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

(e) The BHH shall verify the Project Director for children possesses a Bachelor's degree in the field of social or human sciences from an accredited university, has at least three years' work experience in the social service field and has a minimum of one year experience in an administrative position.
(f) The BHH will adhere to the following ratios in terms of the full time equivalent (FTE) for the health home director.

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

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

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

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

450:27-9-5. Treatment team; general requirements

(a) The BHH must designate an interdisciplinary treatment team that is responsible, with each consumer's input and guidance, to direct, coordinate, and manage the care and services to be provided or arranged for by the BHH.
(b) The interdisciplinary team must identify for each consumer a specific licensed behavioral health professional (LBHP) or licensure candidate on the to lead the process of the initial comprehensive assessment and plan and to provide therapy services if indicated on the integrated plan. This will ensure that each consumer's needs are assessed, and that the active treatment plan is implemented as indicated.
(c) Compliance with this Section will be determined by on-site observation, review of organizational documents, signed agreements, activity reports, and clinical records.

450:27-9-6. Treatment team; adult team

(a) Each BHH team serving adults shall include, the following positions, unless otherwise arranged as permitted in (b) below:

(1) Health Home Director;

(2) Nurse Care Manager;

(3) Consulting Primary Care Physician, Advanced Practice Registered Nurse, or Physician Assistant;

(4) Licensed Psychiatric Consultant;

(5) License Behavioral Health Professional;

(6) Certified Behavioral Health Case Manager I or II;

(7) Hospital Liaison/Health Home Specialist; and

(8) Wellness Coach credentialed through ODMHSAS.

(b) Variations from the above staff pattern on a continuous basis, must be approved in advanced by the ODMHSAS Commissioner or a designee.

(c) If the health team experiences difficulty in recruiting staff to fill any of the above positions, a recruitment and contingency plan to maintain essential services, will be submitted to the ODMHSAS Director of Provider Certification for approval.

(d) The facility must have written policies and procedures defining the program's plan for staff-to-consumer ratio for each adult BHH team and a plan for how exceptions will be handled.

(e) Staffing ratios must be regularly monitored and evaluated within the facilities performance improvement activities.

(f) Compliance with this Section will be determined by on-site observation, review of organizational documents, personnel records, staffing schedules, and clinical records.

450:27-9-7. Treatment team; children and adolescent team

(a) Each BHH team serving children and adolescents shall include, the following positions, unless otherwise arranged as permitted in (b) below:

(1) Care Coordinator;

(2) Health Home Director;

(3) Licensed Psychiatric Consultant;

(4) Licensed Nurse Care Manager (RN or LPN);

(5) Peer to Peer Family /Youth Support Provider;

(6) Children's Health Home Specialist; and

(7) Consulting Primary Care Practitioner.

(b) Variations from the above staff pattern on a continuous basis, must be approved in advanced by the ODMHSAS Commissioner or a designee.

(c) If the health team experiences difficulty in recruiting staff to fill any of the above positions, a recruitment and contingency plan to maintain essential services, will be submitted to the ODMHSAS Director of Provider Certification for approval.

(d) The facility must have written policies and procedures defining the program's plan for staff-to-consumer ratio for each child and/or adolescent BHH team and a plan for how exceptions will be handled.

(e) Staffing ratios must be regularly monitored and evaluated within the facilities performance improvement activities.

(f) Compliance with this Section will be determined by on-site observation, review of organizational documents, personnel records, staffing schedules, and clinical records.

450:27-9-8. Required services

(a) The BHH must have policies and clear descriptions to delineate each specific service provided by the BHH.

(b) The BHH must provide the following services within the framework described in 450:27-9-1:

(1) Comprehensive Care Management;
(2) Care Coordination;
(3) Health Promotion;
(4) Comprehensive Transitional Care;
(5) Individual and Family Support services; and
(6) Referral to Community and Social Support Services.

(c) Program descriptions, personnel and privileging records, and other organizational documents will specify which staff members are qualified to provide each BHH service.

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

450:27-9-9. Access to specialists

(a) The BHH must have procedures and agreements in place to facilitate referral for other medical services needed beyond the scope of the BHH.

(b) Referral documents and releases of information shall comply with applicable privacy and consumer consent requirements.

(c) Clinical documentation will track referrals to and use of specialists.

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

450:27-9-10. Admission

(a) The facility must determine the extent to which each consumer's needs and preferences can be adequately addressed within the array of required BHH services.

(b) An integrated screening approach in accordance with OAC 450:27-7-2 will be used to determine clinical eligibility for BHH services.

(c) Facility policies and procedures must assure that adults who meet the criteria for a SMI or children who meet the criteria for a SED are eligible for BHH services. This includes individuals receiving Targeted Case Management (TCM). It will also include additional individuals who are not currently receiving care coordination.

(d) The facility must obtain informed consent specific to enrollment in the BHH.

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

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

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

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

450:27-9-11. Initial assessment

(a) A Licensed Behavioral Health Professional (LBHP) or Licensure Candidate, acting within his or her state scope of practice requirements, must complete the initial assessment for health home services in accordance with the standard in OAC 450:27-7-3 for consumers who have not been assessed by the facility within the past 6 months.
(b) In addition to the items required in 27-7-3, the initial assessment for Health Home services must include at a minimum, the following:
(1) The admitting diagnosis as well as other diagnoses;
(2) The source of referral;
(3) The reason for admission as well as stated by the client or other individuals who are significantly involved; and
(4) A list of current prescriptions and over-the counter medications as well as other substances the client may be taking.
(c) The BHH should provide access to an appropriate healthcare professional and a health screening within 72 hours of placement for children entering foster care.
(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:27-9-12. Comprehensive assessments
(a) A comprehensive assessment must be completed by the interdisciplinary team performing within each team member's scope of practice consistent with each consumer's immediate needs and include a written narrative in each of the following areas:
(1) Psychiatric and substance abuse history, mental status, and a current DSM diagnosis;
(2) Medical, dental, and other health needs;
(3) Education and/or employment;
(4) Social development and functioning;
(5) Activities of daily living; and
(6) Family structure and relationships.
(b) The BHH must ensure access to a comprehensive medical and behavioral health assessment for children in foster care within 30 days of placement.
(c) The BHH must provide or arrange for a functional assessment for all children using a tool approved by ODMHSAS. Assignment to high intensity Wraparound or Resource coordination intensity of care must be determined by clinically informed decision-making by LBHP or Licensure Candidate.
(d) The comprehensive assessment must be updated as needed but no less than every six (6) months.
(e) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:27-9-13. Integrated care plan

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

450:27-9-14. Integrated care plan; content
(a) The integrated care plan must address all services necessary to assist the client in meeting his or her physical and behavioral health goals, and include the following:

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

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

450:27-9-15. Review of plan
(a) The BHH will review, revise, and document the individualized integrated care plan as frequently as the consumer's conditions require, but no less frequently than every six (6) months.
(b) A revised active plan must include information from the consumer's initial evaluation and comprehensive assessments and updates, the progress toward goals specified in the written care plan, and changes, as applicable, in goals.

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

450:27-9-16. Intensive care coordination for children and adolescents; wraparound approach

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

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

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

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

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

450:27-9-17. Behavioral Health Home medication monitoring

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

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

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

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

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

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

(d) Compliance with this Section will be determined by on-site observation and a review of the following: written policy and procedures, clinical records, written agreements for pharmacy services, State of Oklahoma pharmacy license and PI records.

450:27-9-18. Behavioral Health Home pharmacy services [REVOKED]

450:27-9-19. Health promotion and wellness; consumer self-management

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

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

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

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

450:27-9-20. Discharge or transfer from Behavioral Health Home

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

(1) The BHH discharge summary; and

(2) The consumer's clinical record.

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

(1) The BHH discharge summary; and

(2) The consumer's clinical record.

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

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

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

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

450:27-9-21. Linkage and transitional care

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

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

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

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

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

450:27-9-22. Consumer (patient care) registries and population health management

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

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

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

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

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

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

450:27-9-23. Electronic health records and data sharing

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

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

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

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

450:27-9-24. Performance measurement and quality improvement

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

(b) The BHH performance improvement activities must:

(1) Focus on high risk, high volume, or problem-prone areas.

(2) Consider incidence, prevalence, and severity of problems.

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

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

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

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

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

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

(2) Quarterly record review to minimally assess:

(A) Quality of services delivered;

(B) Appropriateness of services;

(C) Patterns of service utilization;

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

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

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

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

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

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