

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

It is very important that you provide your comments regarding the proposed rule change by the comment due date. Comments are directed to the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) administrative rules liaison, Gretchen Geis, at [GGeis@odmhsas.org](mailto:GGeis@odmhsas.org).

**ODMHSAS COMMENT DUE DATE: 5 p.m. on March 4, 2016**

The proposed policy is a PERMANENT Rule. This proposal is scheduled to be presented for public comment during a public hearing on March 10, 2016 and to the ODMHSAS Board of Directors for adoption on March 25, 2016.

**Reference #: 27-2016P**

**SUMMARY:**

In accordance with the Administrative Procedures Act the proposed rule revisions to Chapter 27 are part of the Department's review of Title 450. The proposed rules update Health Home certification standards in order to clarify inconsistencies. Revisions also add requirements for clinical supervision within facilities certified under this Chapter.

**LEGAL AUTHORITY**

Oklahoma Department of Mental Health and Substance Abuse Services Board; 43A O.S. §§ 3-423A.

**RULE IMPACT STATEMENT**

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

**PROPOSED RULES:**

Chapter 27. Standards and Criteria for Mental Illness Service Programs  
[AMENDED]

**1. BRIEF DESCRIPTION OF THE PURPOSE OF THE RULE:**

In accordance with the Administrative Procedures Act the proposed rule revisions to Chapter 27 are part of the Department's review of Title 450. The proposed rules update Health Home certification standards in order to clarify inconsistencies and update provider qualifications. Revisions also add requirements for clinical supervision within facilities certified under this Chapter.

**2. A DESCRIPTION OF THE CLASSES OF PERSONS WHO MOST LIKELY WILL BE AFFECTED BY THE PROPOSED RULE, INCLUDING CLASSES THAT WILL**

**BEAR THE COST OF THE PROPOSED RULE, AND ANY INFORMATION ON COST IMPACTS RECEIVED BY THE AGENCY FROM ANY PRIVATE OR PUBLIC ENTITIES:**

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

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

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

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

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

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

ODMHSAS has determined implementation of these rules will benefit those affected parties by allowing them to provide Health Home services.

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

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

**7. A DETERMINATION OF WHETHER IMPLEMENTATION OF THE PROPOSED RULE WILL HAVE AN ADVERSE EFFECT ON SMALL BUSINESS AS**

**PROVIDED BY THE OKLAHOMA SMALL BUSINESS REGULATORY FLEXIBILITY ACT:**

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

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

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

- 9. A DETERMINATION OF THE EFFECT OF THE PROPOSED RULE ON THE PUBLIC HEALTH, SAFETY AND ENVIRONMENT AND, IF THE PROPOSED RULE IS DESIGNED TO REDUCE SIGNIFICANT RISKS TO THE PUBLIC HEALTH, SAFETY AND ENVIRONMENT, AN EXPLANATION OF THE NATURE OF THE RISK AND TO WHAT EXTENT THE PROPOSED RULE WILL REDUCE THE RISK.**

ODMHSAS anticipates these rule revisions will enhance the ability to provide Behavioral Health Home services by clarifying certification requirements and ensuring an efficient response to specific treatment issues.

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

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

**DATE PREPARED:**

January 7, 2016

**TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES  
CHAPTER 27. STANDARDS AND CRITERIA FOR MENTAL ILLNESS SERVICE PROGRAMS**

## SUBCHAPTER 1. GENERAL PROVISIONS

### 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 ~~certified~~credentialed by ODMHSAS as a Behavioral Health Case Manager I or II and ~~complete trainings as required by ODMHSAS including but not limited to Behavioral Health Aide and 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.

## SUBCHAPTER 3. ORGANIZATION STRUCTURE AND ADMINISTRATIVE OPERATIONS

### PART 3. HUMAN RESOURCES ORGANIZATION

#### **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 ~~no less frequently than every 12 months~~ 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.

**SUBCHAPTER 7. CLINICAL SERVICES**  
**PART 3. ADDITIONAL OR OPTIONAL SERVICES**

**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) ~~Only licensed~~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.

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

~~(D)~~(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.

~~(d)(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]**

~~(a) If medication services are provided, medication administration, storage and control, and consumer reactions shall be regularly monitored.~~

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

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

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

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

~~(c) Compliance with 450:27-7-25 shall be determined by on-site observation and a review of the following: written policy and procedures, clinical records, and PI records.~~

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

~~(a) If medication services are provided, 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.~~

~~(b) Compliance with 450:27-7-26 may be determined by a review of the following: clinical records; written agreements for pharmacy services; on-site observation of in-house pharmacy; and State of Oklahoma pharmacy license.~~

~~(c) Failure to comply with 450:27-7-26 will result in the initiation of procedures to deny, suspend and/or revoke certification.~~

## **SUBCHAPTER 9. BEHAVIORAL HEALTH HOME**

#### **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, ~~based on the comprehensive assessment,~~ identify for each consumer a specific licensed behavioral health professional (LBHP) or licensure candidate ~~on the interdisciplinary treatment team~~ to lead the process of the initial comprehensive assessment and plan and to provide therapy services if indicated on the integrated plan. This will ensure that each consumer's needs are assessed, and that the active treatment plan is implemented as indicated.

(c) Compliance with this Section will be determined by on-site observation, review of organizational documents, signed agreements, activity reports, and clinical records.

**450:27-9-6. 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/~~Certified Peer Support Specialist~~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) ~~Project~~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.

#### **450:27-9-11. 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) ~~The~~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.

#### **450:27-9-17. 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.

(e)(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]**

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

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