PROPOSED RULES:

Chapter 27. Standards and Criteria for Mental Illness Service Programs

1. **BRIEF DESCRIPTION OF THE PURPOSE OF THE RULE:**
The proposed rules are intended to clarify requirements for the health and safety of the facility environment as well as clarify requirements for required emergency services. Proposed revisions require the use of ASAM criteria for clients admitted for co-occurring treatment services and clarify requirements for service plan documentation and progress notes.

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 clarifying and enhancing certification and contracting processes.

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 of outpatient behavioral health agencies to promote healthy lifestyles for their consumers and employees by prohibiting the use of tobacco products on their premises.

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.
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 and how to use 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.

450:27-3-44. Hygiene and sanitation [NEW]
Facilities shall provide:
(1) Lavatories and toilet facilities on site in a minimum ratio of (1) per twenty (20) persons;
(2) Water obtained from an approved public water supply or tested at least quarterly and treated as necessary, thereby maintaining a determination as an approved water supply by the authority having jurisdiction and the OSDH or DEQ, as necessary;
(3) Housekeeping services so that a hygienic environment is maintained in the facility.

SUBCHAPTER 7. CLINICAL SERVICES

PART 1. REQUIRED SERVICES

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 between the hours of 8:00am to 5:00pm, Monday through Friday or during the facility’s hours of operations, whichever is greater.

(2) Methods by which consumers and others can access emergency services accessed beyond outside of the facility’s scheduled hours/days of operation shall be posted and visible to the public. This does not include messages solely instructing clients to dial 9-1-1.

(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. This does not include solely instructing clients to dial 9-1-1.

(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. This does not include solely instructing clients to dial 9-1-1.

(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 shall be determined by a review of policy and procedures, referral agreements, emergency contract records, staff schedules, and clinical records.

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) Each consumer admitted for treatment for co-occurring services shall be assessed by a qualified professional demonstrating competency in the use of ASAM criteria, according to ASAM criteria, which includes a list of symptoms for all six dimensions and each level of care, to determine a clinically appropriate placement in the least restrictive level of care. Facilities must ensure that a consumer’s refusal of a particular service does not preclude the consumer from accessing other needed co-occurring treatment services. Should the service provider determine the consumer’s needs cannot be met within the facility, clinical assessments and referrals for the consumer shall be documented.

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

(f)(g) 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 completed by a LBHP or licensure candidate and 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 include:

   (1) Consumer strengths, needs, abilities, and preferences;
   (2) Identified presenting challenges, needs, and diagnosis;
   (3) Goals for treatment with specific, measurable, attainable, realistic, and time-limited objectives;
   (4) Type and frequency of services to be provided;
   (5) Description of consumer’s involvement in, and response to, the service plan;
   (6) The service provider who will be rendering the services identified in the service plan; and
   (7) Discharge criteria that are individualized for each consumer.

(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 include the following:

   (1) Progress on previous service plan goals and/or objectives;
   (2) A statement documenting a review of the current service plan and an explanation if no changes are to be made to the service plan;
   (3) Change in goals and/or objectives based upon consumer’s progress or identification of new needs and challenges;
(4) Change in frequency and/or type of services provided;
(5) Change in staff who will be responsible for providing services on the plan; and
(6) Change in discharge criteria.

(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. Signatures must be obtained after the service plan is completed.

(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.

450:27-7-44. 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. Include the following:
   (1) Date;
   (2) Name of consumer(s) to whom services were rendered;
   (3) Start and stop time for each timed treatment session or service;
   (4) Original signature of the therapist/service provider; in circumstances where it is necessary to fax a service plan to someone for review and then have them fax back their signature, this is acceptable; however, the provider must obtain the original signature for the clinical file within 30 days and no stamped or photocopied signatures are allowed. Electronic signatures are acceptable;
   (5) Credentials of therapist/service provider;
   (6) Specific service plan need(s), goals and/or objectives addressed;
   (7) Services provided to address need(s), goals and/or objectives;
   (8) Progress or barriers to progress made in treatment as it relates to the goals and/or objectives;
   (9) Consumer (and family, when applicable) response to the session or intervention;
   (10) Any new need(s), goals and/or objectives identified during the session or service.

(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.