

**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 #: 55-2016P**

**SUMMARY:**

In accordance with the Administrative Procedures Act the proposed rule revisions to Chapter 55 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.

**LEGAL AUTHORITY**

Oklahoma Department of Mental Health and Substance Abuse Services Board; 43A O.S. §§ 2-101, 3-306, and 3-319.

**RULE IMPACT STATEMENT**

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

**PROPOSED RULES:**

Chapter 55. Standards and Criteria for Programs of Assertive Community Treatment [AMENDED]

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

In accordance with the Administrative Procedures Act the proposed rule revisions to Chapter 55 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.

**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 55. STANDARDS AND CRITERIA FOR PROGRAMS OF ASSERTIVE  
COMMUNITY TREATMENT**

## SUBCHAPTER 17. STAFF DEVELOPMENT AND TRAINING

### 450:55-17-3. In-service

- (a) In-service presentations shall be conducted yearly and shall be required for all employees upon hire and annually thereafter on the following topics:
- (1) Fire and safety;
  - (2) Infection Control and universal precautions;
  - (3) Techniques and philosophies addressing appropriate non-violent interventions for potentially physical interpersonal conflicts, staff attitudes which promote dignity and enhanced self-esteem, keys to effective communication skills, verbal and non-verbal interaction and non-violent intervention;
  - (4) Consumer's rights and the constraints of the Mental Health Consumer's Bill of Rights;
  - (5) Confidentiality;
  - (6) Oklahoma Child Abuse Reporting and Prevention Act, 10 O.S. §§ 7101 et seq. and Protective Services for the Elderly and for Incapacitated Adults Act, 43A O.S. §§ 10-101 et seq;
  - (7) Facility policy and procedures;
  - (8) Cultural competency;
  - (9) Co-occurring disorder competency and treatment principles;
  - (10) Trauma informed; and
  - (11) Age and developmentally appropriate trainings, where applicable.
- (b) Staff providing clinical services shall have a current cardiopulmonary resuscitation certification.
- (c) Compliance with 450:55-17-3 shall be determined by a review of in-service training records, personnel records and other supporting written information provided.

## SUBCHAPTER 25. BEHAVIORAL HEALTH HOME

### 450:55-25-5. 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) ~~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.

### 450:55-25-6. Treatment team composition

- (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.

#### **450:55-25-11. Initial assessment**

(a) A Licensed Behavioral Health Professional (LBHP), 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 450:55-5-4 for consumers who have not been assessed by the facility within the past 6 months.

(b) ~~The~~In addition to the items required in 55-5-4, 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) 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.

#### **450:55-25-16. 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.

#### **450:55-25-17. 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.~~