

**TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
SERVICES
CHAPTER 1. ADMINISTRATION**

SUBCHAPTER 1. GENERAL INFORMATION

450:1-1-1.1. Definitions

The following words or terms, when used in ~~this Chapter~~ OAC 450, shall have the following meaning, unless the context clearly indicates otherwise and will prevail in the event there is a conflict with definitions included elsewhere in OAC 450:

"Administrative Hearing Officer" means an individual who is an attorney licensed to practice law in the State of Oklahoma and is appointed by the Commissioner of ODMHSAS to preside over and issue a proposed order in individual proceedings.

"AOA" means American Osteopathic Association.

"Behavioral Health Aide (BHA)" means individuals must have completed sixty (60) hours or equivalent of college credit or may substitute one year of relevant employment and/or responsibility in the care of children with complex emotional needs for up to two years of college experience, and: (i) must have successfully completed the specialized training and education curriculum provided by the ODMHSAS; and (ii) must be supervised by a bachelor's level individual with a minimum of two years case management experience or care coordination experience; and (iii) treatment plans must be overseen and approved by a LBHP; and (iv) must function under the general direction of a LBHP and/or systems of care team, with a LBHP available at all times to provide back up, support, and/or consultation. Behavioral Health Aides must complete Module 1, CPR, Blood-born Pathogens, and First Aid training portions of the specialized training and education curriculum provided by the ODMHSAS before beginning work with children and families, and must have successfully completed the entire training and education curriculum, including passing a final examination, within six (6) months of receiving a provisional certificate.

"Behavioral Health Case Manager (BHCM)"- means an individual certified as a Behavioral Health Case Manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50.

"Behavioral Health Rehabilitation Specialist (BHRS)" means 1) Bachelor degree or above; and 2) ODMHSAS Certification as a Behavioral Health Rehabilitation Specialist; and 3); CPRP (Certified Psychiatric Rehabilitation Practitioner) credential; or 4) Certification as an Alcohol and Drug Counselor (CADC). CADC's are allowed to provide substance abuse rehabilitative treatment to those with alcohol and/or drug dependencies or addictions as a primary or secondary DSM-IV Axis I diagnosis.

"Board" means the Oklahoma State Board of Mental Health and Substance Abuse Services.

"CARF" means Commission on Accreditation of Rehabilitation Facilities (CARF).

"Certification" means a status which is granted to a person or an entity by the Oklahoma State Board of Mental Health and Substance Abuse Services or the ODMHSAS, and indicates approval the provider is in compliance with minimum standards as incorporated in OAC 450 to provide a particular service. In accordance with the Administrative Procedures Act, 75 O.S. § 250.3(8), certification is defined as a

"license."

"Certified Alcohol and Drug Counselor (CADC)" means Oklahoma certification as an Alcohol and Drug Counselor.

"Certified Behavioral Health Case Manager" or "CBHCM" means any person who is certified by the ODMHSAS to offer behavioral health case management services as one of the three (3) classifications of case manager within the confines of a mental health facility or drug or alcohol treatment facility that is operated by the department or contracts with the State of Oklahoma to provide behavioral health services.

"Certified facility" means any facility which has received a certification status by the Oklahoma State Board of Mental Health and Substance Abuse Services or the ODMHSAS.

"Certification report" means a written notice of the deficiencies developed by ODMHSAS Provider Certification.

"COA" means the Council on Accreditation of Services for Families and Children, Inc.

"Contractor" or "contractors" means any person or entity under contract with ODMHSAS for the provision of goods, products or services.

"Employment Consultant (EC)" means an individual who (i) has a high school diploma or equivalent; and (ii) successful completion of Job Coach training.

"Entities" or "entity" means sole proprietorships, partnerships and corporations.

"Facilities" or "facility" means entities as described in 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.

"Family Support and Training Provider (FSP)" means (i) have a high school diploma or equivalent; (ii) be 21 years of age and have successful experience as a family member of a child or youth with serious emotional disturbance, or a minimum of 2 years experience working with children with serious emotional disturbance or be equivalently qualified by education in the human services field or a combination of work experience and education with one year of education substituting for one year of experience (preference is given to parents or care givers of child with SED); (iii) successful completion of Family Support Training according to a curriculum approved by the ODMHSAS within 6 months of receiving a provisional certificate; (iv) pass OSBI background check; and (v) treatment plans must be overseen and approved by a LBHP; and (vi) must function under the general direction of a LBHP or systems of care team, with a LBHP available at all times to provide back up, support, and/or consultation.

"Individual proceeding" means the formal process employed by an agency having jurisdiction by law to resolve issues of law or fact between parties and which results in the exercise of discretion of a judicial nature.

"Institutional Review Board" or "IRB" means the ODMHSAS board established in accordance with 45 C.F.R. Part 46 for the purposes expressed in this Chapter.

"Intensive Case Manager (ICM)" means an individual who is designated as an ICM and carries a caseload size of not more than twenty-five (25) individuals. They are certified as a Behavioral Health Case Manager II or III, and have: 1) a minimum of two (2) years Behavioral Health Case Management experience, 2) crisis diversion

experience, and 3) successfully completed ODMHSAS ICM training.

"IRB approval" means the determination of the IRB that the research has been reviewed and may be conducted within the constraints set forth by the IRB and by other agency and Federal requirements.

"JCAHO" means ~~Joint Commission on Accreditation of Healthcare Organizations.~~

"Levels of performance" or **"level of performance"** means units of service by types of service.

"Licensed Alcohol and Drug Counselor" or **"LADC"** means any person who is licensed through the State of Oklahoma pursuant to the provisions of the Licensed Alcohol and Drug Counselors Act.

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

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

(B) practitioners with a license to practice in the state in which services are provided or those actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards:

(i) Psychology;

(ii) Social Work (clinical specialty only);

(iii) Professional Counselor;

(iv) Marriage and Family Therapist;

(v) Behavioral Practitioner; or

(vi) Alcohol and Drug Counselor;

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

(D) a physician assistant who is licensed in good standing in the state and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or therapy functions.

"Licensed dietitian" means a person licensed by the Oklahoma Board of Medical Licensure and Supervision as a dietitian.

"Licensed mental health professional" or **"LMHP"** as defined in Title 43A §1-103(11).

"Licensed physician" means an individual with an M.D. or D.O. degree who is licensed in the state of Oklahoma to practice medicine.

"Licensed practical nurse" means an individual who is a graduate of an approved school of nursing and is licensed in the State of Oklahoma to provide practical nursing services.

"Minimal risk" means that the probability and magnitude of harm or discomfort anticipated in the research are not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examination or tests.

"ODMHSAS" or **"Department"** 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.

"Paraprofessional" means a person who does not have an academic degree related to the scope of treatment or support services being provided but performs prescribed functions under the general supervision of that discipline.

"Probationary certification" means a certification status granted for a period less than three (3) years.

"Psychiatrist" means a licensed physician who specialized in the assessment and treatment of individuals having psychiatric disorders and who is fully licensed to practice medicine in the state in which he or she practices and is certified in psychiatry by the American Board of Psychiatry and Neurology, or has equivalent training or experience.

"Recovery Support Specialist" or "RSS" means an individual who has completed the ODMHSAS RSS training (also referred to as Peer Recovery Support Specialist (PRSS) training) and has passed the ODMHSAS RSS exam.

"Registered nurse" means an individual who is a graduate of an approved school of nursing and is licensed in the state of Oklahoma to practice as a registered nurse.

"Rehabilitative services" means face-to-face individual or group services provided by qualified staff to develop skills necessary to perform activities of daily living and successful integration into community life.

"Reimbursement rates" means the rates at which all contractors are reimbursed (paid) for services they provide under their ODMHSAS contract, and which are reported to ODMHSAS on the Integrated Client Information System ("ICIS").

"Research" means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this Chapter, whether or not they are conducted or supported under a program that is considered research for other purposes. For example, some demonstration and service programs may include research activities.

"Respondent" means the person(s) or entity(ies) named in a petition for an individual proceeding against whom relief is sought.

"Service area" means a geographic area established by the Department of Mental Health and Substance Abuse Services for support of mental health ~~and substance abuse services~~ [43A O.S. § 3-302(1)].

"Service Provider" means a person who is allowed to provide substance abuse services within the regulation and scope of their certification level or license.

"Site Review Protocol" means an ODMHSAS ~~internal~~ document ~~used by ODMHSAS staff developed~~ as a work document in the certification site visit(s) that is based primarily upon the rules (standards/criteria) being reviewed. The Site Review Protocol is used in preparing the Certification Report, which is provided to the facility, and in preparing recommendations regarding certification to the Board for its consideration and action.

"Support Services Provider (SSP)" means an individual age eighteen (18) or older with a high school diploma or equivalent.

"TJC" means The Joint Commission formerly referred to as the Joint Commission

on Accreditation of Healthcare Organizations or JCAHO.

"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.

~~"Units" or "unit" means an hour, or part of an hour, or group of hours, or a 24-hour day during which a specific service is rendered.~~

450:1-1-4. Organization

(a) The Board is the entity vested with authority to make rules for the implementation of the Department's statutorily mandated and permissible functions under 43A O.S. §§ 1-101, et seq.

(b) The Board shall appoint the Commissioner, who is the chief executive officer of the Department with duties, privileges and responsibilities set forth in 43A O.S. § ~~2-202.2-202.1~~. The Commissioner shall maintain such staff as authorized by law and assign said staff to carry out the duties and responsibilities required to fulfill the statutory requirements of 43A O.S. §§1-101 et seq., and the rules and directives of the Board.

(c) The Department shall be organized and divided into such areas and departments as the Board and the Commissioner deem desirable for efficiency. Copies of organizational charts are available upon request from the Human Resources Management Division.

SUBCHAPTER 3. CONTRACTS FOR MENTAL HEALTH, SUBSTANCE ABUSE, AND RESIDENTIAL CARE SERVICES

PART 1. ELIGIBILITY TO CONTRACT

450:1-3-4. Criteria for eligibility to contract

The criteria for eligibility to contract with the ODMHSAS are as follows:

(1) The entity shall exist in conformity with Oklahoma Statutes regulating said entity, and provide such proof. In addition, if said entity purports to be a not for profit corporation, the proof of exemption from federal taxes under the U.S. Internal Revenue Service Code shall be made.

(2) Revocation or non-renewal of an entity's certification by ODMHSAS shall result in contract termination for any service requiring such certification as of the date of ODMHSAS action.

~~(3) For any facility requiring certification, the facility shall have deficiencies of no more than 20% of the standards on which the facility is reviewed.~~

450:1-3-5. Staff qualifications for contracted entities

(a) All staff who provide clinical or supportive services for an agency contracting with ODMHSAS shall have documented qualifications, licensing or training specific to the clinical services they provide.

(b) The following service providers, as defined in 450:1-1-1.1, may provide behavioral health treatment and support services as agreed upon per contract between ODMHSAS and the contractor:

(1) Behavioral Health Aide (BHA);

- (2) Behavioral Health Case Manager (BHCM);
- (3) Behavioral Health Rehabilitation Specialist (BHRS);
- (4) Certified Alcohol and Drug Counselor (CADC);
- (5) Employment Consultant (EC);
- (6) Family Support and Training Provider (FSP);
- (7) Intensive Case Manager (ICM);
- (8) Licensed Behavioral Health Professional (LBHP);
- (9) Licensed Mental Health Professional (LMHP);
- (10) Licensed Physician;
- (11) Licensed Practical Nurse;
- (12) Paraprofessional;
- (13) Psychiatrist;
- (14) Recovery Support Specialist (RSS);
- (15) Registered Nurse;
- (16) Support Services Provider (SSP).

(c) Compliance with 450:1-3-5 shall be determined by a review of staff personnel files and other supporting documentation provided.

PART 3. CONTRACTS AND CONTRACTING PROCESSES

450:1-3-21. Contract renewal

- (a) Contracts for community mental health services, substance abuse services, community-based structured crisis services, eating disorder services, gambling addiction services, narcotic treatment services, and residential care services are considered during the third (3rd) and fourth (4th) quarter of the ODMHSAS fiscal year, for contracting in the following fiscal year.
- (b) Consideration for renewal shall include a review of performance of the current contract including, but not limited to, measurable outcome indicators, target populations served, levels of performance of specific services, ~~having deficiencies of no more than 20% of the standards reviewed~~, the existence of any patients' rights violations, and cost effectiveness of the delivery of services.
- (c) If ODMHSAS determines the contractual relationship shall be renewed, it shall be in a new contract for the upcoming fiscal year and may or may not contain the same terms, conditions, form and format as the previous contract.

SUBCHAPTER 7. CHARGES AND ELIGIBILITY FOR ODMHSAS SERVICES

450:1-7-6. Liability of Consumer for care and treatment--Eligibility for Waiver of Liability

- (a) A consumer at a facility within the Department is responsible for payment and liable for his care and treatment unless he or she has received a waiver of the indebtedness from the Department.
- (b) A consumer at a facility within the Department shall be granted a waiver from payment for services if the following criteria are met:
 - (1) The individual must be in need of behavioral health services. An individual shall be considered to be in need of behavioral health services if treatment is needed to

stabilize, reduce or eliminate the symptoms of, or prevent worsening of any of the following conditions for which a facility within the Department offers treatment needed based on the diagnosis and level of care:

- (A) A diagnosable behavioral health condition as defined by the current DSM, excluding a sole diagnosis of developmental disorders or dementia disorders;
- (B) A presenting problem(s) that indicates a behavioral health illness or condition;
- (C) A level of functioning that indicates the need for behavioral health treatment based on a standard assessment instrument; or
- (D) A behavioral health crisis.

(2) The individual must be uninsured. An individual shall be considered uninsured if one of the following applies:

- (A) The individual is not covered by private or public insurance and receives no insurance benefits for behavioral health services;
- (B) The individual has used all available benefits or coverage allowed for behavioral health services;
- (C) The individual has limited benefits for behavioral health services, but the service(s) needed by the individual are not covered by the individual's insurance or plan; or
- (D) Except for housing and vocational services, persons receiving behavioral health services through a health maintenance organization are considered to be fully covered for behavioral health services and are not eligible for a waiver of liability.

(3) The individual is indigent. An individual shall be considered indigent if he or she is at or below 200% of the Federal Poverty Guidelines based solely on the individual's applicable income. The indigence requirement does not apply to persons receiving emergency services or to persons seventeen (17) years of age or younger.

(A) "Income" is total annual cash receipts before taxes from all sources, and includes money wages and salaries before any deductions, net receipts from self-employment, regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veterans' payments, public assistance (including Temporary Assistance for Needy Families and Supplemental Security Income), training stipends; alimony, child support, military family allotments or other regular support from an absent family member or someone not living in the household, private pensions, government employee pensions, regular insurance or annuity payments, college or university scholarships, grants, fellowships and assistantships, dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

(B) "Income" does not include non-cash benefits, such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and federal non-cash benefit programs such as Medicare, Medicaid, food stamps, school lunches, loans and housing assistance.

(C) Adjustments to "income" are allowed for the following:

(i) Child care allowance for dependent children under the age of fourteen (14). The amount of \$200 for each child under the age of two (2), and \$175 for each child under the age of fourteen (14) can be deducted from "income" to calculate total adjusted "income". If the family has children, there is no verification requirement.

(ii) Working adult allowance for working adults in the household. The amount of \$240 for each working adult can be deducted from "income" to calculate total adjusted "income". "Working adult" is defined as a person age eighteen (18) or older with earned income (adult children in the household are not eligible to be counted for this deduction). There is no verification requirement for this deduction.

(c) Before any waiver of liability is granted, a report or questionnaire must be prepared which indicates the demographic information including the consumer's name, address if any, telephone number if any, and social security number, the consumer's income, number of dependents and third-party insurance or payer information. Income must be verified by the facility obtaining one of the following:

- (1) The consumer's Internal Revenue Service Form W-2 from the previous year;
- (2) The consumer's federal or state income tax return from the previous year;
- (3) Two recent, consecutive paycheck stub(s) showing the pay date, hours worked, types of pay and gross rate of pay;
- (4) A Medicaid card; or
- (5) Any government document that verifies income.

If the facility is unable to verify the consumer's income by an independent source, the consumer or a family member of the consumer must sign an income verification statement before a waiver of liability may be granted.

(d) The executive director of the facility within the Department or his or her designee shall make a determination of whether the consumer meets the criteria for waiver of liability and sign a statement, which must be placed in the consumer's record at the facility, of the reasons for the waiver.

SUBCHAPTER 9. CERTIFICATION AND DESIGNATION OF FACILITY SERVICES

450:1-9-3. Purpose of certification

The purpose of is to assess, facility's responsibility to the consumer, and delivery of acceptable services to the consumer. Responsibility to the consumer is demonstrated through the provision of suitable facilities, trained staff and needed services which are accessible, safe and confidential. In addition to the above, is demonstrated by the willingness and ability of the organization's governing authority and staff to provide the planning, budgeting and management of resources necessary to the continued existence and effectiveness of the facility/services.

450:1-9-4. Reviewing authority

(a) The Board may certify community mental health centers, community residential mental health facilities, community-based structured crisis centers, eating disorder treatment programs, alcohol and drug treatment programs, programs of assertive

community treatment, gambling addiction treatment programs, and narcotic treatment programs as cited in Section 450:1-9-1, and directs that such shall be carried out as stated in this subchapter.

(b) The Board and ODMHAS may also certify qualified individuals to perform within the scope of specific functions to provide treatment or support services related to behavioral health services. Certification of individuals shall be carried out as stated in OAC 450: 1 and in accordance with applicable requirements specified in other chapters of OAC:450.

~~(b)(c)~~ The Commissioner of ODMHSAS may grant or extend a Permit for Temporary Operations Certification to respond to unplanned changes that create an emergency need for service provision in the ODMHSAS delivery system for services operated by or funded by ODMHSAS.

(1) Provider Certification shall conduct a site review at the designated facility which must meet the minimal compliance requirements as cited in 450:1-9-7.

(2) The application procedure for completion of the certification process shall be accomplished in accordance with 450:1-9-6 and 450:1-9-7.

(3) The Permit for Temporary Operations Certification—emergency certification status granted to the facility by the Commissioner as described above must be presented at the next ODMHSAS Board meeting for Board review and confirmation. In the event the Board does not confirm the Temporary Certification status granted by the Commissioner, the Permit for Temporary Operations expire no later than thirty (30) days from the Board's action as stipulated in a written notice provided to the organization for which the Permit was denied. ~~Department shall initiate revocation proceedings pursuant to 450:1-9-8.~~

450:1-9-5. Qualifications for certifications of facilities and programs and individuals

(a) Qualifications for certification are as follows:

(1) Compliance with applicable Standards and Criteria as set forth in the Chapter of OAC Title 450 regulating the area for which certification is being sought is required to qualify for certification. Recovery Support Specialists shall comply with applicable standards requirements and procedures specified by the Department. Other specific Standards and Criteria are:

(A) Chapter 16, Standards and Criteria for Community Residential Mental Health Facilities;

(B) Chapter 17, Standards and Criteria for Community Mental Health Centers;

(C) Chapter 18, Standards and Criteria for Alcohol and Drug Treatment Programs;

(D) Chapter 21, Certification of Alcohol and Drug Substance Abuse Courses (ADSAC), Organizations and ~~Instructors~~ Facilitators;

(E) Chapter 22, Certification of Alcohol and Drug Assessment and ~~Evaluation~~ Evaluations Programs Related to Driver's License Revocation;

(F) Chapter 23, Standards and Criteria for Community-~~based~~ Based Structured Crisis Centers;

(G) Chapter 50, Standards and Criteria for Certified ~~Certification~~ of Behavioral Health Case Managers;

- (H) Chapter 55, Standards and Criteria for Programs of Assertive Community Treatment;
- (I) Chapter 60, Standards and Criteria for Certified Eating Disorder Treatment Programs;
- (J) Chapter 65, Standards and Criteria for Gambling Addiction Treatment Programs; and
- (K) Chapter 70, Standards and Criteria for Narcotic Opioid Substitution Treatment Programs.

(2) Subsequent to the adoption of this rule, ODMHSAS will designate specific standards in the Chapters listed above, that are applicable to facilities and programs, as Core Organizational Standards, Core Operational Standards, and Quality Clinical Standards and the requirements that must be present to determine minimal compliance with each type of standard

(A) Core Organization Standards will address requirements necessary to assure the public and consumers of services that essential organizational functions are substantially in place at the facility and the facility is prepared to initiate services for which certification is being requested. These can be verified prior to the initiation of services for which the organization is requesting certification.

(B) Core Operational Standards will address other essential conditions and processes that must be in place to assure basic safety and protection of consumer rights. Some of these can also be verified prior to the initiation of service. Others must be verified when an organization begins providing services.

(C) Quality Clinical Standards will address actual services provided, qualifications of staff, clinical documentation, and processes designed to assure consistency in quality and efficacy of services. These can only be verified after a reasonable time during which services have been provided.

(2)(3) An applicant for certification must also comply with all other applicable statutory licensing provisions, including but not limited to individual professional licensure, other licenses, or permits required of organizational entities.

(b) A certified Community Mental Health Center that provides alcohol and drug treatment services in the course of its outpatient or inpatient services, but has no designated or specialized alcohol and drug abuse treatment program component, shall not be subject to additional certification under the Certified Services for Alcohol- and Drug-Dependent Standards and Criteria in OAC 450, Chapter 18.

(c) A certified Community Mental Health Center providing alcohol and drug abuse treatment services as a designated or specialized program component shall be subject to certification under the Certified Services for Alcohol- and Drug-Dependent Standards and Criteria in OAC 450, Chapter 18.

(d) Certified Services for the Alcohol- and Drug-dependent providing community mental health services shall be subject to certification as a community mental health center in OAC 450, Chapter 17.

450:1-9-5.1. Types and Duration of certification status for facilities and programs

(a) The ODMHSAS may grant the following types of certification for the durations specified below.

(1) **Permit for Temporary Operations.** Such Permits will be granted by

ODMHSAS upon ODMHSAS's verification that the organization has complied with all Core Organizational Standards and Core Operational Standards applicable to the level of services for which certification applies. The Permit will expire at the end of six (6) months or if a subsequent certification is achieved by the organization and subsequently granted by ODMHSAS prior to the expiration of the Permit. ODMHSAS may extend a Permit for no more than 60 days in the event of extenuating circumstances as determined by ODMHSAS.

(2) **Probationary Certification.** Probationary Certification may be awarded for a one (1) year period by ODMHSAS in accordance with applicable chapters as stipulated in 450:1-9-5 and when ODMHSAS verifies that all conditions in 450:1-9-5.1(a)(3) exist but the program initiated operations prior to the awarding of a Permit for Temporary Operations for the services for which certification is statutorily required. Organizations awarded Probationary Certification must apply for and be awarded Probationary Certification for two additional one (1) year terms, prior to being considered for other categories of ODMHSAS Certification.

(3) **Certification.** ODMHSAS may award Certification for a one (1) year or two (2) year period beyond the period approved for a Permit for Temporary Operations or as a renewal of a previously awarded Certification in accordance with applicable chapters as stipulated in 450:1-9-5 and when ODMHSAS determines that the organization has met minimal compliance with each type of standard (i.e. Core Organizational Standards, Core Operational Standards, and Quality Clinical Standards). To qualify for Certification, programs must meet the following:

(A) Demonstrate compliance with all Core Organizational Standards and with all Core Operational Standards as verified by ODMHSAS and within timeframes stipulated by ODMHSAS; and,

(B) For a one (1) year certification, demonstrate compliance with at least 51% of all Quality Clinical Standards on the initial site review, and file an acceptable plan of correction and demonstrate compliance with 100% of Quality Clinical Standards, as verified by ODMHSAS in accordance 450:1-9-7.1 and 450:1-9-7.3; or,

(C) For a two (2) year certification, demonstrate compliance with at least 75% of all Quality Clinical Standards on the initial site review, and file an acceptable plan of correction and demonstrate compliance with 100% of Quality Clinical Standards, as verified by ODMHSAS in accordance 450:1-9-7.1 and 450:1-9-7.3.

(D) Community Residential Mental Health Programs can be recommended for no more than a one (1) year certification.

(E) Programs awarded a Probationary Certification are not eligible for Certification under the conditions described in 450:1-9-5.1(3) until all conditions of 450:1-9-5.1(2) have been satisfied.

(4) **Certification with Distinction.** Certification with Distinction may be awarded for up to three (3) years by ODMHSAS in accordance with applicable chapters as stipulated in 450:1-9-5 for programs seeking renewal of previously awarded certification when ODMHSAS verifies all of the following minimal conditions are satisfied.

(A) Programs must have provided services with an approved ODMHSAS

Certification as described in 450:1-9-5.1(3) for one (1) year or longer in addition to the time services were provided under an approved Permit for Temporary Operations or a Probationary Certification.

(B) Programs must demonstrate compliance with all Core Organizational Standards and with all Core Operational Standards as verified by ODMHSAS; and,

(C) Programs must also demonstrate compliance with at least 90% of all Quality Clinical Standards on the initial renewal site visit and review as verified by ODMHSAS. Compliance may be determined during initial site reviews or during additional site reviews following the implementation of a plan of correction as required ODMHSAS, in accordance 450:1-9-7.1 and 450:1-9-7.3.

(D) Programs for which ODMHSAS determines compliance with all standards as required in (a), (b), and (c) will be recommended for Certification with Distinction for a three (3) year period.

(E) ODMHSAS may refund certification renewal application fees for organizations that demonstrate 100% compliance with all standards (i.e. Core Organizational Standards, Core Operational Standards, and Quality Clinical Standards) during the initial renewal site visit and review.

(F) Community Residential Mental Health Programs can be recommended for no more than a one (1) year Certification with Distinction.

(G) Programs awarded a Probationary Certification are not eligible for Certification under the conditions described in 450:1-9-5.1(4) until all conditions of 450:1-9-5.1(2) have been satisfied.

(5) Certification with Special Distinction. Certification with Special Distinction may be awarded for up to three (3) years by ODMHSAS in accordance with applicable chapters as stipulated in 450:1-9-5 for programs seeking renewal of previously awarded certification when ODMHSAS verifies all of the following minimal conditions are satisfied.

(A) The program must meet all conditions for Certification with Distinction as outlined in 1-9-5.1 (4); and,

(B) The program has attained national accreditation (COA, CARF, or TJC) for the services to which ODMHSAS Certification applies.

(C) Certification with Special Distinction will be reduced by ODMHSAS to Certification with Distinction by ODMHSAS if during the certification period for which the Special Distinction was approved, the program fails to maintain national accreditation status.

(D) ODMHSAS may refund certification renewal application fees for organizations that demonstrate 100% compliance with all standards (i.e. Core Organizational Standards, Core Operational Standards, and Quality Clinical Standards) during the initial renewal site visit and review.

(E) Community Residential Mental Health Programs can be recommended for no more than a one (1) year Certification with Distinction.

(F) Programs awarded a Probationary Certification are not eligible for Certification under the conditions described in 450:1-9-5.1(4) until all conditions of 450:1-9-5.1(2) have been satisfied.

(b) Permits for Temporary Operations granted to applicants for initial certification of a

facility, location, or level of service shall be for a period of six (6) months and shall become effective immediately upon approval by the ODMHSAS Board, the Commissioner or designee.

(c) Certification, other than Permits for Temporary Operations, granted to an applicant shall become effective the first day of the month following the date of the action by the Board, provided however, the Board may waive this requirement and make the Certification effective immediately.

450:1-9-5.3. Types and Duration of certification of individuals

(a) Certification for Behavioral Health Case Managers will be in accordance with requirements and procedures stipulated in 450:50 Certification of Behavioral Health Case Managers.

(b) Certification for organizations and individuals providing alcohol and drug abuse course instruction will be in accordance with requirements and procedures stipulated 450:21 Certification of Alcohol and Drug Substance Abuse Courses (ADSAC), Organizations and Facilitators.

(c) Certification related to alcohol and drug assessment and evaluation related to driver's licenses revocation will be in accordance with requirements and procedures stipulated in 450:22, Certification of Alcohol and Drug Assessment and Evaluations Related to Driver's License Revocation.

(d) Credentialing for Recovery Support Specialists will be as done in accordance with procedures and guidelines established by ODMHSAS.

450:1-9-5.5. Additional conditions related to certification

(a) Certification and credentials granted by ODMHSAS are not transferable. A change of the ownership of a facility automatically terminates any certification status, requiring application for certification by the new ownership.

(1) If the certified facility is owned by a corporation the following applies:

(A) If the corporation is not-for-profit, a change in membership of the Board of Directors of more than fifty percent (50%) of the Directors in three (3) or less calendar months, unless such change was caused by the normal expiration of terms in accordance with the bylaws of the Board of Directors, shall require the facility to be recertified.

(B) If the corporation is other than not-for-profit, a change in the ownership of more than forty per cent (40%) of the stock in the corporation from the owners at the beginning of the period of certification shall require the facility to be recertified.

(2) It is the responsibility of the facility to notify the ODMHSAS of the occurrence of either of the conditions requiring recertification and to request the application materials for recertification.

(b) Certification or credentials may be suspended or revoked with the basis for such action being delineated in Section 450:1-9-9 of this Subchapter.

450:1-9-6. Procedures for application for certification

(a) Applications for certification as a community mental health center, community residential mental health facility, community-based structured crisis center, eating

disorder treatment program, alcohol and drug treatment program, program of assertive community treatment, gambling addiction treatment program, and narcotic treatment program must be made to ODMHSAS in writing on a form and in a manner prescribed by the Commissioner of ODMHSAS and include the following:

- (1) A fully completed ODMHSAS application for certification form signed by authorized officials;
- (2) The necessary written documentation or supporting evidence required on the application for certification form; and
- (3) The required certification fee in the form of a check or money order, payable to the Oklahoma Department of Mental Health and Substance Abuse Services.

~~(b)~~(4) The following fees are required:

- ~~(4)~~(i) Application fee for all Treatment Programs is \$300 per certification period.
- ~~(2)~~(ii) Application fee for Community Residential Mental Health Programs is \$100 per certification period.

~~(e)~~(5) The application for certification form, required written documentation and fee must be submitted to Oklahoma Department of Mental Health and Substance Abuse Services, Provider Certification Division, P.O. Box 53277, Oklahoma City, Oklahoma 73152-3277.

~~(d)~~(6) The application may require a listing of all services provided by the applicant, as well as specifics about the applicant including but not limited to governing authority, administrative, fiscal, all locations or sites where applicant will provide services and types of services to be provided.

(7) ODMHSAS may refund certification fees based on exemplary performance during the Certification process for which the application has been submitted and based on guidelines established by ODMHSAS.

(b) Applications for certification or credentials as individual must be made to ODMHSAS in writing on a form and in a manner prescribed by the Commissioner of ODMHSAS and, as applicable, in accordance with specific requirements stipulated in the following chapters of 450:21, 450:22, 450:50, and for Recovery Support Specialist, in accordance with application instructions stipulated by ODMHSAS.

~~(e) If, after being certified, a facility desires to add a service location within the facility's currently certified service area or to extend services to a different service area, approval may be granted by the Commissioner upon submission of the required documentation to the Provider Certification Division.~~

~~(1) The facility must notify ODMHSAS in writing of the plan to expand service locations on a form and in a manner prescribed by the Commissioner of ODMHSAS.~~

~~(2) The required written documentation or supporting evidence includes, but is not limited to:~~

- ~~(A) fire & safety inspection;~~
- ~~(B) facility policies and procedures;~~
- ~~(C) zoning compliance; and~~
- ~~(D) evidence of compliance with Title 43A O.S. §3-417.1, if applicable.~~

~~(f) At the time of the next review of the facility's main office certification, any location which extended service provision to a different service area will require a separate certification application and may be reviewed on a schedule separate and apart from the certification schedule of the main office.~~

(g) ~~If after being certified, a facility desires to offer a new type of service or new level of care, the facility must submit an application for certification, the required documentation and fee to the ODMHSAS Provider Certification Division, P.O. Box 53277, Oklahoma City, Oklahoma 73152-3277.~~

450:1-9-6.1. Expanding certification of facilities and programs to additional geographical areas; Adding new programs or levels of care.

(a) A facility or program, after being certified, may request to add a service location within the geographic area in which the facility's currently provides certified services or to extend services to a different geographic area. Approval may be granted by the Commissioner upon submission of the required documentation to the Provider Certification Division provided the organization is not certified under a Permit for Temporary Operations.

(1) The facility must notify ODMHSAS in writing of the plan to expand service locations on a form and in a manner prescribed by the Commissioner of ODMHSAS.

(2) The required written documentation or supporting evidence includes, but is not limited to:

(A) fire & safety inspection;

(B) facility policies and procedures;

(C) zoning compliance; and

(D) evidence of compliance with Title 43A O.S. §3-417.1, if applicable.

(b) At the time of the next review of the facility's main office certification, any location which extended service provision to a different geographic area will require a separate certification application and may be reviewed on a schedule separate and apart from the certification schedule of the main office.

(c) If after being certified, a facility desires to offer a new type of service or new level of care, for which certification is required, the facility must submit an application for certification, the required documentation and fee to the ODMHSAS Provider Certification Division, P.O. Box 53277, Oklahoma City, Oklahoma 73152-3277.

450:1-9-7. Procedures for completion of the Permit for Temporary Operations certification process

(a) ~~Certification process.~~ Completion of the certification process for a Permit for Temporary Operations will be done in cooperation between the applicant and ODMHSAS staff, and consists of the following:

(1) Each organization pursuing ODMHSAS certification shall initially apply for a Permit for Temporary Operations.

(2) Upon receipt of an application ODMHSAS will provide all applicants for a Permit for Temporary Operations a document listing the Core Organizational Standards and Core Operational Standards required for a Permit for Temporary Operations.

(3) The application shall be reviewed for completeness by ODMHSAS staff. If the application is deemed complete, a site review of the facility or program will be scheduled and completed.

(4) Any deficiencies of applicable Core Organizational Standards and Core Operational Standards cited as a result of the site visit or subsequent review(s) of documents requested by ODMHSAS will be identified and a report will provided to

the facility by ODMHSAS within five (5) working days of the site visit.

(5) The facility will have ten (10) working days from receipt of the deficiency report to correct deficiencies and provide to ODMHSAS proof of compliance. ODMHSAS may require an additional site visit(s) to verify proof of compliance.

(6) If any pending deficiencies in Core Organizational Standards and Core Operational Standards are identified following this ten (10) day correction period, the program will have five (5) additional working days from receipt of any subsequent report to correct and verify compliance with any pending deficiencies.

(7) Failure of any applicant for a Permit for Temporary Operation to clear deficiencies of Core Organizational Standards or Core Operational Standards within twenty (20) working days of the initial site visit, shall result in a notice of denial of the application for a Permit for Temporary Operations.

(8) Applicants that clear pending deficiencies and for whom ODMHSAS can verify compliance with all applicable Core Organizational Standards and Core Operational Standards within twenty (20) working days of the initial site visit, will be recommended for a Permit for Temporary Operation by ODMHSAS.

(b) Additional certification procedures related to a Permit for Temporary Operations.

(1) Re-application for a Permit can be accepted no sooner than ninety (90) days after issuance of a notification of denial.

(2) If an applicant fails a second time to satisfy requirements for a Permit for Temporary Operations as stipulated in 450:1-9-7(a)(8), ODMHSAS can accept an additional re-application no sooner than twelve (12) months from time of the issue of the second notification of denial.

(3) Organizations granted a Permit for Temporary Operations must achieve a subsequent level of ODMHSAS certification prior to the expiration of a Permit for Temporary Operations. Failure to do so will result in a cancellation by ODMHSAS of the Permit for Temporary Operations. ODMHSAS will provide notice of the cancellation and stipulate to the organization that it must discontinue services subject to any statutory provisions that mandate the applicable ODMHSAS Certification. Re-application for a Permit for Temporary Operations, following a cancellation by ODMHSAS or by the organization to which a Permit was issued, may occur after ninety (90) days and in accordance with the requirements of 450:1-9-7 and 450:1-9-12.

(1) a review by ODMHSAS of all application materials;

(2) an on-site review of the facility and completion of the applicable site visit protocol by ODMHSAS;

(3) a review of all records deemed applicable by the ODMHSAS;

(4) development and dissemination of report materials by ODMHSAS;

(5) development and review of any needed plans of correction;

(6) applicable follow-up on-site reviews; and

(7) presentation by ODMHSAS staff of the review results and associated recommendations to the Board or Commissioner or designee.

(b) Initial applications:

(1) All initial applications for certification shall be reviewed for completeness by ODMHSAS staff. If the application is deemed complete, a site review of the facility or program will be scheduled. If the applicant is cited for deficiencies on fifty percent

~~(50%) or more of the applicable standards and rules, based on the initial on-site review findings, a plan of correction will not be requested and a notice of denial of the certification application shall be sent to the applicant by the Commissioner or designee.~~

~~(2) If applicable, a plan of correction will be requested. The applicant must submit a written plan of correction for each deficiency within the required time frame to continue the certification process. If a revised plan of correction is requested, the applicant must submit an acceptable plan of correction within the required time frame to continue the certification process. Failure to submit a plan of correction within the required time frame or to submit a timely and adequate revised plan of correction shall result in a notice of denial of the application.~~

~~(3) Re-application will be accepted after three (3) months have passed since issuance of a notification of denial.~~

~~(c) **Length of certification process.**~~

~~(1) If an applicant for initial certification fails to achieve full Certification within six (6) months of being granted Temporary Certification, the applicant shall not receive full Certification and a recommendation of revocation of the existing certification status will be initiated at the direction of the Commissioner or designee. Re-application for certification shall be made in accordance with the requirements of 450:1-9-7 and 450:1-9-12.~~

~~(2) If the applicant requests withdrawal of the certification status because of the circumstances cited above, the applicant may reapply three months after receipt of the written request for withdrawal by the Provider Certification Division. Re-application for certification shall be made in accordance with these Rules.~~

~~(d) **Renewal applications.**~~

~~(1) ODMHSAS will, prior to the renewal date, notify facilities the application for renewal of Certification is due.~~

~~(2) The facility shall submit its application for renewal before the expiration of its Certification.~~

~~(3) Renewal applications for certification shall be reviewed for completeness by ODMHSAS staff. If the application is deemed complete, a site review of the facility or program will be scheduled. If the facility is cited for deficiencies on 50% or more of the applicable standards and rules based on the site review findings, a plan of correction shall not be requested and revocation of the certification status will be initiated at the direction of the Commissioner or designee.~~

~~(4) If applicable, a plan of correction will be requested. The applicant must submit a written plan of correction for each deficiency within the required time frame to continue the certification process. If a revised plan correction is requested, the applicant must submit an acceptable plan of correction within the required time frame to continue the certification process. If the applicant fails to submit a plan of correction within the required time frame or fails to submit a timely or adequate revised plan of correction, denial of the renewal application shall be sent to the applicant by the Commissioner or designee and the current Certification status will be allowed to expire.~~

~~(5) Length of certification process~~

~~(A) If, after being granted Conditional Certification, an applicant for renewal fails~~

to achieve full Certification within four (4) months, the applicant shall not receive full Certification and revocation of the existing certification status shall be initiated at the direction of the Commissioner or designee. Reapplication for certification shall be made in accordance with the requirements of 450:1-9-7 and 450:1-9-12.

(B) If the applicant requests withdrawal of the certification status because of the circumstance cited above, the applicant may reapply three months after the receipt of the written request for withdrawal by the Provider Certification Division.

(e) **Site reviews.**

(1) Initial, renewal or follow-up site reviews, based on the current certification status of the applicant, will be scheduled and conducted by designated representatives of the ODMHSAS at each location or site of the applicant.

(2) Only one follow-up site review will be conducted on facilities receiving Temporary or Conditional Certification for the purpose of determining compliance with standards and the plan of correction.

(3) For a facility granted Temporary Certification, the follow-up site review will be conducted on standards not applicable during the initial certification visit, and a minimum of five (5) records shall be made available for review.

(4) The follow-up site review to Conditional Certification will be conducted to review implementation of the plan of correction. A minimum of five (5) records shall be made available for review. Failure to come into compliance with applicable rules and to implement the plan of correction shall result in a recommendation that the Conditional Certification status be revoked.

(5) A Site Review Protocol shall be completed during each site visit. Protocols shall contain the current ODMHSAS Standards and Criteria applicable to the facility.

(A) A facility must be prepared to provide evidence of compliance with each applicable standard.

(B) In the event the reviewer(s) identifies some aspect of facility operation that adversely affects consumer safety or health, the reviewer(s) shall notify the facility director and appropriate ODMHSAS staff. An immediate suspension of certification may be made by the Commissioner of ODMHSAS.

(f) **Accreditation status.** The ODMHSAS may accept accreditation granted by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation of Services for Families and Children, Inc. (COA), or the American Osteopathic Association (AOA) as compliance with certain specific ODMHSAS standards. For such to be considered, the facility shall make application and submit evidence to the ODMHSAS of current accreditation status. This evidence shall include documentation of the program or programs included in the most recent accreditation survey, including survey reports of all visits by the accrediting organization, any reports of subsequent actions initiated by the accrediting organization, any plans of correction, and the dates for which the accreditation has been granted.

(g) **Deficiencies.** A deficiency shall be cited for each rule not met by the facility.

(h) **Report to applicant and plan of correction.**

(1) During the course of the certification process, and prior to determination of certification status, ODMHSAS staff shall report the results of the on-site review to

~~the facility. The facility shall receive written notice of the deficiencies in a Certification Report.~~

~~(2) The facility must submit a written plan of correction for each deficiency for approval within two (2) weeks of the receipt of the Certification Report. Approval of the plan of correction shall be required before the completed application for certification will be presented to the Board.~~

~~(3) If a request for a revised plan of correction is necessary, the facility must submit an acceptable plan of correction within the required time frame to continue the certification process. Failure to submit a timely and adequate revised plan of correction shall result in either a notice of denial of the application or revocation of the certification status, as applicable.~~

~~(4) However, if the facility is cited for deficiencies on fifty percent (50%) or more of the applicable standards and rules based on the initial site review findings, a plan of correction will not be requested.~~

~~(i) **Notification of Departmental recommendation for certification.**~~

~~(1) After completion of the on-site review and report on the Application for Certification, ODMHSAS staff shall prepare a recommendation on the certification status or application.~~

~~(2) Prior to the ODMHSAS staff's presentation of its recommendation of an applicant's certification to the Board, the ODMHSAS staff shall notify the applicant of:~~

~~(A) the recommendation, and~~

~~(B) the date and time of the Board meeting at which the facility's application, and the recommended certification will be presented.~~

~~(3) Achievement of certain scores is a prerequisite for consideration of a specific certification status but may not be the sole determinant. Individual deficiencies that meet the criteria in 450:1-9-9 may be grounds for suspending or revoking certification or denying applications for certification.~~

~~(4) Consideration of certification may be deferred while additional information regarding a facility's compliance status is reviewed.~~

~~(5) The minimum compliance scores for recommendation of a certification status to the Board are:~~

~~(A) **Certification with Commendation.** Facility is in compliance with 100% of the applicable rules.~~

~~(B) **Certification.** Facility achieves compliance with 100% of the applicable rules after on-site correction(s).~~

~~(C) **Conditional Certification.** Facility is in compliance with 51% of the applicable rules.~~

~~(D) **Temporary Certification.** Facility is in compliance with 51% of the applicable standards and rules.~~

~~(j) **Actions on Non-Certified Providers.** If at the initial site review it is found the facility is providing services:~~

~~(1) The review will be continued including the review of clinical records.~~

~~(2) The facility must comply with the requirements cited in 450:1-9-7 to continue the certification process.~~

~~(3) The applicant must achieve 100% compliance within four (4) months of being~~

~~granted Temporary Certification for a recommendation of Probationary Certification to be made to the Board. Failure to achieve the required compliance level shall result in a recommendation of revocation of the existing Temporary Certification status and an Order issued to cease the provision of services, if applicable.~~

~~(4) If the applicant achieves the required compliance level within the required time frame, a recommendation of Probationary Certification will be recommended for no more than one (1) year.~~

~~(5) The desire for continued certification after the Probationary Certification period of one year will require the submission of a new application for each of the next two (2) years. The requirements in 450:1-9-7 shall apply. If the applicant achieves the required compliance level within the required time frame, a recommendation for full Certification for no more than one (1) year will be made to the Board for each of the next two years.~~

~~(6) If during this three-year period the facility is found non-compliant with Title 43A O.S. § 3-301, Unified Community Mental Health Services Act, or 43A O.S. § 3-401 Oklahoma Alcohol and Drug Abuse Services Act, the non-compliance will result in revocation of Certification. Re-application for certification will be accepted one year after revocation.~~

~~(k) **Actions on certification applications.** ODMHSAS staff shall make one of the following recommendations to the Board:~~

~~(1) Certification with Commendation;~~

~~(2) Certification;~~

~~(3) Conditional Certification;~~

~~(4) Temporary Certification; or~~

~~(5) Probationary Certification.~~

~~(l) ODMHSAS shall forward recommendation for revocation of certification to the Commissioner or designee. If the Commissioner or designee approves a recommendation to revoke certification, an individual proceeding shall be initiated pursuant to Subchapter 5.~~

450:1-9-7.1. Procedures for completion of additional certification processes subsequent to a Permit for Temporary Operations.

(a) The following procedures apply for organizations awarded Permit for Temporary Operation pursuant to 450:1-9-7 that elect to progress to an additional certification by ODMHSAS. The process outline below will be done in cooperation between the applicant and ODMHSAS staff, and consists of the following:

(1) Ninety (90) days prior to the expiration of a Permit for Temporary Operations, ODMHSAS will notify the permitted facility that a supplemental certification application form must be completed so the organization can be reviewed for a new certification level. Along with a request for a supplemental certification application, ODMHSAS will provide a document listing Quality Clinical Standards applicable to the new certification level. The document will also indicate the Core Organization Standards and Core Operational Standards for which continued compliance must be verified.

(2) Each organization desiring to be considered for certification subsequent to being awarded a Permit for Temporary Operations will complete a supplemental

certification application form at least sixty (60) days prior to the expiration of the Permit for Temporary Operations.

(3) In the event an organization, after being awarded a Permit for Temporary Operations, fails to supply the supplemental certification application in accordance with (1) and (2) above or elects to not pursue further ODMHSAS certification, the Permit for Temporary Operations will be allowed to expire.

(4) No additional fee, beyond that required for a Permit for Temporary Operation will be required along with the supplemental certification application.

(5) The application shall be reviewed for completeness by ODMHSAS staff. If the application is deemed complete, a site review of the facility or program will be scheduled and completed.

(6) Any deficiencies of applicable standards identified as a result of the subsequent certification site visit or documentation reviews requested by ODMHSAS will be identified and a report will be provided to the facility by ODMHSAS within five (5) working days of the site visit.

(7) The facility will have ten (10) working days from receipt of the report to correct deficiencies of all Core Organizational Standards and Core Operational Standards and provide ODMHSAS proof of compliance with these standards. ODMHSAS may require an additional site visit(s) to determine of compliance with Core Organizational Standards and Core Operational Standards. The facility will have no more than twenty (20) working days from the certification site visit referenced in (6) above to achieve complete compliance with all Core Organizational Standards and Core Operational Standards.

(8) The facility will also have ten (10) working days from receipt of the report to submit a plan for correction related to deficiencies in Quality Clinical Standards. The plan of correction will indicate the earliest date by which ODMHSAS should schedule a site visit or documentation review to determine compliance with Quality Clinical Standards for which deficiencies were cited but not more than twenty (20) working days from receipt of report as referenced in (6) above. The site visit or review may or may not be conducted in conjunction with a review to verify compliance with pending Core Organizational Standards, and Core Operational Standards.

(9) Any deficiencies of applicable standards identified during the site visit or review referenced in (8) above will be identified by ODMHSAS and included in a report provided to the facility by ODMHSAS within three (3) working days of the site visit or review. Facilities for which ODMHSAS cannot determine compliance with all pending Clinical Standards during the follow up site visit or review referenced in (8) above may request ODMHSAS to complete one additional site visit or review prior to the finalization of a recommendation related to certification as referenced in (10) below. Facilities desiring this additional review must do so in writing to the Director of Provider Certification within three (3) working days of receipt of the follow up report referenced in (9) above and indicate the earliest date by which ODMHSAS should schedule the final review but not more than fifteen (15) working days from receipt of report as referenced in (9) above.

(10) Facilities for which ODMHSAS can verify compliance with all applicable Core Organizational Standards, Core Operational Standards, and Quality Clinical Standards, within the timeframes specified in 450:1-9-7.1 will be recommended for a

certification status in accordance with guidelines established in 450:1-9-5.1.

(11) Anytime, during the process outlined above, ODMHSAS may request one or more written plan(s) of correction in a form and within a timeframe designated by ODMHSAS.

(12) If the applicant fails to submit a plan of correction within a required time frame or fails to submit a timely or adequate revised plan of correction, denial of the application for subsequent certification shall be sent to the applicant by the Commissioner or designee and the current Permit for Temporary Operations be allowed to expire. Likewise, if the applicant fails to request an additional site visit or documentation review in accordance with timeframes stipulated in (9) above denial of the application for subsequent certification shall be sent to the applicant by the Commissioner or designee and the current Permit for Temporary Operations be allowed to expire

450:1-9-7.3. Procedures for renewal of certification.

(a) The following procedures apply to organizations previously awarded certification pursuant to 450:1-9-7.1 and organizations that have maintained Certification or Certification with Commendation awarded by ODMHSAS prior to November 1, 2010. The process outline below can result in an entity being awarded Certification, Certification with Distinction, or Certification with Special Distinction. The process will be done in cooperation between the applicant and ODMHSAS staff, and consists of the following:

(1) Ninety (90) days prior to the expiration of a current Certification, except a Permit for Temporary Operations, ODMHSAS will provide the certified the facility with a notice of certification expiration and advise the facility that a renewal certification application form must be completed so the organization can be reviewed for consideration for a renewal of certification. Along with the notice of certification expiration, ODMHSAS will provide a document listing Core Organization Standards, Core Operational Standards, and Quality Clinical Standards potentially applicable to the renewed certification.

(2) Each organization desiring to renew Certification must submit a completed certification application form, fees and other required materials in accordance with 450:1-9-6 and at least sixty (60) days prior to the expiration of the current Certification.

(3) In the event an organization, after being notified of the Certification expiration in accordance with (1) and (2) above fails to submit the renewal certification application, fees, or other materials as referenced in (2) above, the current Certification will be allowed to expire.

(4) The application shall be reviewed for completeness by ODMHSAS staff. If the application is deemed complete, a site review of the facility or program will be scheduled and completed.

(5) Any deficiencies of applicable standards identified as a result of the renewal site visit or subsequent review(s) of documents requested by ODMHSAS will be identified and a report will provided to the facility by ODMHSAS within five (5) working days of the initial renewal site visit.

(6) The facility will have ten (10) working days from receipt of the report to correct

deficiencies of all Core Organizational Standards and Core Operational Standards and provide to ODMHSAS proof of compliance with these standards. ODMHSAS may require an additional site visit to verify proof of compliance of Core Organizational Standards and Core Operational Standards. If deficiencies continue, the facility will have no more than twenty (20) working days from the initial renewal site visit to achieve complete compliance with all Core Organizational Standards and Core Operational Standards.

(7) The facility will also have ten (10) working days from receipt of the report to submit a plan for correction related to cited deficiencies in Quality Clinical Standards. The plan of correction will indicate the earliest date by which ODMHSAS should schedule an additional site visit or documentation review to determine compliance with Quality Clinical Standards for which deficiencies were cited but not more than twenty (20) working days from receipt of report as referenced in (5) above. The site visit may or may not be conducted in conjunction with a site visit to verify compliance with pending Core Organizational Standards, and Core Operational Standards.

(8) Any deficiencies of applicable standards identified during the additional site visit or review referenced in (7) above will be identified by ODMHSAS and included in a report provided to the facility by ODMHSAS within three (3) working days of the site visit or review. Facilities for which ODMHSAS cannot determine compliance with all pending Clinical Standards during the follow up site visit or review referenced in (8) above may request ODMHSAS to complete one additional site visit or review prior to the finalization of a recommendation related to certification as referenced in (10) below. Facilities desiring this additional review must do so in writing to the Director of Provider Certification within three (3) working days of receipt of the follow up report referenced in (8) above and indicate the earliest date by which ODMHSAS should schedule the final review but not more than fifteen (15) working days from receipt of report as referenced in (8) above.

(9) Facilities for which ODMHSAS can verify compliance with all applicable Core Organizational Standards, Core Operational Standards, and Quality Clinical Standards, within the timeframes specified in 450:1-9-7.3 will be recommended for renewal of Certification in accordance with guidelines established in 450:1-9-5.1.

(10) Anytime, during the process outlined above, ODMHSAS may request one or more written plan(s) of correction in a form and within a timeframe designated by ODMHSAS.

(11) If the applicant fails to submit a plan of correction within the required time frame, fails to submit a timely and adequate revised plan of correction, or fails to provide evidence of correction for all cited deficiencies, a recommendation to initiate revocation proceedings must be made to the Commissioner or designee. If the Commissioner or designee approves the initiation of revocation proceedings, the provisions of Subchapter 5 will be followed.

450:1-9-7.5. Additional certification procedures

(a) The following conditions will apply to site visits and other related certification reviews conducted by ODMHSAS.

(1) Initial, renewal or follow-up site reviews, based on the current certification status of the applicant, will be scheduled and conducted by designated representatives of

the ODMHSAS at each location or site of the applicant.

(2) ODMHSAS may require materials be submitted to Provider Certification, in a form determined by ODMHSAS, prior to on-site visits to verify compliance with one or more applicable Core Organizational Standards, Core Operational Standards, and/or Quality Clinical Standards.

(3) One or more site review(s) may be conducted to determine compliance with prior deficiencies as well as with standards not applicable during the prior certification visit(s).

(4) A minimum of five (5) consumer records shall be made available for review to determine compliance with applicable Quality Clinical Standards. For organizations, unable to provide a minimum of five (5) records, the current certification status, including a Permit for Temporary Operations, will be allowed to expire. ODMHSAS may require review of additional consumer records to assure a representative sample of records is evaluated to determine compliance with Quality Clinical Standards.

(5) A Site Review Protocol shall be completed during each certification review. Protocols shall contain the current ODMHSAS Standards and Criteria applicable to the facility.

(A) A facility must be prepared to provide evidence of compliance with each applicable standard.

(B) In the event the reviewer(s) identifies some aspect of facility operation that adversely affects consumer safety or health, the reviewer(s) shall notify the facility director and appropriate ODMHSAS staff. An immediate suspension of certification may be made by the Commissioner of ODMHSAS.

(b) **Accreditation status.** The ODMHSAS may accept accreditation granted by The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation of Services for Families and Children, Inc. (COA), or the American Osteopathic Association (AOA) as compliance with certain specific ODMHSAS standards. For such to be considered, the facility shall make application and submit evidence to the ODMHSAS of current accreditation status. This evidence shall include documentation of the program or programs included in the most recent accreditation survey, including survey reports of all visits by the accrediting organization, any reports of subsequent actions initiated by the accrediting organization, any plans of correction, and the dates for which the accreditation has been granted.

(c) **Deficiencies.** A deficiency shall be cited for each rule not met by the facility.

(d) **Report to applicant and plan of correction.**

(1) During the course of the certification process, and prior to determination of certification status, ODMHSAS staff shall report the results of the certification review to the facility. The facility shall receive written notice of the deficiencies in a Certification Report in accordance with 450:1-9-7, 450:1-9-7.1, and 450:1-9-7.3.

(2) The facility may be required to submit a written plan of correction as determined by 450:1-9-7, 450:1-9-7.1, and 450:1-9-7.3. Approval of the plan of correction by Provider Certification may be required before a recommendation for certification can be presented to ODMHSAS or the Board.

(3) If a request for a revised plan of correction is necessary, the facility must submit an acceptable plan of correction within the required time frame to continue the

certification process. Failure to submit a timely and adequate revised plan of correction shall result in either a notice of denial of the application, expiration of certification, or revocation of the certification status, as applicable.

(e) Notification of Departmental recommendation for certification.

(1) After consideration of materials requested by ODMHSAS pursuant to certification procedures, and completion of the necessary review(s), ODMHSAS staff shall prepare a recommendation on the certification status or application.

(2) Recommendations regarding applications for Permit for Temporary Operations will be forwarded to the ODMHSAS Board, the Commissioner, or designee.

(3) Recommendations for all other Certification applications will be forwarded to the ODMHSAS Board for consideration or in accordance with procedures outlined in 450:21, 450:22, or 450:50.

(4) Prior to the ODMHSAS staff's presentation of its recommendation of an applicant's certification to the Board or the Commissioner or designee the ODMHSAS staff shall notify the applicant of:

(A) the recommendation, and

(B) the date and time of the Board meeting at which the facility's application, and the recommended certification will be presented.

(5) Achievement of certain scores is a prerequisite for consideration of a specific certification status but may not be the sole determinant. Individual deficiencies that meet the criteria in 450:1-9-9 may be grounds for suspending or revoking certification or denying applications for certification.

(6) Consideration of certification may be deferred while additional information regarding a facility's compliance status is reviewed.

(7) The minimum conditions for compliance that must be verified by ODMHSAS for recommendation of a certification status shall be stipulated in 450:1-9-5.1.

(f) Recommendations for revocation of certification. In the event ODMHSAS can not recommend certification in accordance with 450:1-9-5.1, except for Permits for Temporary Operations, ODMHSAS shall forward recommendation for revocation of certification to the Commissioner or designee. If the Commissioner or designee approves a recommendation to revoke certification, an individual proceeding shall be initiated pursuant to Subchapter 5. Applicants unable to demonstrate compliance with standards required for Permit for Temporary Operation are not subject to the provisions for revocation and are simply denied the Permit as stipulated in 450:1-9-7.

450:1-9-7.7. Actions on Non-Certified Providers. If at the initial site review it is found the facility is providing services prior to the granting of an ODMHSAS certification status, applicable for those services being provided and in violation of statutory requirements, including prior to the granting of a Permit for Temporary Operations, the following actions will be taken:

(1) The review will be continued and will include a review of all applicable Core Organizational Standards, Core Operational Standards, and Quality Clinical Standards.

(2) The facility must comply with the requirements cited in 450:1-9-5. to continue the certification process. An organization providing services statutorily subject to ODMHSAS Certification prior to the issuance of a Permit for Temporary Operations

cannot be recommended for a Permit for Temporary Operations specific to those services. Such organizations are eligible only for a recommendation of Probationary Certification.

(3) The applicant must comply within twenty (20) working days of the initial certification visit, with all applicable Core Organizational Standards, Core Operational Standards, and Quality Clinical Standards for a recommendation of Probationary Certification to be made to the Board. Failure to achieve the required compliance level for Probationary Certification shall result in a denial for Certification and an Order issued to cease the provision of services, if applicable.

(4) If the applicant achieves the required compliance level within the required time frame, a recommendation of Probationary Certification will be recommended for no more than one (1) year.

(5) Continued certification after the Probationary Certification period of one year will require the submission of a new application for each of the next two (2) years. The requirements in 450:1-9-5.1(a)(3) shall apply. If the applicant achieves the required compliance level within the required time frame, a recommendation for Probationary Certification for no more than one (1) year will be made to the Board for each of the next two years.

450:1-9-8. Duration of certification status [REVOKED]

~~(a) Certification status of either "Certification with Commendation" or "Certification" shall be for period of:~~

~~(1) Up to three (3) years for Community Mental Health Centers, Alcohol and Drug Treatment Programs, Community-based Structured Crisis Centers, Programs of Assertive Community Treatment, Gambling Addiction Treatment Programs, Eating Disorder Treatment Programs, and Narcotic Treatment Programs.~~

~~(2) One (1) year for Community Residential Mental Health Facilities.~~

~~(b) Conditional Certification granted to applicants for renewal shall be for a period not to exceed four (4) months. During that period, a follow-up site review will be conducted to ensure cited deficiencies have been corrected as provided in the plan of correction or to demonstrate continued correction and compliance with the previously cited deficiencies.~~

~~(c) Certification or Conditional Certification granted to an applicant shall become effective the first day of the month following the date of the action by the Board, provided however, that the Board may waive this requirement and make the Certification or Conditional Certification effective immediately.~~

~~(d) Temporary Certification granted to applicants for initial certification of a facility, location or level of service shall be for a period of six (6) months and shall become effective immediately following Board or Commissioner action. During that period, a follow-up site review will be conducted to ensure any deficiencies cited during the initial site visit have been sufficiently corrected and to assess the facility's compliance with remaining applicable standards necessary to meet the requirements for Certification.~~

~~(e) Certification is not transferable. A change of the ownership of a facility automatically terminates any certification status, requiring application for certification by the new ownership.~~

~~(1) If the certified facility is owned by a corporation the following applies:~~

~~(A) If the corporation is not for profit, a change in membership of the Board of Directors of more than fifty percent (50%) of the Directors in three (3) or less calendar months, unless such change was caused by the normal expiration of terms in accordance with the By-Laws of the Board of Directors, shall require the facility to be recertified.~~

~~(B) If the corporation is other than not for profit, a change in the ownership of more than forty per cent (40%) of the stock in the corporation from the owners at the beginning of the period of certification shall require the facility to be recertified.~~

~~(2) It is the responsibility of the facility to notify the ODMHSAS of the occurrence of either of the conditions requiring recertification and to request the application materials for recertification.~~

~~(f) Certification may be suspended or revoked with the bases for such action being delineated in Section 450:1-9-9 of this Subchapter.~~

450:1-9-13. Designated emergency examination sites facilities

(a) ODMHSAS shall maintain a list of facilities designated by the Commissioner as appropriate to conduct emergency examinations to determine if emergency detention is warranted. All hospitals licensed by the Oklahoma State Department of Health who have a designated emergency department and who have an LMHP on staff, under contract, or on call, shall automatically be designated as an emergency examination site.

(b) The following types of facilities may be placed on the list of designated emergency examination facilities:

- (1) Hospitals licensed by the Oklahoma State Department of Health;
- (2) Community Mental Health Centers certified by the Board pursuant to Chapter 17 of Title 450 of the Oklahoma Administrative Code;
- (3) Community-based Structured Crisis Centers certified by the Board pursuant to Chapter 23 of Title 450 of the Oklahoma Administrative Code;
- (4) Facilities operated by ODMHSAS; or
- (5) Hospitals accredited by JCAHO, CARF or AOA.

(c) A facility may request the Commissioner to designate the facility as an emergency examination facility to be placed on the list. The facility shall make a request in writing to the Provider Certification Division of ODMHSAS and verify it has the ability to conduct emergency examinations as defined in 43A O.S. § 5-206(4) and has one or more licensed mental health professionals as defined in 43A O.S. § 1-103(11) capable of performing the functions set forth in 43A O.S. §§ 5-207 and 5-208.

(d) The facility shall receive a letter from the Commissioner notifying the facility whether its request to be placed on the list of designated emergency examination facilities has been granted.

450:1-9-14. Designated emergency detention sites facilities

(a) ODMHSAS shall maintain a list of facilities designated by the Commissioner as appropriate for emergency detention. All hospitals licensed by the Oklahoma State Department of Health who have an LMHP on staff, under contract, or on call and have designated beds for the treatment of mental health or substance abuse disorders, shall

automatically be designated as an emergency detention site.

(b) The following types of facilities may be placed on the list of designated emergency detention facilities:

- (1) Hospitals licensed by the Oklahoma State Department of Health;
- (2) Community Mental Health Centers certified by the Board pursuant to Chapter 17 of Title 450 of the Oklahoma Administrative Code;
- (3) Community-based Structured Crisis Centers certified by the Board pursuant to Chapter 23 of Title 450 of the Oklahoma Administrative Code; and
- (4) Facilities operated by ODMHSAS; or
- (5) Hospitals accredited by JCAHO, CARF or AOA.

(c) A facility may request the Commissioner to designate the facility as an emergency detention facility to be placed on the list. The facility shall make a request in writing to the Provider Certification Division of ODMHSAS and verify it has the ability to detain a person in emergency detention as defined in 43A O.S. § 5-206(5) and comply with 43A O.S. §§ 5-208 and 5-209.

(d) The facility shall receive a letter from the Commissioner notifying the facility whether its request to be placed on the list of designated emergency detention facilities has been granted.

SUBCHAPTER 11. RESEARCH

450:1-11-4. Adherence to ethical principles

All of the ODMHSAS's human subject activities, and all human subject activities of the ODMHSAS IRB designated under the ODMHSAS Federal ~~wide~~ Wide Assurance, regardless of funding source, shall be guided by the ethical principles in The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research of the National Commission of the Protection of Human Subjects of Biomedical and Behavioral Research.

450:1-11-8. IRB Membership

(a) The ODMHSAS IRB shall have at least five members, with varying backgrounds to promote complete and adequate review of research activities commonly conducted at facilities or programs operated or funded by ODMHSAS. The IRB shall be sufficiently qualified through the experience and expertise of its members, and the diversity of the members, including consideration of race, gender, and community attitudes, to promote respect for its advice and counsel in safeguarding the rights and welfare of human subjects. In addition to possessing the professional competence necessary to review specific research activities, the IRB shall be able to ascertain the acceptability of proposed research in terms of agency commitments and regulations, applicable law, and standards of professional conduct and practice. The IRB shall therefore include persons knowledgeable in these areas. If the ~~an~~ IRB ~~regularly~~ reviews research that involves a vulnerable category of subjects, such as children, prisoners, pregnant women, or handicapped or mentally disabled persons, consideration shall be given to the inclusion of one or more individuals who are knowledgeable about and experienced in working with these subjects.

(b) The Commissioner or designee shall appoint IRB members and the IRB

chairperson.

(c) Every nondiscriminatory effort shall be made to ensure that the ODMHSAS IRB does not consist entirely of men or entirely of women, including the agency's consideration of qualified persons of both sexes, so long as no selection is made to the IRB on the basis of gender. No IRB may consist entirely of members of one profession.

(d) The ODMHSAS IRB shall include at least one member whose primary concerns are in scientific areas and at least one member whose primary concerns are in nonscientific areas.

(e) The ODMHSAS IRB shall include at least one member who is not otherwise affiliated with the ODMHSAS and who is not part of the immediate family of a person who is affiliated with ODMHSAS.

(f) ODMHSAS IRB Members will not participate in the IRB's initial or continuing review of any project in which the member has a conflicting interest, except to provide information requested by the IRB.

(g) The IRB may invite individuals with competence in special areas to assist in the review of issues, which require expertise beyond or in addition to that available on the IRB. These individuals may not vote with the IRB.