

**TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
SERVICES
CHAPTER 55. STANDARDS AND CRITERIA FOR PROGRAMS OF ASSERTIVE
COMMUNITY TREATMENT**

SUBCHAPTER 1. GENERAL PROVISIONS

450:55-1-2. Definitions

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

"Advanced Practice Nurse" or "APN" means An individual who is a registered nurse in good standing with the Oklahoma Board of Nursing, and has acquired knowledge and clinical skills through the completion of a formal program of study approved by the Oklahoma Board of Nursing Registration and has obtained professional certification through the appropriate National Board recognized by the Oklahoma Board of Nursing. The APN must be recognized by the Board of Nursing in a specialty after completing a master's or above in a specialty program.

"Certified behavioral health case manager" means any person who is certified by the Department of Mental Health and Substance Abuse Services 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 to provide behavioral health services.

"Community-based Structured Crisis Center" or "CBSCC" means a program of non-hospital emergency services for mental health and substance abuse crisis stabilization including, but not limited to, observation, evaluation, emergency treatment and referral, when necessary, for inpatient psychiatric or substance abuse services. This service is limited to CMHC's who are certified by the Department of Mental Health and Substance Abuse Services or facilities operated by the Department of Mental Health and Substance Abuse Services.

"Clinical privileging" means an organized method for treatment facilities to authorize an individual permission to provide specific care and treatment services to consumers within well-defined limits, based on the evaluation of the individual's license, education, training, experience, competence, judgment and other credentials.

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

"Co-occurring disorder" means any combination of mental health and substance abuse symptoms or diagnoses in a client.

"Co-occurring disorder capability" means the organized capacity within any type of program to routinely screen, identify, assess, and provide properly matched interventions to individuals with co-occurring disorders.

"Credentialed Recovery Support Specialist" is a member of the PACT team who is working as a Recovery Support Specialist and has completed the ODMHSAS approved training and testing.

"Crisis intervention" means an immediately available service to meet the psychological, physiological and environmental needs of individuals who are experiencing a mental health or substance abuse crisis.

"Crisis stabilization" means emergency psychiatric and substance abuse services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment and, if needed, referral to an ODMHSAS certified facility having nursing and medical support available.

"Critical incident" means an occurrence or set of events inconsistent with the routine operation of the facility, or the routine care of a consumer. Critical incidents specifically include but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths and injuries to consumers, staff and visitors; medication errors; consumers that are absent without leave (AWOL); neglect or abuse of a consumer; fire; unauthorized disclosure of information; damage to or theft of property belonging to a consumers or the facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

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

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

"FTE" means an employee, or more than one, who work(s) the time equivalent to the number of hours per week, month or year of one (1) employee working full-time.

"Governing Agency" means the facility or specific community based behavioral health provider under which the PACT program is operated.

"Historical time line" means a method by which a specialized form is used to gather, organize and evaluate historical information about significant events in a consumer's life, experience with mental illness, and treatment history.

"Individual Treatment Team" or "ITT" means the primary case manager and a minimum of two other clinical staff on the PACT team who are responsible to keep the consumer's treatment coordinated, monitor their services, coordinate staff activities and provide information and feedback to the whole team.

"Integrated Client Information System" or "ICIS" is a comprehensive management information system based on national standards for mental health and substance abuse databases. It is a repository of diverse data elements that provide information about organizational concepts, staffing patterns, consumer profiles, program or treatment focus, and many other topics of interest to clinicians, administrators and consumers. It includes unique identifiers for agencies, staff and consumers that provide the ability to monitor the course of consumer services throughout the statewide DMHSAS network. ICIS collects data from hospitals, community mental health centers, substance abuse agencies, domestic violence service providers, residential care facilities, prevention programs, and centers for the homeless which are operated or funded in part by DMHSAS.

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

1) 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. 2) 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: (A) Psychology; (B) Social Work (clinical specialty only); (C) Professional counselor; (D) Marriage and Family Therapist; (E) Behavioral Practitioner; or (F) Alcohol and Drug Counselor. 3) 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. 4) 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 counseling functions.

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

"Linkage services" means the communication and coordination with other service providers pursuant to a valid release that assure timely appropriate referrals between the PACT program and other providers.

"Longitudinal Face Sheet" means a process that is used to track a PACT consumer's specific demographic, personal contact, treatment history and other relevant information from the time of admission until discharge.

"LPN" 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.

"Mental Health Professional" means:

~~(A) Physicians with a current license and board certification in psychiatry or board eligible, or a current resident in psychiatry, where the services provided to a DMHSAS funded program are within the scope of the supervised residency program. Other licensed physicians experienced in behavior health counseling practices may be considered, if the facility has verified sufficient training and experience in the areas of practice for which the ICIS service is being reported; or~~

~~(B) Practitioners with a license to practice or those actively and regularly receiving board approved supervision to become licensed by one of the following licensing boards: Psychology, Social Work (clinical specialty), Professional Counselor; Marriage and Family Therapist; Licensed Behavioral Practitioner; or Licensed Alcohol and Drug Counselor.~~

~~(C) Advanced Practice Nurse (certified in psychiatric mental health specialty) licensed as a registered nurse with a current certification of recognition by the Oklahoma State Board of Nursing.~~

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

"Oklahoma Administrative Code" or "OAC" means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code, or, prior to its publication,

the compilation of codified rules authorized by 75 O.S. § 256(A) (1) (a) and maintained in the Office of Administrative Rules.

"Performance Improvement" or "PI" means an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of consumers and others. Synonyms, and near synonyms include continuous performance improvement, continuous improvement, organization-wide performance improvement and total quality management.

"Persons with special needs" means any person with a condition which is considered a disability or impairment under the "American with Disabilities Act of 1990" including, but not limited to the deaf and hearing impaired, visually impaired, physically disabled, developmentally disabled, persons with disabling illness, persons with mental illness. See "Americans with Disabilities Handbook," published by U.S. Equal Employment Opportunity Commission and U.S. Department of Justice.

"Primary Case Manager" is a certified behavioral health case manager assigned by the team leader to coordinate and monitor activities of the ITT, has primary responsibility to write the treatment plan and make revisions to the treatment plan and weekly schedules.

"Program Assistant" is a member of the PACT team providing duties supportive of the Team and may include organizing, coordinating, and monitoring non-clinical operations of the PACT, providing receptionist activities and coordinating communication between the team and consumers.

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

"Progress notes" mean a chronological description of services provided to a consumer, the consumer's progress, or lack of, and documentation of the consumer's response related to the intervention plan.

"Recovery Support Specialist" is a member of the PACT team who is or has been a recipient of mental health services for a serious mental illness and is willing to use and share his or her personal, practical experience, knowledge, and first-hand insight to benefit the team and consumers.

"Team Leader" is the clinical and administrative supervisor of the PACT team who also functions as a practicing clinician. The team leader is responsible for monitoring each consumer's clinical status and response to treatment as well as supervising all staff and their duties as specified by their job descriptions.

"Trauma informed" means the capacity for a facility and all its programs to recognize and respond accordingly to the presence of the effects of past and current traumatic experiences in the lives of its consumers.

SUBCHAPTER 3. PROGRAM DESCRIPTION AND PACT SERVICES

450:55-3-2. Admission criteria

(a) The PACT program shall maintain written admission policies and procedures that, at a minimum include the following:

- (1) Priority shall be given to people with a primary diagnosis of schizophrenia or other psychotic disorders, such as schizoaffective disorder or bipolar disorder with

psychotic features as defined by the current DSM; ~~DSM~~, and with at least four (4) of the following:

~~(A)~~(2) At least four psychiatric hospitalizations in the past 24 months or lengths of stays totaling over 30 days in the past 12 months which can include admissions to Community-Based Structured Crisis Care; and with at least three (3) of the following:

~~(B)~~ (A) Persistent or recurrent severe affective, psychotic or suicidal symptoms;

~~(C)~~(B) Coexisting substance abuse disorder greater than six (6) months;

~~(D)~~(C) High risk of or criminal justice involvement in the past 12 months which may include frequent contact with law enforcement personnel, incarcerations, parole or probation;

~~(E)~~(D) Homeless, imminent risk of being homeless or residing in substandard or unsafe housing;

~~(F)~~(E) Residing in supported housing but clinically assessed to be able to live in a more independent living situation if intensive services are provided; or requiring supported housing if more intensive services are not available;

~~(G)~~(F) Inability to participate in traditional office-based services or evidence that they require a more assertive and frequent non-office based services to meet their clinical needs;

~~(H)~~(G) Inability to consistently perform the range of practical daily living tasks required for basic adult functioning in the community.

~~(2)~~(3) Individuals with a sole primary diagnosis of substance abuse, brain injury, or Axis II disorders are not appropriate for PACT.

~~(3)~~(4) Individuals with a history of violent behaviors may or may not be considered for admission.

(b) Compliance with 450:55-3-2 shall be determined by on-site observation and a review of the following: clinical records, ICIS information and the PACT policy and procedures.

450:55-3-5. Hours of operation and staff coverage

(a) The PACT program shall assure adequate coverage to meet consumers' needs including but not limited to:

(1) The PACT team shall be available to provide treatment, rehabilitative and support services seven days per week, including holidays and evenings, according to the following:

(A) For weekdays, Monday through Friday, the PACT team hours of operation for a team size greater than 8 FTEs, excluding the psychiatrist, the APN and program assistant, shall be two overlapping eight-hour-shifts for a total of 12 hours of coverage per day. The hours of operation for a team size of 8 FTE or less shall be a single eight-hour shift; with consumer needs as specified in the treatment plans driving any extended hours of operation.

(B) For weekends and holidays, regardless of the number of FTE's, for teams serving ten (10) to fifty (50) consumers, there shall be eight (8) hours of coverage per day with a minimum of one (1) clinical staff. For teams serving more than fifty (50) consumers, there shall be eight (8) hours of coverage per day with a minimum of two (2) clinical staff.

(2) The PACT team shall operate an after-hours on-call system. PACT shall regularly schedule PACT staff for on-call duty to provide crisis and other services during the assigned on-call hours when staff is not working to personally respond to consumers by telephone or in person on a 24 hour per day, 7 day a week basis.

(3) Psychiatric or APN backup shall also be available and on-call during all after-hours periods. If availability of the PACT team's psychiatrist during all hours is not feasible, alternative psychiatric backup shall be arranged.

(b) Compliance with 450:55-3-5 shall be determined by on-site observation and a review of the following: clinical records, ICIS information and the PACT policy and procedures.

450:55-3-6. Service intensity

(a) The PACT team is the primary provider of services and has the responsibility to meet the consumer's multiple treatment, rehabilitation and supportive needs with minimal referrals to external agencies or programs within the governing agency for services.

(b) The PACT team shall have the capacity to provide multiple contacts per week to consumers experiencing severe symptoms or significant problems in daily living.

(c) The PACT team shall minimally provide an average of three contacts per week for consumers, ~~unless otherwise clinically indicated.~~

(d) Each team shall provide at least 75 percent of service contacts in the community, in non-office or non-facility based settings.

(e) The PACT team shall provide ongoing contact when permitted by consumers who are hospitalized for drug and alcohol, physical, or psychiatric reasons. To ensure continuity of care the PACT team shall:

(1) Assist in the admission process if at all possible;

(2) Have contact with the consumer and inpatient treatment providers within 48 hours of knowing of the inpatient admission to provide information, assessment, assist with the consumer's needs and begin discharge planning;

(3) Maintain a minimum of weekly face-to-face contact with the consumer and treatment team staff;

(4) Transition the consumer from the inpatient setting into the community; and

(5) Maintain at least three (3) face-to-face contacts per week for one month for consumers who are discharged from an inpatient facility. The team shall document any failed attempts.

(f) Telephone answering devices will not be used as a primary method to receive phone calls. PACT clients shall have direct phone access to the PACT office Monday through Friday, 8:00 a.m. to 5:00 p.m. The program assistant or other PACT staff shall be available to personally answer all incoming phone calls.

(g) Compliance with 450:55-3-6 shall be determined by on-site observation; and a review of the following: clinical records; ICIS information; and the PACT policy and procedures.

450:55-3-7. Staffing requirements

- (a) The PACT team shall include individuals qualified to provide the required services while closely adhering to job descriptions as defined in the "PACT Start-up Manual, most recent edition as published by the National Alliance for the Mentally Ill."
- (b) Each PACT team shall have the following minimum staffing configuration:
- (1) One (1) full-time team leader who is the clinical and administrative supervisor of the team and also functions as a practicing clinician in the PACT team. The team leader shall be a Licensed Mental Health Professional.
 - (2) A Board Certified or Board Eligible psychiatrist providing a minimum of 16 hours per week of direct care to minimally include: initial and psychiatric assessments, daily organizational staff meetings, treatment planning, home visits, pharmacological management, collaboration with nurses, crisis intervention, and liaison with inpatient facilities. In the initial build-up phase, a minimum of 8 hours per week shall be provided until the team is serving ten or more clients. For teams serving over 50 consumers, the Psychiatrist shall provide an additional three (3) hours per week for every fifteen (15) additional consumers admitted to the program. On-call time is not included; or A nurse licensed as an Advanced Nurse Practitioner (APN) with credentials to provide behavioral health services, prescriptive authority, and who practices under the supervision of a licensed psychiatrist may perform the duties of the psychiatrist as allowed by State Law. The APN must provide a minimum of 16 hours per week of direct care to minimally include: initial and psychiatric assessments, daily organizational staff meetings, treatment planning, home visits, pharmacological management, collaboration with nurses, crisis intervention, and liaison with inpatient facilities. In the initial build-up phase, a minimum of 8 hours per week shall be provided until the team is serving ten or more clients. For teams serving over 50 consumers, the APN shall provide an additional three (3) hours per week for every fifteen (15) additional consumers admitted to the program. On-call time is not included.
 - (3) At least two (2) one (1) full-time registered nurses and one (1) full-time licensed professional nurse. Each nurse shall have at least one (1) year of mental health experience or work a total of forty (40) hours at a psychiatric medication clinic within the first three (3) months of employment.
 - (4) At least one (1) additional full-time Mental Health Professional—Licensed Behavioral health Professional.
 - (5) At least two (2) full-time bachelor's level or higher degree certified behavioral health case managers.
 - (6) At least one (1) staff member on the team, excluding the psychiatrist or APN, team leader and program assistant shall be qualified as a substance abuse treatment specialist, and at least one (1) staff member on the team, excluding the psychiatrist or APN, team leader and program assistant, shall be qualified as an employment specialist.
 - (7) A minimum of one (1) full-time or two (2) half-time (0.5 FTE) Recovery Support Specialist(s) or Credentialed Recovery Support Specialist(s). The Recovery Support Specialist(s) is/are to complete all qualifications to become a Credentialed Recovery Support Specialist within one (1) year of employment to the PACT team.
 - (8) A minimum of one (1) program assistant.

- (c) Teams serving greater than 65 consumers shall include the following additional staff:
- (1) A full-time assistant team leader who is the back-up clinical and administrative supervisor of the team and also functions as a practicing clinician in the PACT team. ~~The assistant team leader shall be a Mental Health Professional.~~
 - (2) One (1) additional full-time registered nurse.
 - (3) One (1) additional full-time ~~Mental Health Professional.~~ Licensed Behavioral Health Professional.
 - (4) One (1) additional full-time ~~bachelor-level~~ certified behavioral health case manager, when serving greater than 85 consumers on the team.
- (d) The PACT program shall have policies and procedures addressing the use of students, medical residents, osteopathic residents, psychiatric residents and volunteers on the team.
- (1) Psychiatric residents shall not replace the clinical work of the PACT psychiatrist or APN such as on-call coverage, pharmacological management, treatment planning or crisis intervention.
 - (2) The hours a psychiatric resident works on a PACT team shall not be counted towards the standard hours of the PACT psychiatrist or APN.
- (e) Compliance with 450:55-3-6 shall be determined by on-site observation; and a review of the following: clinical records; ICIS information; and the PACT policy and procedures.

SUBCHAPTER 5. PACT CLINICAL DOCUMENTATION

450:55-5-3. Documentation of individual treatment team members

- ~~(a) The PACT shall document in the clinical record the consumer was assessed to determine appropriateness of admission to PACT in accordance with the program admission criteria.~~
- ~~(b)~~(a) The clinical record shall document the team leader has assigned the consumer a psychiatrist or APN, primary case manager, and individual treatment team (ITT) members within one (1) week of admission.
- ~~(c)~~(b) Compliance with 450:55-5-3 shall be determined by on-site observation and a review of the following: clinical records and the PACT policy and procedures.

450-55-5-5. Comprehensive assessment

- (a) The consumer's psychiatrist or APN, primary PACT case manager, and individual treatment team members shall prepare the written comprehensive assessment(s) within six (6) weeks of admission.
- (b) The comprehensive ~~assessment~~ assessments shall include a written narrative report on ODMHSAS approved forms for each of the following areas:
- (1) Psychiatric and substance abuse history, mental status, and a current DSM diagnosis, to be completed by the PACT psychiatrist or APN;
 - (2) Medical, dental, and other health needs to be completed by a PACT registered nurse;
 - ~~(3) Integrated substance abuse assessment as well as the extent and effect of drugs or alcohol use and interaction with mental illness, plus description of periods~~

~~of relative sobriety, completed by a team professional as approved by the team leader;~~

~~(4)(3)~~ Extent and effect of any violence within the consumer's living situation(s) or personal relationships;

~~(5)(4)~~ The current version of the Alcohol Severity Index (ASI) within the first 6 weeks of admission and as clinically indicated thereafter;

~~(6)(5)~~ Education and employment;

~~(7)(6)~~ Social development and functioning by a team professional as approved by the team leader;

~~(8)(7)~~ Activities of daily living, to be completed by the team professional or Recovery Support specialist under the supervision of the team leader;

~~(9)(8)~~ Family structure and relationships by a team professional as approved by the team leader; and

~~(10)(9)~~ Historical timeline by all team members under the supervision of the team leader.

(c) Compliance with 450:55-5-5 shall be determined by on-site observation and a review of the clinical records, ICIS information and the PACT policy and procedures.

450-55-5-6. Treatment team meeting

(a) The PACT team shall conduct treatment planning meetings under the supervision of the team leader, or designee. These treatment planning meetings shall minimally:

(1) Convene at regularly scheduled times per a written schedule maintained by the team leader; and

(2) Occur with sufficient frequency and duration to develop written individual consumer treatment plans and to review and rewrite the ~~comprehensive~~ treatment plans every six months.

(b) Prior to writing the ~~comprehensive~~ treatment plan, the team shall meet to develop the ~~comprehensive~~ treatment plan by discussing and documenting:

(1) The specifics of all information learned from the comprehensive assessments or course of treatment; ~~and~~

~~(2) Resources to carry out the treatment plan;~~

~~(3) Roles of the individual PACT members to carry out the plan; and~~

~~(4)(2)~~ Recommendations made to the treatment plan from the consumer, family members and PACT staff.

(c) Treatment planning meetings shall be scheduled in advance of the meeting and the schedule shall be posted. The team shall assure that consumers and others designated by the consumers may have the opportunity to attend treatment planning meetings, if desired by the consumer. ~~A summary of the treatment planning meeting shall be documented in the consumer's clinical record.~~ At each treatment planning meeting the following staff should attend: team leader, psychiatrist or APN, primary case manager, individual treatment team members, and all other PACT team members involved in regular tasks with the consumer.

(d) Compliance with 450:55-5-6 shall be determined by on-site observation and a review of the following: clinical records, ICIS information and the PACT policy and procedures.

450:55-5-7. Treatment planning

- (a) The PACT team shall evaluate each consumer and develop an individualized comprehensive treatment plan within eight (8) weeks of admission, which shall identify individual needs and problems and specific measurable goals along with the specific services and activities necessary for the consumer to meet those goals and improve his or her capacity to function in the community. The treatment plan shall be developed in collaboration with the consumer or guardian when feasible. The consumer's participation in the development of the treatment plan shall be documented.
- (b) Individual treatment team members shall ensure the consumer is actively involved in the development of treatment and service goals.
- (c) The treatment plan shall clearly specify the services and activities necessary to meet the consumer's needs and who will be providing those services and activities.
- (d) The following key areas shall be addressed in every consumer's treatment plan: symptom management, physical health issues, substance abuse, education and employment, social development and functioning, activities of daily living, and family structure and relationships.
- (e) The primary case manager and the individual treatment team shall be responsible for reviewing and revising the treatment goals and plan whenever there is a major decision point in the consumer's course of treatment, e.g., significant change in consumer's condition, etc., or at least every six (6) months a treatment plan review and every twelve (12) months a new comprehensive treatment plan will be developed. The revised treatment plan shall be based on the results of a treatment planning meeting. The plan and review will be signed by the consumer, the primary case manager, individual treatment team members, the team leader, the psychiatrist, and all other PACT team members.
- (f) The PACT team shall maintain written assessment and treatment planning policies and procedures to assure that appropriate, comprehensive, and on-going assessment and treatment planning occur.
- (g) Compliance with 450:55-5-7 shall be determined by review of the clinical records.

450:55-5-9. PACT progress note

- (a) The PACT shall have a policy and procedure mandating the chronological documentation of progress notes. Every contact and service that relates to the consumer's treatment shall be documented.
- (b) Progress notes shall minimally address the following:
- ~~(1) Person(s) who received services;~~
 - ~~(2) Date and the start and stop time frame of the service provided;~~
 - ~~(3) Staff travel times prior to and following the service, if applicable;~~
 - ~~(4) Activities and services provided and as they relate to the goals and objectives of the treatment plan;~~
 - ~~(5) Detailed description of the contact or service;~~
 - ~~(6) The consumer's response to intervention services, changes in behavior and mood, and outcome of intervention services;~~
 - ~~(7) Plans for continuing treatment;~~
 - ~~(8) The location of the service provided; and~~
 - ~~(9) Clinician's signature with credentials.~~

- (1) Date;
 - (2) Person(s) to whom services were rendered;
 - (3) Start and stop time for each timed treatment session or service;
 - (4) Original signature of the therapist/service provider;
 - (5) Credentials of therapist/service provider;
 - (6) Specific treatment plan problems(s), goals and/or objectives addressed;
 - (7) Services provided to address need(s), goals and/or objectives;
 - (8) Progress or barriers to progress made in treatment as it relates to the goals and/or objectives;
 - (9) Location of service;
 - (10) Member (and family, when applicable) response to the session or intervention; (what did the member do in session? What did the provider do in session?);
 - (11) Any new need(s), goals and/or objectives identified during the session or service.
- (c) Compliance with 450:55-5-9 shall be determined by a review of clinical records.

SUBCHAPTER 11. ORGANIZATIONAL MANAGEMENT

450:55-11-2. Program organization

(a) The parent organization under which the PACT operates shall vest authority with a team leader who shall be responsible for ensuring the PACT team meets the following organizational requirements.

(1) Each PACT shall have a written plan for professional services, which shall contain the following:

(A) Services description and philosophy;

(B) The identification of the professional staff organization to provide these services;

(C) Written admission and exclusionary criteria to identify the type of consumers for whom the services are primarily intended;

(D) The specific geographic area in which PACT services are to be provided;

(E) ~~(D)~~ Written goals and objectives; and

~~(F) Delineation of processes to assure accessible, integrated, and co-occurring capable services and a plan for how each program component will address the needs of individuals with co-occurring disorders.~~

(2) There shall be a written statement of the procedures and plans for attaining the organization's goals and objectives. These procedures and plans should define specific tasks, including actions regarding the organization's co-occurring capability, set target dates and designate staff responsible for carrying out the procedures and plans.

(b) Compliance with 450:55-11-2 shall be determined by a review of the following: PACT target population definition, PACT policy and procedures, written plan for professional services, other stated required documentation and any other supporting documentation.