



OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

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Title 450

Chapter 18. Standards and Criteria for Substance Abuse Services

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TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONSPage 6

450:18-1-1	Purpose
450:18-1-2	Definitions
450:18-1-3	Meaning of verbs in rules
450:18-1-4	Applicability
450:18-1-5	Alcohol and drug abuse prevention, training, treatment and rehabilitation authority [REVOKED]
450:18-1-6	Annual review of standards and criteria
450:18-1-7	New standards and criteria

SUBCHAPTER 3. SUBSTANCE ABUSE TREATMENT SERVICES Page 19

Part 1. Levels of Care

450:18-3-1	Services
450:18-3-2	HIV education, testing and counseling services

Part 3. Outpatient Services

450:18-3-21	Outpatient services
450:18-3-22	Outpatient services, admission criteria
450:18-3-23	Outpatient services, discharge criteria

Part 5. Intensive Outpatient Services

450:18-3-41	Intensive outpatient services
450:18-3-42	Service requirements
450:18-3-43	Intensive outpatient services, admission criteria
450:18-3-44	Intensive outpatient services, discharge criteria

Part 7. Medically Supervised Detoxification

450:18-3-61	Medically supervised detoxification
450:18-3-62	Medically supervised detoxification, admission criteria
450:18-3-63	Medically supervised detoxification, discharge criteria

Part 9. Non-Medical Detoxification

450:18-3-81	Non-medical detoxification
450:18-3-82	Non-medical (social) detoxification, admission criteria
450:18-3-83	Non-medical (social) detoxification, discharge criteria

Part 11. Residential Treatment

450:18-3-101	Residential treatment for adults
450:18-3-102	Adult residential treatment, admission criteria

450:18-3-103 Adult residential treatment, discharge criteria

Part 13. Residential Treatment for Persons with Dependent Children

450:18-3-121 Residential treatment for persons with dependent children

450:18-3-122 Residential treatment for persons with dependent children, admission criteria

450:18-3-123 Residential treatment for persons with dependent children, discharge criteria

Part 15. Adult Residential Treatment for The Dually Diagnosed

450:18-3-141 Adult residential treatment for the dually diagnosed

450:18-3-142 Adult residential treatment for the dually diagnosed, admission criteria

450:18-3-143 Adult residential treatment for the dually diagnosed, discharge criteria

Part 17. Residential Treatment for Adolescents

450:18-3-161 Residential treatment for adolescents

450:18-3-162 Residential treatment for adolescents, admission criteria

450:18-3-163 Residential treatment for adolescents, discharge criteria

Part 19. Halfway House Services

450:18-3-181 Halfway house services

450:18-3-182 Halfway house services, admission criteria

450:18-3-183 Halfway house services, discharge criteria

Part 20. Adolescent Halfway House Services

450:18-3-190 Adolescent halfway house services

450:18-3-191 Adolescent halfway house services, admission criteria

450:18-3-192 Adolescent halfway house services, discharge criteria

Part 21. Halfway House Services for Persons With Dependent Children

450:18-3-201 Halfway house services for persons with dependent children

450:18-3-202 Halfway house services for persons with dependent children, admission criteria

450:18-3-203 Halfway house services for persons with dependent children, discharge criteria

Part 23. Three Quarterway House Services [REVOKED]

450:18-3-221 Three quarterway house services [REVOKED]

Part 25. Opioid Treatment Programs and Opiate Antagonists and Agonists

450:18-3-241 Opioid treatment program services

450:18-3-242 Programs using opiate antagonist or long acting opiate agonist

SUBCHAPTER 5. ANCILLARY SERVICES AND ACTIVITIES Page 55

- 450:18-5-1 Purpose
- 450:18-5-2 Applicability
- 450:18-5-3 Physical facility environment and safety
- 450:18-5-4 Dietetic services
- 450:18-5-5 Pharmacy services and medications
- 450:18-5-6 Day School
- 450:18-5-7 Performance improvement program **[REVOKED]**
- 450:18-5-8 Critical incidents
- 450:18-5-9 Mechanical restraints
- 450:18-5-10 Community information, consultation, outreach, and street outreach

SUBCHAPTER 7. FACILITY RECORD SYSTEM..... Page 60

Part 1. Facility Record System

- 450:18-7-1 Facility record system
- 450:18-7-2 Case records, basic requirements
- 450:18-7-3 Confidentiality, substance abuse records **[REVOKED]**
- 450:18-7-3.1 Confidentiality of mental health and drug or alcohol abuse treatment information
- 450:18-7-4 Client record storage, retention and disposition

Part 3. Intake and Admission Assessment

- 450:18-7-21 Intake assessment, record content, and initial treatment plan
- 450:18-7-22 Intake and assessment, process requirements

Part 5. Biopsychosocial Assessment

- 450:18-7-41 Biopsychosocial assessment
- 450:18-7-42 Biopsychosocial assessment, time frame
- 450:18-7-43 Biopsychosocial assessments of children accompanying a parent into treatment
- 450:18-7-44 Biopsychosocial assessments of children accompanying a parent into treatment, time frame

Part 7. Case Management

- 450:18-7-61 Case management, adults
- 450:18-7-62 Case management, children

Part 9. Treatment Planning

- 450:18-7-81 Treatment planning
- 450:18-7-82 Treatment plans, time frames
- 450:18-7-83 Treatment plans, review and update
- 450:18-7-84 Treatment plans, medically supervised detoxification

Part 11. Progress Notes

450:18-7-101 Progress notes

Part 13. Discharge

450:18-7-121 Discharge assessment

450:18-7-122 Continuing care plan

Part 15. Other Case Record Materials

450:18-7-141 Consultation reports

450:18-7-142 Psychological and psychometric testing

450:18-7-143 Records and reports from other entities

450:18-7-144 Medication records

450:18-7-145 Discharge summary

Part 17. Methadone Records [REVOKED]

450:18-7-161 Case review team [REVOKED]

SUBCHAPTER 9. SERVICES SUPPORT AND ENHANCEMENT..... Page 74

Part 1. Staff Support

450:18-9-1 Purpose

450:18-9-2 Clinical supervision

450:18-9-3 Staff privileging

450:18-9-4 Consumer-based planning [REVOKED]

450:18-9-5 Client outcome [REVOKED]

450:18-9-6 Client satisfaction with services received [REVOKED]

450:18-9-7 Concurrent utilization review [REVOKED]

450:18-9-8 Peer review [REVOKED]

450:18-9-9 Treatment outcome follow-up [REVOKED]

450:18-9-10 Referrals

Part 3. Organizational and Facility Management

450:18-9-20 Organizational and facility description

450:18-9-21 Information analysis and planning

450:18-9-22 Performance improvement program

SUBCHAPTER 11. CONSUMER RIGHTS..... Page 78

450:18-11-1 Consumer rights, inpatient and residential type services

450:18-11-2 Consumer rights, outpatient services

450:18-11-3 Consumer's grievance policy

450:18-11-4 ODMHSAS advocate general

SUBCHAPTER 1. GENERAL PROVISIONS

450:18-1-1. Purpose

This chapter sets forth the standards and criteria used in the certification of facilities providing substance abuse treatment services (43A O.S. §§ 3-403(1), 3-404, 3-415 and 3-416). The rules regarding the certification processes, including, but not necessarily limited to, the application process, fees, and administrative sanctions are found in OAC 450:1, Subchapters 5 and 9.

450:18-1-2. Definitions

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

"Acute intoxication or withdrawal potential" means one category to be considered in consumer placement, continued stay, and discharge and is an evaluation of the consumer's withdrawal patterns and current level of intoxication and potential for withdrawal complications as it impacts on level of care decision making.

"Admission criteria" means those criteria which shall be met for admission of a consumer to program.

"Admission" means the acceptance of a consumer by a treatment program.

"Adolescent" means any individual between thirteen and up to eighteen years of age.

"Adolescent halfway house treatment" means low intensity addiction treatment, at least six (6) hours of structured addiction treatment or rehabilitation services weekly, to adolescents in a supportive environment usually following completion of primary treatment to facilitate the individual's reintegration into the home or community. Corresponding Adolescent ASAM PPC is not available at this time for this level of care, and shall be applicable upon its availability. Until the Adolescent ASAM PPC is available, ASAM PPC treatment Level: Level 111.1, Clinically Managed Low Intensity Residential Services shall be utilized.

"Adolescent inpatient or residential treatment" means a live-in facility which provides twenty-four (24) hour therapeutic regime for the treatment of adolescents with substance abuse problems. Corresponding ASAM Patient Placement Criteria treatment level: Level III.5 or III.7.

"ASAM" means the American Society of Addiction Medicine.

"ASAM patient placement criteria" means the American Society of Addiction Medicine's published criteria for admission to treatment, continued services and discharge.

"Assessment" means evaluating the disease course, stage, prognosis, the individual's strengths, weaknesses, problems and needs from which a treatment plan may be developed in order to determine the level of care needed and to identify or rule out other diagnoses.

"Biomedical condition or complications" means one category to be considered in consumer placement, continued stay and discharge and is an evaluation of the consumer's current physical condition and history of medical and physical functioning, as it impacts on level of care decision making.

"Bylaws" means the written rules, regulations, policies, or procedures through which the operations of the organization are legally conducted.

"Biopsychosocial assessment" means face-to-face interviews conducted by professionally trained personnel designed to elicit historical and current information regarding the behavior and experiences of a consumer and are designed to provide sufficient information for problem formulation, intervention planning, case management needs and formulation of appropriate substance abuse related treatment and service planning.

"CAC" means Certified Alcoholism Counselor as defined in this section.

"CADC" means Certified Alcoholism and Drug Counselor as defined in this section.

"CMHC" means community mental health center.

"Case management" means actions such as planned linkage, advocacy and referral assistance provided in partnership with a consumer to support that consumer in self sufficiency and community tenure and may occur in the consumer's home, in the community, or in the facility.

"Certified Alcoholism Counselor" means a person who, in accordance with the mandates of the Oklahoma Drug and Alcohol Professional Counselor Certification Board, has met specific training and experiential requirements in counseling with those people who experience problems from the disease of Alcoholism.

"Certified Alcoholism and Drug Counselor" means a person who, in accordance with the mandates of the Oklahoma Drug and Alcohol Professional Counselor Certification Board, has met specific education, internships and experiential requirements in counseling with those people who experience problems from the disease of Chemical Dependency and Alcoholism and persons who experience problems from drug and persons who experience problems from both..

"Children" means any child between three and twelve years of age.

"Client" See "Consumer."

"Clinical supervision" means an organized process by which knowledgeable and skilled supervisors systematically and routinely provide ongoing and in-depth review of direct service providers' performance which leads to professional growth, clinical skills development and increased self-awareness.

"Community education, consultation and outreach" means services designed to reach the facility's target population, to promote available services, and to give information on mental health, alcohol and other drugs, , domestic violence, sexual assault and other related issues to the general public, the target population or to other agencies serving the target population. These services include presentations to human services agencies, community organizations and individuals, other than individuals in treatment, and staff. These services may take the form of lecture presentations, films or other visual displays, and discussions in which factual information is disseminated. These presentations may be made by staff or trained volunteers

"Community mental health center" as defined in 43A O.S. § 3-302(3), means a comprehensive community mental health center offering services including, but not limited to, the following basic services: inpatient, outpatient, partial hospitalization, emergency care, and consultation and education; and offering the following services at the option of the center:

prescreening services, rehabilitation services, precare and aftercare services, training programs, and research and evaluation programs, an outpatient facility offering diagnostic and treatment services, a day care facility offering a treatment program for children or adults suffering from mental or emotional problems, or community residential mental health programs and facilities which provide supervised residential care, counseling, case management or other similar services to children or adults suffering from mental or emotional problems.

"Consultant" means one who provides professional advice or services.

"Consultation" means the act of providing information or technical assistance to a particular group or individual seeking resolution of a specific problem(s). A documented process of interaction between staff member(s) or between facility staff and unrelated individuals, groups or agencies for the purpose of problem solving or enhancing their capacity to manage consumers or facilities.

"Consumer" means an individual, adult or child, who is receiving evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450 Chapters 16, 17, 18, 19 and 23 as client(s) or patient(s) or resident(s) or a combination thereof.

"Consumer-based planning" means an organized and systematic method of basing treatment and services on the needs of current and prospective consumers.

"Consumer record" means the collection of written information about a consumer's evaluation or treatment that includes the intake data, evaluation, treatment or service plan, description of treatment or services provided, continuing care plan, and discharge information on an individual consumer.

"Continuing care" means providing a specific period of structured therapeutic involvement designed to enhance, facilitate and promote transition from primary care to ongoing recovery.

"Contract" means a formal document adopted by the governing authority of the facility and any other organization, facility, or individual, which specifies services, personnel, or space to be provided by the program as well as the monies to be expended in exchange.

"Counseling" means the professional guidance of the consumer by utilizing psychological methods, especially in collecting case history data, using various techniques of the personal interviews and planned interventions.

"Court-related evaluation" See "Evaluation-court related."

"Crisis intervention" means an immediately available service to meet the psychological, physiological and safety aspects of mental health, alcohol and drug, and domestic violence or sexual assault related crises. These unscheduled face-to-face interventions are in response to emergencies, to resolve acute emotional and physical dysfunction and secure appropriate placement in the least restrictive setting and provide crisis resolution and stabilize functioning.

"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 consumer or the facility; other

unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

"Day school" means the provision of therapeutic and accredited academic services on a regularly scheduled basis.

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

"Detoxification" means the process of eliminating the toxic effects of drugs and alcohol from the body. Supervised detoxification methods include social detoxification and medical monitoring or medical management and are intended to avoid withdrawal complications.

"DHS" means the Oklahoma Department of Human Services.

"Diagnosis" the determination of drug or alcohol dependence or psychoactive substance use disorder as defined by current DSM criteria or by other standardized and widely accepted criteria. In instances where consumer self-report information is inadequate or suspect, collateral reports, e.g., from family members, legal sources, etc., may be considered.

"Dietitian" means a person who has received a baccalaureate degree with major studies in food and nutrition and has completed a dietetic internship in an institution approved by the American Dietetic Association, or who has the equivalent of such training in supervised experience.

"Discharge criteria" means those criteria specified in the ASAM Patient Placement Criteria which shall be met in order for the consumer to be appropriately discharged from a facility or program.

"Discharge planning" means the process, begun at admission, of determining a consumer's continued need for treatment services and of developing a plan to address ongoing consumer post-treatment and recovery needs. Discharge planning may or may not include a document identified as a discharge plan.

"Discharge summary or final assessment" means the documentation in the treatment record summarizing the consumer's progress during treatment, with goals reached, continuing needs, and other pertinent information.

"Documentation" means the provision of written, dated, and authenticated evidence to substantiate compliance with standards, e.g., minutes of meetings, memoranda, schedules, notices, logs, records, policies, procedures, and announcements.

"Drug abuse" means the use of a drug in a manner inconsistent with or unrelated to acceptable medical practice.

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

"DSM IV" means the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, published by the American Psychiatric Association in 1994.

"DSM IV TR" means the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision, published by the American Psychiatric Association in 2000.

"Dual diagnosis" means a consumer who meets the following criteria:

(A) Meets the criteria for a Substance Abuse Client having one or more of the following DSM-IV Axis I primary, secondary or tertiary diagnoses:

- (i) Psychoactive Substance Induced Disorders 291.0 through 291.8, 292.0, 292.11, 292.12, 292.81, 292.82, 292.83, 292.89, 292.9, 303.00, 305.20 through 305.90;
- (ii) Psychoactive Substance Use Disorders 303.90, 304.00 through 304.90, 305.00, 305.20 through 305.90;
- (iii) One or more of ICIS presenting problem codes 710 through 731 and 741 through 743; **AND**

(B) Has one or more of the following DSM-IV Axis I primary, secondary, or tertiary diagnoses:

- (i) Schizophrenia -- 295.10, 295.20, 295.30, 295.60, 295.90;
- (ii) Delusional (Paranoid) Disorder -- 297.1;
- (iii) Other psychotic Disorders -- 295.40, 295.70, 297.3, 298.8, 298.9, 297.1, 297.3;
- (iv) Mood Disorders -- 296.20 through 296.7; **OR**

(C) In addition to the requirements of (A), above, has a DSM-IV Axis primary or secondary diagnosis of Borderline Personality Disorder -- 301.83.

"Education" means the dissemination of relevant information specifically focused on increasing the awareness of the community and the receptivity and sensitivity of the community concerning mental health, substance abuse or domestic violence-related problems and services. A systematic presentation of selected information to impart knowledge or instructions, to increase understanding of specific issues or programs, and to examine attitude or behaviors which may stimulate social action or community support of the program and its consumers.

"Efficiency" means a program's measure of cost-benefit or cost effectiveness through a comparison to some alternative method.

"Emergency services" means a twenty-four (24) hour capability for assessment, intervention and resolution of a client crisis or emergency provided in response to unanticipated, unscheduled emergencies requiring prompt intervention to resolve immediate, overwhelming problems that severely impair the individual's ability to function or remain in the community and may include placement of the individual in a protective environment, chemotherapy, detoxification, individual and group consultation and medical assessment.

" Emotional or behavioral conditions or complications" means one category to be considered in consumer placement, continued stay and discharge and is an evaluation of the consumer's current emotional and behavioral status level of anxiety, depression, impulsivity, guilt and behavior that accompanies or follows these emotional states and historical information, as it impacts on level of care decision making.

"Evaluation" See "Assessment."

"Executive director" means the person hired by the governing authority to direct all the activities of the organization; may be used synonymously with administrative director, administrator, and director.

"Facility" as defined in the Mental Health Law at 43A O.S. § 1-103(7), means any hospital, school, building, house or retreat, authorized by law to have the care, treatment or custody of the mentally ill or drug- or alcohol-dependent persons including, but not limited to, public or private hospitals, community mental health centers, clinics, satellites, or institutions provided

that the facility shall not mean a child guidance center operated by the State Department of Health.

"Family" means the parents, brothers, sisters, other relatives, foster parents, guardians, and others who perform the roles and functions of family members in the lives of consumers.

"Follow-up" means the organized method of systematically determining the status of consumers after they have been discharged to determine post-treatment outcomes and utilization of post-treatment referrals.

"Goals" means broad general statements of purpose or intent that indicate the general effect the facility or service is intended to have.

"Governing authority" means the group of people who serve as the facility's board and who are the ultimate responsible parties for the facility's activities and finances.

"Group counseling" means a method of treatment using the interaction between the professional and two (2) or more consumers to promote positive emotional or functional change.

"Guardian" means an individual who has been given the legal authority for managing the affairs of another individual.

"Halfway house" means low intensity addiction treatment in a supportive living environment to facilitate the individual's reintegration into the community, most often following completion of primary treatment. Corresponding ASAM Patient Placement Criteria Treatment Level: Level III.1, Clinically managed Low Intensity Residential Services.

"Halfway house for persons with children" means a halfway house that includes services for the recovering person's children who will reside with him or her in the house. Corresponding ASAM Patient Placement Criteria Treatment Level: Level III.1, Clinically managed Low Intensity Residential Services.

"ICIS" See "Integrated Client Information System."

"Infant" means any child from birth up to three years of age.

"Individual counseling" means a method of treating disorders or problems using the one-to-one interaction between a professional and a consumer to promote positive emotional, psychological, or behavioral change.

"Initial contact" means a person's first contact with the facility, e.g., a request for information or service by telephone or in person.

"Initial treatment plan" means a short-term plan designed at intake describing services that will be provided immediately upon admission.

"Inpatient care" means the process of providing care to persons who require twenty-four (24) hour supervision in a hospital or other suitably equipped medical setting as a result of acute or chronic medical or psychiatric illnesses. Includes professional staff providing medical care according to a treatment plan based on documentation of need.

"Intake" means the overall process by which information is collected to determine the nature and extent of the drug and alcohol use problem and the level of care appropriate to address identified issues..

"Integrated Client Information System" 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.

"Intensive outpatient services" means an organized, non-residential outpatient treatment service with scheduled sessions that provide a range of nine (9) or more treatment hours per week. Intensive outpatient services may offer evening outpatient services several nights per week or be incorporated into an inpatient or residential treatment program in which the consumer participates in daytime treatment services but goes home at night. Corresponding ASAM Patient Placement Criteria Treatment Level: Level II.1, Intensive outpatient.

"Intervention" means a process or technique intended to facilitate behavior change. It also refers to the specific and structured process of presenting information on destructive behavior to a chemically dependent individual by family members and others in order to motivate that individual to seek assistance for recovery.

"Length of stay" means the number of days or number of sessions attended by consumers in the course of primary treatment.

"Levels of care" means the different options for treatment that vary according to the intensity of the services offered. Each treatment option is a level of care.

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

"Licensure" means the process by which an agency of government grants permission, to persons or health facilities meeting qualifications, to engage in a given occupation or use a particular title.

"Life skills" means abilities and techniques necessary to function independently in society.

"Medical care" means those diagnostic and treatment services which, under the laws of the jurisdiction in which the program is located, can only be provided or supervised by a licensed physician.

"Medical detoxification" means diagnostic and treatment services performed by licensed facilities for acute alcohol or drug intoxication, delirium tremens and physical and neurological complications resulting from acute intoxication. Medical detoxification includes the services of a physician and attendant medical personnel including nurses, interns and emergency room personnel, the administration of a medical examination and a medical history, the use of an emergency room and emergency medical equipment if warranted, a general diet of three meals each day, the administration of appropriate laboratory tests, and supervision by properly trained personnel until the person is no longer medically incapacitated by the effects of alcohol or drugs. [43 A.O.S. § 3-403(8)] Corresponding ASAM Patient Placement Criteria Treatment Level: Level IV-D, Medically managed Intensive Inpatient

Detoxification.

"Medical record" See "Consumer record."

"Medical services" means the administration of medical procedures, by a physician or dentist and in accordance with a documented treatment plan and medical supervision available, to provide the consumer with the service necessitated by the prevalent problem identified and includes physical examinations, detoxification from alcohol or drugs, methadone maintenance, dental services, or pharmacy services, etc.

"Medical treatment plan" means the plan for administering methadone to consumers in methadone detoxification programs. (43A O.S. §§ 3-601 through 3-603)

"Medically supervised detoxification" means detoxification outside of a medical setting, supervised by a licensed nursing supervisor, for intoxicated consumers, and consumers withdrawing from alcohol and other drugs, presenting with no apparent medical or neurological symptoms as a result of their use of substances that would require hospitalization as determined by an examining physician. Corresponding ASAM Patient Placement Criteria Treatment Level: Level III, 7-D, Medically Monitored Inpatient Detoxification.

"Medication" means any prescription or over-the-counter drug that is taken orally, injected, inserted, applied topically or otherwise administered to a consumer.

"Medication protocol" means the medical treatment plan required by state statute for dispensing methadone. (43A O.S. §§ 3-601 through 3-603)

"Medication - self administration" means the consumer administers their own medication to themselves with staff observation.

"Mental health services" means a wide range of diagnostic, therapeutic, and rehabilitative services used in the treatment of mental illness and substance abuse disorders.

"Minutes" means a record of business introduced, transactions and reports made, conclusions reached, and recommendations made during a meeting.

"Narcotic treatment program" See "Opioid treatment program."

"Neglect" means a failure to provide adequate personal care or maintenance, or access to medical care that results or may result in physical or mental injury to a consumer.

"Non-medical detoxification" means detoxification services for intoxicated clients and clients withdrawing from alcohol or other drugs presenting with no apparent medical or neurological symptoms as a result of their use of substances. Corresponding ASAM PPC Treatment Level: Level III, 2-D, Clinically managed Residential Detoxification.

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

"Objectives" means a specific statement of planned accomplishments or results that are quantitative, qualitative, time limited, and realistic.

"Opioid treatment program" means a person, private physician, or organization that administers or dispenses an opioid drug to an opioid addict for the purposes of detoxification or maintenance treatment or provides, when necessary and appropriate, comprehensive medical and rehabilitation services. [43A O.S. § 3-601(C)] Corresponding ASAM Patient Placement Criteria Treatment Level: Opioid Maintenance Therapy.

"OSDH" means the Oklahoma State Department of Health.

"Outpatient services" means an organized, nonresidential treatment service in regularly scheduled sessions intended for individuals not requiring a more intensive level of care or those who require continuing services following more intensive treatment regimens. Corresponding ASAM Patient Placement Criteria Treatment Level: Level I, Outpatient Treatment.

"Outreach" means the process of reaching into a community systematically for the purposes of identifying persons in need of services, alerting persons and their families to the availability of services, locating needed services, and enabling persons to enter into and accept the service delivery system.

"Paraprofessional" means a person who does not have an academic degree, a professional license or certification in the discipline, but performs prescribed functions under the general supervision of that discipline.

"Performance improvement" 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.

"Personnel record" means a chart or file containing the employment history and actions relevant to individual employee activities within an organization and may contain application, evaluation, salary data, job description, citations, credentials, etc.

"Personnel record of volunteer" means a record or file with documentation of volunteers', interns' or practicum students' orientation and training.

"Physician" means an individual with an M.D. or D.O. degree who is fully licensed in the State of Oklahoma to practice medicine in all its phases.

"Play therapy" means a form of action therapy that uses, but is not limited to, sand play, fairy tales, art and puppetry to encourage communication in children who have inadequate or immature verbalization skills or who verbalize excessively due to defensiveness.

"Policy" means statements of facility intent, strategy, principle, or rules in the provision of services; a course of action leading to the effective and ethical provision of services.

"Prevention" means the assessment, development and implementation of strategies designed to prevent the abuse of alcohol and other drugs.

"Procedures" means the written methods by which policies are implemented.

"Process" means information about what a program is doing, the extent to which the program is being implemented as planned.

"Program effectiveness -- outcome" means a written plan and operational methods of determining the effectiveness of services provided that objectively measures facility resources, activities and consumer outcomes.

"Professional treatment staff" means those individuals specifically qualified by education or special training to perform the duties of their positions.

"Program" means a structured set of treatment activities designed to achieve specific objectives relative to the needs of consumers served by the facility.

"Program or service component" means the category or level of care into which a specific group of interrelated services can be classified, e.g., outpatient services.

"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 environment" means one category to be considered in consumer placement, continued stay and discharge and is an evaluation of the consumer's current recovery environment, current relationships and degree of support for recovery, current housing, employment situation, availability of alternatives and historical information, as it impacts on level of care decision making.

"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 a broad range of physical, mental, and social activities designed to restore a consumer to the highest possible functional capacity after an episode of illness or injury and may include physical therapy, speech therapy, family consultation, and substance abuse counseling.

"Relapse" means progressively irresponsible or inappropriate or dysfunctional behavior patterns that could lead to resumption of alcohol or drug use. Also refers to the resumption of alcohol or drug use.

"Relapse potential" means one category to be considered in consumer placement, continued stay and discharge and is an evaluation of the consumer's current relapse potential, current statements by the consumer about relapse potential, reports from others on potential for consumer relapse, assessment by professional treatment staff and historical information, as it impacts on level of care decision making.

"Residential treatment" means addiction and substance abuse treatment in a live-in setting which provides a twenty-four (24) hour therapeutic regimen. Corresponding ASAM Patient Placement Criteria Treatment Level: Level III.S, Clinically managed High-Intensity Residential Services.

"Residential treatment for persons with children" means a residential treatment facility that includes services for the recovering person's children who will reside with him or her in the residential facility. Corresponding ASAM Patient Placement Criteria Treatment Level (Parent Only): Level III.5 Clinically Managed High-Intensity Residential Services.

"Screening" means the process by which a consumer is determined appropriate and eligible for admission to a particular program or level of care. The focus is on the minimum criteria necessary for appropriateness and eligibility.

"Sentinel event" is a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a consumer, or risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes a variation in approved processes which could carry a significant chance of a serious adverse outcome to a consumer. These events signal the need for immediate investigation and response. Sentinel events include, but are not limited to: suicide, homicide, criminal activity, assault and other forms of violence, including domestic violence or sexual assault, and adverse drug events resulting in serious injury or death.

"Service agreement" means a written agreement between two (2) or more service agencies, or service agencies and individual service providers, defining the roles and responsibilities of each party for the purpose of promoting coordination and integration of service programs and curbing fragmentation and unnecessary service duplication.

"Service area" means a defined geographic area and specified population base that identifies regions for mental health, substance abuse, and domestic violence and sexual assault services [43A O.S. § 3-302(1)].

"Significant others" means those individuals who are, or have been, significantly involved in the life of the consumer.

"Social detoxification" See "Non-medical detoxification."

"Staff 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, certification, training, experience, competence, judgment, and other credentials.

"Substance abuse treatment services" means the coordination of treatment activities by a substance abuse professional that include, but not limited to, the following:

- (A) Intake including screening, diagnostic impression, and assessment.
- (B) Treatment planning and revision, as necessary.
- (C) Utilization review to assure admission, continuing stay, and discharge criteria are met.
- (D) Referral to community resources of those consumers with needs that can't be met by the substance abuse professional.
- (E) Reports and record keeping of consumer related data.
- (F) Consultation that facilitates necessary communication in regard to consumers.
- (G) Discharge planning that assists consumers in developing continuing care plans and facilitates transition into post-treatment recovery.

"Substance-use disorders" means alcohol or drug dependence or psychoactive substance use disorder as defined by current DSM criteria or by other standardized and widely accepted criteria.

"Treatment" means the broad range of emergency, inpatient, intermediate and outpatient services and care, including diagnostic evaluation, medical, psychiatric, psychological and social service care, vocational rehabilitation and career counseling. [43A O.S. § 3-403(14)]

"Treatment acceptance or resistance" means one category to be considered in consumer placement, continued stay and discharge and is an evaluation of the consumer's current treatment acceptance or resistance, current statements by consumer and others about the consumer's treatment acceptance or resistance, and professional treatment staff assessment of consumer motivation, as it impacts on level of care decision making..

"Treatment follow-up" means the gathering of information to measure the effectiveness of treatment services.

"Treatment hour - outpatient" means one (1) clock hour of face-to-face contact with a consumer in a therapeutic setting, individually or in a group.

"Treatment planning" means the process by which a counselor and consumer together and jointly identify and rank problems; establish agreed-upon immediate short-term and long-term goals; and decide on the treatment process and resources to be utilized.

"Treatment session - outpatient" means each face-to-face contact with a consumer in a therapeutic setting whether individually or in a group.

"Triage" means the prompt evaluation of all incoming consumers to determine the nature of the problems, the level of urgency, identification of the kind of service needed, and assignment for attention.

"Universal precautions for transmission of infectious diseases" means those guidelines promulgated by the U.S. Occupational Health and Safety Administration which are designed to prevent the transmission of Human Immunodeficiency Virus, hepatitis, and other infectious diseases.

"Update" means a dated and signed review of a report, plan or program with or without revision.

"Utilization review" means the process of using predefined criteria to evaluate the necessity and appropriateness of consumer care.

"Volunteer" means any person providing direct consumer rehabilitative services and who is not on the facility payroll, but fulfills a defined role within the facility. This includes, but is not limited to, court ordered community services, practicum students, interns, and ministers; it excludes professionals and entities with whom the facility has a written affiliation.

450:18-1-3. Meaning of verbs in rules

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

- (1) **"Shall"** is the term used to indicate a mandatory statement, the only acceptable method under the present standards.
- (2) **"Should"** is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.
- (3) **"May"** is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

450:18-1-4. Applicability

This chapter is applicable to all substance abuse treatment facilities statutorily required to be certified by the ODMHSAS (43A O.S. § 3-415).

450:18-1-5. Alcohol and drug abuse prevention, training, treatment and rehabilitation authority [REVOKED]

450:18-1-6. Annual review of standards and criteria

The standards and criteria in this chapter shall be annually reviewed by the ODMHSAS.

450:18-1-7. New standards and criteria

(a) As new standards and criteria become effective, all affected facilities shall comply within one hundred twenty (120) calendar days of the effective date for standards and criteria promulgated under regular rulemaking.

(b) For standards and criteria adopted under emergency rulemaking, affected facilities shall come into compliance within sixty (60) calendar days of notice by ODMHSAS of the emergency rule's approval by the Governor.

SUBCHAPTER 3. SUBSTANCE ABUSE TREATMENT SERVICES

PART 1. LEVELS OF CARE

450:18-3-1. Services

- (a) Facilities shall provide one (1) or more of the following services:
- (1) Outpatient services;
 - (2) Intensive outpatient services;
 - (3) Medically supervised detoxification;
 - (4) Non-medical detoxification;
 - (5) Residential treatment for adults;
 - (6) Residential treatment for persons with dependent children;
 - (7) Adult residential treatment for the dually diagnosed;
 - (8) Residential treatment for adolescents;
 - (9) Halfway house services;
 - (10) Halfway house services for persons with dependent children;
 - (11) Halfway house services for adolescents;
 - (12) Opioid treatment programs.

450:18-3-2. HIV education, testing and counseling services

All facilities shall provide HIV education, testing, and counseling services for drug dependent persons (43A O.S. § 3-425.1). Every facility shall:

- (1) Provide educational sessions regarding HIV to such persons, and also make the sessions available to spouses or other sexual partners of the drug dependent person;
- (2) Refer all drug dependent persons for HIV infection testing and counseling;
- (3) Provide HIV testing and counseling by the facility staff, or with an organization for the testing or counseling services and maintain all test results in the confidential manner prescribed by applicable state or federal statutes or regulations; and
- (4) Provide services described in items (1) through (3) at least once during each episode of treatment.

PART 3. OUTPATIENT SERVICES

450:18-3-21. Outpatient services

- (a) Outpatient services shall be organized non-residential services with scheduled treatment sessions that accommodate employed and parenting consumers' schedules, and offer treatment services during the day, evening, and weekends. Services shall be designed to provide a variety of professional diagnostic and primary alcohol and other drug abuse treatment services for consumers, and their families and significant others, whose emotional and physical status allows them to function in their usual environment. These services shall be designed either for consumers who do not require more restrictive levels of care or those consumers who require continuing services following more intensive treatment regimens.
- (b) The program shall maintain written programmatic descriptions and operational methods

that address the following:

(1) Environment:

(A) The facility shall be publicly accessible that accommodates office space, individual and group counseling space, secure records storage, and protects consumer confidentiality.

(B) Hours of operation shall be during regularly scheduled times that make services accessible to consumers and the general public, including those employed between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.

(C) For facilities that do not provide twenty-four (24) hour services, the facility's hours of operation shall be conspicuously displayed on the outside of the building. For facilities in multi-office buildings, the hours shall be posted either on the building directory or the facility's office door.

(2) Support system:

(A) The facility shall maintain written policy and procedures for handling medical emergencies; and an emergency medical number shall be posted for use by staff;

(B) The facility shall maintain annual service agreements, approved by current facility director, with more intensive levels of care and other community resources; and

(C) The facility shall have available specialized professional consultation.

(3) Staff:

(A) The facility shall maintain documentation that professional treatment staff are knowledgeable regarding biopsychosocial dimensions of substance abuse, counseling theory and techniques, and possess one of the following;

(i) a current license as a physician in the State of Oklahoma; or

(ii) a doctoral degree in psychology; or

(B) Staff not meeting one the above requirements shall have a current certification as a CADC or be working toward CADC certification; and shall have,

(i) a masters degree in counseling, psychology, social work, or an addiction related field; or

(ii) a minimum of one year of supervised experience in an addiction treatment setting and a bachelor's degree in counseling, psychology, social work, or a bachelor's degree in a related field and at least 12 hours in counseling coursework; or

(iv) a current license as a registered nurse in the State of Oklahoma, plus a minimum of two years of supervised experience in an addiction treatment setting; or

(v) current certification as a certified alcohol counselor.

(C) The professional treatment staff shall have training in cultural-specific, age-specific, and gender-specific issues and counseling techniques.

(D) Staff shall be, at least, twenty-one (21) years old; and

(E) The facility shall document in personnel records all education, training and experience stated in above prior to providing direct care services.

(4) Treatment services:

(A) Addiction treatment services shall be provided to assess and address the individual needs of each consumer. These services shall include, but not limited to,

individual, group and family services, relapse prevention, advocacy, referral, life-skills training, and case management services;

(B) Crisis intervention and counseling services shall be available; and

(C) Frequency of services shall be determined by mutual agreement between the facility professional and the consumer.

(5) Assessment and treatment plan review:

(A) Individual biopsychosocial assessments shall be completed on all consumers;

(B) Individualized treatment plans shall be completed on all consumers and shall include problem formulations, treatment, goals, and measurable treatment objectives; and

(C) Treatment plan reviews shall be conducted at specified times as noted in the treatment plan, or as required by accrediting or licensing bodies.

(6) Documentation:

(A) Progress notes shall clearly reflect implementation of the treatment plan, the consumer's response to treatment, and the outcome of services;

(B) Consumer records shall document each service provided and all missed appointments; and

(C) Consumer records shall document the start and stop time or the amount of time spent providing each treatment service.

(c) Compliance with 450:18-3-21 may be determined by a review of the following:

(1) Policy and procedures;

(2) Licenses;

(3) Treatment protocols;

(4) Personnel records, official certified college transcripts, professional certificate(s), documentation of professional work experience, ongoing inservice training(s);

(5) Treatment records;

(6) Interviews with staff and consumers; and

(7) Other supporting facility records.

450:18-3-22. Outpatient services, admission criteria

(a) Admission to outpatient services shall be limited to those persons who meet the applicable ASAM Patient Placement Criteria, Level I; and these criteria shall be a part of the program's written policy and procedures.

(b) Compliance with 450:18-3-22 may be determined by a review of the following:

(1) Policy and procedures;

(2) Admission protocols;

(3) Admission assessment instruments;

(4) Consumer records;

(5) Interviews with staff and consumers; and

(6) Other facility documentation.

450:18-3-23. Outpatient services, discharge criteria

(a) Programmatic discharge from outpatient services shall be limited to those persons who

meet the applicable ASAM Patient Placement Criteria, Level I for discharge; and these criteria shall be a part of the program's written policy and procedures.

(b) Compliance with 450:18-3-23 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Discharge protocol;
- (3) Discharge assessment instruments;
- (4) Continuing care plans;
- (5) Discharge summaries;
- (6) Consumer records;
- (7) Interviews with staff and consumers, or
- (8) Other facility records.

PART 5. INTENSIVE OUTPATIENT SERVICES

450:18-3-41. Intensive outpatient services

Intensive outpatient services shall be an organized, non-residential outpatient substance abuse treatment service with scheduled sessions providing a range of nine (9) or more treatment hours per week. Treatment schedules shall be arranged to accommodate the time availability of employed or parenting consumers and treatment hours may be during the day, evenings, or weekends. Outpatient services shall be designed to provide a variety of professional diagnostic and primary alcohol and drug abuse treatment services for consumers and their families whose physical and emotional status allows them to function in their usual environment.

450:18-3-42. Service requirements

(a) An intensive outpatient service shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment:

(A) The facility shall be publicly accessible that accommodates office space, individual and group counseling space, secure records storage, and protects consumer confidentiality; and

(B) Hours of operation shall be during regularly scheduled times that make services accessible to consumers and the general public, including those employed between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday; and

(C) For facilities that do not provide twenty-four (24) hour services, the facility's hours of operation shall be conspicuously displayed on the outside of the building. For facilities in multi-office buildings, the hours shall be posted on the building directory or their office door.

(2) Support system:

(A) The facility shall maintain written policy and procedures for handling medical emergencies; and an emergency medical number shall be conspicuously posted for staff use; and

(B) The facility shall maintain annual service agreements, approved by current facility

director, with facilities with both more and less intensive levels of care and other community resources; and

(C) Specialized professional consultation shall be available.

(3) Staff:

(A) The professional treatment staff shall be knowledgeable regarding biopsychosocial dimensions of substance abuse, and counseling theory and techniques and possess one of the following;

(i) a current license as a physician in the State of Oklahoma; or

(ii) a doctoral degree in psychology; or

(B) Staff not meeting one the above requirements shall have a current certification as a CADC or be working toward CADC certification; and shall have,

(i) a masters degree in counseling, psychology, social work, or an addiction related field; or

(ii) a minimum of one year of supervised experience in an addiction treatment setting and a bachelor's degree in counseling, psychology, social work, or a bachelor's degree in a related field and at least 12 hours in counseling coursework; or

(iv) a current license as a registered nurse in the State of Oklahoma, plus a minimum of two years of supervised experience in an addiction treatment setting; or

(v) current certification as a certified alcohol counselor.

(C) The facility shall maintain documentation that professional treatment staff have received training in cultural-specific, age-specific and gender-specific issues and counseling techniques;

(D) Treatment staff shall be, at least, twenty-one (21) years of age or older; and

(E) The facility shall document in personnel records all education, training and experience stated above prior to providing direct care services.

(4) Treatment services:

(A) The facility shall insure scheduled treatment services to continually assess and address the individual needs of each consumer. Such treatment modalities include, but are not limited to, , family counseling, individual and group counseling, vocational counseling, educational groups, relapse prevention, and recreational activities ; and

(B) Crisis intervention and counseling services shall be available; and

(5) Assessment and treatment plan review:

(A) Individual biopsychosocial assessments or addenda shall be made on all consumers; and

(B) An individualized treatment plan shall be completed on each consumer and shall include problem formulation, treatment goals, and measurable treatment objectives; and

(C) Treatment plan reviews shall be conducted at as prescribed.

(6) Documentation:

(A) Progress notes shall clearly reflect implementation of the treatment plan and the consumer's response to, and outcomes of, treatment;

(B) Records shall contain documentation of each service provided and all missed

appointments; and

(C) Records shall document the start and stop time or the amount of time spent providing each treatment service.

- (b) Compliance with 450:18-3-42 may be determined by a review of the following:
 - (1) Staff licenses and certifications;
 - (2) Policy and procedures;
 - (3) Personnel records, official certified college transcripts, professional certificate(s), documentation of professional work experience, ongoing inservice training(s);
 - (4) Treatment records;
 - (5) Interviews with staff and consumers; and
 - (6) Other facility documentation.

450:18-3-43. Intensive outpatient services admission criteria

(a) Admission to intensive outpatient services shall be limited to those persons who meet the applicable ASAM Patient Placement Criteria. These criteria shall be a part of the program's written policy and procedures.

- (b) Compliance with 450:18-3-43 may be determined by a review of the following:
 - (1) Facility policy and procedures;
 - (2) Admission protocols;
 - (3) Admission assessment instruments;
 - (4) Consumer records;
 - (5) Interviews with staff and consumers; and
 - (6) Other supporting facility documentation.

450:18-3-44. Intensive outpatient, discharge criteria

(a) Programmatic discharge from intensive outpatient services shall be limited to those persons who meet the applicable ASAM Patient Placement Criteria for discharge. These criteria shall be a part of the program's written policy and procedures.

- (b) Compliance with 450:18-3-44 may be determined by a review of the following:
 - (1) Discharge protocols;
 - (2) Discharge assessment instruments;
 - (3) Continuing care plans;
 - (4) Discharge summaries;
 - (5) Policy and procedures;
 - (6) Treatment records;
 - (7) Interviews with staff and consumers; and
 - (8) Other supporting facility documentation.

PART 7. MEDICALLY SUPERVISED DETOXIFICATION

450:18-3-61. Medically supervised detoxification

(a) Medically supervised detoxification shall be provided outside a medical facility, but under the direction of a licensed physician who is on call and a licensed registered nurse

supervisor, for intoxicated consumers who are withdrawing from alcohol or other drugs. Presenting consumers shall be assessed as currently experiencing no apparent medical or neurological symptoms as a result of their substance use that would require hospitalization.

(b) The facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment: The facility shall be a freestanding properly licensed health care facility, or a specialty unit in a licensed health care facility. The facility shall provide for beds, food service, monitoring vital signs, and food and liquids intake.

(2) Support system:

(A) A licensed physician providing supervision of detoxification shall be available twenty-four hours per day, seven days per week;

(B) The facility shall maintain annual service agreements, approved by current facility director, with more intensive levels of care as clinically indicated;

(C) The facility shall have a written plan for emergency procedures, which shall be approved by a licensed physician; and

(D) The facility shall have supplies, as designated in the written emergency procedures, which shall be accessible to the staff.

(3) Staff:

(A) Staff members assigned to a medically supervised detoxification component shall be knowledgeable about the physical signs of withdrawal, the taking of vital signs and the implication of those vital signs, and emergency procedures.

(B) Oklahoma licensed nurses shall provide a planned regimen of twenty-four (24) hour monitoring, and statutorily approved personnel to administer medications in accordance with physician's orders;

(C) Staff shall be knowledgeable regarding facility-required education, training and policies ; and (D) The facility shall document in personnel records, no later than the

hire date, all education, training and experience stated in (A), (B) and (C) above prior to providing direct care services.

(4) Treatment services: Daily substance abuse detoxification treatment services shall be provided which shall include, but not limited to, oral intake of fluids, three (3) meals a day, taking of vital signs (temperature, pulse, respiration rate, blood pressure), fluid and food intake a minimum of one (1) time every six (6) hours, or more often as indicated by the consumer's condition, all for a minimum of seventy-two (72) hours.

(5) Assessment and treatment plan review:

(A) Individualized initial treatment plan addressing problem formulations, treatment goals, and measurable treatment objectives shall be developed for each consumer;

(B) Physician-approved medical assessment for appropriateness of placement in medically-supervised detoxification shall be completed within three (3) hours of presentation;

(C) An individualized needs assessment, which shall include, treatment recommendations and referral recommendations prior to discharge shall be completed; and

(D) Treatment plan reviews shall be conducted at specific times as prescribed.

(6) Documentation:

- (A) Progress notes shall clearly reflect implementation of the treatment plan and services provided, in addition to the consumer's response to treatment; and
 - (B) The consumer's case record shall contain documentation verifying each vital sign, and fluid and food taken during the consumer's stay in this component.
- (c) Compliance with 450:18-3-61 may be determined by a review of the following:
- (1) Licenses;
 - (2) Policy and procedures;
 - (3) Treatment protocols;
 - (4) Personnel records, official certified college transcripts, professional certificate(s), documentation of professional work experience, ongoing inservice training(s);
 - (5) Treatment records; and
 - (6) Interviews with staff.

450:18-3-62. Medically-supervised detoxification, admission criteria

- (a) Admission to medically-supervised detoxification shall be limited to those persons who meet the applicable ASAM Patient Placement Criteria. These criteria shall be a part of the program's written policy and procedures.
- (b) Compliance with 450:18-3-62 may be determined by a review of the following:
- (1) Policy and procedures;
 - (2) Admission assessment instruments;
 - (3) Admissions protocols;
 - (4) Treatment records;
 - (5) Progress notes;
 - (6) Interviews with staff and consumers;
 - (7) Publicly posted information; and
 - (8) Other supporting facility documentation.

450:18-3-63. Medically-supervised detoxification, discharge criteria

- (a) Programmatic discharge from medically-supervised detoxification shall be limited to those persons who meet the applicable ASAM Patient Placement Criteria for discharge. These criteria shall be a part of the program's written policy and procedures.
- (b) Compliance with 450:18-3-63 may be determined by a review of the following:
- (1) Discharge policy and procedures;
 - (2) Discharge protocols;
 - (3) Discharge and continuing care documentation;
 - (4) Treatment records;
 - (5) Discharge summaries;
 - (6) Interviews with staff and consumers; and
 - (7) Other facility documentation.

PART 9. NON-MEDICAL DETOXIFICATION

450:18-3-81. Non-medical detoxification

- (a) Non-medical detoxification shall be provided in a social or non-medical setting, with trained paraprofessionals, for intoxicated consumers and consumers withdrawing from alcohol and other drugs who present with no apparent medical or neurological symptoms as a result of their substance abuse.
- (b) The facility shall maintain written programmatic descriptions and operational methods addressing the following:
 - (1) Environment: The facility shall be a freestanding properly licensed health care facility or specialty unit in a licensed health care facility. The facility shall provide for beds, food service, and the availability of monitoring vital signs and food and liquids intake.
 - (2) Support system:
 - (A) A licensed physician shall be on call twenty-four hours per day, seven days per week;
 - (B) The facility shall maintain annual service agreements, approved by current facility director with more intensive levels of care as clinically indicated;
 - (C) The facility shall have a written plan for emergency procedures approved by a licensed physician; and
 - (D) Supplies, as designated by the written emergency procedures, shall be available and accessible to the staff.
 - (3) Staff:
 - (A) The staff members assigned shall be knowledgeable about the physical signs of withdrawal, the taking of vital signs and the implication of those vital signs, and emergency procedures;
 - (B) The staff shall be knowledgeable regarding facility-required education, training, and policies ; and
 - (C) The facility shall document in personnel records all education, training and experience stated in (A) and (B) above prior to staff providing direct care services.
 - (4) Treatment services: Daily (twenty-four [24] hours a day, seven [7] days a week) substance abuse detoxification treatment services shall be provided, to include oral intake of fluids, three (3) meals a day, and the taking of vital signs (temperature, pulse, respiration rate, blood pressure), fluid and food intake a minimum of one (1) time every six (6) hours, or more often as indicated by the consumer's condition, for a minimum of seventy-two (72) hours.
 - (5) Assessment and treatment plan review:
 - (A) The facility shall have a medical assessment protocol, approved by a licensed physician, for appropriateness of placement in this level of care, and initial treatment plan within one (1) hour of admission;
 - (B) An individualized needs assessment, treatment recommendations, and referral recommendations shall be developed prior to discharge;
 - (C) Individualized treatment plan shall be completed for each consumer and shall minimally include problem formulations, treatment goals, and measurable treatment objectives; and
 - (D) Treatment plan reviews shall be conducted as prescribed.
 - (6) Documentation:

- (A) Progress notes in the consumer's record shall clearly reflect implementation of the treatment plan and services provided, in addition to the consumer's response to treatment; and
- (B) There shall be documentation in the consumer's case record verifying each vital sign, and fluid and food taken during the consumer's stay in this component.
- (c) Compliance with 450:18-3-81 may be determined by a review of the following:
 - (1) Licenses;
 - (2) Policy and procedures;
 - (3) Treatment protocols;
 - (4) Physician-approved detoxification procedures;
 - (5) Personnel records official certified college transcripts, professional certificate(s), documentation of professional work experience, ongoing inservice training(s);
 - (6) Treatment records; and
 - (7) Interviews with staff.

450:18-3-82. Non-medical (social) detoxification, admission criteria

- (a) Admission to social detoxification shall be limited to those persons who meet the applicable ASAM Patient Placement Criteria. These criteria shall be a part of the program's written policy and procedures.
- (b) Compliance with 450:18-3-82 may be determined by a review of the following:
 - (1) Policy and procedures;
 - (2) Admission assessment instruments;
 - (3) Medical evaluations;
 - (4) Admission protocols;
 - (5) Treatment records;
 - (6) Interviews with staff and consumers; and
 - (7) Publicly posted information and other facility documentation.

450:18-3-83. Non-medical (social) detoxification, discharge criteria

- (a) Programmatic discharge from social detoxification shall be limited to those persons who meet the applicable ASAM Patient Placement Criteria for discharge. These criteria shall be a part of the program's written policy and procedures.
- (b) Compliance with 450:18-3-83 may be determined by a review of the following:
 - (1) Policy and procedures;
 - (2) Discharge evaluation assessment instruments;
 - (3) Medical evaluations;
 - (4) Consumer records and discharge summaries;
 - (5) Continuing care plans;
 - (6) Interviews with staff and consumers; and
 - (7) Other facility documentation.

PART 11. RESIDENTIAL TREATMENT

450:18-3-101. Residential treatment for adults

(a) Addiction and chemical dependency treatment in a residential setting shall provide a planned regimen of twenty-four (24) hour professionally directed evaluation, care and treatment in permanent program services. Treatment offers intensive primary treatment and consumers shall participate in at least twenty-four (24) therapeutic hours of substance abuse treatment services per week, in addition to life skills, recreational and self-help supportive meetings, and other therapies.

(b) The facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment: The facility shall be a freestanding properly licensed health care facility, or specialty unit in a licensed health care facility;

(2) Support system:

(A) A licensed physician shall be available, at least by telephone, twenty-four (24) hours per day, seven (7) days per week; and

(B) Annual service agreements, approved by current facility director, with more intensive levels of care shall be maintained.

(3) Staff:

(A) Professional treatment staff shall be knowledgeable regarding the biopsychosocial dimensions of substance abuse, counseling theory and techniques and possess one of the following;

(i) a current license as a physician in the State of Oklahoma; or

(ii) a doctoral degree in psychology; or

(B) Staff not meeting one the above requirements shall have a current certification as a CADC or be working toward CADC certification; and shall have,

(i) a masters degree in counseling, psychology, social work, or an addiction related field; or

(ii) a minimum of one year of supervised experience in an addiction treatment setting and a bachelor's degree in counseling, psychology, social work, or a bachelor's degree in a related field and at least 12 hours in counseling coursework; or

(iv) a current license as a registered nurse in the State of Oklahoma, plus a minimum of two years of supervised experience in an addiction treatment setting; or

(v) current certification as a certified alcohol counselor.

(C) The professional treatment staff shall have training in cultural-specific, age-specific and gender-specific issues and counseling techniques, and all staff shall be knowledgeable regarding facility-required education, training, and policies ;

(D) The treatment staff shall be at least twenty-one (21) years of age or older; and

(E) The facility shall document in personnel records all education, training and experience stated in (A) through (C) above prior to the provision of direct care services.

(4) Treatment services: Daily (twenty-four [24] hours a day, seven [7] days a week) addiction treatment services shall be provided to assess and address individual needs of

each consumer. Services shall include, but are not limited to, family counseling, individual and group counseling, educational groups, and relapse prevention.

(5) Assessment and treatment plan review processes include, but are not limited to:

(A) Individual biopsychosocial assessments on all consumers, and there may also be consultation, screenings and referral for additional services or evaluation; and

(B) Individualized treatment plan, including problem formulations, treatment goals, and measurable treatment objectives; and treatment

(C) Treatment plans reviewed at specific times as noted in plan.

(6) Documentation:

(A) Progress notes in the consumer's record shall clearly reflect the implementation of the treatment plan and services provided, in addition to the consumer's response to treatment;

(B) Documentation shall reflect each consumer has received a minimum of twenty-four (24) hours of therapeutic services each week, in addition to life skills, recreational and self-help supportive meetings; and

(C) Records shall document the start and stop time or the amount of time spent providing each treatment service.

(c) Compliance with 450:18-3-101 may be determined by a review of the following:

(1) Licenses;

(2) Policy and procedures;

(3) Treatment protocols;

(4) Personnel record, official certified college transcripts, professional certificate(s), documentation of professional work experience, ongoing inservice training(s);

(5) Treatment records; and

(6) Interviews with staff and consumers.

450:18-3-102. Adult residential treatment, admission criteria

(a) Admission to residential treatment for adults shall be limited to those persons who meet the ASAM Patient Placement Criteria for admission. These criteria shall be a part of the program's written policy and procedures.

(b) Compliance with 450:18-3-102 may be determined by a review of the following:

(1) Policy and procedures;

(2) Admission assessment instruments and protocols;

(3) Consumer records;

(4) Brochures;

(5) Posted public information; and

(6) Interviews with staff and consumers.

450:18-3-103. Adult residential treatment, discharge criteria

(a) Programmatic discharge from residential treatment for adults shall be limited to those persons who meet the applicable ASAM Patient Placement Criteria for discharge. These criteria shall be a part of the program's written policy and procedures.

(b) Compliance with 450:18-3-103 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Discharge evaluation assessment instruments;
- (3) Medical evaluations;
- (4) Consumer records;
- (5) Discharge summaries; and
- (6) Interviews with staff and consumers.

PART 13. RESIDENTIAL TREATMENT FOR PERSONS WITH DEPENDENT CHILDREN

450:18-3-121. Residential treatment for persons with dependent children

(a) Addiction and chemical dependency treatment shall be provided in a residential setting offering a planned regimen of twenty-four (24) hour professionally directed evaluation, care and treatment in a permanent setting and under a defined set of policy and procedures. Treatment shall offer intensive primary treatment and consumers shall participate in at least twenty-four (24) therapeutic hours of substance abuse, parenting, and child development services per week for adults, and twelve (12) therapeutic hours for children, in addition to life skills, recreational, and self-help supportive meetings and other therapies. If not clinically indicated, therapeutic services to children may be reduced to as few as six (6) hours per week for children attending school. Exception: Adults who are TANF recipients shall participate in at least fifteen (15) therapeutic hours of substance abuse, parenting and child development services to permit them to meet the terms required by their DHS Employability Plan.

(b) Each facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment: The facility shall be a freestanding properly licensed health care facility or specialty unit in a licensed health care facility providing family-style living arrangements, indoor recreational space for children and families, and safe, protected outdoor recreational and leisure space. The facility shall provide for materials and space appropriate for ages and development of children receiving services. (43A O.S. § 3-417)

(2) Support system:

(A) A licensed physician shall be available, at least by telephone, twenty-four (24) hours per day, seven (7) days per week.

(B) The facility shall maintain annual service agreements, approved by current facility director, with more intensive levels of care.

(C) The facility shall maintain current service agreements or contracts to provide both prenatal and postnatal care for pregnant women and pediatric care for children.

(D) The facility shall promote and facilitate children's access to the fullest possible range of medical services available such as health screening, well-child health care, screening in speech, language, hearing, and vision, and verify immunization records.

(E) Access to emergency health care shall be provided as necessary.

(F) The facility shall have liaison with the local DHS offices to:

(i) Promote preservation of families,

- (ii) In cases of investigation of abuse, provide instruction in positive parenting behavior,
 - (iii) Facilitate, with parental consent, daily DHS observations of parent-child interaction,
 - (iv) Expedite investigations in a timely manner, and
 - (v) Ensure prompt response to situations which require immediate intervention.
- (3) Staff:
- (A) Professional treatment staff shall be knowledgeable regarding substance abuse, counseling theory and techniques, have training in cultural-specific, age-specific and gender-specific issues and counseling techniques, treatment of infants, toddlers, preschool children, and school-age children, and possess one of the following:
 - (i) a current license as a physician in the State of Oklahoma; or
 - (ii) a doctoral degree in psychology; or
 - (B) Staff not meeting one the above requirements shall have a current certification as a CADC or be working toward CADC certification; and shall have,
 - (i) a masters degree in counseling, psychology, social work, or an addiction related field; or
 - (ii) a minimum of one year of supervised experience in an addiction treatment setting and a bachelor's degree in counseling, psychology, social work, or a bachelor's degree in a related field and at least 12 hours in counseling coursework; or
 - (iv) a current license as a registered nurse in the State of Oklahoma, plus a minimum of two years of supervised experience in an addiction treatment setting; or
 - (v) current certification as a certified alcohol counselor.
 - (C) Professional treatment staff shall have training in the following:
 - (i) identification of domestic violence, spousal or partner abuse, and child abuse and neglect, with special emphasis on failure to thrive and sexual abuse of children;
 - (ii) child development and age appropriate behaviors;
 - (iii) parenting skills appropriate to infants, toddlers, preschool and school age children; and
 - (iv) the impact of substances and substance abuse on parenting and family units.
 - (D) Staff working with children shall have ongoing training in the following and demonstrate job appropriate functional comprehension of:
 - (i) the impact of prenatal drug and alcohol exposure on child development;
 - (ii) the effect of substance abuse on parenting children and families;
 - (iii) parenting skills appropriate to infants, toddlers, preschool and school age children;
 - (iv) common children's behavioral and developmental problems;
 - (v) appropriate play activities according to developmental stage;
 - (vi) recognition of sexual acting-out behavior; and
 - (vii) the substance abuse recovery process, especially as related to family units, and
 - (viii) lethality assessment

- (E) Staff shall be knowledgeable regarding facility-required education and training requirements and policies;
- (F) The facility shall have staff awake and on duty twenty-four (24) hours a day;
- (G) Staff shall be, at least, twenty-one (21) years of age or older; and
- (H) The facility shall document in personnel records, all education, training and experience stated above prior to the provision of services.

(4) Treatment services:

- (A) The facility shall provide (twenty-four [24] hours a day, seven [7] days a week) addiction treatment services to assess and address individual needs of each consumer; treatment services, which shall include, but not limited to, , family counseling, individual and group counseling, parenting, child development, educational groups, relapse prevention; and
- (B) The facility shall provide therapeutic services for children ages three to twelve years, including a minimum of twelve (12) therapeutic hours per week for each child, including, but not limited to, assessment and age appropriate individual, family and group counseling (via art and play therapy, etc., but excluding time spent watching TV and videos) according to the development of the child. Special attention shall be given to the high risk of sexual abuse, sexual acting-out by children, suicide risk, and the treatment of toddlers and preschool children; and
- (C) Children's services shall address the significant issues and needs documented in the child's and or parent's assessment utilizing both structured and unstructured therapeutic activity. Services shall create and enhance positive self image and feelings of self-worth, promote family unity, teach personal body safety, and positive school interactions, and to prevent alcohol, tobacco and other drug use; and
- (D) Services for infants (ages birth to two [0-2] years of age) shall include, at a minimum, developmentally appropriate parent-child interactive bonding activities and play therapy; and
- (E) Case management services for each adult and each child shall include assessment of, and planning and arranging for, recovery needs.

(5) Assessment and treatment plan review:

- (A) Individual biopsychosocial assessments shall be completed on all consumers.
 - (i) Assessments of children accompanying their parent into treatment (residential or halfway house levels of care) shall include, but are not limited to assessment of:
 - (I) mental health issues;
 - (II) parent-child relationships;
 - (III) developmental stage;
 - (IV) educational needs;
 - (V) parent related issues; and
 - (VI) family issues related to the child.
 - (ii) In addition to the biopsychosocial assessment requirements, assessments of the parent bringing his or her child(ren) into treatment, residential or halfway house levels of care, shall include, but not be limited to, assessment of:

- (I) parenting skills (especially in consideration of the child's issues);
- (II) knowledge of age appropriate behaviors;
- (III) parental coping skills;
- (IV) personal issues related to parenting; and
- (V) family issues as related to the child.

(B) There shall also be documentation of consultations, screening and referral regarding consumers, as needed.

(C) Individualized treatment plans for both the parent and child(ren) shall be developed, which include parent-child issues, problem formulations, treatment goals, measurable treatment goals and objectives; and plans to meet recovery needs; and

(D) Treatment plan review shall be conducted at specific times as noted in the treatment plan.

(6) Documentation:

(A) Progress notes in the consumer's and children's records shall clearly reflect case management assessments, recovery plans, post-treatment arrangements and implementation of plans, and implementation of the treatment plan and services provided, in addition to the consumer's, parent and child, response to treatment.

(B) Documentation shall reflect that each adult consumer has received a minimum of twenty-four (24) hours of therapeutic services each week, unless the woman is pregnant and the consumer record contains physician-approved permission for less than twenty-four (24) of service. Should the consumer be unable to participate in twenty-four (24) therapeutic hours for two (2) or more weeks, a review of appropriate placement shall be conducted weekly and documented by the executive director of the facility; and shall include observations of parent and child interactions, especially those indicative of therapeutic need or progress.

(C) Documentation shall reflect each child has received a minimum of twelve (12) therapeutic hours of service each week addressing needs and issues documented in either, or both, the child's or parent's assessments; the child's response to those services; and an assessment, and planning of recovery needs. Exception: As few as six (6) hours each week as permitted by 450:18-3-121(2).

(D) Records shall document the start and stop time or the amount of time spent providing each service.

(c) Compliance with 450:18-3-121 may be determined by a review of the following:

- (1) Licenses;
- (2) Policy and procedures;
- (3) Treatment protocols;
- (4) Personnel records, official certified college transcripts, professional certificate(s), documentation of professional work experience, ongoing inservice training(s);
- (5) Records;
- (6) Interviews with staff; and
- (7) Other facility documentation.

450:18-3-122. Residential treatment for persons with dependent children, admission

criteria

(a) Admission to residential treatment for persons with dependent children shall be limited to those persons who meet the ASAM Patient Placement Criteria admission criteria; and these criteria shall be a part of the program's written policy and procedures. Admission of the parent's child(ren) shall depend upon the program's ability to provide the needed services.

(b) Compliance with 450:18-3-122 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Admission assessment instruments and protocols;
- (3) Medical assessments;
- (4) Consumer records;
- (5) Brochures;
- (6) Posted public information; and
- (7) Interviews with staff and consumers.

450:18-3-123. Residential treatment for persons with dependent children, discharge criteria

(a) Programmatic discharge from residential treatment for persons with dependent children shall be limited to those persons who meet applicable ASAM Patient Placement Criteria discharge criteria; and the children shall have been linked with needed educational, counseling and medical services in the planned community of residence. These criteria, and the requirements for children shall be included in the program's written policy and procedures.

(b) Compliance with 450:18-3-123 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Discharge evaluation assessment instruments;
- (3) Medical evaluations;
- (4) Discharge protocols;
- (5) Continuing care plans;
- (6) Discharge summaries;
- (7) Treatment records;
- (8) Interviews with staff and consumers; and
- (9) Other facility documentation.

**PART 15. ADULT RESIDENTIAL TREATMENT
FOR THE DUALY DIAGNOSED****450:18-3-141. Adult residential treatment for the dually diagnosed**

(a) Addiction or chemical dependency and mental health treatment shall be provided in a residential setting offering a planned regimen of twenty-four (24) hour clinically-directed evaluation, care, and treatment, under a defined set of policy and procedures, and shall have a permanent setting. The facility shall provide intensive primary treatment, and consumers shall participate in at least twenty-four (24) therapeutic hours of substance abuse services per week, in addition to medication therapy, life skills, recreational, and self-help supportive meetings and other therapies.

(b) The facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment: The facility shall be a free-standing properly -licensed health care facility or specialty unit in a licensed health care facility.

(2) Support system:

(A) The facility shall maintain availability of a licensed physician(s), who is (are) knowledgeable in mental illness and substance abuse issues to provide evaluation, treatment and follow-up; and be available by telephone twenty-four (24) hours per day, seven (7) days per week;

(B) Maintain annual service agreements, approved by current facility director, with more intensive levels of care;

(C) The facility shall make available medication administration or monitoring; and

(D) The facility shall provide case management services.

(3) Staff:

(A) The professional treatment staff shall be knowledgeable regarding substance abuse, mental health, and dual diagnosis issues as well as in counseling theory and techniques and possess one of the following;

(i) a current license as a physician in the State of Oklahoma; or

(ii) a doctoral degree in psychology; or

(B) Staff not meeting one the above requirements shall have a current certification as a CADC or be working toward CADC certification; and shall have,

(i) a masters degree in counseling, psychology, social work, or an addiction related field; or

(ii) a minimum of one year of supervised experience in an addiction treatment setting and a bachelor's degree in counseling, psychology, social work, or a bachelor's degree in a related field and at least 12 hours in counseling coursework; or

(iv) a current license as a registered nurse in the State of Oklahoma, plus a minimum of two years of supervised experience in an addiction treatment setting; or

(v) current certification as a certified alcohol counselor.

(vi) meets one of the requirements specified above in (i) through (v) and is delivering treatment services under the supervision of a staff member meeting professional treatment staff qualifications and is on the premises and available during the time(s) treatment services are delivered;

(C) All staff shall be knowledgeable regarding facility-required education, training, and policies;

(D) Staff shall be, at least, twenty-one (21) years of age or older; and

(E) The facility shall document in personnel records, prior to the provision of treatment services, all education, training and experience stated above.

(4) Treatment services:

(A) Daily treatment service shall be provided to assess and address individual needs of each consumer;

(B) Psychoeducational and behavioral approaches shall be used to educate

consumers about their disorders and symptoms; and

(C) Other services shall include, but are not limited to, , family counseling, individual and group counseling, relapse prevention, medication management, life skills, and recreational activities .

(5) Assessment and treatment plan review:

(A) Psychiatric evaluations shall be completed on all consumers;

(B) Individual biopsychosocial assessments shall be completed on all consumers. In addition, there may also be consultation, screenings, and referral, if needed;

(C) Individualized treatment plan, to include problem formulations, treatment goals, and measurable treatment objective shall be developed for each consumer; and

(D) Treatment plan reviews shall be conducted at specific times as noted in the treatment plan.

(6) Documentation:

(A) Progress notes in the consumer's record shall clearly reflect implementation of the treatment plan and services provided, in addition to the consumer's response to treatment;

(B) Consumer's medication and response to medication therapy, if used, shall be documented;

(C) Documentation shall reflect each consumer has received a minimum of twenty-four (24) therapeutic hours of service each week; and

(D) Records shall document the start and stop time or the amount of time spent in providing each treatment service.

(c) Compliance with 450:18-3-141 may be determined by a review of the following:

(1) Licenses;

(2) Policy and procedures;

(3) Treatment protocols;

(4) Personnel record, official certified college transcripts, professional certificate(s), documentation of professional work experience, ongoing inservice training(s);

(5) Treatment records;

(6) Interviews with staff; and

(7) Other facility documentation.

450:18-3-142. Adult residential treatment for the dually diagnosed, admission criteria

(a) Admission to residential treatment for dually diagnosed consumers shall be limited to those persons who meet the applicable ASAM PC admission criteria (Level III.3, Clinically managed, Medium-Intensity Residential Treatment). These criteria shall be a part of the program's written policy and procedures.

(b) Compliance with 450:18-3-142 may be determined by a review of the following:

(1) Policy and procedures;

(2) Admission assessment instruments;

(3) Admission protocols;

(4) Treatment records;

(5) Medical assessments;

- (6) Psychiatric assessments;
- (7) Publicly posted information;
- (8) Interviews with staff and consumers; and
- (9) Other facility documentation.

450:18-3-143. Residential treatment for the dually diagnosed, discharge criteria

- (a) Programmatic discharge from residential treatment for dually diagnosed consumers shall be limited to those persons who meet the applicable discharge criteria of ASAM Patient Placement Criteria. These criteria shall be a part of the program's written policy and procedures.
- (b) Compliance with 450:18-3-143 may be determined by a review of the following:
 - (1) Policy and procedures;
 - (2) Discharge evaluation assessment instruments;
 - (3) Medical evaluations;
 - (4) Consumer records;
 - (5) Discharge plans and summaries;
 - (6) Continuing care plans;
 - (7) Interviews with staff and consumers; and
 - (8) Other facility documentation.

PART 17. RESIDENTIAL TREATMENT FOR ADOLESCENTS

450:18-3-161. Residential treatment for adolescents

- (a) Residential treatment for adolescents shall provide addiction and chemical dependency treatment in a residential setting and shall provide seven (7) days a week, including holidays, a planned regimen of twenty-four (24) hour professionally directed evaluation, care, and treatment for chemically dependent adolescents, under written policy and procedures, and a permanent facility. Adolescents shall participate in at least twenty-one (21) therapeutic hours of substance abuse-related services per week, including but not limited to group, individual and family counseling and life skills training, which shall be in addition to recreational activities, self-help supportive meetings, and other activities. Consumers attending academic training shall participate in fifteen (15) or more hours of therapeutic substance abuse treatment related services per week, which shall be in addition to recreational activities, self-help supportive meetings and other activities.
- (b) The residential treatment program shall maintain written programmatic descriptions and operational methods addressing the following:
 - (1) Environment:
 - (A) The facility shall be a freestanding properly licensed facility, including by the Department of Human Services as a "Residential Child Care Facility";
 - (B) The facility shall maintain an environment which is supportive of physical and emotional growth and development, and which is appropriate to the needs of adolescents;
 - (C) The facility shall provide space, both indoor and outdoor, for the recreational and

social needs of adolescents;

(D) The facility shall group consumers appropriately by age, developmental level, gender, and treatment needs;

(E) The program may provide transportation to activities in the community, as appropriate. Vehicles used for transportation should not be labeled in any way that calls attention to the facility or the vehicle's occupants; and

(F) The program shall provide study areas within the facility, and shall provide ancillary study materials such as encyclopedias, dictionaries, and educational resource texts and materials.

(2) Support systems:

(A) The facility shall make available a licensed physician by telephone twenty-four (24) hours per day, seven (7) days per week;

(B) The facility shall maintain annual service agreements, approved by current facility director, with more intensive levels of care;

(C) The facility shall have specialized professional consultation or supervision available;

(D) The facility shall have service agreements to provide for medical, dental, special health needs, and other therapeutic needs of adolescents;

(E) The facility shall provide clinically appropriate public educational services in compliance with applicable Oklahoma laws;

(F) The facility shall provide emergency services and crisis interventions; and

(G) The facility shall have service agreements to foster cooperative service efforts with the local DHS office, Youth Services, youth shelters, local public school system, and other services appropriate for youth.

(3) Staff:

(A) The professional treatment staff shall be knowledgeable regarding the biopsychosocial aspects of substance abuse, have received training in cultural, gender and age specific counseling techniques, child and adolescent development and issues, individual and family counseling theory and techniques and possess one of the following;

(i) a current license as a physician in the State of Oklahoma; or

(ii) a doctoral degree in psychology; or

(B) Staff not meeting one the above requirements shall have a current certification as a CADC or be working toward CADC certification; and shall have,

(i) a masters degree in counseling, psychology, social work, or an addiction related field; or

(ii) a minimum of one year of supervised experience in an addiction treatment setting and a bachelor's degree in counseling, psychology, social work, or a bachelor's degree in a related field and at least 12 hours in counseling coursework; or

(iv) a current license as a registered nurse in the State of Oklahoma, plus a minimum of two years of supervised experience in an addiction treatment setting; or

(v) current certification as a certified alcohol counselor.

- (C) Maintain documentation the professional treatment staff is knowledgeable regarding the identification of violence and domestic violence, spousal or partner abuse, child abuse and neglect, parent and sibling abuse, normal and abnormal adolescent development, and family dynamics;
- (D) Insure at least two (2) staff members are awake and on duty twenty-four (24) hours a day, seven (7) days a week;
- (E) Maintain documentation all staff have been trained in either the Creating a Positive Environment (CAPE) offered by ODMHSAS, or Managing Aggressive Behavior (MAB) , or another generally accepted method of managing aggressive behaviors;
- (F) If educational services are provided, the facility shall maintain documentation to verify that providing staff meets all state requirements for education or special education;
- (G) Staff shall be knowledgeable regarding the facility required education, and training requirements and policies;
- (H) Staff shall be, at least, twenty-one (21) years of age or older; and
- (I) The facility shall document in personnel records all education training and experience stated in above prior to the provision of direct care service.

(4) Treatment services:

- (A) A multidisciplinary team approach shall be utilized in providing daily substance abuse treatment services to assess and address the individual needs of each adolescent;
- (B) Services shall include, but not be limited to, family counseling, individual and group counseling, educational groups, occupational and recreational activities, life skills training, habilitative and rehabilitative services, relapse prevention, and socialization;
- (C) Services shall be provided in appropriate groups according to age, gender, developmental level, treatment status, and individual needs;
- (D) The facility shall provide clinically appropriate public educational services in compliance with applicable Oklahoma law;
- (E) Consumers shall participate in educational programs within the community, when clinically indicated, including extracurricular activities; and
- (F) Professional treatment staff shall confer on a regular basis with school personnel, including the provision of necessary information, when appropriate, on the educational progress of the consumer, and shall assess and respond to the needs for changes in the educational plans.

(5) Assessments, treatments plans and review:

- (A) Biopsychosocial assessments shall be made on all adolescents;
- (B) A physical examination shall be conducted by a licensed physician, to include physical assessment, health history, immunization status, and evaluation of motor development and function, speech, hearing, visual and language functioning;
- (C) The facility shall facilitate involvement and participation of family members or significant others in the assessment, treatment, rehabilitation, and continuing treatment needs of each consumer;
- (D) Treatment planning shall include the participation of the adolescent, including

treatment and service plans, decision making, and implementation of the treatment and service plan to the extent possible;

(E) Each consumer shall have an individualized treatment plan, to include problem formulation, treatment goals, and measurable treatment objectives; and

(F) Treatment plan reviews shall be conducted as prescribed.

(6) Documentation:

(A) Progress notes in the consumer's record shall clearly reflect the implementation of treatment and case management plans and services provided, and consumer's response to treatment;

(B) Documentation shall reflect that each consumer receives a minimum of twenty-one (21) hours of therapeutic services each week or fifteen (15) or more if participating in academic training; and (C) Records shall document the start and stop time or the amount of time spent in providing each treatment service.

(c) Compliance with 450:18-3-161 may be determined by a review of the following:

- (1) Licenses;
- (2) Policy and procedures;
- (3) Treatment and service protocols;
- (4) Personnel records, official certified college transcripts, professional certificate(s), documentation of professional work experience, ongoing inservice training(s);
- (5) Treatment records;
- (6) Interviews with staff and consumers; and
- (7) Other facility documentation.

450:18-3-162. Residential treatment for adolescents, admission criteria

(a) Admission to residential treatment for adolescents shall be limited to those persons who meet the applicable ASAM Patient Placement Criteria admission criteria. These criteria shall be a part of the program's written policy and procedures.

(b) Compliance with 450:18-3-162 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Admission protocols;
- (3) Admission assessment instruments;
- (4) Medical assessments;
- (5) Consumer records;
- (6) Posted public information; and
- (7) Interviews with staff and consumers.

450:18-3-163. Residential treatment for adolescents, discharge criteria

(a) Programmatic discharge from residential treatment for adolescents shall be limited to those persons who meet the applicable ASAM Patient Placement Criteria discharge criteria. These criteria shall be a part of the program's written policy and procedures.

(b) Compliance with 450:18-3-163 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Discharge protocols;

- (3) Discharge assessment instruments;
- (4) Continuing care plans;
- (5) Treatment records;
- (6) Discharge summaries;
- (7) Interviews with staff and consumers; and
- (8) Other facility documentation.

PART 19. HALFWAY HOUSE SERVICES

450:18-3-181. Halfway house services

(a) Halfway house services shall provide low intensity treatment in a supportive living environment to facilitate reintegration into the community. Major emphasis shall be on continuing substance abuse care and follow-up, and community ancillary services in an environment supporting continued abstinence. Consumers shall participate in a minimum of six (6) hours of structured addiction treatment and rehabilitation services weekly, in addition to recreational activities, self-help supportive meetings, and other activities.

(b) Each facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment: The facility shall be a freestanding facility or portion of a related healthcare facility having at least one (1) each of toilet, lavatory, and bathing facilities for each eight (8) residents.

(2) Support system:

(A) A licensed physician shall be available, by telephone twenty-four (24) hours a day, seven (7) days a week;

(B) The facility shall have an annual qualified service agreement with a licensed hospital or a licensed physician with admitting privileges to a hospital;

(C) The facility shall have a written plan for emergency procedures, approved by a licensed physician;

(D) The facility shall have supplies, as designated by the written Emergency Procedures Plan, which shall be accessible to staff at all times;

(E) The facility shall maintain annual service agreements, approved by current facility director, with more intensive and less intensive levels of care and other community resources, including, but not limited to, employment offices and the Oklahoma Department of Rehabilitation Services; and

(F) Specialized professional consultation or professional supervision shall be available.

(3) Staff:

(A) Professional treatment staff shall be knowledgeable regarding biopsychosocial dimensions of substance abuse, counseling theory and technique, trained in gender, cultural and age-specific issues and possess one of the following;

(i) a current license as a physician in the State of Oklahoma; or

(ii) a doctoral degree in psychology; or

(B) Staff not meeting one the above requirements shall have a current certification as

- a CADC or be working toward CADC certification; and shall have,
 - (i) a masters degree in counseling, psychology, social work, or an addiction related field; or
 - (ii) a minimum of one year of supervised experience in an addiction treatment setting and a bachelor's degree in counseling, psychology, social work, or a bachelor's degree in a related field and at least 12 hours in counseling coursework; or
 - (iii) a current license as a registered nurse in the State of Oklahoma, plus a minimum of two years of supervised experience in an addiction treatment setting; or
 - (iv) current certification as a certified alcohol counselor.
- (C) Staff shall be knowledgeable regarding facility-required education, training, and policies;
- (D) Staff shall be knowledgeable about emergency procedures as specified in the Emergency Procedures Plan;
- (E) The facility shall have staff members on site twenty-four (24) hours per day, seven (7) days per week;
- (F) Staff shall be, at least, twenty-one (21) years of age or older; and
- (G) The facility shall document in personnel records all education, training and experience stated above prior to the provision of direct care services.
- (4) Treatment services:
 - (A) The facility shall have scheduled rehabilitative services to assess and address the individual needs of each consumer. Such services shall include, but not limited to, family counseling, individual and group counseling, vocational counseling, educational groups, relapse prevention, life skills, and recreational activities.
- (5) Assessments, treatments plans, and review:
 - (A) Individual biopsychosocial assessments or updates shall be completed for all consumers;
 - (B) Individualized treatment plans shall be developed for each consumer and shall include, but not be limited to, problem formulations, treatment goals, and measurable treatment objectives.
- (6) Documentation:
 - (A) The consumer's record shall reflect implementation of the treatment plan and the consumer's response to treatment designed to address identified alcohol or other drug and related problems;
 - (B) Documentation shall reflect each consumer has received a minimum of six (6) hours of service each week; and
 - (C) Records shall document the start and stop time or the amount of time spent in providing each service.
- (c) Compliance with 450:18-3-181 may be determined by a review of the following:
 - (1) Licenses;
 - (2) Policy and procedures;
 - (3) Treatment protocols;
 - (4) Personnel records, official certified college transcripts, professional certificate(s),

documentation of professional work experience, ongoing inservice training(s);

- (5) Treatment records;
- (6) Interviews with staff and consumers; and
- (7) Other facility records.

450:18-3-182. Halfway house services, admission criteria

(a) Admission to halfway house services shall be limited to those persons who meet the applicable ASAM Patient Placement Criteria admission criteria. These criteria shall be a part of the program's written policy and procedures.

(b) Compliance with 450:18-3-182 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Admission protocols;
- (3) Consumer records;
- (4) Posted public information;
- (5) Interviews with staff and consumers; and
- (6) Other facility information.

450:18-3-183. Halfway house services, discharge criteria

(a) Programmatic discharge from halfway house services shall be limited to those persons who meet the applicable ASAM Patient Placement Criteria discharge criteria. These criteria shall be a part of the program's written policy and procedures.

(b) Compliance with 450:18-3-183 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Discharge assessment instruments;
- (3) Discharge summaries;
- (4) Continuing care plans;
- (5) Consumer records;
- (6) Progress notes;
- (7) Interviews with staff and consumers; and
- (8) Other facility documentation.

PART 20. ADOLESCENT HALFWAY HOUSE SERVICES

450:18-3-190. Adolescent halfway house services

(a) Adolescent halfway house treatment shall provide low intensity addiction treatment in a supportive living environment to facilitate reintegration into the home or community. Emphasis shall be on applying recovery skills, relapse prevention, independent living skills, educational and vocational skills. Consumers shall participate in at least six (6) hours of structured addiction treatment and rehabilitation services weekly. Self-help meetings are not included in the required hours.

(b) Each facility shall maintain written programmatic descriptions and operational methods addressing the following:

- (1) Environment:

(A) The facility shall be a freestanding facility or portion of a related healthcare facility having at least one (1) each of toilet, lavatory, and bathing facilities for each eight (8) residents;

(B) The facility shall maintain an environment which is supportive of physical and emotional growth and development, and which is appropriate to the needs of adolescents;

(C) The facility shall provide space, both indoor and outdoor. In co-ed treatment, the facility shall maintain separate sleeping quarters for males and females;

(E) The program may provide transportation to activities in the community as appropriate. Vehicles used for transportation should not be labeled in any way that calls attention to the facility or the vehicle's occupants; and

(F) The program shall provide study areas within the facility, and shall provide ancillary study materials such as encyclopedias, dictionaries and educational resource texts and materials.

(G) The facility shall be licensed by the Oklahoma State Department of Human Services as a "Residential Child Care Facility."

(2) Support systems:

(A) A licensed physician shall be available by telephone twenty-four (24) hours per day, seven (7) days a week;

(B) The facility shall maintain annual service agreements, approved by current facility director, with both more intensive and less intensive levels of care;

(C) Specialized professional consultation or supervision, emergency services, and crisis intervention shall be available;

(D) The facility shall maintain service agreements to provide for medical, dental, special health needs, and other therapeutic needs of adolescents;

(E) The facility shall provide clinically appropriate public educational services in compliance with applicable Oklahoma laws;

(F) The facility shall have a written plan for emergency procedures and staff shall have access to supplies as designated in this plan;

(G) The facility shall have a qualified service agreement with a licensed hospital or a licensed physician with admitting privileges to a hospital.

(3) Staff:

(A) The professional treatment staff shall be knowledgeable regarding the biopsychosocial aspects of substance abuse, child and adolescent development and issues, have training in gender, cultural, and age-specific issues, individual and family counseling theory and techniques and possess one of the following;

(i) a current license as a physician in the State of Oklahoma; or

(ii) a doctoral degree in psychology; or

(B) Staff not meeting one the above requirements shall have a current certification as a CADC or be working toward CADC certification; and shall have,

(i) a masters degree in counseling, psychology, social work, or an addiction related field; or

(ii) a minimum of one year of supervised experience in an addiction treatment

- setting and a bachelor's degree in counseling, psychology, social work, or a bachelor's degree in a related field and at least 12 hours in counseling coursework; or
- (iv) a current license as a registered nurse in the State of Oklahoma, plus a minimum of two years of supervised experience in an addiction treatment setting; or
- (v) current certification as a certified alcohol counselor.
- (C) Document that professional treatment staff is knowledgeable regarding the identification of violence and domestic violence, spousal or partner abuse, child abuse and neglect, parent and sibling abuse, normal and abnormal adolescent development, and family dynamics;
- (D) The facility shall have staff members on duty twenty-four (24) hours per day, seven (7) days a week;
- (E) Staff shall be knowledgeable about emergency procedures as specified in the Emergency Procedures Plan;
- (F) If educational services are provided, documentation shall be maintained to verify providing staff meet all state requirements for education or special education;
- (G) Staff shall be knowledgeable regarding the facility-required education, and training requirements and policies;
- (H) Staff shall be at least twenty-one (21) years of age or older; and
- (I) The facility shall document in personnel records all education, training and experience stated above prior to the provision of direct care services.
- (4) Treatment services:
 - (A) The facility shall provide substance abuse services to assess and address the individual needs of each adolescent, to include, but not be limited to, individual, group and family counseling, educational groups, life skills training, habilitative and rehabilitative services, socialization, relapse prevention, and self-help groups.
 - (B) The facility shall provide services in appropriate groups according to age, gender, developmental level, and individual needs;
 - (C) The facility shall provide for clinically appropriate public educational services in compliance with applicable Oklahoma law;
 - (D) Consumers may participate in educational programs in the community, when clinically indicated, including extracurricular activities;
 - (E) Professional treatment staff shall confer on a regular basis with school personnel, including the provision of necessary information, when appropriate, on the educational progress of the consumer and shall assess and respond to the needs for changes in the educational plans.
- (5) Assessment, treatment plans and review;
 - (A) Biopsychosocial assessment shall be completed on all adolescents;
 - (B) A physical examination shall be conducted by a licensed physician, to include physical assessment, health history, immunization status, and evaluation of motor development and functioning, speech, hearing, visual and language functioning, if no records are available on admission reflecting such examination within the previous year;

(C) The facility shall facilitate involvement and participation of family members or significant others in the assessment, treatment, rehabilitation, and continuing treatment needs of each consumer;

(D) Treatment planning shall include the participation of the adolescent, including treatment and service plans, decision making, and implementation of the treatment and service plan to the extent possible;

(E) Each consumer shall have an individualized treatment plan, to include problem formulation, treatment goals, and measurable treatment objectives;

(F) Treatment plan reviews shall be conducted at specific times as noted in the treatment plan.

(6) Documentation:

(A) Progress notes in the consumer's record shall clearly reflect the implementation of treatment and case management plans and services provided, and consumer's response to treatment;

(B) Documentation in each consumer record shall reflect consumers receive a minimum of six (6) hours of therapeutic services each week; and

(C) Records shall document the start and stop time or the amount of time spent in providing each treatment service.

(c) Compliance with above may be determined by a review of the following:

(1) Licenses;

(2) Policy and procedures;

(3) Treatment protocols;

(4) Personnel records, official certified college transcripts, professional certificate(s), documentation of professional work experience, ongoing inservice training(s);

(5) Treatment records;

(6) Interviews with staff and consumers; and

(7) Other facility records.

450:18-3-191. Adolescent halfway house services, admission criteria

(a) Admission to adolescent halfway house services shall be limited to those persons who meet the applicable ASAM Patient Placement Criteria admission criteria. These criteria shall be a part of the program's written policy and procedures.

(b) Compliance with 450:18-3-191 may be determined by a review of the following:

(1) Policy and procedures;

(2) Admission protocols;

(3) Consumer records;

(4) Posted public information;

(5) Interviews with staff and consumers; and

(6) Other facility information.

450:18-3-192. Adolescent halfway house services, discharge criteria

(a) Programmatic discharge from adolescent halfway house services shall be limited to those persons who meet the applicable ASAM Patient Placement Criteria discharge criteria.

These criteria shall be a part of the program's written policy and procedures.

(b) Compliance with 450:18-3-192 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Discharge assessment instruments;
- (3) Discharge summaries;
- (4) Aftercare plans;
- (5) Consumer records;
- (6) Progress notes
- (7) Interviews with staff and consumers; and
- (8) Other facility documentation.

PART 21. HALFWAY HOUSE SERVICES FOR PERSONS WITH DEPENDENT CHILDREN

450:18-3-201. Halfway house services for persons with dependent children

(a) Halfway house services for persons with dependent children shall provide addiction and chemical dependency treatment services in a residential setting and shall include a planned regimen of twenty-four (24) hour supervised living arrangements, to include professionally directed evaluation, care, and treatment, under a defined set of policy and procedures, in a permanent setting. Treatment shall offer individualized services and treatment, and consumers shall participate in at least six (6) hours of supportive services, parenting, and child development services per week for adults, and six (6) therapeutic hours of services for children, excluding infants.

(b) Each facility shall maintain written programmatic descriptions and operational methods addressing the following:

- (1) Environment: The facility shall be a freestanding facility providing family-style living arrangements, indoor recreational space for children and families, and safe, protected outdoor recreational space. The facility shall provide for materials and design of space appropriate for ages and development of children receiving services.
- (2) Support system:
 - (A) A licensed physician shall be available by telephone twenty-four (24) hours per day, seven (7) days a week;
 - (B) The facility shall maintain annual service agreements, approved by current facility director, with more intensive levels of care;
 - (C) The facility shall maintain annual service agreements or contracts to provide both prenatal and postnatal care for pregnant women and pediatric care for children;
 - (D) The facility shall ensure children's access to the fullest possible range of medical services available, such as health screening, well-child health care, screening in speech, language, hearing, and vision, and verification of immunization records;
 - (E) The facility shall have access to emergency health care provided as necessary;
 - (F) The facility shall have access to public school for school age children, and facilitation of the child's receiving the benefits of Public Laws 99-142;
 - (G) The facility staff shall liaison with the local DHS offices to:

- (i) Promote preservation of families;
 - (ii) In cases of investigation of abuse, provide instruction in positive parenting behavior, if requested by DHS, and only with parental consent, provide daily observations of parent-child interaction;
 - (iii) Expedite investigations in a timely manner; and
 - (iv) Ensure prompt facility response to situations which require immediate intervention.
- (3) Staff:
- (A) Professional treatment staff are knowledgeable regarding substance abuse, have received training in gender, cultural and age-specific issues and counseling techniques, services for infants, toddlers, preschool children and school-age and possess one of the following:
 - (i) a current license as a physician in the State of Oklahoma; or
 - (ii) a doctoral degree in psychology; or
 - (B) Staff not meeting one the above requirements shall have a current certification as a CADC or be working toward CADC certification; and shall have,
 - (i) a masters degree in counseling, psychology, social work, or an addiction related field; or
 - (ii) a minimum of one year of supervised experience in an addiction treatment setting and a bachelor's degree in counseling, psychology, social work, or a bachelor's degree in a related field and at least 12 hours in counseling coursework; or
 - (iv) a current license as a registered nurse in the State of Oklahoma, plus a minimum of two years of supervised experience in an addiction treatment setting; or
 - (v) current certification as a certified alcohol counselor.
 - (C) Adult service staff have been minimally trained in:
 - (i) The identification of domestic violence, spousal or partner abuse, and child abuse and neglect, with a special emphasis on failure to thrive and sexual abuse of children.
 - (ii) Child development and age appropriate behaviors.
 - (iii) Parenting skills appropriate to infants, toddlers, pre-school and school age children.
 - (iv) The impact of substances and substance abuse on parenting and family units.
 - (D) Staff working with children shall be knowledgeable and demonstrate job appropriate functional comprehension of:
 - (i) The impact of prenatal drug and alcohol exposure on child development.
 - (ii) The effect of substance abuse on parenting, children and families.
 - (iii) Parenting skills appropriate to infants, toddlers, pre-school and school age children.
 - (iv) Common child behavioral and developmental problems.
 - (v) Appropriate play activities according to developmental stage.
 - (vi) Recognition of sexual acting out behavior.
 - (vii) The substance abuse recovery process, especially as related to family units.

(E) The facility shall have staff members on site and awake twenty-four (24) hours per day, seven (7) days per week;

(F) Staff shall be knowledgeable regarding facility-required education and training requirements and policies.

(G) Staff shall be, at least, twenty-one (21) years of age or older; and

(H) The facility shall document in personnel records all education, training and experience stated in this rule prior to the provision of direct care services.

(4) Treatment services:

(A) Daily (twenty-four [24] hours a day, seven [7] days a week) addiction services shall be provided to assess and address individual needs of each consumer. Services shall include, but are not limited to, family counseling, individual and group counseling, parenting, child development, educational groups, relapse prevention, life skills, and recreational activities;

(B) Services for children shall be provided and include a minimum of six (6) hours per week of therapeutic units for each child consisting of, but not limited to, assessment, individual, family and group counseling via art and recreational activities, etc. according to the development of the child. Special attention will be given to the high risk of sexual abuse, sexual acting out by children, suicide risk, and the treatment of toddlers and preschool children;

(C) Children's services, excluding infants, shall be provided which address the significant issues and needs documented in either or both the child's and the parent's assessment and shall utilize both structured and unstructured therapeutic activity. Services shall address the significant issues and needs documented in the parent's or child assessment and create and enhance positive self image and feelings of self-worth, promote family unity, teach personal body safety and positive school interactions, and to prevent alcohol, tobacco and other drug use;

(D) Infant services, ages birth to two (0-2) years old, shall be provided and shall consist, at a minimum, of developmentally appropriate parent-child bonding (interactive) activities and play therapy as determined by mother's treatment plan.

(E) Case management services for each adult and each child shall be provided, which includes the assessment of, and planning and arranging for, recovery needs.

(5) Assessments, treatment plan and review:

(A) Individual biopsychosocial assessments shall be completed on all consumers. In addition, there may also be consultation, screenings, and referrals, if needed;

(i) Assessments of children accompanying their parent into treatment, residential or halfway house levels of care, shall include, but not be limited to, the assessment of:

- (I) mental health issues,
- (II) parent-child treatment,
- (III) developmental stage,
- (IV) educational needs,
- (V) parent related issues, and
- (VI) family issues related to the child.

- (ii) Assessments of the parent bringing their child(ren) into treatment, residential or halfway house levels of care, shall include, but not be limited to, assessments of:
 - (I) parenting skills (especially in consideration of the child's issues,
 - (II) knowledge of age appropriate behaviors,
 - (III) parental coping skills,
 - (IV) personal issues related to parenting, and
 - (V) family issues as related to the child.
 - (B) Individualized treatment plans, for both the parent and their child, shall be completed and shall minimally include parent-child issues and problem formulation; measurable treatment goals and objectives; and plans to meet recovery needs.
 - (C) Treatment plan reviews shall be conducted as prescribed.
- (6) Documentation:
 - (A) Progress notes in consumer's and his or her children's records shall clearly reflect case management assessments, plans and implementation of plans, and implementation of the treatment plan and services provided, in addition to the consumer's, parent and child, response to treatment;
 - (B) Progress notes shall document observations of parent and child interactions especially those indicative of therapeutic need or progress;
 - (C) Documentation shall reflect each consumer, adult and child, has received a minimum of six (6) hours of service each week addressing issues and needs indicated in the assessments (parent or child); and
 - (D) Records shall document the start and stop time or the amount of time spent in providing each treatment service.
- (c) Compliance with 450:18-3-201 may be determined by a review of the following:
 - (1) Licenses;
 - (2) Policy and procedures;
 - (3) Treatment protocols;
 - (4) Personnel records, official certified college transcripts, professional certificate(s), documentation of professional work experience, ongoing inservice training(s);
 - (5) Treatment records;
 - (6) Interviews with staff and consumers; and
 - (7) Other facility documentation.

450:18-3-202. Halfway house services for persons with dependent children, admission criteria

- (a) Admission to halfway house services for persons with dependent children shall be limited to those individuals who meet the applicable ASAM Patient Placement Criteria, with admission of the parent's children being contingent upon the program's ability to provide needed services. Further, these criteria, and the requirements for children shall be included in the program's written policy and procedures.
- (b) Compliance with 450:18-3-202 may be determined by a review of the following:
 - (1) Policy and procedures;
 - (2) Admission assessment instruments and protocols;

- (3) Medical assessments;
- (4) Consumer records;
- (5) Brochures;
- (6) Posted public information;
- (7) Interviews with staff and consumers; and
- (8) Other facility documentation.

450:18-3-203. Halfway house services for persons with dependent children, discharge criteria

(a) Programmatic discharge from halfway house services for persons with dependent children shall be limited to those persons who meet the applicable ASAM Patient Placement Criteria discharge criteria, and whose children have been linked with needed educational, counseling and medical services in the planned community of residence. Further, these criteria are a part of the program's written policy and procedures.

(b) Compliance with 450:18-3-203 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Discharge evaluation assessment instruments;
- (3) Medical evaluations;
- (4) Consumer records;
- (5) Discharge summaries;
- (6) Interviews with staff and consumers; and
- (7) Other facility documentation.

PART 23. THREE QUARTERWAY HOUSE SERVICES [REVOKED]

450:18-3-221. Three quarterway house services [REVOKED]

PART 25. OPIOID TREATMENT PROGRAMS AND OPIATE ANTAGONISTS AND OPIATE AGONISTS

450:18-3-241. Opioid treatment program services

(a) All certified substance abuse facilities having opioid treatment programs shall be in compliance with Oklahoma Statute 43A, §§ 3-601, 3-602 and 3-603. (b) Opioid Treatment Programs shall be approved by the Alcohol and Drug Abuse Prevention, Training and Rehabilitation Authority (State Board of Mental Health and Substance Abuse services [43A O.S. § 3-404.

(c) Any conviction for a violation of any rule in this Part which has been promulgated pursuant to the provisions of 43A O.S. § 3-601 shall be a felony [43A O.S. § 3-601(B)].

(d) Any federally designated Class II controlled dangerous substance when used by a opioid treatment program for persons with a history of addiction, or physiologic dependence, shall only be used in treating persons with a history of addiction of two (2) years or more, or persons with a one (1) year history, as defined by Chapter 1, Part 8 of Title 42 of the Code of Federal Regulations, and documentation of attempting another type of treatment.

(e) Opioid treatment programs shall report all persons receiving opioid treatment to the ODMHSAS. Opioid treatment programs shall also participate in the registries of adjoining states when the programs are within one hundred twenty-five (125) miles of the boundaries of the adjoining state.

(f) Opioid treatment programs shall notify the ODMHSAS of plans to either close, or relocate the program not less than thirty (30) days prior to said closure, or relocation. Relocation shall be contingent upon ODMHSAS certification of any treatment location.

(g) An opioid treatment program shall use opioid antagonists and agonists in conjunction with other treatment modalities such as, but not limited to, individual, family and group therapy; vocational training and placement; and other modalities enhancing positive life style changes in the consumer.

(h) Consumers accepted for opioid treatment shall attend prescribed counseling as mandated in his or her individualized treatment plan.

(i) Opioid addiction treatment programs shall be in compliance with the following:

(1) Currently licensed by the U. S. Drug Enforcement Agency; approved by the Substance Abuse and Mental Health Service Administration.

(2) The program shall operate a minimum of forty (40) hours per week in outpatient settings and twenty-four (24) hours per day in inpatient and residential program settings.

(3) Medication dispensing shall be available six (6) days per week in outpatient programs; and seven (7) days per week in inpatient and residential programs.

(4) Outpatient programs shall provide at least two (2) hours per day either prior to 9:00 a.m. or after 5:00 p.m. for dispensing medication and counseling services.

(5) Consumer's maximum daily opioid dosage shall conform with guidelines as set for in 42 CFR (Code of Federal Regulations), Chapter 1, Part 8.

(6) The attending physician shall make all recommendations for medication dosages above the usual level.

(7) All female consumers shall have a pregnancy test on admission and at least annually

thereafter, unless otherwise indicated.

(8) Take-home medication doses may only be supplied in full compliance with those conditions specified in 42 CFR, Chapter 1, Part 8.

(9) Transient consumers shall be served, and provided for, in accordance with written policy and procedures which shall be in compliance with Federal Drug Administration Guidelines for opioid treatment programs.

(10) A standard medication fee for consumers receiving 100 mg and less of methadone per week shall be no more than \$55.00. The fee for consumers receiving 100 mg or more of methadone shall be no more than \$65.00.

(11) The program shall develop specific program requirements for consumers. Noncompliance may result in termination, depending upon the nature of the violation. These rules shall encompass, but are not limited to, physical violence directed at staff or other consumers; possession, selling, distributing, using, or otherwise "dealing" in any illicit drug or chemical; abusive language or behavior; positive urine tests for non-prescribed medications and drugs; failure to keep scheduled counseling sessions.

(12) Security shall be maintained over all stocks of medication, the manner in which it is received, stored and distributed according to the regulations of the U. S. Drug Enforcement Administration.

(13) During dispensing hours, at least two (2) staff members shall be present on the premises.

(14) Only medically licensed personnel shall be allowed access to, or responsibility for, opioid medications.

(15) Additional requirements, and exceptions, for each type of opioid treatment services shall apply, as required by 42 CFR, Chapter 1, Part 8.

(j) Admission requirements for opioid treatment programs:

(1) Admissions to opioid treatment programs shall be limited to persons meeting the applicable ASAM Patient Placement Criteria admission criteria. These criteria shall be a part of the programs written policy and procedures.

(2) Opioid programs shall evaluate as part of the biopsychosocial assessment

(A) Social History,

(B) Physical Examination,

(C) Ordered Laboratory Reports, and

(D) Psychiatric Evaluation when indicated and ordered.

(3) All applicants shall sign a written consent for opioid treatment.

(4) The facility shall document the need for admission of the applicant to the opioid treatment program.

(5) Upon completion of the admission evaluation an individualized treatment plan shall be developed, including, but not limited to:

(A) Projected length of treatment;

(B) Medication Protocol;

(C) Measurable long and short term treatment goals;

(D) Primary and supportive services to be utilized with the consumer;

(E) Type and frequency of therapeutic activities in which consumer will participate;

- (F) Documentation of the consumer's participation in the development of the plan;
- (G) Staff who will be responsible for the consumer's treatment.
- (k) Treatment and rehabilitation services shall be made available to all consumers and shall minimally include:
 - (1) A minimum of one (1) counseling session per week until the consumer is fully stabilized;
 - (2) Individual and group counseling for spouses, parents, or significant others as needed;
 - (3) Vocational or educational counseling and referral; and
 - (4) Referral for additional services as outlined by the individualized treatment plan.
- (m) Compliance with 450:18-3-241 may be determined by a review of the following:
 - (1) Facility policy and procedures;
 - (2) Client records;
 - (4) Interviews with staff and clients; and
 - (5) Any other supporting documentation.

450:18-3-242. Programs using opiate antagonist or long acting opiate agonist

- (a) A certified substance abuse facility providing a program using an experimental opiate blockade or a long acting opiate agonist in the treatment of opioid addiction shall have documentation of approval by the Federal Drug Administration; and comply with all other federal and state statutes and regulations governing such programs.
- (b) The program shall provide at least two (2) hours of services per day before 9:00 A.M. or after 5:00 P.M. for dispensing and counseling.
- (c) Compliance with 450:18-3-242 may be determined by a review of facility policy and procedures, and documentation of FDA approval.

SUBCHAPTER 5. ANCILLARY SERVICES AND ACTIVITIES

450:18-5-1. Purpose

The purpose of this subchapter is to set forth rules regulating activities and services which are not specific Levels of Care.

450:18-5-2. Applicability

The rules set forth in this subchapter are applicable only to those facilities providing the service addressed in the rule.

450:18-5-3. Physical facility environment and safety

(a) All facilities providing any service to persons, groups, or the community shall have written policy and procedures intended to insure the safety and protection of all persons within the facility's physical environment (property and buildings, leased or owned).

(b) These policies and procedures shall include, but are not limited to:

(1) Meeting all fire and safety regulations, code, or statutory requirements of federal, state, or local government.

(2) All facilities shall have an annual fire and safety inspection from the State Fire Marshal or local authorities; and shall maintain a copy of said inspection and attendant correspondence regarding any deficiency.

(3) An emergency preparedness plan to provide effective utilization of resources to best meet the physical needs of consumers, visitors, and staff during any disaster (including, but not limited to, fire, flood, tornado, explosion, prolonged loss of heat, light, water, air condition). This plan shall be evaluated annually, and revised as needed.

(4) Facilities shall have a Safety Officer.

(5) Staff training and orientation regarding the location and use of all fire extinguishers and first aid supplies and equipment.

(6) Emergency evacuation routes and shelter areas shall be prominently posted in all areas.

(7) Fire alarm systems shall have visual signals suitable for the deaf and hearing-impaired.

(8) There shall be emergency power to supply lighting to pre-selected areas of the facility.

(9) The maintenance of facility grounds to provide a safe environment for consumers (specific to age group[s] served), staff and visitors.

(10) Storage of dangerous substances (toxic or flammable substances) in locked, safe areas or cabinets.

(11) There shall be a written plan for the protection and preservation of consumer records in the event of a disaster.

(c) If the facility serves children or adolescents in any form of residential care, there shall be outside play and recreational space and equipment provided which:

(1) Is protected and free from hazards;

(2) Is safety accessible from indoors;

(3) Has supplies and equipment maintained safety; and

- (4) Has some shade provided.
- (d) Compliance with 450:18-5-3 may be determined by a review of facility policy and procedures; fire and safety inspection reports and correspondence; disaster plan; any other supporting facility documentation; and interviews with staff and consumers.

450:18-5-4. Dietetic services

- (a) Any facility which provides twenty-four (24) hour per day care shall have a written plan describing the organization and delivery of dietetic services (either directly or through contract) to meet the dietary needs of consumers.
- (b) Menus for meals provided by the facility shall be reviewed annually, and as needed for consumers with special dietary needs (diabetes, pregnancy, religious requirements, etc.). This review shall be made by an Oklahoma Registered Dietician. Approval of the review shall be documented by the dietician's signature, American Dietetic Association (AA) Registration Number (RD#) and Oklahoma License Number (LD#).
- (c) Dietetic services, including health policy and procedures for food service staff, other staff and consumers performing food service duties as a part of their treatment plan, shall be in compliance with all applicable federal, state, and local statutes and regulations, and shall be so noted in facility policy and procedure. All programs preparing meals provided to consumers shall document, on an annual basis, compliance with Oklahoma Department of Health rules and regulations pertaining to kitchen facilities.
- (d) Food shall be served in an appetizing and attractive manner, at realistically planned mealtimes, and in a congenial and relaxed atmosphere.
- (e) Information pertinent to special dietetic needs of consumers shall be entered into the consumer's treatment records, and when medically indicated, forwarded to parties having permission to receive information regarding consumer's treatment.
- (f) Compliance with 450:18-5-4 may be determined by a review of the following:
- (1) Facility policy and procedures;
 - (2) Written plan for dietetic services;
 - (3) Menus;
 - (4) Menu approvals;
 - (5) OSHD reports; and
 - (6) Any other supporting facility documentation.

450:18-5-5. Pharmacy services and medications

- (a) Facilities providing pharmacy services, either as a part of their regular business operation or through a sub-corporation or other related business entity, shall comply with all federal and state statutes and regulations regarding drugs and pharmacies, including, but not limited to, Oklahoma Administrative Code, Title 535. Facility policy and procedure shall indicate such compliance.
- (b) For services neither provided in a licensed hospital nor as a part of a licensed hospital's services, the facility shall have written policy and procedure including, but not limited to, the following:

- (1) Staff who are not licensed to dispense or administer medication shall not dispense or administer medication;
 - (2) Medication shall not be withheld from a consumer for whom the medication was prescribed for non-medical reasons;
 - (3) Prescription medications shall be stored in a non-residential area under lock, with the exception of those medications which may be needed by a consumer on a medical emergency basis; and
 - (4) Consumers shall keep a log of all self-administered medications (prescribed or over-the-counter).
- (c) Compliance with 450:18-5-5 may be determined by a review of policy and procedure; consumer records; interviews with staff and consumers; and any other supporting facility documentation.

450:18-5-6. Day school

- (a) Facilities providing a day school (i.e., an academic formal educational program) either as a primary focus of their services, or as an ancillary service, shall be in compliance with all applicable rules and regulations of the Oklahoma Department of Education, and of the local school district in which the day school is located.
- (b) In addition, the facility shall provide the following documentation:
- (1) Academic services provided are accredited by the local school district or the Oklahoma Department of Education; and
 - (2) All teachers shall have a valid license or certificate from the Oklahoma State Board of Education for the teaching position they are employed to fill; and
 - (3) Therapeutic units are provided by staff trained in the issues of substance abuse; and
 - (4) Each student shall have a home school; and
 - (5) Each student shall have a daily activity schedule and individualized treatment plan based on assessment of need, and formulated for both educational and counseling therapy needs.
- (c) Compliance with 450:18-5-6 may be determined by a review of facility policy and procedures; relevant personnel records; other facility supporting documentation; and interviews with staff and consumers.

450:18-5-7. Performance improvement program [REVOKED]

450:18-5-8. Critical incidents

- (a) The facility shall have written policy and procedures for the reporting of every critical incident. Documentation of critical incidents shall minimally include:
- (1) The facility, name and signature of the person(s) reporting the incident;
 - (2) The name(s) of the consumer(s), staff member(s) or property involved;
 - (3) The time, date and physical location of the incident;
 - (4) The time and date the incident was reported and the name of the staff person to whom it was reported;
 - (5) A description of the incident;

- (6) Resolution or action taken, date action was taken, and signature of appropriate staff member(s); and
- (7) Severity of each injury, if applicable. Severity shall be indicated as follows:
 - (A) No off-site medical care required or first aid care administered on-site;
 - (B) Medical care by a physician or nurse or follow-up attention required; or
 - (C) Hospitalization or immediate off-site medical attention was required.
- (b) Critical incidents shall be reported to ODMHSAS as follows:
 - (1) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax or mail to ODMHSAS Provider Certification within twenty-four (24) hours of the incident being documented.
 - (2) Critical incidents involving allegations constituting a sentinel event or consumer abuse shall be reported to ODMHSAS immediately via telephone or fax, but not more than twenty-four (24) hours of the incident. If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours.
- (c) Compliance with 450:18-5-8 may be determined by a review of policy and procedures; critical incident reports at the facility and those submitted to ODMHSAS; performance improvement program documents and reports; staff interviews; and any other relevant documentation of the facility or ODMHSAS.

450:18-5-9. Mechanical restraints

- (a) Mechanical restraints shall only be utilized in hospitals and inpatient services which are an integral part of a CMHC, and shall not be used unless it is determined by the facility's director or licensed physician, to be required by the immediate needs of a consumer for the safety and protection of the consumer or other persons.
- (b) The facility shall have a written protocol for the use of mechanical restraints which include, but is not limited to:
 - (1) Criteria to be met prior to authorization of the use of mechanical restraints;
 - (2) Signature of the person authorizing use is required;
 - (3) Time limit of said authorizations;
 - (4) Circumstances which automatically terminate an authorization;
 - (5) Setting a time period, not to exceed every fifteen (15) minutes, an individual in mechanical restraints shall be observed and checked by a registered nurse;
 - (6) Requiring in every use of mechanical restraints the specific reason for such use, the actual start and stop times of use, authorizing signature, and record of times the consumer was observed and checked. All the items listed in 450:18-5-9(b) (6) are made a part of the consumer record; and
 - (7) The facility director shall ensure the maintenance of a chronological log which shall minimally include the name of every consumer placed in mechanical restraints, and the date upon which this event occurred.
- (c) Compliance with 450:18-5-9 may be determined by a review of facility policy and procedures; the mechanical restraint log; and any other supporting facility documentation.

450:18-5-10. Community information, consultation, outreach, and street outreach

(a) Each facility shall, as a regular part of consumer-based planning and services provision, provide the community with information, consultation and outreach services to aid in reaching and attracting their specified target population(s).

(b) These services shall be designed to:

- (1) Reach and attract the facility's target population;
- (2) Provide information on substance abuse and related issues to the public; and
- (3) Provide information to the public regarding the facility's services.

(c) These services include, but are not limited to, presentations or outreach efforts to community groups, organizations, and individuals. These presentations or outreach efforts are made by staff members or trained volunteers (excluding individuals in treatment and facility staff).

(d) Written documentation of all community information, consultation, and outreach services shall be maintained, and shall include the following:

- (1) Name of person(s) or organization(s) receiving the services;
- (2) Name of person(s) providing the service;
- (3) Number of persons attending;
- (4) Location at which the services were provided;
- (5) Date services were provided; and
- (6) Description of the services provided.

(e) Facilities providing street outreach services shall have written policy and procedures describing the processes for systematically reaching into a community for the purpose of identifying persons in need of services, alerting persons and their families to the availability of services, locating needed services, and enabling persons to enter and accept the treatment services system.

(f) Compliance with 450:18-5-10 may be determined by a review of facility policy and procedures; documentation of community information, consultation, and outreach services; ICIS documentation and reports; and any other supporting facility documentation.

SUBCHAPTER 7. FACILITY RECORD SYSTEM

PART 1. FACILITY RECORD SYSTEM

450:18-7-1. Facility record system

- (a) Each facility shall maintain an organized system for the content, confidentiality, storage retention and disposition of consumer case records.
- (b) The facility shall have written policy and procedures concerning consumer records which define required documentation within the case record.
- (c) Consumer records shall be contained within equipment which shall be maintained under locked and secure measures.
- (d) The facility shall maintain identification and filing systems which enable prompt record location and accessibility by the professional treatment staff.
- (e) Consumer records shall be maintained in the facility where the individual is being treated or served. [In the case of temporary office space and in-home treatment services, records may be maintained in the main (permanent) office and transported in secured lock boxes or vehicle trunks to and from temporary offices and homes, when necessary.]
- (f) The facility shall have policies which govern the storage, retention, and disposition of consumer case records. These policies shall be compatible with protection of consumer's rights against confidential information disclosure at a later date. ODMHSAS-operated facilities shall comply with Records Disposition Schedule 82-17 as approved by the Oklahoma Archives and Records Commission.
- (g) Compliance with 450:18-7-1 may be determined by a review of policy and procedures; treatment records; performance improvement guidelines; interviews with staff; and other facility documentation.

450:18-7-2. Case records, basic requirement

- (a) All case records shall contain the following:
 - (1) Entries in consumer records shall be legible, signed with first name or initial, last name, and dated by the person making the entry.
 - (2) The consumer shall be identified by name on each sheet in the consumer record, on both sides of each page if both sides are used.
 - (3) A signed consent for treatment shall be obtained before any person can be admitted into treatment at a facility, unless the admission was on an involuntary basis.
 - (4) A signed consent for follow-up shall be obtained before any contact after discharge can be made.
- (b) Compliance with 450:18-7-2 may be determined by a review of policy and procedures; treatment records; performance improvement guidelines; interviews with staff; and other facility documentation.

450:18-7-3. Confidentiality, substance abuse records [REVOKED]

450:18-7-3.1. Confidentiality of mental health and drug or alcohol abuse treatment

information

(a) All mental health and drug or alcohol abuse treatment information, whether recorded or not, and all communications between a physician or psychotherapist and a consumer are both privileged and confidential. In addition, the identity of all consumers who have received or are receiving mental health or drug or alcohol abuse treatment services is both confidential and privileged. Such information shall only be available to persons or agencies actively engaged in the treatment of the consumer unless a state or federal law exception applies.

(b) All facilities shall have policy and procedures protecting the confidential and privileged nature of mental health and drug or alcohol abuse treatment information in compliance with state and federal law and which contain at a minimum:

(1) an acknowledgment that all mental health and drug or alcohol abuse treatment information, whether recorded or not, and all communications between a physician or psychotherapist and a consumer are both privileged and confidential and will not be released without the written consent of the consumer or the consumer's legally authorized representative;

(2) an acknowledgment that the identity of a consumer who has received or is receiving mental health or drug or alcohol abuse treatment services is both confidential and privileged and will not be released without the written consent of the consumer or the consumer's legally authorized representative;

(3) a procedure to limit access to mental health and drug or alcohol abuse treatment information to only those persons or agencies actively engaged in the treatment of the patient and to the minimum amount of information necessary to carry out the purpose for the release;

(4) a procedure by which a consumer, or the consumer's legally authorized representative, may access the consumer's mental health and drug or alcohol abuse treatment information;

(5) an acknowledgement that certain state and federal law exceptions to disclosure of mental health and drug or alcohol abuse treatment information without the written consent of the consumer or the consumer's legally authorized representative exist and the facility will release information as required by those laws and

(6) a procedure by which to notify a consumer of his or her right to confidentiality.

(c) A facility disclosing information pursuant to a written consent to release information shall ensure the written consent form complies with all applicable state and federal law and contains at a minimum the following:

(1) the name of the person or program permitted to make the disclosure;

(2) the name or title of the person or the name of the organization to which disclosure is to be made;

(3) the name of the consumer whose records are to be released;

(4) a description of the information to be disclosed;

(5) the specific reason for the disclosure;

(6) the signature of the consumer or the consumer's legally authorized representative;

(7) the date the consent to release was signed by the consumer or the consumer's legally authorized representative;

- (8) an expiration date, event or condition which shall ensure the release will last no longer than reasonably necessary to serve the purpose for which it is given;
 - (9) a statement of the right of the consumer, or the consumer's legally authorized representative, to revoke the consent to release in writing and a description of how the patient may do so;
 - (10) a confidentiality notice which complies with state and federal law; and
 - (11) a statement in bold face writing that "The information authorized for release may include records which may indicate the presence of a communicable or venereal disease which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS)."
- (d) A written consent from a consumer to release treatment information to persons within the criminal justice system which have mandated the consumer's participation in treatment as a condition of the disposition of any criminal proceeding against the consumer shall comply with all applicable state and federal laws and contain at a minimum the following:
- (1) the name of the person or program permitted to make the disclosure;
 - (2) the name or title of the person or the name of the organization to which disclosure is to be made;
 - (3) the name of the consumer whose records are to be released;
 - (4) a description of the information to be disclosed;
 - (5) the specific reason for the disclosure;
 - (6) the signature of the consumer or the consumer's authorized representative;
 - (7) the date the consent to release was signed by the consumer or the consumer's authorized representative;
 - (8) a statement in bold face writing that "The information authorized for release may include records which may indicate the presence of a communicable or venereal disease which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS);
 - (9) a specific time or specific event upon which the consent will expire and during which the consent shall be irrevocable, which in no event may be later than the final disposition of the criminal proceeding; and
 - (10) a statement that any disclosure made is bound by the federal law and regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 U.S.C. § 290dd-2; 42 C.F.R., Part 2) and that recipients of the information may receive and redisclose it only in connection with their official duties with respect to the particular criminal proceeding and may not be used in other proceedings, for other purposes, or with respect to other individuals.
- (e) Compliance with 450:18-7-3.1 shall be determined by a review of facility policy and procedures; facility forms; consumer record reviews; interviews with staff and consumers; and any other supporting facility documentation.

450:18-7-4. Consumer record storage, retention and disposition

- (a) Each facility shall have written policy and procedure which:
 - (1) Limits access to consumer records to persons with a need to know.
 - (2) Requires consumer records be stored under lock and key.
 - (3) With regard to closed consumer records, requires:
 - (A) Confidential storage under lock and key;
 - (B) A stated period of retention; and
 - (C) Records disposition under confidential conditions.
- (b) EXCEPTION: With regard to 450:18-7-4(a)(3)(B), facilities operated by ODMHSAS shall comply with the provisions of the Records Disposition Schedule for said facility as approved by the Oklahoma Archives and Records Commission [67 O.S. § 305 and OAC 60:1-1-2].
- (c) Compliance with 450:18-7-4(a) and, if applicable, 450:18-7-4(b) may be determined by a review of facility policy and procedure, and any other supporting facility documentation.

PART 3. INTAKE AND ADMISSION ASSESSMENT

450:18-7-21. Intake assessment, record content, and initial treatment plan

- (a) All facilities shall assess each consumer for appropriateness of admission to each substance abuse service's level of care. Each presenting consumer is assessed, according to prescribed criteria, for admission to a specific level of care. This organized process involves professional determination of severity of symptoms and current situations to determine clinically appropriate placement in the least restrictive level of care. Initial treatment plans are based on presenting information for those services determined to be immediately necessary prior to the completion of a biopsychosocial and case management assessment.
- (b) Any consumer seeking admission while under the influence, or undergoing withdrawal of alcohol or drugs, to inpatient or residential services, including medically-supervised detoxification and non-medical detoxification shall be assessed prior to admission for medical needs. The written criteria to be used for medical needs assessment shall be approved by the facility's consulting physician.
- (c) The consumer intake information shall contain, but not be limited to, the following:
 - (1) Identification data:
 - (A) Consumer's name,
 - (B) Home address, and
 - (C) Telephone number;
 - (2) The referral source;
 - (3) Initial observable condition of the consumer;
 - (4) Mental status examination;
 - (5) Level of functioning (current DSM, Axis IV);
 - (6) Significant other to be notified in case of emergency; and
 - (7) If the facility reports on ICIS, the ICIS intake data core content.
- (d) All substance abuse programs shall document and assess all consumers for appropriateness of admission to each level of care according to the specific criteria cited in Subchapter 3 of this Chapter, including assessment for:
 - (1) Acute intoxication and withdrawal potential;

- (2) Biomedical conditions and complications;
 - (3) Emotional and behavioral conditions and complications;
 - (4) Treatment acceptance or resistance;
 - (5) Relapse potential; and
 - (6) Recovery environment.
- (e) Planned interventions and services shall be written upon completion of the intake, and within twenty-four (24) hours of admission.
- (f) Compliance with 450:18-7-21 may be determined by a review of the following:
- (1) Policy and procedures;
 - (2) Intake protocols;
 - (3) Intake assessment instruments;
 - (4) Treatment records;
 - (5) Interviews with staff and consumers; and
 - (6) Other facility documentation.

450:18-7-22. Intake and assessment, process requirements

- (a) Written policies and procedures governing the intake and assessment process shall specify the following:
- (1) The information to be obtained on all applicants or referrals for admission;
 - (2) The procedures for accepting referrals from outside agencies or organizations;
 - (3) The records to be kept on all applicants;
 - (4) Any prospective consumer data to be recorded during the intake process; and
 - (5) The procedures to be followed when an applicant or a referral is found ineligible for admission.
- (b) Facilities shall have written procedures and policies for the purpose of admitting and assessing persons with special needs.
- (c) Compliance with 450:18-7-22 may be determined by a review of the following:
- (1) Policy and procedures;
 - (2) Intake protocols;
 - (3) Intake assessment instruments;
 - (4) C Treatment records;
 - (5) Interviews with staff and consumers; and
 - (6) Other facility documentation.

PART 5. BIOPSYCHOSOCIAL ASSESSMENT

450:18-7-41. Biopsychosocial assessment

- (a) Biopsychosocial assessments are in-person interviews conducted by professionally trained personnel designed to elicit historical and current information regarding the behavior and experiences of a consumer, and are designed to provide sufficient information for problem formulation, intervention planning, case management needs, and formulation of appropriate substance abuse-related treatment and service planning.
- (b) All programs shall do biopsychosocial assessments which shall contain, but not be

limited to, the following:

- (1) Presenting problem;
 - (2) History of presenting problem;
 - (3) Previous treatment history:
 - (A) Mental health,
 - (B) Substance abuse, and
 - (C) Domestic violence, to include batterer's treatment or victim services;
 - (4) Health history and current biomedical conditions and complications;
 - (5) Alcohol and drug use history;
 - (6) History of violent behavior, perpetrator or victim of domestic violence experiences, and sexual assault;
 - (7) Family and social history, including family history of AOD use;
 - (8) Educational attainment, difficulties, and history;
 - (9) Cultural and religious orientation;
 - (10) Vocational, occupational and military history;
 - (11) Sexual history, including HIV , AIDS and STD at-risk behaviors;
 - (12) Marital or significant other relationship history;
 - (13) Recreational and leisure history;
 - (14) Legal history;
 - (15) Present life situation;
 - (16) Economic resources;
 - (17) Level of functioning;
 - (18) Current support system;
 - (19) Current medications, if applicable, to record a consumer's current medications, and shall include obtainable information regarding the name of prescribing physician, name of medication, strength and dosage, and length of time consumer was on the medication;
 - (20) An addiction severity estimate shall be made if indicated by the history of substance use;
 - (21) Strengths/assets and weakness/liabilities of the consumer;
 - (22) Consumer's expectations in terms of service; and
 - (23) Assessment summary or diagnosis, and signature of the assessor and date of the assessment.
- (c) Programs treating family units (usually parent with children) in a residential or halfway house setting shall also assess, prior to admission, the programs' ability to meet the needs of both parent and child(ren).
- (d) Compliance with 450:18-7-41 may be determined by a review of the following:
- (1) Policy and procedures;
 - (2) Biopsychosocial assessment instruments;
 - (3) Consumer records;
 - (4) Case management assessments;
 - (5) Interviews with staff and consumers; and
 - (6) Other facility documentation.

450:18-7-42. Biopsychosocial assessment, time frame

(a) The assessment shall be completed as soon as possible after admission and within the following time frames:

- (1) Residential services, seven (7) days [168 hours];
- (2) Halfway house services, seven (7) days [168 hours];
- (3) Intensive outpatient services, by the seventh (7th) visit;
- (4) Outpatient services, by the end of seventh (7th) visit.

(b) In the event of a consumer re-admission after one (1) year of the last biopsychosocial assessment, a new biopsychosocial assessment shall be completed. If readmission occurs within one (1) year after the last biopsychosocial assessment, an update shall be completed.

(c) Compliance with 450:18-7-42 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Biopsychosocial assessment instruments;
- (3) Treatment records;
- (4) Case management assessments;
- (5) Interviews with staff and consumers; and
- (6) Other facility documentation.

450:18-7-43. Biopsychosocial assessments of children accompanying a parent into treatment

(a) All programs shall document biopsychosocial assessments for the parent and for children accompanying their parent into treatment:

(1) Assessments of children (including infants) accompanying their parent into treatment (residential or halfway house levels of care) shall include, but not be limited to the assessment of:

- (A) mental health issues;
- (B) parent-child treatment;
- (C) developmental stage;
- (D) educational needs;
- (E) parent related issues, and
- (F) family issues related to the child.

(2) Assessments of the parent bringing their child(ren) into treatment (residential or halfway house levels of care) shall include the following items, in addition to the requirements of 450:18-741:

- (A) parenting skills (especially in consideration of the child's issues);
- (B) knowledge of age appropriate behaviors;
- (C) parental coping skills;
- (D) personal issues related to parenting, and
- (E) family issues as related to the child.

(b) Compliance with 450:18-7-43 may be determined by a review of the following:

- (1) Policy and procedure,
- (2) Biopsychosocial assessment instruments,
- (3) Treatment records,

- (4) Case management assessments,
- (5) Interviews with staff and consumers, and
- (6) Other facility documentation.

450:18-7-44. Biopsychosocial assessments of children accompanying a parent into treatment, time frame

(a) The assessment shall be completed as soon as possible after admission and within the following time frames:

- (1) Residential, seven (7) days [168 hours];
- (2) Halfway house, seven (7) days [168 hours].

(b) In the event of a consumer re-admission within one (1) year of the last biopsychosocial assessment, a photocopy of the latest biopsychosocial assessment and a biopsychosocial update will suffice.

(c) Compliance with 450:18-7-44 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Biopsychosocial assessment instruments;
- (3) Treatment records;
- (4) Case management assessments;
- (5) Interviews with staff and consumers; and
- (6) Other facility documentation.

PART 7. CASE MANAGEMENT

450:18-7-61. Case management, adults

(a) In addition to other professional substance abuse treatment modalities, case management may be an essential element during the treatment process which enhances the consumer's potential for successful recovery. Case management services are designed to address areas of a consumer's life that, if not addressed, often contribute to relapse. Case management services facilitate the consumer's potential for a successful re-integration into community living. Case management services may be provided by either the primary service provider or professional case managers.

(b) Case management needs assessments, referral and linkage services may be provided for all adult consumers during all substance abuse levels of care, except detoxification, when the consumer is requesting detoxification only. When provided, case management assessments and referral and linkage to needed services identified shall be completed prior to planned discharge.

(c) Case management needs assessments and referrals for adults include, but are not limited to:

- (1) Medical, dental, and other health care services;
- (2) Psychiatric and psychological services;
- (3) Violence and domestic violence services;
- (4) Family, and significant other, counseling services;
- (5) Educational services, including vocational rehabilitation services;

- (6) Employment services;
 - (7) Social services, including supplemental income and food and public housing;
 - (8) Legal services;
 - (9) Recovery self-help fellowships;
 - (10) Parenting and child development education; and
 - (11) Continuing substance abuse treatment at a lesser level of care.
- (d) Compliance with 450:18-7-61 may be determined by a review of the following:
- (1) Policy and procedures;
 - (2) Case management assessment instruments;
 - (3) Program protocols;
 - (4) Treatment records;
 - (5) Progress notes;
 - (6) Referral documentation; and
 - (7) Interviews with staff and consumers.

450:18-7-62. Case management, children

- (a) Case management needs assessments and referrals for children in treatment services shall be documented to include, but are not limited to:
- (1) Medical, dental, and other health care services;
 - (2) Psychiatric, psychological, domestic violence and sexual assault services;
 - (3) Children and youth counseling services;
 - (4) Family counseling services;
 - (5) Social services, including child guidance and health services guaranteed by public laws;
 - (6) Educational services, including enrollment in public schools and Head Start; and
 - (7) Peer support services.
- (b) Compliance with 450:18-7-62 may be determined by a review of the following:
- (1) Policy and procedures;
 - (2) Case management assessment instruments;
 - (3) Program protocols;
 - (4) Treatment records;
 - (5) Progress notes;
 - (6) Referral documentation; and
 - (7) Interviews with staff and consumers.

PART 9. TREATMENT PLANNING

450:18-7-81. Treatment planning

- (a) Individualized treatment planning is the ongoing process by which a clinician and the consumer identify and rank problems, establish agreed-upon goals, and decide on the treatment process and resources to be utilized.
- (b) The treatment plan shall include, but not be limited to, the following information:
- (1) Presenting problems or diagnosis;

- (2) Strengths/assets and weaknesses/liabilities of the consumer;
 - (3) Goals for treatment and service and measurable, behavioral, time-framed objectives;
 - (4) Type and frequency of services to be provided;
 - (5) Primary person responsible for providing services;
 - (6) Description of consumer's involvement in, and responses to, the treatment plan, and the consumer's responses to the treatment planning and his or her signature and date;
 - (7) Individualized discharge criteria, other than the discharge criteria required by the level of care; and
 - (8) Specific date for a planned treatment plan review and update.
- (c) The treatment plan shall be based on the consumer's presenting problems or diagnosis, intake assessment, biopsychosocial assessment, and the consumer's expectations in terms of service.
- (d) Treatment plans shall be dated and signed by all members of the treatment team who participate in the planning, and should be signed by all members who participate in providing services.
- (e) Compliance with 450:18-7-81 may be determined by a review of the following:
- (1) Policy and procedures;
 - (2) Treatment protocols;
 - (3) Clinical service manuals;
 - (4) Treatment plan forms;
 - (5) Consumer records;
 - (6) Interviews with staff and consumers; and
 - (7) Other facility documentation.

450:18-7-82. Treatment plans, time frames

- (a) Time frames for completion of treatment plans from the date and time of admission shall be as follows:
- (1) Residential services, seven (7) days [168 hours];
 - (2) Halfway house services, seven (7) days [168 hours];
 - (3) Intensive outpatient services, eighth (8th) visit;
 - (4) Outpatient services, eighth (8th) visit.
- (b) Compliance with 450:18-7-82 may be determined by a review of the following:
- (1) Policy and procedures;
 - (2) Treatment protocols;
 - (3) Clinical services manuals;
 - (4) Treatment plan forms;
 - (5) Consumer records;
 - (6) Interviews with staff and consumers; and
 - (7) Other facility documentation.

450:18-7-83. Treatment plans, review and update

(a) The treatment plan shall contain review and update of the treatment plan according to the time frame required by the treatment plan; and further, is required by any of the following situations:

- (1) Change in goals and objectives based upon consumer's documented progress, or identification of any new problem;
- (2) Change in primary counselor assignment; or
- (3) Change in frequency and types of services provided.

(b) Compliance with 450:18-7-83 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Treatment protocols;
- (3) Clinical services manuals;
- (4) Treatment plan forms;
- (5) Consumer records;
- (6) Interviews with staff and consumers; and
- (7) Other facility documentation.

450:18-7-84. Treatment plans, medically supervised detoxification

(a) Medically supervised detoxification facilities shall complete medical treatment plans to address the medical stabilization treatment and service needs of each consumer within one (1) hour of admission. When necessary, medically supervised detoxification treatment plans may be initiated by a licensed physician or licensed registered nursing staff.

(b) Compliance with 450:18-7-84 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Treatment protocols;
- (3) Clinical services manuals;
- (4) Treatment plan forms;
- (5) Consumer records;
- (6) Interviews with staff and consumers; and
- (7) Other facility documentation.

PART 11. PROGRESS NOTES

450:18-7-101. Progress notes

(a) Consumer case records shall contain written progress notes documenting all treatment and services provided; outcomes of the treatment and services; and other pertinent information regarding the consumer's observed conditions.

(b) The case record shall contain chronologically recorded progress notes directly related to the substance abuse treatment issues, and emphasize progress made toward the treatment plan goals and objectives, and the following:

- (1) Description of consumer's current symptoms and severity of condition;
- (2) Service actually provided, and outcome;
- (3) Changes in current plan for treatment services, including transfer to a different level of care, discharge assessment and plan, and family involvement, as appropriate; and

- (4) Other information as judged appropriate.
- (c) Compliance with 450:18-7-101 may be determined by a review of the following:
 - (1) Policy and procedures;
 - (2) Consumer records;
 - (3) Progress notes;
 - (4) Interviews with staff; and
 - (5) Other facility documentation.

PART 13. DISCHARGE

450:18-7-121. Discharge assessment

- (a) Discharge planning begins at admission; and is the process of determining a consumer's continued need for treatment services and developing a plan to address ongoing consumer recovery needs.
- (b) All consumers shall be assessed for biopsychosocial appropriateness of discharge from each level of care according to the criteria specified for the level of care to which he or she was admitted, including, but not limited to:
 - (1) Acute intoxication and withdrawal potential;
 - (2) Biomedical conditions and complications;
 - (3) Emotional/behavioral conditions and complications;
 - (4) Treatment acceptance or resistance;
 - (5) Relapse potential; and
 - (6) Recovery environment.
- (c) Compliance with 450:18-7-121 may be determined by a review of the following:
 - (1) Policy and procedures;
 - (2) Continuing care plans;
 - (3) Discharge assessments;
 - (4) Discharge summaries;
 - (5) Progress notes;
 - (6) Consumer records;
 - (7) Interviews with staff and consumers; and
 - (8) Other facility documentation.

450:18-7-122. Continuing care plan

- (a) A written plan of recommendations and specific referrals for implementation of continuing care services, including medications, shall be prepared for each consumer, for persons who meet the ASAM Patient Placement Criteria dimensional continued service criteria, in each level of care. Continuing care plans shall be developed with the knowledge and cooperation of the consumer. This continuing care plan may be included in the discharge summary. The consumer's response to the continuing care plan shall be noted in the plan, or a note shall be made that the consumer was not available and why. In the event of the death of a consumer, a summary statement including this information shall be documented in the record.
- (b) Compliance with 450:18-7-122 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Continuing care plans;
- (3) Discharge assessments;
- (4) Discharge summaries;
- (5) Progress notes;
- (6) Consumer records;
- (7) Interviews with staff and consumers; and
- (8) Other facility information.

PART 15. OTHER CASE RECORD MATERIALS

450:18-7-141. Consultation reports

- (a) The consumer record shall contain copies of all consultation reports concerning the consumer.
- (b) Compliance with 450:18-7-141 may be determined by a review of policy and procedures; consumer records; progress notes; interviews with staff; and other facility documentation.

450:18-7-142. Psychological or psychometric testing

- (a) When psychometric or psychological testing is done, the consumer record shall contain a copy of a written report describing the test results and implications or recommendations for treatment.
- (b) Compliance with 450:18-7-142 may be determined by a review of policy and procedures; consumer records; progress notes; interviews with staff; and other facility documentation.

450:18-7-143. Records and reports from other entities

- (a) The consumer record shall contain any additional information relating to the consumer, which has been secured from sources outside the facility. The information obtained shall be confidential and privileged and may not be released except as allowed by applicable state and federal laws.
- (b) Compliance with 450:18-7-143 may be determined by a review of policy and procedures; consumer records; progress notes; interviews with staff; and other facility documentation.

450:18-7-144. Medication records

- (a) The consumer record shall contain the following information on medications as appropriate:
 - (1) A record shall be kept of all medications which were administered, dispensed, or prescribed by licensed medical staff.
 - (2) The record of medications administered or dispensed shall include all of the following:
 - (A) Type of medication;
 - (B) Dosage;

- (C) Frequency of administration;
 - (D) Route of administration; and
 - (E) Staff member who administered each dose.
- (b) Compliance with 450:18-7-144 may be determined by a review of policy and procedures; consumer records; progress notes; interviews with staff; and other facility documentation.

450:18-7-145. Discharge summary

- (a) A discharge summary shall be entered in each consumer's record within fifteen (15) days of discharge.
- (b) The discharge summary shall minimally include, but not be limited to, the following:
- (1) Presenting problem(s) at intake;
 - (2) Initial condition, and condition of consumer at discharge;
 - (3) Medication summary, when appropriate;
 - (4) Treatment and services provided, and a summary of treatment outcomes and results;
 - (5) The continuing care plan may be included in the discharge summary;
 - (6) The final assessment; and
 - (7) The signature of the staff member completing the summary, and the date.
- (c) Compliance with 450:18-7-145 may be determined by a review of the following:
- (1) Policy and procedures;
 - (2) Continuing care plans;
 - (3) Discharge assessments;
 - (4) Discharge summaries;
 - (5) Progress notes;
 - (6) Consumer records;
 - (7) Interviews with staff and consumers; and
 - (8) Other facility documentation.

PART 17. METHADONE RECORDS [REVOKED]

450:18-7-161. Case review team [REVOKED]

SUBCHAPTER 9. SERVICES SUPPORT AND ENHANCEMENT

PART 1. STAFF SUPPORT

450:18-9-1. Purpose

The purpose of this subchapter is to set forth the rules regarding required components which support and enhance treatment services.

450:18-9-2. Clinical supervision

- (a) Clinical supervision is a vital component of the provision of quality substance abuse treatment. All facilities shall provide clinical supervision for all direct service provider staff.
- (b) Clinical supervision is an organized process by which knowledgeable and skilled supervisors systematically and routinely provide ongoing and in-depth review of direct service providers' performance.
- (c) All facilities shall have written policy and procedures, operational methods, and documentation of the provision of clinical supervision for all direct treatment and service staff. These policies shall include, but are not limited to:
 - (1) Credentials required for the clinical supervisor;
 - (2) Specific frequency for case reviews with treatment and service providers;
 - (3) Methods and time frames for supervision of individual, group, and educational treatment services; and
 - (4) Written policy and procedures defining the program's plan for appropriate counselor-to-consumer ratio, and a plan for how exceptions may be handled.
- (d) Compliance with 450:18-9-2 may be determined by a review of the following:
 - (1) Policy and procedures;
 - (2) Clinical services manuals;
 - (3) Clinical supervision manuals;
 - (4) Documentation of clinical supervision;
 - (5) Personnel records;
 - (6) Interviews with staff; and
 - (7) Other facility documentation.

450:18-9-3. Staff privileging

- (a) Each facility shall have an organized and operational method for documenting and verifying the training, experience, degrees, and other credentials of professional treatment staff prior to their providing clinical or treatment services.
- (b) Each facility shall have written policy and procedures and operational methods for evaluating the professional qualifications of professional treatment staff providing treatment services, including those who perform these evaluations and the verification process, and the granting of privileges.
- (c) All professional treatment staff shall be privileged prior to performing treatment services.

- (d) The evaluation and verification of professional qualifications includes, but is not limited to, the review and verification of:
- (1) Professional degree(s);
 - (2) Professional licensure(s);
 - (3) Professional certification(s);
 - (4) Professional training;
 - (5) Professional experience; and
 - (6) Other qualifications as set forth in the position's job description.
- (e) Each facility shall minimally perform an annual review of current licensure, certifications, and current qualifications for privileges to provide specific treatment services.
- (f) Compliance with 450:18-9-3 may be determined by a review of the following:
- (1) Policy and procedures;
 - (2) Clinical supervision manuals;
 - (3) Minutes of privileging meetings;
 - (4) Personnel records;
 - (5) Interviews with staff; and
 - (6) Other facility documentation.

450:18-9-4. Consumer-based planning [REVOKED]

450:18-9-5. Client outcome [REVOKED]

450:18-9-6. Client satisfaction with services received [REVOKED]

450:18-9-7. Concurrent utilization review [REVOKED]

450:18-9-8. Peer review [REVOKED]

450:18-9-9. Treatment outcome follow-up [REVOKED]

450:18-9-10. Referrals

- (a) Each facility shall provide referral information for consumers and the general public regarding services requested or needed which the facility does not provide.
- (b) The facility shall refer consumers to other resources when the individual has treatment or service needs the facility does not provide. In addition, the facility shall provide information and referral services to non- consumers who request these services.
- (c) The facility shall maintain a directory of currently available resources, which shall, at a minimum, contain the "ODMHSAS Yellow Pages."
- (d) Compliance with 450:18-9-10 may be determined by a review of policy and procedures; referral manuals; and other facility documentation.

PART 3. ORGANIZATIONAL AND FACILITY MANAGEMENT

450:18-9-20. Organizational and facility description

- (a) The facility shall have a written organizational description, which is reviewed annually and minimally includes:
- (1) The facility shall define the overall target population for whom services will be provided;

- (2) The facility shall state in writing overall mission statement; and
- (3) The facility shall state in writing the annual facility goals and objectives:
- (b) There shall be documentation that these statements have been approved by the facility's governing authority.
- (c) The facility shall have documentation demonstrating these documents are available and communicated to staff.
- (d) The facility shall have documentation demonstrating these documents are available to the general public upon request.
- (e) Each facility shall have in writing, by program component or service, the following:
 - (1) Description of services and philosophy;
 - (2) The identification of professional treatment staff to provide these services;
 - (3) Written admission and exclusionary criteria to identify the type of consumers for whom the services is primarily intended; and
 - (4) Written goals and objectives.
- (f) The facility shall have a written statement of the procedures and plans for attaining the facility goals and objectives. These procedures and plans should define specific tasks, set target dates and designate staff responsible for carrying out the procedures and plans.

450:18-9-21. Information analysis and planning

- (a) The facility shall have a defined and written plan for conducting an organizational needs assessment which specifies the methods and data to be collected, to include, but not limited to information from:
 - (1) Consumers;
 - (2) Governing Authority;
 - (3) Staff;
 - (4) Stakeholders;
 - (5) Outcomes management processes; and
 - (6) Quality record review.
- (b) The facility shall have a defined ongoing system to collect data and information on a quarterly basis to manage the organization.
- (c) Information collected shall be analyzed to improve consumer services and program performance.
- (d) The facility shall prepare an end of year management report, which shall include, but not be limited to:
 - (1) an analysis of the needs assessment process; and
 - (2) performance improvement program findings.
- (e) The management report shall be communicated and made available to, among others:
 - (1) the governing authority;
 - (2) facility staff; and
 - (3) ODMHSAS, as requested.

450:18-9-22. Performance improvement program

- (a) The facility shall have an ongoing performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of consumer care.

(b) The performance improvement program shall address the fiscal management of the facility.

(c) The facility shall have an annual written plan for the provision of performance improvement activities. The plan shall include, but not be limited to:

(1) Outcomes management specific to each program component which minimally measures:

- (A) efficiency;
- (B) effectiveness of treatment; and
- (C) consumer satisfaction;

(2) A quarterly quality record review to evaluate:

- (A) the quality of services delivered;
- (B) the appropriateness of services;
- (C) the patterns of service utilization; and
- (D) consumers shall be:
 - (i) provided an orientation to the program and services; and
 - (ii) actively involved in making informed choices regarding the services they receive;
- (E) assessments shall be thorough, timely and complete;
- (F) treatment goals and objectives shall be based on:
 - (i) assessment findings; and
 - (ii) consumer input;
- (G) services provided shall be related to the goals and objectives;
- (H) services shall be documented as prescribed by policy; and
- (I) the treatment plan shall be reviewed and updated as prescribed.

(3) Staff privileging; and

(4) Review of critical and unusual incidents and consumer grievances and complaints.(d)

The facility shall monitor the implementation of the performance improvement plan on an ongoing basis and shall make adjustments as needed.

(e) Performance improvement findings shall be communicated and made available to, among others:

- (1) the governing authority,
- (2) facility staff, and
- (3) ODMHSAS, as requested.

SUBCHAPTER 11. CONSUMER RIGHTS

450:18-11-1. Consumer rights, inpatient and residential type services

(a) All consumers shall have and enjoy all constitutional and statutory rights of all citizens of the State of Oklahoma and the United States, unless abridged through due process of law by a court of competent jurisdiction. The orders and rules of either the Department of Corrections, or an Oklahoma Drug Court, or Oklahoma District Court, or Federal Court, or Federal Probation System take precedence. However, the treatment provider shall continue to maintain a therapeutic environment to the fullest extent possible. Each facility either operated by, or certified by, or under contract with ODMHSAS providing inpatient mental health or substance abuse services shall insure consumers have the rights specified as follows. [For purposes of this section, inpatient and residential type services include hospitals, detoxification programs residential care homes, halfway houses, houses, group homes, supervised apartments, family sponsor homes, and any other service in which the consumer resides in the facility (or a place owned, lease, operated by, or under contract with the facility) overnight.]

- (1) All consumers have the right to be treated with respect and dignity. This shall be construed to protect and promote human dignity and respect for individual dignity.
- (2) All consumers have the right to a safe, sanitary, and humane living environment.
- (3) All consumers have the right to a humane psychological environment protecting them from harm, abuse, and neglect.
- (4) Each consumer has the right to an environment which provides reasonable privacy, promotes personal dignity, and provides opportunity for the consumer to improve his or her functioning.
- (5) Each consumer has the right to receive treatment services suited to his or her condition and needs for treatment without regard to his or her race, religion, sex, ethnic origin, age, degree of disability, handicapping condition, legal status, or ability to pay for the services.
- (6) Each consumer, on admission, has the absolute right to communicate with a relative, friend, clergy, or attorney, by telephone or mail, at the expense of the facility if the consumer is indigent.
- (7) Each consumer shall have and retain the right to confidential communication with an attorney, personal physician, or clergy.
- (8) Each consumer has the right to uncensored, private communications including, but not limited to, letters, telephone calls, and personal visits. Copies of any personal letter, sent or received, by a consumer shall not be kept in his or her treatment record.
- (9) No consumer shall ever be neglected or sexually, physically, verbally, or otherwise abused.
- (10) Each consumer has the right to be treated in the least restrictive environment (level of care), and to have the maximum freedom of movement consistent with the clinical condition and legal status of the consumer.
- (11) Each consumer has the right to easy access to his or her personal funds on deposit with the facility, and shall be entitled to an accounting for said funds. A limitation on access

to such funds may be made when it is determined, and documented, as essential to prevent the consumer from unreasonably and significantly dissipating his or her assets.

(12) Each consumer has the right to have his or her own clothing and personal possessions. This right may be forfeited, or limited, only if the personal property is determined to be potentially dangerous to the consumer, or others, or if the property is determined to be functionally unsafe.

(13) Each consumer shall have the right to practice his or her own religious beliefs, and afforded the opportunity for religious worship. No consumer shall ever be coerced into engaging in, or refraining from, any personal religious activity, practice, or belief.

(14) Each consumer has the right to be provided with prompt, competent, appropriate treatment services and an individualized treatment (service) plan.

(A) The consumer shall be afforded the opportunity to participate in his or her treatment plan.

(B) The consumer may consent, or refuse to consent, to the proposed treatment.

(C) The consumer's right to consent, or refuses to consent, may be abridged for those consumers adjudged incapacitated by a court of competent jurisdiction, and in emergency situations where the consumer, or others, are in imminent danger.

(D) When the consumer permits, the consumer's family or significant others shall be involved in the treatment and treatment planning.

(15) The records of each consumer shall be treated in a confidential manner.

(16) Each consumer has the right to refuse to participate in any research project or medical experiment without informed consent of the consumer, as defined by law. A refusal to participate shall not affect the services available to the consumer.

(17) A consumer may voluntarily participate in work therapy, and shall be paid just compensation for such participation. However, each consumer is responsible for personal care and housekeeping tasks without compensation.

(18) A consumer being discharged shall have plans for outpatient treatment, sufficient medication, suitable clothing for the reason, housing information and referral; and, if the consumer permits, family or significant others' involvement in the discharge plan.

(19) Each consumer shall have the right to establish and to participate in a consumer committee, or consumer government, by ward, unit, any other administrative consumer unit, or facility-wide.

(20) Each consumer has the right to request the opinion of an outside medical or psychiatric consultant, at the expense of the consumer; or the right to an internal facility consultation, at no cost to the consumer.

(21) Each consumer has the right to assert grievances with respect to any alleged infringement of these stated rights of consumers, or any other subsequently statutorily granted rights.

(22) No consumer shall ever be retaliated against, or subject to, any adverse conditions or treatment services solely or partially because of having asserted his or her rights as aforestated in this section.

(b) Each affected facility shall have written policy and implementing procedures, and shall provide documented staff training to insure the implementation of each and every consumer right stated in this section.

(c) Each affected facility shall have written policy and implementing procedures to insure each consumer enjoys, and has explained to him or her, these rights; and these rights are visibly posted in both consumer and public areas of the facility.

(d) Compliance with 450:18-11-1 may be determined by a review of facility policy and procedures; posted notices of consumer rights; interviews with staff and consumers; review of grievances by consumers or others; and any other supporting facility documentation.

450:18-11-2. Consumer rights, outpatient services

(a) All consumers receiving outpatient services shall have and enjoy all constitutional and statutory rights of all citizens of the State of Oklahoma and the United States, unless abridged through due process of law by a court of competent jurisdiction. The orders and rules of either the Department of Corrections, or an Oklahoma Drug Court, or Oklahoma District Court, or Federal Court, or Federal Probation System take precedence. However, the treatment provider shall continue to maintain a therapeutic environment to the fullest extent possible. Each facility either operated by, or certified by, or under contract with ODMHSAS providing outpatient mental health or substance abuse services shall insure consumers have the rights specified as follows. For purposes of this section, outpatient services includes all services where the consumer does not reside in, or stay overnight in, the facility providing services to him or her.

(1) All consumers have the right to be treated with respect and dignity. This shall be construed to protect and promote human dignity and respect for individual dignity.

(2) Each consumer has the right to receive services in a safe, sanitary, and humane living environment.

(3) Each consumer has the right to receive services in a humane psychological environment protecting them from harm, abuse, and neglect.

(4) Each consumer has the right to receive services in an environment which provides privacy, promotes personal dignity, and provides opportunity for the consumer to improve his or her functioning.

(5) Each consumer has the right to receive services without regard to his or her race, religion, sex, ethnic origin, age, degree of disability, handicapping condition, legal status, or ability to pay for the services.

(6) No consumer shall ever be neglected or sexually, physically, verbally, or otherwise abused.

(7) Each consumer has the right to be provided with prompt, competent, appropriate treatment services and an individualized treatment plan.

(A) The consumer shall be afforded the opportunity to participate in his or her treatment and treatment planning; and may consent, or refuse to consent, to the proposed treatment.

(B) The consumer's right to consent, or refuse to consent, may be abridged for those consumers adjudged incapacitated by a court of competent jurisdiction, and in

emergency situations defined by law.

(C) When the consumer permits, the consumer's family or significant others shall be involved in the treatment and treatment planning.

(8) The records of each consumer shall be treated in a confidential manner.

(9) Each consumer has the right to refuse to participate in any research project or medical experiment without informed consent of the consumer, as defined by law. A refusal to participate shall not affect the services available to the consumer.

(10) A consumer may voluntarily participate in work therapy, and shall be paid just compensation for such work.

(11) Each consumer has the right to request the opinion of an outside medical or psychiatric consultant, at the expense of the consumer; or the right to an internal facility consultation, at no cost to the consumer.

(12) Each consumer has the right to assert grievances with respect to any alleged infringement of these stated rights of consumers, or any other subsequently statutorily granted rights.

(13) No consumer shall ever be retaliated against, or subject to, any adverse conditions or treatment services solely or partially because of having asserted his or her rights as aforestated in this section.

(b) Each affected facility shall have written policy and implementing procedures, and shall provide documented staff training to insure the implementation of each and every consumer right stated in this section.

(c) Each affected facility shall have written policy and implementing procedures to insure each consumer enjoys, and has explained to him or her, these rights; and these rights are visibly posted in both consumer and public areas of the facility.

(d) Compliance with 450:18-11-2 may be determined by a review of facility policy and procedures; posted notices of consumer rights (outpatient services); interviews with staff and consumers; review of grievances by consumers or others; and any other supporting facility documentation.

450:18-11-3. Consumer's grievance policy

(a) Each facility shall have a written Grievance Policy providing for, but not limited to, the following:

(1) Written notice of the procedure provided to the consumer and, if involved with the consumer, to family members or significant others.

(2) Time frames for the grievance policy's procedures which allow for resolution within 72 hours, excluding weekends and holidays.

(3) Name(s) of the individual(s) who are responsible for coordinating the grievance policy.

(4) Procedure by which an individual may appeal the outcome.

(5) Mechanism to monitor the grievance process and improve performance based on outcomes.

(6) Annual review of the grievance policy and its implementing procedures, with revisions as needed to improve.

(b) Compliance with 450:18-11-3 may be determined by:

- (1) a review of the grievance policy and implementing procedures;
- (2) posted notices of consumer rights;
- (3) interviews with staff and consumers;
- (4) review of the facility's records of grievances filed by consumers or family and significant others; and
- (5) any other supporting facility documentation.

450:18-11-4. ODMHSAS advocate general

The ODMHSAS Advocate General, in any investigation regarding consumer rights shall have access to consumers, facility records and facility staff as set forth in Title 450, Chapter 15.