



OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

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TITLE 450 Chapter 23. Standards and Criteria For Community-Based Structured Crisis Centers

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SUBCHAPTER 1. GENERAL PROVISIONS

450:23-1-1. Purpose

This chapter sets forth the Standards and Criteria used in the certification of CBSCC's (43A O.S. § 3-317). The rules regarding the certification processes including, but not necessarily limited to, applications, fees, requirements for, levels of, and administrative sanctions are found at OAC 450:1, Subchapters 5 and 9.

450:23-1-2. Definitions

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

"Abuse" means the causing or permitting of harm or threatened harm to the health, safety, or welfare of a resident by a staff responsible for the resident's health, safety, or welfare, including but not limited to: non-accidental physical injury or mental anguish; sexual abuse; sexual exploitation; use of mechanical restraints without proper authority; the intentional use of excessive or unauthorized force aimed at hurting or injuring the resident; or deprivation of food, clothing, shelter, or healthcare by a staff responsible for providing these services to a resident.

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

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

"Consumer" means an individual who has applied for, is receiving or has received 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 as client(s) or patient(s) or resident(s) or a combination thereof.

"Creating A Positive Environment" or **"CAPE"** means a specific curriculum designed by ODMHSAS to train staff in verbal and non-verbal communication techniques in the management of selected and potentially problematic behaviors and to foster attitudes that promote the consumer's dignity and self-esteem in facility treatment settings.

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

"Crisis stabilization" means emergency psychiatric and substance abuse services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment and referral.

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

"Emergency detention" means the detention of a person who appears to be a person requiring treatment in a facility approved by the Commissioner of Mental Health and Substance Abuse Services as appropriate for such detention after the completion of an emergency examination and a determination that emergency detention is warranted for a period not to exceed seventy-two (72) hours, excluding weekends and holidays, except upon a court order authorizing detention beyond a seventy-two-hour period or pending the hearing on a petition requesting involuntary commitment or treatment as provided by 43A of the Oklahoma Statutes.

"Emergency examination" means the examination of a person who appears to be a mentally ill person, an alcohol-dependent person, or drug-dependent person and a person requiring treatment, and whose condition is such that it appears that emergency detention may be warranted, by a licensed mental health professional to determine if emergency detention of the person is warranted.

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

"Intervention plan" means a description of services to be provided in response to the presenting crisis situation that incorporates the identified problem(s), strengths, abilities, needs and preferences of the individual served.

"Licensed mental health professional" or **"LMHP"** means:

- (A) psychiatrist who is a diplomate of the American Board of Psychiatry and Neurology;
- (B) a licensed Doctor of Medicine or Doctor of Osteopathy who has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions;
- (C) a licensed clinical psychologist;
- (D) a licensed professional counselor as defined in Section 1906 of Title 59 of the Oklahoma Statutes;

(E) a person licensed as a clinical social worker pursuant to the provisions of Section 1250 et seq. of Title 59 of the Oklahoma Statutes;

(F) a licensed marital and family therapist as defined in Section 1925.2 of Title 59 of the Oklahoma Statutes;

(G) a licensed behavioral practitioner as defined in Section 1931 of Title 59 of the Oklahoma Statutes; or

(H) an advanced practice nurse as defined in Section 567.3a of Title 59 of the Oklahoma Statutes specializing in mental health.

"Linkage services" means the communication and coordination with other service providers that assure timely appropriate referrals between the CBSCC and other providers.

"Oklahoma Administrative Code" or **"OAC"** means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code, or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A)(1)(a) and maintained in the Office of Administrative Rules.

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

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

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

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

"Psychosocial evaluations" are in-person interviews conducted by professionally trained personnel designed to elicit historical and current information regarding the behavior and experiences of an individual, and are designed to provide sufficient information for problem formulation and intervention.

"Restraint" refers to manual, mechanical, and chemical methods that are intended to restrict the movement or normal functioning of a portion of the individual's body.

"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.

"Triage" means a dynamic process of evaluating and prioritizing the urgency of crisis intervention needed based on the nature and severity of consumers' presenting situations.

450:23-1-3. 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.

450:23-1-4. Applicability

The standards and criteria for services as subsequently set forth in this chapter are applicable to CBSCCs as stated in each subchapter.

SUBCHAPTER 3. CBSCC SERVICES

450:23-3-1. Required services

Each CBSCC shall provide crisis intervention and stabilization services.

450:23-3-2. Crisis stabilization

- (a) The CBSCC shall provide crisis stabilization to individuals who are in crisis as a result of a mental health or substance abuse related problem. The CBSCC must have the capability of providing services to individuals who are in emergency detention status.
- (b) Crisis stabilization services shall be provided in the least restrictive setting possible, and be accessible to individuals within the community in which they reside.
- (c) A physician shall be available at all times for the crisis unit, either on-duty or on call. If the physician is on call, he or she shall respond by telephone or in person to the licensed staff on duty at the crisis unit within 20 minutes.
- (d) Crisis stabilization services shall include, but not be limited to, the following service components and each shall have written policy and procedures:
 - (1) Triage crisis response;
 - (2) Psychiatric crisis stabilization; and
 - (3) Drug/alcohol crisis stabilization.
- (e) The CBSCC shall have written policy and procedures addressing mechanical restraints, and these shall be in compliance with 450:23-3-6.
- (f) Compliance with 450:23-3-2 shall be determined by on-site observation, and a review of the following: clinical records; ICIS information; and the CBSCC policy and procedures.

450:23-3-3. Crisis stabilization, triage response

- (a) Crisis stabilization services shall include twenty-four (24) hour triage response and emergency examination.
- (b) Qualified staff providing triage crisis response services shall be:
 - (1) Clinically privileged pursuant to the CBSCC's privileging requirements for crisis stabilization services; and
 - (2) Knowledgeable about applicable laws, ODMHSAS rules, facility policy and procedures, and referral sources.
- (c) Components of this service shall minimally include the capacity to provide:
 - (1) Immediate response, on-site and by telephone;
 - (2) On-site emergency examination; and
 - (3) Referral.
- (d) The CBSCC shall have written policy and procedures minimally:
 - (1) Providing twenty-four (24) hour, seven (7) days per week, triage crisis response services; and
 - (2) Defining methods and required content for documentation of each triage crisis response service provided.

(e) Compliance with 450:23-3-3 shall be determined by a review of the following: clinical privileging records; personnel files and job descriptions; policy and procedures, program description; on-site observation; and clinical documentation of services provided.

450:23-3-4. Crisis stabilization procedures, psychiatric services

- (a) Psychiatric crisis stabilization services shall provide continuous twenty-four (24) hour evaluation, crisis stabilization, and social services intervention for consumers in need of assistance for emotional or mental distress, seven (7) days per week.
- (b) Licensed registered nurses and other support staff shall be adequate in number to provide care needed by consumers twenty-four (24) hours a day, seven (7) days per week.
- (c) Crisis stabilization services shall be provided by a multidisciplinary team of medical, nursing, social services, and administrative staff adequate to meet the clinical needs of the individuals served.
- (d) Services shall minimally include:
 - (1) Psychiatric observation and evaluation;
 - (2) Intensive care and intervention during acute periods of crisis stabilization;
 - (3) Initiation and medical supervision of rapid stabilization regimen as prescribed by a physician; and
 - (4) Providing a referral or placement, as indicated by consumer needs.
- (e) Psychiatric crisis stabilization services shall be utilized only after less restrictive community resources have been determined to be inadequate to meet the current psychiatric needs of the consumer.
- (f) Compliance with 450:23-3-4 shall be determined by on-site observation; a review of the following: staff personnel files and clinical privileges records; ICIS information; clinical records; critical incident reports; staffing; census; and by on-site observation.

450:23-3-5. Crisis stabilization, drug and alcohol services

- (a) Drug and alcohol crisis stabilization services shall provide continuous twenty-four (24) hour evaluation, crisis stabilization, and social services intervention for consumers experiencing substance abuse related crises seven (7) days per week.
- (b) Licensed registered nurses and other support staff shall be adequate in number to provide care needed by consumers twenty-four (24) hours a day seven (7) days per week.
- (c) Services shall be provided by a multidisciplinary team of medical, nursing, social services and other staff adequate to meet the clinical needs of the individuals served.
- (d) Staff members assigned to a medical 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.
- (e) Services shall minimally include:
 - (1) Medically-supervised observation and evaluation;
 - (2) Care and intervention during acute periods of crisis stabilization;
 - (3) Medically-supervised detoxification, in compliance with procedures outlined in OAC Title 450, Subchapter 18;

- (4) On-site access to community organizations providing help for substance abuse related problems; and
- (5) Providing a referral or placement, as indicated by consumer needs.
- (f) Drug and alcohol crisis stabilization services shall be utilized only after less restrictive community resources have been determined to be inadequate to meet the current needs, related to the use of substances, of the consumer.
- (g) Compliance with 450:23-3-5 shall be determined by a review of the following: personnel files; ICIS information; policy and procedures; critical incident reports; staffing; census; and by on-site observation.

450:23-3-6. Mechanical restraints

- (a) Mechanical restraints shall not be used on a non-consenting individual unless a licensed CBSCC physician personally examines the individual and determines their use to be required for the safety and protection of the consumer or other persons. This shall not prohibit the emergency use of restraint pending notification of the physician.
- (b) The CBSCC shall have a written protocol for the use of mechanical restraints which includes, but is not limited to:
 - (1) Criteria to be met prior to authorizing the use of mechanical restraints;
 - (2) Signature of the licensed physician 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 designated staff under the on-site supervision of a registered nurse;
 - (6) Requiring in every use of mechanical restraints documentation the specific reason for such use, the actual start and stop times of use, authorizing licensed CBSCC physician signature, and record of times the consumer was observed and checked and by whom;
 - (7) A chronological log including the name of every consumer placed in mechanical restraints, and the occurrence date. In accordance with 43 A O.S. § 4-106, the CBSCC director, or designee shall be responsible for insuring compliance with record keeping mandates;
 - (8) A process of peer review to evaluate use of mechanical restraints; and
 - (9) The items listed in (1) through (6) of this rule shall be made a part of the consumer record.
- (c) Compliance with 450:23-3-6 shall be determined by on-site observation and a review of the following: CBSCC policy and procedures; the mechanical restraint log; seclusion and restraint logs; clinical record; critical incident reports; and any other supporting CBSCC documentation.

450:23-3-7. Referrals to inpatient psychiatric hospitals

- (a) Persons needing mental health services shall be treated with the least restrictive clinically appropriate methods.
- (b) Therefore, all persons referred by CBSCCs to inpatient psychiatric hospitals shall be evaluated by the CBSCC prior to referral; such referral shall involve the following:

(1) Qualified CBSCC staff shall perform the crisis intervention and referral process to the hospital.

(2) Referral to the hospital by the CBSCC shall occur only after all other less restrictive community resources have been discussed with the individual and the individual's family as indicated and upon written authorization by the individual.

(3) The CBSCC shall notify referral hospital(s) prior to referring non-emergency consumers.

(c) If the CBSCC is referring the consumer to a state-operated inpatient facility, the consumer must meet the criteria in OAC 450:30-9-3 and the CBSCC must comply with OAC 450:30-9-4.

(d) Compliance with 450:23-3-7 shall be determined by a review of the following: clinical records; psychiatric hospital information and admission records as applicable; ICIS consumer data; and PI monitoring information as available from both the CBSCC and the psychiatric inpatient hospital.

450:23-3-8. Services to homeless individuals

(a) The CBSCC shall provide linkage services pursuant to a valid written authorization to adults who are homeless and have a serious mental illness or are experiencing a substance abuse related crisis.

(b) The CBSCC shall provide the following referral services to such homeless individuals:

(1) Linkage and contacts with local emergency services including shelters and homeless project coordinators at designated community mental health centers.

(2) Referrals to income benefit programs, local housing authorities, community food banks, among other services; and

(c) The CBSCC shall have policy and procedures for guidelines to these referral services.

(d) Compliance with 450:23-3-8 shall be determined by on-site observation and review of the following: documentation of linkage activities and agreements; clinical records; ICIS reporting data; and, CBSCC policy and procedures.

450:23-3-9. Pharmacy services

(a) The CBSCC shall provide specific arrangements for pharmacy services to meet consumers' needs. Provision of services may be made through agreement with another program, through a pharmacy in the community, or through the CBSCC's own Oklahoma licensed pharmacy.

(b) Compliance with 450:23-3-9 shall be determined by a review of the following: clinical records; written agreements for pharmacy services; and State of Oklahoma pharmacy license.

SUBCHAPTER 5. CBSCC CLINICAL RECORDS

450:23-5-1. Clinical record keeping system

Each CBSCC shall maintain an organized clinical record keeping system to collect and document information appropriate to the treatment processes. This system shall be organized; easily retrievable, usable clinical records stored under confidential conditions and with planned retention and disposition.

450:23-5-2. Basic requirements

- (a) The CBSCC's policies and procedures shall:
- (1) define the content of the consumer record in accordance with 450:23-5-4 through 23-5-9;
 - (2) define storage, retention and destruction requirements for consumer records;
 - (3) require consumer records be confidentially maintained in locked equipment under secure measures;
 - (4) require legible entries in consumer records signed with first name or initial, last name, and dated by the person making the entry;
 - (5) require the consumer's name be typed or written on each sheet of paper or page in the consumer record;
 - (6) require a signed consent for treatment before the consumer is admitted on a voluntary basis; and
 - (7) require a signed consent for follow-up before any contact after discharge is made.
- (b) Compliance with 450:23-5-2 shall be determined by on-site observation and a review of the following: CBSCC policy, procedures and operational methods; clinical records; other CBSCC provided documentation; and PI information and reports.

450:23-5-3. Record access for clinical staff

- (a) The CBSCC shall assure consumer records are readily accessible to the CBSCC staff directly caring for the consumer. Such access shall be limited to the minimum necessary to carry out the staff member's job functions or the purpose for the use of the records.
- (b) Compliance with 450:23-5-3 shall be determined by on-site observation and staff interviews.

450:23-5-4. Clinical record content, intake and assessment

- (a) The CBSCC shall assess each individual to determine appropriateness of admission.
- (b) Consumer intake information shall contain, but not be limited to the following identification data:
- (1) Consumer name;
 - (2) Home address;
 - (3) Telephone number;
 - (4) Referral source;
 - (5) Reason for referral;
 - (6) Significant other to be notified in case of emergency;

- (7) ICIS intake data core content; and
 - (8) Presenting problem and disposition.
 - (9) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities shall be obtained during intake and kept in a highly visible location in or on the record.
- (c) Consumer assessment information for admitted consumers shall be completed within 72 hours of admission to the CBSCC and shall contain, but not be limited to, the following:
- (1) Psychosocial evaluation that minimally addresses:
 - (A) The consumer's strengths and abilities to be considered during community re-entry;
 - (B) Economic, vocational and spiritual issues as indicated; and
 - (C) An initial discharge plan.
 - (2) Interpretive summary of relevant assessment findings that results in the development of an intervention plan;
 - (3) An intervention plan that minimally addresses the consumer's:
 - (A) Presenting crisis situation that incorporates the identified problem(s);
 - (B) Strengths and abilities;
 - (C) Needs and preferences; and
 - (D) Goals and objectives.
- (d) Compliance with 450:23-5-4 shall be determined by a review of the following: intake assessment instruments and other intake documents of the CBSCC; clinical records; and, other agency documentation of intake materials or requirements.

450:23-5-5. Health and drug history

- (a) A health and drug history shall be completed for each consumer at the time of admission.
- (b) The drug history shall include obtainable information regarding:
 - (1) Name of medication;
 - (2) Strength and dosage of current medication;
 - (3) Length of time patient was on the drug, if known;
 - (4) Benefit(s) of medication;
 - (5) Side effects; and
 - (6) Relevant drug history of family members.
- (c) Compliance with 450:23-5-5 shall be determined by a review of clinical records.

450:23-5-6. Progress notes

- (a) The CBSCC shall have a policy and procedure mandating the chronological documentation of progress notes.
- (b) Progress notes shall minimally address the following:
 - (1) Person(s) to whom services were rendered;
 - (2) Activities and services provided and as they relate to the goals and objectives of the intervention plan, including ongoing reference to the intervention plan;
 - (3) Documentation of the progress or lack of progress in crisis resolution as defined in the intervention plan;

- (4) Documentation of the intervention plan's implementation, including consumer activities and services;
- (5) The consumer's current status;
- (6) Documentation of the consumer's response to intervention services, changes in behavior and mood, and outcome of intervention services;
- (7) Plans for continuing therapy or for discharge, whichever is appropriate; and
- (c) Progress notes shall be documented according to the following time frames:
 - (1) Intervention team shall document progress notes daily; and
 - (2) Nursing service shall document progress notes on each shift.
- (d) Compliance with 450:23-5-6 shall be determined by a review of clinical records.

450:23-5-7. Medication record

- (a) The CBSCC shall maintain a medication record on all consumers who receive medications or prescriptions in order to provide a concise and accurate record of the medications the consumer is receiving or has been prescribed for the consumer.
- (b) The consumer record shall contain a medication record with information on all medications ordered or prescribed by physician staff which shall include, but not be limited to:
 - (1) The record of medication administered, dispensed or prescribed shall include all of the following:
 - (A) Name of medication,
 - (B) Dosage,
 - (C) Frequency of administration or prescribed change,
 - (D) Route of administration, and
 - (E) Staff member who administered or dispensed each dose, or prescribing physician; and
 - (2) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities shall be updated when required by virtue of new information, and kept in a highly visible location in or on the record.
- (c) Compliance with 450:23-5-7 shall be determined by a review of medication records in clinical records; and a review of clinical records.

450:23-5-7.1. Aftercare and discharge planning

- (a) Aftercare and discharge planning is to be initiated for the consumer at the earliest possible point in the crisis stabilization service delivery process.
- (b) The program will have designated staff with responsibility to initiate discharge planning.
- (c) Referral and linkage procedures shall be in place so staff can adequately advocate on behalf of the person served as early as possible during the stabilization treatment process to transition to lesser restrictive or alternative treatment settings, as indicated.
- (d) Compliance with 450:23-5-7.1 shall be determined by a review of closed consumer records, policies and procedures, and interviews with referral contacts.

450:23-5-8. Aftercare and discharge summary

- (a) An aftercare plan shall be entered into each consumer's record upon discharge from the CBSCC. A copy of the plan shall be given to the consumer, as well as to any facility designated to provide follow-up with a valid written authorization by the consumer.
- (b) An aftercare plan shall include a summary of progress made toward meeting the goals and objectives of the intervention plan, as well as an overview of psychosocial considerations at discharge, and recommendations for continued follow-up after release from the CBSCC.
- (c) The aftercare plan shall minimally include:
 - (1) Presenting problem at intake;
 - (2) Physical status and ongoing physical problems;
 - (3) Medications prescribed at discharge;
 - (4) Medication and lab summary, when applicable;
 - (5) Names of family and significant other contacts;
 - (6) Any other considerations pertinent to the consumer's successful functioning in the community;
 - (7) Consumer's comments on participation in his or her crisis resolution efforts; and
 - (8) The credentials of the staff members treating the consumer and their dated signatures.
- (d) Compliance with 450:23-5-8 shall be determined by a review of closed consumer records.

450:23-5-9. Other records content

- (a) The consumer record shall contain copies of all consultation reports concerning the consumer.
- (b) When psychometric or psychological testing is done, the consumer record shall contain a copy of a written report describing the test results and implications and recommendations for treatment.
- (c) The consumer record shall contain any additional information relating to the consumer, which has been secured from sources outside the CBSCC.
- (d) Compliance with 450:23-5-9 shall be determined by a review of clinical records.

SUBCHAPTER 7. CONFIDENTIALITY

450:23-7-1. Confidentiality, mental health consumer information and records [REVOKED]

450:23-7-1.1. 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) Compliance with 450:19-5-10 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.

**450:23-7-2. Confidentiality, substance abuse consumer information and records
[REVOKED]**

SUBCHAPTER 9. CONSUMER RIGHTS

450:23-9-1. Consumer rights, Community-based Structured Crisis Center

(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. Each CBSCC either operated by, certified by, or under contract with ODMHSAS providing CBSCC services shall insure consumers have the rights specified as follows:

(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 receive services in a safe, sanitary and humane 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.

(5) Each consumer has the right to receive treatment services suited to his or her and needs for treatment without regard to his or her race, religion, sex, ethnic origin, age, degree of disability, handicapping condition, legal status, pay source 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 CBSCC 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, telephone calls, and personal visits.

(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 CBSCC, 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 or illegal contraband.

(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 intervention plan.

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

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

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

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

(18) 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.

(19) 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 CBSCC consultation at no cost to the consumer or both.

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

(21) 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 aforesaid in this section.

(b) Each affected CBSCC 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 CBSCC 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 CBSCC.

(d) Compliance with 450:23-9-1 shall be determined by review of the following: consumer rights; interviews with staff and clients; review of grievances by clients or others; and any other supporting CBSCC documentation.

450:23-9-2. Consumers' grievance policy

(a) Each CBSCC shall have a written Consumers' Grievance Policy providing which includes but is 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) Notice to the consumer of his or her right to make a complaint to the Office of Consumer Advocacy;
 - (3) Time frames for the grievance policy's procedures which allow for expedient resolution of the grievance within a maximum of five (5) working days.
 - (4) Name(s) of the individual(s) who are responsible for coordinating the grievance policy and the individual responsible for or authorized to make decisions for resolution of the grievance. In the instance where the decision maker is the subject of a grievance, decision making authority shall be delegated.
 - (5) Procedure by which a notice is provided to the resident advising that he or she has a right to make a complaint to the ODMHSAS Office of Consumer Advocacy.
 - (6) Mechanism to monitor the grievance process and improve performance based on outcomes.
 - (7) Annual review of the grievance policy and its implementing procedures, with revisions as needed to improve.
- (b) Compliance with 450:23-9-2 shall be determined by a review of the following:
- (1) a review of the CBSCC's grievance policy and implementing procedures;
 - (2) posted notices of consumer rights;
 - (3) interviews with staff and consumers;
 - (4) review of the CBSCC's records of grievances filed by consumers or family and significant others; and
 - (5) any other supporting CBSCC documentation.

450:23-9-3. ODMHSAS advocate general

The ODMHSAS Office of Consumer Advocacy, in any investigation or program monitoring regarding consumer rights shall have access to clients, CBSCC records and CBSCC staff as set forth in OAC Title 450, subchapter 15.

SUBCHAPTER 11. ORGANIZATIONAL MANAGEMENT

450:23-11-1. Organizational description

- (a) The CBSCC shall have a written organizational description which is reviewed annually and minimally includes:
- (1) The overall target population for whom services will be provided;
 - (2) The overall mission statement;
 - (3) The CBSCC's annual goals and objectives;
- (b) The CBSCC's governing body shall approve the mission statement and annual goals and objectives and document their approval.
- (c) The CBSCC shall make the organizational description, mission statement and annual goals and objectives available to staff.
- (d) The CBSCC shall make the organizational description, mission statement and annual goals and objectives available to the general public upon request.
- (e) Each CBSCC shall have a written plan for professional services which shall have in writing the following:
- (1) Services description and philosophy;
 - (2) The identification of the professional staff organization to provide these services;
 - (3) Written admission and exclusionary criteria to identify the type of clients for whom the services are primarily intended; and
 - (4) Written goals and objectives.
- (f) There shall be a written statement of the procedures/plans for attaining the organization's goals and objectives. These procedures/plans should define specific tasks, set target dates and designate staff responsible for carrying out the procedures or plans.
- (g) Compliance with 450:23-11-1 shall be determined by a review of the following: CBSCC target population definition; CBSCC policy and procedures; mission statement; written plan for professional services; other stated required documentation; and any other supporting documentation.

450:23-11-2. Information Analysis and Planning

- (a) The CBSCC shall have a defined plan for conducting an organizational needs assessment that specifies the methods and data to be collected, which shall include but not limited to information from:
- (1) Clients;
 - (2) Governing Authority;
 - (3) Staff;
 - (4) Stakeholders;
 - (5) Outcomes management processes; and
 - (6) Quality record review.
- (b) The CBSCC shall have a defined 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 organizational performance.

- (d) The CBSCC 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) CBSCC staff; and
 - (3) ODMHSAS if and when requested.
- (f) Compliance with 450:23-11-2 shall be determined by a review of the following: written program evaluation plan(s); written annual program evaluation(s); special or interim program evaluations; program goals and objectives; and other supporting documentation provided.

SUBCHAPTER 13. PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT

450:23-13-1. Performance improvement program

- (a) The CBSCC 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 also address the fiscal management of the organization.
- (c) There shall be an annual written plan for performance improvement activities. The plan shall include, but not be limited to:
- (1) Outcomes management processes specific to each program component minimally measuring:
 - (A) efficiency;
 - (B) effectiveness; and
 - (C) consumer satisfaction.
 - (2) A quarterly record review to minimally assess:
 - (A) quality of services delivered;
 - (B) appropriateness of services;
 - (C) patterns of service utilization;
 - (D) consumers, relevant to:
 - (i) their orientation to the CBSCC and services being provided; and
 - (ii) their active involvement in making informed choices regarding the services they receive;
 - (E) the consumer assessment information thoroughness, timeliness and completeness;
 - (F) treatment goals and objectives are based on:
 - (i) assessment findings; and
 - (ii) consumer input;
 - (G) services provided were related to the goals and objectives;
 - (H) services are documented as prescribed by policy;
 - (I) the treatment plan is reviewed and updated as prescribed by policy;
 - (3) Clinical privileging;
 - (4) Fiscal management and planning, which shall include:
 - (A) an annual budget that is approved by the governing authority and reviewed at least annually;
 - (B) the organization's capacity to generate needed revenue to produce desired consumer and other outcomes;
 - (C) monitoring consumer records to ensure documented dates of services provided coincide with billed service encounters; and,
 - (5) Review of critical incident reports and consumer grievances or complaints.
- (d) The CBSCC shall monitor the implementation of the performance improvement plan on an ongoing basis and makes adjustments as needed.
- (e) Performance improvement findings shall be communicated and made available to, among others:
- (1) the governing authority;

- (2) CBSCC staff; and
 - (3) ODMHSAS if and when requested.
- (f) Compliance with 450:23-13-1 shall be determined by a review of the following: written program evaluation plan; written program evaluations annual, special or interim; program goals and objectives; and other supporting documentation provided.

450:23-13-2. Written plan [REVOKED]

450:23-13-3. Performance improvement activities [REVOKED]

450:23-13-4. Monitoring and evaluation process [REVOKED]

450:23-13-5. Incident reporting

- (a) The CBSCC shall have written policies and procedures requiring documentation and reporting of critical incidents.
- (b) The documentation for critical incidents shall contain, minimally:
- (1) the facility name and name and signature of person(s) reporting the incident;
 - (2) the name of consumer(s), staff person(s), or others involved in the incident;
 - (3) the time, place and date the incident occurred;
 - (4) the time and date the incident was reported and name of the person to whom it was reported;
 - (5) description of the incident; and
 - (6) the 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;
 - (7) Resolution or action taken, date action taken, and signature of CBSCC director.
- (c) The CBSCC shall report those critical incidents to ODMHSAS that include.
- (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 resident abuse shall be reported to ODMHSAS immediately via telephone or fax, but not less 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.
- (d) Compliance with 450:23-13-5 shall be determined by a review of policy and procedures and critical incident reports at the CBSCC and those submitted to ODMHSAS.

SUBCHAPTER 15. UTILIZATION REVIEW [REVOKED]

450:23-15-1. Utilization review [REVOKED]

450:23-15-2. Written plan [REVOKED]

450:23-15-3. Methods for identifying problems [REVOKED]

SUBCHAPTER 17. PERSONNEL

450:23-17-1. Personnel policies and procedures

- (a) The CBSCC shall have written personnel policies and procedures approved by the governing authority.
- (b) All employees shall have access to personnel policies and procedures, as well as other Rules and Regulations governing the conditions of their employment.
- (c) The CBSCC shall develop, adopt and maintain policies and procedures to promote the objectives of the program and provide for qualified personnel during all hours of operation to support the functions of the center and provide quality care.
- (d) Compliance with 450:23-17-1 shall be determined by a review of written personnel policies and procedures, and other supporting documentation provided.

450:23-17-2. Job descriptions

- (a) The CBSCC shall have written job descriptions for all positions setting forth minimum qualifications and duties of each position.
- (b) Compliance with 450:23-17-2 shall be determined by a review of written job descriptions for all center positions, and other supporting documentation provided.

SUBCHAPTER 19. STAFF DEVELOPMENT AND TRAINING

450:23-19-1. Staff qualifications

- (a) The CBSCC shall document the qualifications and training of staff providing crisis stabilization services which shall be in compliance with the CBSCC's clinical privileging process.
- (b) Compliance with 450:23-19-1 shall be determined by a review of personnel files, clinical privileging records and other supporting documentation provided.

450:23-19-2. Staff development

- (a) The CBSCC shall have a written plan for the professional growth and development of all administrative, professional clinical and support staff.
- (b) This plan shall include but not be limited to:
 - (1) orientation procedures;
 - (2) inservice training and education programs;
 - (3) availability of professional reference materials; and
 - (4) mechanisms for insuring outside continuing educational opportunities for staff members.
- (c) The results of performance improvement activities and accrediting and audit findings and recommendations shall be addressed by and documented in the staff development and clinical privileging processes.
- (d) Staff education and inservice training programs shall be evaluated by the CBSCC at least annually.
- (e) Compliance with 450:23-19-2 shall be determined by a review of the staff development plan, clinical privileging processes, documentation of inservice training programs, and other supporting documentation provided.

450:23-19-3. Inservice

- (a) Inservice trainings are required annually for all employees who provide clinical services within the CBSCC program on the following topics:
 - (1) Fire and safety;
 - (2) Infection Control and universal precautions;
 - (3) Consumer's rights and the constraints of the Mental Health Consumer's Bill of Rights;
 - (4) Confidentiality;
 - (5) Oklahoma Child Abuse Reporting and Prevention Act, 10 O.S. §§ 7101 et seq. and Protective Services for the Elderly and for Incapacitated Adults Act, 43A O.S. §§ 10-101 et seq.;
 - (6) Facility policy and procedures; and
 - (7) Cultural diversity.
- (b) All staff providing clinical services shall have a current certification in basic first aid and in Cardiopulmonary Resuscitation (CPR).
- (c) All clinical staff shall have training in Creating A Positive Environment (CAPE) within three (3) months of being hired with annual updates thereafter.

(d) In lieu of CAPE, a CBSCC may petition DMHSAS Provider Certification for approval to substitute CAPE with a different curriculum that must be published, have similar learning objectives, and incorporate similar number of hours required for staff training. Such petition will have to be approved in writing prior to conducting of any training pursuant to this provision.

(e) Compliance with 450:23-19-3 shall be determined by a review of the following: inservice training records; personnel records; and other supporting written information provided.

SUBCHAPTER 21. FACILITY ENVIRONMENT

450:23-21-1. Facility environment

- (a) The CBSCC shall meet inspection, safety, and building code regulations required by local, state and federal authorities and laws.
- (b) CBSCC staff shall know the exact location, contents, and use of first aid supply kits and fire fighting equipment and fire detection systems. All fire fighting equipment shall be annually maintained in appropriately designated areas within the facility.
- (c) The CBSCC shall post written plans and diagrams noting emergency evacuation routes in case of fire, and shelter locations in case of severe weather.
- (d) Facility grounds shall be maintained in a manner which provides a safe environment for consumers, personnel, and visitors.
- (e) The CBSCC Facility Director or, designee, shall appoint a safety officer.
- (f) The CBSCC shall have an emergency preparedness program designed to provide for the effective utilization of available resources so consumer care can be continued during a disaster. The CBSCC shall evaluate the emergency preparedness program annually and update as needed.
- (g) Policies for the use and control of personal electrical equipment shall be developed and implemented.
- (h) The CBSCC shall have an emergency power system to provide lighting throughout the facility.
- (i) The CBSCC Facility Director shall ensure there is a written plan to respond to internal and external disasters. External disasters include, but are not limited to, tornadoes, explosions, and chemical spills.
- (j) All CBSCCs shall be inspected annually by designated fire and safety officials of the municipality who exercise fire/safety jurisdiction in the facility's location.
- (k) The CBSCC shall have a written Infection Control Program and staff shall be knowledgeable of Center for Disease Control (CDC) Guidelines for Tuberculosis and of the Blood Borne Pathogens Standard, location of spill kits, masks, and other personal protective equipment.
- (l) The CBSCC shall have a written Hazardous Communication Program and staff shall be knowledgeable of chemicals in the workplace, location of Material Safety Data Sheets, personal protective equipment; and toxic or flammable substances shall be stored in approved locked storage cabinets.
- (m) Compliance with 450:23-21-1 shall be determined by visual observation, posted evacuation plans and a review of policy/procedures, regulatory or internal inspection reports, training documentation and other supporting documentation provided.

450:23-21-2. Medication clinic, medication monitoring

- (a) Medication administration; storage and control; and consumer reactions shall be continuously monitored.
- (b) CBSCCs shall assure proper storage and control of medications, immediate response if incorrect or overdoses occur, and have appropriate emergency supplies available if needed.

- (1) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.
 - (2) All medications shall be kept in locked, non-consumer accessible areas. Factors which shall be considered in medication storage are light, moisture, sanitation, temperature, ventilation, and the segregation and safe storage of poisons, external medications, and internal medications.
 - (3) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, or administered, or stored.
 - (4) A CBSCC physician shall supervise the preparation and stock of an emergency kit which shall be readily available, but accessible only to CBSCC staff.
- (c) Compliance with 450:23-21-2 shall be determined by on-site observation, and a review of the following: written policy and procedures; clinical records; and PI records.

SUBCHAPTER 23. GOVERNING AUTHORITY

450:23-23-1. Documents of authority

- (a) There shall be a duly constituted authority and governance structure for assuring legal responsibility and for requiring accountability for performance and operation of the CBSCC.
- (b) The governing authority shall have written documents of its source of authority, which shall be available to the public upon request.
- (c) The governing body's bylaws, rules or regulations shall identify the chief executive officer who is responsible for the overall day-to-day operation of the CBSCC, including the control, utilization and conservation of its physical and financial assets and the recruitment and direction of the staff.
 - (1) The source of authority document shall state:
 - (A) The eligibility criteria for governing body membership;
 - (B) The number and types of membership
 - (C) The method of selecting members;
 - (D) The number of members necessary for a quorum;
 - (E) Attendance requirements for governing body membership;
 - (F) The duration of appointment or election for governing body members and officers.
 - (G) The powers and duties of the governing body and its officers and committees or the authority and responsibilities of any person legally designated to function as the governing body.
 - (2) There shall be an organizational chart setting forth the structure of the organization.
- (d) Compliance with 450:23-23-1 shall be determined by a review of the following: bylaws, articles of incorporation, written document of source of authority, minutes of governing board meetings, job description of the CEO, and the written organizational chart.

SUBCHAPTER 25. SPECIAL POPULATIONS

450:23-25-1. Americans with Disabilities Act of 1990

- (a) The CBSCC shall have written policy and procedure for the provision of, or arrangements for, serving persons who fall under the protection of the Americans With Disabilities Act of 1990. [A recommended reference is the "Americans with Disabilities Handbook" published by the U.S. Equal Employment Opportunities Commission and the U.S. Department of Justice.]
- (b) Compliance with 450:23-25-1 shall be determined through a review of CBSCC written policy and procedure; and any other supporting documentation.

450:23-25-2. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS)

- (a) A policy of non-discrimination against persons with HIV infection or AIDS shall be adopted and in force in the policy and procedure of the CBSCC.
- (b) All CBSCCs shall observe the Universal Precautions For Transmission of Infectious Diseases as set forth in "Occupational Exposure to Blood Borne Pathogens" published by the United States Occupations Safety Health Administration (OSHA); and
- (1) There shall be written documentation the aforesated Universal Precautions are the policy of the CBSCC;
 - (2) Inservice training regarding the Universal Precautions shall be a part of employee orientation and/at least once per year, is included in employee inservice training.
- (c) Compliance with 450:23-25-2 is determined by review of CBSCC policy and procedure and inservice training records, on-site observation, schedules and other documentation.